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

**Version 1.3 (August 2018)**

## Qualification Handbook

# Qualification at a glance

| | |
|---|---|
| **Industry area** | Business, Admin and Public Services |
| **City & Guilds number** | 6519 -20 |
| **Age group** | 16-18 (Key Stage 5), 19+ |
| **Entry requirements** | Centres must ensure that any pre-requisites stated in the *What is this qualification about?* section are met. |
| **Assessment** | To gain this qualification, candidates must successfully achieve the following assessments:<br>• One externally set, externally moderated assignment<br>• Two externally set, externally marked exams, sat under examination conditions |
| **Additional requirements to gain this qualification** | Employer involvement in the delivery and/or assessment of this qualification is essential for all candidates and will be externally quality assured. |
| **Grading** | This qualification is graded Pass/Merit/Distinction/Distinction*<br>For more information on grading, please see Section 7: Grading. |
| **Approvals** | This qualification requires full centre and qualification approval |
| **Support materials** | Sample assessments<br>Guidance for delivery<br>Guidance on use of marking grids |

| Registration and certification | Registration and certification of this qualification is through the Walled Garden, and is subject to end dates. |
|---|---|
| External quality assurance | This qualification is externally quality assured by City & Guilds, and its internally marked assignments are subject to external moderation. There is no direct claim status available for this qualification. |

| Title and level | GLH | TQT | City & Guilds qualification number | Ofqual accreditation number |
|---|---|---|---|---|
| Level 2 Technical Certificate for Medical Administrative Support | 360 | 600 | 6519-20 | 603/0361/X |

| Version and date | Change detail | Section |
|---|---|---|
| 1.1 July 2017 | Addition of the examination paper based module number | 1. Introduction – Assessment requirements and employer involvement<br><br>5. Assessment<br><br>5. Assessment – exam specification<br><br>7. Grading - Awarding grades and reporting results |
| | Removal of AO 6-8 from Synoptic Assignments and the readjusted approximate weightings (only if applicable) | 5. Assessment – Assessment Objectives |
| | Revised Exam Specification , Exam Duration and AO Weightings | 5. Assessment – Exam Specification |
| | Addition of Provisional Grade Boundaries for the Synoptic Assignment | 7. Grading |
| | Branding Changes | City and Guilds Logo |
| 1.2 August 2017 | Adjusted approximate weightings for AOs | 5. Assessment – Assessment Objectives |

| | Revised Exam Specification and AO Weightings | 5. Assessment – Exam Specification |
|---|---|---|
| | Unit 223 removed from Exam | 5. Assessment – Exam Specification |
| 1.3 August 2018 | General formatting and typographical errors | Throughout |
| | City and Guilds Logo and general formatting | Throughout |
| | Data Protection references updated to GDPR | Unit 223 |

# Contents

# 1 Introduction

## What is this qualification about?

The following purpose is for the **Level 2 Technical Certificate in Medical Administrative Support**

| Area | Description |
| --- | --- |
| OVERVIEW | |
| Who is the qualification for? | This Level 2 Technical Certificate for Medical Administrative Support aims to provide you with the skills and knowledge which will equip you to seek employment or further training within the medical and health care sector. These skills include carrying out activities such as producing medical documents, understanding medical terminology and how to use this in a medical environment. <br><br> The level 2 is ideal in supporting learners who wish to develop their knowledge of this area in advance of progressing onto the level 3. <br><br> This qualification is recognised by AMSPAR and the sector as a good start to a career as a Medical Administrative Support. |
| What does the qualification cover? | This qualification will help you gain an understanding of the skills required for different medical administrator roles. <br> Learners will cover five compulsory units in <ul><li>Introduction to Medical terminology</li><li>Medical administration and communication</li><li>Medical aspects of administration</li><li>Working in the National Health Service (NHS)</li><li>Producing medical documents</li></ul> <br> Centres and providers work with local employers who will contribute to the knowledge and delivery of training. Employers will provide demonstrations and talks on the industry and where possible work placements will also be provided by the employers. <br><br> The different ways in which centres could support your learning, by working with both local and national medical businesses, include: |

| Area | Description |
|---|---|
| | • structured work-experience or work-placements    within their business<br>• your attendance at classes or lectures given by industry experts<br>• employers input into projects and exercises, or are involved with setting assessments and examinations<br>• employers who act as 'expert witnesses' to contribute to the assessment of your work.<br><br>This practically based training is ideal preparation for gaining employment in the medical industry or specialist further study. |

| WHAT COULD THIS QUALIFICATION LEAD TO? | |
|---|---|
| Will the qualification lead to employment, and if so, in which job role and at what level? | Achievement of this qualification demonstrates to an employer that you have the essential technical skills and knowledge of the medical and healthcare sector to be employed as a:<br>• Administration Assistant<br>• Receptionist<br>• Ward Clerk<br>• Record and Clerical Officer<br><br>The roles above could lead you to working in one of the following establishments:<br>• Medical centres<br>• Medical practices<br>• Hospitals<br>• Medical units or departments within specific businesses<br>• Private medical and healthcare companies |
| Why choose this qualification over similar qualifications? | There are no other qualifications on offer with this content and leading to these roles. |
| Will the qualification lead to further learning? | This qualification will allow you to progress into employment or onto a Level 3 qualification such as:<br>• Level 3 Advanced Technical Diploma in Medical Administration<br>Or an advanced apprenticeship such as:<br>• Medical Administration Apprenticeship Level 3 |

| WHO SUPPORTS THIS QUALIFICATION? |
|---|

| Area | Description |
|---|---|
| Employer/Higher Education Institutions | The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR) |

## Qualification structure

For the **Level 2 Technical Certificate in Medical Administrative Support** the teaching programme must cover the content detailed in the structure below:

| Level 2 Technical Certificate for Medical Administrative Support | | |
|---|---|---|
| **City & Guilds unit number** | **Unit title** | **GLH** |
| **Mandatory** | | |
| 220 | Introduction to medical terminology | 90 |
| 221 | Medical administration and communication | 90 |
| 222 | Medical aspects of administration | 60 |
| 223 | Working in the National Health Service (NHS) | 60 |
| 224 | Producing medical documents | 60 |

## Total Qualification Time

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a Learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and assessment.

| Title and level | GLH | TQT |
|---|---|---|
| Level 2 Technical Certificate for Medical Administrative Support | 360 | 600 |

## Assessment requirements and employer involvement

To achieve the **Level 2 Technical Certificate in Medical Administrative Support** candidates must successfully complete the mandatory assessment components.

| City & Guilds component number | Title |
|---|---|
| **Mandatory** | |
| 020 | Level 2 Medical Administration - Synoptic assignment |
| 021/521 | Level 2 Medical Administration - Theory exam |
| 022/522 | Level 2 Medical Terminology - Theory exam |

In addition, candidates **must** achieve the mandatory employer involvement requirement for this qualification **before** they can be awarded a qualification grade. For more information, please see guidance in *Section 4: Employer involvement*.

| Employer involvement | |
| --- | --- |
| **Component number** | **Title** |
| **Mandatory** | |
| 820 | Employer involvement |

# 2   Centre requirements

## Approval

New centres will need to gain centre approval. Existing centres who wish to offer this qualification must go through City & Guilds' **full** Qualification Approval Process. There is no fast track approval for this qualification. Please refer to the City & Guilds website for further information on the approval process: **www.cityandguilds.com**

## Resource requirements

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

### Centre staffing

Staff delivering these qualifications must be able to demonstrate that they meet the following requirements:
- be technically competent in the areas in which they are delivering
- be able to deliver across the breadth and depth of the content of the qualification being taught
- have recent relevant teaching and assessment experience in the specific area they will be teaching, or be working towards this
- demonstrate continuing CPD.

### Physical resources

Centres must be able to demonstrate that they have access to the equipment and technical resources required to deliver this qualification and its assessment.

### Internal Quality Assurance

Internal quality assurance is key to ensuring accuracy and consistency of tutors and markers. Internal Quality Assurers (IQAs) monitor the work of all tutors involved with a qualification to ensure they are applying standards consistently throughout assessment activities. IQAs must have, and maintain, an appropriate level of technical competence and be qualified to make both marking and quality assurance decisions through a teaching qualification or recent, relevant experience.

## Learner entry requirements

Centres must ensure that all learners have the opportunity to gain the qualification through appropriate study and training, and that any prerequisites stated in the "*What is this qualification about?*" section are met when registering on this qualification.

### *Age restrictions*

These qualifications are approved for learners aged 16-18, 19+

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# 3    Delivering Technical qualifications

## Initial assessment and induction

An initial assessment of each candidate should be made before the start of their programme to identify:
- if the learner has any specific learning or training needs,
- support and guidance they may need when working towards their qualifications
- the appropriate type and level of qualification.

We recommend that centres provide an introduction so that learners fully understand the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

## Employer involvement

Employer involvement is essential to maximise the value of each learner's experience. Centres are required to involve employers in the delivery of Technical qualifications at Key Stage 5 and/or their assessment, for every learner. This must be in place or planned before delivery programmes begin in order to gain qualification approval. See *Section 4: Employer involvement* for more detail.

## Support materials

The following resources are available for this qualification:

| Description | How to access |
| --- | --- |
| Sample assessments | Available on the qualification pages on the City & Guilds Website: www.cityandguilds.com |
| Guidance for delivery | |
| Guidance on use of marking grids | |

# 4 Employer involvement

Employer involvement is a formal component of Key Stage 5 Technical qualifications. It does not contribute to the overall qualification grading, but is a mandatory requirement that all learners must meet. As such it is subject to external quality assurance by City & Guilds.

Department for Education (DfE) requirements state:

*Employer involvement in the delivery and/or assessment of technical qualifications provides a clear 'line of sight' to work, enriches learning, raises the credibility of the qualification in the eyes of employers, parents and students and furthers collaboration between the learning and skills sector and industry.*
*[Technical qualifications] must*:

- *require all students to undertake meaningful activity involving employers during their study; and*
- *be governed by quality assurance procedures run by the awarding organisation to confirm that education providers have secured employer involvement for every student.*

Extract from: ***Vocational qualifications for 16 to 19 year olds, 2017 and 2018 performance tables: technical guidance for awarding organisations, paragraphs 89-90***

City & Guilds will provide support, guidance and quality assurance of employer involvement.

## Qualification approval

To be approved to offer City & Guilds Technicals, centres must provide an Employer Involvement planner and tracker showing how every learner will be able to experience meaningful employer involvement, and from where sufficient and suitable employer representatives are expected to be sourced.
Centres must include in their planner a sufficient range of activities throughout the learning programme that provide a range of employer interactions for learners.
Centres must also plan contingencies for learners who may be absent for employer involvement activities, so that they are not disadvantaged.
As part of the approval process, City & Guilds will review this planner and tracker. Centres which cannot show sufficient commitment from employers and/or a credible planner and tracker will be given an action for improvement with a realistic timescale for completion. **Approval will not be given** if employer involvement cannot be assured either at the start of the qualification, or through an appropriate plan of action to address this requirement before the learner is certificated.

## Monitoring and reporting learner engagement

Employer involvement is a formal component of this qualification and is subject to quality assurance monitoring. Centres must record evidence that demonstrates that each learner has been involved in meaningful employer based activities against the mandatory content before claiming the employer involvement component for learners.
Centres must record the range and type of employer involvement each learner has

experienced and submit confirmation that all learners have met the requirements to City & Guilds. If a centre cannot provide evidence that learners have met the requirements to achieve the component, then the learner will not be able to achieve the overall Technical Qualification.

## Types of involvement

Centres should note that to be eligible, employer involvement activities **must** relate to one or more elements of the mandatory content of this qualification.

As the aim of employer involvement is to enrich learning and to give learners a taste of the expectations of employers in the industry area they are studying, centres are encouraged to work creatively with local employers.

Employers can identify the areas of skills and knowledge in their particular industry that they would wish to see emphasised for learners who may apply to work with them in the future. Centres and employers can then establish the type of input, and which employer representative might be able to best support these aims. To be of most benefit this must add to, rather than replace the centre's programme of learning.

Some examples of meaningful employer involvement are listed below. Employer involvement not related to the mandatory element of the qualification, although valuable in other ways, does not count towards this element of the qualification.

The DfE has provided the following examples of what does and does not count as meaningful employer involvement, as follows[1]:

***The following activities meet the requirement for meaningful employer involvement:***

- *students undertake structured work-experience or work-placements that develop skills and knowledge relevant to the qualification;*
- *students undertake project(s), exercises(s) and/or assessments/examination(s) set with input from industry practitioner(s);*
- *students take one or more units delivered or co-delivered by an industry practitioner(s). This could take the form of master classes or guest lectures;*
- *industry practitioners operate as 'expert witnesses' that contribute to the assessment of a student's work or practice, operating within a specified assessment framework. This may be a specific project(s), exercise(s) or examination(s), or all assessments for a qualification.*

*In all cases participating industry practitioners and employers must be relevant to the industry sector or occupation/occupational group to which the qualification relates.*

***The following activities, whilst valuable, do not meet the requirement for meaningful employer involvement:***

- *employers' or industry practitioners' input to the initial design and content of a qualification;*
- *employers hosting visits, providing premises, facilities or equipment;*
- *employers or industry practitioners providing talks or contributing to delivery on employability, general careers advice, CV writing, interview training etc;*
- *student attendance at career fairs, events or other networking opportunities;*
- *simulated or provider-based working environments eg hairdressing salons, florists, restaurants, travel agents, small manufacturing units, car servicing facilities;*
- *employers providing students with job references.*

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[1] Based on Technical and applied qualifications for 14 to 19 year olds Key Stage 4 and 16 to 19 performance tables from 2019: technical guidance for awarding organisations

## Types of evidence

For each employer involvement activity, centres are required to provide evidence of which learners undertook it, eg a candidate attendance register. The types of additional evidence required to support a claim for this component will vary depending on the nature of the involvement. Eg for a guest lecture it is expected that a synopsis of the lecture and register would be taken which each learner and the guest speaker will have signed; expert witnesses will be identified and will have signed the relevant assessment paperwork for each learner they have been involved in assessing; evidence of contribution from employers to the development of locally set or adapted assignments.

