Level 3 Advanced Technical Diploma in Medical Administration (450) (6519-30)

August 2018 Version 1.7

Qualification Handbook

Qualification at a glance

Industry area	Business support skills
City & Guilds qualification number	6519-30
Age group	16-19 (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: • One externally set, externally moderated assignment • Two externally set, externally marked exam, 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* For more information on grading, please see Section 7: Grading.
Approvals	These qualifications require full centre and qualification approval
Support materials	Sample assessments Guidance for delivery 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	Size (GLH)	TQT	City & Guilds qualification number	Ofqual accreditation number
Level 3 Advanced Technical Diploma in Medical Administration (450)	450	720	6519-30	601/7400/6

Version and date	Change detail	Section
1.1 May 2016	Small typographical errors	Throughout
	TQT added for qualifications Assessment component titles amended	1. Introduction
	Employer involvement guidance updated throughout	4. Employer involvement
	Summary of assessment methods and conditions	5. Assessment
	Moderation and standardisation of assessment updated throughout	6. Moderation and standardisation of assessment
	Awarding individual assessments Awarding grades and reporting results	7. Grading
	Enquiries about results Re-sits and shelf-life of assessment results Malpractice Access arrangements and special consideration	8. Administration
1.2 September 2016	Assessment objectives percentages amended Exams specifications weighting and raw marks amended	5. Assessment
	Contribution percentage for synoptic assignment 001 and exam 002/502 amended	7. Grading
1.3 July 2017	Addition of the examination paper based module number	1. Introduction – Assessment requirements and employer involvement 5. Assessment 5. Assessment – exam specification 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
1.4 August 2017	Adjusted approximate weightings for AOs	5. Assessment – Assessment Objectives
	Revised Exam Specification and AO Weightings. Unit 301 and 304 removed from Exam.	5. Assessment – Exam Specification
1.6 March 2018	Addition of examination paper based on module number	1. Introduction - Assessment requirements and employer involvement 5. Assessment - Exam specifications 7. Grading - Awarding grades and reporting results
1.7 August 2018	Adjusted approximate weightings for AOs	5. Assessment - Exam specification
	General typographical errors	Throughout
	City and Guilds Logo	Throughout
	Formatting and abbreviations update	Appendix 1
	Data Protection references updated to GDPR	Unit 304

Contents

1   Introduction

What is this qualification about?

The following purpose statement relates to the **Level 3 Advanced Technical Diploma in Medical Administration (450) 601/7400/6**

Area	Description
OVERVIEW	
Who is this qualification for?	This qualification is for you if you are a 16- 19 year old wishing to enter the medical world in a support role such as a medical administrator, medical secretary or a medical receptionist at a GP surgery or within the NHS. You will gain an understanding of medical terminology, and will gain skills that are important when you are working in a medical environment.
What does this qualification cover?	This qualification will help you gain an understanding of the skills required for different medical administrator roles. Learners will cover five compulsory units in - medical terminology - medical administration and communication - medical principles for the administrator - medical word processing and audio transcription - legal aspects of medical administration. 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. 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?	This qualification will leads you to employment in the medical environment as a: - medical administrator - medical secretary
Why choose this qualification over similar qualification	There are no other qualifications on offer with this content and leading to these roles.
Will the qualification lead to	This qualification could lead you to an apprenticeship

further learning?	in Medical or Business administration or further learning within the medical sector such as nursing.
WHO SUPPORTS THIS QUALIFICATION?	
Employer/Higher Education Institutions/Professional Membership Body	The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists (AMSPAR)

Qualification structure

For the **Level 3 Advanced Technical Diploma in Medical Administration (450)** the teaching programme must cover the content detailed in the structure below:

Unit number	Unit title	GLH
Mandatory		
300	Medical terminology	90
301	Medical administration and communication	90
302	Medical principles for the administrator	90
303	Medical word processing and audio transcription	90
304	Legal aspects of medical administration	90
	Total GLH	**450**

Total qualification time (TQT)

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 3 Advanced Technical Diploma in Medical Administration	450	720

Assessment requirements and employer involvement

To achieve the **Level 3 Advanced Technical Diploma in Medical Administration (450)** candidates must successfully complete **all** the mandatory assessment.

Component number	Title
Mandatory	
001	Level 3 Medical Administration - Synoptic assignment (1)*
002/502	Level 3 Medical Administration - Theory exam (1)*
300/800	Level 3 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	
830	Employer involvement

Number of mandatory assessments per assessment type

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 this qualification 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 assessments.

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

This qualification is approved for learners aged 16 – 19, 19+.

3   Delivering technical qualifications

Initial assessment and induction

An initial assessment of each learner 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 qualification,
- 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 Guidance for delivery Guidance on use of marking grids	Available on the qualification pages on the City & Guilds Website: **www.cityandguilds.com**

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 planer 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[1,2]:

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[3];*
- *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.

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[1] As extracted from: Vocational qualifications for 16 to 19 year olds
2017 and 2018 performance tables: technical guidance for awarding organisations
[2] This list has been informed by a call for examples of good practice in employer involvement in the delivery and assessment of technical qualifications - **Employer involvement in the delivery and assessment of vocational qualifications**
[3] **DfE work experience guidance**

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.*

Types of evidence

For each employer involvement activity, centres are required to provide evidence of which learners undertook it, e.g. 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
001	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. Assignments will be released to centres as per dates indicated in the Assessment and Examination timetable published on our website. 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. 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. Please note that for externally set assignments City & Guilds provides guidance and support to centres on the marking and moderation process.

002/502 300/800	Externally marked exams	The exams are **externally set and externally marked**, and will be taken online through City & Guilds' computer-based testing platform.
		The exam is 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**
		The exam specification shows the coverage of the exam across the qualification content.
		Candidates who fail the exams 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 meetings.
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, 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	Level 3 Advanced Technical Diploma in Medical Administration (450) Typical expected evidence of knowledge, understanding and skills	Approximate weighting
AO1 Recalls knowledge from across the breadth of the qualification.	Interpretation of medical documents, legislation, processes and procedures, medical terminology	15%
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	Healthcare structure, medical administrator's responsibilities, importance of confidentiality, importance of documents' accuracy	15%
AO3 Demonstrates technical skills from across the breadth of the qualification.	Document creation, editing, use of word processing and audio transcription, use of software, proofreading skills	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 and linking knowledge, understanding and practical skills to a particular situation, justifying decisions/ approaches taken, contingencies, reflection and evaluation.	20%
AO5 Demonstrates perseverance in achieving high standards and attention to detail while showing an understanding	Accurate documentation format and content, accurate proofreading, medical terminology spelled correctly	20%

of wider impact of their
actions.

Exam specifications

AO weightings per exam

AO	Exam 002/502 weighting (approx. %)	Exam 300/800 weighting (approx. %)
AO1 Recalls knowledge from across the breadth of the qualification.	30	74
AO2 Demonstrates understanding of concepts, theories and processes from across the breadth of the qualification.	50	26
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, usually delivered online test*
Assessment conditions: Invigilated examination conditions
Grading: X/P/M/D

002/502	Duration: 2 hours		
Unit	Unit title	Number of marks	%
302	Medical principles for the administrator	48	80
N/A	Integration across the unit	12	20
	Total	60	100

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

300/800	Duration: 2 hours 40 minutes		
Unit	Outcome	Marks available	Weighting
300	1 Understand the structure and meaning of medical word parts	25	31
	2 Understand the meaning of medical terminology relating to the human body	25	31
	3 Understand the meaning of medical terminology relating to specialist areas associated with medicine	16	20
	4 Know medical terminology relating to pharmacology	10	13
	5 Know the meaning of abbreviations relating to medical qualifications	4	5
	Total	**80**	**100**

*These exams are 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[4] 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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[4] 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 candidate 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 grade will be calculated based on aggregation of the candidate's achievement in each of the assessments for the mandatory units, taking into account the assessments' weighting. The **Level 3 Advanced Technical Diploma in Medical Administration (450)** 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 (%)
001	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
Synoptic Assignment (001)	X/P/M/D	60%
Exam (002/502)	X/P/M/D	20%
Exam (300/800)	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 (002/502): 20%	6	12	18
Exam (300/800): 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	Minimum points
Distinction*	20.5
Distinction	17
Merit	11
Pass	6

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

8   Assessment

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 *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 secure 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 detailed below (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 300   Medical terminology

UAN:	T/507/4325
Level:	3
GLH:	90

What is this unit about?

The purpose of this unit is to enable the learner to develop a knowledge of how to accurately construct, identify and use a specified range of medical terminology, including specific pharmaceutical, medical speciality and diagnostic test abbreviations.

Medical terminology is at the heart of healthcare, whether NHS or private, and is used in every specialty. For the learner looking to work in one of many areas of medical administration or health care, a good grasp of medical terminology will enable them to perform their job more effectively. This unit is therefore designed to meet the needs of candidates who want to work as:

- Healthcare Assistant
- Medical Receptionist
- Medical Administrator
- Ambulance person or Paramedic
- Emergency Services Control Room Staff.

Learning outcomes

In this unit, learners will be able to

1. Understand the structure and meaning of medical word parts
2. Understand the meaning of medical terminology relating to the human body
3. Understand the meaning of medical terminology relating to specialist areas associated with medicine
4. Know medical terminology relating to pharmacology
5. Know the meaning of abbreviations relating to medical qualifications

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 structure and meaning of medical word parts

Topics

1.1   Individual medical word parts

1.2   Medical terms derived from the medical word parts.

In this outcome the learner will explore the range of prefixes, roots, suffixes and combining vowels including those given in Appendix 1. The learner should be aware of synonyms and eponyms.

Topic 1.1

Learners will understand the meaning of the following types of medical word parts

- prefixes
- roots
- suffixes.

Learners will also understand the use of the combining vowel.

Topic 1.2

Learners will understand the meaning of a range of different medical terms, and will be able to construct medical terms using the correct word parts. Learners might build this skill through sample case histories and transcription of the written and spoken word.

Learning outcome

2. Understand the meaning of medical terminology relating to the human body

Topics

2.1   Medical terminology relating to the human body systems

2.2   The position and function of bones in the human body

2.3   The position and function of the main organs of the human body

Topic 2.1

Learners will understand medical terms associated with the systems of the human body, as identified in Appendix 2.

The areas covered include medical terms of

- anatomy (structure, position, organs and organ systems)
- physiology (function)
- diseases
- conditions
- procedures.

These will relate to the following organ systems

- musculoskeletal
- blood and cardiovascular
- lymphatic and immune
- respiratory
- digestive
- urinary
- nervous
- endocrine
- male and female reproductive
- skin and sensory organs.

