QUALIFICATION HANDBOOK

Level 3 Certificate in Emergency Care Assistance (6403)

March 2011 Version 1.0

City & Guilds

Qualification at a glance

Subject area	Emergency Care Assistance
City & Guilds number	6403
Age group approved	16-18, 19+
Entry requirements	Centres must be able to ensure that candidates taking the Level 3 Certificate must have access to current emergency care practice to enable completion of practical activities and assignments to the required standard. This may mean arranging access to work placements. Past experience of the health or health and social care sector is relevant, such as the health or the health and social care NVQs. This will be useful for candidates in preparing for this qualification.
Assessment	Each unit will be assessed by expert witness testimony of candidates' practice. And the underpinning knowledge will be assessed by centre devised assessments such as short answer tests. Centres and assessors will internally mark candidates' tests against set marking criteria. The reports of practice and the marking will then be externally verified for consistency and quality assurance.
Support materials	See templates in Appendixes 2, 3 and 4 at the back of this handbook.
Registration and certification	See Walled Garden/Online catalogue for last dates

Title and level	**City & Guilds number**	**Accreditation number**
Level 3 Certificate in Emergency Care Assistance	6403-01	600/0572/5

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1 Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	This qualification is aimed at people wishing to progress their emergency medical careers in robust educational steps. The qualification is relevant to people undertaking training in the emergency services and other support services requiring a pathway to higher educational qualifications.
What does the qualification cover?	This qualification covers essential medical and emergency care skills and knowledge such as: • Incident scene management • Medical conditions management • Basic adult life support and automated external defibrillation • Information technology for users of patient and practice administration systems • Issuing pharmaceutical stock.
Is the qualification part of a framework or initiative?	No
What opportunities for progression are there?	It allows candidates to progress into the following City & Guilds qualifications: • 4222: Diplomas in Health and Social care • 4223: Diplomas in Health

Structure

To achieve the **Level 3 Certificate in Emergency Care Assistance**, learners must achieve **19** credits from the mandatory units and a minimum of **6** credits from the optional units available.

Unit accreditation number	City & Guilds unit number	Unit title	Credit value
Mandatory			
T/502/9093	6403-301	Anatomical and physiology structure of the human body	4
Y/502/9099	6403-302	Incident scene management	2
F/502/9100	6403-303	Medical conditions management	4

Unit accreditation number	City & Guilds unit number	Unit title	Credit value
L/502/9102	6403-304	Management of physical trauma	3
J/502/9101	6403-305	Airway management and oxygen therapy	2
L/602/5058	6403-306	Basic adult life support and automated external defibrillation	2
R/502/9098	6403-307	Information technology for users of patient and practice administration systems	2
Optional			
H/601/3465	6403-308	Reflect on and develop your practice	4
T/601/3468	6403-309	Receive prescriptions from individuals	3
M/601/3470	6403-310	Confirm prescription validity	14
A/601/3472	6403-311	Assemble prescribed items	5
L/601/3475	6403-312	Issue prescribed items	10
A/600/9373	6403-313	Prepare extemporaneous medicines for individual use	4
F/600/9374	6403-314	Order pharmaceutical stock	3
M/600/9385	6403-315	Receive pharmaceutical stock	3
T/600/9386	6403-316	Maintain pharmaceutical stock	3
A/600/9387	6403-317	Issue pharmaceutical stock	4

2 Centre requirements

Approval

There is **no** fast track approval provision for this qualification.

Existing centres wishing to offer this qualification must use the **standard** Qualification Approval Process. Please see Appendix 1 for more details.

Resource requirements

Centre staffing

To meet the quality assurance criteria for these qualifications, the centre must ensure that the following internal roles are undertaken:

- Quality Assurance Coordinator
- Trainer/Tutor
- Assessor (occupationally competent and occupationally knowledgeable)
- Internal Quality Assurer.

Centre staff may undertake more than one role, eg tutor and assessor or internal verifier, but cannot internally verify their own assessments.

Assessors and internal verifiers

Assessor requirements

The Assessors of competence based units must:

- Be occupationally competent - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing. Occupational competence means that they are also occupationally knowledgeable.
- Maintain their occupational competence through clearly demonstrable continuing learning and professional development.
- Hold or be working towards one of the following qualifications:
- D32//D33 or A1
- The AI replacements (e.g. City & Guilds 6317 which includes the Level 3 Award in Assessing Competence in the Work Environment or the Level 3 Certificate in Assessing Vocational Achievement)
- Another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the External Quality Assurers in Assessing

Assessors of competence based units may also make assessment decisions on knowledge based unit and learning outcomes.

Assessors of knowledge based units and knowledge based Learning Outcomes must:

- Be occupationally knowledgeable. This means that each assessor should possess relevant knowledge and understanding to assess units designed to test specific knowledge and understanding or units where knowledge and understanding are components of competency.
- Maintain their occupational knowledge through clearly demonstrable continuing learning and professional development.
- Hold or be working towards one of the A1 replacement qualifications such as the City & Guilds 6317:
    - Level 3 Award in Assessing Vocational Competence OR
    - Level 3 Award in Assessing Vocationally Related Achievement OR
    - Level 3 Certificate in Assessing Vocational Achievement OR
    - Another suitable qualification in the assessment of knowledge. This must be agreed in advance with the External Quality Assurer

Teachers, trainers and tutors

All teachers/trainers/tutors must:

- comply with the ITT Regulations 2007 (QTLS/ATLS) where they are delivering qualifications in England using public funding. For further information visit **www.cityandguilds.com/qtls**
- have occupational expertise relevant to the units they are teaching
- be occupationally knowledgeable in the areas for which they are teaching/delivering training
- have experience of providing training and assessment or be in the process of acquiring this experience.

Expert witness

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER any qualification in assessment of workplace performance OR
- a professional work role which involves evaluating the every day practice of staff.

Internal verifiers/Internal quality assurance

Internal quality assurance is key to ensuring that the assessment of evidence for units is of consistent and appropriate quality. Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.

Although it is not a requirement to hold a qualification to quality assure this qualification, City & Guilds recommends that it is best practice to hold a V1 qualification or a suitable alternative.

Suitable alternatives include:

- D34 or V1
- The V1 replacements (e.g. the City & Guilds 6317 such as the:
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice OR
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice

If the Internal Quality Assurer does not hold a qualification they must be able to demonstrate evidence of working to their own organisation's QA or IV standards which clearly link to V1 or other equivalent standards for Internal Quality Assurance.

Continuing professional development (CPD)

Centres must support their staff to ensure that they have current knowledge of the occupational area, that delivery, mentoring, training, assessment and verification is in line with best practice, and that it takes account of any national or legislative developments.

Candidate entry requirements

There are no formal entry requirements for candidates undertaking this Diploma. However, centres must ensure that candidates have the potential and opportunity to gain evidence for the qualification in the work place.

Candidates should not be entered for a qualification of the same type, content and level as that of a qualification they already hold.

Age restrictions

This Level 2 Diploma is not approved for the use of those who are under 16 years of age, and City & Guilds cannot accept any registrations for candidates in this age group.

3 Delivering the qualification

Initial assessment and induction

Centres will need to make an initial assessment of each candidate prior to the start of their programme to ensure they are entered for an appropriate type and level of qualification.

The initial assessment should identify:

- Any specific training needs the candidate has, and the support and guidance they may require when working towards their qualification. This is sometimes referred to as diagnostic testing.
- Any units the candidate has already completed, or credit they have accumulated which is relevant to the qualification they are about to begin.

City & Guilds recommends that centres provide an induction programme to ensure the candidate fully understands the requirements of the qualification they will work towards, their responsibilities as a candidate, and the responsibilities of the centre. It may be helpful to record the information on a learning contract.

Recommended delivery strategies

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

Centres may design course programmes of study in any way which:

- Best meets the needs and capabilities of their candidates
- Satisfies the requirements of the qualification.

When designing and delivering the course programme, centres might wish to incorporate other teaching and learning that is not assessed as part of the qualification. This might include the following:

- Literacy, language and/or numeracy
- Personal learning and thinking
- Personal and social development
- Employability

Where applicable, this could involve enabling the candidate to access relevant qualifications covering these skills.

4 Assessment

Assessment of the qualification

This competence-based qualification is designed to be assessed in the candidate's workplace as they undertake their normal work role.

The evidence must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

The majority of assessment for this competence-based qualification will take place in the workplace under real work conditions, using observations by a qualified assessor and/or testimony from an expert witness, work products etc. All the identified assessment criteria must be evidenced and a holistic approach to assessment is encouraged.

Competence based units

There will be a combination of assessment methods for this qualification which meets competence units. Direct observation of candidate's performance by a qualified occupationally competent assessor and the assessor's judgement on testimony from an Expert Witness Testimony are the **main methods of assessment and main source of evidence**. The evidence must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

Knowledge based units

Learners may choose to undertake the knowledge one of two ways,

- Portfolio of evidence, using diverse range of assessment methods
- Externally set and internally verified assignments

The evidence must at all times reflect the policies and procedures of the workplace as informed by current legislation, the relevant service standards and codes of practice for the sector.

This qualification is internally assessed and externally verified. Independence of assessment is achieved via robust external and internal verification processes, supported by City & Guilds reporting systems, which identifies areas of risk for each centre.

Observation requirements

The prime source of evidence for competency based learning outcomes within this qualification is assessor observation. Where assessor observation would be difficult because of intrusion into areas of privacy

and/or because activities occur rarely, expert witnesses may provide testimony for the occupationally specific units.

Additional assessment methods or evidence sources

In addition to observation, assessors should identify an appropriate mix of other assessment methods from the list below, to ensure that all the assessment criteria are sufficiently evidenced to allow them to make the consistency of the candidate's practice for each unit.

- **Expert witnesses** may observe candidate practice and provide testimony for competence based units which will have parity with assessor observation for all competence based units across the qualification. If an assessor is unable to observe their candidate she/he will identify an expert witness in the workplace, who will provide testimony of the candidates work based performance.
- **Work products** can be any relevant products of candidates' own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.
- **Professional discussion** should be in the form of a planned and structured review of candidates' practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates can evaluate their knowledge and practice across the qualification.
- **Candidate/ reflective accounts** describe candidates' actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates' can evaluate their knowledge and practice across the activities embedded in this qualification.
- **Questions** asked by assessors and answered by candidates to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.
- **Witness testimonies**. These should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.
- **Projects/Assignments.** Candidates may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used
- **Case studies** must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding.

NB Confidential records must not to be included in candidates' portfolios but must be referred to in the assessment records.

Evidence requirements

Competence evidence requirements

Detailed additional guidance is provided on a unit basis for the use of these and all other acceptable performance assessment methods. Notes on assessment methods, evidence requirements and sources of evidence are also provided on pages 16 – 19 of this handbook.

