



AMSPAR

# **Level 3 Certificate in Medical Administration/Diploma for Medical Secretaries (4419-02)**

**Qualification handbook for centres**

500/6699/7

500/6777/1

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# Level 3 Certificate in Medical Administration/Diploma for Medical Secretaries (4419-02)



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# 1 About this document

This document contains the information that centres need to offer the following Certificate/Diploma:

**QAN: 500/6699/7 Level 3 Certificate in Medical Administration**

**QAN: 500/6777/1 Level 3 Diploma for Medical Secretaries**

This document includes details and guidance on:

- centre resource requirements
- candidate entry requirements
- information about links with, and progression to, other qualifications
- qualification standards and specifications

## 2 About the qualifications

### 2.1 Accreditation details

#### Accreditation details

These qualifications are

- accredited by Ofqual at Level 3 of the QCF

#### Qualifications and Credit Framework (QCF)

The QCF replaces the National Qualifications Framework (NQF) in England and Northern Ireland, and is intended to replace the regulated pillar within the Qualifications and Credit Framework for Wales (CQFW). It is also intended to align with the Scottish Credit and Qualifications Framework (SCQF). The QCF provides a way of recognising achievement through the award of credit for units and qualifications. Units within the framework are allocated a:

- level to indicate the level of difficulty
- credit value to indicate the size of the unit. 10 hours of **learning time** = 1 credit value.

Learning time is a notional measure of the amount of time a typical candidate might be expected to take to complete all the learning relevant to achievement of the learning outcomes. It differs from Guided Learning Hours (GLH) which represent only those hours a tutor/trainer or facilitator are present and contributing to the learning process because it takes into account all learning relevant to the learning outcomes regardless of where, when and how it has taken place.

The QCF recognises learning by awarding credit each time a candidate successfully completes a unit. Candidates can accumulate and transfer credit achievement over time.

A unit is the smallest part of learning for which credit is awarded. Candidates can also gain credit for full qualifications.

For further information about the QCF, CQFW and the SCQF, please refer to the websites for each country listed at Appendix 4.

## 2 About the qualifications

### 2.2 Aims of the qualifications

City & Guilds have redeveloped these qualifications in collaboration with AMSPAR (the Association of Medical Secretaries, Practice Managers, Administrators and Receptionists) to offer a more flexible, unitised and updated suite of qualifications that provide candidates with the knowledge and skills to meet the specialist administrative and secretarial needs of a range of health care occupations as found in hospitals, community health, general and private practice, research, the pharmaceutical industry and complementary medicine.

The qualifications have been designed to enable candidates to progress directly into employment as a medical secretary or for existing secretaries to gain a qualification that will enhance their career prospects or progress to further study. The option of achieving a Level 3 Certificate and progressing to a Level 3 Diploma allows flexibility and choice to suit the individual's and employer's needs.

Each unit details the knowledge, understanding and skills required to carry out this rewarding and vital role within a general or specialist section of the health services.

In addition to learning a wide range of specialist medical terminology, candidates will gain an understanding of how to manage their time and workload, work as an effective team member, implement efficient administrative systems and procedures and develop the practical skills required to produce appropriate business and medical documentation. Supporting the needs of a busy consultant and/or health care team whilst dealing with patients play a major part in fulfilling the role of a medical secretary and the candidate's development of communication skills and an understanding of patient confidentiality are key to ensuring they will be able to meet these requirements effectively.

A range of optional units will give the candidate the opportunity to learn how to apply relevant legislation to the medical environment and build on and expand their IT skills to provide a comprehensive skills-set to any existing or prospective employer.

The aims of these qualifications are to:

- meet the needs of candidates who work or want to work as administrators and secretaries within any section of the health care field
- allow candidates to learn, develop and practise the skills required for employment and/or career progression in the medical administration sector
- contribute to the knowledge and understanding towards the related Level 3 N/SVQ in Business and Administration whilst containing additional skills and knowledge which go beyond the scope of the NOS. See the N/SVQ mapping in 5.1 for further details.
- replace the City & Guilds/AMSPAR Level 3 Advanced Diploma for Medical Secretaries (4415-04) which expires on 31 August 2009.
- serve as a technical certificate, part of the Advanced Business and Administration Apprenticeship framework (Level 3 Diploma for Medical Secretaries only)
- provide valuable accreditation of skills and/or knowledge for candidates, without requiring or proving occupational competence.

## 2 About the qualifications

### 2.3 Rules of combination

Rules of combination are used to define the structure of qualifications. The rules of combination specify the credits which must be achieved through a particular combination of units to gain a full qualification.

This section provides information about the full qualifications which may be awarded to candidates successfully completing the required combinations of units and credits as shown in the table below:

<b>Accreditation unit reference</b>	<b>City &amp; Guilds unit number</b>	<b>Unit title</b>	<b>Mandatory/optional for full qualification</b>	<b>Credit value</b>
T/501/7414	Unit 1	Medical Terminology (2)	Mandatory - Certificate Optional - Diploma	6
J/600/2488	Unit 2	Medical Principles for the Administrator	Mandatory	9
K/600/2502	Unit 3	Medical Administration	Mandatory	9
T/600/2504	Unit 4	Managing Communication in a Medical Environment	Mandatory	8
F/600/2506	Unit 5	Medical Word Processing and Audio Transcription	Mandatory - Diploma	13
L/501/7452	Unit 6	Medical Terminology (3)	Optional	14
J/600/2507	Unit 7	Legal Aspects of Medical Administration	Optional	7
D/600/2500	Unit 8	Work Experience in a Medical Environment	Optional	5
F/502/4625	Unit 9	Spreadsheet Software (2)	Optional	4
M/502/4555	Unit 10	Database Software (2)	Optional	4
M502/4622	Unit 11	Presentation Software (2)	Optional	4
J/502/4626	Unit 12	Spreadsheet Software (3)	Optional	6
T/502/4623	Unit 13	Presentation Software (3)	Optional	6

## **Rules of combination**

### **Level 3 Certificate in Medical Administration**

The candidate must achieve a minimum of **32 credits** overall by completing Units 1-4.

### **Level 3 Diploma for Medical Secretaries**

The candidate must achieve a minimum of **49 credits** overall by completing Units 2-5 (39 credits) **plus** a further 10 credits from Unit 6 (14 credits)

**or**

Unit 1 (6 credits) and a minimum of 4 credits from any of Units 7-13.

### **Certificates of unit credit**

Certificates of unit credit (CUC) will be issued to candidates for each successfully completed unit, even if the full qualification is not attempted. Note that one CUC will be issued for the successful completion of both assignments for Unit 5 Medical Word Processing and Audio Transcription.

Candidates who do complete a full qualification will receive, in addition to their full Certificate/Diploma, a CUC for each unit achieved.

## 2 About the qualifications

### 2.4 Sources of information and assistance

#### Related publications

City & Guilds will provide the following documents specifically for these qualifications:

Publication	Available from
Assessment guide for assessors	<a href="http://www.cityandguilds.com">www.cityandguilds.com</a>
Information sheet	<a href="http://www.cityandguilds.com">www.cityandguilds.com</a>
Fast track approval form	<a href="http://www.cityandguilds.com">www.cityandguilds.com</a>

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](http://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***  
Find out how to register and certificate candidates on line
- ***Qualifications and Credit Framework (QCF)***  
Contains general guidance about the QCF and how qualifications will change, as well as information on the IT systems needed and FAQs

- **Events**

Contains dates and information on the latest Centre events

## City & Guilds websites

Website	Address	Purpose and content
City & Guilds main website	<a href="http://www.cityandguilds.com">www.cityandguilds.com</a>	This is the main website for finding out about the City & Guilds group, accessing qualification information and publications.
SmartScreen	<a href="http://www.smartscreen.co.uk">www.smartscreen.co.uk</a>	SmartScreen is the City & Guilds online learning support website. It gives registered subscribers access to qualification-specific support materials.
Walled Garden	<a href="http://www.walled-garden.com">www.walled-garden.com</a>	The Walled Garden is a qualification administration portal for approved centres, enabling them to register candidates and claim certification online.

## Contacting City & Guilds by e-mail

The following e-mail addresses give direct access to our Customer Relations team.

e-mail	Query types
<a href="mailto:learnersupport@cityandguilds.com">learnersupport@cityandguilds.com</a>	all learner enquiries, including <ul style="list-style-type: none"> <li>• requesting a replacement certificate</li> <li>• information about our qualification</li> <li>• finding a centre.</li> </ul>
<a href="mailto:centresupport@cityandguilds.com">centresupport@cityandguilds.com</a>	all centre enquiries
<a href="mailto:walledgarden@cityandguilds.com">walledgarden@cityandguilds.com</a>	all enquiries relating to the Walled Garden, including <ul style="list-style-type: none"> <li>• setting up an account</li> <li>• resetting passwords.</li> </ul>

## AMSPAR website

Website	Address	Purpose and content
AMSPAR main website	<a href="http://www.amspar.com">www.amspar.com</a>	This is the main website for finding out about qualifications offered by AMSPAR, accessing membership information and the discussion forum.

## Contacting AMSPAR by e-mail

Please do not send urgent or confidential information to AMSPAR by email.

e-mail	Query types
<a href="mailto:info@amspar.com">info@amspar.com</a>	for general enquiries

## **2 About the qualifications**

### **2.5 Candidate entry and progression**

#### **Candidate entry requirements**

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

There are no formal entry requirements for candidates undertaking these qualifications. However, centres must ensure that candidates have the potential and opportunity to successfully gain the qualification(s). Candidates will also need to be able to organise written information clearly and coherently with accurate spelling and grammar and therefore a good standard of English is required. It is also recommended that candidates attain a minimum keying-in speed of 45wpm to be able to successfully complete the Medical Word Processing and Audio assessments.

Please see section 4 of this document, Course design and delivery, which offers guidance on initial assessment.

#### **Age restrictions**

This qualification is not approved for use by candidates under the age of 16, and City & Guilds cannot accept any registrations for candidates in this age group. Restrictions apply to candidates under the age of 18 working unsupervised with children. Centres and candidates should be fully aware of minimum age requirements in their home nation and any implications for completing assessments.

#### **Progression**

The qualifications provide knowledge and/or practical skills related to the N/SVQ Level 3 in Business and Administration and to ITQ for IT Users.

On completion of these qualifications candidates may progress into employment or to the following City & Guilds qualifications:

- 4404 Level 3/4 N/SVQ in Business and Administration
- ILM Level 3 and 4 leadership and management qualifications
- 4415 Level 5 Certificate/Diploma in Primary Care Management

## 3 Centre requirements

### 3.1 Centre, qualification and fast track approval

#### Centres not yet approved by City & Guilds

To offer these qualifications, new centres will need to gain both **centre and qualification approval**. Please refer to Appendix 5 for further information.

#### Existing City & Guilds centres

To offer these qualifications, centres already approved to deliver City & Guilds qualifications will need to gain **qualification approval**. Please refer to Appendix 5 for further information.

#### Centres already offering City & Guilds qualifications in this subject area

Centres approved to offer the qualification Level 3 Advanced Diploma for Medical Secretaries (4415-04) may apply for approval for the new Level 3 Certificate/Diploma for Medical Secretaries (4419-02) using the **fast track approval form**, available from the City & Guilds website.

Centres may apply to offer the new qualifications using the fast track form

- providing there have been no changes to the way the qualifications are delivered, and
- if they meet all of the approval criteria specified in the fast track form guidance notes.

Fast track approval is available for 12 months from the launch of the qualification. After this time, the qualification is subject to the **standard** Qualification Approval Process. It is the centre's responsibility to check that fast track approval is still current at the time of application.

## **3 Centre requirements**

### **3.2 Resource requirements**

#### **Physical resources**

Centres must provide access to sufficient equipment in the centre or workplace to ensure candidates have the opportunity to cover all of the practical activities.

#### **Human resources**

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

- quality assurance co-ordinator
- trainer / tutor
- assessor
- internal verifier

#### **Staff delivering the qualifications**

Staff delivering these qualifications must also be able to demonstrate that they meet the following occupational expertise requirements.

- be technically competent in the area(s) for which they are delivering training. This knowledge must be at least to the same level as the training being delivered.
- have relevant experience in the specific area they will be assessing.
- have credible experience of providing training.

Centre staff may undertake more than one role eg tutor and assessor or internal verifier, but must never internally verify their own assessments.

#### **Assessors and internal verifiers**

While the Assessor/Verifier (A/V) units are valued as qualifications for centre staff, they are not currently a requirement for the qualifications.

#### **Continuing professional development (CPD)**

Centres are expected to support their staff in ensuring that their knowledge of the occupational area and of best practice in delivery, mentoring, training, assessment and verification remains current, and takes account of any national or legislative developments.

## **3 Centre requirements**

### **3.3 Administration, registration and certification**

#### **City & Guilds' administration**

Full details of City & Guilds' administrative procedures for these qualifications are provided in the *Online Catalogue*. This information includes details on:

- registration procedures
- enrolment numbers
- fees
- entry for examinations
- claiming certification.

Centres should be aware of time constraints regarding the registration and certification periods for the qualifications, as specified in the City & Guilds *Online Catalogue*.

Centres should follow all administrative guidance carefully, particularly noting that fees, registration and certification end dates for the qualifications are subject to change. The latest News is available on the website ([www.cityandguilds.com](http://www.cityandguilds.com)).

#### **Regulations for the conduct of examinations**

Regulations for the conduct of examinations for online and written examinations are given in *Providing City & Guilds qualifications - a guide to centre and qualification approval* and in the *Online Catalogue*. Centres should ensure they are familiar with all requirements prior to offering assessments.

#### **Retaining assessment records**

Centres must retain copies of candidate assessment records for at least three years after certification.

#### **Notification of results**

After completion of assessment, candidates will receive, via their centre, a 'notification of candidate results', giving details of how they performed. It is not a certificate of achievement.

#### **Certificates of unit credit (CUCs)**

A certificate of unit credit records the successful completion of a unit. Centres can apply to City & Guilds for CUCs at any time after candidates have achieved a unit. They do not need to wait until the full programme of study has been completed.

#### **Full certificates**

Full certificates are only issued to candidates who have met the full requirements of the qualifications, as described in section 2.3 Rules of combination.

## 3 Centre requirements

### 3.4 Quality assurance

This information is a summary of quality assurance requirements.

*Providing City & Guilds qualifications* and in the *Centre toolkit* provide full details and guidance on:

- internal quality assurance
- external quality assurance
- roles and responsibilities of quality assurance staff.

#### **Internal quality assurance**

Approved centres must have effective quality assurance systems to ensure optimum delivery and assessment of qualifications.

Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance, and City & Guilds is responsible for external quality assurance.

#### **External quality assurance**

External quality assurance for the qualifications will be provided by City & Guilds external verification process.

External verifiers are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External verification is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

To carry out their quality assurance role, external verifiers must have appropriate occupational and verifying knowledge and expertise. City & Guilds' external verifiers attend training and development designed to keep them up-to-date, facilitate standardisation between verifiers and share good practice.

City & Guilds external verifiers use electronic report forms designed to provide an objective risk analysis of individual centre assessment and verification practice.

#### **External verifiers:**

The role of the external verifier is to:

- provide advice and support to centre staff
- ensure the quality and consistency of assessments within and between centres by the use of systematic sampling
- regularly visit centres to ensure they continue to meet the centre and qualification approval criteria
- provide feedback to centres and to City & Guilds.

## 4 Course design and delivery

### 4.1 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 qualifications. 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 qualifications they are about to begin.

City & Guilds recommends that centres provide an induction programme to ensure the candidate fully understands the requirements of the qualifications 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.

Further guidance about initial assessment and induction, as well as a learning contract that centres may use, are available in the *Centre toolkit*.

## 4 Course design and delivery

### 4.2 Recommended delivery strategies

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

Centres may design course programmes of study in any way that

- best meets the needs and capabilities of their candidates
- which satisfies the requirements of the qualifications.

In particular, staff should consider the skills and knowledge related to any national occupational standards related to these qualifications.

City & Guilds recommends that centres address the wider curriculum, where appropriate, when designing and delivering the course. Centres should also consider links to the National Occupational Standards, Key/Core Skills and other related qualifications. Relationship tables are provided section 5 Relationships to other qualifications to assist centres with the design and delivery of the qualification.

Centres may wish to include topics as part of the course programme which will not be assessed through the qualifications.

## 4 Course design and delivery

### 4.3 Data protection, confidentiality and legal requirements

#### Data protection and confidentiality

Data protection and confidentiality must not be overlooked when planning the delivery of this qualification.

Centres offering these qualifications may need to provide City & Guilds with personal data for staff and candidates. Guidance on data protection and the obligations of City & Guilds and centres are explained in *Providing City & Guilds qualifications*.

#### Legal requirements

There are no legal restrictions affecting these qualifications other than those already mentioned.

#### Protecting identity

It is extremely important to protect the identity of the individuals encountered by candidates in the work setting, eg visitors and patients.

Confidential information must not be included in candidate portfolios or assessment records. Confidential information should remain in its usual location, and a reference should be made to it in the portfolio or assessment records.

When recording evidence for Unit 6 Work Experience in a Medical Environment, candidates are expected in particular to protect the identity of children they may be in contact with in the placement/workplace by disguising their names and that of the placement/workplace.

#### Images of minors being used as evidence

If videos or photographs of minors (those under 18) are used as the medium to present evidence as part of the qualification, **both centre and candidate** have responsibilities for meeting child protection legislation.

It is the responsibility of the centre to inform the candidate of the

- need to obtain permission from the minor's parent/guardian prior to collecting the evidence
- reasons and restrictions for using photographs or video recordings as evidence
- period of time for which the photographs or video recordings may be kept
- obligation to keep photographs or video recordings secure from unauthorised access
- secure electronic storage requirements of photographs or video recordings
- associated child protection legislation.

#### Legal requirements

There are no legal restrictions affecting these qualifications other than those already mentioned.