Learners will know, where relevant, the common name for different organs or cells, as well as their medical name (for example windpipe/trachea).

Topic 2.2

Learners will know the main bones in the human body using both their scientific name and their common name when appropriate. They will identify the position and function of each bone, as given in Appendix 3.

Topic 2.3

The learner will know the main organs of the human body and be able to describe them using specific terminology relating to their position and function, as given in Appendix 4.

Learning outcome

3. Understand the meaning of medical terminology relating to specialist areas associated with medicine

Topics

3.1 Medical terminology relating to diagnostic departments
3.2 Medical abbreviations relating to diagnostic tests
3.3 Medical terminology relating to specialist medical areas

Topic 3.1

Learners will understand the meaning of medical terms associated with pathology, clinical imaging and endoscopy departments.

Topic 3.2

Learners will know the meaning of a range of medical abbreviations relating to diagnostic tests, as identified in Appendix 5. These will include abbreviations associated with

- haematology
- biochemistry
- imaging tests
- minerals and electrolytes

- miscellaneous pathology

Topic 3.3

Learners will understand the meaning of the different medical specialities, as given in Appendix 6 and will recognise these in the context of medical terminology relating to the study of diseases, conditions and medical procedures.

Learning outcome

4. Know medical terminology relating to pharmacology

Topics

4.1   Meaning of pharmaceutical abbreviations
4.2   Individual classifications of medicines

In this outcome, learners will be able to give the meanings of pharmaceutical abbreviations.

The learner should also identify the category of action for the full range of different drugs.

Learners might be able to visit a local pharmacy or could use and analyse the information on the patient information leaflet to contextualise this outcome. This would also allow the learner to see the route from the writing of the prescription (eg by the General Practitioner (GP)) to the delivery of guidance to the patient by the pharmacist.

Topic 4.1

Learners will know the meanings of pharmaceutical abbreviations listed in Appendix 7. Learners will know the use of appropriate upper or lower case letters. Learners will know the meaning of pharmaceutical abbreviations relating to

- prescription directions
- modes of administration
- units of measurement
- legal classification
- types of drug
- miscellaneous

Topic 4.2

Learners will know the full range of medicines and drugs as given in Appendix 8. Learners will understand the meaning and action of each type of drug or medicine.

Learning outcome

5. Know the meaning of abbreviations relating to medical qualifications

Topics

5.1   Meaning of abbreviations relating to medical qualifications

Topic 5.1

Learners will know the meaning of abbreviations related to the medical qualifications as listed in Appendix 9.

Guidance for delivery

Learners need no prior knowledge of medical terminology but should be given the opportunity to reflect on their own experiences, both personal and gained during work placement.

Learners may be introduced to this unit by:

- identifying medical word parts used in general non-medical vocabulary
- considering the potential problems that may arise from confusing very similar word parts (for example hyper- and hypo-) or errors in spelling
- being aware that it is important to know the medical abbreviations relating to medical qualifications as part of producing correspondence such as letters.
- realising the importance of widening their range and depth of medical terms in both improving their awareness of terminology during work placement and their ability in the future to apply for posts within a range of general or departmental primary or secondary health care roles

Learners should fully understand how the prefix, word root, suffix and connecting vowel are used to construct more complex medical terminology, linking familiar terms to specialist terminology.

This could involve the following activities:

- identifying word components used in the construction of vocabulary in common non-medical use and then observing the use of the same word components in medical terminology
- using the attached Appendices to identify the meaning of medical terminology within provided case histories, perhaps as part of audio transcription
- studying individual organ systems, and through this, identifying the meaning of medical terminology associated with the anatomy, physiology, diseases, conditions and procedures of that system. This could extend to the laboratory investigation of specific organs.
- using individual learning activities (including word search, crossword and card sorting) to reinforce knowledge and understanding
- using paired or group learning activities to facilitate peer learning and self-reflection
- viewing videos in which specific diseases, conditions, procedures and diagnostic tests are described
- transcribing sample prescriptions and case notes from abbreviated to full form, or from audio recordings.
- handling certain diagnostic equipment such as peak flow meter or sphygmomanometer in order to determine their use in the clinical setting.

Learners can relate the use of abbreviations to their use in the following documents:

- patient notes
- patient information leaflets
- prescriptions
- presentations (eg of case studies).

Learners should see that this topic is very important to the use of these when dealing with correspondence, arranging meetings / press conference, preparing presentations and referencing medical research papers.

Learners should become accurate in spelling and should understand why this is necessary to ensure both professionalism and patient safety. Learners should also be consistent, using English or American spellings throughout.

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)

ISBN: 978-1-4759-9940-2 (ebook)

An Introduction to Medical Terminology for

Health Care: A Self-Teaching Package   Hutton, A.

Published by: Churchill Livingstone, 2002

ISBN: 0443070792

ISBN: 9780443070792

Anatomy and Physiology for Nurses   Watson, R
Published by: Bailliere Tindall; 13th Edition, 2011
ISBN: 0702043583

ISBN: 978-0702043581

Baillieres Nurses' Dictionary   Weller. Barbara

Published by: Bailliere Tindall; 26th Edition, 2014

ISBN: 0702053287

ISBN: 978-0702053283

British National Formulary (BNF) 68   Joint Formulary
                                                       Committee

Published by: Pharmaceutical Press; 68th Edition, 2014

ISBN: 0857111388

ISBN: 978-0857111388

Medical Terminology: A Systems Approach

(American spellings)   Gylys, Barbara A &
                                                   Wedding, Mary Ellen

Published by: FA Davis Company
ISBN: 0803644957

Websites

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

Unit 301   Medical administration and communication

UAN:	A/507/4326
Level:	3
GLH:	90

What is this unit about?

This unit has been designed to provide the learner with the essential knowledge and skills that would enable them to fulfil the role of a medical administrator. It provides the learner with an understanding of administrative procedures and the skills and qualities required to provide effective administrative support in a medical environment. They will learn how to work as part of a medical team and gain an understanding of how to manage their own time and workload and manage information.

This unit will also enable the learner to develop an understanding of the communication skills necessary to work in a healthcare team within general practices, hospitals, social care and other associated organisations. It will enable the learner to support the work of the healthcare team through production of appropriate documentation. This will include correspondence, documents to support meetings and documents designed for information gathering, all in an accurate and professional standard with an appropriate form and with a suitable tone. In addition, the unit will equip the learner with the skills to communicate effectively in a range of situations, including face-to-face and on the telephone.

Learning outcomes

In this unit, learners will be able to

1. Understand the role and responsibilities of the medical administrator
2. Understand medical administrative procedures
3. Understand the dynamics of the team
4. Use sources of information in the medical environment
5. Understand how to administer meetings in a medical environment
6. Design and produce documentation

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 role and responsibilities of the medical administrator

Topics

1.1 Skills and qualities required of the medical administrator
1.2 Range of duties carried out by the medical administrator
1.3 Importance of accountability when handling payments
1.4 Additional responsibilities of the medical administrator in private practice.

Topic 1.1

Learners will understand the skills and qualities required of the medical administrator including

- skills - accurate word processing, medical audio, shorthand skills and a good knowledge of medical terminology, ability to use databases and spreadsheets, good organisational and administrative skills, spoken and written communication skills, managing time and workload
- qualities - tactful, discrete, sensitive, sympathetic, friendly, team player, caring, good time keeper, flexible and adaptable, appreciative of need for confidentiality, able to work with diversity.

Topic 1.2

Learners will know the duties carried out by the medical administrator including: dealing with post, answering the telephone, direct patient contact, making appointments, typing letters and discharge summaries, dealing with stationery requests, managing the doctor's diary, dealing with test results and prescriptions, organising meetings, taking minutes, using software programmes.

Topic 1.3

Learners will understand that medical administrators are accountable when handling payments. Payments inclue

- cash received
- cash expenditure
- petty cash
- card payments
- pay cheques
- bank transfers.

Topic 1.4

Learners will know the additional responsibilities of medical administrators working in private practices, including: clinical duties, liaising with the NHS, maintaining the waiting room, ensuring that patients are aware of costs, acting as chaperone, managing the practice, sending patient accounts and following up, keeping

accounts and payroll, organising supplies.

Learning outcome:

2. Understand medical administrative procedures

Topics

2.1   Different types of hospital admission
2.2   Procedures for making new and follow-up appointments
2.3   Procedures for patient registration in a general practice

Topic 2.1
Learners will understand different types of hospital admissions, to include
- elective admission
- emergency admissions
- admission arranged by a GP directly with a hospital
- compulsory admission
- voluntary admission.

Topic 2.2
Learners will understand the procedures involved in making new and follow up appointments in secondary care and the appointment systems used in primary care, to include
- choose and book
- cancer and mental health targets
- computerised appointments
- advanced booking
- sequential
- block booking and limited block booking.

Topic 2.3
Learners will understand the procedures for registering new and temporary patients in a general practice. They will also be able to recognise the circumstances under which a patient can be removed from the practice list, to include
- irretrievable breakdown in the relationship between the doctor and patient
- the patient has moved outside the practice boundary
- patient being violent or abusive to staff
- patient makes unrealistic demands upon the practice.

Learners will understand the patient discharge procedures carried out by the medical administrator and others (ie what administrative procedures take place when a doctor discharges a patient from the hospital).

Learners will understand the procedures carried out by the medical administrator and others when a patient dies in hospital, including
- post mortems
- when an inquest is required.

3. Understand the dynamics of the team

Topics
3.1   Types of teams in a health care setting
3.2   Characteristics of an effective team
3.3   Causes of conflict within a team and how to avoid it
3.4   Principles of effective communication

Topic 3.1
Learners will understand how different types of teams in a healthcare setting operate, to include
- the primary health care team
- multidisciplinary teams
- temporary teams/task forces.

Topic 3.2
Learners will understand the characteristics of different types of team members (Belbin) in a healthcare setting, to include
- plant
- resource investigator
- co-ordinator
- shaper
- monitor/evaluator
- team worker
- implementer
- completer/finisher
- specialist.

Topic 3.3
Learners will understand the potential causes of conflict within a team, to include
- ineffective leadership
- a perceived breach of faith and trust between individuals
- unresolved disagreement that has escalated to an emotional level
- miscommunication leading to unclear expectations
- personality clashes
- differences in acquired values
- underlying stress and tension
- ego problems
- changes in team membership.

Learners will also identify actions that help to avoid conflict in a team. The methods for avoiding conflict in a team include
- effective leadership
- listening and respecting the opinions of others
- learning to understand one another
- developing trust
- understanding the goals of the team

- understanding what the individual must do to achieve the goals
- co-ordinating individual actions with those in the team
- working on improving communication with others.