The structure of this qualification makes it unlikely that any one assessor will have the necessary vocational competence to be able to assess every unit. Therefore the use of experts, able to contribute to candidate's assessment, will be of considerable assistance to centres in providing candidates with access to those who can testify to their competence in the workplace. It may also ensure that patients' privacy and confidentiality are not infringed.

Evidence of candidate performance will be derived from assessor observation and/or testimony from an expert witness of the candidate carrying out real work activities in the workplace, except for the knowledge units, where assessor observation is not required.

The qualified and occupationally competent assessor or coordinating assessor will decide on the appropriateness of all evidence including expert witness testimony and on whether or not it should be included in candidates' portfolios.

Regardless of the evidence source, assessment method and means of recording, the legal requirements and best practice in relation to maintaining the confidentiality and rights to dignity and privacy of patients and their families must be upheld.

Knowledge evidence requirements

If the assessor cannot positively infer the knowledge and understanding from candidates' work practice they should question the candidate or, if appropriate, use professional discussion to elicit the required knowledge. Assessors must retain records of questions and answers or the focus and outcomes of professional discussion.

Professional discussion, where used, must be conducted by candidates' qualified occupationally knowledgeable assessors and is most appropriately used in the qualification to elicit underpinning knowledge to explain how to deal with contingencies and clarify or expand on evidence presented in portfolios. Professional discussion must be included in candidates' assessment plans and thereby agreed in advance with candidates. The assessor should not use professional discussion merely to ask a set of prescribed knowledge questions.

Recording forms

City & Guilds has developed these recording forms, for new and existing centres to use as appropriate and can be copied as many times as needed. Although it is expected that new centres will use these forms, centres may devise or customise alternative forms, which must be

approved for use by the external verifier, before they are used by candidates and assessors at the centre.

Level 3 Certificate in Emergency Care Assistance

Unit number	Unit title	Assessment method
6403-301	Anatomical and physiology structure of the human body	Centre-developed underpinning knowledge tests
6403-302	Incident scene management	Portfolio
6403-303	Medical conditions management	Portfolio
6403-304	Management of physical trauma	Portfolio
6403-305	Airway management and oxygen therapy	Portfolio
6403-306	Basic adult life support and automated external defibrillation	Centre-developed underpinning knowledge tests
6403-307	Information technology for users of patient and practice administration systems	Portfolio
6403-308	Reflect on and develop your practice	Portfolio
6403-309	Receive prescriptions from individuals	Portfolio
6403-310	Confirm prescription validity	Portfolio
6403-311	Assemble prescribed items	Portfolio
6403-312	Issue prescribed items	Portfolio
6403-313	Prepare extemporaneous medicines for individual use	Portfolio
6403-314	Order pharmaceutical stock	Portfolio
6403-315	Receive pharmaceutical stock	Portfolio
6403-316	Maintain pharmaceutical stock	Portfolio
6403-317	Issue pharmaceutical stock	Portfolio

Time constraints

The following must be applied to the assessment of this qualification:

- Candidates must finish their assessment within 18 months
- Assignments should take no longer than 8 hours. If they do, centres should consider why this is, and make sure that they are not trying to gather too much evidence.

Assessment strategy

There are three principal assessment methods intended to be used within this qualification:

1. Centre-developed underpinning knowledge tests

2. Expert witness testimony (five case studies reflecting on actual practice)
3. Two simulated scenarios – covering equipment preparation, moving patients safely and initial care planning (synoptic assessments)

1. Centre-developed underpinning knowledge tests

This is any assessment method, such as short answer questions or multiple choice tests, that will be devised by the centres to test the underpinning knowledge of all the units the candidate takes. This assessment can be synoptic – covering more than one unit at the same time, but it needs to only cover the optional units that the candidate has elected to take to gain the qualification. These tests will be verified by City & Guilds external verifiers.

2. Expert witness testimony

Candidates must complete a minimum of five reflective case studies which will relate to patients seen by the candidate. One case study in each of the five different areas must be observed, reviewed, discussed and signed off by the clinician responsible for the care of the patient. The assessment for this is expert witness testimony. The five areas and a brief description are given below.

Case study area

Acute medical	Any condition with sudden onset, ie breathing difficulties, cardiac arrest, DVT.
Chronic medical	Any long term ongoing condition, ie COPD, diabetes, asthma.
Geriatrics*	Specific to the elderly. Can be acute chronic or trauma.
Paediatrics*	Specific to a Child or Children. Can be acute chronic or trauma.
Trauma	Any case involving trauma, ie RTC, fall, burn.

The tables below indicate which units each case study could provide evidence for. In order for a unit to be signed off, the case study subject will have to be related to the unit so it can provide evidence against the assessment criteria for that unit.

Case study areas	**U1**	**U2**	**U3**	**U4**	**U5**	**U6**	**U7**	**U8**	**U9**
Acute medical	✓	✓	✓	-	✓	✓	✓	✓	✓
Chronic medical	✓	✓	✓	-	-	✓	✓	✓	✓
Geriatrics*	✓	✓	✓	-	-	✓	✓	✓	✓
Paediatrics*	✓	✓	✓	-	-	✓	✓	✓	✓
Trauma	✓	✓	-	✓	✓	✓	✓	✓	✓

Case study areas	U10	U11	U12	U13	U14	U15	U16	U17
Acute medical	✓	✓	✓	✓	✓	✓	✓	✓
Chronic medical	✓	✓	✓	✓	✓	✓	✓	✓
Geriatrics*	✓	✓	✓	✓	✓	✓	✓	✓
Paediatrics*	✓	✓	✓	✓	✓	✓	✓	✓
Trauma	✓	✓	✓	✓	✓	✓	✓	✓

*these areas can be simulated.

Introduction to reflective practice

Reflection is a process whereby a person reviews their actions to identify learning opportunities. To do this, a candidate should gather the information and then conduct an analysis on situations they have been involved in. Once this has been completed, it refocuses them and helps to identify any changes that need to be made, which in turn may improve their response in similar situations. If a learning opportunity was identified then it should be recorded in a learning diary and then further evaluated.

Case studies

The aim of a case study is for a candidate to document their involvement of the management of a patient, to reflected on their performance and identify any changes that are needed to improve practice.

When preparing documentation for a case study, candidates may wish to use the template in Appendix 2. This is laid out in a simple manner and includes questions which may help them to focus on what should be included. Candidates may also wish to consult the marking guide at Appendix 3, for this may help identify what the assessor is looking for.

When completing the case studies, the actual name of the patient must not be referred to, and it must not be possible to identify the patient from the personal information provided.

Once the case has been described, it can then be reflected upon, identifying those areas that need to be addressed (if any) and identify what actions must be taken to address them. This may be done in consultation with the candidate's mentor or the clinician responsible for the patient. Below is a case study template. Examples of case studies are in Appendices 3-6.

The marking guide for these case studies can be found at Appendix 7

3. Two simulated scenarios

These scenarios are workplace assessments that allow a candidate to demonstrate they are fully competent to work within their specific working environment. The first will assess the candidate's ability to prepare for use the equipment in the candidate's specific place of work and also the ability to move patients in a safe manner. The second will assess the candidate's ability to assess a patient and to develop an initial care plan.

The workplace assessment must be undertaken by a suitably qualified person. Two workplace assessments are required:

- Assessment 1: The candidate will demonstrate the ability to
    - prepare the workplace for receiving patients
    - safely move and handle patients within their working environment, including transfer from one piece of equipment to another.
- Assessment 2: The candidate will demonstrate the ability to
    - conduct a full assessment of the patient as per current guidelines and protocols
    - prepare and action a suitable initial care plan for the patient.

The instructions and marking guide for these assessments can be found at Appendix 8

Recognition of prior learning (RPL)

Recognition of Prior Learning (RPL) is a process of using an individual's previous achievements to demonstrate competence within QCF. This is not a new process but expands on previously described terms like the 'accreditation of prior learning' (APL), the 'recognition of experimental learning' or the 'validation of informal learning' by incorporating all types of prior learning and training. The Regulatory arrangements for the Qualifications and Credit Framework define RPL as follows:

A method of assessment that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning. In the context of the QCF, the definition of RPL is quite specific and relates to assessment leading to the award of credit. Assessment for RPL is conducted against the learning outcomes and assessment criteria of a unit and is subject to exactly the same quality assurance requirements as any other kind of assessment within the QCF.

'RPL is the process of documenting, assessing, validating and certificating learning gained outside the formal education and training system'.

The RPL process is relevant where an individual has previously learnt something but has never received formal recognition for this learning through a qualification or other form of certification. Within the QCF an individual is able to 'claim' that he or she knows or can do something already and does not need to attend a course to learn it again. If he or she can prove this claim (through assessment of relevant evidence), then credit can be awarded for that achievement in the same way as any other credits. RPL refers to an opportunity for candidates to present competence or knowledge evidence which comes from a period prior to their registration for a particular qualification. The evidence presented e.g. certificates, witness testimonies etc, will need to provide sufficient detail to allow the assessor to apply an RPL assessment process.

5 Units

Availability of units

The following units can be obtained from The Register of Regulated Qualifications: **http://register.ofqual.gov.uk/Unit**

Structure of units

The units in this qualification are written in a standard format and comprise the following:

- City & Guilds reference number
- Unit accreditation number (UAN)
- Title
- Level
- Credit value
- Unit aim
- Relationship to NOS, other qualifications and frameworks
- Endorsement by a sector or other appropriate body
- Information on assessment
- Learning outcomes which are comprised of a number of assessment criteria
- Notes for guidance.

Unit 301 Anatomical and physiology structure of the human body

UAN:	T/502/9093
Level:	Level 3
Credit value:	4
GLH:	30
Aim	The learner will be able to describe the anatomical and physiological structures of the human body, and their functions.

Learning outcome	The learner will:
1. Know the 11 major structures of the human body.	
Assessment criteria	
The learner can: 1.1 Identify and describe the muscular-skeletal system 1.2 Identify and describe the nervous system 1.3 Identify and describe the cardiovascular system 1.4 Identify and describe the respiratory system 1.5 Identify and describe the digestive system 1.6 Identify and describe the urinary system 1.7 Identify and describe the lymphatic system 1.8 Identify and describe the skin, hair and nails system 1.9 Identify and describe the reproductive system	

Learning outcome	The learner will:
2. Understand the functions of the major systems of the human Body	
Assessment criteria	
The learner can: 2.1 Identify and explain the function of the muscular-skeletal system 2.2 Identify and explain the function of the nervous system 2.3 Identify and explain the function of the cardiovascular system 2.4 Identify and explain the function of the respiratory system 2.5 Identify and explain the function of the digestive system 2.6 Identify and explain the function of the urinary system 2.7 Identify and explain the function of the lymphatic systems 2.8 Identify and explain the function of the skin, hair and nails system 2.9 Identify and explain the function of the reproductive system.	

