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Tutor, Assessor and Internal Quality Assurance Support Pack

Highfield Level 2 Award in Awareness of End of life Care (RQF)

Qualification Number: 601/4586/9

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Welcome

Welcome to the ***Highfield Level 2 Award in Awareness of End of Life Care (RQF)*** tutor, assessor and quality assurance support pack. This pack has been put together to support tutors, assessors and IQAs in their respective roles.

The pack is split into three sections:

1. Delivery Support
This section of the pack aims to support tutors in the quality assured delivery of the qualification and makes reference to supporting materials, as signposted within the qualification specification.

2. Assessment Support
This section of the pack aims to support assessors in the quality assured assessment of the qualification and provides guidance on the completion of the Highfield assessment paperwork.

3. Internal Quality Assurance Support
This section of the pack aims to support those responsible for internal quality assurance of the qualification and provides guidance and examples of practice that could support this role.

Although the pack makes reference to three different areas, it is important to note that centres are able to become approved for the award with just **two** people fulfilling the following roles:

1 x Tutor/Assessor: This individual can deliver and assess the entire qualification.

1 x Internal Quality Assurer: This individual quality assures the delivery and assessment of the Tutor/Assessor *(see Internal Quality Assurance Support for further information).*

This pack makes reference to a number of supporting documents and Highfield would recommend that centres become familiar with these prior to registering a course. If you require any further information or support, please contact your Highfield Account Manager who will be more than happy to help.

Delivery Support

The delivery of the qualification is the responsibility of the **nominated Tutor** (who will normally act as the assessor too). This person should meet the associated criteria within the qualification specification and have the relevant skills, experience and qualifications.

Length of Course

The qualification has a Guided Learning Hour (GLH) value of 28, which is equivalent to approximately a three to four-day programme. This delivery programme can be adjusted in line with learner requirements. It is important for Centres to note that GLH is not the same as contact hours and so a variety of methods can be employed in order to meet this learning time. For example lectures, tutorials, supervised study, pre-course work, homework and assessment all count to GLH value.

In addition, Centres may count recognition of prior learning (RPL) to reduce the GLH value. RPL is where a learner already has relevant knowledge through previous experience or qualifications that can be mapped into this qualification. If RPL is used to reduce GLH this should be evidenced within session plans that may be reviewed by Highfield EQS staff and learners must still complete the full assessment workbook.

Learning Outcomes

It is the responsibility of the nominated tutor to ensure learners are adequately prepared for the assessment. Learners should be made aware of the learning outcomes they are working towards, which are as follows:

- Know different perspectives on death and dying;
- Understand the aims, principles and policies of end of life care;
- Understand factors regarding communication in end of life care; and
- Know how to access the range of support services available to individuals and others.

Centres should ensure their delivery is appropriate to the cohort they are teaching in terms of the region they work in, as practices and terminology may differ.

Recommended Programme Delivery Summary

The following summary provides an overview of each phase of the recommended delivery programme. This may be used as a guide and is **not a mandatory requirement**.

The additional GLH for this qualification could be accumulated through prior learning and/or experience, recommended reading and/or research by setting homework or pre-course work, as indicated below. Nominated Tutors are responsible for designing a course that appropriately meets all learning outcomes and prepares learners for the assessment.

Phase	Component	Duration
1	• Factors affecting views on death and dying; • The impact of those factors on practice; and • How attitudes may influence individual's choices around death and dying.	5 Hours and 30 Mins
	Assessment for part one: Q's 1-4	1 Hour and 30 Mins
2	• Aims and principles of end of life care; • Supporting and promoting dignity; • Maintaining comfort and wellbeing; • Stages of the end of life care pathway; • Principles of advance care planning; and • Local and national policy and guidance for care after death.	5 Hours and 30 Mins
	Assessment for part two: Q's 5-10	1 Hour and 30 Mins
3	• How communication and priorities may vary over time; • Responding to questions and cues regarding end of life care including difficult questions; • Strategies to manage emotional responses; and • Sharing information according to confidentiality and data protection.	5 Hours and 30 Mins
	Assessment for part three: Q's 11-14	1 Hour and 30 Mins
4	• Support services and facilities; • Key individuals in multi-disciplinary end of life care teams; • Barriers to accessing end of life care; and • Minimising barriers to accessing end of life care.	5 Hours and 30 Mins
	Assessment for part four: Q's 15-17	1 Hour and 30 Mins
	Total delivery and assessment time:	**28 Hours**

Assessment Support

The assessment of the qualification is the responsibility of the **nominated assessor**. This person should meet the associated approval criteria within the qualification specification and have the relevant skills, experience and qualifications. As mentioned previously this person may also act as the course tutor.