## Quality assurance process

As the employer involvement component is a requirement for achieving the KS5 Technical qualifications, it is subject to external quality assurance by City & Guilds at the approval stage and when centres wish to claim certification for learners. Evidence will be validated by City & Guilds before learners can achieve the employer involvement component. Where employer involvement is not judged to be sufficient, certificates cannot be claimed for learners.

## Sufficiency of involvement for each learner

It is expected that the centre will plan a range of activities that provide sufficient opportunities for each learner to interact directly with a range of individuals employed in the related industry. Centres must also provide contingencies for learners who may be absent for part of their teaching, so they are not disadvantaged. Any absence that results in a learner missing arranged activities must be documented. Where learners are unable to undertake all employer involvement activities due to temporary illness, temporary injury or other indisposition, centres should contact City & Guilds for further guidance.

## Live involvement

Learners will gain most benefit from direct interaction with employers and/or their staff; however the use of technology (eg the use of live webinars) is encouraged to maximise the range of interactions. Where learners are able to interact in real time with employers, including through the use of technology, this will be classed as 'live involvement'.

It is considered good practice to record learning activities, where possible, to allow learners to revisit their experience and to provide a contingency for absent learners. This is not classed as live involvement however, and any involvement of this type for a learner must be identified as contingency.

## Timing

A learner who has not met the minimum requirements cannot be awarded the component, and will therefore not achieve the qualification. It is therefore important that centres give consideration to scheduling employer involvement activities, and that enough time is allotted throughout delivery and assessment of the qualification to ensure that requirements are fully met.

# 5 Assessment

## Summary of assessment methods and conditions

| Component numbers | Assessment method | Description and conditions |
|---|---|---|
| 020 | Synoptic assignment | The synoptic assignment is **externally set, internally marked and externally moderated**. The assignment requires candidates to identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the content area. Candidates will be judged against the assessment objectives.<br><br>Assignments will be released to centres as per dates indicated in the Assessment and Examination timetable published on our website.<br><br>Centres will be required to maintain the security of all live assessment materials. Assignments will be password protected and released to centres through a secure method.<br><br>There will be one opportunity within each academic year to sit the assignment. Candidates who fail the assignment will have one re-sit opportunity. The re-sit opportunity will be in the next academic year, and will be the assignment set for that academic year once released to centres. If the re-sit is failed, the candidate will fail the qualification.<br><br>Please note that for externally set assignments City & Guilds provides guidance and support to centres on the marking and moderation process. |
| 021/521, 022/522 | Externally marked exams | These exams are **externally set and externally marked** and can be taken either online through City & Guilds' computer-based testing platform, or as a paper based test. |

| Component numbers | Assessment method | Description and conditions |
|---|---|---|
| | | The exams are designed to assess the candidate's depth and breadth of understanding across content in the qualification at the end of the period of learning, using a range of question types and will be sat under invigilated examination conditions. See JCQ requirements for details: **http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations**<br><br>The exam specification shows the coverage of each exam across the qualification content.<br><br>Candidates who fail either exam at the first sitting will have **one** opportunity to re-sit. If the re-sit is failed the candidate will fail the qualification.  For exam dates, please refer to the Assessment and Examination timetable. |

## What is synoptic assessment?

Technical qualifications are based around the development of a toolkit of knowledge, understanding and skills that an individual needs in order to have the capability to work in a particular industry or occupational area. Individuals in all technical areas are expected to be able to apply their knowledge, understanding and skills in decision making to solve problems and achieve given outcomes independently and confidently.

City & Guilds Technical qualifications require candidates to draw together their learning from across the qualification to solve problems or achieve specific outcomes by explicitly assessing this through the synoptic assignment component.

In this externally set, internally marked and externally moderated assessment the focus is on bringing together, selecting and applying learning from across the qualification rather than demonstrating achievement against units or subsets of the qualification content. The candidate will be given an appropriately levelled, substantial, occupationally relevant problem to solve or outcome to achieve. For example this might be in the form of a briefing from a client, leaving the candidate with the scope to select and carry out the processes required to achieve the client's wishes, as they would in the workplace.

Candidates will be marked against assessment objectives (AOs) such as their breadth and accuracy of knowledge, understanding of concepts, and the quality of their technical skills as well as their ability to use what they have learned in an integrated way to achieve a considered and high quality outcome.

## How the assignment is synoptic for this qualification

The typical assignment brief could be to design and produce medical documentation for a certain healthcare team and support internal and external customers.
This will require the candidate to use their knowledge and understanding of different administrative procedures within a healthcare setting, and to apply their word processing and audio transcription skills in order to produce a range of medical documents. Candidates will also use their proofreading skills to ensure the accuracy of produced documentation, including medical terminology.

## External exam for stretch, challenge and integration

The external assessment will draw from across the mandatory content of the qualification, using a range of shorter questions to confirm breadth of knowledge and understanding.  Extended response questions are included to go into more depth, giving candidates the opportunity to demonstrate higher level understanding and integration through discussion, analysis and evaluation, and ensuring the assessment can differentiate between 'just able' and higher achieving candidates.

## Assessment objectives

The assessments for this qualification are set against a set of assessment objectives (AOs) which are used across all City & Guilds Technicals to promote consistency among qualifications of a similar purpose. They are designed to allow judgement of the candidate to be made across a number of different categories of performance. Each assessment for the qualification has been allocated a set number of marks against these AOs based on weightings recommended by stakeholders of the qualification. This mark allocation remains the same for all versions of the assessments, ensuring consistency across assessment versions and over time.
The following table explains all AOs in detail, including weightings for the synoptic assignments. In some cases, due to the nature of a qualification's content, it is not appropriate to award marks for some AOs. Where this is the case these have been marked as N/A. Weightings for exams (AOs 1, 2 and 4 only) can be found with the exam specification.

| Assessment objective | Typical expected evidence of knowledge, understanding and skills | Approximate weighting (Assignment) |
|---|---|---|
| **AO1** Recalls knowledge from across the breadth of the qualification. | 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. | 15% |
| **AO2** Demonstrates understanding of concepts, | Organisational hierarchy, job roles and | 15% |

| Assessment objective | Typical expected evidence of knowledge, understanding and skills | Approximate weighting (Assignment) |
|---|---|---|
| theories and processes from across the breadth of the qualification. | 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. | |
| **AO3** Demonstrates technical skills from across the breadth of the qualification. | 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. | 30% |
| **AO4** Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes. | Applying knowledge, skills and understanding to a particular brief, relevant to the role of administrative support in a healthcare environment. | 20% |
| **AO5** Demonstrates perseverance in achieving high standards and attention to detail while showing an understanding of wider impact of their actions. | To produce business and medical documents to a professional standard, paying attention to detail, time management and fitness for purpose. | 20% |

## Exam specification

AO weightings per exam

| Assessment objective | 021/521 weighting (approx. %) | 022/522 weighting (approx. %) |
|---|---|---|
| **AO1** Recalls knowledge from across the breadth of the qualification. | 30% | 73% |
| **AO2** Demonstrates understanding of concepts, | 50% | 27% |

| Assessment objective | 021/521 weighting (approx. %) | 022/522 weighting (approx. %) |
|---|---|---|
| theories and processes from across the breadth of the qualification. | | |
| **AO4** Applies knowledge, understanding and skills from across the breadth of the qualification in an integrated and holistic way to achieve specified purposes. | 20% | N/A |

The way the exam covers the content of the qualification is laid out in the table below:

**Assessment type**: Examiner marked, written exam *
**Assessment conditions**: Invigilated examination conditions
**Grading**: X/P/M/D

| 021/ 521 | Duration: 2 hours | | |
|---|---|---|---|
| Unit | Unit Title | Number of marks | % |
| 221 | Medical Administration and Communication | 32 | 53% |
| 222 | Medical Aspects of Administration | 16 | 27% |
| N/A | Integration | 12 | 20% |
| | Total | 60 | 100 |

*This exam is sat under invigilated examination conditions, as defined by the JCQ:
http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations

Entry for exams can be made through the City & Guilds Walled Garden.

**Assessment type**: Examiner marked, written exam *
**Assessment conditions**: Invigilated examination conditions
**Grading**: X/P/M/D

| 022/ 522 | Duration: 2 hours | | |
|---|---|---|---|
| Unit | Outcome | Number of marks | % |
| 220 | 1. Know the meaning of prescribed word parts and how to use these to construct medical terms | 18 | 30% |
| | 2. Understand how to use knowledge of different word parts to determine the meaning of medical terms relating to specific human organ systems | 18 | 30% |
| | 3. Understand the meaning of medical terminology relating to specialties associated with healthcare | 12 | 20% |
| | 4. Know the meaning and context of specific medical abbreviations | 12 | 20% |
| | Total | 60 | 100 |

*This exam is sat under invigilated examination conditions, as defined by the JCQ:
http://www.jcq.org.uk/exams-office/ice---instructions-for-conducting-examinations

Entry for exams can be made through the City & Guilds Walled Garden.

# 6 Moderation and standardisation of assessment

City & Guilds' externally set assignments for technical qualifications are designed to draw from across the qualifications' content, and to contribute a significant proportion towards the learner's final qualification grade. They are subject to a rigorous external quality assurance process known as external moderation. This process is outlined below. For more detailed information, please refer to 'Marking and moderation - Technicals centre guidance' available to download on the City & Guilds website.

It is vital that centres familiarise themselves with this process, and how it impacts on their delivery plan within the academic year.

## Supervision and authentication of internally assessed work

The Head of Centre is responsible for ensuring that internally assessed work is conducted in accordance with City & Guilds' requirements.
City & Guilds requires both tutors and candidates to sign declarations of authenticity. If the tutor is unable to sign the authentication statement for a particular candidate, then the candidate's work cannot be accepted for assessment.

## Internal standardisation

For internally marked work[2] the centre is required to conduct internal standardisation to ensure that all work at the centre has been marked to the same standard. It is the Internal Quality Assurer's (IQA's) responsibility to ensure that standardisation has taken place, and that the training includes the use of reference and archive materials such as work from previous years as appropriate.

## Internal appeal

Centres must have an internal process in place for candidates to appeal the marking of internally marked components, ie the synoptic assignment and any optional unit assignments. This must take place before the submission of marks for moderation. The internal process must include candidates being informed of the marks (or grades) the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

Centres cannot appeal the outcome of moderation for individual candidates, only the moderation process itself. A request for a review of the moderation process should be made to **appeals@cityandguilds.com**.

## Moderation

Moderation is the process where external markers are standardised to a national standard in order to review centre marking of internally marked assessments. These markers are referred to as 'moderators'. Moderators will mark a representative sample

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[2] For any internally assessed optional unit assignments, the same process must be followed where assessors must standardise their interpretation of the assessment and grading criteria.

of candidates' work from every centre. Their marks act as a benchmark to inform City & Guilds whether centre marking is in line with City & Guilds' standard.

Where moderation shows that the centre is applying the marking criteria correctly, centre marks for the whole cohort will be accepted.

Where moderation shows that the centre is either consistently too lenient or consistently too harsh in comparison to the national standard, an appropriate adjustment will be made to the marks of the whole cohort, retaining the centre's rank ordering.

Where centre application of the marking criteria is inconsistent, an appropriate adjustment for the whole cohort may not be possible on the basis of the sample of candidate work. In these instances a complete remark of the candidate work may be necessary. This may be carried out by the centre based on feedback provided by the moderator, or carried out by the moderator directly.

Moderation applies to all internally marked assignments. Following standardisation and marking, the centre submits all marks and candidate work to City & Guilds via the moderation platform. The deadline for submission of evidence will be available on Walled Garden. See the *Marking and moderation - Technicals Centre Guidance* document for full details of the requirements and process.

In most cases candidate work will be submitted directly to the moderator for moderation. This includes written work, photographic and pictorial evidence, or video and audio evidence. For some qualifications there will be a requirement for moderators to visit centres to observe practical assessments being undertaken. This will be for qualifications where the assessment of essential learner skills can only be demonstrated through live observation. The purpose of these visits is to ensure that the centre is assessing the practical skills to the required standards, and to provide the moderators with additional evidence to be used during moderation. These visits will be planned in advance with the centre for all relevant qualifications.

## Post-moderation procedures

Once the moderation process has been completed, the confirmed marks for the cohort are provided to the centre along with feedback from the moderator on the standard of marking at the centre, highlighting areas of good practice, and potential areas for improvement. This will inform future marking and internal standardisation activities.
City & Guilds will then carry out awarding, the process by which grade boundaries are set with reference to the candidate evidence available on the platform.

## Centres retaining evidence

Centres must retain assessment records for each candidate for a minimum of three years. To help prevent plagiarism or unfair advantage in future versions, candidate work may not be returned to candidates. Samples may however be retained by the centre as examples for future standardisation of marking.

# 7 Grading

## Awarding individual assessments

Individual assessments will be graded, by City & Guilds, as pass/merit/distinction where relevant. The grade boundaries for pass and distinction for each assessment will be set through a process of professional judgement by technical experts. Merit will usually be set at the midpoint between pass and distinction. The grade descriptors for pass and distinction, and other relevant information (eg archived samples of candidate work and statistical evidence) will be used to determine the mark at which candidate performance in the assessment best aligns with the grade descriptor in the context of the qualification's purpose. Boundaries will be set for each version of each assessment to take into account relative difficulty.

Please note that as the Merit grade will usually be set at the arithmetical midpoint between pass and distinction, there are no descriptors for the Merit grade for the qualification overall.