Topic 3.4

Learners will know the communication techniques used in formal and informal situations to include, but not limited to
- group situations (meetings, tele- and video conferences)
- one-to-one situations, including telephone.

Communication techniques to include:

planning what to say, listening more than speaking, allowing others time to speak and complete the message, speaking clearly, listening actively, summarising to the group at key points, using the agenda or visual aids, moving a discussion on, making suggestions and floating ideas, eye contact, body language and posture used positively when speaking and listening, confirming agreements and decisions, going through the chair in formal meetings, non-verbal signals (facial expression, posture, gesture, level of eye contact), use of questioning styles, checking, reflecting back, showing empathy, responding to emotive language, assertion, using techniques to project confidence and deflect aggression, confirming action, maintaining confidentiality.

Learners will also recognise barriers to effective communication, to include: aggressive behaviour, facial expression, gestures and body postures showing anger, defensiveness, irritation, impatience, boredom, poor listening skills, bereavement, illness, drugs, alcohol, patients and visitors with impairments, second language needs, presence of a third party (interpreter, signer, chaperone, relative), cultural differences and dress needs, attitudes to the opposite sex, environment and location, physical barriers, distance and telephone, lack of non-verbal signals, use of specialist language and medical terminology, awareness of confidentiality

Learning outcome:

4. Use sources of information in the medical environment

Topics

4.1 File management systems
4.2 Sources of information used by a medical administrator
4.3 Uses of computerised Patient Administration Systems (PAS)
4.4 Summarise and present information for use in a medical environment

Topic 4.1

Learners will understand how different file management systems work, to include
- filing classification systems: alphabetical, numerical (including terminal digit), chronological, alpha-numerical, geographical and subject
- storage systems: lateral filing cabinets, vertical filing cabinets, horizontal filing cabinets and electronic filing.

Topic 4.2

Learners will know the different sources of information that a medical administrator could refer to, to include

- hospital intranet
- internet
- staff handbooks
- databases
- organisational policies
- medical dictionary
- medical secretary's handbook
- British National Formulary
- Monthly Index of Medical Specialities.

Topic 4.3

Learners will know what the computerised patient administration system can be used for, including: patient registration, making out-patient appointments, TCI letters, waiting lists, bed management, tracking medical records, audit purposes, demographics, statistical data.

Topic 4.4

Learners will extract relevant information from different sources to include: continuous text, text presented in schematic formats, tables, charts and diagrams, instructions and guidelines.

Learners will also present summarised information using a suitable format including: informal report, newsletter, information sheet, itinerary, schedule, draft slide/visual presentations.

Learners will present information for a range of readers to include

- healthcare colleagues
- the general public
- patients of varying age groups (eg children, teenagers, the elderly).

When summarising and presenting information, learners will apply the following methods

- using paragraphs to give a meaningful structure to documents for the reader
- using appropriate sentence structure and accurate spelling for both common business vocabulary and medical terminology
- applying numbers, bullets, headings and schematic layouts to enhance meaning and achieve clarity
- incorporating pie charts, bar charts, diagrams, line graphs into documents alongside written text.

Learners will know a range of summarising techniques so they can develop their own method of working when selecting information. They will use different strategies to identify information including scanning, highlighting and annotating.

The learner will need to be familiar with informal reports; writing a formal report will not be required in the assessment although it is useful to be aware of the headings used. Different report formats should be introduced to ensure the learner is confident with

set structures (ie introduction, information, and conclusion) and using their own free choice of headings. Slides, charts and diagrams should be clear and purposeful; complex graphics and decorative illustrations are not required. Itineraries and schedules can be prepared for travellers or delegates to a healthcare event.

5. Understand how to administer meetings in a medical environment

Topics

5.1   Requirements of different types of meetings
5.2   Role of meetings personnel
5.3   Meetings terminology
5.4   Purpose of meetings documentation
5.5   Process of organising a meeting

Learners will learn from practical experience in taking, eg notes at planning or team meetings in either classroom or work-based situations.

Simple notes with actions are often sufficient, although tutors should ensure that learners also have practice in recording minutes in a more formal style. For this they will need to work on tenses and writing concisely.

Topic 5.1

Learners will understand differences between types of meetings, to include
- formal
- informal
- team
- case conference
- working group
- focus groups.

Topic 5.2

Learners will understand the roles of the main meetings personnel, to include
- chair
- vice chair
- treasurer/finance director
- secretary
- members.

Topic 5.3

Learners will understand the generic meeting terminologies, including: standard agenda items (apologies for absence, minutes of previous meeting, matters arising, any other business (AOB), date of next meeting), minutes, notice, chair, proposer, seconder, proposal, motion, resolution, item, action, tabled, present, in attendance, quorum, abstention, unanimous.

Topic 5.4

Learners will understand the purpose of different meetings documentation, to include
- notice
- agenda
- chair's agenda
- minutes (verbatim, summary, action).

Topic 5.5

Learners will understand the process of arranging and supporting a meeting, to include: agree a meeting date, book meeting room and audio-visual equipment, organise sufficient chairs and refreshments, send out meeting notice and agenda, consider special requirements for internal and external meetings, liaise with the Chair.

Learning outcome:

6. Design and produce documentation

Topics

6.1   Design and produce documentation for collecting information
6.2   Produce meetings documentation
6.3   Produce correspondence

Topic 6.1

Learners will design and produce documentation for collecting information to include

- questionnaires and evaluation sheets
- simple forms and reply slips to accompany standard letters and e-mails
- checklists for own use to monitor and record progress.

Learners will design documentation to capture qualitative and quantitative information

Learners will use spacing, layout and balance to make documentation user-friendly, purposeful and readable.

Topic 6.2

Learners will produce meetings documentation, to include

- notice
- agenda
- chair's agenda
- minutes (verbatim, summary, action).

Topic 6.3

Learners will produce different types of correspondence, including

- routine and complex emails and faxes
- standard/skeleton letters and circulars for familiar and new contexts
- appointment letters
- letters of application for medical secretarial/administrative vacancies.

Learners will use structure and tone to guide the reader, ie show courtesy and maintain a professional tone through conventional greetings, complimentary closes and careful choice of language within the limitations of their role, use paragraphing and headings to structure a message, apply house style format.

Learners will understand business convention and what constitutes consistent letter layout, good paragraph structure and style.

Guidance for delivery

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 the learning outcomes, especially document production. 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 should understand that the need for confidentiality underpins all tasks.

Suggested learning resources

Books

The Essential Medical Secretary, Foundations
for Good Practice   'Ed' Green, Stephanie J
Published by: Bailliere Tindall, Second Edition
ISBN: 0-70202707-3

Medical Receptionists and Secretaries Handbook   Robbins, Mary
Published by: Radcliffe Fourth Edition
ISBN: 1-85775-565-0

Websites

City & Guilds   www.cityandguilds.com
AMSPAR   www.amspar.com
Reception Training
        www.beyondthereceptiondesk.wordpress.com

Unit 302   Medical principles for the administrator

UAN:	F/507/4327
Level:	3
GLH:	90

What is this unit about?

The aim of this unit is to equip the learner with specialised medical knowledge of administration in a healthcare environment. It will enable the learner to understand the role of the medical administrator in preventive medicine and health promotion and how to maintain a safe and healthy environment for staff and patients. They will learn how to help avoid cross infection in the workplace and how the principles of medical ethics, etiquette and confidentiality apply to medical administration. The learner will also develop an understanding of the work of the pathology and clinical imaging departments and a basic knowledge of drug classification and laws relating to prescriptions and sales of drugs.

Learning outcomes

In this unit, learners will be able to
1. Understand the principles of preventive medicine
2. Understand the principles of infection
3. Understand the role and function of the diagnostic departments
4. Understand the principles of medical ethics and medical etiquette
5. Understand the principles regarding drugs used in medicine

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 preventive medicine

Topics

1.1 Role of preventive medicine (PM) in a medical environment
1.2 Health aspects routinely targeted by PM
1.3 Role of the medical administrator in supporting PM
1.4 Purpose of screening and diagnostic tests

Topic 1.1

Learners will understand that preventive medicine involves health promotion and vaccination.

They will understand why preventive medicine is important in promoting good health throughout the population including
- it keeps the population informed about ways in which they can keep themselves healthy
- it helps to prevent disease
- it saves the cost of treating it
- early diagnosis may mean treatment is more successful and less costly.

They will also identify appropriate methods by which the medical administrator can promote PM in their place of work, including
- placing posters on the walls of the waiting rooms
- displaying leaflets
- helping to organise health promotion events for patients
- opportunistic screening
- tagging patient records/electronic pop-ups to draw the attention of medical professionals to health promotion campaigns which may be applicable to the patient.
- Vaccination.

Topic 1.2

Learners will know what health aspects are routinely targeted by preventive medicine, including
- diabetes
- cardiovascular disease
- pulmonary disease
- cancer
- childhood and adult infections
- sexual health
- holiday health.

Topic 1.3

Learners will understand the role of the medical administrator in giving health promotion advice to patients, to include

- the procurement and display of suitable leaflets and posters
- tagging medical records/electronic pop-ups so that opportunistic advice can be given by the Dr/Nurse
- organisation of health awareness days.

They will also understand the limitations of the role of the administrator when giving advice to patients, to include

- the administrator should never offer personal advice to patients but should refer them to the GP /Nurse or draw their attention to the leaflets/posters which are available
- all leaflets and posters offering advice to patients should be checked and approved by the GP/Consultant/Practice Nurse.

Learners will understand that the administrator is accountable for their own actions, and will understand the repercussions of the medical administrator offering medical advice, including

- disciplinary warnings or dismissal
- the GP/Consultant is liable for the actions of all their employees and any incorrect advice offered by the administrator could result in a complaint or their employer being sued.

Topic 1.4
Learners will understand the purpose of screening tests and the benefits of carrying them out, including

- screening tests may identify a disease before the onset of signs and symptoms
- early diagnosis allows treatment to begin at an early stage and so improves the prognosis and prevents complications.

Learners will know diagnostic/screening tests carried out in each of the following areas

- maternity services, to include: weight, blood pressure monitoring,
  blood tests for anaemia and immunity profiles, urine tests for protein/infections, ultrasound scans
- child health, to include: weighing and measuring of the baby, blood test for phenylketonuria, developmental assessment
- cancer, to include: mammography, cervical cytology, prostate specific antigen (PSA blood test), colon cancer screening
- cardiovascular and pulmonary disease, to include: weight and blood pressure measurement, measurement of lung capacity (spirometry).