## 4 Course design and delivery

### 4.4 Learning and support resources

City & Guilds will provide the following learning and support resources which will be posted on our website.

<b>Resource</b>	<b>How to access</b>
Sample question papers and assignments	<a href="http://www.cityandguilds.com/amspar">www.cityandguilds.com/amspar</a>
Past question papers for Medical Terminology	<a href="http://www.amspar.co.uk">www.amspar.co.uk</a>
Learning support material for imported IT User units (7266)	<a href="http://www.smartscreen.co.uk">www.smartscreen.co.uk</a>

## 5 Relationships to other qualifications

### 5.1 Links to National Occupational Standards/other qualifications

City & Guilds has identified the connections to the Level 3 N/SVQ in Business and Administration on the NQF. This mapping is provided as guidance and suggests areas of overlap and commonality between the qualifications. It does not imply that candidates completing units in one qualification are automatically covering all of the content of the qualifications listed in the mapping.

The generic IT units are imported units from the Level 2 and Level 3 suite of the ITQ for IT User qualifications. The accompanying assessments of these units have been fully mapped to the related ITQ unit content.

Centres are responsible for checking the different requirements of all qualifications they are delivering and ensuring that candidates meet requirements of all units/qualifications. For example, units within a QCF qualification may be similar in content to units in the NQF qualification which the candidate may have already undertaken and this may present opportunities for APL.

These qualifications have connections to the

- Level 3 N/SVQ in Business and Administration

#### 4419 Level 3 Medical Administration/Secretaries units

#### 4404 Level 2/3 N/SVQ units in Business and Administration

Unit Number/Title	Unit Number
1 Medical Terminology (2)	n/a
2 Medical Principles for the Administrator	110, 201, 202, 209
3 Medical Administration	301, 302, 303, 305, 314, 315, 320, 321,
4 Managing Communication in a Medical Environment	301, 302, 303, 305, 311, 318, 320, 321
5 Medical Word Processing and Audio Transcription	221, 314, 318, 324
6 Legal Aspects of Medical Administration	301, 302, 303, 305, 320
7 Work Experience in a Medical Environment	201, 202, 203, 204, 206, 209, 210, 219, 220, 225

#### NHS Knowledge and Skills Framework – mapping

Unit	1	2	3	4	5	6	HWB1	IK1	IK2	G3	G4	G5
2	L2		L1				L1					
3	L2				L2			L2		L1	L1	L2
4	L3			L1		L2			L2			L2
5								L2				L2
6			L2		L2	L2						

## Contacting the Sector Skills Council/Standards Setting Body

These units were developed by City & Guilds in collaboration with AMSPAR and have the support of the Council for Administration (CfA) and the Skills for Health.

<b>Name of SSB/SSC</b>	CfA
<b>Address</b>	6 Graphite Square, Vauxhall Walk, London, SE11 5EE
<b>Telephone</b>	020 7091 9620
<b>e-mail</b>	info@cfa.uk.com
<b>URL</b>	www.cfa.uk.com

<b>Name of SSB/SSC</b>	Skills for Health
<b>Address</b>	Goldsmiths House, Broad Plain, Bristol, BS2 0JP
<b>Telephone</b>	0117 922 1155
<b>e-mail</b>	office@skillsforhealth.org.uk
<b>URL</b>	www.skillsforhealth.org.uk

## Imported units

Some units in these qualifications have been imported from the National Occupational Standards (NOS) developed by other Sector Skills Councils/Standards Setting Bodies:

<b>Name of SSC</b>	e-skills UK
<b>Address</b>	1 Castle Lane, London, SW1E 6DR
<b>Telephone</b>	0207 963 8920
<b>Fax</b>	0207 592 9138
<b>e-mail</b>	info@e-skills.com
<b>URL</b>	e-skills.com

## **5 Relationships to other qualifications**

### **5.2 Apprenticeship framework**

#### **Apprenticeship frameworks**

The Level 3 Diploma for Medical Secretaries has been approved by the CfA as a technical certificate for the Advanced Apprenticeship in Business and Administration (Level 3).

These qualifications support the Employment rights and responsibilities (ERR) of the apprenticeship framework.

Full details of the requirements of the apprenticeship framework are available from the CfA website: [www.cfa.uk.com](http://www.cfa.uk.com)

## 6 Assessment

### 6.1 Summary of assessment requirement

City & Guilds provides the following assessments:

<b>Unit no.</b>	<b>Title</b>	<b>Assessment no and method</b>	<b>Where to obtain assessment materials</b>
1	Medical Terminology (2)	4419-220 Externally set and marked written test.	Follow standard examination entry procedures
2	Medical Principles for the Administrator	4419-221 Externally set and marked written test.	Follow standard examination entry procedures
3	Medical Administration	4419-331 Assignment The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website using required password
4	Managing Communication in a Medical Environment	4419-332 Assignment The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website using required password
5	Medical Word Processing and Audio Transcription	4419-333 and 4419-334 Assignments The assessment covers all learning outcomes. Two externally set assignments, locally marked and externally verified.	Download the current assignment version from the City & Guilds website using required password
6	Medical Terminology (3)	4419-330 Externally set and marked written test.	Follow standard examination entry procedures
7	Legal Aspects of Medical Administration	4419-335 Externally set and marked written test.	Follow standard examination entry procedures
8	Work Experience in a Medical Environment	4419-225 Mini portfolio of work placement evidence eg observation, work products, personal statement, diary	4419 Assessment guidance document available from the City & Guilds website

<b>Unit no.</b>	<b>Title</b>	<b>Assessment no and method</b>	<b>Where to obtain assessment materials</b>
9	Spreadsheet Software (2)	4419-805 (use e-Equals 07 7266-023 Assignment) The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website (7266) using required password
10	Database Software (2)	4419-806 (use e-Equals 07 7266-024 Assignment) The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website (7266) using required password
11	Presentation Software (2)	4419-807 (use e-Equals 07 7266-026 Assignment) The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website (7266) using required password
12	Spreadsheet Software (3)	4419-808 (use e-Equals 07 7266-043 Assignment) The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website (7266) using required password
13	Presentation Software (3)	4419-809 (use e-Equals 07 7266-045 Assignment) The assessment covers all learning outcomes. Externally set assignment, locally marked and externally verified.	Download the current assignment version from the City & Guilds website (7266) using required password

**NB: Only centres who are approved to offer these qualifications will be given access to the live assignments. Passwords can be obtained from our Customer Relations team.**

### **Time constraints**

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

- All assignments must be completed and assessed within the candidate's period of registration. Centres should advise candidates of any internal timescales for the completion and marking of individual assignments.
- Candidates may retake any examination as per the number of examination series available within their registration period.

## Grading and marking

Assessments will be graded Pass, Merit or Distinction for all units excluding unit 8 Work Experience in a Medical Environment which is Pass only. For units 9-13 the use of Credit is within the related 7266 IT User assignment documentation. The use of Merit and Credit are interchangeable.

Recommended grading boundaries for written examinations:

4419-220 Medical Terminology (level 2)

Pass = 70-80%                  Merit = 81-90%                  Distinction 91-100%

4419-221 Medical Principles for the Administrator

Pass = 50%-64%                  Merit = 65%-74%                  Distinction = 75%-100%

4419-330 Medical Terminology (level 3)

Pass = 75-85%                  Merit = 86-92%                  Distinction 93-100%

4419-335 Legal Aspects in a Medical Environment

Pass = 50%-64%                  Merit = 65%-74%                  Distinction = 75%-100%

These grading boundaries are subject to analysis of question paper performance for each examination series and may be adjusted accordingly.

### Assignments

4419-331 and 332 - detailed marking and grading criteria are provided in the marking criteria for each assignment.

4419-333, 334, 805-809 – detailed marking and grading criteria are provided in the marking criteria for each assignment.

All assignments are internally marked and graded subject to internal and external verification.

Sample assignments are available as free downloads from the City & Guilds website.

### Simulation

Simulation is not permitted for the assessment of unit 8 Work Experience in a Medical Environment.

### Evidence requirements

Detailed additional guidance on evidence gathering is provided within the 4419-01/02 Assessment guide for unit 8 Work Experience in a Medical Environment.

## **6 Assessment**

### 6.2 Recording forms

Candidates and centres may decide to use a paper-based or electronic method of recording evidence for unit 8 Work Experience in a Medical Environment.

City & Guilds has developed a set of example recording forms specifically for unit 8 Work Experience in a Medical Environment. They are available from the City & Guilds website within the 4419-01/02 Assessment guide.

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.

## 7 Test specifications

### 7.1 Test specifications

The test specifications for units 1, 2, 6 and 7 are below:

**4419-220:** Medical Terminology (level 2)

**Duration:** 1 hour

	<b>Outcome</b>	<b>Question no.</b>	<b>Approx %</b>
1	Structure and meaning of medical terms	1	26
2	Meaning of medical terms relating to the body systems		
3	Meaning of medical terms for the different medical specialities		
2	See above	2	20
1, 2, 3	See above	3	20
1, 3	See above	4	20
4	Meaning of abbreviations concerning drugs and prescriptions	5	14
	<b>Total</b>	<b>5</b>	<b>100</b>

**4419-221:** Medical Principles for the Administrator

**Duration:** 2 hours

	<b>Outcome</b>	<b>No. of questions</b>	<b>Approx %</b>
1	Understand the principles of Health Promotion / Preventive Medicine	4	18
2	Understand the principles of infection	6	20
3	Understand the role of the Diagnostic Departments	2	20
4	Understand the principles of medical ethics and medical etiquette	3	15
5	Understand the principles regarding drugs used in medicine	3	15
6	Understand the basic anatomy and physiology of the organs of the human body (including the bones)	2	12
	<b>Total</b>	<b>20</b>	<b>100</b>

**4419-330:** Medical Terminology (level 3)

**Duration:** 1 hour and 45 minutes

	<b>Outcome</b>	<b>Question no.</b>	<b>Approx %</b>
2-19	Short answer questions on medical terms and abbreviations from outcomes 2-19	1	15
2-19	Medical terms from outcomes 2-19	2	20
2-19	Medical terms from outcomes 2-19	3	15
2-19	Medical terms from outcomes 2-19	4	5
2-19	Medical abbreviations	5	15
1	Medical suffixes/prefixes	6	15
2-19	Medical terms and abbreviations from outcomes 2-19	7	15
	<b>Total</b>	<b>5</b>	<b>100</b>

**4419-335:** Legal Aspects of Medical Administration

**Duration:** 2 hours

	<b>Outcome</b>	<b>No. of questions</b>	<b>Approx %</b>
1	Understand the organisational structure of health care in the UK	2	10
2	Understand the role of the social worker in health care	1	5
3	Understand how principal legislation affects the patient, employees and the employers within the NHS	7	55
4	Understand how to maintain patients' rights	5	30
	<b>Total</b>	<b>15</b>	<b>100</b>

## 8 Units

### 8.1 About the units

#### Availability of units

For full information on Unit 1 Medical Terminology (Level 2) and Unit 6 Medical Terminology (Level 3) see the relevant qualification handbooks for 4415-01 Level 2 Award in Medical Terminology and 4415-02 Level 3 Certificate in Medical Terminology, available from the City & Guilds website [www.cityandguilds.com/amspar](http://www.cityandguilds.com/amspar)

For more detailed information on IT units 9-13 see the qualification handbooks for 7266 Level 1 Certificate and Level 2 Diploma for IT Users, available from the City & Guilds website [www.cityandguilds.com](http://www.cityandguilds.com)

#### Structure of units

The units in these qualifications are written in a standard format and comprise the following:

- City & Guilds reference number
- title
- level
- credit value
- unit aim
- relationship to NOS/other qualifications
- statement of guided learning hours
- assessment and grading
- learning outcomes which are comprised of a number of practical and/or knowledge based assessment criteria
- guidance notes.

## Unit 1

## Medical Terminology (2)

**Level:** 2

**Credit value:** 6

### **Unit aim\***

The aim of this unit is to enable the learner to develop a basic knowledge of how to accurately construct, identify and use a specified range of medical terminology.

### **Learning outcomes**

There are **four** outcomes to this unit. The candidate will know the:

- Structure and meaning of medical terms
- Meaning of medical terms relating to the body systems
- Meaning of medical terms for the different medical specialities
- Meaning of abbreviations concerning drugs and prescriptions

### **Guided learning hours**

It is recommended that 45 hours should be allocated for this unit. This may be on a full time or part time basis.

### **Key Skills**

This unit contributes towards the Key Skills in the following areas:

Problem Solving

### **Assessment and grading**

This unit will be assessed by an externally set and marked short answer test.

\*For full details of this unit and additional guidance on the assessment range see the qualification handbook for **4415-01 Level 2 Award in Medical Terminology** available from [www.cityandguilds.com/amspar](http://www.cityandguilds.com/amspar)

## Unit 2

## Medical Principles for the Administrator

**Level:** 2

**Credit value:** 9

### Unit aim

The aim of this unit is to equip the learner with specialised medical knowledge of administration in a healthcare environment. It will enable the learner to understand health promotion (HP) and the role of the medical administrator in giving advice on health. They will learn how to maintain a safe and healthy environment through the prevention of infection and how the principles of medical ethics, etiquette and confidentiality apply to medical administration. The learner will also develop an understanding of the work of the pathology and clinical imaging departments and a basic knowledge of drug classification, human anatomy and physiology.

### Learning outcomes

There are **six** learning outcomes to this unit. The learner will be able to:

1. Understand the principles of Health Promotion /Preventive Medicine
2. Understand the principles of infection
3. Understand the role and function of the Diagnostic Departments
4. Understand the principles of medical ethics and medical etiquette
5. Understand the principles regarding drugs used in medicine
6. Understand the basic anatomy and physiology of the organs of the human body (including the bones)

### Guided learning hours

It is recommended that **70** hours should be allocated for this unit. This may be on a full-time or part-time basis.

This unit is linked to the Level 2 N/SVQ in Business and Administration.

This unit is endorsed by Skills for Health.

### Assessment and grading

This unit will be assessed by an externally set and externally marked test graded Pass/Merit/Distinction.

## Unit 2

### Outcome 1

## Medical Principles for the Administrator

### Understand the principles of Health Promotion/Preventive Medicine

#### Assessment Criteria

The learner can:

1. describe the role of Health Promotion (HP)/Preventive Medicine (PM) in the workplace
2. explain the role and limitations of the medical administrator in supporting Health Promotion
3. explain the purpose of screening and diagnostic tests.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe why HP/PM is so important in promoting good health throughout the population eg it keeps the population informed about ways in which they can keep themselves healthy
- describe appropriate methods by which the medical administrator can promote HP/PM in their place of work eg by placing posters on the walls of the waiting rooms
- identify the health problems/diseases/ areas which may be targeted by a HP/PM programme eg diabetes, heart disease.

**For 2.** the learner should be able to

- explain the role of the medical administrator in giving Health Promotion advice to patients eg:
  - the procurement and display of suitable leaflets and posters
  - tagging medical records so that opportunistic advice can be given by the Dr/Nurse
  - organisation of health awareness days etc
- explain the limitations of the role of the administrator when giving advice to patient eg:
  - the administrator should never offer personal advice to patients but should refer them to the Dr /Nurse or draw their attention to the leaflets/posters which are available
  - all leaflets and posters offering advice to patients should be checked and approved by the GP/Consultant/Practice Nurse
- give examples of the repercussions which may occur if the medical administrator should offer personal advice. The administrator is accountable for their own actions and the overstepping of their role could result in disciplinary warnings or dismissal. The GP/Consultant is liable for the actions of all their employees and any incorrect advice offered by the administrator could result in a complaint or their employer being sued.
- give examples of the advice which may be displayed to individuals in a bid to improve health and prevent the onset of disease in the following areas:
  - **holiday health** eg care of the skin; food and drink; immunisations, safe sex, medications
  - **cardiovascular and pulmonary disease** eg diet/weight, smoking, exercise.

**For 3.** the learner should be able to

- explain the purpose of screening tests and describe the benefits of carrying them out eg Screening tests may identify disease before the onset of signs and symptoms. This early diagnosis allows treatment to begin at an early stage and so improves the prognosis and prevents complications occurring.
- describe diagnostic/screening tests routinely carried out in each of the following areas:
  - a) maternity services eg weight, blood pressure monitoring, blood tests for anaemia and immunity profiles, urine tests for protein/infections, ultrasound scans
  - b) child health eg: weighing and measuring of the baby, blood test for Phenylketonuria, developmental assessment
  - c) cancer eg: mammography, cervical cytology, Prostatic Specific Antigen (PSA blood test), colon cancer screening
  - d) cardiovascular and pulmonary disease eg: weight and blood pressure measurement, measurement of lung capacity (spirometry).

## Unit 2

## Medical Principles for the Administrator

### Outcome 2

### Understand the principles of infection

#### Assessment Criteria

The learner can:

1. describe the causes and effects of infection in the body
2. explain how cross infection is controlled in a medical environment.

#### Assessment criteria explained:

**For 1.** the learner should be able to

- state the different types of pathogenic micro-organisms eg bacteria, viruses, fungi, protozoa
- describe how pathogenic micro-organisms may enter the human body eg:
  - **inhalation** (airborne/droplet infection)
  - **ingestion** (carried to the mouth via the hands or fomites, taken in when eating or drinking contaminated foods or liquids)
  - **inoculation** (needle stick injuries, use of contaminated needles, injuries which penetrate the skin)
  - **body fluids** (via semen, blood saliva)
  - **via the placenta** (during pregnancy)
- describe the main signs and symptoms which may indicate the presence of infection in the body eg pyrexia, pain, discolouration of the skin, rash, swelling, inflammation, feeling of malaise.