## Grade descriptors

**To achieve a pass, a candidate will be able to**

- Demonstrate the knowledge and understanding required to work in the occupational area, its principles, practices and legislation.
- Describe some of the main factors impacting on the occupation to show good understanding of how work tasks are shaped by the broader social, environmental and business environment it operates within.
- Use the technical industry specific terminology used in the industry accurately.
- Demonstrate the application of relevant theory and understanding to solve non-routine problems.
- Interpret a brief for complex work related tasks, identifying the key aspects, and showing a secure understanding of the application of concepts to specific work related tasks.
- Carry out planning which shows an ability to identify and analyse the relevant information in the brief and use knowledge and understanding from across the qualification (including complex technical information) to interpret what a fit for purpose outcome would be and develop a plausible plan to achieve it.
- Achieve an outcome which successfully meets the key requirements of the brief.
- Identify and reflect on the most obvious measures of success for the task and evaluate how successful they have been in meeting the intentions of the plan.
- Work safely throughout, independently carrying out tasks and procedures, and having some confidence in attempting the more complex tasks.

**To achieve a distinction, a candidate will be able to**

- Demonstrate the excellent knowledge and understanding required to work to a high level in the occupational area, its principles, practices and legislation.
- Analyse the impact of different factors on the occupation to show deep understanding of how work tasks are shaped by the broader social, environmental, and business environment it operates within.

- Demonstrate the application of relevant theory and understanding to provide efficient and effective solutions to complex and non-routine problems.
- Analyse the brief in detail, showing confident understanding of concepts and themes from across the qualification content, bringing these together to develop a clear and stretching plan, that would credibly achieve an outcome that is highly fit for purpose.
- Achieve an outcome which shows an attention to detail in its planning, development and completion, so that it completely meets or exceeds the expectations of the brief to a high standard.
- Carry out an evaluation in a systematic way, focussing on relevant quality points, identifying areas of development/ improvement as well as assessing the fitness for purpose of the outcome.

## Awarding grades and reporting results

The overall qualification grades will be calculated based on aggregation of the candidate's achievement in each of the mandatory units, taking into account the assessments' weighting. The **Level 2 Technical Certificate in Medical Administrative Support** will be reported on a four grade scale:  Pass, Merit, Distinction, Distinction*.

All assessments **must** be achieved at a minimum of Pass for the qualification to be awarded. Candidates who fail to reach the minimum standard for grade Pass for an assessment(s) will not have a qualification grade awarded and will not receive a qualification certificate.

The approximate pass grade boundary for the synoptic assignment in this qualification are:

| Synoptic Assignment | Pass Mark (%) |
|---|---|
| 020 | 40% |

Please note that each synoptic assignment is subject to an awarding process before final grade boundaries are confirmed.

The contribution of assessments towards the overall qualification grade is as follows:

| Assessment method | Grade scale | % contribution |
|---|---|---|
| Assignment (020) | X/P/M/D | 60% |
| Exam (021/521) | X/P/M/D | 20% |
| Exam (022/522) | X/P/M/D | 20% |

Both synoptic assignments and exams are awarded (see 'Awarding individual assessments', at the start of Section 7, above), and candidates' grades converted to points. The minimum points available for each assessment grade is listed in the table below. A range of points between the Pass, Merit and Distinction boundaries will be accessible to candidates. For example a candidate that achieves a middle to high Pass in an assessment will receive between 8 and 10 points, a candidate that achieves a low to middle Merit in an assessment will receive between 12 and 14 points. The points above the minimum for the grade for each assessment are calculated based on the candidate's score in that assessment.

|  | Pass | Merit | Distinction |
|---|---|---|---|
| Assignment: 60% | 6 | 12 | 18 |
| Exam (021/521): 20% | 6 | 12 | 18 |
| Exam (022/522): 20% | 6 | 12 | 18 |

The candidate's points for each assessment are multiplied by the % contribution of the assessment and then aggregated.  The minimum points required for each qualification grade are as follows:

| Qualification Grade | Points |
|---|---|
| Distinction* | 20.5 |
| Distinction | 17 |
| Merit | 11 |
| Pass | 6 |

Candidates achieving Distinction* will be the highest achieving of the Distinction candidates.

# 8   Administration

Approved centres must have effective quality assurance systems to ensure valid and reliable delivery and assessment of qualifications. Quality assurance includes initial centre registration by City & Guilds and the centre's own internal procedures for monitoring quality assurance procedures.

Consistent quality assurance requires City & Guilds and its associated centres to work together closely; our Quality Assurance Model encompasses both internal quality assurance (activities and processes undertaken within centres) and external quality assurance (activities and processes undertaken by City & Guilds).

For this qualification, standards and rigorous quality assurance are maintained by the use of:
• internal quality assurance
• City & Guilds external moderation.

In order to carry out the quality assurance role, Internal Quality Assurers (IQAs) must have and maintain an appropriate level of technical competence and have recent relevant assessment experience. For more information on the requirements, refer to Centre requirements.

In order to carry out the quality assurance role, Internal Quality Assurers (IQAs) must have and maintain an appropriate level of technical competence and have recent relevant assessment experience. For more information on the requirements, refer to Section 2: Centre requirements in this handbook.
To meet the quality assurance criteria for this qualification, the centre must ensure that the following procedures are followed:
• suitable training of staff involved in the assessment of the qualification to ensure they understand the process of marking and standardisation
• completion by the person responsible for internal standardisation of the Centre Declaration Sheet to confirm that internal standardisation has taken place
• the completion by candidates and supervisors/tutors of the record form for each candidate's work.

## External quality assurance

City & Guilds will undertake external moderation activities to ensure that the quality assurance criteria for this qualification are being met. Centres must ensure that they co-operate with City & Guilds staff and representatives when undertaking these activities.

City & Guilds requires the Head of Centre to:
• facilitate any inspection of the centre which is undertaken on behalf of City & Guilds
• make arrangements to receive, check and keep assessment material secure at all times
• maintain the security of City & Guilds confidential material from receipt to the time when it is no longer confidential and
• keep completed assignment work and examination scripts secure from the time they are collected from the candidates to their dispatch to City & Guilds.

## Enquiries about results

The services available for enquiries about results include a review of marking for exam results and review of moderation for internally marked assessments.

For further details on enquiries and appeals process and for copies of the application forms, please visit the **appeals** page of the City & Guilds website at **www.cityandguilds.com**.

## Re-sits and shelf-life of assessment results

Candidates who have failed an assessment or wish to re-take it in an attempt to improve their grade, can re-sit assessments once only. The best result will count towards the final qualification. See guidance on individual assessment types in Section 5.

## Factors affecting individual learners

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the JCQ form, JCQ/LCW, to inform City & Guilds Customer Services of the circumstances.

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

## Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by candidates and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of candidate and centre malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of candidate malpractice are (please note that this is not an exhaustive list):
- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another candidate (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (eg disqualification from the assessment) will be applied.

Where suspected malpractice is identified by a centre after the candidate has signed the declaration of authentication, the Head of Centre must submit full details of the case to City & Guilds at the earliest opportunity. Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

# Access arrangements and special consideration

Access arrangements are adjustments that allow candidates with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Please refer to the JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds for more information. Both are available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development**/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments

## *Special consideration*

We can give special consideration to candidates who have had a temporary illness, injury or indisposition at the time of the examination. Where we do this, it is given after the examination.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer at the centre. For more information please consult the current version of the JCQ document, A guide to the special consideration process. This document is available on the City & Guilds website: **http://www.cityandguilds.com/delivering-our-qualifications/centre-development**/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments

# Unit 220  Introduction to medical terminology

| | |
|---|---|
| **Unit level:** | Level 2 |
| **GLH:** | 90 |

## What is this unit about?

The purpose of this unit is to enable the learner to develop a working knowledge of basic medical terminology so that they can use a specified range of medical word parts to construct and understand key medical terms associated with the major organ systems of the body. In order to understand these terms, the learner will explore aspects of anatomy and physiology of these organ systems, and thereby develop their understanding of common associated diseases, conditions and medical procedures. This will be further supported by additional exploration of key medical abbreviations, and the understanding of the work carried out within key medical specialities.

Learners may be considering working in one of the many areas of medical administration or healthcare, thereby a working knowledge of medical terminology will prepare them for future employment.

This unit will also allow learners to develop further their confidence in English and Mathematics in a creative manner, while embedding an understanding of basic human anatomy in the context of health, disease and the medical specialities that deal with these in the workplace setting.

Learners may be introduced to this unit by asking themselves questions such as:
- Will I need to know about medical terminology and what the words mean?
- Will I learn how to put medical terms together?
- Will I learn how to interpret medical terms myself?

## Learning outcomes

In this unit, learners will be able to

1  Know the meaning of prescribed word parts and how to use these to construct medical terms
2  Understand how to use knowledge of different word parts to determine the meaning of medical terms relating to specific human organ systems
3  Understand the meaning of medical terminology relating to specialities associated with healthcare
4  Know the meaning and context of specific medical abbreviations

## Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

### Learning outcome

1    Know the meaning of prescribed word parts and how to use these to construct medical terms

### Topics

1.1   The meaning of specific medical word parts
1.2   The use of prefixes, word roots and suffixes to construct medical terms

**Topic 1.1**

The meaning of specific medical word parts:

- Prefixes
- Word roots
- Suffixes

See list in Appendix 1.

**Topic 1.2**

The construction of medical terms using specific medical word parts:

- word parts (prefixes, roots and suffixes)
- combining vowels

### Learning outcome

2    Understand how to use knowledge of different word parts to determine the meaning of medical terms relating to specific human organ systems

### Topics

2.1   The common name and medical name of the major organs and organ systems of the human body
2.2   The function and location of the major organs and organ systems of the human body
2.3   The common diseases, conditions and procedures associated with the major organ systems of the human body

**Topic 2.1**

The common name and medical name of the major organs and organ systems of the human body:

- musculoskeletal system
- blood and cardiovascular system
- lymphatic and immune system
- respiratory system
- digestive system

- urinary system
- nervous system
- reproductive system

See Appendices 2 and 3.

**Topic 2.2**

The function and location of the major organs and organ systems of the human body.

See Appendices 2 and 3.

**Topic 2.3**

The common diseases, conditions and procedures associated with the major organ systems of the human body:
- diseases and conditions
- procedures associated with diagnosis and treatment of common diseases

These will be limited to those constructed from the word parts in Appendix 1.

## Learning outcome

3    Understand the meaning of medical terminology relating to specialities associated with healthcare

## Topics

3.1   Specialities according to the organ, organ system or type of patient
3.2   Specialities according to investigative or treatment procedures

**Topic 3.1**

Specialities according to the organ, organ system or type of patient (for instance patient groups with particular needs such as geriatrics for elderly/older people)

See Appendix 4

**Topic 3.2**

Specialities areas according to investigative or treatment procedures.

See Appendix 4

## Learning outcome

4    Know the meaning and context of specific medical abbreviations

## Topics

4.1   The meaning of specific commonly used medical abbreviations
4.2   The context of specific commonly used medical abbreviations

**Topic 4.1**

Pharmaceutical abbreviations:

- Directions
- Mode of administration
- Units of measurement
- Types and legal abbreviations
    o vaccinations
    o medical abbreviations associated with:
- Diseases and conditions
- Diagnosis
- Treatment

See Appendix 5.


**Topic 4.2**

The context of specific commonly used medical abbreviations including:

- pharmaceutical abbreviations used for prescriptions
- Medicines Act 1968: three categories of medicines - GSL, POM and P
- Misuse of Drugs Act (MODA) 1971 and subsequent regulations (for controlled drugs)
- childhood and travel vaccination
- the purpose of key investigative tests
    o such as blood pressure and haemoglobin levels
- common diseases
    o such as coronary heart disease and chronic obstructive pulmonary disease.

See Appendix 5.

## Guidance for delivery

Learners should have an understanding of the requirement for accuracy in spelling and why this is necessary to ensure both professionalism and patient safety. Learners should be able to recognise whether English or American spellings have been used. This unit is also designed to make links between past learning during Key Stage 3-4 Science.

Medical Terminology links to all other units in the qualification, it is integral to all areas of study as it forms the medical foundation of the whole programme.

This unit supports the development of English by covering aspects of spelling and construction of medical terms. It also supports the development of Maths by covering different measurement of quantities used in prescription and medication dosages.

### Learning outcome 1: Know the meaning of prescribed word parts and how to use these to construct medical terms

To enable learners to achieve this learning outcome they may need to use a variety of individual and group learning activities including matching pairs, flash cards, word search and crosswords. Learners will also be able to draw on their previous learning of non-medical terms and Key Stage 3-4 Science to build their confidence in the use of medical word parts. Many of the medical terms that the learner is able to construct using the specified word parts will be reinforced and explained during their study of learning outcome 2.

### Learning outcome 2: Understand how to use knowledge of different word parts to determine the meaning of medical terms relating to specific human organ systems

To enable learners to achieve this learning outcome they may need to use diagrams, photographs, videos and other visual learning resources to develop their knowledge of the names, location and function of different organs and organ systems, as well as their common diseases, conditions, procedures and treatments. Additionally going beyond the scope of the unit, it would be helpful to learners to explore these further using dissections (heart and kidney) and investigative techniques (peak flow meter, spirometer, sphygmomanometer, stethoscope and mock urine analysis) as well as using microscopy to explain the levels of organisation (cell, tissue, organ) and identify key blood cells (erythrocytes, leucocytes, thrombocytes). This also provides the opportunity for learners to understand and discuss mathematical data such as blood pressure, tidal volume, vital capacity, FEV1. Where possible, the learners could visit or hear from relevant work place practitioners from the local hospital, GP/veterinary practice, pharmacy or pathology/biomedical laboratory. Specific diseases and their diagnosis and treatment can be explored through the learner developing their research and presentation skills, for example using appropriate software.