Learning outcome:
2. Understand the principles of infection

Topics
2.1 Different types of pathogenic micro-organisms
2.2 Ways in which pathogenic micro-organisms may enter the human body

2.3   Indications of infection in the body

2.4   Methods of controlling cross infection in a medical environment.

Topic 2.1

Learners will know the different types of pathogenic micro-organisms, to include

- bacteria
- viruses
- fungi
- protozoa.

Topic 2.2

Learners will understand in what ways micro-organisms may enter the human body, to include

- inhalation (airborne/droplet infection)
- ingestion (carried to the mouth via the hands or fomites, taken in when eating or drinking contaminated foods or liquids)
- inoculation (needle stick injuries, use of contaminated needles, injuries which penetrate the skin)
- body fluids (via semen, blood, saliva, vomit)
- via the placenta (during pregnancy).

Topic 2.3

Learners will understand the differences between the signs and symptoms of infection in the body , to include

- signs (eg pyrexia, discolouration of the skin, rash (raised areas), swelling, inflammation)
- symptoms (eg feeling of malaise, pain, nausea, fatigue).

Topic 2.4

Learners will understand the methods of controlling cross infection in a medical environment, to include

- procedures relating to the collection, labelling and storage of specimens containing body fluids eg
    - use of protective clothing when handling specimens (PPE)
    - storage of specimens in a safe, appropriate place away from the patient area
    - labelling of specimens fully and accurately
    - securing the tops of containers
- procedure for disposing of clinical and general waste eg: PPE; colour coded bags (black for general waste, yellow for clinical waste); storing waste bags appropriately away from patients whilst awaiting collection, correct disposal
- how sharps should be disposed of eg: needles placed unsheathed into yellow sharps box; box kept away from public; box only two-thirds full
- correct procedure relating to the cleaning up spilt body fluids such as vomit, urine, blood etc, eg: wearing of PPE; use of safety signs; use of specialised cleaning utensils; granules/sand; disinfection; washing of hands, correct disposal
- general good hygiene eg
    - washing of hands between patients

- o use of antibacterial gels for staff, patients and visitors
- o use of clean or disposable bedding for each patient
- o frequent cleaning of all areas
- o thorough cleaning of medical equipment.
- o segregation of infectious patients
- o use of sterilised or disposable equipment for each patient.

Reference to COSHH (Control of Substances Hazardous to Health) should be made, as necessary, throughout delivery of Topic 2.4, but there is no requirement for a detailed understanding at this level.

Learning outcome:

3. Understand the role and function of the diagnostic departments

Topics

3.1   Main sections of diagnostic departments

3.2   Key personnel in diagnostic departments

3.3   Ways in which staff and public are protected from the harmful effects of radiation

Topic 3.1

Learners will understand the type of work carried out by the main sections of the pathology and clinical imaging departments, and identify examples of tests carried out there. Sections to include

a) Pathology department: microbiology, haematology, biochemistry, histology/cytology

The work carried out in the four main sections of the Pathology Department and examples of the tests which may be carried out in each section to include for example:
- Haematology is the study of blood. Blood samples are taken from patients to carry out a range of tests to both diagnose disease and to ascertain progress during treatment eg FBC full blood count, WCC white cell count. This section is also linked to the 'blood bank' which holds emergency supplies of fresh blood and blood products for use in emergency.

b) Clinical Imaging Department: general/simple X-ray, MRI (magnetic resonance imaging), CAT/CT/ (computerised axial tomography), ultrasound, positive emission tomography (PET), scintigraphy (including bone scans), use of contrast mediums

The work carried out in the four main sections of the Clinical Imaging Department to include for example:
- CAT/CT scans (computerised axial tomography/computed tomography). This section of the department uses a scanner to take multiple x-ray pictures, at set intervals, across an axis of the body. These pictures are computerised to form a 3-D image of the body to aid diagnosis. Contrast mediums may be injected to enhance images – eg to show the blood vessels. Examples of uses include to identify a brain tumour or damage to an internal organ.

Topic 3.2

Learners will understand the roles and responsibilities of key personnel in the diagnostic departments, to include

Pathology department:
- Pathologist - reports on findings of tests, carries out post mortems
- Haematologist – the consultant who is in charge of the investigation and treatment of those with abnormal conditions of the blood
- Scientific Officer – in charge of preparing samples, carrying out tests and reading the results
- Laboratory Technician - sets out equipment, may set up some tests, cleans and

safely disposes of equipment after use
- Administrator.

Clinical Imaging Department:
- Radiologist – consultant specialising in the use of imaging to diagnose and treat disease
- Radiographer - sets up machinery, positions patient and photographic plates to take an x-ray
- Administrator.

Topic 3.3
Learners will know the ways in which staff and public are protected from the harmful effects of radiation, to include
- signs and notices warn the public about the danger of an area
- staff wear counters to monitor the amount of radiation they receives
- staff and patients wear lead aprons
- standing behind protective screens
- red lights warn people not to enter the room whilst x-rays are being taken.

Learning outcome:
4. Understand the principles of medical ethics and medical etiquette

Topics
4.1 Medical ethics and medical etiquette
4.2 The importance of maintaining patient confidentiality
4.3 How confidentiality can be maintained within a healthcare environment.

Topic 4.1
Learners will understand the terms 'medical ethics' and 'medical etiquette' and identify examples of each, including

Medical ethics: the moral code of conduct of healthcare professionals eg:
- treating people equally without any form of prejudice
- maintaining patient confidentiality
- not criticising doctors or colleagues
- whistleblowing

Medical etiquette: social code of conduct eg
- addressing colleagues correctly eg: Mr/Mrs/Miss for those who are FRCS qualified
- a consultant not seeing a patient unless the patient has been referred to that consultant by their GP.

Topic 4.2
Learners will understand the importance, to both the patient and healthcare staff, of maintaining patient confidentiality. Reasons why confidentiality is important to include
- to generate trust between the patient and the clinician in the knowledge that anything they tell the clinician will not be divulged, even after their death
- to comply with legal requirements regarding written information about a patient.

Topic 4.3

Learners will understand how confidentiality can be maintained within a healthcare environment, to include

- avoid gossiping about a patient anywhere/to anybody
- avoid speaking about a patient to colleagues where you can be overheard by others, always
  carry out necessary discussions in an area away from other patients
- avoid leaving information on a computer screen where it may be seen by others, always keep the screen turned away from patients
- use a screen saver when not inputting information
- log off computer immediately after use
- do not leave paperwork containing patient information on desks or in areas where it can be seen by others, ie always file patient notes and medical results as quickly as possible
- check that the original copy is not left in the machine when photocopying patient information
- always place sensitive information into a sealed envelope/bag when transporting it from one department to another.

Learning outcome:

5. Understand the principles regarding drugs used in medicine

Topics

5.1 Role and responsibilities of a pharmacist

5.2 Current legislation which controls the production, storage and prescribing of drugs in the UK

5.3 Publications which give information regarding drugs and medical dressings licensed for use in the UK

5.4 Generic and proprietary drug names, prescribing procedures and classification of drugs

Topic 5.1

Learners will understand the differences between the roles and responsibilities of the hospital pharmacist and the community/commercial pharmacist, to include

- hospital pharmacist: dispenses limited supplies of drugs to patients in hospital and on their discharge from hospital; gives advice to clinicians regarding drug dosages and contra-indications
- community/commercial pharmacist: dispenses prescribed drugs; gives advice to patients on the use of prescription drugs; advises on the use of non-prescription drugs and alternative treatments.

Topic 5.2

Learners will know which current legislation controls the production, storage and prescribing of drugs in the UK including

- Medicines Act 1968. This includes all drugs used in medicine. It divides these medicines into three categories GSL, POM and P
- Misuse of Drugs Act (MODA) 1971 and its subsequent MODA regulations. This Act controls the supply, storage and prescribing of 'drugs of addiction' ie controlled drugs.

Topic 5.3

Learners will know which publications give information regarding drugs and medical dressings licensed for use in the UK, including

- Monthly Index of Medical Specialities (MIMS)
- British National Formulary (BNF)
- British Pharmacopoeia (BP).

Topic 5.4

Learners will understand the difference between the generic name and the proprietary of a drug. Learners will also know the special requirements for prescriptions for controlled drugs and identify the classification and description of all the types of drugs listed in Appendix 8.

Guidance for delivery

Centres are encouraged to introduce employers and specific professionals from the healthcare sector to provide interesting and relevant information to the learner. Teaching would also benefit from visits to a variety of establishments to add depth to the learner experience.

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)
ISBN: 978-1-4759-9940-2 (ebook)

The Essential Medical Secretary, 2nd edition   Green, Stephanie
J
Published by: Bailliere Tindall, 2005
ISBN: 0-7020-2707-3

Medical Receptionists and Secretaries Handbook, 4th edition Robbins, Mari
Published by: Radcliffe,2006
ISBN: 1-85775-756-2

Journals and magazines

British National Formulary – example copies
Monthly Index of Medical Specialities

Websites

NHS   www.nhs.uk

Unit 303   Medical word processing and audio transcription

UAN:	L/507/4363
Level:	3
GLH:	90

What is this unit about?

The purpose of this unit is to enable learners to develop the knowledge and skills to produce accurately routine professional documents for the medical environment. They will learn how to use word processing techniques and audio transcription skills to edit, format, transcribe and print a range of standard documents that are common in a medical environment. Learners will manage electronic documents and use mail merge functions to combine information from a data file to produce standard letters. They will also learn the importance of proofreading and how to use appropriate checking methods to produce accurate documents.

Learning outcomes

In this unit, learners will:
1. Create and manage electronic files
2. Use word processing functions to produce medical documents
3. Use mail merge functions
4. Create medical documents from recorded speech (audio transcription)
5. Proofread and correct errors in medical documents
6. Print 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 and manage electronic files

Topics

1.1   Create and name folders
1.2   Create and save documents in named folders using appropriate filenames
1.3   Recall pre-stored electronic files

Topic 1.1

Learners will create and name folders according to house style conventions.

Topic 1.2

Learners will create and save documents in named folders using appropriate filenames in order to manage an electronic file directory. Documents include

- medical reports
- referral/appointment/clinic/discharge letters
- agendas
- minutes of meetings
- operation lists
- questionnaires/forms
- notices/leaflets
- journals/newsletters.

Topic 1.3

Learners will recall and save pre-stored electronic files using appropriate filenames in order to manage an electronic file directory. Electronic files to recall include

- letterheads, letters
- information sheets
- forms
- questionnaires
- minutes of meetings
- agendas.

Learning outcome

2. Use word processing functions to produce medical documents

Topics

2.1   Create medical documents
2.2   Recall, amend, edit and format medical documents
2.3   Follow instructions to edit text
2.4   Create and modify a table within a document

See Appendix 10 for lists of abbreviations, spelling, amendment and correction signs, symbols and special characters.