Highfield has worked with a number of subject matter experts to create a streamlined and effective assessment pack which contains assessment support materials for this knowledge-based qualification.

The following guidance supports assessors in the completion of the Highfield assessment paperwork.

Information summary

Centres are required to ensure the following information is fully completed with accurate details.

Learner Name:	
Date of Birth:	Learner ID:
Centre Name:	Centre no:
Tutor/Assessor Name:	
IQA Name:	
Assessment Date:	Course ID:

Learner name and date of birth
Please insert basic information for the learner in the boxes provided.

Learner ID
Please indicate here the identification of the learner that has been seen to ensure the learner taking the assessment is indeed who they say they are.

Learner Contact Number
To contact the learner if and when necessary, for example, if they are completing the course through distance learning.

Centre name and number
Please insert basic information for the Highfield Approved Centre.

Tutor/assessor name and IQA name
Please insert basic information for the nominated tutor/assessor.

Assessment date and course ID
Please insert the date of assessment (this may be the same as the date of course). Please also ensure you insert the course identification which will be given to you by Highfield.

Example assessment summary and qualification result

The assessment outcome for each task must be recorded by the tutor/assessor throughout the pack. This could be done with a simple ✓ or ×.

The overall qualification result must also be recorded on the front of the pack (PASS or REFER). Where learners do not achieve a pass, assessors are able to further question before making the final qualification assessment. Any further questioning should be recorded on the further discussion form (see the next section for further guidance on the completion of this form).

Assessment Summary *(for tutor/assessor use only)*

In order for learners to be assessed as successful, they are required to achieve the minimum standard for each learning outcome below:

- Know different perspectives on death and dying;
- Understand the aims, principles and policies of end of life care;
- Understand factors regarding communication in end of life care; and
- Know how to access the range of support services available to individuals and others.

QUALIFICATION RESULT			
PASS		**REFER**	

Assessment declarations

The assessment declarations are final confirmation by the learner, the tutor/assessor and the IQA (if sampled) that they have met and adhered to the statements listed. These must be signed before certificates can be issued.

Declarations

Learner: *I confirm that the work contained in this assessment pack is my own.*

Tutor/assessor: *I confirm I have read and abided by the assessment requirements of this qualification when assessing the learner's work and have checked the learner's identification.*

Learner signature:	Date:
Tutor/Assessor signature:	Date:
IQA signature:	Date:

Further discussion form

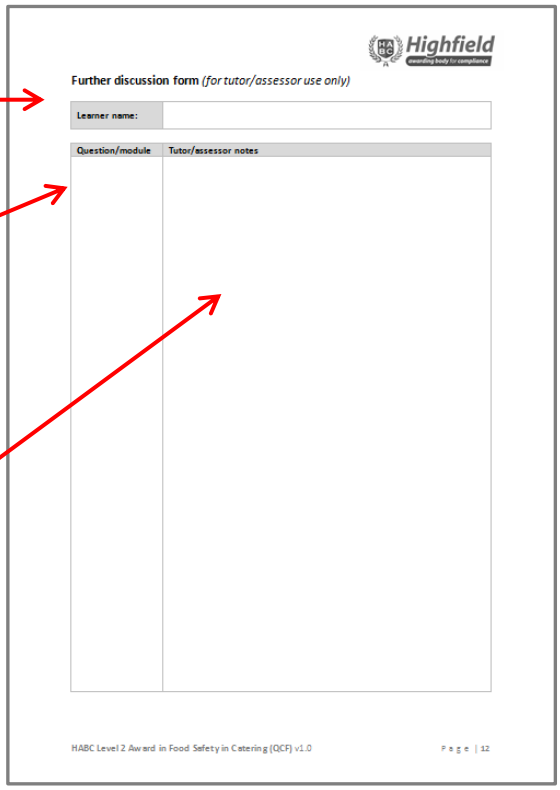
In the event tutors/assessors establish areas where learners fail to demonstrate knowledge to the required level, additional questions may be asked. To support this further questioning, tutors/assessors can use the form found at the end of the Learner Assessment Pack to ask further questions to support learner's original answers.

This document should be kept with the learner's assessment pack for IQA and Highfield quality assurance staff to see a more complete picture of the full learner assessment.

Ensure the learner's name is filled out so that this feedback can be easily identified.

The question number or assessment criteria reference should be entered in this column.