**For 2.** the learner should be able to

- identify the legislation that governs dangerous/hazardous substances in a medical environment COSHH (Control of Substances Hazardous to Health)
- explain the procedures relating to the collection, labelling and storage of specimens containing body fluids eg:
  - use protective clothing when handling specimens (PPE)
  - store specimens in a safe, appropriate place away from the patient area
  - label specimens fully and accurately
  - ensure tops of containers are secure, etc
- explain the procedure for disposing of clinical and general waste eg: PPE; colour coded bags (black for general waste, yellow for clinical waste); store waste bags appropriately away from patients whilst awaiting collection etc
- explain how sharps should be disposed of eg: needles placed unsheathed into yellow sharps box; box kept away from public; box only two-thirds full
- explain the correct procedure relating to the cleaning up spilt body fluids such as vomit, urine, blood etc, eg: wearing of PPE; use of safety signs; use of specialised cleaning utensils; granules/sand; disinfection; washing of hands
- describe how cross infection can be controlled in the workplace eg:
  - washing of hands between patients
  - use of alcohol gels for staff, patients and visitors
  - using clean or disposable bedding for each patient
  - frequent cleaning of all areas
  - thorough cleaning of medical equipment.
  - segregation of infectious patients
  - use of sterilised, disposable equipment for each patient.

## Unit 2

### Outcome 3

## Medical Principles for the Administrator

### Understand the role and function of the Diagnostic Departments

#### Assessment Criteria

The learner can:

1. describe the function of the Pathology Department including job roles
2. describe the function of the Clinical Imaging Department including job roles.

#### Assessment criteria explained:

**For 1.** the learner should be able to

- identify the four main sections of the Pathology Department ie: Microbiology, Haematology, Biochemistry, Histopathology/Cytology
- describe briefly the work carried out in the four main sections of the Pathology Department and give examples of the tests which may be carried out in each section eg:
  - Haematology is the study of blood. Takes blood samples from patients to carry out a range of tests to both diagnose disease and to ascertain progress during treatment eg FBC Full blood count, WCC White cell count. This section is also linked to the 'blood bank' which holds emergency supplies of fresh blood and blood products for use in emergency.
- name the job title and describe the job role of different staff employed in a pathology department eg:
  - Pathologist - in charge of department, reports on findings of tests, carries out post mortems
  - Laboratory technician - sets out equipment, may set up some tests, cleans and safely disposes of equipment after use
  - Scientific Officer – in charge of preparing samples, carrying out tests and reading the results
  - Haematologist – the consultant who is in charge of the investigation and treatment of those with abnormal conditions of the blood.

**For 2.** the learner should be able to

- name in full the four main sections of the Clinical Imaging Department ie: General/simple X-ray, MRI (Magnetic Resonance Imaging), CAT/CT/ (Computerised Axial Tomography), Ultrasound
- describe briefly the work carried out in the four main sections of the Clinical Imaging Department eg:
  - CAT/CT scans (Computerised Axial Tomography/Computed Tomography). This section of the department takes multiple computerised pictures, at set intervals, across an axis of the body. These pictures form a 3-D image of the body to aid diagnosis. Contrast mediums may be injected to show the blood vessels.
- name the job title and describe the role of different staff employed in the Clinical Imaging/Nuclear Medicine Department eg:
  - Radiographer - Sets up machinery, positions patient and photographic plates to take the x-ray
- explain the ways in which the staff and public are protected from the harmful effects of radiation eg:
  - signs and notices warn the public about the danger of this area
  - staff wear counters to monitor the amount of radiation they receive
  - red lights warn people not to enter the room whilst x rays are being taken.

## Unit 2

### Outcome 4

## Medical Principles for the Administrator

Understand the principles of medical ethics and medical etiquette

### Assessment Criteria

The learner can:

1. explain the meaning of medical ethics and medical etiquette and how they may be maintained
2. explain the importance of maintaining patient confidentiality.

### Assessment criteria explained

**For 1.** the learner should be able to

- explain the meaning of medical ethics and medical etiquette:  
**medical ethics** is concerned with the moral code of conduct of healthcare professionals; maintained by preserving life eg:
  - treating people equally without any form of prejudice
  - maintaining patient confidentiality
  - not criticising doctors or colleagues**medical etiquette** is concerned with the social code of conduct; maintained by eg:
  - addressing colleagues correctly eg: Mr/Mrs/Miss etc for those who are FRCS qualified
  - a consultant not seeing a patient unless the patient has been referred to that consultant by their GP.

**For 2.** the learner should be able to

- briefly explain why patient confidentiality is important eg: to engender trust between the patient and the clinician in the knowledge that anything they tell to the clinician will not be divulged even after their death; to comply with data protection requirements regarding written information about a patient
- describe how confidentiality can be maintained within a healthcare environment eg:
  - do not gossip about a patient anywhere/to anybody
  - do not speak about a patient to colleagues where you can be overheard by others, always carry out necessary discussions in an area away from other patients
  - do not leave information on a computer screen where it may be seen by others. Always keep the screen turned away from patients
  - use a screen saver when not inputting information
  - log off computer immediately after use
  - do not leave paperwork containing patient information on desks or in areas where it can be seen by others, always file patient notes and medical results as quickly as possible
  - check that the original copy is not left in the machine when photocopying patient information
  - always place sensitive information into a sealed envelope when transporting it from one department to another.

## Unit 2

### Outcome 5

## Medical Principles for the Administrator

Understand the principles regarding drugs used in medicine

### Assessment Criteria

The learner can:

1. explain the legal requirements of drugs used in medicine
2. describe the classification of drugs.

### Assessment criteria explained

**For 1.** the learner should be able to

- briefly describe the role of the hospital pharmacist eg: dispenses limited supplies of drugs to patients in hospital and on their discharge from hospital; gives advice to clinicians regarding drug dosages and contra-indications
- briefly describe the role and responsibilities of the community pharmacist eg: dispenses prescribed drugs; gives advice to patients on the use of prescription drugs; advises on the use of non prescription drugs and alternative treatments
- name, date and outline the two main acts which control the production, storage and prescribing of drugs in the UK:
  - Medicines Act 1968. This includes all drugs used in medicine. It divides these medicines into three categories GSL, POM and P
  - Misuse of Drugs Act (MODA) 1971 and its subsequent MODA regulations. This Act controls the supply, storage and prescribing of 'drugs of addiction' ie controlled drugs. They are divided into five categories.
- identify the three books/periodicals which give information regarding the drugs/medical dressings licensed for use in the UK eg MIMS (Monthly Index of Medical Specialities), BNF (British National Formulary) and the BP (British Pharmacopoeia)
- explain the meaning of generic and proprietary drug names eg: the generic name is the name of the chemical constituents of the drug as stated in the BNF; the proprietary name is that given by the drug company for marketing purposes.

**For 2.** the learner should be able to

- correctly name the classification of a drug from its description
- correctly describe the use of a drug from its classification.

See Appendix 1.

## Unit 2

### Outcome 6

## Medical Principles for the Administrator

Understand the basic anatomy and physiology of the organs of the human body (including the bones)

### Assessment Criteria

The learner can:

1. identify the main bones and their position in the human body
2. describe the main organs of the human body including their position, function and the related system.

### Assessment criteria explained

**For 1.** the learner should be able to

- identify the main bones of the human body and their position (see Appendix 2). (All that is required is an awareness of the medical name and the location of the main bones.)

**For 2.** the learner should be able to

- identify the position of the main organs of the body and the body system to which they belong
- describe the function of the main organs of the human body.

See Appendix 3.

## Unit 3

## Medical Administration

**Level:** 3

**Credit value:** 9

### **Unit aim**

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

### **Learning outcomes**

There are **six** learning outcomes to this unit. The learner will be able to:

1. Understand the role and responsibilities of the medical secretary
2. Understand medical administrative procedures
3. Understand the importance of team work in a medical environment
4. Understand how to manage time and workload
5. Understand how to manage and store information in a medical environment
6. Understand the importance of continuous improvement

### **Guided learning hours**

It is recommended that **70** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is linked to the Level 3 N/SVQ in Business and Administration.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by the Council for Administration.

### **Assessment and grading**

This unit will be assessed by an externally set and internally marked assignment covering all learning outcomes, graded Pass/Merit/Distinction.

## Unit 3

## Medical Administration

### Outcome 1

Understand the role and responsibilities of the medical secretary

#### Assessment Criteria

The learner can:

1. explain the skills, qualities, and core knowledge required of the medical secretary and their importance
2. describe the range of duties carried out by the medical secretary
3. describe how to deal with incoming and outgoing mail
4. evaluate the use of different postal services
5. describe the procedure for receiving and making telephone calls
6. explain the importance of accountability when handling cash
7. explain the principles of managing petty cash
8. describe how to organise a meeting
9. explain the role of the secretary in relation to stock control, including stationery
10. describe the additional responsibilities of the medical secretary in private practice.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe the skills and core knowledge required to function effectively and provide a quality service eg accurate word processing, medical audio, knowledge of database and spreadsheets, organisational and administrative skills, good communication skills both written and oral
- explain why it is essential for the medical secretary to have these skills eg oral communication skills - to be able to communicate effectively with patients and members of staff, to assess systematically the needs of patients and others.
- describe the personal qualities required of a medical secretary eg tact, team player, caring and friendly.

**For 2.** the learner should be able to

- describe the various administrative tasks that a medical secretary has to undertake during the course of their daily duties eg dealing with post, answering the telephone, making appointments, preparing clinics, typing letters and discharge summaries, dealing with stationery requests, managing the doctor's diary, dealing with test results.

**For 3.** the learner should be able to

- describe the procedures for both incoming and outgoing mail, including routine mail, suspicious parcels, awareness of confidentiality and the use of NHS mail services.

**For 4.** the learner should be able to

- describe the different postal services and evaluate their uses ie: standard postal services, size and weight of letters, first and second class, parcel services, recorded delivery and track and trace, special delivery and courier services.

**For 5.** the learner should be able to

- describe the process involved when receiving incoming and making outgoing telephone calls including recording accurate telephone messages and considering the issue of cost.

**For 6.** the learner should be able to

- explain the importance of accountability when handling cash including private patient accounts eg the need for accuracy, confidentiality, keeping the accounts up to date.

**For 7.** the learner should be able to

- explain the principles of petty cash, what it is used for, how it is managed. The reconciliation of accounts is not required.

**For 8.** the learner should be able to

- describe the tasks that need to be done before a meeting eg agree a meeting date, book meeting room, organise sufficient chairs and refreshments, send out meeting notice and agenda, consider special requirements, for internal and external meetings.

**For 9.** the learner should be able to

- explain what stock control is, the role of the medical secretary in stock control, how to avoid having too much or too little stock and what the consequences of these might be and describe how stock control can act as a deterrent against wastage and pilfering.

**For 10.** the learner should be able to

- describe the additional responsibilities the medical secretary may carry out in private practice eg:
  - clinical duties eg organising investigations
  - liaising with the NHS
  - maintaining the waiting room etc
  - ensuring that patients are aware of costs
  - acting as chaperone
  - managing the practice
  - sending patients accounts and following up
  - keeping accounts and payroll
  - supplies.

## Unit 3

## Medical Administration

### Outcome 2

### Understand medical administrative procedures

#### Assessment Criteria

The learner can:

1. describe the patient's route from primary to secondary care
2. explain the different types of hospital admission and the related procedures
3. describe the procedures involved in making new and follow-up appointments
4. explain the purpose of the five sections of hospital case notes
5. describe patient discharge procedures
6. describe the procedures that must be followed when a patient dies
7. describe how to register new and temporary patients in general practice
8. describe the main features of a primary care medical record and the secretary's involvement with it
9. evaluate different types of appointment systems in primary care
10. describe the circumstances under which a patient can be removed from the practice list.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe the patient's route from GP to hospital, and then through the hospital to discharge.

**For 2.** the learner should be able to

- explain the different types of hospital admission and the procedures involved ie elective admission, emergency admissions, admission arranged by a GP directly with a hospital, compulsory admission and detention and voluntary admission. Explanation of procedures should include those carried out by the medical secretary and those carried out by others.

**For 3.** the learner should be able to

- describe how new and follow-up appointments are made from referral by the GP to the letter being sent .

**For 4.** the learner should be able to

- identify the five sections of hospital case notes and explain the purpose of each ie identification, medical, nursing, correspondence and results (eg pathology tests, x-rays, reports).

**For 5.** the learner should be able to

- describe patient discharge procedures, both those carried out by the medical secretary and those carried out by others.

**For 6.** the learner should be able to

- describe what tasks and procedures must be carried out when a patient dies in the hospital ie:
  - by the medical secretary
  - by others
  - for post mortems
  - for when an inquest is required.

**For 7.** the learner should be able to

- describe the criteria for registering with a GP eg ensure practice is taking new patients and that patient lives within practice area and the procedure eg patient to complete personal details, form to be checked, etc
- describe how temporary patients are registered.

**For 8.** the learner should be able to

- describe the main features of a primary care medical record ie the individual only has one primary care record which may be either on paper or computer and understand that the medical secretary may be involved in scanning and summarising medical records.

**For 9.** the learner should be able to

- evaluate the use and appropriateness of different types of appointment and booking systems operating in General Practice and the advantages and disadvantages of each of the identified systems ie computerised appointments, advanced booking, sequential, block booking and limited block booking.

**For 10.** the learner should be able to

- describe when a patient can be removed ie:
  - a doctor can remove a patient from their list because the patient has moved outside the practice boundary
  - there has been an irretrievable breakdown in the relationship between the doctor and patient
  - patient has behaved badly at the surgery by being violent or abusive to staff
  - patient makes unrealistic demands upon the practice eg by making frequent requests for inappropriate home visits for minor issues.

## Unit 3

## Medical Administration

### Outcome 3

Understand the importance of team work in a medical environment

#### Assessment Criteria

The learner can:

1. explain what makes an effective health care team
2. explain the benefits of teamwork within a health care setting.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe different types of teams in a health care setting eg the primary health care team, multidisciplinary teams, temporary teams/task forces
- explain the difference between a group and a team
- explain the characteristics of team members eg plant, resource investigator, co-ordinator, implementer, completer, finisher
- explain the features of effective and ineffective teams
- explain the causes of conflict within a team
- explain how to resolve conflict in the team.

**For 2.** the learner should be able to

- explain the benefits of teamwork in a health care setting eg:
  - each member of the team contributes and shares knowledge and skills
  - teamwork allows division of labour
  - a management plan can be devised to which everyone can be committed
  - patients cannot play one member off against another
  - communications are improved
  - teamwork provides an opportunity for learning about others and enhances mutual esteem.

## Unit 3

## Medical Administration

### Outcome 4

### Understand how to manage time and workload

#### Assessment Criteria

The learner can:

1. evaluate the use of the diary in the medical environment
2. explain how the medical secretary can maintain a manageable workload.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe the purpose of the diary as a management tool (paper or electronic) eg to record daily appointments, can be used to record a “to do list” for the day, for looking ahead and recording events which occur monthly
- explain how and why the secretary’s and the doctor’s diaries must link
- describe the advantages and disadvantages of a computerised system of diary management.

**For 2.** the learner should be able to

- describe the principles of successful time management eg develop a personal sense of time, must – should – could, divide large tasks
- describe factors which may adversely affect management of the workload: eg interruptions – telephone, interruptions from personal visitors, meetings
- describe planning aids and explain their uses eg diaries, schedules, action plans.

## Unit 3

### Outcome 5

## Medical Administration

Understand how to manage and store information in a medical environment

### Assessment Criteria

The learner can:

1. describe the different types of information managed in a medical environment
2. describe file management systems
3. describe how to set up an effective filing system for own workspace
4. identify the principles of the data protection act 1998
5. describe different sources of information on medical and non-medical data
6. describe how computerised patient administration systems (PAS) are used
7. describe common problems found when accessing medical records.

### Assessment criteria explained

**For 1.** the learner should be able to

- describe the types of information commonly managed by secretaries eg clinic letters, discharge summaries, medical test results, x-ray reports, research papers, minutes of meetings, procedural information, policies, protocols, audit information, attendance records.

**For 2.** the learner should be able to

- describe the various storage methods used in health care ie lateral filing cabinets, vertical filing cabinets, horizontal filing cabinets and electronic filing
- describe the different filing classification systems eg alphabetical, numerical, chronological, alpha- numerical, geographical, subject and terminal digit
- identify ways of cross-referencing files.

**For 3.** the learner should be able to

- describe how to set up a filing system within own work space, electronic and manual eg finding the right cabinet, labelling, the value of colour coding and the importance of removing obsolete information
- identify different types of media storage devices eg hard drive, CD Rom and memory sticks.

**For 4.** the learner should be able to

- identify the principles of the Data Protection Act 1998 and explain how these apply to patient data, manual and computerised, in the medical environment.

**For 5.** the learner should be able to

- describe different internal and external information systems used for researching and retrieving medical and non medical data eg, hospital intranet, internet, staff handbooks, databases, organisational policies, medical dictionary, medical secretary's handbook, British National Formulary.

**For 6.** the learner should be able to

- describe the tasks that can be carried out using the system eg making out-patient appointments, TCI letters, tracking medical records.

**For 7.** the learner should be able to

- describe some of the common problems encountered when accessing medical records eg incorrect, file number, transposition of number, misfiling, no tracer card in place.

## Unit 3

## Medical Administration

### Outcome 6

Understand the importance of continuous improvement

#### Assessment Criteria

The learner can:

1. describe different techniques used in individual development
2. explain the impact of continuous professional development (CPD) on the organisation and the individual.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe various techniques for identifying individual needs for development eg formal and informal feedback, self assessment, training needs analysis, provision of training opportunities, setting clear objectives (SMART targets), completion of CPD log/diary, appraisals, PDR.

**For 2.** the learner should be able to

- explain the impact of CPD on the individual eg increased motivation, promotion opportunities, and the organisation eg improved patient care, increased staff retention.