Unit 302 Incident scene management

UAN:	Y/502/9099
Level:	Level 2
Credit value:	2
GLH:	19
Aim	The aim of this unit is to provide the learner with the knowledge and skills to manage a scene safely for themselves and others.

Learning outcome	The learner will:
1. Be able to safely approach and manage incidents	
Assessment criteria	
The learner can: 1.1 Assess an **incident** in relation to self, others and the scene 1.2 Describe the importance of understanding the mechanisms of injury 1.3 Identify the dangers to self and others present at an incident 1.4 Identify the nature of an incident 1.5 Identify and manage **resources** at an incident 1.6 Assess casualties of an incident a. identify numbers and type of casualties b. establish the priority level of each casualty requiring attention 1.7 Give a report about the incident to the relevant person, including the following information a. Own call sign or other personal identifier b. Exact location c. Type of incident d. Outstanding hazards e. Access and egress to the scene and casualties f. Number and type of casualties g. Emergency services present or required	

Range
Incident An event that has led to a situation where at least one person is in need of professional medical help, such as a road traffic accident **Resources** Equipment Emergency services

Learning outcome	The learner will:
2. Be able to perform a primary survey of a casualty	
Assessment criteria	
The learner can: 2.1 Explain the importance of performing a primary survey 2.2 Perform a basic airway examination and manoeuvres 2.3 Conduct a breathing assessment for at least 10 seconds 2.4 Conduct a circulation check using pulses 2.5 Perform cardiopulmonary resuscitation 2.6 Control a severe haemorrhage 2.7 Identify and treat conditions that present an immediate threat to life	

Learning outcome	The learner will:
3. Be able to perform a secondary survey of a casualty	
Assessment criteria	
The learner can: 3.1 Explain the importance of conducting a secondary survey 3.2 Review the scene of a casualty and manage appropriately 3.3 Explain how to gain a comprehensive history 3.4 Perform a secondary physical assessment 3.5 Assess and record vital signs	

Unit 302 Incident scene management

Supporting information

Guidance

Assessment criteria 2.6 and 2.7 may be simulated.

Unit 303 Medical conditions management

UAN:	F/502/9100
Level:	Level 3
Credit value:	4
GLH:	31
Aim	The learner will be able to manage a range of medical conditions.

Learning outcome	The learner will:
1. Know about specific medical conditions	
Assessment criteria	
The learner can: 1.1 Define the following medical conditions: hypoxia, drowning, poisoning, diabetes, cardiovascular conditions 1.2 List the five types of drowning 1.3 Define a poison 1.4 Describe asthma 1.5 Name the two types of diabetes 1.6 Describe the most common cardiovascular conditions 1.7 Describe emergency childbirth and how it differs from normal childbirth	

Range
Common cardiovascular conditions Myocardial infarction, congestive cardiac failure and angina

Learning outcome	The learner will:
2. Be able to undertake the emergency management of a specific range of medical conditions	
Assessment criteria	
The learner can: 2.1 Undertake the emergency management of hypoxia 2.2 Undertake the emergency management of drowning 2.3 Describe the management of poisoning 2.4 Describe the emergency management of asthma 2.5 Describe the emergency management of diabetes 2.6 Undertake the emergency management of cardiovascular conditions 2.7 Describe the management of emergency childbirth	

Learning outcome	The learner will:
3. Be able to undertake the primary management of a specific range of medical conditions	
Assessment criteria	
The learner can: 3.1 Undertake the primary management of hypoxia 3.2 Undertake the primary management of drowning 3.3 Undertake the primary management of cardiovascular conditions	

Learning outcome	The learner will:
4. Manage individuals contaminated with hazardous materials	
Assessment criteria	
The learner can: 4.1 Define a major incident/situation involving hazardous materials 4.2 Differentiate between different **grades of command** used for the control of incidents 4.3 State the principles of individual decontamination control 4.4 Describe the setup of a decontamination area 4.5 Identify individuals that need to pass through the decontamination area 4.6 Manage an individual through the stages of a decontamination area 4.7 Manage the setup and maintenance of a casualty decontamination area	

Range
Grades of command Typically, a gold/silver/bronze command structure is used by emergency services of the United Kingdom to establish a hierarchical framework for the command and control of incidents

Unit 303 Medical conditions management

Supporting information

Guidance

Assessment criteria 2.1, 2.2, 2.7, 3.1, 3.2 and 3.3 may be simulated.

Unit 304 Management of physical trauma

UAN:	L/502/9102
Level:	Level 3
Credit value:	3
GLH:	21
Aim	The candidate will be able to manage a range of trauma casualties and advanced equipment. This unit builds upon prior learning of scene management, primary survey and secondary survey.

Learning outcome	The learner will:
1. Know how to manage emergency trauma and associated equipment	
Assessment criteria	
The learner can: 1.1 Identify head injuries and appropriate treatment 1.2 Identify traumatic blood loss and appropriate treatment 1.3 Identify traumatic amputations and appropriate treatment 1.4 Explain how to assist medical staff with the application of pain relief, IVs, larangeal masks and intubation 1.5 Explain how to administer entonox and splintage	

Learning outcome	The learner will:
2. Be able to manage a range of trauma conditions	
Assessment criteria	
The learner can: 2.1 Support medical staff with the application of pain relief, IVs, larangeal masks and intubation 2.2 Describe the theory of entonox therapy 2.3 Identify situations in which **entonox therapy is required** 2.4 Outline the dangers of using compressed entonox 2.5 Explain when to change entonox cylinder 2.6 Connect regulator with the entonox cylinder 2.7 Apply an entonox mask to an individual 2.8 Apply entonox through a regulator 2.9 Apply a splintage	

Range
When entonox therapy is required Head injuries, amputations, traumatic blood loss, cardiac problems

Unit 304 Management of physical trauma

Supporting information

Guidance

Assessment criteria 2.1 and 2.9 may be simulated.

Unit 305 Airway management and oxygen therapy

UAN:	J/502/9101
Level:	Level 3
Credit value:	2
GLH:	17
Aim	The candidate will be able to discuss and demonstrate airway management and oxygen therapy in cases of unconscious casualties, drowning and choking.

Learning outcome	The learner will:
1. Be able to manage airway maintenance	
Assessment criteria	
The learner can: 1.1 Identify airway anatomy 1.2 Explain methods of manual airway management 1.3 Identify nasal and oral airway management equipment 1.4 Manually manage and maintain open airways 1.5 Select and insert the correct size oral pharyngeal airway for the individual 1.6 Select and insert the correct size nasal pharyngeal airway for the individual	

Range
Airway anatomy Tongue, mouth, nose, pharynx

Learning outcome	The learner will:
2. Be able to manage oxygen therapy	
Assessment criteria	
The learner can: 2.1 Explain the theory of oxygen therapy 2.2 Identify when oxygen therapy is required 2.3 Outline the dangers of using compressed oxygen 2.4 Describe when to change the oxygen cylinder 2.5 Connect regulator with the oxygen cylinder 2.6 Apply an oxygen mask to an individual 2.7 State the correct oxygen therapy flow rate 2.8 Apply oxygen through a regulator	

Unit 305 Airway management and oxygen therapy

Supporting information

Guidance

Assessment criteria 1.5 and 1.6 may be simulated.

Unit 306 Basic adult life support and automated external defibrillation

UAN:	L/602/5058
Level:	Level 2
Credit value:	2
GLH:	20
Aim	The candidate will be able to discuss and demonstrate basic life support for adults, cardiac arrest under special circumstances and post-resuscitation procedures.

Learning outcome	The learner will:
1. Understand basic life support requirements	
Assessment criteria	
The learner can: 1.1 Describe the principles that underpin basic life support 1.2 Explain the circumstances under which resuscitation is performed 1.3 Explain why early intervention is necessary 1.4 Describe different types of cardiopulmonary arrest 1.5 Identify innovations in post-resuscitation care	

Learning outcome	The learner will:
2. Be able to demonstrate basic life support techniques	
Assessment criteria	
The learner can: 2.1 Demonstrate basic life support in line with current national guidelines 2.2 Demonstrate the use of airway adjuncts, including: • a bag-valve mask (BVM) • oropharyngeal airways • nasopharyngeal airways 2.3 Describe the adjustments to be made for patients with a laryngectomy or a tracheostomy 2.4 Demonstrate how to manage a choking patient in line with current national guidelines 2.5 Demonstrate the safe use of an automated external defibrillator	

Learning outcome	The learner will:
3. Be able to demonstrate post-resuscitation procedures	
Assessment criteria	
The learner can: 3.1 Demonstrate how to place a patient in the recovery position 3.2 Identify the risks when placing patients in the recovery position 3.3 Demonstrate handover and reporting according to agreed ways of working	

Learning outcome	The learner will:
4. Know special circumstances related to cardiac arrest	
Assessment criteria	
The learner can: 4.1 Describe the adaptations to be made to resuscitation procedures in accordance with agreed ways of working 4.2 Outline local procedures for death in a public place	

Unit 307 Information technology for users of patient and practice administration systems

UAN:	R/502/9098
Level:	Level 2
Credit value:	2
GLH:	18
Aim	The candidate will be able to use a patient practice administration system, including entering amending and deleting patients' details. Pre-requisites: ECDL (L1 European computer driving licence) or ITQ qualification

Learning outcome	The learner will:
1. Understand the function of patient and practice administration	
Assessment criteria	
The learner can: 1.1 Discuss the importance and benefits of patient and practice administration within a global electronic patient administration system 1.2 Discuss how patient and practice administration supports the overall objectives and work of a typical medical facility 1.3 Discuss the importance of an integrated health system 1.4 Describe how patient confidentiality is maintained within the electronic patient administration system 1.5 Identify the importance and benefits of online processes from a global electronic patient administration system programme perspective 1.6 Identify how online processes support the overall work flow within a typical health care facility	

Learning outcome	The learner will:
2. Be able to access and navigate an electronic patient administration system	
Assessment criteria	
The learner can: 2.1 Log on to the electronic patient administration system 2.2 Access the relevant areas of the system 2.3 Navigate the task bar and menus of the system 2.4 Describe the main options from the main menu in the system 2.5 Use the system's online help function	

Learning outcome	The learner will:
3. Be able to access and update patient information and register a patient	
Assessment criteria	
The learner can: 3.1 Describe the main elements of the integrated health system relating to patient information 3.2 Navigate the patient information screens and menus to a. find a patient b. edit details of an existing patient c. show patient status indicators 3.3 Describe the principles of patient registration and its importance to the availability of clinical data 3.4 Demonstrate registering a patient 3.5 Discuss the benefits of being able to transfer medical records to other healthcare providers electronically 3.6 Describe transferring a patient record a. to the existing electronic patient administration system facility b. to a non-electronic patient administration system facility c. to the internal organisation d. to an external organisation 3.7 The importance of accurate and complete updating of an integrated health system from a discharge summary 3.8 Print a patient summary	