Details of the discussion should be completed in this column. For example:
'Task 15: The learner was asked to provide an explanation for the answers given, which was provided further knowledge around the assessment cycle of plan, do, review, which sufficiently met the required standard of this task.'



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Further discussion form *(for tutor/assessor use only)*

Learner name:	

Question/module	Tutor/assessor notes

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Learner Assessment Pack Guidance

The learner assessment pack has been designed to provide a robust method of recording learners' responses to the prescribed questions. Each learner should complete an assessment pack. Assessment packs require written responses to each task and it is important that learners complete every task by **themselves**.

Completion of learner assessment packs

Learner assessment packs can be completed gradually throughout the course, so that tutors/assessors can review work produced by learners and identify areas to address in a more time-efficient manner. Alternatively, centres may issue learners with a workbook to complete and submit after the course has ended.

It is strongly advised by Highfield that centres set a reasonable timescale for learners to complete the workbooks and return them to their assessor, particularly where learners take workbooks away.

All completed workbooks, along with any further discussion forms should be retained by the centre unless requested by Highfield for quality assurance processes.

Guidance on depth of answer

The list below provides guidance by outlining the level of detail learners will be required to supply in their answers to ensure their work is of the correct standard in order to pass. Please use this guidance when assessing learners' work to ensure they have provided enough detail as asked for in their assessment packs.

- **List**: Simply a list with no further explanation.
- **Identify**: Determine the origin or nature of something by selecting or providing basic examples or information. This does not require a very detailed answer.
- **Outline**: Provide a short summary of the most important information or features of something. This does not require a very detailed answer.
- **Describe**: Provide a 'word picture' in a detailed flowing answer that should not be in the form of bullet points.
- **Explain**: Provide a clear account of, or reasons for, something to support their wider understanding of an area. This should be written in flowing text, not in a list.

Additional assessment guidance and requirements

The qualification specification contains guidance on indicative content relating to certain assessment criteria within **Unit 1: Understand how to work in end of life care**.

Assessment criteria 1.1:

- **Factors** that can affect and **individual's** views on death and dying, may include:
    - social
    - cultural
    - religious
    - spiritual
    - psychological
    - emotional
    - **Individual** refers to the person receiving support or care in the work setting.

Assessment criteria 1.4:

- Attitudes of **others**, may include:
    - partner
    - family
    - friends
    - neighbours
    - care worker
    - colleague
    - manager
    - social worker
    - occupational therapist
    - GP
    - Speech & language therapist
    - physiotherapist
    - pharmacist
    - nurse
    - psychologist
    - independent mental capacity advocate
    - community psychiatric nurse
    - clinical nurse specialists

Assessment criteria 4.1:

- Range of **support services and facilities** available, may include:
    - pastoral services
    - Other professionals
    - Citizens advice
    - Self-help organisations
    - Hospices

In addition to the above, and to support a more standardised approach to the assessment of the externally set tasks in the learner assessment pack, Highfield has provided exemplar[1] answers in the following pages.

[1] It is acknowledged that variations of and additions to the exemplar answers provided could also be deemed as sufficient to meet the required standard. Assessors must use their knowledge of the subject area to judge if a learner's answer suitably meets requirements.

Learning outcome 1: Know different perspectives on death and dying

1. Complete the table to outline the factors that can affect an individual's views on death and dying:		AC (1.1) Outcome
Factors	**Outline of its effect on an individual's views on death and dying**	
Social:	Answers could include: • Circumstances such as finances can have an impact on end of life care (EoLC), the costs can determine the delivery of care, the resources available and the style of memorial and the disposal of the body; • The nature of the condition - some life limiting conditions can cause the individual to be or feel judged by others i.e.: AIDS, substance misuse related conditions. Whereas others such as dementia or cancer may be looked at differently; and/or • Western civilisation often relies on the professional care providers and funeral directors to provide the physical aspects of EoLC, therefore reducing their exposure.	
Cultural:	Answers could include: • Language differences between the individual and the care providers can affect the experience of EoLC; • Some cultures believe it is impolite or morbid to discuss EoLC, others freely discuss the wishes and preferences of EoLC; • For some, accepting help from others is part of the course, for others accepting help can be seen as weakness, disrespectfulness, disowning their responsibilities to the family; and/or • Beliefs associated with culture can provide an explanation as to why death has or will occur.	
Religious:	Answers could include: • Religion teaches what happens after death, for some there is life, for others there is reincarnation; • Religious beliefs can for some reduce the support that can be given or accepted to or by an individual, as the situation can be seen as the will of their faith; • In some regions, the leader is also seen as the healer; and/or • In some religions there can be different variants, i.e.: Judaism has three main forms – orthodox, conservative	