### Learning outcome 3: Understand the meaning of medical terminology relating to specialties associated with healthcare

To enable learners to achieve this learning outcome they will need to make links between terminologies acquired during learning outcomes 1 and 2 with each speciality. This can again be enhanced by visiting relevant hospital departments or through work experience placements. Links can be made with other units in this

qualification, for example by the transcription of case notes from audio or handwritten format.

**Learning outcome 4: Know the meaning and context of specific medical abbreviations**

To enable learners to achieve this learning outcome they may use a variety of learning activities such as flash cards, peer learning and matching pairs. Contextualisation can be built into this learning outcome through the interpretation of sample documents such as:

- patient notes
- prescriptions
- childhood vaccination schedules.

## Employer engagement

The use of contextualised tasks is relevant in the delivery and assessment of this unit. The tasks can be departmentalised within relevant sections of the medical or veterinary environment.

Employer engagement is essential in order to maximise the value of learners' experience. A partnership approach should be adopted where possible with employers with whom the consortium has links, and with employers used for work experience placements.

It would be helpful for teachers to develop a method of maintaining contact with a range of employers in the sectors who may be able to help with keeping the examples of investigative and treatment procedures used in the taught content up to date.

Employers should be involved in providing support from a clinically qualified member of staff in understanding, interpreting and applying the medical terminology on the syllabus to the healthcare environment workplace. This could be a nurse, a doctor, health visitor or similar.
They could also provide support in constructing and interpreting complex medical terms.

Clinically qualified members of staff should be encouraged to talk to learners about the importance of accuracy and consistency throughout all medical documentation which are produced to professional standards in the medical environment and the consequences of errors, such as the misuse of medical terminology on which treatments or medications will be based.

## Suggested learning resources

### *Books*

Medical Terminology and Clinical Procedures             Bird, M
Published by: iUniverse; 3rd edition; 24 July 2013
ISBN: 978-1-4759-9939-6 (softcover)

An Introduction to Medical Terminology for Health Care       Hutton, A
Published by: Churchill Livingstone, 2002
ISBN: 978-1-4759-9940-2 (ebook)

Weller. Barbara

Health Care: A Self-Teaching Package
Published by: Bailliere Tindall; 26th Edition, 2014
ISBN: 0443070792

Baillieres Nurses' Dictionary                                  Hutton, A
Published by: Oxford University Press
ISBN: 9780443070792

Oxford Concise Colour Medical Dictionary
Published by: Churchill Livingstone, 2004
ISBN: 0702053287

**_Websites_**

NHS Choices            www.nhs.uk/Pages/HomePage.aspx
BUPA Health            www.bupa.co.uk/health-information
Information

# Unit 221 Medical administration and communication

| | |
|---:|:---|
| **Unit level:** | Level 2 |
| **GLH:** | 90 |

## What is this unit about?

The purpose of this unit is to develop learners' understanding of administrative procedures and the essential communication skills required of administrative support working in a healthcare environment. The unit will equip the learner with the necessary knowledge and skills to be able to communicate appropriately with a range of people within this environment.  It also enables the learner to understand the necessary skills and qualities required of administrative support, aspects of medical administration, the importance of teamwork, interpersonal skills, and diversity and its effects on work in a medical environment.

Learners may be introduced to this unit by asking themselves questions such as:
- What type of administrative work is involved in working in a hospital or GP practice?
- What type of skills and qualities would I need to work in a medical administrative support role?
- Who will I be working with?
- Will I be dealing with patients?

## Learning outcomes

In this unit, learners will be able to

1    Understand the skills and qualities required for administrative support
2    Understand aspects of medical administrative duties
3    Understand team work and diversity

## Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

**Learning outcome**

1    Understand the skills and qualities required for administrative support

**Topics**

1.1  Workplace skills and personal qualities required to undertake a medical administrative support role
1.2  Communication methods and techniques
1.3  Ways of promoting a professional image in the medical environment

**Topic 1.1**

Skills required to undertake a medical administrative support role:

- good general knowledge proven by relevant qualifications
- good communication and interpersonal skills
- computer literacy and accurate keyboard skills

Personal qualities required of an individual to undertake a medical administrative support role:

- appreciation of need for confidentiality, tact and discretion
- sensitivity
- empathy and sympathy
- team player
- able to work with diversity
- caring and friendly
- reliability and flexibility

**Topic 1.2**

Methods of communication used in a medical administrative support role:

- written
- oral
- electronic
- face to face

Practical techniques used when communicating in a medical administrative support role:

- face to face
   o  speaking (suitable tone, pace, clarity, volume)
- telephone
   o positive
   o clear greeting with house style applied
   o checking details
   o use of telephone alphabet
   o questioning to gather information (when, who, what, how and where)
   o pausing to allow the caller to complete the call
   o closing the call
   o avoiding fade

- o smile in voice to convey warmth
- o natural rather than forced
- o key facts when taking messages (date, time, caller's name and contact details, actions required, urgency, message taken by, message for)
- o correct use of answer phones (leaving minimal details of name and number only)
- maintaining confidentiality
  - o efficient checking and confirming but avoiding echo technique or repetition of patient/ confidential details
- active listening
  - o ways of communicating understanding, summarising and agreeing action
  - o level of eye contact
  - o checking understanding
  - o confirming through the use of 'yes' or 'fine'
  - o repeating only dates and times and medical staff details
- acknowledging non-verbal communication, signs, signals and body language

**Topic 1.3**

Ways of promoting a professional image:

- calm manner
- slower
- quieter speech
- addressing the person by name (confidentiality permitting)
- empathic listening
- checking information carefully
- not giving too much information at once
- explaining specialist or medical terms
- welcoming smile
- open body posture
- confidence
- importance of smart appearance and maintaining an organised working environment, knowing when to summon a colleague's help
- smile
- greeting
- building and maintaining rapport

## Learning outcome

2    Understand aspects of medical administrative duties

## Topics

2.1   Patient registration
2.2   Record keeping principles
2.3   Primary and secondary care appointment systems and processes
2.4   Processing prescriptions for patients
2.5   Process for dealing with types of incoming and outgoing mail

**Topic 2.1**
- Primary Care

- o procedure for new and temporary patient registration
- o eligibility (geographical proximity, UK/Non-UK resident, practice list open)
- o documentation – GMS1 and 3
- o acceptance
- o racing patients' previous records
- Secondary Care
  - o Use of PAS (Patient Administration System) to register patients

**Topic 2.2**

Record keeping principles, in terms of both paper-based and electronic patient records. All staff, including administrative staff, have records management responsibilities to ensure that records are:

- available when needed (including tracking and tracing records)
- accurate and reliable
- well-maintained
- secure and confidential
- kept for as long as they are needed

**Topic 2.3**

The ways in which GP surgeries help patients to make the right appointment with the right person, including triage, booking on-line and avoiding 'Did Not Attends'(DNAs).

How hospitals use Patient Administration System (PAS) records patients' details and keep track of admissions and appointments.

**Topic 2.4**

The procedure for issuing repeat prescriptions:

- check patient's details against medical records
- check review dates
- check spelling of medication
- check correct dosage with medical records
- verify patient's details when handing out

Security of prescriptions:

- ensure unused prescription pads are locked away when not in use
- completed prescriptions are kept out of sight and reach of patients and locked away when surgery is closed

**Topic 2.5**

Processes for dealing with incoming mail:

- procedure for sorting, distributing, scanning, confidential mail
- electronic mail – attaching to patient records
- receiving faxes

Processes for dealing with outgoing mail:

- first, second class, franking
- NHS couriers,
- timeliness, cost, internal, external
- sending faxes to a Safe Haven

## Learning outcome

3    Understand team work and diversity

## Topics

3.1   What constitutes an effective team
3.2   The concept of unconditional positive regard
3.3   Communicating with people with special requirements
3.4   Cultural aspects within the healthcare environment

**Topic 3.1**

Definition of a team:

- a group of people with complementary skills working together for a common goal.

What makes an effective team:

- have a common purpose or goal which all members are committed to achieving
- take responsibility and accept credit for its actions as a team
- communicate effectively with each other, encourage new ideas and accept feedback
- have shared power, recognise that team members depend on each other and there is mutual support
- have a strong feeling of unity and commitment with each team member working co-operatively

**Topic 3.2**

Unconditional positive regard and how this is used:

- giving good service irrespective of personal feelings and prejudice
- avoiding over-familiarity
- showing respect to patients, visitors and colleagues irrespective of race, gender, age, sexuality, religion, disability and also factors like personal hygiene, size, lifestyle habits.

**Topic 3.3**

Ways of communicating with people with special requirements:

- visually impaired
- hearing impaired
- the elderly
- learning needs
- language needs

**Topic 3.4**

Cultural aspects to be aware of when communicating in the medical environment:

- dress
- diet
- festivals and religious calendar
- naming systems
- attitudes to the opposite gender.

## Guidance for delivery

Learners should have an understanding of the requirements of confidentiality and the relevance of this skill in the working environment. The content of this unit should be delivered by relevantly qualified, experienced staff, with particular expertise in the unit.  Learning should be delivered in a suitably equipped environment with access to computers for practical application of some learning outcomes eg producing checklists, or messages.  Access to the internet is advantageous so that learners can research information to supplement their studies.  Learners should be advised of the necessity of home study to supplement the learning delivered by the centre.

The use of contextualised tasks are relevant in the delivery and assessment of this unit. The tasks can be departmentalised within relevant sections of the healthcare environment. In addition this unit can work in tandem with unit 224 the production of medical documents, in that learners' activities could be document based (eg producing checklists, messages for colleagues) in electronic format, as very little is handwritten these days.

This unit gives an introduction to unit 220 Medical terminology. It also links with unit 222 Medical aspects of administration and unit 223 Working in the NHS.
This unit supports the development of English particularly when emphasising the importance of appropriate communication methods and techniques, computer literacy and accurate keyboard skills.

This unit also supports the development of Maths through using and developing numerical filing systems as part of the work expected when working in Secondary Care. It is also developed when checking the correct dosage on prescriptions with medical records to ensure accuracy of prescriptions, as well as calculating cost effective and appropriate postage rates.

**Learning outcome 1: Understand the skills and qualities required for administrative support**
To enable learners to achieve this learning outcome they will need to understand the skills and qualities required of administrative support within the healthcare environment. To enable learners to achieve this learning outcome they will need to understand communication and the different styles needed when communicating with patients.  Learners should appreciate that patients within this environment attend with many different issues and worries and know how body language/ appearance can affect the impression the patient has of their visit to the doctor/specialist. The administrative support role is the window to the practice/department and their behaviour can affect the whole patient experience.

**Learning outcome 2: Understand aspects of medical administrative duties**
To enable learners to achieve this learning outcome they will need to understand the specific duties required of administrative support within the healthcare environment. A work experience placement in a medical environment would complement this learning outcome in order to link theory to practice and/or visits to local health organisations.  A visiting NHS manager is also advantageous to give learners more examples of how important their role is within this environment.

**Learning outcome 3: Understand teamwork and diversity**

To enable learners to achieve this learning outcome they will need to be able to work as part of a team within a healthcare environment. They will need to understand what constitutes an effective team and how they can contribute to a successful team. To enable learners to achieve this learning outcome they will need to understand the implications of diversity within this environment and how the role of administrative support can offer good service to the patient irrespective of race, age, sexual orientation, gender, disability, etc. An appreciation of the Equality Act 2010 should be included in the delivery of this outcome.

## Employer engagement

Employer engagement is essential in order to maximise the value of learners' experience. A partnership approach should be adopted where possible with employers with whom the consortium has links, and with employers used for work experience placements.

It would be helpful for tutors to develop a method of maintaining contact with a range of employers in the sectors who may be able to help with keeping the examples of legislation, policies and codes of practice used in the taught content, up to date.

Employers should provide opportunities for learners to work shadow experienced medical administration support officers to gain an insight into the practical application of the unit content, where they could also participate in routine dealings with patients, such as reception duties.

Employers should devise a programme of team familiarisation to introduce the learners to the various members of the team in which they work so that they put the job role into context and see how they apply to a real life situation. Employers could undertake an induction and review with learners to help them understand and develop the personal qualities required to work effectively in a medical administration environment. They could also mentor learners to support them whilst undertaking their formal training to help them understand where the syllabus content fits into the medical workplace environment.

## Suggested learning resources

### *Websites*
AMSPAR            www.amspar.com
Reception        www.beyondthereceptiondesk.wordpress.com
Training

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# Unit 222  Medical aspects of administration

| | |
|---:|:---|
| **Unit level** | Level 2 |
| **GLH:** | 60 |

## What is this unit about?

The purpose of this unit is to enable the learner to develop an understanding of the specialised medical knowledge of administrative support in a healthcare environment. The aim is that by the end of this unit, all learners will be introduced to health promotion (HP) and health screening. Learners will also understand how to maintain a safe and healthy environment through the prevention of infection and how the principles of medical ethics, etiquette and confidentiality apply to the administrative support role. Learners will learn about the work of the pathology and clinical imaging departments and will gain a basic knowledge of drug classification, infectious disease and immunity.

Learners may be introduced to this unit by asking themselves questions such as:

- How do I protect patient confidentiality?
- What do the pathology and clinical imaging departments do?
- What is health promotion and how does is fit with healthcare?
- What is preventative medicine in healthcare?