## Unit 3

## Medical Administration

### Notes for guidance

#### Learning outcome 1

##### 1.1

- **Technical skills** eg: accurate word processing, medical audio, shorthand skills and a good knowledge of medical terminology to ensure that medical documents are accurately produced. Good knowledge of database and spreadsheet in order to produce graphs, charts, schedules, rotas. Good organisational and administrative skills in order to support the doctor and run an effective office. Spoken and written skills to deal with patients and relatives sensitively and sympathetically and an awareness of data protection issues.
- **Qualities** eg: tact, discretion, sensitive sympathetic friendly, team player, caring and friendly, good time keeper, flexible and adaptable appreciation of need for confidentiality, able to work with diversity.

##### 1.3

#### Incoming mail

- sort mail into recipients
- open envelope
- follow procedures for mail marked personal;/private/confidential etc
- date stamp and time stamp the envelope
- check enclosures are present
- clip/staple loose papers together
- enter any monies into remittance book
- enter into incoming mail book
- distribute to recipients
- scan letters into computer
- follow procedures for suspicious parcel
- be aware of confidentiality.

#### Outgoing mail

- ensure letters are ready/collected by required time
- check letters are signed
- check enclosures are attached
- fold into appropriate sized envelope
- ensure correct procedures followed for internal mail or mail for other nhs organisations (blue bag, hospital van etc)
- weigh envelope
- stamp or frank with appropriate postage
- franked mail should be faced ready for collection
- enter into outgoing post book
- correct letter in correct envelope
- name and address can be seen through window if window envelopes used.

##### 1.4

In August 2006 the Royal Mail revised the way postage was charged. The cost of sending items by mail is currently dependent on the weight, size and format of the item. In order to choose the most appropriate service the learner should consider how urgent the mail item is, how valuable it is and whether a signature is needed on delivery. The learner will also need to know the options available. Refer to the current Royal Mail charging structure.

**Couriers** - the main advantages of using a courier eg: items collected from your door, pay your account monthly by direct debit, trackable online, nearly always next day service, prices less than cost of Royal Mail, multiple boxes can be sent in same consignment for the price of one box, very easy to use booking in services.

## 1.5

### **Incoming calls:**

- answer calls promptly
- avoid keeping callers waiting – give callers the choice of being rung back if their query requires you to search for information or consult other staff
- take the caller's name and telephone number in case you should be cut off, and ring back directly if this occurs
- keep coming back to callers
- be familiar with staff names and extension numbers for routine requests
- when re-routing calls ensure the callers extension wishes to accept the call, if the call cannot be put through or there is no reply, give the caller a choice of ringing back together with your telephone number or ask if he/she wishes to leave a message
- do not be over familiar
- if the caller is cut off ring back immediately
- end the call politely.

### **Outgoing calls:**

- plan what you are going to say and have all the information you need to refer to at hand and also a list of points you might wish to raise
- dial the number carefully
- if you dial the wrong number offer an apology
- introduce yourself by name and organisation
- give the name of the person you wish to speak to or state the purpose of your call so you can be put through to an appropriate person
- be aware of costs, the distance, and the length of the call.

## 1.7

### **Principles of petty cash**

- small amounts of expenditure for goods and services are usually paid for out of petty cash
- amounts are too small to be paid for by cheque
- items of petty cash include, stamps, milk bills, small stationery items etc
- medical secretary may be responsible for controlling petty cash and the system most commonly used is called the Imprest system
- the Imprest amount is drawn from the account each week or month through the main cash book
- the sum is estimated to cover all small expenses throughout the agreed period and is referred to as the Imprest or float
- the petty cash is kept in a locked cash box
- during the month payments are made from the float
- all expenditure must be covered by a petty cash voucher or a receipt
- the voucher should be signed by the person receiving the money
- the vouchers and receipts should be numbered and filed for purposes of audit
- a separate petty cash book is maintained which analyses the expenditure, and at the end of the month a sum of money is drawn by cheque to restore the amount of the Imprest or float to the original value.

## 1.8

- **Preparation for a meeting** eg: agree a meeting date, book meeting room, organise, sufficient chairs, refreshments, organise for equipment such as flip chart, videos, power point presentation equipment, stationery, send out meeting notice and agenda to all attendees and

any supplementary documents, prepare attendance list, name badges, signs, prepare chairman's agenda.

### 1.9

- **Stock control system** is to keep track of such items as stationery, computer hardware, drugs, dressings, linen sundry equipment
- it is the secretary's role to ensure that there is an effective stock control system to avoid two pitfalls:-
  - having too much stock – money that is tied up in the stock cannot be used for other purpose, and if stock is perishable or becomes obsolete as time passes, it may be difficult to recover this money in full
  - having too little stock – if essential items are scarce, staff and patients may face long delays or inconvenience
- the ideal situation and the one that a good stock control system aims to produce, is to have adequate stock on hand, neither too much or too little
- there must be a minimum and stock levels and re-order quantities for each item of stationery to ensure that enough of a product is held to meet demand without tying up money unnecessarily or risking wastage
- the secretary should be able to determine the appropriate levels of stock based on the number of the stock items given out, the average quantity used, the delivery intervals, and the cost
- an order book or equivalent can be used to record the stock along with maximum stock levels and re-order quantities
- tight stock control requires daily stock counts of the items used that day, noting where stock is below the minimum set
- the supplies required are then ordered
- stock cards can be used for each item of stock give out. Each supply is deducted from the current stock control total until the minimum is reached. the card should also carry the ordering details
- shelves should be labelled with the minimum stock levels and the reorder quantities for each drug
- stock control acts as a deterrent to wastage and pilfering and the secretary should ensure that a good stock control system is in place that will show when losses are occurring and the knowledge of this may deter pilfers.

### 1.10

**Role of the secretary in private practice** is diverse and varied one that requires qualities and skills in addition to those needed for secretarial duties. In many instances the secretary will be working on her own apart from the days when her consultant is seeing patients at the practice.

Duties include:

- reception skills ie: answering the telephone, dealing with patient enquiries and making appointments, once the appointment is made, a file is made up containing basic patient information and details of private medical insurance cover, in readiness for the initial consultation
- clinical duties
- organising investigations ie pathology, radiological examination etc for patients where necessary
- organise external referrals eg physiotherapy, other consultants
- admission to hospital or clinic may also be arranged for the patient
- from time to time the secretary may need to liaise with their NHS counterpart either to leave a message or to contact the consultant when he or she is working in the hospital department
- the medical secretary will be responsible for keeping the consultant room, waiting room and own office tidy and generally ensuring the comfort of patients while they are waiting to see the doctor
- ensure that patients are aware of costs involved in private treatment for both self paying patients and those with health insurance
- clerical duties include
- sort both incoming and out going correspondence, purchasing stamps

- photocopying of insurance and medical reports, sending faxes,
- responsible for petty cash for purchasing office sundries and maintaining supplies of stationery and other items
- pull patients records prior to consultation and check that the results of investigations previously requested are complete.
- typing medical correspondence either from audio or shorthand
- the secretary acts as chaperone during consultation examination of the patient because there is no practice nurse

### **Managing the practice**

- responsible for updating systems to ensure that the practice operates effectively
- sending patients' accounts, and if necessary will remind patients of settlement of an overdue account
- will follow up unpaid accounts on a regular basis, as well as patient account reconciliation
- any long standing overdue account will be referred to a debt collection agency when necessary
- enter into the accounts book at least once a week all cash and cheques and paid into the bank. Keep an accounts book for recording income and outgoings for office supplies, catering etc
- reconcile petty cash account on a regular basis and will recommend when accounts should be paid by the consultant
- operate a payroll system to calculate own PAYE and NI contributions and to make year end returns to the Inland Revenue
- responsible for the ordering of any supplies necessary for the doctor's consulting room and own office requirements.

### **Learning outcome 2**

#### **2.1**

##### **The patient's journey:**

- patient visits GP/A&E
- patient attends Out Patients Department
- consultant decides on treatment or surgery
- patient agrees
- waiting list
- patient called for surgery
- patient attends pre-assessment clinic
- admission
- inpatient care or day case
- operating theatre
- diagnostic or treatment departments
- discharge or death
- community support
- follow up clinic
- discharge.

#### **2.2**

##### **Elective admission**

- elective admissions will fill a proportion of beds, but there must be the space and flexibility to be able to accommodate unforeseen demands
- procedures are usually handled by an admissions office which is responsible for keeping an accurate bed state for the entire hospital
- medical staff selects patients from waiting list to make an admission list
- Admission Department staff sends admission letter to selected patients asking them to confirm within 2 weeks availability
- patient replies or patient does not reply
- confirmation or refusal and reason

- recorded on PAS
- medical staff is informed
- patient sent appointment or removed from waiting list
- GP informed in writing
- doctor selects further patient from waiting list or short notice
- confirmed admission list printed and distributed.
- lists of expected admissions are given to each ward daily and copied to the records department so that case notes are made available.

### **Emergency Admissions:**

- refers to same day admission and where the patient requires to be admitted immediately from the Accident and Emergency Department, an Out Patient Clinic, through a General Practitioner or from another hospital
- when a patient is brought into A&E by ambulance, the driver will pass on whatever information they have obtained
- the Receptionist will check what previous records exist for that patient and take any details eg name, address, dob, name of GP, next of kin, details of injury
- patient entered onto PAS
- treatment will not be delayed for this information if it is urgently needed
- triage system (patient seen by nurse and assessed for urgency)
- doctor decides on whether patient should be admitted
- doctor may refer to specialist department for advice
- specific procedures are followed if the patient is a road traffic accident victim, where ambulance transport costs are recovered usually from the driver's insurance
- special arrangements also exist for suspected non-accident injury of a child
- every hospital has its own procedure for major accidents and will rehearse it in conjunction with the emergency services from time to time.

### **Admission arranged by a GP directly with a hospital**

- GP visits patients in own home or surgery
- GP decides patient needs to be admitted
- the referring doctor should contact the admissions staff with the patient's name, sex, age, diagnosis and speciality
- the admission staff are responsible for finding a bed, agreeing this with the duty Medical Registrar or duty surgical registrar (ie a member of the medical or surgical staff with responsibility for admissions on that particular day) who will then contact the GP (if relevant) to bring the patient in
- patient taken to hospital
- patient entered onto PAS
- patient entered onto admission register on ward
- medical records retrieved from MRD or new records made up.

### **Informal admission (Section 131)**

- any person having attained the age of 16 years may request admission
- a person under 16 years where the parent or guardian gives consent
- any person to whom it is suggested that admission is advisable and that person does not refuse can be admitted without any legal formalities
- patients can also discharge themselves unless the doctor in charge decides that, if discharged, they would be endangering their health or safety or that of others.

### **Compulsory admission and detention**

#### **Admission for assessment (Section 2 up to 28 days)**

- an application for admission must be made by either an approved social worker or the nearest relative
- a medical recommendation must be from a psychiatrist and a doctor

- one of the doctors should have previous acquaintance of the patient for example his or her GP
- the patient making the application should have seen the patient within the last 14 days.

### **Detention for Treatment (Section 3 up to six months)**

- same as the above except that the approved social worker is not to act if the nearest relative objects
- the section can be reviewed for a further six months, and yearly thereafter.

### **Admission for assessment (Section 4 up to 72 hours)**

- same as above except that the application can be converted into Section 2 if a second medical recommendation is received within 72 hours.

### **2.3 new and follow-up appointments**

- the majority of new patients referrals are received from GPs seeking specialist advice and consultation
- appointment department receives referral request (central booking system)
- enters details onto pas
- system generates number
- referral letter is sent to consultant for validation and prioritisation
- enter onto system date sent to consultant
- further details required from GP entered onto system
- use data audit to monitor progress of referral
- book appointment
- generate appointment letter
- despatch letter to patient and new patient questionnaire.

### **2.4 Hospital case notes**

**Identification Section:** hospital 's name and code number, which is usually printed, patient's name, address, status and telephone number, patient's post code, patient's date of birth, GP information, consultant, hospital number, patient's occupation, patient's religion, NHS number, next of kin information

**Medical Section** is for doctor's use only and generally consists of: history of present complaint, past medical history, family history, patient complains of, on examination, differential diagnosis, investigation and treatment

**Nursing section** contains the observations of nursing staff (recorded only when patients are admitted. These include nursing record, temperature, pulse, respiration, graphic records on special sheets, also used for blood pressure, micturition and bowel function, intake and output charts (record of all fluids taken orally or by transfusion and excreted)

**Correspondence section** will usually include: GP's referral letter or pro forma referral, consultant's reports to GP, letters to and from other consultation and professionals

**Results section** should include: Pathology Test, x-rays , scans, barium meal/ enema results, cytology and bacteriology tests, biopsy results etc

**Other information** may also contain the following: prescription charge, social history, theatre/surgical operation sheet, consent form, anaesthetic form

### **2.5 Patient discharge procedures**

- pro forma style letter to post or hand to their GP. The letter will contain information about treatment and recommendations about future medical care
- any medication the patient may need

- medical certificate
- other arrangements such as Social Services, Meals on Wheels, Home Help, Day Care, Nursing Aids
- date and time of next Out Patient Clinic appointment as appropriate
- Community Nursing Staff visit date
- return of valuables
- arrangements for getting home including transport if necessary (patient may be transferred to another hospital, to a nursing or residential home)
- date of discharge entered on PAS
- case notes forwarded to the Medical Secretary
- X-rays returned to the X-ray Department
- to reduce the number of forms in circulation at discharge a self carbonised form could be used and sent to a variety of medical personnel eg pharmacist, clinical coding etc.

## **2.6 Procedures for when a patient dies**

- a member of the medical team contacts relative or personal representative of the deceased
- the body will be kept in the hospital mortuary until arrangements are made to have the deceased taken to, for example the Chapel of Rest
- deaths are processed by staff in the Hospital Administration Department together with the doctor concerned with the patient care
- doctor should inform the patient's GP as soon as possible either by telephone or letter
- the doctor responsible for the patient should complete the Death Certificate, unless the case is to be referred to the coroner. This should be issued as soon after the death as possible to prevent further distress of the patients
- the doctor should ensure that all sections of the form are complete and that they print their name at the end of the certificate.
- a register will be kept of all death certificates issued
- the form is sent to the Registrar for Births and Deaths, unless the case is referred to the coroner
- the Registrar of Births and Deaths will not accept a certificate if the cause of death is abbreviated or if there is no definite cause of death
- terms such as "probably and unknown" are not acceptable
- where there is doubt as to the cause of death, the coroner will conduct an autopsy
- this will be followed by an inquest
- inquests affects the following deaths:- patients who have been in hospital for less than 24 hours, patients whose death may be related to drugs, poison r industrial disease, accidental death/recent fall/fracture, suspicious death/circumstances, during a surgical operation/while under anaesthetic, death is sudden, unexplainable for example infant death
- the coroner will send the death certificate to the Registrar of Births and Deaths once a satisfactory conclusion has been reached
- the medical team may also request a post mortem, with specific consent of the relatives to:- study the effects of treatment, involving the retention of tissue for laboratory study, remove amounts of tissue for treatment of other patients and for medical education research
- post mortem form – to identify the cause of death, if applicable. If the medical team feel it is appropriate to request a post mortem, the patient's relatives must give their permission and a consent form must be completed and a histopathology form submitted by the doctor requesting the post mortem.

## **2.7**

### **\* New patient procedure**

- ensure practice is taking new patients
- check that patient lives within practice area
- check patient is entitled to NHS treatment
- ask patient to complete personal details on form GMS1 (or complete for patient):
  - name
  - address
  - date of birth

- name and address of previous GP
- ensure practice is taking new patients
- ensure form is signed and legible
- ask if there are any other family members who wish to register
- draw patient's attention to Donor Registration part of GMS form
- check patient does not need emergency treatment
- make an appointment for a New Patient Health Check
- after NPHC doctor will decide whether to accept patient
- GMS1 form sent to PCT
- temporary records made up for patient
- patient entered onto computer system
- PCT will request patient records from previous PCT/GP
- when medical records arrive they are summarised
- file medical records.

#### **\* Temporary patient procedure**

- obtain relevant details to complete the form (over the telephone or at the desk)
- make the appointment entering TR by the name of the patient on the computer
- enter the date and time of the appointment
- when the patient arrives for the appointment carry out the following:
- quickly check to ensure that all the necessary information is completed on the temporary resident form GMS3
- give the form to the patient to confirm that all the details entered are correct
- once the patient has been seen the doctor/nurse will fill in the consultation details
- the doctor will sign and date the form and the form is then forwarded to the Health Authority.

\* Regional variances may occur which should be considered during internal assessment.

### **Learning outcome 3**

#### **3.1**

##### **Primary Health Care Team**

- General Practitioner, practice Manager, Nurses, Health Visitors, Practice Nurse, Community Nurse, Nurse Practitioners, Midwives, Social Workers, Community Psychiatric Nurses, Pharmacists, Optometrists

##### **Multi-disciplinary team**

- The multi-disciplinary team consists of members from different health care professional with specialist skills and expertise. Members co-ordinate and communicate with each other to provide quality patient care. Co-ordination and team work amongst clinicians results in greater efficiency and improved clinical outcomes, examples of a multi disciplinary team for breast cancer care would include, Oncologists, Surgeons, Radiation Oncologists, nurses nutritionists, counsellors, and other cancer specialists
- **Temporary teams or task force:** groups of people who are brought together on a short term basis to investigate or perform a specific task
- **Permanent teams or work teams :** groups of people who work together on a long term basis and who are generally managed by a designated leader. They are a team because members know their individual tasks and they work smoothly together, eg the Primary Health Care Team

##### **Problem Solving Teams**

- Groups of people with the necessary skills who are assembled to find a solution to a specific problem or issue eg investigative teams

##### **In a group**

- members work independently – often not working towards the same goal

- members focus mostly on themselves because they are not involved in planning their group's objectives and goals
- members are given tasks, duties or jobs and any suggestions are rarely welcomed,
- members may not fully understand what is happening within their group.
- they are cautious about what they say and are often afraid to ask questions
- members do not fully understand the role of each member within their group and therefore do not trust their motives
- members may not fully understand what is happening within their group. they are cautious about what they say and are often afraid to ask questions
- members may have a lot to contribute but are held back
- members consider differing opinions or disagreements as a threat
- there is no group support to help resolve problems
- members may or may not be asked to participate in decision making/

### **In a team**

- members work towards both personal and team goals and understand that these goals are achieved by mutual support
- members feel a sense of ownership of their role because they commit themselves to the goals they were involved in creating
- members are consulted and use their talents and experiences to contribute to the success of the team's objectives
- members are encouraged to express their opinions and to ask questions. success is based on trust members make a conscious effort to be honest and respectful and they listen to each individual's opinions and point of view
- members are encouraged to use their skills and knowledge and each member is therefore able to contribute to the success of the group
- members react to conflict by treating this as an opportunity to hear new ideas and opinions
- everyone in the group strives to resolve problems
- all members participate in the decision making but accept that the leader may make the final decision if the team cannot reach an agreement.