Topic 2.1

Learners will create medical documents ensuring they key in text accurately from handwritten and typewritten drafts following instructions and interpreting amendment and correction signs to a given house style. Types of information include:

- text/numbers, references, dates, subject headings as per instructions, main, headings, medical terminology, special marks (such as urgent, private, confidential, for the attention of), phrases and images from other files and documents, search and replace text, enclosures – instructions implicit within the text, number all pages except the first page in a letter, number all pages in a multi-page document

Topic 2.2

Learners will recall, amend, edit and format the layout and text of documents. Learners select and use formatting techniques which include:

- change font style and size of selected text, create and apply new style to achieve suitable presentation, use bold, italic, underline and capitals for emphasis, use initial capitals as instructed, use superscript and subscript, apply borders and shading to a paragraph, apply page borders, use left, right and full justification, adjust margins, insert or remove a hard page break, use drawing tools to add lines or boxes to documents, indent text from left or both margins, use borders of different line type or thickness and shading, create paragraphs with multi-level numbering and bullet points using different formats and styles, increase or reduce line spacing before or after paragraphs, set tabs (centre, right and decimal) including the use of leader dots, arrange text in newspaper columns, modify sections, column and page breaks as required, use headers and footers, including automatic date and page numbering, insert page numbers as specified in any position and in any style, insert automatic file name and path, insert a symbol/footnote/reference, emphasise headings (emboldening, capitals, italics, underline), select portrait/landscape orientation, insert a text box with border of specified size, wrapping text around all sides of the text box, sort data alphabetically, numerically and chronologically, import, place and resize images.

Topic 2.3

Learners will follow written instructions, standard printers' corrections signs, identify and expand general abbreviations, and interpret implied and explicit instructions to edit text. Instructions include

- insert, delete, cut, copy, move and paste text between documents ensuring consistency of font style and size within the main document, change line spacing, use search and replace functions as required.

Topic 2.4

Learners will create a table within a document and carry out the following modifications

- merge and split cells, adjust column width, align column content (left, right, centre, horizontal and vertical, decimal), add and delete columns and rows, sort text (into alphabetical, numerical, chronological order), add shading and borders

of different line types, hide/show borderlines, change text direction.

Learning outcome
3. Use mail merge functions

Topics
3.1   Create medical documents using mail merge function
3.2   Insert merge codes into documents
3.3   Combine and merge information
3.4   Print selections of merged documents

Topic 3.1
Learners will create and save medical documents using mail merge functions. Documents will include appointment, screening and clinic letters, as well as labels.

Topic 3.2
Learners will insert merge codes into medical documents and produce a data file ensuring records/documents are accurate and complete

Topic 3.3
Learners will combine and merge documents with the data file to produce accurate merged documentation.

Topic 3.4
Learners will print selections of the merged documentation. Learners will print documents (showing merge codes), data file, merged letters and labels.

Learning outcome
4. Create medical documents from recorded speech (audio transcription)

Topics
4.1   Locate and key in information
4.2   Manipulate the functions of audio software and equipment
4.3   Interpret verbal and written instructions

Topic 4.1
Learners will locate and key in information from recorded speech and written instructions as specified in Topic 2.1 Learners will indicate enclosures as implied in the dictation, produce extra copies and indicate routing of copies as dictated using an acceptable convention, identify and incorporate information, eg names, addresses and proper nouns from a separate source, recognise generic and proprietary drug names.

Topic 4.2
Learners will manipulate the functions of audio software and equipment which include

- controls (speed, voice, playback, fast-forward, rewind)
- pedals

- earphones/headsets.

Topic 4.3

Learners will interpret verbal and written instructions to format and accurately present medical documents. Learners will use formatting techniques as specified in Topic 2.2.

Learning outcome

5. Proofread and correct errors in medical documents

Topics

5.1   Proofread medical documents for accuracy

5.2   Select appropriate methods to check documents for accuracy and presentation

Topic 5.1

Learners will proofread documents identifying and correcting errors to produce accurate copies. Errors include typographical, spelling (including medical terminology, generic and proprietary names of drugs), grammatical, use of homophones, punctuation, presentation and consistency.

Topic 5.3

Learners will select appropriate methods to check documents for accuracy and consistent presentation. Methods include

- spell checker, print preview facilities, grammar and thesaurus facilities, English and mother tongue dictionaries, medical, drug and online dictionaries.

Learning outcome

6. Print documents

Topics

6.1   Produce screen shots

6.2   Print final copies of documents as instructed

Topic 6.1

Learners will produce screen shots of electronic file directories to show that they have been able to save files using appropriate or instructed filenames in appropriate or instructed folders.

Topic 6.2

Learners will print final copies of documents as instructed. Documents will include

- letters showing routing where instructed, data file, selected merged documents, document showing merge codes, screen shots showing files/folders, single and multiple-page documents, specific page ranges.

Learners will be able to use the print preview function to check final copies of documents before printing.

Guidance for delivery

This unit is designed to enable the learner to develop the knowledge and skills to produce accurate professional documentation appropriate for the medical environment. The unit will provide the skills and competencies that are required to produce quality work with a high degree of accuracy. This unit is appropriate for learners who are aiming for employment that involves complex word processing and audio transcription within a medical environment.

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

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

Learners should be encouraged to use spell checker, grammar and thesaurus facilities along with English and mother tongue, medical and drug dictionaries in order to produce accurate medical documentation.

Unit 304   Legal aspects of medical administration

UAN:	R/507/4364
Level:	3
GLH:	90

What is this unit about?

The aim of this unit is to enable the learner to develop an understanding of health service organisation and its statutory bodies and how legislation applies to the health service. The learner will develop knowledge of patients' rights, how they are protected and how the role of the medical secretary / administrator is vital to that protection.

Learning outcomes

In this unit, learners will be able to
1. Understand the organisational structure of healthcare in the UK
2. Understand the role of the healthcare team in the community
3. Understand how legislation affects patients, employees and employers within the National Health Service (NHS)
4. Understand workplace legislation
5. Understand how to maintain and protect 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 the organisational structure of healthcare in the UK

Topics

1.1 Organisations which form the structure of the National Health Service (NHS) and their roles and responsibilities

1.2 The role of private healthcare.

Topic 1.1

Learners will understand the roles and responsibilities of the organisations within the NHS structure, to include: targets, aims, purpose and their interaction between each other. Healthcare organisations to include

- government departments
- NHS Trusts (including mental health)
- Primary Care (including Clinical Commissioning Groups CCG)
- Secondary Care
- Social Care
- Care Quality Commission (CQC) and other monitoring bodies.

Topic 1.2

Learners will understand how private healthcare and the NHS interact to improve patient care, for example:

- targets
- specialised services
- CCG initiatives.

Learning outcome

2. Understand the role of the healthcare team in the community.

Topics

2.1 Key healthcare staff working within the community.

2.2 The support services available from the key healthcare staff working within the community.

Topic 2.1

Learners will understand the roles of key healthcare staff working within the community including:

- General Practitioners, practice nurses, community nurses, psychiatric nurses, occupational therapists, physiotherapists, midwives, health visitors, pharmacists, dentists, opticians.

Topic 2.2

Learners will understand the roles of the healthcare support services available in the community including

- home support, social support, health monitoring, therapies, referral to other agencies, provision of aids and adaptations, home modifications, rehabilitation, medical advice and treatment, medicine supply and advice, dental and eye care.

Learning outcome

3. Understand how legislation affects patients, employees and employers within the National Health Service (NHS)

Topics

3.1 'Legal duty of care' relating to healthcare professionals and organisations
3.2 Vicarious liability
3.3 Duty of Candour
3.4 Medical negligence and its implications
3.5 The tort of trespass to the person with reference to consent.

Topic 3.1

Learners will understand the meaning of 'legal duty of care' in order to analyse the responsibilities of healthcare professionals and organisations in relation to it. They will also understand the consequences of breaching the legal duty of care.

Topic 3.2

Learners will understand the meaning of vicarious and its implication.

Topic 3.3

Learners will understand the meaning of Duty of Candour in regard to hospital, community and mental health trusts, and its implication.

Topic 3.4

Learners will understand medical negligence and its implication to include

- the three key steps to determine negligence: duty of care, breach and harm.
- implications (to patient, employee and the NHS), including financial, reputation, harm, disciplinary and dismissal.

Learners will also understand the importance of medico-legal insurance to patient, employee and the NHS.

Topic 3.5

Learners will understand the tort of trespass and its implications with regard to consent to include

- types of consent
- implications of not obtaining consent
- limitations of the healthcare professional and administrator with regard to consent

- examination and treatment (including chaperoning).

Learning outcome

4. Understand workplace legislation

Topics

4.1 Written contract of employment
4.2 Discrimination legislation
4.3 Legislation relating to health and safety at work.
4.4 The importance of continuing professional development (CPD) in the workplace.

Topic 4.1

Learners will understand the written contract of employment to include

- the purpose
- legal terms used
- timescales involved
- the contents of a contract.

Topic 4.2

Learners will understand the current discrimination legislation in relation to the workplace. Learners will understand how the employers meet the requirements of the current Equality Act.

Topic 4.3

Learners will understand current legislation relating to health and safety in the workplace to include

- Health and Safety at Work etc. Act, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, Health & Safety (Display Screen Equipment) Regulations, Control of Substances Hazardous to Health Regulations, Safeguarding (vulnerable adults, child protection), Equality and Diversity, Working Time Directives.

Topic 4.4

Learners will understand the importance of continuing professional development (CPD) to:

- organisation: improved patient care, increased staff retention, better trained staff
- individual: increased motivation, promotion opportunities, improved skills and knowledge, passing through pay gateways.

Learners will understand that a Performance Development Review (PDR) is a joint review between the employee and their line manager where constructive feedback will be delivered and training needs will be identified. It is a yearly process with a 6 month review to monitor progress and targets, for which both the employee and manager need to prepare.

Learners will also know the techniques used for identifying individual needs for development, to include:

- formal and informal feedback, self-assessment, training needs analysis, provision of training opportunities, setting clear objectives (SMART targets), completion of

CPD log/diary, appraisals, PDR.

Learners will also understand the purpose and contractual implications of the PDR/Knowledge and Skills Framework (KSF).

Learning outcome
5. Understand how to maintain and protect patient rights

Topics
5.1   Patient rights
5.2   Legislation and regulations that protect patients
5.3   The role of a medical administrator in protecting patient confidentiality
5.4   The current NHS complaints procedure.

Topic 5.1
Learners will understand the patient rights as outlined in the NHS constitution to include

- access to health services
- quality, care and environment
- respect, consent and confidentiality
- involvement in healthcare services
- complaint and redress.