	and reformed, the individual's beliefs will be determined by the religious path they follow.	
Spiritual:	Answers could include: • Cultural and religious traditions are linked to spiritual elements, but are not solely based upon these two factors; • Family traditions and heritage can be influential when considering aspects pre and post death; and/or • Relationships, places, hobbies, key moments in a person life, status in society, achievements can also be instrumental in the thought process surrounding the process of dying.	
Psychological:	Answers could include: • A general lack of knowledge, understanding or experience of EoLC can generate fear, avoidance, and denial; and/or • Individuals with reduced mental capacity, i.e. Dementia or individuals with impaired mental health can have a distorted perception of EoLC.	
Emotional:	Answers could include: • Past experiences of EoLC can create inaccurate opinions that every person will have the same experience. This can apply to both negative and positive experiences of care; and/or • The culture within the immediate family can determine how views, needs and wishes are expressed. The ability to discuss freely with others from outside of the family about pain, discomfort or fears may be reduced. Likewise what may be required and from where to obtain it.	

2. Outline the factors that can affect own views on death and dying:	AC (1.2) Outcome
There are no correct or incorrect answers here, the learner could identify factors that are logical or based on emotion, experiences or influences from culture, religion and spirituality. The learner feedback to this answer should be respectful and sensitive especially if the learner shares personal information. Be mindful also that the learner may not have actually formed much of an opinion about the topic.	

3. Complete the table to outline how each of the factors relating to views on death and dying can impact on practice:		AC (1.3) Outcome
Factors relating to views on death and dying	**Impact on practice**	
Social:	Answers could include: • Finances –for individuals that are still of working age the income into the home will decrease as the condition progresses. Spouses of the individual may also have to decrease their work load and therefore income to provide the support that's required for the individual; • Healthy finances can pay for additional professional support to be available to the individual, this in turn provides respite for the family; and/or • Some informal carers may be judgemental towards the individual, especially if the condition is one that may be attributed to a particular lifestyle, i.e.: smoking and lung cancer.	
Cultural:	Answers could include: • Some cultures believe that it is their responsibility alone to provide all aspects of the care an individual may require and refuse or block offers of professional help. This may be detrimental to the individual and the family; • Language differences can prevent care practitioners from understanding deeper concepts of the individual's beliefs and preferences; • Open discussions around EoLC enable deeper concepts to be explored; and/or • The amount of support that is accepted by the individual/family determines the quality of care and wellbeing for the individual and the family.	
Religious:	Answers could include: • Faith can support the spiritual and religious needs of the person at the end of life, for others their beliefs can be tested and questioned; • Beliefs can provide comfort and calm for the individual and the family; and/or • Some individuals may refuse treatment for themselves or others as their belief is that the illness is meant to be and shouldn't be interfered with.	

Spiritual:	Answers could include: • Spiritual factors can promote other elements to be included in the care of the individual, for example the use of music can be built into the plan of care. Animals, family and places can also be included.	
Psychological:	Answers could include: • Mental capacity determines how much information an individual can receive, retain and reproduce with regard to informed decisions about the care that can be provided; • Complicated capacity such as the early stages of dementia can cause the sufferer to forget appointments, professionals, medications, etc. Informal carers may also have these conditions that can go undiagnosed but put the quality of care at risk; and/or • Experience and knowledge about EoLC can inform the individual about the different resources that can be obtained.	
Emotional:	Answers could include: • Emotions can change frequently not only in the individual at the EoLC but also for any informal carers that may be supporting them. This can be difficult for all concerned as they are managing the changes in mood as well as the physical changes that are happening with the individual; • Denial of the situation can cause individuals to refuse to attend appointments, take medication or accept professional support; • The emotional wellbeing can determine how an individual can manage their feelings through EoLC; and/or • Positive and negative past experiences of EoLC can dominate the emotions of the individual and or the family and friends that surround them.	