### **Effective team** - a team is effective when its members

- have a common purpose or goal which all members are committed to achieving
- take responsibility and accept credit for its actions as a team rather than individually with each member taking responsibility for the achievement of the goals of the team
- communicate effectively with each other, encourage new ideas and accept feedback from other team members
- have shared power, recognise that they depend on each other and there is mutual support between members
- learn to appreciate the diversity of knowledge that other team members have to offer so that everyone's input is valued and respected and members are not afraid to share opinions, ideas and suggestions
- have a strong feeling of unity and commitment and a high level of team spirit with each member working co-operatively with others
- trust each other in order that members can openly and honestly express their opinions, ideas, feelings and disagreements.

### **Ineffective team** - the dynamics of the team can be destroyed and a hostile working environment created if people **do not**

- listen and respect the opinions of others
- learn to understand one another
- develop trust
- understand the goals of the team
- understand what (you) the individual must do to achieve the goals

- co-ordinate (your) individual actions with those in the team
- work on improving communication with others
- explain the causes of conflict within a team :-
- there is a perceived breach of faith and trust between individuals
- there is unresolved disagreement that has escalated to an emotional level
- there is miscommunication leading to unclear expectations
- there are personality clashes
- there are differences in acquired values
- there is underlying stress and tension
- there are ego problems
- there are a combination of all the above
- and describe how conflict should be resolved including the use and value of assertiveness, cooperation and effective negotiation.

#### **Conflict resolution - seven steps:**

- develop an attitude of resolution
- set the stage, plan your approach
- arrange a time and a place to talk
- gain an understanding of the issues
- listen actively and with empathy
- general solutions and a share win win vision
- test for satisfaction.

#### **Learning outcome 4**

##### **4.1 Diary as a management tool (paper or electronic) eg**

##### **Short term for daily/weekly reminders:**

- record daily appointments
- record a "to do list" for the day
- as a reminder of the telephone calls to be made
- events to be remembered
- clinics to be organised
- lectures to be given
- medical reps to be seen
- meetings
- appraisals

##### **Medium term planning tool:**

- looking ahead and recording events which occurs monthly
- submission of research papers
- balancing petty cash
- organising conferences
- overseas trips
- holidays
- medical reports

##### **Long term:**

- used to plan events one or two years away

#### **Computerised diary management**

##### **Advantages eg:**

- information can be entered under each day
- regular events can be scheduled
- paperwork is reduced
- they can be set to display a reminder on screen when an appointment is imminent
- can be shared

- can highlight a conflict of arrangements
- can be password protected for confidentiality

**Disadvantages eg:**

- risk of system failure making information unavailable
- desk top computers are not portable
- not everyone is computer literate.

**Learning outcome 5**

**5.2 Filing systems in health care**

eg:

- Lateral filing cabinets - files are placed side by side either on shelves or in packets suspended from rails. The filing pockets face the front of the cabinet and files are inserted sideways. Name tabs are shown on the side of the file
- Vertical filing cabinets - papers and documents are placed into files which are arranged in the upright position Suspended concertina files are used. This system prevents papers from slipping between files since they are joined at the top.
- Horizontal filing cabinets: These are generally long, shallow drawers and are used particularly in offices which have large plans or maps to file. The contents are laid out flat in each drawer
- Electronic filing: this is an automatic filing system which allows files to be retrieved at the touch of a button. Files can be saved to the hard drive, a CD Rom, DVD, MP3 Player ZIP disk

**Cross-referencing files**

- cross referencing systems are used when confusion may arise due to documents being filed in several locations.
- in a direct filing system, the cross reference is usually an A4 coloured card with an edge tab, located in the place that would have been occupied by the file.
- in an indirect system which has an index to reference names to numbered files, the cross reference card is filed in the index in the appropriate place.

# Unit 4                      Managing Communication in a Medical Environment

**Level:**                      3

**Credit value:** 8

## **Unit aim**

The aim of this unit is to enable the learner to develop understanding of the communication skills necessary to work in a healthcare team within general practice, hospitals, social care and other associated organisations. The unit can be used as a progression route from level 2 Communication Skills in a Medical Environment or can be a development for learners with general administrative skills. It will enable the learner to support the work of the healthcare team through production of appropriate documentation. This will include correspondence, documents to support meetings and documents designed for information gathering, all in an appropriate form and with a suitable tone. In addition, the unit will equip the learner with the skills to communicate effectively in a range of difficult situations, including face-to-face and on the telephone.

## **Learning outcomes**

There are **six** learning outcomes to this unit. The learner will be able to:

1. Know how to administer meetings in a medical environment
2. Be able to summarise and present information for use in a medical environment
3. Be able to design documentation for collecting information and data
4. Be able to produce draft correspondence to support the work of a healthcare team
5. Understand how to manage face-to-face communication
6. Understand how to manage telephone communication in a medical environment

## **Guided learning hours**

It is recommended that **55** hours should be allocated for this unit. This may be on a full-time or part-time basis.

## **Details of the relationship between the unit and relevant national occupational standards**

This unit is linked to the Level 3 N/SVQ in Business and Administration.

## **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by the Council for Administration.

## **Assessment and grading**

This unit will be assessed by an externally set and internally marked assignment covering all learning outcomes, graded Pass/Merit/Distinction.

## **Unit 4                      Managing Communication in a Medical Environment**

Outcome 1                      Know how to administer meetings in a medical environment

### **Assessment criteria**

The learner can:

1. describe meeting procedures and the role of key personnel
2. compose draft documents to support the meetings in a medical environment.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- describe the different types of meetings and their purpose eg team, project group, quality meetings, case conference, working group
- describe the role of chair and meetings secretary and how meetings (formal and informal) may be run
- explain meetings terminology and describe the purpose of common meetings terminology to include: standard agenda items (apologies for absence, minutes, matters arising correspondence, aob), minutes, notice, chair, proposer, seconder, proposal, motion, resolution, present, in attendance, abstention, unanimous, nem con.

**For 2.** the learner should be able to

- draft notices and routine agendas, timed agendas and chair's agendas using numbering and the conventional order
- use meetings terminology correctly following business conventions
- summarise meeting discussion into meeting notes and minutes (narrative, action, resolution) using a consistent style and tense.

## **Unit 4                    Managing Communication in a Medical Environment**

Outcome 2            Be able to summarise and present information for use in a medical environment

### **Assessment criteria**

the learner can:

1. read and extract information for a specific purpose
2. synthesise information from different sources
3. present summarised information in a suitable format .

### **Assessment criteria explained**

**For 1. and 2.** the learner should be able to

- read source material and identify key information from continuous prose, text presented in schematic formats, tables, charts and diagrams.

**For 3.** the learner should be able to

- use suitable formats to present information: informal report, newsletter, information sheet, itinerary, schedule, draft slide/visual;
- present information for a range of readers to include healthcare colleagues, the general public including young people but not very young children
- use paragraphing to give a meaningful structure to documents for the reader
- use correct sentence structure and accurate spelling for both common business vocabulary and medical terminology
- apply numbering, bullets, headings and schematic layouts to enhance meaning and achieve clarity
- incorporate pie charts, bar charts, diagrams, line graphs into documents alongside written text.

## **Unit 4                      Managing Communication in a Medical Environment**

Outcome 3                      Be able to design documentation for collecting information and data

### **Assessment criteria**

The learner can:

1. design formats for collecting information
2. design formats for collecting numerical data.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- produce documents for a range of readers: patients, visitors and healthcare professionals ie: questionnaires and evaluation sheets; simple forms and reply slips to accompany standard letters and e-mails; checklists for own use to monitor and record progress.

**For 2.** the learner should be able to

- create questionnaires which will collect both quantitative and qualitative feedback. They should be able to use rating systems as well as using yes/no questions and comments boxes when designing a document.

## **Unit 4                      Managing Communication in a Medical Environment**

Outcome 4                      Be able to produce draft correspondence to support the work of a healthcare team

### **Assessment criteria**

The learner can:

1. produce different types of draft correspondence for internal and external readers
2. use structure and tone to guide and influence the reader.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- prepare accurate, mailable documents to include:
  - routine and complex emails and faxes
  - standard letters and circulars for familiar and new contexts
  - appointment letters
  - letters of application for medical secretarial/administrative vacancies
- apply a given house-style format (eg as used in medical text processing or audio) or use own following work-based practice.

**For 2.** the learner should be able to

- the learner should be able to show courtesy and maintain a professional tone through conventional greetings, complimentary closes and careful choice of language.

## Unit 4 **Managing Communication in a Medical Environment**

Outcome 5 Understand how to manage face-to-face communication

### **Assessment criteria**

The learner can:

1. describe how to contribute to group situations and team meetings
2. explain the different types of barriers to communication
3. explain how to use different techniques to assist in routine and difficult face-to-face communication.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- describe how a secretary/administrator can contribute through: using the agenda; planning what to say; speaking clearly; active listening and positive non-verbal communication; confirming agreement; going through the chair in formal meetings.

**For 2.** the learner should be able to

- describe what is meant by unconditional positive regard
- describe aggressive behaviour and offer examples of facial expression, gestures and body posture which show aggression, anger, defensiveness, irritation, impatience and boredom
- describe poor listening skills
- explain why communication with patients and their families may be difficult because of: bereavement, illness, drugs, alcohol
- describe how the presence of a third party (an interpreter, signer, chaperone or relative) affects communication – for example where to make eye contact and whom they should address
- explain why it might be difficult to deal with patients and visitors with: poor hearing, speech or literacy difficulties, second language needs.
- explain why different levels of eye contact and attitudes to staff of the opposite sex may cause a barrier
- give examples of how cultural differences may affect communication: naming systems; dress to include patient perceptions of staff dress and non-coverage of arms, legs, neck.
- describe how to respond to patients/visitors/colleagues wearing dress for religious reasons: scarf, veil, hijab and jilbab, Sikh ceremonial dress.

**For 3.** the learner should be able to

- describe how to use non-verbal communication, including facial expression, posture, gesture and eye contact to project confidence when dealing with patients, relatives, visitors, colleagues and suppliers.
- give examples of how to use their own body language to: reinforce a message and help calm a difficult situation
- give examples of the different techniques used to obtain information from patients, visitors and colleagues: open and closed questions, positive tone of voice. The learner should be able to describe active listening techniques to include summarising, clarifying and reflecting back as ways of checking information and give examples of things to say.
- explain the importance of suitable tone, pace, clarity, volume, pronunciation in face-to-face communication; addressing the person by name (confidentiality permitting); not giving too much information at once;
- explain what is meant by empathy (as opposed to sympathy) and describe how to empathise appropriately within own limitations

- explain how to respond to emotive words (always, never, appalling) and explain how questioning should be used to identify a problem.
- give examples of assertive techniques to deflect aggression (inner calming dialogue, focus on facts, avoiding no/negatives at the start of sentences).

## **Unit 4                      Managing Communication in a Medical Environment**

Outcome 6                      Understand how to manage telephone communication in a medical environment

### **Assessment criteria**

The learner can:

1. explain why the telephone may be a barrier to communication
2. describe the features of effective telephone technique
3. explain how to maintain confidentiality while using the telephone.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- explain why the telephone may be a barrier to communication (no visual signal or facial expression; impersonal; people dislike telephones; need to respond/think quickly; difficulties in accuracy and message transmission; nerves; speech or hearing impairment).

**For 2.** the learner should be able to

- describe effective telephone technique to include examples of questions to be used to gather information (when, who, what, how and where); listening and summarising techniques
- describe suitable tone, voice level and speech clarity in building patient confidence
- describe how to deal with angry or distressed callers.

**For 3.** the learner should be able to

- give examples of possible breaches of confidentiality which may occur when using telephones and answerphones
- describe how to check details carefully
- explain why the standard methods of echo technique or summary/repetition should be avoided to maintain confidentiality and give examples of alternative ways eg confirming details through the use of a firm "yes", "fine" or "thank you"; selecting details which can be repeated eg medical staff, dates ward numbers but not patient details
- describe suitable voice level
- describe how to use answerphones with confidentiality and efficiency.

## Unit 4

# Managing Communication in a Medical Environment

## Notes for guidance

### Learning outcome 1

- Learners will gain from practical experience in taking notes at planning or team meetings in either classroom or work-based situations.
- Simple notes with actions are often sufficient although tutors should ensure that learners also have practice in recording minutes in a more formal style. For this they will need to work on tenses and writing concisely.

### Learning outcome 2

- Learners should be familiar with a range of summarising techniques so they can develop their own method of working when selecting information. They should be able to use different strategies to identify information including scanning, highlighting and annotating.
- The learner will need to be familiar with informal reports but writing a formal report will not be required in the assessment although it is useful to be aware of the headings used.
- Different report formats should be introduced to ensure the learner is confident with set structures and using their own free choice of headings: 3 section (Introduction, Information, Conclusions); Memo report with free choice of headings. In the final assessment, learners will be asked to apply logical structure to given information; they will not be required to supply extensive information from memory. The only exception to this would be a personal review or evaluation report. In preparing for assessment, research reports with an individual interest may be a useful learning tool.
- Design features will not be required.
- Learners should be aware that reports, newsletters and information sheets are often required for PDF documents for patient readers and the staff intranet.
- Itineraries and schedules can be prepared for travellers or delegates to a healthcare event.
- Itineraries will not require extensive travel experience or knowledge from the learner but user-friendly, clear documents will be needed so the traveller can see key timings and stages at a glance.
- For assessment purposes, learners will not be required to provide medical information or terminology.

### Learning outcome 3

- Learners might produce a booking form or evaluation sheet for a healthcare seminar or a patient questionnaire on reception service.
- Checklists could be linked to health and safety, or a meeting or event planning with the learner preparing a document to monitor his/her own actions (more than a “to do” list). Practical examples might be a schedule with timescales for an office move.
- Learners will need to become confident in using spacing, layout and balance to make documentation user friendly, purposeful and readable.

### Learning outcome 4

- The learner will need to understand business convention and what constitutes consistent letter layout, good paragraph structure and style. Some medical terms may be used but learners will not be required to produce terminology for themselves. Understanding the need for confidentiality underpins all tasks.

## Unit 5

# Medical Word Processing and Audio Transcription

**Level:** 3

**Credit value:** 13

### Unit aim

The aim of the unit is to enable the learner to develop the knowledge and skills to accurately produce professional documentation appropriate for the medical environment. They will learn how to use word processing techniques and audio transcription skills to edit, format and print a range of standard and more complex medical and business documents.

This unit is for learners who are aiming for employment that involves more complex word processing and audio transcription within a medical context and a business environment.

### Learning outcomes

There are **seven** learning outcomes to this unit. The learner will be able to:

1. Be able to manage electronic files
2. Be able to produce medical documents from handwritten and typewritten material
3. Be able to recall, edit and format existing word processed documents
4. Be able to use mail merge functions
5. Be able to transcribe medical documents from audio
6. Know how to proofread and correct errors
7. Be able to print documents

### Guided learning hours

It is recommended that **120** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### Details of the relationship between the unit and relevant national occupational standards

This unit is linked to the Level 3 N/SVQ in Business and Administration.

### Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Council for Administration.

### Assessment and grading

This unit will be assessed by two externally set and internally marked assignments covering all learning outcomes, graded Pass/Merit/Distinction.

## Unit 5

# Medical Word Processing and Audio Transcription

### Outcome 1

Be able to manage electronic files

#### Assessment Criteria

The learner can:

1. create , name and rename files and folders.

#### Assessment criteria explained

**For 1.** the learner should be able to

- create and name folder(s)
- save specified files in folders
- produce a screen dump showing creation and naming of folders/files.

## Unit 5

# Medical Word Processing and Audio Transcription

### Outcome 2

Be able to produce medical documents from handwritten and typewritten material

#### Assessment Criteria

The learner can:

1. create new documents containing medical terminology
2. create, enter text and format a table within a document.

#### Assessment criteria explained

**For 1.** the learner should be able to

- select and use appropriate layouts to create different medical documents ie
  - medical referral letters
  - clinic letters
  - discharge letters
  - operation lists
  - operation notes
  - medical reports
  - questionnaires/forms
  - notices/leaflet
  - A4 information sheets
  - agendas
  - extracts of minutes of meetings
- produce documents within specified time limits – 2 ½ hour assignment
- accurately key in text from handwritten and/or typewritten drafts
- recall a pre-stored letterhead
- recall a pre-stored memo template
- insert references into a letter(s)
- insert special mark ie urgent, private, confidential
- Indicate enclosures – instructions implicit within the text
- Insert date on letters
- Insert subject headings as instructed
- number all pages except the first copy in a letter
- number all pages on a multi-page document other than a letter
- produce two extra copies and route as required when keying in a letter
- identify and expand general and medical abbreviations (see Assessment guide 4419-01/02)

**For 2.** the learner should be able to

- create and format a table and enter text using the following skills:
  - insert and copy a table
  - add and delete columns and rows
  - merge and split cells
  - apply shading and borders
  - hide or highlight gridlines
  - align cell content, ie left, right, centre, vertical and horizontal
  - change text direction.