Topic 5.2
Learners will understand the legislation and regulations and how they protect patients   to include

- General Data Protection Regulation (GDPR), Freedom of Information Act, Caldicott Guidelines, Information Governance, Safeguarding (to include children and vulnerable adults), Child Protection, Equality and Diversity.

Topic 5.3
Learners will understand the role of a medical administrator in protecting patient confidentiality, including demonstrating how legislation and regulations impact on the role. Learners will also understand how current legislation applies to patient data.

Topic 5.4
Learners will understand the current NHS complaints procedure, to include the following timescales

- made within 6 months of incident
- acknowledgement of complaint within 3 working days
- reply within 25 days from receiving the complaint
- extension possible for investigation

Learners will also understand the requirements and processes for local resolution, appeals, misconduct and negligence cases.

Suggested learning resources

Websites

General Medical Council   www.gmc-uk.org
Government Legislation   www.legislation.gov.uk/
NHS Choices   www.nhs.uk

Appendix 1   Word part list

Unit 300 Learning outcome 1 only

This list can be referred to as a framework for other learning outcomes, however candidates will need to know the full range of terminology in relation to the individual body systems.

Prefix	Meaning
a-, an-	absence of
ab-	away from
acou-	hearing
acro-	extremities
ad-	towards
aero-	air
an-	absence of
ana-	up/excessive
aniso-	unequal
ante-	before
anti-	against
auto-	self
bi-	two
bio-	life
blasto-	basic/immature/embryonic
brady-	slow
circum-	around
co-, con-	together/joined
contra-	against
chromo-, chromato-	colour
cryo-	cold
crypto-	hidden
cyano-	blue

Prefix	Meaning
de-	away from/removing
dextra-	to the right
dia-	through
diplo-	double
dorso-	back/dorsal
dys-	difficult/abnormal/painful
e-, ec-, ef-, ex-	out of/away from
ecto-, exo-	external/outside/without
en-, endo-	within/in/into
epi-	upon/above/on
ery-, erythro-	red
eu-	good/normal/well
extra-	outside
gen-	birth/origin
hemi-	half
hetero-	unlike/dissimilar
homo-	same/like
homeo-	like
hyper-	above/high/in excess of normal
hypo-	low/below/under/less than normal
idio-	peculiar to the individual/unknown
Infero-, infra-	below
inter-	between
intra-	within/inside
iso-	equal
kypho-	crooked humped/curvature
latero-	side/sideways
leuco-, leuko-	white
lordo-	curvature forward
macro-	large

Prefix	Meaning
mal-	poor/abnormal
mega-, megalo-	big/enlarged
melano-	black/dark/pigment
meta-	after/beyond
micro-	small/one million
mono-	one/single
multi-	many
narco-	stupor
neo-	new
nulli-	none
oligo-	scanty/deficiency/deficient/few
ortho-	straight
pachy-	thick
pan-	all
para-	alongside
per-	through
peri-	around
polio-	grey
poly-	many
post-	after
pre-, pro-	before
presbyo-	old age
primi-, proto-	first
pseudo-	false
quadri-	four
reticulo-	net-like/mesh
retro-	backwards
sclero-	hard

Prefix	Meaning
scolio-	sideways/twisted
secundi-	second
semi-	half
steno-	narrow
sub-	below
super-, supra-	above
sy-, sym-, syn-	with/together/union
tachy-	rapid/fast
tetra-	four
trans-	across/through
ultra-	beyond
uni-	one
ventro-	front/anterior
xantho-	yellow

Word Roots

Word Root	Meaning
abdomino	abdomen
aden/o	gland (any)
adip/o	fat
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
aqua-	water
arteri/o	artery
articul/o	joint
arthr/o	joint
ather/o	plaque lining blood vessels
atri/o	upper chamber of heart/atrium
auri-	ear
audi/o	hearing
balan/o	glans penis
bil/i/o	bile
blephar/o	eyelid
brachi/o	arm
bronch/o	bronchus/tube to the lung
bronchiol/o	bronchiole/small air tube in lung
bucc/o	cheek
caec/o	caecum/part of intestine
cardi/o	heart
carp/o	wrist
cephal/o	head

Word Root	Meaning
cerebr/o	brain/cerebrum
cerebell/o	cerebellum/part of brain
cervic/o	cervix/neck
chir/o	hand
cheil/o	lip
cholangi/o	biliary vessels
chol/e/o	bile
cholecyst/o	gallbladder
choledoch/o	common bile duct
chondr/o	cartilage
chrom/o	colour
coccyg/o	coccyx/tail bone/bottom of spine
col/o, colon/o	colon/large intestine
colp/o	vagina
cor/o, core/o	pupil of eye
coron/o	heart/crown
cost/o	rib
crani/o	skull containing brain
culd/o	recto-uterine sac (Pouch of Douglas)
cyt/o	cell
cyst/o	bladder
dacry/o	tear/tearduct
dent/o	tooth
derm/o, dermat/o	skin
duoden/o	duoenum (part of small intestine)
embol/o	plug
encephala/o	brain
endocardi/o	lining of heart
endometri/o	lining of uterus/endometrium
enter/o	intestine

Word Root	Meaning
epididym/o	tubules above the testes/testicles
epiglott/o	epiglottis
febr/o	fever
fet/o	unborn baby/fetus
gastr/o	stomach
gingiv/o	gums
gloss/o	tongue
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
hidr/o	perspiration/sweat
hist/o	tissue
hydr/o	water
hyster/o	womb
iatr/o	doctor/physician
ile/o	Ilium/part of the small intestine
immune/o	immunity
ischi/o	ischium/part of pelvis
irid/o	iris
jejun/o	jejunum (part of small intestine)
kal/o	potassium
kary/o	nucleus
kerat/o	cornea/scaly/horny/hard skin
lact/o	milk
lacrim/o	tear
lapar/o	abdomen/abdominal wall
laryng/o	larynx/voice box
leuc/o	white

Word Root	Meaning
lip/o	fat
litho-	stone
lob/o	lobe
lymph/o	lymphatic/lymph/tissue fluid
lymphaden/o	lymph gland
lymphangia/o	lymph vessel
lingu/o	tongue
mamm/o, mast/o	breast
mandibul/o	lower jaw
mastoid/o	mastoid/part of ear
maxill/o	upper jaw
mening/o	membrane covering brain and spinal cord/meninges
menisc/o	meniscus/knee cartilage
men/o	menstruation/monthly period
metr/o	womb
muscl/o, my/o, myos/o	muscle
myel/o	marrow/spinal cord
myc/o, mycet/o	fungus
myocardi/o	myocardium/heart muscle
myometri/o	myometrium/muscle of uterus
myring/o	ear drum
myx/o	mucous membranes
nas/o	nose
nat/o	birth
natr/o	sodium
narc/o	deep sleep/stupor
necr/o	death
nephr/o	kidney
neur/o-	nerve
noct/o	night

Word Root	Meaning
nucle/o	nucleus
ocul/o	eye
onych/o	nail
odont/o	tooth
oesophag/e/i/o	gullet/oesophagus
onc/o	tumour
o/o	egg/ovum
oophor/o	ovary
ophthalm/o	eye
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
pericardi/o	outer layer/ membrane of heart (covering of heart)
peritone/o	membrane of the abdominal cavity/peritoneum
phag/o	swallow/eat
phak/o	lens
phall/o	penis
phas/o	speech
pharmac/o	drug
pharyng/o	pharynx/throat
phleb/o	vein
phren/o	diaphragm/mind
pleur/o	lung covering/membrane surrounding the lung/pleura
pneum/o, pneumon/o	air/gas/lung
pno/e, pne/o	breathing

Word Root	Meaning
proct/o	anus/rectum
prostat/o	prostate/male gland
pulmon/o	lung
pyel/o	pelvis of kidney
pylor/o	part of stomach
py/o	pus
pyr/o	fever
rect/o	rectum
ren/o	kidney
rhin/o	nose
sacr/o	sacrum
salping/o	fallopian/uterine tube
sarc/o	flesh
sial/o	salivary gland
sigmoid/o	sigmoid colon/part of large intestine
somat/o	body
spleen/o	spleen
spondyl/o	vertebra
steat/o	fat
stern/o	sternum/breast bone
steth/o	chest
stom/a, stomat/o	mouth
tars/o	foot/eyelid
tendin/o, ten/o	tendon
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

Word Root	Meaning
tympan/o	ear drum
ur/o, urin/o	urine/urinary
ureter/o	ureter/tube from kidney
urethr/o	urethra/tube from bladder
uter/o	womb
uve/o	uveal tract/parts of eye
varic/o	varicose veins
vas/o	vessel
ven/o	vein
ventric/o, ventricul/o	ventricle/lower chamber of heart

Suffixes

Suffix	Meaning
-a/ia	condition of
-aemia	blood
-ac	concerning/pertaining to
-al	concerning/pertaining to
-algia	pain
-ary	concerning/pertaining to
-blast	immature cell/embryonic cell
-cele	swelling/protrusion
-centesis	to puncture/tapping
-clasis	destruction of/break
-clast	destroying/breaking
-cide	kill/destroy
-cyte	cell
-demic	people/population
-desis	binding together/fusion
-dynia	pain
-ectasis	dilatation
-ectomy	surgical removal of
-emesis	vomiting
-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
-ia/-iasis	condition of/state of
-iac	pertaining to

Suffix	Meaning
-iatric	pertaining to medicine/physician
-ic	concerning/pertaining to
-iosis/-ism	condition of/state of
-itis	inflammation of
-lith	stone
-lithiasis	condition/presence of stones
-lysis	destruction/splitting/breaking down
-malacia	softening
-megaly	enlargement of
-meter	measure/instrument to measure
-metry	process of measuring
-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
-orrhage	burst forth/ bleeding
-orrhagia	condition of heavy bleeding
-orrhaphy	sew/repair
-orrhoea	flow/discharge
-oscopy	examination with a lighted instrument
-osis	condition of
-ostomy	artificial opening into
-otomy	cutting into/dividing/incision
-para/-parous	given birth
-paresis	weakness/partial paralysis
-pathy	disease
-penia	lack of/decreased

Suffix	Meaning
-pexy	fixation of
-phagia	swallowing
-phasia	speech
-philia	liking/affinity for
-phobia	irrational fear
-phylaxis	protection/prevention
-plasia	formation
-plasty	form/mould/reconstruct
-plegia	paralysis
-pnoea	breathing
-poiesis	producing/formation
-porosis	thinning/channel
-rrhythmia	rhythm
-sclerosis	condition of hardening
-scope	lighted instrument used to examine
-spasm	Involuntary contraction
-stasis	cessation of movement/flow
-stenosis	condition of narrowing
-taxia/-taxis	gait/coordination
-tome	cutting instrument
-tripsy	crushing
-trophy	nourishment/food
-uria	condition of urine