## Learning outcomes

In this unit, learners will be able to

1    Understand the principles of health promotion, preventive medicine (PM) and infection
2    Understand the function of pathology and clinical imaging departments
3    Know codes of conduct within a medical environment

## Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

### Learning outcome

1    Understand the principles of health promotion, preventive medicine (PM) and infection

### Topics

1.1    Definition of health and disease types
1.2    Preventive Medicine (PM)
1.3    Routine screening and diagnostic tests
1.4    Preventing transmission of infectious diseases

**Topic 1.1**

Definition of health and disease types, typical symptoms, diagnosis and prognosis:

- diabetes
- cardiovascular disease
- pulmonary disease
- cancer
- childhood and adult infections
- mental health

**Topic 1.2**

Preventive medicine including the principles and benefits of:

- health promotion
- vaccination

**Topic 1.3**

Routine screening and diagnostic tests and what they are used for:

- blood tests
- weight/BMI
- blood pressure
- urine tests
- X-ray/imaging
- biopsies

**Topic 1.4**

Transmission of infectious diseases and the main types of pathogens:

Main types of pathogens:

- viruses
- bacteria
- fungi
- protoctista/protozoa

Transmission methods of infectious diseases:

- droplet infection
- direct contact
- contaminated food and drink
- broken skin

Preventative methods of infectious diseases:

- hygiene - personal and environmental
- Personal Protective Equipment (PPE) and other barrier methods
- vaccination
- drugs
- sterilisation/disposable equipment
- handling patient specimens

## Learning outcome

2    Understand the function of pathology and clinical imaging departments

## Topics

2.1   main sections of the pathology department and personnel
2.2   main sections of the clinical imaging department and personnel

**Topic 2.1**

The type of work carried out by the main sections of the pathology and clinical imaging departments and examples of tests carried out.

Pathology department:

- microbiology
- haematology
- biochemistry
- histopathology (histology/cytology).

Personnel:

- pathologist
- bio-medical scientist
- medical laboratory assistant
- administrator

**Topic 2.2**

Clinical Imaging Department:

- general/simple X-ray
- MRI (magnetic resonance imaging)
- CT/CAT scan (computerised (axial) tomography)
- ultrasound.

Personnel:

- radiologist
- radiographer
- administrator.

## Learning outcome

3    Know codes of conduct within a medical environment

## Topics

3.1   Codes of conduct within a medical environment

**Topic 3.1**

Codes of conduct meaning, relevance and impact:
- Medical ethics
- Medical etiquette

## Guidance for delivery

Learners should reflect on the importance of the medical aspects of administration and how these apply in the workplace.

Learners would benefit from using a range of different learning techniques, including video clips and animations.

This unit links to units 220 Medical terminology, 221 Medical administration and communication and 223 Working in the NHS.

**Learning outcome 1: Understand the principles of health promotion, preventive medicine (PM) and infection**

Learners will be able to draw on their previous learning in GCSE/Key Stage 4 Science and develop their ability to use their synoptic knowledge to explore the importance of infection control within the healthcare environment. Simulation can be used to illustrate transmission of infectious diseases eg using glitter gel.

Contact with local health promotion agencies and/or visiting speakers would enhance their learning experience.

There is the opportunity to make links with other units, for example unit 220 the 'Introduction to medical terminology'.

There are often topical stories in the media that can be used to stimulate debate, and role play could help the learners to explain the difficulties of controlling infection.

**Learning outcome 2: Understand the function of pathology and clinical imaging departments**

Speakers from the local pathology and clinical imaging departments would support the learners' understanding. Visits to these departments are also beneficial in aiding an appreciation of health and safety eg protection against radiation or infection, and identifying key personnel.

**Learning outcome 3: Know codes of conduct within a medical environment**

It would be beneficial to the learners to include topical discussion and/or role play relating to professional codes of conduct from real life scenarios, relating to moral and social issues. This would include ethic, etiquette, forms of address, dress code, appropriate/inappropriate working behaviour.

## Employer engagement

The use of contextualised tasks are relevant in the delivery and assessment of this unit. The tasks can be departmentalised within relevant sections of the health care environment.

Employer engagement is essential in order to maximise the value of learners' experience. A partnership approach should be adopted where possible with employers with whom the consortium has links, and with employers used for work experience placements.

It would be helpful for teachers to develop a method of maintaining contact with a range of employers in the sectors who may be able to help with keeping the examples of legislation, policies and codes of practice used in the taught content, up to date.

It would be useful for employers to allow learners to become involved in a practical way with health promotion campaigns that run in the medical environment during the time of the training.

Employers should allow learners to work shadow health workers to gain a practical understanding of the role of preventative medicine in the NHS, for example the administrative side of cervical cancer screening, to arrange visits to the pathology and clinical imaging departments and meet members of the teams that work within these departments.

## Suggested learning resources

### Books

| | |
|---|---|
| Medical Terminology and Clinical Procedures<br>Published by: iUniverse; 3rd edition; 24 July 2013<br>ISBN: 978-1-4759-9939-6 (softcover) | Bird, M |
| The Essential Medical Secretary, 2nd edition<br>Published by: Bailliere Tindall, 2005<br>ISBN: 978-1-4759-9940-2 (ebook) | Green, Stephanie J |
| Medical Receptionists and Secretaries Handbook, 4th edition<br>Published by: Radcliffe,2006<br>ISBN: 0-7020-2707-3 | Robbins, Mari |

### Journals and magazines
- British National Formulary – example copies
- Monthly Index of Medical Specialities

### Websites
| | |
|---|---|
| NHS | www.nhs.uk |
| AMSPAR | www.amspar.com |
| Reception training | www.beyondthereceptiondesk.worpress.com |

# Unit 223  Working in the National Health Service (NHS)

| | |
|---|---|
| **Unit level:** | Level 2 |
| **GLH:** | 60 |

## What is this unit about?

The purpose of this unit is to enable the learner to develop an understanding of working in the National Health Service (NHS), the various staff involved and how they work together. The learner will develop knowledge of employment procedures and why they are in place.  The learner will also develop knowledge of health and safety within the medical workplace.

Learners may be introduced to this unit by asking themselves questions such as:
- What are the rights of employers and employees in the NHS?
- What are the differences between primary, secondary and community care in the NHS?
- How do you complain within the NHS?
- What is a Contract of Employment?
- What are the rights of patients within the NHS?

## Learning outcomes

In this unit, learners will be able to

1 Understand organisations which form the NHS
2 Understand employees' and employers' responsibilities working in the NHS
3 Understand patient rights

## Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

### Learning outcome

1      Understand organisations which form the NHS

### Topics

1.1   Organisations responsible for the provision of NHS Health and Social Care services
1.2   Ways in which NHS Health Services are delivered
1.3   Community based social care

**Topic 1.1**

In England and the function of each stakeholder group:

- Department of Health
- NHS England
- Local authorities (responsibility to protect and improve health and wellbeing)
- Clinical Commissioning Groups (CCGs)
- Public Health England
- Care Quality Commission (CQC) and other regulatory/monitoring bodies

NHS Services available in other parts of the UK as appropriate ie Northern Ireland, Scotland or Wales

**Topic 1.2**

In England, Primary and Secondary Care:

- definition of primary care (first point of contact)
- primary care team roles and responsibilities:
    o  GPs and staff employed by them
    o  Dentists
    o  Optometrists
    o  Walk-in centres
    o  NHS111
- definition of secondary care (a more specialist level of care which usually needs referral from a primary care service) provided by NHS Trusts, including hospital care, rehabilitative care, emergency care, mental health services, community healthcare services
- wider NHS team roles and responsibilities:
    o  GPs and staff employed by them
    o  consultants
    o  junior doctors
    o  nurses
    o  jobs related to medicine such as:
        physiotherapists
        radiographers
        podiatrists
        speech and language therapists
        counsellors

      occupational therapists
      psychologists
      health care scientists
- o  ambulance services
- o  the role of independent and charity services in the provision of healthcare services
- o  the range of services which may be provided in an acute hospital setting:
  Radiology
  Oncology
  Orthopaedics
  Cardiology
  Gastroenterology
  Accident and Emergency

**Topic 1.3**

The various types of care available in the community for a range of people with differing needs:

- residential care homes
- sheltered accommodation
- day centres
- domiciliary care
- respite care
- aids and adaptations

Roles of staff providing community care:

- Community Psychiatric Nurses (CPN)
- social workers
- support workers

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## Learning outcome

2     Understand employees' and employers' responsibilities working in the NHS

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## Topics

2.1  Written contract of employment

2.2  Discrimination legislation

2.3  Workplace grievance procedure

2.4  Personal development in the NHS

2.5  Health and safety at work in the NHS

**Topic 2.1**

The written contract of employment:

- purpose
- content of a written contract

**Topic 2.2**

How discrimination legislation protects employees and employers, with an awareness of the nine protected characteristics within the Equality Act 2010.

**Topic 2.3**
- How a grievance can start and how the process can be informal and formal.
- The steps involved and the departments available to help staff through the process including Human Resources (HR), Advisory, Conciliation and Arbitration Service (ACAS) and Trade Unions.

**Topic 2.4**
Purpose and process of Personal Development Review (PDR) including Continuous Professional Development (CPD). How they will benefit the employee, the patient and the organisation.

**Topic 2.5**
Own responsibility to maintain health and safety in the medical workplace and how this protects self, colleagues, patients and visiting personnel to the workplace:
- Health and Safety at Work Act (HASAWA)
- Health and Safety (Display Screen Equipment) Regulations (DSE)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- Control of Substances Hazardous to Health (COSHH)

## Learning outcome
3    Understand patient rights

## Topics
3.1   Patient rights
3.2   The meaning of consent in the NHS
3.3   Patient confidentiality in the NHS
3.4   Complaints process in the NHS

**Topic 3.1**
The patient's rights as outlined in the NHS Constitution. The right to:
- access to health services
- quality of care and environment
- respect, consent and confidentiality
- nationally approved treatments, drugs and programmes
- informed choice
- involvement in your healthcare and the NHS
- complaint and redress

**Topic 3.2**
- Types of consent including informed/express and implied
- The implications of not gaining consent

**Topic 3.3**
The legislation and regulations which protect patient confidentiality.

How to abide by these regulations in their role:
- the General Data Protection Regulation (GDPR)

- the seven Caldicott principles
- 0rganisations bound by the Freedom of Information Act
- the role of the medical receptionist/administrator in safeguarding patients' confidentiality
- consequences to NHS employees of breaching confidentiality

**Topic 3.4**

The NHS complaints process including:

- local resolution
- informal/formal complaint
- role of the administrative support staff in dealing with complaints
- role of the Parliamentary and Health Service Ombudsman

## Guidance for delivery

Learners should have an understanding of their own role within the NHS and the relevance of their skills within a healthcare environment.

Learning should be delivered in a suitably equipped environment with access to computers.

Access to the internet is advantageous so that learners can research information to supplement their studies. Learners should be advised of the necessity of home study to supplement the learning delivered by the centre.

Learners may need to be taught through a mixture of classroom based delivery ie group work, collaborative learning and individual work. Activities also could involve researching and finding information from websites such as NHS Choices, British Medical Association and General Medical Council.

Case studies, scenarios and Information Governance could be used in relation to patient rights.

This unit links to units 220 Medical terminology, 221 Medical administration and communication and 222 Medical aspects of administration.

## Employer engagement

The use of contextualised tasks are relevant in the delivery and assessment of this unit. The tasks can be departmentalised within relevant sections of health care environment.

Employer engagement is essential in order to maximise the value of learners' experience. A partnership approach should be adopted where possible with employers with whom the consortium has links, and with employers used for work experience placements.

It would be helpful for teachers to develop a method of maintaining contact with a range of employers in the sectors who may be able to help with keeping the examples of legislation, policies and codes of practice used in the taught content, up to date.

Employers could devise a programme of induction that introduces and explains the role of contracts of employment to the learners in practical terms and includes the rights and responsibilities of both the employer and employee in the NHS. Employers should work with centres to allow learners to experience and/or visit primary, secondary and community based elements of the NHS to gain a practical insight into these settings and talk to learners about the NHS Complaints procedures and patient rights.

## Suggested learning resources

### *Websites*
AMSPAR                            www.amspar.com

# Unit 224  Producing medical documents

| | |
|---|---|
| **Unit level:** | Level 2 |
| **GLH:** | 60 |

## What is this unit about?

The purpose of this unit is to enable the learner to develop the knowledge and skills to produce accurate routine medical documents within the healthcare environment. They will learn how to use word processing formatting techniques to create, edit, format and print a range of standard documents that are common within this environment.  Learners will create and manage electronic files and folders as well as learn the importance of proofreading and how to use appropriate checking methods to produce accurate documents.

Learners may be introduced to this unit by asking themselves questions such as:

- Will I learn about the different types of documents used in a medical environment?
- Will I learn how to set out medical documents?
- Will I learn about amending and editing medical documents?
- Why is it important to proofread medical documents for accuracy?

## Learning outcomes

In this unit, learners will be able to

1   Create medical documents
2   Produce hard copies of medical documents

## Scope of content

This section gives details of the scope of content to be covered in the teaching of the unit to ensure that all the learning outcomes can be achieved.

**Learning outcome**

1    Create medical documents

**Topics**

1.1   Create and name files and folders
1.2   Create and save documents in named folders using appropriate filenames
1.3   Recall pre-stored electronic templates and files
1.4   Produce medical documents including formatting and basic tables

**Topic 1.1**

The requirements for creating and naming folders according to:

- house style conventions
- file structures

**Topic 1.2**

The requirements for creating and saving documents in named folders using appropriate filenames in order to manage an electronic file directory.

Purpose and layout of medical documents:

- routine letters
- information leaflets
- notices

**Topic 1.3**

Recall and save pre-stored electronic templates and files using appropriate filenames in order to manage an electronic file directory.

**Topic 1.4**

Create and amend accurate medical documents from handwritten and typewritten drafts following instructions and interpret amendment and correction signs to a given house style.