Learning outcome	The learner will:
4. Be able to use the appointment facility of a patient and practice administration system	
Assessment criteria	
The learner can: 4.1 Discuss the main functions of the appointment system 4.2 Navigate the appointment book 4.3 Find a patient appointment 4.4 Book a patient appointment 4.5 Create a clinic appointment session 4.6 View appointments 4.7 Block appointments 4.8 Re-schedule an appointment 4.9 Identify the importance of using the arrivals management system for recording purposes 4.10 Record the time management of the patient in relation to their arrival and departure	

Learning outcome	The learner will:
5. Be able to use the messaging organiser and task functions	
Assessment criteria	
The learner can: 5.1 Access and update task lists	

5.2	Add new tasks
5.3	Customise an 'out of office' message and describe how to set it to be automatically sent in reply to all incoming messages
5.4	Use the screen messaging facility to communicate appropriate patient information to internal medical staff
5.5	Update electronic calendar to communicate to team members own movements and availability
5.6	Enter patient appointment information in to electronic calendar

Learning outcome	The learner will:
6. Be able to complete a patient consultation	
Assessment criteria	
The learner can:	
6.1	Discuss the availability of patient clinical data brought about by shared clinical data between healthcare professionals
6.2	Obtain clinical encyclopaedic information
6.3	Discuss the increasing emphasis on engaging patients in health matters
6.4	Access a patient consultation history
6.5	Discuss the importance of and demonstrate using standardised templates/forms
6.6	Use the main features of the consultation facility to
	a. locate patient data
	b. add information to an existing patient record
	c. scroll through patient records
	d. select different views of the data, including alerts
	e. use filters to target searches of the data

Unit 308 Reflect on and develop your practice

UAN:	H/601/3465
Level:	Level 3
Credit value:	4
GLH:	30
Relationship to NOS:	This unit is linked to the following NOS: HSC33.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit introduces candidates with the knowledge and skills required to reflect on, evaluate and improve personal and professional practice.

Learning outcome	The learner will:
1. Identify the competence requirements of the job role	
Assessment criteria	
The learner can: 1.1 identify what is required for competent, effective and safe practice 1.2 provide active support for individuals and **key people**.	

Range
Competent, effective and safe practice: could include; regulatory standards, standard operating procedures, job competencies, pharmacy legislation, heath, safety and security, code of ethics, training plans, personal development plans **Key people**: could include; family, friends, carers, others with whom the individual has a supportive relationship

Learning outcome	The learner will:
2. Reflect on own performance	
Assessment criteria	
The learner can: 2.1 regularly review performance in the job role 2.2 use constructive **feedback** from individuals to develop practice 2.3 identify supervision and support required.	

Range
Feedback: could include; verbally, in written form, electronically, in other forms of communication **Supervision and support**: could include; formal, informal, provided from within your organisation, provided from outside your organisation

Learning outcome	The learner will:
3. Implement a plan to improve performance	
Assessment criteria	
The learner can: 3.1 identify any actions needed to improve practice 3.2 priorities aspects of practice that need to be enhanced 3.3 prepare SMART objectives using available resources 3.4 utilise development opportunities.	

Range
Development opportunities: could include; training, educational programmes, coaching, personal and professional support

Learning outcome	The learner will:
4. Evaluate the effectiveness of the development plan	
Assessment criteria	
The learner can: 4.1 reflect on practice following implementation of the plan 4.2 demonstrate improvement in practice 4.3 regularly review the impact of the plan on working practice 4.4 implement identified development opportunities.	

Range
Development opportunities: could include; training, educational programmes, coaching, personal and professional support

Learning outcome	The learner will:
5. Comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 5.1 work in accordance with the **standard operating procedures (SOPs)** at all times 5.2 demonstrate compliance with legal, professional and organisational requirements, guidelines and confidentiality at all times 5.3 keep up to date records of your personal and professional development.	

Range
Standard operating procedures (SOPs): could include, basics of current legislation, regulations and practice of industry, organisation, professional and ethical standards.

Unit 308 Reflect on and develop your practice

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3, 4 and 5

Unit 309 Receive Prescriptions from individuals

UAN:	T/601/3468
Level:	Level 3
Credit value:	3
GLH:	15
Relationship to NOS:	This unit is linked to the following NOS: Pharm 07.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit introduces candidates to the working in the dispensary reception area of a pharmacy. Candidates will be expected to apply basic legislation and local requirements to the assessment of prescription to ensure they are suitable for dispensing and manage the interaction with individuals effectively. The aim of this unit is to provide the candidate with skills and knowledge needed to effectively receive and process prescriptions that are presented at the pharmacy before they are passed on to the dispensing process.

Learning outcome	The learner will:
1. Ensure that the prescription declaration is complete	
Assessment criteria	
The learner can: 1.1 greet the **individual** politely, promptly, maintaining privacy and confidentiality throughout 1.2 demonstrate how to deal with individuals with **special needs** 1.3 check that the patient details are clear, correct and complete 1.4 check that the patient declaration of the prescription has been completed 1.5 examine evidence of exemption where appropriate 1.6 state the different types of prescribers including the **types of prescriptions** used 1.7 check that the prescription is **legally valid** 1.8 issue a prescription receipt following local SOPs	

Range
Special needs: could include; those who have special educational needs and physical needs, individuals with urgent prescriptions, mothers with young children, individuals whose first language is not English **Individual**: could include; the patient, their representative or someone involved in their care **Types of prescriptions**: could include; paper based, electronic, NHS, private, veterinary, for clinical trials **Legally valid**: could include; the requirements of all current legislation regarding prescriptions

Learning outcome	The learner will:
2. Complete financial transaction procedures	
Assessment criteria	
The learner can: 2.1 explain exemption and appropriate prescription charge requirements 2.2 complete financial transaction procedures.	

Range
Appropriate prescription charge requirements: could include; different prescription charging frameworks in different countries, multiple charge items, prescription charge prepayment certification, refunds. **Financial transaction procedures**: could include; using cash, cheque, credit card to pay prescription charges where appropriate

Learning outcome	The learner will:
3. Provide the individual with relevant information	
Assessment criteria	
The learner can: 3.1 manage individual's expectations for waiting or collection times 3.2 discuss potential product availability problems 3.3 discuss alternative delivery services 3.4 complete any required **dispensary records** 3.5 forward prescription for validation and dispensing.	

Range
Product availability problems: could include likely times when stock will be available, options for providing stock to the patient. **Dispensary records:** could include paper based, electronic.

Learning outcome	The learner will:
4. Comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 4.1 explain current ethical and legal requirements that affect prescriptions, including relating to clinical trials 4.2 operate in accordance with the **standard operating procedures (SOPs)** at all times 4.3 access relevant national and local guidelines and policies and procedures.	

Range
Standard operating procedures (SOPs): could include, basics of current legislation, regulations and practice of industry, organisation, professional and ethical standards.

Learning outcome	The learner will:
5. Operate within the limitations of the job role	
Assessment criteria	
The learner can: 5.1 work within the scope of responsibility and practice 5.2 understand the limitations of your scope of practice and when to refer to an appropriate person.	

Range
Appropriate person: could include a pharmacist or prescriber.

Unit 309 Receive Prescriptions from individuals

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria. Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3, 4 and 5

Unit 310 Confirm prescription validity

UAN:	M/601/3470
Level:	Level 3
Credit value:	14
GLH:	60
Relationship to NOS:	This unit is linked to the following NOS: Pharm 08. .
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit introduces candidates to the process of receiving a prescription, assessing if it is appropriate for the patient and meets all legal requirements. The aim of this unit is to provide the candidate with the technical skills and knowledge to assess the validity of a prescription before it is dispensed.

Learning outcome	The learner will:
1. Confirm prescriptions meet legal requirements	
Assessment criteria	
The learner can: 1.1 check the prescription **details** using appropriate reference sources 1.2 confirm that the prescriber has used the correct prescription form 1.3 confirm that the declaration on the prescription has been completed if required 1.4 confirm that prescription is **valid** 1.5 confirm that the individual has been given the **relevant information**.	

Range
Details: include; clear and correct, complies with legal requirements, correctly written meeting BNF (British National Formulary), hospital and local formulary requirements **Valid**: includes; legal requirements and legible, accurate and complete, signed and dated by a registered health care professional prescriber, correct prescription form used , special requirements as stated in BNF, not a forgery **Relevant information**: could include; prescription fees, exemptions, waiting and collection times, possible alternative delivery services, availability of medicine/product

Learning outcome	The learner will:
2. Confirm prescribed items are intended for the individual	
Assessment criteria	
The learner can: 2.1 interpret prescribing conventions and abbreviations 2.2 interpret the use of common proprietary and generic names 2.3 ensure that the correct dosage form **appropriate for the individual** is prescribed 2.4 ensure that the individual's **special needs** are met 2.5 understand different strengths, doses and quantities of medicines and why they are used. 2.6 understand how and when to use different **reference sources**	

Range
Appropriate for the individual: could include, method of administration, dosage, time and frequency of administration, interaction with other medicines, contra-indications. **Special needs:** could include those who have special educational needs, individuals with urgent prescriptions, mothers with young children, individuals whose first language in not English. **Reference sources:** could include organisational policies and protocols, the Medicines Ethics and Practice Guide, electronic sources, the drug tariff

Learning outcome	The learner will:
3. Comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 3.1 apply basic principles of modern medicines management 3.2 understand how medicines are administered, their use and the effect they have on basic human physiology 3.3 understand the actions and uses of different drugs 3.4 complete the required dispensary records in accordance with standard operating procedures (SOPs) 3.5 use **patient medication records** to record information.	

Range
Dispensary records: could include paper based or electronic. **Standard operating procedures (SOPs):** state the way organisations require tasks to be carried out to ensure a quality pharmacy service is provided. **Patient Medication Records:** a record of the medication that a pharmacy has supplied to a particular patient.

Learning outcome	The learner will:
4. Operate within the limitations of the job role	
Assessment criteria	
The learner can: 4.1 work within the limitations of the job role 4.2 explain limitations when delivering pharmacy services to individuals 4.3 identify when to refer to an **appropriate person**.	

Range
Appropriate person: could include a pharmacist, a prescriber, another health care professional, a more senior colleague, a pharmacy technician.

Unit 310 Confirm prescription validity

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3 and 4

Unit 311 Assemble prescribed items

UAN:	A/601/3472
Level:	Level 3
Credit value:	5
GLH:	25
Relationship to NOS:	This unit is linked to the following NOS: Pharm 09.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit introduces candidates to activities to be carried out when assembling prescribed items. It emphasises the need to work accurately and neatly, using the correct equipment within the constraints of the occupational role.