Appendix 2 Human body systems

The learner should be able to identify and give definitions of terms relating to:

Musculoskeletal system

- the skeleton:
  - axial
    - skull (main bones)
      - cranium – frontal, occipital, parietal, temporal
      - face bones (main) – maxilla mandible
      - nasal
      - lacrimal
    - hyoid
  - vertebrae – atlas, axis, cervical, thoracic, lumbar, sacral, coccyx
  - thorax - rib cage, sternum
  - appendicular
    - scapula, clavicle
    - pelvic girdle, (innominate) ilium, ischium, pubis, sacrum, acetabulum
    - humerus, radius, ulna, carpals, metacarpals, phalanges
    - femur, tibia, fibula, patella, tarsals, metatarsals, phalanges
  - ossicles – malleus, incus, stapes
  - joints – shoulder, elbow, hip, knee
  - tendons – Achilles
  - ligaments - cruciates
  - muscles – biceps, triceps, quadriceps, pectorals, gluteal
- **diseases, disorders and conditions of the musculoskeletal system**
- **medical procedures, diagnostic tests and equipment used with this body system**

Blood and cardiovascular system

Blood

The learner should be able to identify and give definitions of terms relating to:
- individual blood cells
  - erythrocytes - reticulocytes, erythroblasts
  - leucocytes - phagocytes/neutrophils, monocytes, lymphocytes
  - thrombocytes/platelets
- plasma/serum
- **diseases, disorders and conditions of the blood**
- **medical procedures, diagnostic tests and equipment used with this body system.**

Cardiovascular system

- the heart structures
  - pericardium
  - myocardium
  - endocardium
  - heart chambers - atria, ventricles, valves, septum
- types of blood vessels
  - major blood vessels:
    - arteries – aorta

- veins – venae cavae
    - o minor blood vessels:
        - arterioles
        - venules
        - capillaries
- **diseases, disorders and conditions of the cardiovascular system**
- **medical procedures, diagnostic tests and equipment used with this body system**

Lymphatic and immune system including their response to infection

- lymphatic structures
    - o lymph/tissue fluid
    - o vessels
    - o ducts
    - o nodes (glands)
    - o specialised lymph glands ie spleen, tonsils, adenoids, appendix, thymus
    - o immunity processes ie antibodies, antitoxins, antigens
- processes of infection and body response
- **diseases, disorders and conditions of the lymphatic system**
- **medical procedures, diagnostic tests and equipment used with this body system**

Respiratory system

- upper respiratory tract structure:
    - o nose, pharynx, epiglottis, larynx, trachea
- lower respiratory tract structure:
    - o lungs - bronchi, bronchioles, alveoli
    - o pleura
- thoracic cavity, diaphragm
- process of breathing/ventilation
- **diseases, disorders and conditions of the respiratory system**
- **medical procedures, diagnostic tests and equipment used with this body system**

Digestive system

- structures of the digestive system:
    - o buccal cavity/mouth
    - o pharynx
    - o oesophagus
    - o stomach and regions:
    - o small intestine and regions
    - o large intestine and regions
- mechanical process of digestion including peristalsis
- accessory organs of digestion ie teeth, tongue, salivary glands, pancreas, liver, gallbladder
- **diseases, disorders and conditions of the digestive system and accessory organs of digestion**
- **medical procedures, diagnostic tests and equipment used with this body system**

Urinary

- structures of the urinary system:
    - o kidney and its regions – eg cortex, medulla, nephrons, renal pelvis
    - o ureters
    - o bladder and its regions

- o urethra
- process of urine production
- urinalysis and abnormalities
- **diseases, disorders and conditions of the urinary system**
- **procedures, diagnostic procedures and equipment used with this body system**

Nervous

- central nervous system:
  - o cerebrum, main lobes (frontal, parietal, temporal, occipital)
  - o hypothalamus
  - o cerebellum
  - o cranial nerves
  - o spinal cord and regions – cervical, thoracic, lumbar, sacral
  - o meninges – dura mater, arachnoid mater, pia mater
- spinal nerves
- peripheral nervous system
- autonomic nervous system including sympathetic and parasympathetic chain
- somatic nervous system
- main types of mental illness – psychoses, neuroses, dementia
- **diseases, disorders and conditions of the nervous system**
- **procedures, diagnostic procedures and equipment used with this body system**

Endocrine

- structures of the endocrine system:
  - o hypothalamus
  - o pituitary gland
  - o adrenal gland
  - o thyroid gland
  - o parathyroid glands
  - o pancreas
  - o ovaries
  - o testes
  - o thymus
- hormones
- **diseases, disorders and conditions of the endocrine system**
- **procedures, diagnostic procedures and equipment used with this body system**

Reproductive (male and female including obstetrics)

Male reproductive system:
- structures of the male reproductive system:
  - o testes
  - o scrotum
  - o epididymis/epididymides
  - o penis
  - o vas deferens
  - o prostate gland
  - o prepuce
  - o seminal vesicles

- o   urethra
- o   perineum
- **diseases, disorders and conditions of the male reproductive system**
- **medical procedures, diagnostic tests and equipment used with this body system**

Female reproductive system and obstetrics
- o   ovary
- o   fallopian (uterine) tubes
- o   uterus
- o   cervix
- o   vagina
- o   perineum
- o   vulva
- accessory organs - breast and their areas
- menstruation, menopause
- structures and stages of pregnancy including development of fertilised egg:
  - o   embryo
  - o   fetus – amnion, chorion, placenta, umbilical cord
  - o   trimesters
  - o   presentation ie breech, transverse
- **diseases, disorders and conditions of the female reproductive system and obstetrics**
- **medical procedures, diagnostic tests and equipment used with this body system**

Skin and sensory organs (eye, ear, nose)

Skin

- structures of the skin
  - o   epidermis
  - o   dermis
  - o   subcutaneous layer
  - o   adrenal glands
  - o   appendages – nails, hair
- **diseases, disorders and conditions of the skin**
- **medical procedures, diagnostic tests and equipment used with this body system**

Eye

- eyeball
- eyelid
- sclera
- iris
- retina
- lens
- cornea
- conjunctiva
- chambers - anterior and posterior
- macula (fovea)
- optic disc
- fundus
- aqueous humour
- vitreous humour
- lacrimal apparatus
- eyelids

- optic nerve to occipital lobe

Ear

- external ear – pinna, auditory canal
- middle ear - tympanic membrane, Eustachian tube, ossicles (malleus, incus, stapes)
- inner ear – vestibule, labyrinth, semicircular canals, cochlea
- auditory nerve to temporal lobe

Nose

- olfactory nerves to frontal lobe
- sinuses
- septum
- **diseases, disorders and conditions of these sensory organs**
- **medical procedures, diagnostic tests and equipment used with this body system**

Appendix 3   List of bones

Cranium	Skull –contains brain
Scapula	Shoulder blade
Clavicle	Collar bone
Humerus	Upper arm
Radius	Lower arm
Ulna	Lower arm
Carpals	Wrist
Metacarpals	Hand
Phalanges	Fingers and toes
Vertebrae	Spinal column
Coccyx	Tail bone/ bottom of spine
Ribs	Chest
Sternum	Breast bone
Pelvic girdle	Surrounds lower abdomen, contains the hip bones.
Femur	Upper leg
Patella	Knee cap
Fibula	Thinner lower leg bone
Tibia	Shin Bone
Tarsals	Ankle
Metatarsals	Foot

Appendix 4   List of organs and systems

Brain	Inside skull, controls body functions	Central nervous system
Skin	Outer protective cover of the body	Skin
Spleen	Lies on underside of stomach. Produces antibodies / acts as a defense mechanism and controls the volume of blood circulating	Lymphatic system
Liver	Lies beneath diaphragm, breaks down toxins, nitrogenous waste and drugs 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, commences protein digestion	Digestive system
Duodenum, Jejunum and Ileum (Small intestine)	Long tube from stomach to colon where digestion is completed and most absorption takes place	Digestive system
Colon (Large intestine)	Tube from small intestine to rectum, absorbs water and manufactures faeces	Digestive system
Pancreas	Gland below the stomach in the curve of the duodenum which produces insulin and pancreatic juice	Digestive system /Endocrine system
Gall bladder	Lies on underside of liver. Concentrates and stores bile for excretion into duodenum to aid digestion	Digestive system
Pharynx (Throat)	back of the nose and mouth, tube connecting the mouth to the oesophagus and trachea	Respiratory system / digestive system

Larynx (Voice box)	Sits in trachea, produces speech (Adam's Apple in males)	Respiratory system
Trachea (Wind pipe)	Tube between mouth and lungs, takes air to and from the lungs	Respiratory system
Bronchi (Large airways)	Tubes transporting air into the lungs	Respiratory system
Lungs	2 organs lying in the chest in which the exchange of gases takes place during breathing	Respiratory system
Heart	Muscular pump lying between the lungs which pumps to circulate blood around the body	Cardio-vascular system
Aorta	Main artery of the body. Carries oxgenated blood from the heart to the body	Cardio-vascular system
Superior Vena cava / Inferior Vena Cava	Main veins. Carry de-oxygenated blood from the body back to the heart	Cardio-vascular
Arteries	Blood vessels which usually carry oxygenated blood away from the heart and around the body	Cardio-vascular system
Veins	Blood vessels which usually carry de-oxygenated blood from the body back to the heart	Cardio-vascular system
Kidneys	The 2 organs in the abdomen that produce urine	Urinary system
Ureters	The 2 tubes that connect the kidneys to bladder	Urinary system
Bladder	Lies in the pelvic cavity, the organ that stores urine prior to its excretion from the body	Urinary system
Urethra	Tube which carries urine from the bladder to the outside of the body	Urinary system/male reproductive system
Ovaries	Pelvic cavity, female	Female reproductive

	organs that produce eggs and hormones	system
Fallopian/ uterine tubes	Pelvic cavity, 2 tubes, where fertilization of the egg takes place, connected to the womb	Female reproductive system
Uterus (Womb)	Pelvic cavity, organ where 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)	2 organs situated at the front of the chest which produce milk to feed the newborn 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	Male reproductive system
Prostate Gland (Male gland)	Pelvic cavity, just below the bladder. It secretes a fluid to make the sperm more mobile	Male reproductive system
Scrotum	Lower pelvis, sac of skin lying outside of the body which contains the testes	Male reproductive system
Testes	Lower pelvis, male sex glands which lie in the scrotum and produce sperm and testosterone	Male reproductive system
Epididymides	Lower pelvis, male glands which lie above the testes, where sperm matures	Male reproductive system
Vas deferens	Lower pelvis, tube through which sperm passes to be ejaculated from the body	Male reproductive system