Instructions:

- text/numbers
- references
- dates
- main and subject headings containing patient details
- medical terminology including generic and proprietary drug names
- special marks such as:
  - urgent
  - private
  - confidential
  - for the attention of

- o   indicating of enclosures
- additional copies and routing
- basic table creation:
  - o   column headings
  - o   add columns and rows
  - o   merge cells
  - o   adjust column width
  - o   align column content
  - o   add shading and borders
  - o   hide/show borderlines

Use formatting and layout techniques for medical documents:

- change font style and size of selected text to achieve suitable presentation
- use bold, italics, underline and capitals for emphasis
- use initial capitals/closed capitals as instructed
- use left, right and full justification as instructed
- adjust margins
- indent text as instructed
- use numbered and/or bullet points
- use headers and footers
- select portrait/landscape orientation
- import images, align and resize images, wrap text around images
- add page breaks where necessary
- change line spacing
- insert page numbers
- insert symbols
- sort data alphabetically, numerically and chronologically
- insert vertical spacing
- add filename and path as required
- insert, delete, move, cut, copy, paste
- transpose and paste text ensuring consistency of font style and size within the main document
- change line spacing
- use find and replace functions as required
- list of abbreviations, amendment and correction signs (See Appendix number 6)

Produce medical documents using specific techniques:

- following written instructions
- interpreting correction signs
- displaying concluding and signatory clauses
- inserting dates and references where appropriate
- routing originals and preparing copies

Proofreading for accuracy, identifying and correcting errors in spelling and punctuation.
Errors include:

- typographical
- spelling (including medical terminology, generic and proprietary names of drugs)
- grammatical
- use of homophones
- errors of agreement
- punctuation
- presentation and consistency

Appropriate methods to check for accuracy:
- spell checker
- print preview facilities
- grammar and thesaurus facilities
- English and mother tongue dictionaries
- Medical dictionaries
- drug and online dictionaries

## Learning outcome

2    Produce hard copies of medical documents

## Topics

2.1   Produce screen shots

2.2   Print final copies

**Topic 2.1**

Use screen shots showing electronic file directories to record the location of named files in appropriate folders.

**Topic 2.2**

Print final copies using the following functions:
- number of pages
- scale to fit
- duplex printing
- custom pages
- default printer

## Guidance for delivery

This unit is designed to enable learners to develop the knowledge and skills to produce accurate routine documentation appropriate for the medical environment. The unit will provide the skills and competencies that are required to produce quality work under supervision. This unit is appropriate for learners who are aiming for employment that involves routine word processing within a medical environment.

Centres must ensure the knowledge, understanding and skills for each topic are fully addressed so that learners can meet the requirements effectively.

The identified knowledge, understanding and skills contained within the unit are not exhaustive and may be expanded or tailored to particular contexts (eg house style) in which the topic is being taught.

This unit is the skills base side of the qualification and links to unit 220 Introduction to medical terminology.

This unit supports the development of English by asking learners to check the medical documents for accuracy. Learners should be encouraged to use spell checker, grammar and Thesaurus facilities along with English/American and mother tongue (used consistently within the document), medical and drug dictionaries in order to produce accurate routine medical documentation.

## Employer engagement

The use of contextualised tasks is relevant in the delivery and assessment of this unit. The tasks can be departmentalised within relevant sections of the healthcare environment.

Employer engagement is essential in order to maximise the value of learners' experience. A partnership approach should be adopted where possible with employers with whom the consortium has links, and with employers used for work experience placements.

It would be helpful for teachers to develop a method of maintaining contact with a range of employers in the sectors who may be able to help with keeping the examples of legislation, policies and codes of practice used in the taught content, up to date.

Employers could involve learners in the production of different types of medical documents, as well as work shadowing and practical in-house training of the styles and layouts used in the work placement offered.
Employers could talk to learners about the importance of developing effective proof reading techniques to enable them to produce accurate and completed medical documents for use in the workplace to meet required standards.

# Suggested learning resources

## Websites

GCF LearnFree Org - Free software that helps the students to learn how to use the different versions of Office.

http://www.gcflearnfree.org/office

## Additional resources

- Dictionaries – Medical and English Dictionaries
- Touch typing programmes (online/CD).

# Appendix 1 Word parts list

*Prefixes*

| Prefix | Meaning |
| --- | --- |
| a-, an- | absence of |
| ab- | away from |
| ad- | towards |
| alb- | white |
| ante- | before |
| anterio- | front |
| anti- | against |
| auto- | self |
| baso- | alkaline/basic |
| bi- | two |
| bio- | life |
| blasto- | immature/embryonic cell |
| brady- | slow |
| circum- | around |
| co-, con- | together/joined |
| contra- | against |
| chromo-, chromato- | colour |
| cryo- | cold |
| crypto- | hidden |
| cyano- | blue |
| de- | away from/removing |
| di- | two |
| dia- | through |
| diplo- | double |
| dis- | apart, separate from |
| dorso- | back/dorsal |
| dys- | difficult/abnormal/painful |

| Prefix | Meaning |
|---|---|
| e-, ec-, ef-, ex- | away from/out of/without |
| ecto-, exo- | external/outside/without |
| en-, endo- | within/in/into |
| epi- | upon/above/on |
| ery-, erythro- | red |
| eu- | good/normal/well |
| extra- | outside |
| hemi- | half |
| hetero- | unlike/dissimilar |
| homeo-, homo- | same/like |
| hyper- | above/high/in excess of normal |
| hypo- | low/below/under/less than normal |
| infero-, infra- | below |
| inter- | between |
| intra- | within/inside |
| iso- | equal |
| kilo- | one thousand |
| latero- | side/sideways |
| leuco-, leuko- | white |
| macro- | large |
| mal- | poor/abnormal |
| mega-, megalo- | big/enlarged |
| melano- | black/dark/pigment |
| meta- | after/beyond |
| micro- | small/one millionth |
| mid- | middle |
| milli- | one thousandth |
| mono-, uni- | one/single |
| multi-, poly- | many |
| neo- | new |
| normo- | normal |

| Prefix | Meaning |
|--------|---------|
| oligo- | scanty/deficient/few |
| ortho- | straight |
| pan- | all |
| para- | alongside |
| peri- | around |
| post- | after |
| pre-, pro- | before |
| primi-, proto- | first |
| pseudo- | false |
| quadri- | four |
| retro- | backwards |
| sclero- | hard |
| semi- | half |
| steno- | narrow |
| sub- | below |
| super-, supra- | above |
| sy-, sym-, syn- | with/together/union |
| tachy- | rapid/fast |
| telo- | end |
| tetra- | four |
| trans- | across/through |
| ventro- | front/anterior |

### Word Roots

| Word Root | Meaning |
|---|---|
| abdomen/o | abdomen |
| aden/o | gland (any) |
| adip/o | fat |
| aer/o | oxygen/air |
| albumen/o, albumin/o | albumin/a protein |
| alveol/o | air sac |
| amyl/o | starch |
| andr/o | man |
| angi/o | vessel |
| aort/o | aorta/main artery |
| appendic/o | appendix |
| arteri/o | artery |
| arteriol/o | small artery |
| arthr/o | joint |
| ather/o | fatty plaque in blood vessels |
| atri/o | upper chamber of heart/atrium |
| audi/o | hearing |
| bil/i/o | bile |
| blephar/o | eyelid |
| brachi/o | arm |
| bronch/o | bronchus/large air tube in lung |
| bronchiol/o | bronchiole/small air tube in lung |
| calc/i/o | calcium |
| chlor/i/o | chlorine, chloride |
| carcin/o | cancer/malignant tumour |
| cardi/o | heart |
| carp/o | wrist |
| cellul/o | cell |
| cephal/o | head |
| cerebr/o | brain/cerebrum |

| Word Root | Meaning |
|-----------|---------|
| cerebell/o | cerebellum/part of brain |
| cervic/o | cervix/neck |
| cholangi/o | biliary vessels |
| chol/e/o | bile/cholesterol |
| cholecyst/o | gallbladder |
| chondr/o | cartilage |
| cirrh/o | yellow |
| chym/o | chyme/liquefied food in the gut |
| col/o, colon/o | colon/large intestine |
| conjunctiv/o | membrane covering the eye |
| coron/o | heart/crown |
| cost/o | rib |
| crani/o | skull containing brain |
| cut/i/o, cutane/o | skin |
| cyst/o | bladder |
| cyt/o | cell |
| dent/o | tooth |
| derm/o, dermat/o | skin |
| duoden/o | duodenum/part of small intestine |
| encephala/o | brain |
| endocardi/o | lining of heart |
| endometri/o | lining of uterus/ endometrium |
| enter/o | intestine |
| epididym/o | tubules above the testes/testicles |
| epilept/i/o | seizure/epilepsy |
| febr/o | fever |
| ferr/o | iron |
| fet/o | unborn baby/fetus |
| gastr/o | stomach |
| gingiv/o | gums |
| gloss/o | tongue |

| Word Root | Meaning |
|-----------|---------|
| gluc/o, glyc/o | sugar |
| gyn/o, gynaec/o | woman |
| haem/o, haemat/o | blood |
| hep/o, hepat/o | liver |
| herni/o | hernia/rupture/protrusion |
| hist/o | tissue |
| hydr/o | water |
| hyster/o | womb |
| iatr/o | doctor/physician |
| ile/o | ileum/part of small intestine |
| ili/o | ilium/hip bone of the pelvis |
| immun/o | immunity/ protection against infection |
| jejun/o | jejunum/part of small intestine |
| kal/o | potassium |
| kin/o, kinesi/o, kinet/o | movement |
| lact/o | milk |
| lapar/o | abdomen/abdominal wall |
| laryng/o | larynx/voice box |
| lip/o | fat |
| lith/o | stone |
| lob/o | lobe |
| lymph/o | lymphatic/lymph/tissue fluid |
| lymphaden/o | lymph gland |
| lymphangi/o | lymph vessel |
| mamm/o, mast/o | breast |
| mandibul/o | lower jaw |
| maxill/o | upper jaw |
| meli-, melito- | sweet/honey |
| mening/o | membrane covering brain and spinal cord/meninges |

| Word Root | Meaning |
|---|---|
| men/o | menstruation/monthly period |
| metr/o | womb |
| muscul/o, my/o, myos/o | muscle |
| myel/o | marrow/spinal cord |
| myocardi/o | heart muscle/myocardium |
| myometri/o | muscle of uterus/myometrium |
| myring/o | ear drum |
| nas/o, rhin/o | nose |
| nat/o | birth |
| natr/o | sodium |
| necr/o | death |
| nephr/o | kidney |
| neur/o | nerve |
| ocul/o, ophthalm/o | eye |
| oesophag/e/i/o | gullet/oesophagus |
| onc/o | tumour |
| o/o | egg/ovum |
| oophor/o | ovary |
| opt/o | sight/eye |
| orchi/o, orchid/o | testis/male gonad/male gland |
| os/o, oste/o | bone |
| ot/o | ear |
| paed/o | child |
| pancreat/o | pancreas/a gland |
| path/o | disease |
| pect/o, pector/o | chest, pectoral muscle |
| pericardi/o | outer membrane around heart |
| peritone/o | membranes of the abdominal cavity/ peritoneum |
| phag/o | swallow/eat |
| phall/o | penis |

| Word Root | Meaning |
| --- | --- |
| phas/o | speech |
| pharmac/o | drug |
| pharyng/o | throat/pharynx |
| phleb/o | vein |
| placent/o | placenta |
| pleur/o | membrane surrounding the lung/pleura |
| pneum/o, pneumon/o, pulmon/o | lung |
| pno/e, pne/o | breathing |
| proct/o | anus/rectum |
| prostat/o | male gland/prostate |
| psych/o | mind |
| py/o | pus |
| pyr/o | fever |
| rect/o | rectum |
| ren/o | kidney |
| rhin/o | nose |
| rhythm/o | rhythm |
| salping/o | fallopian/uterine tube |
| scrot/o | scrotum, sac around the testis |
| septic/o | infected |
| sigmoid/o | sigmoid colon/part of large intestine |
| somat/o | body |
| splen/o | spleen |
| spermat/o | sperm cell |
| sphygm/o | pulse |
| steat/o | fat |
| steth/o | chest |
| stom/o, stomat/o | mouth |
| tars/o | ankle |
| tendin/o, ten/o | tendon |

| Word Root | Meaning |
|---|---|
| test/o, testicul/o | testis/testicle |
| therm/o | heat |
| thorac/o, thoracic/o | chest/thorax |
| thromb/o | blood clot |
| thyr/o | thyroid/gland in neck |
| tonsill/o | tonsils/lymph gland |
| tox/o, toxic/o | poison |
| trache/o | windpipe/trachea |
| tympan/o | ear drum |
| ureter/o | tube from kidney to bladder/ureter |
| urethr/o | tube from bladder/urethra |
| ur/o, urin/o | urine/urinary |
| uter/o | womb |
| vagin/o | vagina/birth canal |
| vas/o, vascul/o | vessel |
| ven/o | vein |
| ventric/o, ventricul/o | lower chamber of heart/ventricle |
| zo/o | animal |

## Suffixes

| Suffix | Meaning |
| --- | --- |
| -a/ia<br>-ia/-iasis<br>-iosis/-ism<br>-osis | condition of |
| -aemia | blood |
| -ac/-al/-ary<br>-iac/-ic | concerning/pertaining to |
| -algia | pain |
| -blast | immature cell/embryonic cell |
| -cele | swelling/protrusion |
| -centesis | to puncture/tapping/withdraw fluid |
| -cide | kill |
| -clast | cell that breaks down tissue |
| -cyte | cell |
| -demic | people/population |
| -dynia | pain |
| -ectomy | surgical removal of |
| -gen | producing/forming |
| -genesis | forming or origin |
| -genic | producing or forming |
| -gram | picture/tracing |
| -graph | machine that records/tracing |
| -graphy | procedure of recording/tracing |
| -gravida | pregnancy |
| -iatric | pertaining to medicine/doctor |
| -itis | inflammation of |
| -lysis | destruction/splitting/breaking down |
| -malacia | softening |
| -megaly | enlargement of |
| -meter | measure/instrument to measure |
| -metry | process of measuring |

| Suffix | Meaning |
|---|---|
| -natal | birth |
| -necrosis | death of |
| -oedema | swelling caused by excess fluid |
| -ology | study of/science of |
| -oid | likeness/resembling |
| -oma | tumour |
| -opia | condition of the eye |
| -para/-parous | given birth |
| -pathy | disease |
| -penia | lack of/decreased |
| -pexy | fixation of |
| -phagia | swallowing |
| -phasia | speech |
| -philia | liking/affinity for |
| -phobia | overwhelming fear or anxiety |
| -phylaxis | protection/ prevention |
| -plasia | formation from tissue |
| -plasty | form/mould/reconstruct |
| -plegia | paralysis |
| -pnoea | breathing |
| -poiesis | producing/formation |
| -porosis | thinning/channel |
| -ptosis | drooping/falling |
| -rrhage | burst forth/bleeding |
| -rrhagia | condition of heavy bleeding |
| -rrhoea | flow/discharge |
| -rrhythmia | rhythm |
| -sclerosis | condition of hardening |
| -scope | lighted instrument used to examine |
| -scopy | examination with a lighted instrument |
| -spasm | involuntary contraction |

| Suffix | Meaning |
| --- | --- |
| -stasis | cessation of movement/flow |
| -stenosis | condition of narrowing |
| -stomy | cutting to make an artificial opening into |
| -taxia /-taxis | coordinated movement |
| -tome | cutting instrument |
| -tomy | cutting into/dividing/incision |
| -tripsy | crushing/fragmenting |
| -triptor | instrument used to fragment stones |
| -trophy | nourishment/feeding/development |
| -uria | condition of urine |