Learning outcome	The learner will:
1. Dispense prescribed items	
Assessment criteria	
The learner can: 1.1 use of **Patient Medication Records** 1.2 explain different strengths, dose and calculating quantities of medicines 1.3 generate a correct label including all cautionary and additional labels 1.4 confirm the **medicine or product**: a) matches the prescription/requisition including strength and form b) will remain in date for the course of the treatment c) is **fit for purpose** 1.5 take the appropriate action where there are **inconsistencies** with the medicine or product 1.6 correctly prepare the medicine or product using the correct equipment 1.7 accurately reconstitute the medicine or product as necessary.	

Range
Patient Medication Records: record of the medication that a pharmacy has supplied to a particular patient **Medicine or product**: could include; solid forms (tablets, capsules, pessaries, suppositories), liquid forms (oral, topical, injectable), preparations to be taken internally, preparations to be used externally, original packs, reconstitution e.g. antibiotics, cytotoxic drugs

Fit for purpose: could include; intact, presentable packaging, clean, non-contaminated packaging, within the expiry date **Inconsistencies**: could include; expiry date, insufficient stock, insufficient stock of specific strengths, to-follows, specific brand required

Learning outcome	The learner will:
2. Pack and label prescribed items	
Assessment criteria	
The learner can: 2.1 minimise risk by safely handling and storing of hazardous materials 2.2 label the medicine or product correctly, checking it against the prescription/requisition 2.3 pack the medicine or product in the correct packaging 2.4 select relevant medicine devices/sundry items as necessary to accompany the medicine or product 2.5 annotate the prescription/requisition appropriately 2.6 complete **dispensing records** legibly and accurately 2.7 forward the prescription and assembled items for checking as identified in the Standard Operating Procedures.	

Range
Dispensing records: paper based or electronic records.

Learning outcome	The learner will:
3. Comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 3.1 work in accordance with the **standard operating procedures (SOPs)** at all times 3.2 comply with legal, professional and organisational requirements, guidelines and confidentiality at all times 3.3 apply knowledge of factors that cause deterioration of stock 3.4 explain the use of national prescribing conventions.	

Range
Standard Operating Procedures (SOPs): written protocols and procedures stating the way an organisation requires tasks to be carried out to ensure a quality pharmaceutical service is provided at all times.

Learning outcome	The learner will:
4. Operate within the limitations of the job role	
Assessment criteria	
The learner can: 4.1 work within the scope of own responsibility and practice in accordance with SOPs at all times 4.2 demonstrate an understanding of the limitations of your scope of practice and when to refer to others.	

Unit 311 Assemble prescribed items

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3 and 4

Unit 312 Issue prescribed items

UAN:	L/601/3475
Level:	Level 3
Credit value:	10
GLH:	60
Relationship to NOS:	This unit is linked to the following NOS: Pharm 10.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit introduces candidates to the process of issuing prescribed items to an individual. The aim of this unit is to provide the candidate with the technical skills and knowledge to safely issue a prescription after it is dispensed.

Learning outcome	The learner will:
1. Evaluate the individual's needs when issuing prescribed items	
Assessment criteria	
The learner can: 1.1 confirm the individual's identity and that it correctly matches the prescription 1.2 identify if the individual has previously used the **medication or product** 1.3 establish if the individual is taking any other medication, either prescribed or non-prescribed 1.4 identify if the patient has any **special or additional needs**.	

Range
Medication or product: could include; tablets and capsules, external liquids, internal liquids, injectables, inhalers and devices, eye/ear preparations, nasal/throat preparations, suppositories and enemas, pessaries and vaginal creams, dressings, topical preparations, patches, sublingual sprays/tablets **Special or additional needs**: could include; those who have special educational or physical needs, individuals with urgent prescriptions, mothers with young children, individuals whose first language in not English

Learning outcome	The learner will:
2. Issue the prescribed items	
Assessment criteria	
The learner can: 2.1 check that **medicines or products** match the prescription 2.2 provide all the necessary devices/sundry items and ensure packaging is appropriate 2.3 provide advice and **appropriate information** to the individual relating to the use of the prescribed medicine or product clearly and accurately 2.4 provide information in the most **appropriate format** to the individual 2.5 confirm the individuals understanding of any advice or information given 2.6 complete all records clearly and accurately.	

Range
Medicines or products: could include, tablets and capsules, external liquids, internal liquids, inhalers and devices, eye/ear preparations, nasal preparations, suppositories and enemas, pessaries and vaginal creams, dressings, topical preparations, patches, sublingual sprays/tablets. **Appropriate information:** could include, storage, repeat supply, expiry date, outstanding balance, dosage and usage, contra-indications, side effects, food/drink interactions, use and maintenance of appliances, other medications. **Appropriate format:** could include, written, oral, demonstration, electronic.

Learning outcome	The learner will:
3. Comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 3.1 maintain the individual's confidentiality at all times 3.2 work in accordance with the **standard operating procedures (SOPs)** at all times 3.3 comply with legal, professional and organisational requirements, guidelines and confidentiality at all times 3.4 select required information in order to counsel individuals regarding their medication.	

Range
Standard Operating Procedures (SOPs): referred to as SOPs and include written protocols and procedures. They state the way organisations require tasks to be carried out to ensure a quality pharmaceutical service is provided.

Learning outcome	The learner will:
4. Operate within the limitations of the job role	
Assessment criteria	
The learner can: 4.1 confirm that issuing the prescription is within the limits of own occupational role 4.2 identify when the individual needs further advice or information 4.3 **refer** the individual to an **appropriate person** in a polite manner, passing on all the relevant information 4.4 work within the scope of own responsibility and practice in accordance with Standard Operating Procedures at all times.	

Range
Refer: the individual is confused, there are problems with the prescription, the individual asks to see the pharmacist. **Appropriate person:** could include, pharmacist, pharmacy technician, healthcare professional.

Unit 312 Issue prescribed items

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3 and 4

Unit 313 Prepare extemporaneous medicines for individual use

UAN:	A/600/9373
Level:	Level 3
Credit value:	4
GLH:	25
Relationship to NOS:	This unit is linked to the following NOS: Pharm 11.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit enables the learner to safely and accurately prepare extemporaneous products that are fit for purpose.

Learning outcome	The learner will:
1. Be able to follow current legislation when making extemporaneous medicines	
Assessment criteria	
The learner can: 1.1 follow current legislation requirements or Standard Operating Procedures when making medicines 1.2 recognise inconsistencies and unusual events when making medicines 1.3 report inconsistencies, **unusual events**, or near misses to the **appropriate person**	

Range
Current legislation: could include; current pharmacy legislation, current Good Manufacturing Practice, professional and ethical standards that govern the preparation of extemporaneous medicine, including health and safety and control of substances hazardous to health **Standard Operating Procedures (SOPs)**: could include; protocols, regulations and practice of industry, organisation, professional and ethical standards **Unusual events**: could include; wastage, errors, spills, differences in resultant preparation size, environmental issues or equipment failure, cross contamination (microbial, cross chemical, physical/environmental/storage conditions) **Appropriate person**: could include; Pharmacists, Pharmacy Technicians or other Healthcare professional

Learning outcome	The learner will:
2. Be able to prepare to make extemporaneous medicines	
Assessment criteria	
The learner can: 2.1 interpret a request for an extemporaneous medicine 2.2 select the correct formula in respect of the prescription or order using available reference source 2.3 collect materials required for preparation of an extemporaneous medicine 2.4 ensure work area and equipment are clean and ready to use	

Learning outcome	The learner will:
3. Be able to make extemporaneous medicines	
Assessment criteria	
The learner can: 3.1 carry out accurate calculations 3.2 weigh and measure raw materials 3.3 request checks when required, following local procedures 3.4 prepare the extemporaneous medicine 3.5 pack and label the medicine the learner has prepared	

Learning outcome	The learner will:
4. Be able to complete the extemporaneous preparation process	
Assessment criteria	
The learner can: 4.1 clean and tidy the work area and **equipment** 4.2 dispose of waste materials safely 4.3 complete all relevant **documentation** including PMR (Patient Medication Records) 4.4 explain the purpose of documentation used	

Range
Equipment: could include, measures, balances and other items used to make products. **Documentation:** could include worksheets, prescriptions and orders.

Unit 313 Prepare extemporaneous medicines for individual use

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will be accepted for the following learning outcomes: 1, 2, 3 and 4

Unit 314 Order pharmaceutical stock

UAN:	F/600/9374
Level:	Level 3
Credit value:	3
GLH:	13
Relationship to NOS:	This unit is linked to the following NOS: Pharm 12.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit covers stock control requirements, including ordering stock from the correct supplier and dealing with complex orders such as seasonal variations.

Learning outcome	The learner will:
1. Be able to accurately order stock	
Assessment criteria	
The learner can: 1.1 accurately identify **pharmaceutical stock requirements** for item formulations, strength and quantity 1.2 place an order for identified **stock** 1.3 confirm order is correct 1.4 apply knowledge of the difference between branded and generic drugs	

Range
Pharmaceutical stock requirements: could include; parameters set by computer ordering system, stock levels, reorder quantities, short- dated stock **Stock**: could include; routine stock, controlled drugs, special orders (named- patient drugs, clinical trial stock, unlicensed items, non-formulary items) and emergency orders

Learning outcome	The learner will:
2. Be able to deal with complex orders	
Assessment criteria	
The learner can: 2.1 consider seasonal variations when placing an order 2.2 take into account any special order requirements	

Range
Special order requirements: could include; named- patient drugs, clinical trial stock, unlicensed items, non-formulary items and emergency/urgent orders

Learning outcome	The learner will:
3. Be able to process orders	
Assessment criteria	
The learner can: 3.1 request checks on orders when required 3.2 correctly process orders 3.3 demonstrate knowledge of the health and safety requirements related to the ordering of pharmaceutical stock	

Range
3.4 **Process orders**: could include; telephone orders, electronic orders, paper orders, faxed orders and urgent orders

Learning outcome	The learner will:
4. Be able to complete the ordering process	
Assessment criteria	
The learner can: 4.1 maintain all **documentation** 4.2 monitor the progress of outstanding orders 4.3 take appropriate action regarding outstanding orders	

Range
4.4 **Documentation**: could include; input and retrieval of stock data, paper or electronic, back up IT systems

Learning outcome	The learner will:
5. Be able to comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 5.1 demonstrate working in accordance with the Standard Operating Procedures at all times 5.2 explain the importance of following SOPs when ordering stock 5.3 demonstrate compliance with legal, professional and organisational requirements, guidelines and confidentiality at all times	

Learning outcome	The learner will:
6. Be able to operate within the limitations of the job role	
Assessment criteria	
The learner can: 6.1 explain the limits of own authority 6.2 report any problems to the **appropriate person**	

Range
Appropriate person: could include; Pharmacists, Pharmacy Technicians or other Healthcare professional

Unit 314 Order pharmaceutical stock

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2 3, 4, 5 and 6

Unit 315 Receive pharmaceutical stock

UAN:	M/600/9385
Level:	Level 3
Credit value:	3
GLH:	9
Relationship to NOS:	This unit is linked to the following Pharm 13. .
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit enables learners to receive and store pharmaceutical stock. This unit requires learners to show that they understand current legislation and good practice when receiving pharmaceutical stock.