Appendix 5   Diagnostic tests abbreviations

Blood count

ESR	Erythrocyte sedimentation rate
FBC	Full blood count
Hb	Haemoglobin
MCV	Mean corpuscular volume
PCV	Packed cell volume
RBC	Red blood count
WBC	White blood count
WBC & diff.	White blood count and differential

Biochemistry

BS	Blood sugar
BUN	Blood urea nitrogen
CPK	Creatinine kinase (can indicate myocardial infarction)
CRP	C-reactive protein
FBS	Fasting blood sugar
GI	Glycaemic index
GTT	Glucose tolerance test
GFR	Glomerular filtration rate (kidney disease)
HbA1c	Blood test showing the amount of glucose bound to haemoglobin
HDL	High density lipoproteins
INR	International normalised ratio (clotting time)
LFT's	Liver function tests
Ig	Immunoglobulin
LDL	Low density lipoproteins
pH	Acid/alkaline balance
PBI	Protein bound iodine

TFT	Thyroid function tests
U&E's	Urea and electrolytes
T4	Thyroxine test

Gases

O2	Oxygen
CO2	Carbon dioxide

Minerals & Electrolytes

Ca	Calcium
Fe	Iron
K	Potassium
Mg	Magnesium
Na	Sodium
P	Phosphorous/phosphate

Imaging tests

CT or CAT	Computerised tomography/computerised axial tomography
DEXA	Dual energy x-ray absorptiometry/scan for bone density
ECG	Electrocardiogram
EEG	Electroencephalogram
ERCP	Endoscopic retrograde cholangiopancreatography
fMRI	Functional magnetic resonance imaging
KUB	Kidney, ureter, bladder
IVU/IVP	Intravenous urogram/intravenous pyelogram
MRI	Magnetic resonance imaging
PET	Positron emission tomography
RGP	Retrograde pyelogram
US/USS	Ultra-sound scan

Miscellaneous

AFP	Alpha-fetoprotein
CIN I-IV	Carcinoma intraepithelial neoplasia (stages of cancer)

C&S	Culture & sensitivity
CSU	Catheter specimen of urine
CVS	Chorionic villus sampling
EMU	Early morning urine
MSU	Midstream specimen of urine
MRSA	Multiple/methicillin/methicillin resistant Staphylococcus aureus
O&S	Organism and sensitivity
PAP	Cervical smear test
PSA	Prostate specific antibody
Rh-	Rhesus negative
Rh+	Rhesus positive

NB These are only common abbreviations the list is not intended to include all abbreviations used in medicine

Appendix 6   Medical specialities

Aetiology	causes of disease
Anaesthesiology	control of sensation/consciousness and resuscitation
Bariatrics	Reduction of stomach capacity for treatment of obesity
Cardiology	heart and blood vessels
Dermatology	skin
Endocrinology	Endocrine system ie hormones and glands
Gastroenterology	Digestive system
Genitourinary	Urinary and male reproductive system
Geriatrics	Elderly/old people
Gynaecology	Female reproductive system
Haematology	Blood
Hepatology	Liver
Immunology	immune system ie defence system of the body
Nephrology	urinary system including the kidney
Neurology	nervous system
Obstetrics	Pregnancy and childbirth
Oncology	Tumours including cancer
Ophthalmology	Eyes
Orthodontics	prevention and correction of irregularities of the teeth
Orthopaedics	musculoskeletal system/bones and joints
Orthoptics	non-surgical methods of treating abnormalities of vision
Otorhinolaryngology	Ear nose and throat
Plastic surgery	Reshaping body parts/skin

Paediatrics	Children
Psychiatry	Mental illness
Rheumatology	Connective tissue
Urology	urinary system
Venereology	Sexually transmitted disease

Miscellaneous

Cytology	Microscopic study of cells
Bacteriology	Microscopic study of bacteria ie a classification of micro-organism
Biochemistry	chemical contents and processes of the body
Epidemiology	distribution of disease including environmental factors
Forensic pathology	criminal investigation concerning disease/death
Histology	Microscopic study of tissues
Histopathology	Microscopic study of disease of tissues
Microbiology	Microscopic study of micro-organisms (too small to be seen unless under a microscope)
Pathology	Disease, its effects and causes
Pharmacology	Drugs and their effects
Physiotherapy	Treatment with natural, physical means as opposed to drugs eg exercise, massage
Psychology	mind and behaviour
Radiology	use of X-rays in diagnosis and treatment
Virology	viruses

Appendix 7   Pharmaceutical abbreviations

*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

Forms of drugs

caps	capsules
tab	tablet
troch	lozenge
ung	ointment

Modes of administration

occ or oc	for the eyes
neb	by nebuliser
im or i/m or IM	intra-muscular
iv or i/v or IV	intravenous
pess/ pessary	for the vagina
poc/POC	for the eyes
PR/pr	per rectum /via the rectum
PV/pv	per vagina/via the vagina
suppos	suppository/ via the rectum

Units of measurement

g	gram
g/l	gram per litre
mcg / µg	microgram
mg	milligram
ml	millilitre
ng (not used in prescriptions)	nanogram
L or l	litre
SI	International System

Miscellaneous

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
Rx	Take/recipe/treatment

Legal classification

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

Types of drugs

COC	Combined oral contraceptive pill
HRT	Hormone replacement therapy
NRT	Nicotine replacement therapy
NSAID	Nonsteroidal anti-inflammatory drug

POP	Progesterone only pill
PPI	Proton pump inhibitor
SSRI	Selective serotonin reuptake inhibitor

Vaccines

BCG	Bacillus Calmette-Guérin
DTaP	Diphtheria Tetanus and Pertussis
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

*Candidates will only be tested on the approved abbreviations in the BNF (as stated in the assessment criteria). Centres may teach common variations eg bid, tid, qid but these will **not** be tested.

Appendix 8   Classification of medicines/drugs

ACE inhibitor	Drug to treat hypertension
Anaesthetic	Drug to remove sensation (local or general)
Analgesic	Drug for relief of pain
Antacid	A substance which neutralises stomach acid
Antibiotic	Drug which kills bacteria
Anticoagulant	Drug which prevents clotting
Antidepressant	Drug which lifts the mood
Anti-emetic	Drug which reduces nausea and vomiting
Antifungal	Drug which kills fungi
Antihistamine	Drug which blocks histamine in allergies
Antihypertensive	Drug which lowers blood pressure
Anti-inflammatory	Drug which reduces inflammation
Anti-obesity	Drug which helps reduce weight
Antipyretic	Drug which reduces the body temperature
Antipsychotic	Drug which calms patients with symptoms of mania, hallucinations
Antispasmodic	Drug which reduces spasms of muscle
Antitussic	Drug which reduces coughing
Anxiolytic	Drug which reduces anxiety
Beta-blocker	Drug which reduces high blood pressure
Bronchodilator	Drug which dilates the bronchial tubes (eg asthma)
Calcium channel blocker	Drug which reduces blood pressure
Carminative	Drug which reduces flatulence
Chemotherapy	Toxic drugs which kill malignant cells
Contraceptive	Drug which prevents conception

Cytotoxic	Drug which kills cells-used to kill malignant cells
Decongestant	Drug which relieves the congestion of mucous membranes
Depressant	Drug which depresses the function of the central nervous system (CNS)
Diuretic	Drug which stimulates the production of urine
Expectorant	Drug which encourages coughing up of secretions from the respiratory tract
Hypnotic	A drug which induces sleep
Laxative	Drug used to evacuate the bowel
Narcotic	Drug derived from opium which induces a deep unnatural sleep
Prophylactic	A substance used to prevent disease
Proton Pump Inhibitor	Drug which inhibits the production of hydrochloric acid in the stomach
Sedative	Drug which lowers function of the central nervous system (CNS)
Statins	Drug which lowers cholesterol
Steroids	Drug containing hormones
Stimulant	Drug which increases the function of the central nervous system (CNS)
Tranquilliser	Drug which reduces anxiety
Vaccine	Substance to stimulate the body to produce its own antibodies or antitoxins to prevent disease

Appendix 9   Medical qualifications abbreviations

BA	Bachelor of Arts
BC or BCh or B Chir or ChB or BS	Bachelor of Surgery
BM	Bachelor of Medicine
BS	Bachelor of Surgery
BSc	Bachelor of Science
ChB or B Chir	Bachelor of Surgery
CM or ChM	Master of Surgery
DA	Diploma in Anaesthetics
DCh or DS	Doctor of Surgery
DDS	Doctor of Dental Surgery
DM	Doctor of Medicine
FCPS	Fellow of the College of Physicians and Surgeons
FRCS	Fellow of the Royal College of Surgeons
FRCGP	Fellow of the Royal College of General Practitioners
FRCOG	Fellow of the Royal College of Obstetricians and Gynaecologists
FRCP	Fellow of the Royal College of Physicians
FRCPsych	Fellow of the Royal College of Psychiatrists
MB	Bachelor of Medicine
MD	Doctor of Medicine
MCh or MChir	Master of Surgery
MCPS	Member of the College of Physicians and Surgeons
MRCGP	Member of the Royal College of General Practitioners
MRCP	Member of the Royal College of Physicians

Appendix 10   Abbreviations, spelling, amendment and correction signs, symbols and special characters – Word processing

General Abbreviations

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

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 it has – **it's** happened twice you/we/they are – **you're/we're/they're** welcome they/we have – **they've/we've** arrived early	it – the dog wagged **its** tail singular noun – the **girl's** dogs plural noun – the **girls'** dogs 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 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 11   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**.

City & Guilds Centre Manual

This document provides guidance for organisations wishing to become City & Guilds approved centres, as well as information for approved centres delivering City & Guilds qualifications. It covers the centre and qualification approval process as well as providing guidance on delivery, assessment and quality assurance for approved centres.

It also details the City & Guilds requirements for ongoing centre and qualification approval, and provides examples of best practice for centres. 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 and malpractice
- complaints and appeals
- equal opportunities
- data protection
- management systems
- maintaining records
- internal quality assurance
- external quality assurance.

Our Quality Assurance Requirements

This document explains the requirements for the delivery, assessment and awarding of our qualifications. All centres working with City & Guilds must adopt and implement these requirements across all of their qualification provision. Specifically, this document:

- specifies the quality assurance and control requirements that apply to all centres
- sets out the basis for securing high standards, for all our qualifications and/or assessments
- details the impact on centres of non-compliance

The **centre homepage** section of the City & Guilds website also contains useful information on
- **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.

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	T: +44 (0)121 503 8993 **E: business@cityandguilds.com**

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