# Appendix 2   Human body systems

## Musculoskeletal system

The skeleton:

- skull (main bones)
  - cranium
  - maxilla, mandible
- vertebrae –cervical, thoracic, lumbar, sacral, coccyx
- thorax - rib cage, sternum
- appendicular
  - scapula, clavicle
  - pelvis
  - humerus, radius, ulna, carpals, metacarpals, phalanges
  - femur, tibia, fibula, patella, tarsals, metatarsals, phalanges
- joints – shoulder, elbow, hip, knee
- cartilage
- tendons
- ligaments
- muscles – biceps, triceps, quadriceps, pectorals, gluteal
- diseases, disorders and conditions of the musculoskeletal system to include:
  - arthritis
  - rheumatism
  - fracture
  - dislocation
- investigative procedures, treatment and equipment used with this body system.
  - X-rays
  - electromyography

## Blood and cardiovascular system

Blood:

- individual blood cells
  - erythrocytes
  - leucocytes – phagocytes, neutrophils, monocytes, macrophages, lymphocytes
  - thrombocytes (platelets)
- plasma/serum
- diseases, disorders and conditions of the blood to include:
  - anaemia (iron deficiency anaemia, sickle cell anaemia)
  - leukaemia
  - haemophilia
  - thrombosis
- investigative procedures, treatment and equipment used with this body system.
  - haematology tests
  - anticoagulants
  - blood grouping (ABO and Rhesus)
  - blood transfusion

## *Cardiovascular system*

- the heart structures
  - pericardium
  - myocardium
  - endocardium
  - heart chambers - atria, ventricles
- types of blood vessels
  - major blood vessels:
  - arteries – aorta
  - veins – venae cavae
  - minor blood vessels:
  - capillaries
- diseases, disorders and conditions of the cardiovascular system to include:
  - angina
  - fibrillation
  - myocardial infarction (heart attack)
  - cardiac arrest
  - stroke
- investigative procedures, treatment and equipment used with this body system.
  - sphygmomanometer (systolic and diastolic blood pressure)
  - stethoscope
  - electrocardiography (ECG)
  - defibrillator

## *Lymphatic and immune system including their response to infection*

- lymphatic structures
  - lymph/tissue fluid
  - vessels (ducts)
  - nodes (glands)
  - specialised lymph glands ie spleen, tonsils, adenoids
- processes of infection and immune response
  - pathogens, antigens, antibodies, lymphocytes, phagocytes
- diseases, disorders and conditions of the lymphatic system to include:
  - oedema
  - lymphoma
- investigative procedures, treatment and equipment used with this body system.
  - vaccination

## *Respiratory system*

- upper respiratory tract structure:
  - nose, pharynx, epiglottis, larynx, trachea
- lower respiratory tract structure:
  - lungs - bronchi, bronchioles, alveoli
  - pleural membranes
- thoracic cavity, diaphragm
- diseases, disorders and conditions of the respiratory system
  - COPD (emphysema, chronic bronchitis and asthma)
  - pneumonia
  - tuberculosis
  - pleurisy
  - lung cancer

- investigative procedures, treatment and equipment used with this body system:
  - peak flow meter (PEFR, FEV1)
  - spirometer (vital capacity, tidal volume)
  - stethoscope

## *Digestive system*

- structures of the digestive system:
  - mouth
  - pharynx
  - oesophagus
  - stomach
  - small intestine and regions (duodenum, jejunum, ileum)
  - large intestine (colon) and regions (caecum, appendix, sigmoid, rectum and anus)
- accessory organs of digestion (teeth, tongue, gums, salivary glands, pancreas, liver, gallbladder)
- diseases, disorders and conditions of the digestive system and accessory organs of digestion to include:
  - reflux
  - ulcer
  - irritable bowel syndrome/Crohn's disease/ coeliac disease
  - cirrhosis
  - diarrhoea and vomiting
  - gallstones
- investigative procedures, treatment and equipment used with this body system:
  - endoscopies
  - barium meal or enema
  - biopsy

## *Urinary system*

- structures of the urinary system:
  - kidneys and their regions  (nephrons, renal pelvis)
  - ureters
  - bladder
  - urethra
- diseases, disorders and conditions of the urinary system to include:
  - kidney stones
  - renal failure
- investigative procedures, treatment and equipment used with this body system:
  - dialysis
  - catheterisation
  - lithotripsy
  - urinalysis

## *Nervous system*

- Central nervous system (CNS):
  - brain
  - cerebrum
  - cerebellum
  - spinal cord
  - meninges

- o synapses
- Peripheral nervous system (PNS)

  - o receptors
  - o sensory and motor nerves
- Skin and sensory organs (eye, ear, nose)
  - o skin
  - o eye including conjunctiva and eyelid
  - o ear including eardrum
  - o nose
- diseases, disorders and conditions of the nervous system, to include the main types of mental illness:
  - o dementia, psychoses, phobias, anxiety, depression
  - o anorexia
  - o concussion
  - o stroke
  - o epilepsy
  - o meningitis
  - o migraine
  - o paralysis
  - o multiple sclerosis
  - o Parkinson's disease
- investigative procedures, treatment and equipment used with this body system:
  - o electroencephalography
  - o lumbar puncture

## *Endocrine system*

- glands of the endocrine system:
  - o adrenal gland
  - o ovaries
  - o pancreas
  - o pituitary gland
  - o testes
- hormones: adrenaline, oestrogen, insulin, antidiuretic hormone (ADH), testosterone,
- diseases, disorders and conditions of the endocrine system
  - o diabetes mellitus
  - o early menopause
- investigative procedures, treatment and equipment used with this body system
  - o biochemical tests

## *Reproductive (male and female including obstetrics)*

Male reproductive system:

- structures of the male reproductive system:
  - o testes
  - o scrotum
  - o epididymis
  - o penis
  - o prostate gland
  - o urethra
- diseases, disorders and conditions of the male reproductive system to include:

- o erectile dysfunction
- o prostate cancer
- o testicular cancer
- o sexually transmitted infections
- o infertility
- investigative procedures, treatment and equipment used with this body system:
  - o vasectomy
  - o PSA blood test
  - o circumcision

## *Female reproductive system and obstetrics*

- Structures of the female reproductive system
  - o ovary
  - o fallopian (uterine) tubes
  - o uterus
  - o cervix
  - o vagina
  - o perineum
  - o vulva
- accessory organs - breast
- puberty, menstruation, menopause
- structures and stages of pregnancy:
  - o zygote
  - o embryo
  - o fetus
  - o amnion
  - o placenta and umbilical cord
- diseases, disorders and conditions of the female reproductive system and obstetrics to include:
  - o breast cancer
  - o cervical cancer
  - o ovarian cancer
  - o ectopic pregnancy
  - o miscarriage
  - o pre-eclampsia and eclampsia
  - o presentations: breech, transverse
  - o prolapse
  - o sexually transmitted infections
  - o infertility
- investigative procedures, treatment and equipment used with this body system:
  - o ultrasound
  - o amniocentesis
  - o epidural
  - o Caesarean section
  - o APGAR score
  - o cervical smear
  - o mammography
  - o biopsy

# Appendix 3    List of organs and systems

| Organ | Position and function | Body system |
| --- | --- | --- |
| Cranium (skull) | The head. Surrounds and protects the brain. | Skeleton |
| Scapula (shoulder blade) | Upper back part of the shoulder. For attachment of humerus to the thorax. | Skeleton |
| Clavicle (collar bone) | Upper region of chest, by the neck. Helps with positioning of the arms. | Skeleton |
| Humerus (upper arm bone) | Located between the shoulder and elbow joint. Helps actions such as lifting. | Skeleton |
| Radius and ulna (lower arm bones) | Located between the elbow and the wrist. Work together to allow movement of the elbow and hand. | Skeleton |
| Carpals (wrist bones) | Wrist; between lower arm and hand. Involved in hand movements. | Skeleton |
| Metacarpals (hand bones) | Hand; located between the wrist and finger bones. Involved in hand movements. | Skeleton |
| Phalanges (finger and toe bones) | Digits. Involved in movements such as grip or pointing. | Skeleton |
| Vertebrae (bones of the spinal column) | Spine. Main functions are load bearing and protection of the spinal cord. | Skeleton |
| Coccyx (tailbone) | Bottom of spine. Provides stability when sitting. | Skeleton |
| Ribs (chest bones) | Chest, form rib cage to protect lungs and help breathing actions. | Skeleton |
| Sternum (breastbone) | Central point for attachment of ribs by cartilage. | Skeleton |
| Pelvic girdle (pelvis) | Surrounds and protects lower abdominal organs. Forms the hip joint where the femur is attached. | Skeleton |

| | | |
|---|---|---|
| Femur (thigh bone) | Upper leg. Attachment of muscles involved in movement of the leg at the hip and knee joint. | Skeleton |
| Patella (knee cap) | At front of knee. Involved in extension of the knee. | Skeleton |
| Fibula (calf bone) | Thinner lower leg bone. Gives stability to ankle joint. | Skeleton |
| Tibia (shin bone) | Thicker lower leg bone. Load bearing bone involved in locomotion. | Skeleton |
| Tarsals (ankle bones) | Ankle. Control the angle of the foot; bear the weight of the body at the heel. | Skeleton |
| Metatarsals (foot bones) | Feet. Connect the ankle to the toes. | Skeleton |
| Spleen | Lies on underside of stomach. Produces antibodies / acts as a defence mechanism and controls the volume of blood in the cardiovascular system. | Lymphatic system |
| Liver | Lies beneath diaphragm. Stores glycogen and fats. Breaks down toxins, drugs and nitrogenous wastes for removal from the body. Produces bile. | Digestive system |
| Oesophagus (gullet) | Tube that transports food from throat to stomach. | Digestive system |
| Stomach | Lies in abdomen, receives food from oesophagus. Begins digestion of protein. | Digestive system |
| Small intestine. (duodenum, jejunum and ileum) | Long tube from stomach to colon where digestion of food is completed and most nutrient absorption takes place. | Digestive system |
| Large intestine (colon) | Tube from small intestine to rectum, absorbs water and completes production of faeces. | Digestive system |
| Pancreas | Gland below the stomach in the curve of the duodenum which produces hormones such as insulin as well as pancreatic enzymes such as lipase. | Digestive system /endocrine system |

| | | |
|---|---|---|
| Gallbladder | Lies on underside of liver. Concentrates and stores bile for secretion into duodenum to emulsify fats. | Digestive system |
| Pharynx (throat) | Back of the nose and mouth. Tube carrying food from the mouth to the oesophagus, and air from the nose to the trachea. | Respiratory system/ digestive system |
| Larynx (voicebox/Adams apple in males) | Located in trachea. Produces sound/speech. | Respiratory system |
| Trachea (wind pipe) | Tube between mouth and lungs, carries air to and from the lungs. | Respiratory system |
| Bronchi (large airways) | Two tubes transporting air into the lungs from trachea. | Respiratory system |
| Lungs | Two organs lying in the chest in which the exchange of gases (O2 and CO2) takes place during breathing. | Respiratory system |
| Heart | Muscular pump located between the lungs. Contracts to circulate blood through the blood vessels. | Cardiovascular system |
| Aorta | Main artery of the body. Carries oxygenated blood from the heart to the organs of the body. | Cardiovascular system |
| Superior vena cava / inferior vena cava | Main veins. Carry de-oxygenated blood from the body organs back to the heart. | Cardiovascular |
| Arteries | Blood vessels which carry blood away from the heart towards body organs. | Cardiovascular system |
| Veins | Blood vessels which carry blood from the body organs back to the heart. | Cardiovascular system |
| Kidneys | Two organs in the abdomen. Produce urine to excrete urea and other wastes from the body. | Urinary system |
| Ureters | The two tubes that carry urine from kidneys to bladder. | Urinary system |
| Bladder | Lies in the pelvic cavity. Stores urine prior to its excretion from the body via the urethra. | Urinary system |
| Urethra | Tube which carries urine from the bladder to the outside of the | Urinary system/male |

| | | |
|---|---|---|
| | body. In males, carries semen out of the body. | reproductive system |
| Ovaries | Pelvic cavity. Two female organs that produce eggs and hormones such as oestrogen. | Female reproductive system |
| Fallopian/ uterine tubes / oviducts | Pelvic cavity. Two tubes that carry egg from ovaries towards the uterus; site of fertilization of the egg. | Female reproductive system |
| Uterus (womb) | Pelvic cavity. Organ where the embryo implants / the fetus grows. | Female reproductive system |
| Vagina (birth canal) | Pelvic cavity. Organ which connects the womb to the outside of the body. | Female reproductive system |
| Mammary glands (breasts) | Two organs situated at the front of the chest.  In females produce milk to feed a new-born baby. | Female reproductive system |
| Vulva | Lower pelvis. External genitalia of the female. | Female reproductive system |
| Penis | Lower pelvis. Male organ through which the urethra passes to carry urine or semen out of the body. | Male reproductive system |
| Prostate gland (male gland) | Pelvic cavity, just below the bladder. Secretes a fluid to make the sperm more motile. | Male reproductive system |
| Scrotum | Lower pelvis. Two sacs of skin lying outside of the body, each containing a testis. | Male reproductive system |
| Testis | Lower pelvis. Two male sex glands located in the scrotum.  Produce sperm and the hormone testosterone. | Male reproductive system |
| Epididymis | Lower pelvis of males.  Two long twisted tubes connecting testis to the vas deferens.  Where sperm are stored and become mature. | Male reproductive system |
| Vas deferens | Lower pelvis of males. Two tubes carrying sperm from the epididymes to the urethra to be ejaculated from the body. | Male reproductive system |