Learning outcome	The learner will:
1. Be able to receive stock	
Assessment criteria	
The learner can: 1.1 confirm deliveries against delivery notes and the original order 1.2 apply knowledge of the difference between branded and generic drugs 1.3 identify any discrepancies and delivery problems 1.4 take **appropriate action** to remedy any discrepancies and delivery problems including drug recalls 1.5 sign for received order when stock is **fit for purpose**	

Range
Discrepancies and delivery problems: could include; incorrect items, incorrect drug formulation, incorrect drug strength, incorrect quantity, incorrect pack size, out of date or short dated stock, damaged stock, unavailable stock, wrong delivery address and missing order/parcels **Appropriate action**: could include; reorder stock, remove stock and reporting stock issues to a supervisor **Fit for purpose**: could include; intact, presentable packaging, clean non-contaminated packaging and within expiry date

Learning outcome	The learner will:
2. Be able to correctly store stock	
Assessment criteria	
The learner can: 2.1 store stock safely in correct **storage location** 2.2 identify **special storage requirements** for received stock 2.3 store stock according to stock rotation procedures 2.4 describe the importance of placing received stock in a **safe storage environment**	

Range
Storage location: could include; refrigerator, secured area, ventilated area and isolated area **Special storage requirements**: could include; low temperature, room temperature, special orders, clinical trials products **Safe storage environment**: could include; stock stored safely, refrigerators in working order, walkways free from obstacles

Learning outcome	The learner will:
3. Be able to complete the receipt of stock	
Assessment criteria	
The learner can: 3.1 notify the appropriate person of the change in the availability of stock 3.2 complete all relevant documentation records accurately 3.3 process the documentation promptly	

Learning outcome	The learner will:
4. Know about the current legislation and good practice for receipt of stock	
Assessment criteria	
The learner can: 4.1 describe the importance of following Standard Operating Procedures related to receiving stock 4.2 state the different formulations, strengths and forms of medications available 4.3 discuss the differences between generic and branded medications 4.4 demonstrate knowledge of local ordering systems including sources and suppliers of stock 4.5 follow current health and safety legislation in relation to moving and handling received stock 4.6 demonstrate a working knowledge of local or regional pharmaceutical contracts	

Learning outcome	The learner will:
5. Be able to comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 5.1 understand current legislation and own responsibilities that apply to the receipt of pharmaceutical stock 5.2 understand the importance of following SOPs related to receiving pharmaceutical stock 5.3 work in accordance with SOPs related to receiving pharmaceutical stock 5.4 demonstrate knowledge of the COSHH and health and safety requirements related to receipt of pharmaceutical stock	

Learning outcome	The learner will:
6. Be able to operate within the limitations of the job role	
Assessment criteria	
The learner can: 6.1 work within the limits of own authority 6.2 know when to refer to an appropriate person	

Unit 315 Receive pharmaceutical stock

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3, 4 and 6

Unit 316 Maintain pharmaceutical stock

UAN:	T/600/9386
Level:	Level 3
Credit value:	3
GLH:	4
Relationship to NOS:	This unit is linked to the following Pharm 14. .
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit enables learners to understand how to maintain pharmaceutical stock and storage areas. Learners will need to show that they can accurately carry out stock checks.

Learning outcome	The learner will:
1. Be able to maintain a safe storage environment	
Assessment criteria	
The learner can: 1.1 carry out checks of **storage conditions**, ensuring they are fit for purpose 1.2 take the **appropriate action** in respect of problems with storage conditions	

Range
Storage conditions: could include; general areas, secure areas, isolated areas, low temperature areas and ventilated areas **Appropriate action**: could include; replacement of stock, safe disposal of stock, completion of appropriate documentation and communication of relevant information

Learning outcome	The learner will:
2. Be able to carry out stock checks	
Assessment criteria	
The learner can: 2.1 carry out stock checks , ensuring stock is **fit for purpose** 2.2 rotate stock to reduce wastage 2.3 check stock is available in sufficient formulations and quantity, including **special orders**	

2.4	**reconcile details** of stock checks as required
2.5	describe the difference between branded and generic drugs

Range
Fit for purpose: could include; within expiry date, intact packaging and clean, non-contaminated packaging **Special orders**: could include; named- patient drugs, clinical trial stock, unlicensed items, nonformulary items and emergency/urgent orders **Reconcile details**: could include; input and retrieval of stock data, paper or electronic, back up IT systems

Learning outcome	The learner will:
3. Be able to deal with stock related problems	
Assessment criteria	
The learner can:	
3.1	take the **appropriate action** in respect of expired and damaged stock
3.2	take the appropriate action in respect of over-stock
3.3	promptly deal with any recalls or drug alerts, following agreed guidelines
3.4	describe the importance of maintaining a safe storage environment
3.5	describe own responsibilities in relation to current legislation and the maintenance of stock

Range
Appropriate action, eg replacement or disposal of stock.

Learning outcome	The learner will:
4. Be able to comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can:	
4.1	describe the importance of following SOPs related to maintaining stock
4.2	comply with the health and safety requirements related to maintaining pharmaceutical stock and disposing of outdated, damaged or decontaminated stock
4.3	understand the importance of good stock management, including the quantity of stock, taking account of seasonal variations

Learning outcome	The learner will:
5. Be able to operate within the limitations of the job role	
Assessment criteria	
The learner can:	
5.1	act within the limits of own authority when dealing with stock problems
5.2	refer to appropriate person

5.3	understand own responsibilities and current legislation that applies to maintaining pharmaceutical stock

Range
Appropriate person: eg supplier, supervisor.

Unit 316 Maintain pharmaceutical stock

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will not be accepted for the following learning outcomes: 1, 2, 3, 4 and 5

Unit 317 Issue pharmaceutical stock

UAN:	A/600/9387
Level:	Level 3
Credit value:	4
GLH:	4
Relationship to NOS:	This unit is linked to the following Pharm 15.
Assessment requirements specified by a sector or regulatory body	This unit must be assessed in a real work environment in accordance with the Pharmacy Services Assessment Strategy.
Aim	This unit will enable the learner to issue pharmaceutical stock and understand why stock must be issued correctly.

Learning outcome	The learner will:
1. Be able to assemble stock for issue	
Assessment criteria	
The learner can: 1.1 produce a **requisition** when appropriate 1.2 select the correct products for issue 1.3 confirm that the product selected is: a) the correct drug, appliance or device b) the correct quantity c) the correct pack size d) within the expiry date e) of intact packaging 1.4 explain the different formulation of drugs and why it is important to issue sufficient quantities of the correct formulation and strength 1.5 identify any stock that is not **fit for purpose**	

Range
Requisition: could include; picking lists (could be from bar codes), ward orders and assembly lists **Fit for purpose**: could include; within expiry date, intact packaging and clean, non-contaminated packaging

Learning outcome	The learner will:
2. Be able to issue stock	
Assessment criteria	
The learner can: 2.1 issue stock, including **special orders** and urgent requests, informing the appropriate person in line with stock rotation 2.2 issue stock fit for purpose 2.3 take **appropriate action** if stock is not available	

Range
Special orders: could include; named- patient drugs, clinical trial stock, unlicensed items, nonformulary items and emergency/urgent orders **Fit for purpose**: could include; within expiry date, intact packaging and clean, non contaminated packaging **Appropriate action**: could include; notifying the supervisor, notifying the person requesting the stock and ordering the stock

Learning outcome	The learner will:
3. Be able to complete the issuing process	
Assessment criteria	
The learner can: 3.1 place stock safely and securely within the **appropriate packaging** 3.2 label packaging correctly 3.3 issue stock to the correct destination 3.4 complete all paper and electronic **documentation** correctly 3.5 explain which products need special packaging and transportation and why it is important to adhere to these special requirements	

Range
Appropriate packaging: eg cool containers **Documentation**: eg electronic records.

Learning outcome	The learner will:
4. Be able to comply with current legislation, policy, good practice, organisational and professional codes of practice and ethical standards	
Assessment criteria	
The learner can: 4.1 comply with current legislation that applies to issuing pharmaceutical stock 4.2 describe own responsibilities under current legislation when issuing pharmaceutical stock 4.3 describe the importance of following SOPs related to issuing pharmaceutical stock 4.4 comply with health and safety requirements related to issuing pharmaceutical stock 4.5 describe the difference between branded and generic drugs	

4.6	describe the importance of checking stock for issue against current drug alerts or recalls

Learning outcome	The learner will:
5. Be able to operate within the limitations of the job role	
Assessment criteria	
The learner can: 5.1 work within the limits of own authority 5.2 refer to an appropriate person	

Unit 317 Issue pharmaceutical stock

Supporting information

Guidance

The learning outcomes in the following unit ask to provide evidence to show that the learner can consistently (over a period of time) work to all of the assessment criteria.

Evidence must be provided across all the assessment criteria and must cover a variety of examples from the range, appropriate to the learners' practice.

The activities must be the result of real work activities completed by learner and observed in the workplace as indicated in the centre requirements.

Simulation will be accepted for the following learning outcomes: 1, 2, 3, 4 and 5

Appendix 1 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**.

Providing City & Guilds qualifications – a guide to centre and qualification approval contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve 'approved centre' status, or to offer a particular qualification. Specifically, the document includes sections on:

- The centre and qualification approval process and forms
- Assessment, verification and examination roles at the centre
- Registration and certification of candidates
- Non-compliance
- Complaints and appeals
- Equal opportunities
- Data protection
- Frequently asked questions.

Ensuring quality contains updates and good practice exemplars for City & Guilds assessment and policy issues. Specifically, the document contains information on:

- Management systems
- Maintaining records
- Assessment
- Internal verification and quality assurance
- External verification.

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

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

- **Walled Garden**: how to register and certificate candidates on line
- **Qualifications and Credit Framework (QCF)**: general guidance about the QCF and how qualifications will change, as well as information on the IT systems needed and FAQs
- **Events**: dates and information on the latest Centre events
- **Online assessment**: how to register for GOLA assessments.

Appendix 2 Case study template

This template has been derived from reflective methods described by Gibbs (1988) and Borton (1970) to compile the attached table to build a complete reflection. Candidates may choose to use this or another method they are familiar with.