## Unit 5                      **Medical Word Processing and Audio Transcription**

Outcome 3                      Be able to recall, edit and format existing word processed documents

### **Assessment Criteria**

The learner can:

1. recall a multi-page medical document and amend as instructed.

### **Assessment criteria explained**

**For 1.** the learner should be able to recall a document and demonstrate the following skills:

- follow written instructions and standard printers' correction signs and instructions (see Assessment guide 4419-01/02)
  - new paragraph
  - run on
  - insertion (with word above or balloon with arrow)
  - transpose horizontally or balloon with arrow
  - transpose vertically
  - upper case ie capital letters
  - delete
  - close up
  - leave a space
  - let it stand (stet)
  - underscore ie underline
  - lower case
- insert, delete, cut, copy, move and paste text between documents
- change line spacing
- use search and replace functions as required
- import a graphic and resize to a specified size.

Formatting:

- change the font style and size of selected text
- use bold, italic, underline and capitals for emphasis
- use initial capitals as instructed
- use superscript and subscript
- apply borders and shading to paragraph
- apply page borders
- use left, right and full justification
- change margins
- insert or remove a hard page break
- indent text from the left or both margins
- use borders of different line type or thickness and shading
- use drawing tools to add lines or boxes to documents
- create numbered paragraph lists
- create bulleted paragraph lists

- increase or reduce line spacing before or after paragraphs
- set centre, right and decimal tabs including the use of leader dots
- arrange text in newspaper columns
- use headers and footers, including automatic page numbering
- insert an automatic file name and path
- insert a symbol.

## Unit 5

# Medical Word Processing and Audio Transcription

### Outcome 4

Be able to use mail merge functions

#### Assessment Criteria

The learner can:

1. create a standard medical document using variable merge codes
2. print documents showing variable merge codes.

#### Assessment criteria explained

**For 1.** the learner should be able to

- create a standard medical document from handwritten or typewritten draft and:
  - insert merge codes
  - create fields and add records, ensuring that records are accurate and complete
  - documents will include appointment letters, screening and clinic letters.

**For 2.** the learner should be able to

- print standard documents displaying appropriate merge codes.

## Unit 5                      **Medical Word Processing and Audio Transcription**

Outcome 5                Be able to transcribe medical documents from audio

### **Assessment Criteria**

The learner can:

1. transcribe documents from audio containing medical terminology
2. follow, interpret and implement audio conventions and instructions.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- select and use appropriate layouts to create different medical documents ie:
  - medical referral letters
  - clinic letters
  - discharge letters
  - lists/rotas ie operations lists
  - simple medical reports
  - operation notes
  - A4 information sheet
  - produce documents within specified time limits
  - insert refs
  - change line spacing 1.5 or double
  - use bold, italic, underline and capitals for emphasis
  - use initial capitals as instructed
  - use left, right, centre and full justification
  - change margins as instructed
  - insert a table max (10C x 10R max) and (4C x 4R min) and enter text into it
  - align cell content, ie left, right, centre
  - special mark ie urgent, private, confidential
  - indicate enclosures – instructions implicit within dictation
  - insert subject headings as instructed
  - number all pages except the first copy in a letter
  - number all pages on a multi-page document other than a letter
  - produce a bullet or numbered list
  - produce two extra copies and route as required.

## Unit 5

# Medical Word Processing and Audio Transcription

### Outcome 6

Know how to proofread and correct errors

#### Assessment Criteria

The learner can:

1. correct spelling, grammar, punctuation, presentation and consistency errors including medical terminology.

#### Assessment criteria explained

**For 1.** the learner should be able to

- identify and correct errors in the draft including:
  - typographical errors
  - grammatical errors
  - punctuation errors
  - presentation and consistency errors
  - spelling errors including medical terminology.

## Unit 5

# Medical Word Processing and Audio Transcription

## Outcome 7

Be able to print documents

### Assessment Criteria

The learner can:

1. name, save and print final copies of medical documents as instructed.

### Assessment criteria explained

**For 1.** the learner should be able to

- print documents to allow for headed paper
- print a data file
- print copy of letter showing merge codes
- print copies
- correctly route originals/copies/printouts as required
- select page orientation ie portrait or landscape
- print screen dumps.

### Notes for guidance

- The learner should be able to use the spell checker, grammar and thesaurus facilities to maintain accuracy.
- The learner should be able to use English and mother tongue dictionaries, medical and drug dictionaries.

## Unit 6

## Medical Terminology (3)

**Credit value:** 14

### Unit aim\*

The aim of this unit is to enable learners to demonstrate a high level of knowledge in the field of medical terminology.

### Learning outcomes

There are **nineteen** learning outcomes to this unit. The learner will:

- Know the Structure and Meaning of Medical Terms
- Know the Meaning of Medical Terminology related to the body structure, functions and processes
- Know the Meaning of Medical Terminology related to the Blood
- Know the Meaning of Medical Terminology related to the Cardiovascular System
- Know the Meaning of Medical Terminology related to the Lymphatic System
- Know the Meaning of Medical Terminology related to the Respiratory System
- Know the Meaning of Medical Terminology related to the Digestive System
- Know the Meaning of Medical Terminology related to the Urinary System
- Know the Meaning of Medical Terminology related to the Nervous System (including mental health)
- Know the Meaning of Medical Terminology related to the Male Reproductive System
- Know the Meaning of Medical Terminology related to the Female Reproductive System (including pregnancy and childbirth)
- Know the Meaning of Medical Terminology related to the Endocrine System
- Know the Meaning of Medical Terminology related to the Skin
- Know the Meaning of Medical Terminology related to the Sensory Organs (the eye, the ear, the nose and mouth)
- Know the Meaning of Medical Terminology related to the Immune system and body's response to infection including Preventive Medicine
- Know the Meaning of Medical Terminology related to the Clinical Imaging
- Know the Meaning of Medical Terminology related to the Drugs and Prescribing
- Know a range of other Medical Terminology within the proscribed areas

### Guided learning hours

It is recommended that 45 hours should be allocated for this unit. This may be on a full time or part time basis.

### Key Skills

This unit contributes towards the Key Skills in the following areas:

- Problem Solving Level 3
- Working with Others Level 2

### **Assessment and grading**

This unit will be assessed by an externally set and marked short answer test graded Pass/Merit/Distinction.

\*For full unit content see 4415-02 Level 3 Certificate in Medical Terminology qualification handbook on [www.cityandguilds.com/amspar](http://www.cityandguilds.com/amspar)

**Level:** 3

**Credit value:** 6

### Unit aim

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

### Learning outcomes

There are **four** learning outcomes to this unit. The learner will be able to:

1. Understand the organisational structure of healthcare in the UK
2. Understand the role of the social worker in healthcare
3. Understand how principal legislation affects the patient, employees and the employers within the NHS
4. Understand how to maintain patients' rights

### Guided learning hours

It is recommended that **40** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### Details of the relationship between the unit and relevant national occupational standards

This unit is linked to the Level 3 N/SVQ in Business and Administration.

### Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Council for Administration.

### Assessment and grading

This unit will be assessed by an externally set and marked test graded Pass/Merit/Distinction.

## Unit 7

## Legal Aspects of Medical Administration

### Outcome 1

Understand the organisational structure of healthcare in the UK

#### Assessment Criteria

The learner can:

1. describe the current structure of the national health service
2. explain the main functions of each of the bodies within the NHS structure and how they support each other
3. explain the role of private healthcare.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe the current NHS structure (NB England, Scotland, Northern Ireland and Wales to use own equivalent structure) and identify the Government departments and NHS Trusts that make up the NHS structure using the aid of a diagram.

**For 2.** the learner should be able to

- briefly explain the main responsibilities of the Secretary of State for Health, The Department of Health, Strategic Health Authorities, Special Health Authorities, Primary & Secondary Care Trusts and describe how they interact and support each other (NB England, Scotland, Northern Ireland and Wales to use own equivalent departments).

**For 3.** the learner should be able to

- explain what private healthcare is
- understand that Trusts can commission healthcare for its patients in private hospitals in a partnership agreement to meet government targets and benefit patients in the areas of elective care, critical care and intermediate care.

## **Unit 7**

### **Outcome 2**

## **Legal Aspects of Medical Administration**

Understand the role of the social worker in healthcare

### **Assessment Criteria**

The learner can:

1. describe the role of the social worker in relation to the health and social care of the individual.

### **Assessment criteria explained**

**For 1.** the learner should be able to

- identify the different types of social worker, ie hospital, residential and community. They should be able to briefly describe their job role and identify the client groups they will work with
- describe how the community social worker can access various Local Authority services for the client eg community care workers, provision of day an residential care.

## Unit 7

### Outcome 3

## Legal Aspects of Medical Administration

Understand how principal legislation affects the patient, employees and the employers within the NHS

### Assessment Criteria

The learner can:

1. explain current mental health legislation in relation to patient treatment
2. explain the significance of a 'legal duty of care' in relation to the health service and the effects of vicarious liability
3. define medical negligence and explain the implications of negligence for
  - a) the patient
  - b) the NHS employee
  - c) the NHS
4. explain the tort of trespass to the person with reference to consent to treatment and examinations
5. explain the purpose of a written contract of employment
6. explain how legislation relating to discrimination protects the employee, the employer and NHS service users
7. explain the principles of legislation relating to health and safety at work including accident reporting and visual display regulations.

### Assessment criteria explained

**For 1.** the learner should be able to

- explain current Mental Health legislation in relation to patient care
- explain how a patient can be admitted to hospital and detained (sectioned) under the Mental Health Act 1983.

**For 2.** the learner should be able to

- explain the significance of a legal duty of care in relation to health professionals
- explain the concept of vicarious liability with regard to the actions of the employee and the employer.

**For 3.** the learner should be able to

- state the legal definition of negligence as a tort (civil law).
- explain the implications for the patient, the medical professional, the employee and the NHS should negligence occur
- give examples of negligence with regard to the duties of the medical secretary/administrator eg:
  - a mis-spelling in a discharge letter may mean the GP prescribes the wrong medication
  - typing up the clinic list in the wrong order may lead to the wrong patient being operated on
  - omitting to send a referral letter may mean a person needing urgent treatment suffers unduly or even dies

**For 4.** the learner should be able to

- define trespass to the person and explain how a patient must consent to all treatments and examinations
- explain the different types of consent ie Express, Implied and Informed
- explain the role of the medical secretary/administrator in obtaining consent eg chaperone duties, ensuring the correct forms are ready and available for the clinician, ensuring the signed forms are available in the patients case notes.

**For 5.** the learner should be able to

- identify the main terms included in a written contract of employment and state that the employee is entitled to a written contract of employment within two months of starting work
  - Commencement
  - Term
  - Job title and duties
  - Place of work
  - Hours of work
  - Pay
  - Holiday entitlement
  - Pension
  - Sickness absence
  - Termination of contract
  - Notice periods on both sides
  - Disciplinary, dismissal and grievance procedures
- explain the purpose of a written contract of employment eg protects the employee against changes in conditions.

**For 6.** the learner should be able to

- identify the discrimination Acts and explain the basic content of the following Acts which provide employee protection at work:
  - The Employment Equality (Age) Regulations 2006
  - Sex Discrimination Act 1975
  - Race Discrimination Act 1976
  - Disability Discrimination Act 2005
- explain how the discrimination Acts also protect the patient within the health service.

**For 7.** the learner should be able to

- explain how a safe working environment affects rights and responsibilities of the individual and organisation under the Health and Safety at Work Act 1974 (HASAWA)
- explain the accident reporting process (RIDDOR) stating the use of accident books and the criteria for reportable injuries and diseases
- identify the regulations concerning visual display units (Health & Safety (Display screen equipment) Regulations 1992) and give a brief explanation of how to minimise the risks when using VDUs.

## Unit 7

### Outcome 4

## Legal Aspects of Medical Administration

### Understand how to maintain patients' rights

#### Assessment Criteria

The learner can:

1. explain patients' rights
2. explain how legislation protects patient information.

#### Assessment criteria explained

**For 1.** the learner should be able to

- Identify and explain the rights of the patient in relation to the following areas:
  - Access to health services
  - Quality of care and environment
  - Respect, consent and confidentiality
  - Informed choice
  - Involvement in your healthcare and in the NHS
  - Complaint and redress.

**For 2.** the learner should be able to

- identify the eight principles of the Data Protection Act 1998 and explain how these apply to patient data, manual and computerised, in the medical environment using practical examples
- explain the Freedom of Information Act 2000 and how it applies to all public bodies and describe the time limits involved
- identify the six Caldicott Guidelines and describe how the guidelines are put into practice in the medical environment.

**For 3.** the learner should be able to

- explain confidentiality and describe how the medical administrator/secretary can safeguard the patient's personal information by adhering to legislation and Trust policies.
- give practical examples of how the secretary/administrator safeguards patient confidentiality eg:
  - not giving information to a third party
  - protecting electronic information ie use of passwords
  - not leaving patient notes in public view
  - challenge unauthorised persons – why are they there, who are they looking for, may you help them
  - ensure patient correspondence is correctly addressed

**For 4.** the learner should be able to

- explain in detail, including time limits, the key stages of the complaints process and identify the organisations available to help the patient in the complaints process.

## Unit 7

# Legal Aspects of Medical Administration

## Notes for guidance

### Learning outcome 1

- The **Department of Health** (DH) is in overall charge of the NHS with a cabinet minister reporting as **Secretary of State for Health** to the prime minister. The department has control of England's 10 **Strategic Health Authorities** (SHAs), which oversee all NHS activities in England. In turn, each SHA is responsible for the strategic supervision of all the NHS trusts in its area.
- **Special health authorities** are health authorities that provide a health service to the whole of England, not just to a local community – for example, the National Blood Authority.
- **Primary Care Trusts** (PCTs) are in charge of primary care and have a major role around commissioning secondary care, providing community care services. They are now at the centre of the NHS and control 80% of the NHS budget. As they are local organisations, they are best positioned to understand the needs of their community, so they can make sure that the organisations providing health and social care services are working effectively.
- **Primary Care** health care in the UK is divided into primary and secondary care. Primary care is generally regarded as a “frontline” service. It is the first point of contact for most people and is delivered by a wide range of independent contractors such as GPs, dentists, pharmacists and optometrists.
- **Secondary Care** is known as acute health care and can be either elective care or emergency care. Elective care means planned specialist medical care or surgery, usually following referral from a primary or community health professional such as a GP.
- **Private healthcare** is paid for by the patient either through one-off payments or through an insurance scheme. NHS Trust hospitals can provide private healthcare in dedicated private units. Trusts can commission healthcare for its patients in private hospitals in a partnership agreement to meet government targets and benefit patients. These arrangements were set out in a concordat between the NHS and the private sector covering private and voluntary providers. The concordat highlights three particular areas for co-operative working:
  - **elective care:** this could take the form of NHS doctors and nurses using the operating theatres and facilities in private hospitals or it could mean the NHS buying certain services
  - **critical care:** this will provide for the NHS and the private sector to be able to transfer patients to and from each other whenever clinically appropriate
  - **intermediate care:** this will involve the private and voluntary sector developing and making available facilities to support the Government's strategy for better preventive and rehabilitation services.

### Learning outcome 2

- The learner will be assessed on **role of the Social Worker**, the client/customer groups they work with eg elderly, families, children, young offenders, disabled, asylum seekers (not a definitive list) and briefly describing how they help eg assessing needs, care plans, rehabilitation, adoption & fostering, provision of services and advice.

### Learning outcome 3

#### • **Voluntary admission Section 131**

Anyone over the age of 16 may request admission. For under 16's, a parent or guardian must give consent, or any other person to whom it has been suggested that admission is advisable and that person does not refuse, they can be admitted without legal formalities. The patient can discharge him/herself unless the doctor in charge decides that if discharged the patient would be endangering his/her safety or that of others.

- **Sections 135 & 136 - Place of Safety**

- **Mentally disordered persons found in public places (section 136)**

If it appears to a police officer that a person in a public place is 'suffering from mental disorder' and is 'in immediate need of care or control', he or she can take that person to a '**place of safety**', which is usually a hospital, but can be a police station. Section 136 lasts for a maximum of 72 hours, so that the person can be examined by a doctor and interviewed by an AMHP and 'any necessary arrangements' made for his or her treatment or care.

- **For compulsory admissions the following sections apply:**

- **Section 4** (up to 72 hours) – admission for assessment only. This application must be made by the nearest relative or an approved social worker with a recommendation by a GP, who must have seen the patient within the last 24 hours. The patient must arrive at the hospital within 24 hours of the medical examination. This section can be converted to Section 2 if another medical recommendation is received within the 72 hours.

- **Section 2** (up to 28 days) – admission for assessment (or for assessment followed by treatment). For admission under this section, the application must be made by the nearest relative or an approved social worker, plus a medical recommendation from one psychiatrist and a doctor (if possible the patient's own GP). The person making the application must have seen the patient within the last 24 hours.

- **Section 3** (up to 6 months) – detention for treatment. Application for detention under this section is the same as in Section 2, except that the approved social worker is not to act if the nearest relative objects. This section can be reviewed for a further 6 months and yearly thereafter. The rights of those patients detained under these sections are protected by the Mental Health Act Commission.