# Appendix 4    Medical specialities

| Term | Study of the: |
| --- | --- |
| Term | Study of the: |
| Anaesthesiology | Control of sensation/consciousness and resuscitation |
| Bariatrics | Reduction of stomach capacity for treatment of obesity |
| Cardiology | Heart and blood vessels |
| Clinical genetics | Inherited diseases |
| Dermatology | Skin |
| Emergency medicine | Accident and emergency; trauma care |
| Endocrinology | Endocrine system ie glands and their hormones, particularly diabetes |
| Gastroenterology | Digestive system |
| Genitourinary | Urinary and the reproductive system, including sexually transmitted infections |
| Geriatrics | Elderly/older people |
| Gynaecology | Female reproductive system |
| Haematology | Blood |
| Hepatology | Liver |
| Immunology | Immune system ie defence of the body against infection |
| Nephrology | Urinary system including the kidney |
| Neurology | Nervous system |
| Obstetrics | Pregnancy and childbirth |
| Oncology | Tumours including cancer |
| Ophthalmology | Eyes |
| Orthodontics | Prevention of irregularities/straightening of the teeth |
| Orthopaedics | Musculoskeletal system/bones and joints |
| Otorhinolaryngology/ENT | Ear, nose and throat |

| | |
|---|---|
| Palliative | Holistic, quality of life care for those with life limiting or progressive illnesses |
| Plastic surgery | Reshaping or reconstructing body parts |
| Paediatrics | Children |
| Psychiatry | Mental illness |
| Rheumatology | Diseases of the joints, muscles and bones |
| Urology | Urinary system |
| Venereology | Sexually transmitted disease |
| **Miscellaneous** | |
| Cytology | Microscopic study of cells in the diagnosis of disease ie cancer |
| Bacteriology | Microscopic study of bacteria |
| Biochemistry | Processes and chemical composition of the body |
| Epidemiology | The spread of disease |
| Forensic pathology | Criminal investigation concerning disease/death |
| Histology | Microscopic study of tissues to diagnose disease |
| Histopathology | Microscopic study of disease of tissues |
| Microbiology | Microscopic study of micro-organisms (bacteria, fungi, protozoa/protoctists) and the diseases they cause |
| Pathology | The causes and effects of disease |
| Pharmacology | Drugs and their effects |
| Physiotherapy | Holistic treatment using exercise, massage and other physical means to maximise mobility following injury, surgery or ageing. |
| Psychology | Mind and behaviour |
| Radiology | Use of X-rays in diagnosis and treatment of disease or injury |
| Virology | Viruses and the diseases they cause |

# Appendix 5    Medical abbreviations

| Pharmaceutical abbreviation | Meaning |
| --- | --- |
| **1.  Prescription directions** | |
| ac | before food |
| bd | twice daily |
| od | every day |
| om | every morning |
| on | every night |
| pc | after food |
| prn | when required/whenever necessary |
| qds | four times daily |
| qqh | every four hours |
| stat | at once/immediately |
| tds | three times daily |
| **2.  Modes of administration** | |
| im or i/m or IM | intramuscular |
| iv or i/v or IV | intravenous |
| subcut. | subcutaneous |
| **3.  Units of measurement** | |
| g | gram |
| mcg/µg | microgram |
| Mg | milligram |
| L or l | litre |
| ml/cm$^3$ | millilitre/centimetre cubed |
| $^{o}$C | degrees Celcius (temperature) |
| kJ/kcal | kilojoule/kilocalorie (energy) |
| kPa/mmHg | kilopascal/millimetres of mercury (systolic and diastolic pressure) |
| SI | International System (conventionally used units) |

### 4. Miscellaneous pharmaceutical

| | |
|---|---|
| BNF | British National Formulary |
| BP | British Pharmacopoeia |
| MIMS | Monthly index of medical specialities |
| NP | Proper name/named |
| OTC | Over the counter |
| SLS | Selected list scheme |
| TTA | To take away |
| rep | Repeat/let it be repeated |
| $R_x$ | Take/recipe/treatment |

### 5. Legal classification

| | |
|---|---|
| CD/cd | Controlled drug |
| GSL | General sales list |
| P | Pharmacy only |
| POM | Prescription only medicine |
| MODA | Misuse of Drugs Act |

### 6. Types of drugs

| | |
|---|---|
| HRT | Hormone replacement therapy |
| NRT | Nicotine replacement therapy |
| NSAID | Nonsteroidal anti-inflammatory drug |
| PPI | Proton pump inhibitor |
| SSRI | Selective serotonin reuptake inhibitor |

### 7. Vaccines

| | |
|---|---|
| DTaP | Diphtheria Tetanus and Pertussis (whooping cough) |
| HepA | Hepatitis A |
| HepB/HBV | Hepatitis B |
| Hib | *Haemophilus influenzae* type B |
| HPV | Human Papilloma Virus |
| IPV | Inactivated Poliovirus Vaccine |
| MMR | Measles, Mumps, Rubella |
| MenC | Meningitis C |
| PCV | Pneumococcal Conjugate Vaccine |

| | |
|---|---|
| Td | Tetanus |

## 8. Non-pharmaceutical abbreviations

| | |
|---|---|
| AFP | Alpha-feto protein |
| Ag | Antigen |
| AIDS | Acquired immunodeficiency syndrome |
| BMI | Body mass index |
| BP | Blood pressure |
| C&S | Culture and sensitivity |
| CT/CAT scan | Computerised tomography |
| CHD | Coronary heart disease |
| COPD | Chronic obstructive pulmonary disease |
| CPR | Cardiopulmonary resuscitation |
| ECG | Electrocardiogram |
| $FEV_1$ | Forced expiratory volume in 1 second |
| Hb | Haemoglobin |
| HIV | Human immunodeficiency virus |
| Ig | Immunoglobulin/antibodies |
| IVF | In vitro fertilisation |
| MI | Myocardial infarction (heart attack) |
| MRI scan | Magnetic resonance imaging scan |
| PEFR | Peak expiratory flow rate |
| PSA | Prostate specific antigen |
| STI | Sexually transmitted infection |
| TIA | Transient ischaemic attack (mini-stroke) |
| TV | Tidal volume |
| U&E's | Urea and electrolytes (in blood) |
| URTI | Upper respiratory tract infection |
| UTI | Urinary tract infection |

# Appendix 6 Abbreviations, spelling, amendment and correction signs, symbols and special characters

**General Abbreviations**

You should be able to expand the following abbreviations and spell the words accurately:

| Abbreviation | Spelling |
|---|---|
| AOB | any other business |
| approx | approximately |
| appt(s) | appointment(s) |
| asap | as soon as possible |
| dept(s) | department(s) |
| immed | immediate(ly) |
| info | information |
| misc | miscellaneous |
| necy | necessary |
| opp(s) | opportunities |
| poss | possible |
| pt | patient |
| recd | received |
| yr(s) | year(s) |
| yr(s) | your(s) |
| days of the week: | eg Mon, Tues |
| months of the year | eg Jan  Feb |
| words in addresses | eg Rd  St  Ave  Dr  Sq  Cresc  Pl  Pk |
| complimentary closes | eg ffly  sincly |

All abbreviations will be shown in the typewritten or handwritten draft as open punctuation, unless they appear at the end of a sentence or are followed by actual punctuation marks.

| **You should be able to distinguish between words that are often confused eg** | | | |
|---|---|---|---|
| affect / effect | are / our | complement / compliment | dependant / dependent |
| enquiry / inquiry | ensure / insure | practice / practise | to / too |
| their / there | | | |
| **and identify how to use the apostrophe for omission and possession eg** | | | |

| | |
|---|---|
| it is –**it's** not true<br>it has – **it's** happened twice<br>you/we/they are – **you're/we're/they're** welcome<br>they/we have – **they've/we've** arrived early | it – the dog wagged **its** tail<br>singular noun – the **girl's** dogs<br>plural noun – the **girls'** dogs<br>plural noun that doesn't end in 's' – the **men's** hats |

### Amendment and correction signs

| | | | |
|---|---|---|---|
| New paragraph | ⌐ or // | close up |  |
| run on |  | leave a space | / |
| insertion (with word above or balloon with arrow) | ⋋ or ↗ | Let it stand (stet) | - - - - ⊙ ⌐┘  in margin |
| transpose horizontally or balloon with arrow | ⌐⌐ or ⌐⌐ | underscore ie underline | u/s ⌐┘ |
| transpose vertically |  | lower case | l/c |
| upper case ie capital letter(s) | u/c | | |

### Punctuation

| Punctuation marks used may include: | | | |
|---|---|---|---|
| colon | : | full stop | . |
| semi-colon | ; | question mark | **?** |
| Hyphen (no space either side) | **-** | exclamation mark | **!** |
| dash (one space either side) | **-** | brackets | **( )** |
| apostrophe | **'** | asterisk | * |
| inverted commas | " " | oblique | / |
| comma | , | ampersand | **&** |

| | |
|---|---|
| Accents | è, à |
| Symbols and special characters | £, @, %, °, © |

# Appendix 7    Relationships to other qualifications

### *Links to other qualifications*

Centres are responsible for checking the different requirements of all qualifications they are delivering and ensuring that candidates meet requirements of all units/qualifications.

### *Literacy, language, numeracy and ICT skills development*

This [these] qualification[s] can develop skills that can be used in the following qualifications:

- Functional Skills (England) – see www.cityandguilds.com/functionalskills
- Essential Skills (Northern Ireland) – see www.cityandguilds.com/essentialskillsni
- Essential Skills Wales – see www.cityandguilds.com/esw

# Appendix 8  Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the Centres and Training Providers homepage on www.cityandguilds.com.

*Centre Manual - Supporting Customer Excellence* contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve 'approved centre' status, or to offer a particular qualification, as well as updates and good practice exemplars for City & Guilds assessment and policy issues.

Specifically, the document includes sections on:
* The centre and qualification approval process
* Assessment, internal quality assurance and examination roles at the centre
* Registration and certification of candidates
* Non-compliance
* Complaints and appeals
* Equal opportunities
* Data protection
* Management systems
* Maintaining records
* Assessment
* Internal quality assurance
* External quality assurance.

*Our Quality Assurance Requirements* encompasses all of the relevant requirements of key regulatory documents such as:

* SQA Accreditation Awarding Body Criteria (2007)
* NVQ Code of Practice (2006)

and sets out the criteria that centres should adhere to pre and post centre and qualification approval.

*Access to Assessment & Qualifications* provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The **centre homepage** section of the City & Guilds website also contains useful information on such things as:

* **Walled Garden**: how to register and certificate candidates on line
* **Events:** dates and information on the latest Centre events
* **Online assessment**: how to register for e-assessments.

*Centre Guide – Delivering International Qualifications* contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve 'approved centre' status, or to offer a particular qualification.

Specifically, the document includes sections on:
* The centre and qualification approval process and forms
* Assessment, verification and examination roles at the centre

- Registration and certification of candidates
- Non-compliance
- Complaints and appeals
- Equal opportunities
- Data protection
- Frequently asked questions.

City & Guilds
**Believe you can**

**www.cityandguilds.com**

# Useful contacts

**UK learners**
General qualification information
**E: learnersupport@cityandguilds.com**

**International learners**
General qualification information
**E: intcg@cityandguilds.com**

**Centres**
Exam entries, Certificates, Registrations/enrolment, Invoices, Missing or late exam materials, Nominal roll reports, Results
**E: centresupport@cityandguilds.com**

**Single subject qualifications**
Exam entries, Results, Certification, Missing or late exam materials, Incorrect exam papers, Forms request (BB, results entry), Exam date and time change
**E: singlesubjects@cityandguilds.com**

**International awards**
Results, Entries, Enrolments, Invoices, Missing or late exam materials, Nominal roll reports
**E: intops@cityandguilds.com**

**Walled Garden**
Re-issue of password or username, Technical problems, Entries, Results, e-assessment, Navigation, User/menu option, Problems
**E: walledgarden@cityandguilds.com**

**Employer**
Employer solutions, Mapping, Accreditation, Development Skills, Consultancy
**E: business@cityandguilds.com**

**Publications**
Logbooks, Centre documents, Forms, Free literature

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If you have a complaint, or any suggestions for improvement about any of the services that we provide, email: feedbackandcomplaints@cityandguilds.com

## About City & Guilds

As the UK's leading vocational education organisation, City & Guilds is leading the talent revolution by inspiring people to unlock their potential and develop their skills. We offer over 500 qualifications across 28 industries through 8500 centres worldwide and award around two million certificates every year. City & Guilds is recognised and respected by employers across the world as a sign of quality and exceptional training.

## City & Guilds Group

The City & Guilds Group is a leader in global skills development. Our purpose is to help people and organisations to develop their skills for personal and economic growth. Made up of City & Guilds, City & Guilds Kineo, The Oxford Group and ILM, we work with education providers, businesses and governments in over 100 countries.

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