Description:	
What … • was the nature of the incident? • was the incident as expected? • was my role in the situation? • actions did I take? • observations were recorded? • treatments were administered? • was the response of others?	
Feelings:	
How did you feel during this incident?	
Evaluation:	
What was good or bad about the experience?	
Analysis:	
So what • does this tell me about my practice/ knowledge? • does this tell me about my attitudes to/my patients/ others?	
Recommendation for improvement:	
Now what • do I need to do to make things better? • do I need to do to improve my patient's care? • are the broader issues needing to be considered if these actions are to be successful? • might be the consequences of these actions?	
Action Plan:	
How • Is there a course? • Is it self study? • Is it more practice?	
Name Unit	Role
Signature	Date:

Supervisor Details	
Name Unit	Role
Signature	Date
Mentor Details	
Name Unit	Role
Comments:	
Signature	Date
Clinical validation	
Name	Unit
Qualification Registration Number	
Comments:	
Signature	Date

Appendix 3 Case study 1 (Insufficient information)

This is a case study that has insufficient information for an external assessor to form an opinion as to the competence of the candidate.

Description:
What … • **was the nature of the incident?** Adult male with chest pain. • **was the incident as expected?** Yes. • **was my role in the situation?** I was the attendant dealing with the patient. • **actions did I take?** A full assessment of the situation utilising the “SAFE” approach. A full assessment of the patient Using the “`C`ABCDE” system. 3 Lead ECG. • **observations were recorded?** TPR&BP and ECG • **treatments were administered?** O2, Aspirin, GTN • **was the response of others?** Some confusion as to the location of the patient as security was not informed of our impending arrival.
Feelings:
What feelings did it evoke… • **in the patient?** The patient was emotional, upset, confused and concerned that he was going to die. • **in myself?** I initially felt nervous but this eased by following the protocols that I had learned during training and was confident in using. • **in others?** Confidence in the skills being displayed by my crewmate who supported my treatments. Patients’ friends were emotional and very hard to control as they were concerned for his well-being.
Evaluation:
• **What was good or bad about the experience?** The fact that the teamwork we had practiced was evident during the situation as I was well support by my crewmate. The access to the patient was a concern especially with a time critical patient. The patients friends were a concerned and I became quite short in dealing with them.

Analysis:

So what

- **does this tell me about my practice/ knowledge?**

My practical skills and knowledge were sufficient to deal with this incident.

- **does this teach me about my practice/ knowledge?**

The learning from this incident was the fact that I need to maintain the knowledge and skills, as dealing with cardiac patients is not a common occurrence in my environment.

- **does this tell me about the care practices I am using?**

That they are current and effective.

- **does this tell me about my attitudes to my patient's/ others?**

The way in which I dealt with the patients friends who were well meaning could have been more sympathetic to their needs instead of focusing solely on the patient.

- **does this mean to me?**

I need to gain experience in dealing with friends and relatives in stressful situations with compassion and empathy.

Conclusion:

- **What is my opinion of how the situation was managed?**

Overall the situation was dealt with in an efficient manner but there is still room for improvement especially when dealing with relatives, friends and bystanders.

Recommendation for improvement:

Now what

- **do I need to do to make things better?**

Within the military arrival system there is a presentation on actions during an emergency. I need to ensure that instructors emphasise the need to inform security when they have requested external medical assistance.

- **do I need to do to improve my patient's care?**

The protocols were followed for this type of patient; I just need to stay current with any changes released. I need to gain experience in dealing with relatives, friends and bystanders.

- **are the broader issues needing to be considered if these actions are to be successful?**

Ensuring that the unit maintains an up-to-date information system on what changes have been made if any.

- **might be the consequences of these actions?**

If the updates are not published then patient care will suffer and they may die.

Action Plan

What is needed to improve your practice?

- Attendance at a recognised course that teaches me how to be more assertive rather than aggressive when dealing with bystanders.
- Arrange a placement with the Ambulance Services to gain practice in dealing with the relatives, friends and bystanders during incidents.
- Discuss the need with instructors about emphasising actions during an emergency, especially the need to inform security about access by external emergency services.

Name	Role Area
Signature	Date:
Supervisor Details	
Name Area	Role
Signature	Date
Mentor Details	
Name Unit	Role
Comments:	
Signature	
Clinical Validation	
Name	Area
QualificationRegistration Number	
Comments:	
Signature	Date

Appendix 4 Case study 2 (Pass)

This is a full refection of a case; it contains sufficient information to base a decision on. The information is presented in an open and honest manner.

Description:
During my placement at the medical centre, I was staffing the station ambulance as an attendant when I was dispatched to a 43-year-old male suffering from chest pain. On arrival at the patient I discovered a 43-year-old male slumped in his chair who was gray, ashen and sweaty. On questioning him, I found he was alert and orientated but was complaining of a pain in the left side of his chest. He admitted that this pain had been present for about a month although it was more severe this morning. I carried out scene assessment as per the protocols from the Clinical Guidelines for Operations. I then undertook a full assessment of the patient according to the `C`ABCDE principles obtaining the results below. On examination, there was no catastrophic bleed and as he was taking to me, his airway was obviously clear. His breathing was fast and shallow at approximately 22 breaths per min. with a SPO2 of 95% on air; I immediately gave him 15 ltrs O2 via NRB Mask. The circulation check revealed he had a pulse of 110 weak and irregular, the blood pressure was 140/100. The disability check had already been covered as he was responding to me therefore he is `A` on the AVPU scale. I exposed his chest and carried out an examination using the mnemonic "TWELVELAPP". This assessment gave no indications of any chest injuries. I felt that the patient was probably having an MI although the pain had been present for about a month it had got much worse this morning. As a result of this decision I obtained a 3 lead ECG which appeared to show ST depression. I then administered 300 mg of Aspirin, as a precaution, and transported to the medical Centre for further treatment by the MO. On arrival at the medical centre I reviewed my findings with the MO including the ECG. He agreed with my initial diagnosis and confirmed the ST depression on the 3 LEAD. I assisted the MO to gain IV access, draw bloods, and administer GTN (400mcg). The patient was then transported to the Royal Swindon A&E with a pre-alert.
Feelings:
I was slightly nervous, as there are not many situations like this. I feel that I controlled my nerves and did not transmit them to the patient who was already emotionally upset. With the signs and symptoms, that the patient displayed it was obvious he was experiencing an MI. The protocols for the management of an MI are very clear and easy to follow which helped to calm my nerves. I felt a surge of relief when the MO confirmed my diagnoses and treatment of this patient.

Evaluation:
The training/practice I have undergone on recognising an MI, coupled with the correct management procedures allowed me to perform at my best when dealing with this patient. The nervousness I felt can only be a good thing as I was not over confident in how I interacted with the patient. I had not considered the problems with friends and relatives when dealing with a potential life-threatening situation. Although the evidence of the MI was clearly visible on the ECG I am not confident that I would be able to identify other changes as easily.
Analysis:
The situation was handled in a calm and considerate manner ensuring that the patient's needs were being met. This was due to practice scenarios done during training. My skills in handling bystanders, friends and relatives are limited.
Recommendation for improvement:
One way to improve how I interact with others in these types of situations is by gaining experience through attending incidents. Reviewing the methods for evaluating ECG printouts will help me identify the changes that I am looking for when dealing with chest pains.
Action Plan
Continue with the professional way I have dealt with this incident whilst improving my knowledge and skills through self-study will best prepare me for future incidents like this.
Name: Doe J **Role**: Cpl **Area**: RAF Sindon
Signature: **Date**:10/08/05
Supervisor Details
Name: Jones (231) **Role**: Cpl **Area**: RAF Sindon
Mentor Details
Name: Hanson R **Role**: Sgt **Area**: RAF Sindon
Comments:
As discussed, there is more than one way to improve the communication skills that you need when dealing with patients their friends, relatives and bystanders at incidents.
Signature **Date**
Clinical Validation
Name: Eveready **Area**: RAF Sindon **Qualification**: GP (RMO) **Registration Number**: B120984P

Comments:
A well-handled incident J Doe was very efficient in the management of this patient. His identification and treatment of the MI was key to the patient's recovery. I am satisfied that he is capable of dealing with incidents of this nature in the future.
Signature **Date**

Appendix 5 Case Study 3 (Merit)

A merit may only be awarded if there is expansion on the reflection elements of the case study. It will also need to show that the Candidate has discussed and agreed an action plan with their mentor.

Description:
During my Placement at the medical centre, I was staffing the station ambulance as an attendant when I was dispatched to a 43-year-old male suffering from chest pain. On arrival at the patient I discovered a 43-year-old male slumped in his chair who was gray, ashen and sweaty. On questioning him, I found he was alert and orientated but was complaining of a pain in the left side of his chest. He admitted that this pain had been present for about a month although it was more severe this morning. I carried out scene assessment utilising the 123 of safety as direct by the MAC manual (2009 Ch 6). I then undertook a full assessment of the patient according to the `C`ABCDE principles obtaining the results below. On examination, there was no Catastrophic bleed and as he was talking to me, his airway was obviously clear. His breathing was fast and shallow at approximately 22 breaths per min. with a SPO2 of 95% on air; I immediately gave him 15 ltrs O2 via NRB Mask. The circulation check revealed he had a pulse of 110 weak and irregular, the blood pressure was 140/100. The disability check had already been covered as he was responding to me therefore he is `A` on the AVPU scale. I exposed his chest and carried out an examination using the mnemonic “TWELVELAPP”. This assessment gave no indications of any chest injuries. I felt that the patient was probably having an MI although the pain had been present for about a month it had got much worse this morning. As a result of this decision I obtained a 3 lead ECG which appeared to show ST depression. I then administered 300 mg of Aspirin, as a precaution, and transported to the medical Centre for further treatment by the MO. On arrival at the medical centre I reviewed my findings with the MO including the ECG. He agreed with my initial diagnosis and confirmed the ST depression on the 3 LEAD. I assisted the MO to gain IV access, draw bloods, and administer GTN (400mcg). The patient was then transported to the Royal Sindon A&E with a pre-alert.
Feelings:
I was slightly nervous, as there are not many situations like this. I feel that I controlled my nerves and did not transmit them to the patient who was already emotionally upset. With the signs and symptoms, that the patient displayed it was obvious he was experiencing an MI. The protocols for the management of an MI are very clear and easy to follow which helped to calm my nerves. I felt a surge of relief when the MO confirmed my diagnoses and treatment of this patient.