- The learner should be able to explain the significance of a **legal duty of care** in relation to health professionals, how the health professional is duty bound to act in the patients best interests at all times and could be committing negligence they fail in that duty. (In legal terms a duty of care arises when an individual can reasonably foresee that his/her actions or lack of action could result in harm) The learner should be able to explain the concept of vicarious liability with regard to the actions of the employee. Explain that the employer can be sued or taken to court for the action or wrong doing of their employee in the course of their employment, even if that employee has been specifically forbidden to do whatever caused the wrongdoing.
- The learner should be able to state the **legal definition of negligence** as a tort (civil law):
  - that the health professional owed the patient a duty of care
  - that the duty was breached
  - that the health professional caused the breach
  - that foreseeable harm was done to the patient.
- Reference should also be made to the 'Bolam test' - that there is no breach of standard of care if a responsible body of similar professionals support the practice that caused the injury. The learner will be assessed on explaining the consequences to patient, the employee and the NHS eg:
  - The patient – embarrassment/loss of confidence in the NHS/sensitive information given to unauthorised person could lead to loss of job or relationship
  - The NHS – Legal action/charge of negligence/loss of confidence in the health service/financial penalties
  - The NHS employee – loss of job/reputation/legal action/accusation of negligence.
- **Types of consent**
  - Express - written consent for all major diagnostic procedures
  - Implied - by presenting oneself at a surgery or outpatient department implies that one is agreeable to examination
  - informed consent – patient must have a clear understanding of the facts and the implications of going ahead with (or not) the treatment/procedure.

#### **Learning outcome 4**

- **Complaints procedure** as set out by the Care Quality Commission. The process has two clear stages from a complainant's point of view ie their case is either resolved locally or can be taken forward to the Ombudsman.

**Local resolution:**

- Complaint made initially at source eg GP practice, Primary Care Trust, NHS Trust either verbally or in writing
- Details taken and passed promptly onto designated complaints manager
- Acknowledged in writing within three working days
- Complaint investigated
- Receive reply within 25 days (20 days NI) from Primary Care Trust or NHS Trust

Anyone who feels that their complaint has not been handled satisfactorily by their local NHS body or practice can now complain directly to the Health Service Ombudsman. The change removes the need to first complain to the Healthcare Commission, and streamlines the process to improve the way complaints are handled.

**Health Service Ombudsman**

- If patient is not satisfied with outcome they can apply directly to the Health Service Ombudsman for review
- The Health Service Ombudsman is completely independent of the health service and government
- The Health Service Ombudsman's decision is final

The learner will be assessed on identifying the organisations available to assist the patient in the complaints process eg PALs, CAB, ICAS etc.

## Unit 8

# Work Experience in a Medical Environment

**Level:** 2

**Credit value:** 5

### Unit aim

The aim of this unit is to provide the learner with the knowledge and understanding to enable them to work as a medical receptionist/administrator within a range of medical environments.

It will provide them with a basic knowledge of the structure of National Health Service and an understanding of health and safety, employment legislation and the principles of data protection. They will also develop an understanding of the appraisal process within the healthcare sector and the importance of personal development. They will gain an understanding of patients' rights and of the administrator's role in the complaints process.

### Learning outcomes

There are **five** learning outcomes to this unit. The learner will be able to:

1. Be able to communicate with other people in a medical environment
2. Understand the medical organisation/setting in which they work
3. Be able to work with other people
4. Be able to follow agreed guidelines, procedures and codes of practice in a medical environment
5. Be able to improve own performance in a medical environment

### Guided learning hours

It is recommended that **20** hours should be allocated for this unit. This may be on a full-time or part-time basis. In addition 30 hours in a work placement is required, see Notes for guidance.

### Details of the relationship between the unit and relevant national occupational standards

This unit is linked to the Level 2 N/SVQ in Business and Administration.

### Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by the Council for Administration.

### Assessment and grading

This unit will be assessed by a mini portfolio of evidence based on the work placement, graded Pass only. See separate Assessment guide 4419-01/02.

## **Unit 8**                      **Work Experience in a Medical Environment**

Outcome 1                      Be able to communicate with other people in a medical environment

### **Assessment Criteria**

The learner can:

1. listen actively to information that other people are communicating
2. ask questions to clarify and check information
3. provide accurate, clear and structured information to other people
4. provide information in a way that meets the needs of other people
5. read written material to identify information needed
6. use appropriate tone, language and body language when dealing with patients, visitors and colleagues
7. respond appropriately to incoming telephone calls.

### **Assessment criteria explained**

**For 1.1-1.7** other people comprises:

- Manager/supervisor
- Work colleague
- Medical staff – doctor, nurse or diagnostic staff
- Patients and their carers

**For 1-3** the learner should be able to

- show active listening skills, interact in one-to-one situations and provide information appropriately eg not giving too much information at once.

**For 3.** the learner should be able to

- show that they can answer routine questions. These might include: opening times, information about services to patients or appointments, when a colleague might be available. If the learner cannot answer a question, they need to refer to the correct place or person to find the information.

**For 4.** the learner should be able to

- use suitable language eg technical/non-technical or meet diversity needs eg for patients hard of hearing or with second language needs.

**For 5.** the learner should be able to

- locate and check information sources to supply details as in the examples in 3
- give examples of the information sources they have used when answering queries – for example diary, practice leaflet, intranet, induction manuals, guidelines, incoming mail.

**For 6.** the learner should be able to

- answer the telephone promptly, appropriately and efficiently eg taking notes, and maintain confidentiality
- transfer calls, following the correct procedure/introducing the caller. It may be that the call subsequently had to be referred to a colleague to provide further information as the learner may well be new to the organisation. In this situation, they have acted correctly and should be credited with answering the call.

## Unit 8

## Work Experience in a Medical Environment

### Outcome 2

Understand the medical organisation/setting in which they work

#### Assessment Criteria

The learner can:

1. describe the organisation's function and purpose
2. explain how the organisation links with other organisations and healthcare facilities
3. describe own team and its role within the organisation
4. describe how own role contributes to the organisation.

#### Assessment criteria explained

**For 1.** the learner should be able to

- describe their organisation, the area and population where it is located, its size, departments (where applicable) staffing and what service it offers to patients.

**For 2.** the learner should be able to

- explain how their team fits into local provision eg primary and secondary care nearby or to other teams eg hospital departments. There may be strong links to the community team eg midwives or health visitors.

**For 3.** the learner should be able to

- describe the team in which they work, its purpose and its structure.

**For 4.** the learner should be able to

- describe how their job role links to others in the team
- describe the range tasks they cover in their role and state why they are important.

## Unit 8

### Outcome 3

## Work Experience in a Medical Environment

### Be able to work with other people

#### Assessment Criteria

The learner can:

1. treat work colleagues with honesty, respect and consideration
2. work in a way that supports their medical team and its objectives
3. agree objectives with the people they work with
4. keep other people informed about own progress
5. help and support other people in their work.

#### Assessment criteria explained

**For 1.** the learner should be able to

- respond positively to colleagues.

**For 2-4.** the learner should be able to

- listen to and check information carefully
- use face-to-face communication, e-mail or telephone to keep colleagues informed in line with how the team routinely works.

**For 5.** the learner should be able to

- give an example of when they helped/supported a colleague.

## Unit 8

## Work Experience in a Medical Environment

### Outcome 4

Be able to follow agreed guidelines, procedures and codes of practice in a medical environment

#### Assessment Criteria

The learner can:

1. follow organisational requirements in relation to security of information and patient confidentiality
2. follow the policies, systems and procedures that are relevant to own role
3. store and retrieve information securely using the organisation's systems
4. use technology, equipment and resources safely
5. follow basic health and safety legislation.

#### Assessment criteria explained

**For 1.** the learner should be able to

- follow organisational requirements as specified by the supervisor, practice manager etc at induction or the start of the placement; these may include :
  - maintaining confidentiality
  - data protection
  - freedom of information
- know when to seek a colleague's help.

**For 2-4.** the learner should be able to

- follow guidelines and procedures as specified by the workplace and may include:
  - filing rules followed
  - use of passwords and closing down screens
  - instruction manual or safety guidelines regarding equipment or resources
  - agreed procedures on confidential waste.
  - use the computer and other equipment to include any two from:
    - Photocopier, scanner, fax, computer printer
  - use resources eg: stationery, office consumables.

**For 5.** the learner should be able to

- show they have followed basic Health and Safety legislation in relation to their own and colleagues' safety ie individual's main responsibilities under Health and Safety at Work Act 1974, COSHH; display screen equipment regulations.

## Unit 8

## Work Experience in a Medical Environment

### Outcome 5

Be able to improve own performance in a medical environment

#### Assessment Criteria

The learner can:

1. agree working methods and standards to be achieved
2. agree realistic targets and an achievable timescale for work tasks
3. show a willingness to take on new challenges
4. take responsibility for own work
5. prioritise tasks and manage own time
6. complete work to agreed standards and timescale.

#### Assessment criteria explained

**For 1-2.** the learner should be able to

- listen to instructions and ask questions to clarify tasks.

**For 3-4.** the learner should be able to

- carry out a range of tasks presenting different challenges eg routine administration, answering the telephone, passing on messages, receiving patients and visitors, word processing
- give an example of an activity or situation which presented a new challenge or special difficulty and describe how they responded.

**For 5-6.** the learner should be able to

- provide evidence of completing any two work products from:
  - e-mail, memo or telephone message
  - template used/skeleton letter
  - form or list completed
  - word processed document eg short report or medical information (Items may need to be edited to maintain confidentiality).

# Unit 8 Work Experience in a Medical Environment

## Notes for guidance

Work experience is a valuable learning opportunity and candidates should look at their work placement providers as potential employers and therefore demonstrate an appropriate and professional attitude at all times. Work experience is also invaluable for candidates already in post in a health care environment as a means of broadening experience.

Whilst on placement candidates must be made aware of the security regulations eg confidentiality, company policy, data protection, that all employers expect their staff to comply with. In each working environment candidates should receive guidelines with regard to expectations relating to punctuality, reliability, accuracy, dress code and general performance.

### Hours

Candidates should be allocated a work placement of 5 days or 30 hours, this can be on a part or full-time basis. It is not necessary to do the work experience in a single block, it may be undertaken in small blocks of time.

### Setting/organisation

Work placements should be undertaken in a health care setting, where candidates have experience of patient contact, handling medical records, utilising communication skills and observing appointment procedures within hospital and primary care. Where primary care or secondary care placement proves difficult, other health care settings will be acceptable.

Areas for consideration:

- Ambulance Control Centres
- Community Health
- Community Health Councils
- Day centres for those with learning or physical disabilities or elderly persons
- Dental Practices
- General Medical Practices
- Elderly Care Units
- Family Planning Clinics
- Health Authorities
- Health Education Departments
- Hospitals
- Hospices
- Nursing Homes
- Opticians
- Pharmacies
- Prison Hospitals
- Private Hospitals
- Social Services Departments
- Specialised Clinics
- Well-Women Clinics
- Well-Men Clinics

### Guidelines for the placement organiser and provider

It is recognised that work experience providers have a valuable role in supporting candidates towards their diploma. The time spent on placement puts their college work into perspective and helps develop professionalism. All candidates understand the need for confidentiality and will have been fully briefed by the tutors before embarking on a placement. They also understand the need to respect health and safety in the workplace.

The following areas of work and skills are key to the candidate's success in achieving their Diploma:

- Reception duties
- Greeting visitors and patients face to face; verbal and non-verbal communication
- Telephone skills
- Booking appointments, transmission of accurate messages, development of a confident professional telephone manner
- Filing systems
- Filing and retrieval of patients' notes/ correspondence/medical records; use of computerised and paper-based filing systems
- Appointment systems
- Use of diaries and planners either paper-based or computerised
- Working relationships
- Working as part of a team; contact with a range of key professionals; understanding when to refer a problem to a supervisor
- Additional areas

These will support the candidate's learning and enhance their experience:

- IT Skills
- Data input and word-processing as required
- Systems and resources
- Dealing with post and stock
- Observation of clinics
- Observation/assistance with reception

### **Guidelines for candidates**

Detailed guidelines for candidates are published in the 4419-01/02 Assessment guide available from the City & Guilds website. Tutors should provide a copy of the guidelines to each candidate.

### **Assessment**

The work experience unit is assessed through a mini portfolio of evidence based on the candidate's work placement, full details are contained in the 4419-01/02 Assessment guide.

Candidates already working within a medical environment can choose to base their evidence on either their main work role or on their work placement.

## Unit 9

## Spreadsheet Software (2)

**Level: 2**

**Credit value: 4**

### **Unit aims**

This unit is about the ability to use IT systems sensibly and purposefully to meet needs, to do so safely and securely in line with organisational guidelines, to respond appropriately to IT problems and to evaluate the use of IT systems.

### **Learning outcomes**

There are **three** learning outcomes to this unit. The learner will be able to:

1. Use a spreadsheet to enter, edit and organise numerical and other data
2. Select and use appropriate formulas and data analysis tools to meet requirements
3. Select and use tools and techniques to present and format spreadsheet information

### **Guided learning hours**

It is recommended that **30** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is based on the Level 2 National Occupational Standards for IT users.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by e-Skills UK, the Sector Skills Council for IT and Telecoms.

### **Assessment**

This unit will be assessed by an externally set and internally marked assignment covering practical skills graded Pass/Merit/Distinction.

### Learning outcomes and assessment criteria

#### **Outcome 0 Use a spreadsheet to enter, edit and organise numerical and other data**

The learner can:

1. identify what numerical and other information is needed in the spreadsheet and how it should be structured
2. enter and edit numerical and other data accurately
3. combine and link data across worksheets
4. store and retrieve spreadsheet files effectively, in line with local guidelines and conventions where available.

#### **Outcome 2 Select and use appropriate formulas and data analysis tools to meet requirements**

The learner can:

1. identify which tools and techniques to use to analyse and manipulate data to meet requirements
2. select and use a range of appropriate functions and formulas to meet calculation requirements
3. use a range of tools and techniques to analyse and manipulate data to meet requirements.

#### **Outcome 3 Select and use tools and techniques to present and format spreadsheet information**

The learner can:

1. plan how to present and format spreadsheet information effectively to meet needs
2. select and use appropriate tools and techniques to format spreadsheet cells, rows, columns and worksheets
3. select and format an appropriate chart or graph type to display selected information
4. select and use appropriate page layout to present and print spreadsheet information
5. check information meets needs, using spreadsheet tools and making corrections as necessary
6. describe how to find errors in spreadsheet formulas
7. respond appropriately to any problems with spreadsheets.

## Unit 10

## Database Software (2)

**Level:** 2

**Credit value:** 4

### **Unit aims**

This unit is about the ability to use IT systems sensibly and purposefully to meet needs, to do so safely and securely in line with organisational guidelines, to respond appropriately to IT problems and to evaluate the use of IT systems.

### **Learning outcomes**

There are **three** learning outcomes to this unit. The learner will be able to:

1. Create and modify non-relational database tables
2. Enter, edit and organise structured information in a database
3. Use database software tools to run queries and produce reports

### **Guided learning hours**

It is recommended that **30** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is based on the Level 2 National Occupational Standards for IT users.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by e-Skills UK, the Sector Skills Council for IT and Telecoms.

### **Assessment**

This unit will be assessed by an externally set and internally marked assignment covering practical skills graded Pass/Merit/Distinction.

### Learning outcomes and assessment criteria

#### Outcome 1 Create and modify non-relational database tables

The learner can:

1. identify the components of a database design
2. describe the field characteristics for the data required
3. create and modify database tables using a range of field types
4. describe ways to maintain data integrity
5. respond appropriately to problems with database tables
6. use database tools and techniques to ensure data integrity is maintained.

#### Outcome 2 Enter, edit and organise structured information in a database

The learner can:

1. Create forms to enter, edit and organise data in a database
2. Select and use appropriate tools and techniques to format data entry forms
3. Check data entry meets needs, using IT tools and making corrections as necessary
4. Respond appropriately to data entry errors

#### Outcome 3 Use database software tools to run queries and produce reports

The learner can:

1. create and run database queries using multiple criteria to display or amend selected data
2. plan and produce database reports from a single table non-relational database
3. select and use appropriate tools and techniques to format database reports
4. check reports meet needs, using it tools and making corrections as necessary.

## Unit 11

## Presentation Software (2)

**Level:** 2

**Credit value:** 4

### **Unit aims**

This unit is about the ability to use IT systems sensibly and purposefully to meet needs, to do so safely and securely in line with organisational guidelines, to respond appropriately to IT problems and to evaluate the use of IT systems.

### **Learning outcomes**

There are **three** learning outcomes to this unit. The learner will be able to:

1. Input and combine text and other information within presentation slides
2. Use presentation software tools to structure, edit and format slide sequences
3. Prepare slideshow for presentation

### **Guided learning hours**

It is recommended that **30** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is based on the Level 2 National Occupational Standards for IT users.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by e-Skills UK, the Sector Skills Council for IT and Telecoms.

### **Assessment**

This unit will be assessed by an externally set and internally marked assignment covering practical skills graded Pass/Merit/Distinction.

### Learning outcomes and assessment criteria

#### **Outcome 1 Input and combine text and other information within presentation slides**

The learner can:

1. identify what types of information are required for the presentation
2. enter text and other information using layouts appropriate to type of information
3. insert charts and tables into presentation slides
4. insert images, video or sound to enhance the presentation
5. identify any constraints which may affect the presentation
6. organise and combine information of different forms or from different sources for presentations
7. store and retrieve presentation files effectively, in line with local guidelines and conventions where available.

#### **Outcome 2 Use presentation software tools to structure, edit and format slide sequences**

The learner can:

1. identify what slide structure and themes to use
2. select, change and use appropriate templates for slides
3. select and use appropriate techniques to edit slides and presentations to meet needs
4. select and use appropriate techniques to format slides and presentations
5. identify what presentation effects to use to enhance the presentation
6. select and use animation and transition effects appropriately to enhance slide sequences.

#### **Outcome 3 Prepare slideshow for presentation**

The learner can:

1. describe how to present slides to meet needs and communicate effectively
2. prepare slideshow for presentation
3. check presentation meets needs, using its tools and making corrections as necessary
4. identify and respond to any quality problems with presentations to ensure that presentations meet needs.

## Unit 12

## Spreadsheet Software (3)

**Level: 3**

**Credit value: 6**

### **Unit aims**

This unit is about the ability to use IT systems sensibly and purposefully to meet needs, to do so safely and securely in line with organisational guidelines, to respond appropriately to IT problems and to evaluate the use of IT systems.

### **Learning outcomes**

There are **three** learning outcomes to this unit. The learner will be able to:

1. Use a spreadsheet to enter, edit and organise numerical and other data
2. Select and use appropriate formulas and data analysis tools and techniques to meet requirements
3. Use tools and techniques to present, and format and publish spreadsheet information

### **Guided learning hours**

It is recommended that **45** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is based on the Level 3 National Occupational Standards for IT users.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by e-Skills UK, the Sector Skills Council for IT and Telecoms.

### **Assessment**

This unit will be assessed by an externally set and internally marked assignment covering practical skills graded Pass/Merit/Distinction.

### Learning outcomes and assessment criteria

#### **Outcome 1 Use a spreadsheet to enter, edit and organise numerical and other data**

The learner can:

1. identify what numerical and other information is needed in the spreadsheet and how it should be structured
2. enter and edit numerical and other data accurately
3. combine and link data from different sources
4. store and retrieve spreadsheet files effectively, in line with local guidelines and conventions where available.

#### **Outcome 2 Select and use appropriate formulas and data analysis tools and techniques to meet requirements**

The learner can:

1. explain what methods can be used to summarise, analyse and interpret spreadsheet data and when to use them
2. select and use a wide range of appropriate functions and formulas to meet calculation requirements
3. select and use a range of tools and techniques to analyse and interpret data to meet requirements
4. select and use forecasting tools and techniques.

#### **Outcome 3 Use tools and techniques to present, and format and publish spreadsheet information**

The learner can:

1. explain how to present and format spreadsheet information effectively to meet needs
2. select and use appropriate tools and techniques to format spreadsheet cells, rows, columns and worksheets effectively
3. select and use appropriate tools and techniques to generate, develop and format charts and graphs
4. select and use appropriate page layout to present, print and publish spreadsheet information
5. explain how to find and sort out any errors in formulas
6. check spreadsheet information meets needs, using its tools and making corrections as necessary
7. use auditing tools to identify and respond appropriately to any problems with spreadsheets.

**Level: 3**

**Credit value: 6**

### **Unit aims**

This unit is about the ability to use IT systems sensibly and purposefully to meet needs, to do so safely and securely in line with organisational guidelines, to respond appropriately to IT problems and to evaluate the use of IT systems.

### **Learning outcomes**

There are **three** learning outcomes to this unit. The learner will be able to:

1. Input and combine text and other information within presentation slides
2. Use presentation software tools to structure, edit and format presentations
3. Prepare interactive slideshow for presentation

### **Guided learning hours**

It is recommended that **45** hours should be allocated for this unit. This may be on a full-time or part-time basis.

### **Details of the relationship between the unit and relevant national occupational standards**

This unit is based on the Level 3 National Occupational Standards for IT users.

### **Endorsement of the unit by a sector or other appropriate body**

This unit is endorsed by e-Skills UK, the Sector Skills Council for IT and Telecoms.

### **Assessment**

This unit will be assessed by an externally set and internally marked assignment covering practical skills graded Pass/Merit/Distinction.

### Learning outcomes and assessment criteria

#### Outcome 1 Input and combine text and other information within presentation slides

The learner can:

1. explain what types of information are required for the presentation
2. enter text and other information using layouts appropriate to type of information
3. insert charts and tables and link to source data
4. insert images, video or sound to enhance the presentation
5. identify any constraints which may affect the presentation
6. organise and combine information for presentations in line with any constraints
7. store and retrieve presentation files effectively, in line with local guidelines and conventions where available.

#### Outcome 2 Use presentation software tools to structure, edit and format presentations

The learner can:

1. explain when and how to use and change slide structure and themes to enhance presentations
2. create, amend and use appropriate templates and themes for slides
3. explain how interactive and presentation effects can be used to aid meaning or impact
4. select and use appropriate techniques to edit and format presentations to meet needs
5. create and use interactive elements to enhance presentations
6. select and use animation and transition techniques appropriately to enhance presentations.

#### Outcome 3 Prepare interactive slideshow for presentation

The learner can:

1. explain how to present slides to communicate effectively for different contexts
2. prepare interactive slideshow and associated products for presentation
3. check presentation meets needs, using it tools and making corrections as necessary
4. evaluate presentations, identify any quality problems and discuss how to respond to them
5. respond appropriately to quality problems to ensure that presentations meet needs and are fit for purpose.

# Appendix 1 Drug Classifications

## Medical Principles for the Administrator

<b>Drug classification</b>	<b>Usage</b>
ANAESTHETIC	Drug for removal of feeling
ANALGESIC	Drug for relief of pain
ANTIBIOTIC	Drug which kills bacteria
ANTACID	A substance which neutralises stomach acid
ANTICOAGULANT	Drug which reduces blood clotting
ANTIDEPRESSANT	Drug which lifts the patient's mood
ANTI-EMETIC	Drug which reduces nausea
ANTIHISTAMINE	Drug which reduces the production of histamine. Used to treat allergies
ANTIHYPERTENSIVE	Drug which reduces blood pressure
ANTI-INFLAMMATORY	Drug which reduces inflammation
ANTIPYRETIC	Drug which reduces fever
ANTITUSSIC	Drug which reduces coughing
BRONCHIODIALATOR	Drug which dilates the bronchial tubes Used in the treatment of asthma
CHEMOTHERAPY	Toxic drugs which kill malignant cells
CONTRACEPTIVE	Drug which prevents conception
DECONGESTANT	Drug which relieves congestion of mucus membranes
DIURETIC	Drug which increases the production of urine
EXPECTORANT	Liquid form of drugs which encourages coughing up of secretions from the respiratory tract
NARCOTIC	Drug derived from opium which will induce deep sleep
PROPHYLACTIC	A substance used to prevent disease
STATINS	Drug used to lower cholesterol levels in the blood
TRANQUILLISER	Drug which reduces anxiety

## Appendix 2 List of Bones

### Medical Principles for the Administrator

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

## Appendix 3      Organs and Systems

### Medical Principles for the Administrator

<b>Organ</b>	<b>Common Name /Position/Function</b>	<b>Body System</b>
Brain	Controls body functions	Centre of the nervous system
Skin	Outer protective cover of the body	Skin
Spleen	Lies on underside of stomach. Produces antibodies / acts as a defence mechanism and controls the volume of blood circulating	Lymphatic system
Liver	Factory of the body. Breaks down toxins, nitrogenous waste and drugs for removal from the body. Produces bile	Digestive system
Oesophagus	Gullet/food pipe. Transports food from throat to stomach	Digestive system
Stomach	Receives food, commences protein digestion	Digestive system
(Duodenum, Jejunum and Ileum)	Small intestine Long tube from stomach to colon where digestion is completed and most absorption takes place	Digestive system
Colon	Large intestine/Absorbs water and manufactures faeces	Digestive system
Pancreas	Gland below the stomach in the curve of the duodenum which produces insulin and pancreatic juice	Digestive system /Endocrine system
Gall bladder	Lies on underside of liver. Concentrates and stores bile for excretion into duodenum to aid digestion	Digestive system
Pharynx	Throat, back of the nose and mouth	Respiratory system
Larynx	Voice box (forms Adam's Apple in the male)	Respiratory system
Trachea	Wind pipe takes air to and from the lungs	Respiratory system
Bronchus	Large airway passages transporting air into the lungs	Respiratory system
Lungs	2 organs organ lying in the chest where the exchange of gases takes place during breathing	Respiratory system
Heart	Muscular pump lying between the lungs which pumps to circulate blood around the body.	Cardio-vascular system
Aorta	Main artery of the body. Carries oxygenated blood from the heart to the body	Cardio-vascular system
Superior Vena cava / Inferior Vena Cava	Main veins. Carry de-oxygenated blood from the body back to the heart	Cardio-vascular
Arteries	Blood vessels which usually carry oxygenated blood away from the heart and around the body	Cardio-vascular system

<b>Organ</b>	<b>Common Name /Position/Function</b>	<b>Body System</b>
Veins	Blood vessels which usually carry de-oxygenated blood back to the heart	Cardio-vascular system
Kidneys	The 2 organs in the body that produce urine	Urinary system
Ureters	The tubes fro that connect the kidneys to bladder	Urinary system
Bladder	The organ that holds urine prior to its excretion from the body	Urinary system
Urethra	Tube which carries urine from the bladder to the outside of the body	Urinary system
Ovaries	Female organs that produce eggs and hormones	Female reproductive system
Fallopian/ uterine tubes	2 tubes, connected to the womb, where fertilization of the egg takes place	Female reproductive system
Uterus	Womb. Organ where the fetus grows	Female reproductive system
Vagina	Birth canal. Organ which connects the womb to the outside of the body	Female reproductive system
Mammary glands	Breasts. 2 organs situated at the front of the chest which produce milk to feed the newborn baby	Female reproductive system

## Appendix 4 Sources of information about level accreditation, qualification and credit frameworks and level descriptors

Please visit the following websites to find current information on accreditation, qualification level descriptors and national qualification and credit frameworks and in each country.

<b>Nation</b>	<b>Framework</b>	<b>Who to contact</b>	<b>Websites</b>
<b>England</b>	Qualification and Credit Framework (QCF)	The Qualifications and Curriculum Development Agency	<a href="http://www.qcda.gov.uk">www.qcda.gov.uk</a>
<b>Scotland</b>	Scottish Credit and Qualifications Framework (SQCF)	The Scottish Qualifications Authority	<a href="http://www.scqf.org.uk">www.scqf.org.uk</a> <a href="http://www.sqa.org.uk">www.sqa.org.uk</a>
<b>Wales</b>	The Credit and Qualifications Framework for Wales (CQFW)	The Department for Education, Culture and Welsh Language (DECWL)	<a href="http://www.wales.gov.uk">www.wales.gov.uk</a>
<b>Northern Ireland</b>	Qualification and Credit Framework (QCF)	The Council for Curriculum, Examinations and Assessment	<a href="http://www.ccea.org.uk">www.ccea.org.uk</a>

## Appendix 5      Obtaining centre and qualification approval

Only approved organisations can offer City & Guilds qualifications. Organisations approved by City & Guilds are referred to as **centres**.

Centres must meet a set of quality criteria including:

- provision of adequate physical and human resources
- clear management information systems
- effective assessment and quality assurance procedures including candidate support and reliable recording systems.

An organisation that has not previously offered City & Guilds qualifications must apply for approval to become a centre. This is known as the **centre approval process (CAP)**. Centres also need approval to offer a specific qualification. This is known as the **qualification approval process (QAP)**, (previously known as scheme approval). In order to offer this qualification, organisations which are not already City & Guilds centres must apply for centre and qualification approval at the same time. Existing City & Guilds centres will only need to apply for qualification approval for the particular qualification.

Full details of the procedures and forms for applying for centre and qualification approval are given in *Providing City & Guilds qualifications - a guide to centre and qualification approval*, which is also available on the City & Guilds centre toolkit, or downloadable from the City & Guilds website.

Regional / national offices will support new centres and appoint a Quality Systems Consultant to guide the centre through the approval process. They will also provide details of the fees applicable for approvals.

Assessments must not be undertaken until qualification approval has been obtained.

City & Guilds reserves the right to withdraw qualification or centre approval for reasons of debt, malpractice or non-compliance with City & Guilds' policies, regulations, requirements, procedures and guidelines, or for any reason that may be detrimental to the maintenance of authentic, reliable and valid qualifications or that may prejudice the name of City & Guilds. Further details of the reasons for suspension and withdrawal of approval, procedures and timescales, are contained in *Providing City & Guilds qualifications*.

## Appendix 6 Summary of City & Guilds assessment policies

### Health and safety

The requirement to follow safe working practices is an integral part of all City & Guilds qualifications and assessments, and it is the responsibility of centres to ensure that all relevant health and safety requirements are in place before candidates start practical assessments.

Should a candidate fail to follow health and safety practice and procedures during an assessment, the assessment must be stopped. The candidate should be informed that they have not reached the standard required to successfully pass the assessment and told the reason why. Candidates may retake the assessment at a later date, at the discretion of the centre. In case of any doubt, guidance should be sought from the external verifier.

### Equal opportunities

It is a requirement of centre approval that centres have an equal opportunities policy (see *Providing City & Guilds qualifications*).

The regulatory authorities require City & Guilds to monitor centres to ensure that equal opportunity policies are being followed.

The City & Guilds equal opportunities policy is set out on the City & Guilds website, in *Providing City & Guilds qualifications*, in the *Online Catalogue*, and is also available from the City & Guilds Customer Relations department.

### Access to assessment

Qualifications on the Qualifications and Credit Framework are open to all, irrespective of gender, race, creed, age or special needs. The centre co-ordinator should ensure that no candidate is subject to unfair discrimination on any ground in relation to access to assessment and the fairness of the assessment.

City & Guilds' *Access to assessment and qualifications guidance and regulations* document is available on the City & Guilds website. It 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.

Access arrangements are pre-assessment adjustments primarily based on history of need and provision, for instance the provision of a reader for a visually impaired candidate.

Special consideration refers to post-examination adjustments to reflect temporary illness, injury or indisposition at the time of the assessment.

### Appeals

Centres must have their own, auditable, appeals procedure that must be explained to candidates during their induction. Appeals must be fully documented by the quality assurance co-ordinator and made available to the external verifier and/or City & Guilds.

Further information on appeals is given in *Providing City & Guilds qualifications*. There is also information on appeals for centres and learners on the City & Guilds website or available from the Customer Relations department.

## Appendix 7 Funding

City & Guilds does not provide details on funding as this may vary between regions.

Centres should contact the appropriate funding body to check eligibility for funding and any regional/national arrangements which may apply to the centre or candidates.

For funding regulatory purposes, candidates should not be entered for a qualification of the same type, level and content as that of a qualification they already hold.

Please see the table below for where to find out more about the funding arrangements.

Nation	Who to contact	For higher level qualifications
<b>England</b>	<p>The Learning and Skills Council (LSC) is responsible for funding and planning education and training for over 16-year-olds. Each year the LSC publishes guidance on funding methodology and rates. There is separate guidance for further education and work-based learning.</p> <p>Further information on funding is available on the Learning and Skills Council website at <b>www.lsc.gov.uk</b> and, for funding for a specific qualification, on the Learning Aims Database <b>http://providers.lsc.gov.uk/lad</b>.</p>	<p>Contact the Higher Education Funding Council for England at <b>www.hefce.ac.uk</b>.</p>
<b>Scotland</b>	<p>Colleges should contact the Scottish Further Education Funding Council, at <b>www.sfc.co.uk</b>. Training providers should contact Scottish Enterprise at <b>www.scottish-enterprise.com</b> or one of the Local Enterprise Companies.</p>	<p>Contact the Scottish Higher Education Funding Council at <b>www.shefc.ac.uk</b>.</p>
<b>Wales</b>	<p>Centres should contact the The Department for Education, Culture and Welsh Language (DECWL): <b>www.wales.gov.uk</b></p>	<p>Contact the The Department for Education, Culture and Welsh Language (DECWL): <b>www.new.wales.gov.uk</b></p>
<b>Northern Ireland</b>	<p>Please contact the Department for Employment and Learning at <b>www.delni.gov.uk</b>.</p>	<p>Contact the Department for Employment and Learning at <b>www.delni.gov.uk</b>.</p>

## Useful contacts

Type	Contact	Query
UK learners	T: +44 (0)20 7294 2800 E: learnersupport@cityandguilds.com	<ul style="list-style-type: none"> <li>• General qualification information</li> </ul>
International learners	T: +44 (0)20 7294 2885 F: +44 (0)20 7294 2413 E: intcg@cityandguilds.com	<ul style="list-style-type: none"> <li>• General qualification information</li> </ul>
Centres	T: +44 (0)20 7294 2787 F: +44 (0)20 7294 2413 E: centresupport@cityandguilds.com	<ul style="list-style-type: none"> <li>• Exam entries</li> <li>• Registrations/enrolment</li> <li>• Certificates</li> <li>• Invoices</li> <li>• Missing or late exam materials</li> <li>• Nominal roll reports</li> <li>• Results</li> </ul>
Single subject qualifications	T: +44 (0)20 7294 8080 F: +44 (0)20 7294 2413 F: +44 (0)20 7294 2404 (BB forms) E: singlesubjects@cityandguilds.com	<ul style="list-style-type: none"> <li>• Exam entries</li> <li>• Results</li> <li>• Certification</li> <li>• Missing or late exam materials</li> <li>• Incorrect exam papers</li> <li>• Forms request (BB, results entry)</li> <li>• Exam date and time change</li> </ul>
International awards	T: +44 (0)20 7294 2885 F: +44 (0)20 7294 2413 E: intops@cityandguilds.com	<ul style="list-style-type: none"> <li>• Results</li> <li>• Entries</li> <li>• Enrolments</li> <li>• Invoices</li> <li>• Missing or late exam materials</li> <li>• Nominal roll reports</li> </ul>
Walled Garden	T: +44 (0)20 7294 2840 F: +44 (0)20 7294 2405 E: walledgarden@cityandguilds.com	<ul style="list-style-type: none"> <li>• Re-issue of password or username</li> <li>• Technical problems</li> <li>• Entries</li> <li>• Results</li> <li>• GOLLA</li> <li>• Navigation</li> <li>• User/menu option problems</li> </ul>
Employer	T: +44 (0)121 503 8993 E: business_unit@cityandguilds.com	<ul style="list-style-type: none"> <li>• Employer solutions</li> <li>• Mapping</li> <li>• Accreditation</li> <li>• Development Skills</li> <li>• Consultancy</li> </ul>
Publications	T: +44 (0)20 7294 2850 F: +44 (0)20 7294 3387	<ul style="list-style-type: none"> <li>• Logbooks</li> <li>• Centre documents</li> <li>• Forms</li> <li>• Free literature</li> </ul>

If you have a complaint, or any suggestions for improvement about any of the services that City & Guilds provides, email: [feedbackandcomplaints@cityandguilds.com](mailto:feedbackandcomplaints@cityandguilds.com)

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