Evaluation:
The training/practice I have undergone on recognising an MI, coupled with the correct management procedures allowed me to perform at my best when dealing with this patient. The nervousness I felt can only be a good thing as I was not over confident in how I interacted with the patient. Although the evidence of the MI was clearly visible on the ECG I am not confident that I would be able to identify other changes as easily. I had not considered the problems with friends and relatives when dealing with a potential life-threatening situation.
Analysis:
The situation was handled in a calm and considerate manner ensuring that the patient's needs were being met. This was due to practice scenarios conducted during training. My skills in handling bystanders, friends and relatives are limited.
Recommendation for improvement:
One way to improve how I interact with others in these types of situations is by gaining experience through attending incidents. Reviewing the methods for evaluation ECG printouts will help me identify the changes that I am looking for when dealing with chest pains.
Action Plan
Continue with the professional way I have dealt with this incident whilst improving my knowledge and skills through self-study will best prepare me for future incidents like this. Source an acceptable training package on how to recognise and deal with patient's friend and relatives during emergencies. Attendance at the course being provided by DCRT "Managing Violence in Healthcare settings" may be of great benefit to the unit and me.
Name: Doe J **Role**: Cpl **Area**: RAF Sindon
Signature: **Date**:10/08/05
Supervisor Details
Name: Jones (231) **Role**: Cpl **Area**: RAF Sindon
Mentor Details
Name: Hanson R **Role**: Sgt **Area**: RAF Sindon
Comments:
As discussed, there is more than one way to improve the communication skills that you need when dealing with patients their friends, relatives and bystanders at incidents. Managing conflict is a key skill for members of the emergency services but the attendance at a course does not give you the experience of how to cope, this will be gained through reflection and discussion of the incident.
Signature **Date**

Clinical Validation
Name: Eveready **Unit**: RAF Sindon
Qualification: GP (RMO) **Registration Number**: B120984P
Comments:
A well-handled incident J Doe was very efficient in the management of this patient. His identification and treatment of the MI was key to the patient's recovery. I am satisfied that he is capable of dealing with incidents of this nature in the future.
Signature **Date**

Appendix 6 Case Study 4 (Distinction)

A distinction may only be awarded if there is academic research to support the reflection. It will also need to show that the Candidate has discussed and agreed an action plan with their mentor.

Description:
During my placement at RAF Sindon medical centre, I was manning the station ambulance as an attendant when I was dispatched to a 43-year-old male suffering from chest pain. On arrival at the patient I discovered a 43-year-old male slumped in his chair who was gray, ashen and sweaty. On questioning him, I found he was alert and orientated but was complaining of a pain in the left side of his chest. He admitted that this pain had been present for about a month although it was more severe this morning. I carried out scene assessment utilising the 123 of safety as direct by the MAC manual (2009 Ch 6). I then undertook a full assessment of the patient according to the `C`ABCDE principles obtaining the results below. On examination, there was no Catastrophic bleed and as he was talking to me, his airway was obviously clear. His breathing was fast and shallow at approximately 22 breaths per min. with a SPO2 of 95% on air; I immediately gave him 15 ltrs O2 via NRB Mask. The circulation check revealed he had a pulse of 110 weak and irregular, the blood pressure was 140/100. The disability check had already been covered as he was responding to me therefore he is `A` on the AVPU scale. I exposed his chest and carried out an examination using the mnemonic "TWELVELAPP". This assessment gave no indications of any chest injuries. I felt that the patient was probably having an MI although the pain had been present for about a month it had got much worse this morning. As a result of this decision I obtained a 3 lead ECG which appeared to show ST depression. I then administered 300 mg of aspirin, as a precaution, and transported to the medical centre for further treatment by the MO. On arrival at the medical centre I reviewed my findings with the MO including the ECG. He agreed with my initial diagnosis and confirmed the ST depression on the 3 LEAD. I assisted the MO to gain IV access, draw bloods, and administer GTN (400mcg). The patient was then transported to the Royal Sindon A&E with a pre-alert.
Feelings:
I was slightly nervous, as I don't encounter many situations like this. I feel that I controlled my nerves and did not transmit them to the patient who was already emotionally upset. With the signs and symptoms, that the patient displayed it was obvious he was experiencing an MI. The protocols for the management of an MI are very clear and easy to follow which helped to calm my nerves. I felt a surge of relief when the MO confirmed my diagnoses and treatment of this patient.

Evaluation:
The training/practice I have undergone on recognising an MI, coupled with the correct management procedures allowed me to perform at my best when dealing with this patient. The nervousness I felt can only be a good thing as I was not over confident in how I interacted with the patient. Although the evidence of the MI was clearly visible on the ECG I am not confident that I would be able to identify other changes as easily. I had not considered the problems with friends and relatives when dealing with a potential life-threatening situation. Although not as common in the military environment there is still a need to be aware of the potential for violence and aggression when dealing with patients. The references below indicate that the number of instances involving violence against ambulance staff is on the increase. **http://www.neambulance.nhs.uk/FOI/FOI%20Update%2004.11.08/FOI.08.037%20-%20Violence%20incidents%202008%20(2).pdf** **http://www.healthcarecommission.org.uk** **http://news.bbc.co.uk/1/hi/health/3936817.stm**
Analysis:
The situation was handled in a calm and considerate manner ensuring that the patient's needs were being met. This was due to practice scenarios conducted during training. My skills in handling bystanders, friends and relatives are limited.
Recommendation for improvement:
One way to improve how I interact with others in these types of situations is by gaining experience through attending incidents. Reviewing the methods for evaluation ECG printouts will help me identify the changes that I am looking for when dealing with chest pains.
Action Plan
Continue with the professional way I have dealt with this incident whilst improving my knowledge and skills through self-study will best prepare me for future incidents like this. Source an acceptable training package on how to recognise and deal with patient's friend and relatives during emergencies. Attendance at the course being provided by DCRT 'Managing Violence in Healthcare settings' may be of great benefit to the team and me.
Name: Doe J **Role**: Cpl **Area**: RAF Sindon
Signature: **Date**:10/08/05
Supervisor Details
Name: Jones (231) **Role**: Cpl **Area**: RAF Sindon
Mentor Details
Name: Hanson R **Role**: Sgt

Area: RAF Sindon
Comments:
As discussed, there is more than one way to improve the communication skills that you need when dealing with patients their friends, relatives and bystanders at incidents. Managing conflict is a key skill for members of the emergency services but the attendance at a course does not give you the experience of how to cope, this will be gained through reflection and discussion of the incident.
Signature **Date**
Clinical Validation
Name: Eveready **Unit**: RAF Sindon
Qualification: GP (RMO) **Registration Number**: B120984P
Comments:
A well-handled incident J Doe was very efficient in the management of this patient. His identification and treatment of the MI was key to the patient's recovery. I am satisfied that he is capable of dealing with incidents of this nature in the future.
Signature **Date**

Appendix 7 Marking guide for case studies

Criteria	Mark	Award	Pass/fail	Remarks
Relevant	Y/N			
Authentic	Y/N			
Presentation				
Well presented	10			
Clarity of expression	10			
Clinical content				
Accurate Relevant Current	10 10 10			
Reflection				
Adequate reflection Sufficient information Evidence of critical analysis	10 10 10			
Recommendation				
Supported by investigation Are improvements realistic?	5 5			
Action plan				
Is action plan included and realistic?	5			
Referencing				
Adequately referenced				
Total	100			Pass=60%, Merit=75%, Distinction=85%
Additional comments				
Candidate's case study: Approved/not approved **Assessor's signature:** **Date**: **Candidate's case study**: Approved/not approved **IV's signature:** **Date**:				

Appendix 8 Workplace assessment

Simulated scenarios

Workplace Assessment No 1 - Preparation of Workplace and Patient Handling

Candidate brief

Candidates will be assigned the role of duty medic and are to prepare the work area to receive casualties/patients.

Assistant brief

There may be an assistant during this assessment to take any action directed to by the candidate, but not to volunteer any information or take any other unprompted action.

Examiner's brief

The assessor for this practical is to assess the candidate in the performance of the task. They will observe the candidate and comment on their capability to perform competently. During this assessment there is to be no prompting.

As a medical attendant, candidates will need to prove they are competent to be allowed to practice within their workplace environment.

In assessing **competent** or **not competent** the examiner must judge the overall effectiveness demonstrated.

Assessment criteria

1. The candidate is to be given all equipment and supplies as detailed for the operation of their work environment, to include a non-qualified assistant if required.
2. The candidate is to be given the tasks as detailed below:
    a) The candidate must prepare the workplace environment in preparation for receiving casualties/patients.
    b) The candidate must demonstrate the safe moving and handling of a casualty/patient within their working environment including transferring from one piece of equipment to another.

Title	Preparation of workplace and patient handling		
Date of examination			
Candidate details		**Assessor details**	
Name		**Name**	
Role		**Role**	
Service number		**Service number**	
Area		**Qualification**	
		Registration no	

Candidate is competent: yes/no

Assessment grid

	Procedure	Yes	No
1	The candidate utilised the relevant checklists.		
2	Ensured the workplace is fully stocked with equipment and supplies (appropriate to workplace).		
3	Ensured the stock is within the dates as stated on packaging.		
4	Ensured packaging is undamaged.		
5	Ensured equipment is serviceable and ready for use.		
6	Ensured the working environment is clean and ready to receive casualties/patients.		
7	The candidate demonstrated the safe moving and handling of a casualty/patient.		

Remarks by examiner or candidate:

Confirmation of debrief

Signature of candidate … … … … … … … … … … … … … … … … … …

Signature of examiner.....

Workplace Assessment No 2 - Patient Assessment and Treatment

Candidate Brief

Candidates will be assigned the role of duty medic and are responsible for the complete care/treatment of the patient.

Assistant brief

There may be an assistant during this assessment to take any action directed to by the candidate, but not to volunteer any information or take any other unprompted action.

Examiner's brief

The assessor for this practical is to assess the candidate in the performance of the task. They will observe the candidate and comment on their capability to perform competently. During this assessment there is to be no prompting, except for clinical information that is requested or needed to continue the assessment ie responses and basic observations (pulse, respirations and BP).

As an unsupervised medical attendant the candidate will need to prove they are competent to be allowed to practice within their workplace environment.

In assessing competent or not competent, the examiner must judge the overall effectiveness demonstrated.

Assessment criteria

- The candidate is to be given a patient and all equipment and supplies as detailed for the operation of their work environment, to include a non-qualified assistant if required.
- The candidate is to be given the tasks as detailed below:
    - Demonstrate the correct full assessment of the patient as per current guidelines and protocols.
    - Demonstrate the capability to prepare and action a suitable initial care plan for the patient.

Title	Preparation of workplace and patient handling		
Date of examination			
Candidate details		**Assessor details**	
Name		**Name**	
Role		**Role**	
Service number		**Service number**	
Area		**Qualification**	
		Registration no	

Candidate is competent: yes/no

Assessment grid

	Procedure	Yes	No
1	Demonstrated the safe moving and handling of the casualty/patient.		
2	Demonstrated the safe transferring from one piece of equipment to another.		
3	Demonstrated the correct full assessment of the patient.		
4	Prepared and implemented a suitable initial care plan.		

Remarks by examiner:

Confirmation of debrief

Signature of candidate …

Signature examiner.....

Useful contacts

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