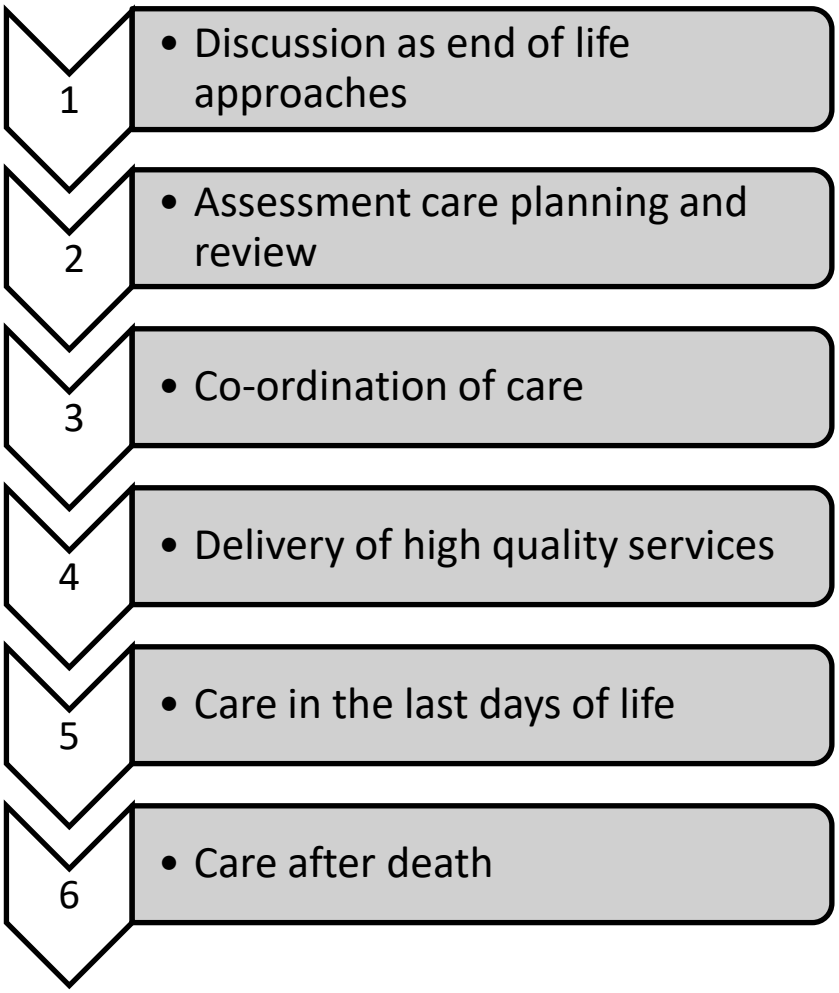
4. Define how attitudes of others may influence an individual's own choices around death and dying:	AC (1.4) Outcome
Possible answers could include: Any previous experiences of death inherited from friends and family through socialisation may influence the individual greatly, as individuals facing the end of life often turn to these key people for advice and support. If the network of support around the individual has experienced poor care, they can discourage the individual to accept any care that may be offered. Likewise, positive care experiences can encourage the individual to take the opportunities of care that may be presented.	

Learning outcome 2: Understand the aims, principles and policies of end of life care

5. In the boxes below, explain the aims and principles of end of life care:		AC (2.1) Outcome
Aims:	Answers could include: • The World Health Organisations definition of palliative care is promoted; • Learners should be aware of and familiar with the *End of Life Care Strategy: promoting high quality care for adults at the end of their life*; and • Learners should be aware of and familiar with the *Common core competencies and principles for health and social care workers working with adults at the end of life* produced by Department of Health in partnership with Skills for Health and Skills for Care. • The individual is at the centre of the care – using person-centred approaches; • Pre-planning and anticipation of needs; • Consistent high quality care; • Care aligned with the individuals wishes and preferences; • Holistic care, encompassing spiritual, physical, intellectual, emotional, social needs; • Pain and distressing symptoms are controlled; and • Provide bereavement support for the family and carers when the individual has died.	
Principles:	Answers could include: • The World Health Organisations definition of palliative care is promoted; • Learners should be aware of and familiar with the *End of Life Care Strategy: promoting high quality care for adults at the end of their life*; and • Learners should be aware of and familiar with the *Common core competencies and principles for health and social care workers working with adults at the end of life* produced by Department of Health in partnership with Skills for Health and Skills for Care.	

6. Explain why it is important to support an individual in a way that promotes their dignity:	AC (2.2) Outcome
The learner should be able to outline their understanding of dignity as part of their answer and could include points relating to the following: Amongst a multitude of other emotions, the individual can be very vulnerable. Another powerful emotion is the sense of 'lack of control'. This can be emphasised because the individual may not have the knowledge to understand their condition. If they accept any physical treatments, they may feel very exposed and at the mercy of the professional who can see the condition rather than the client. Dignity, apart from being a basic human right, promotes a sense of control, choice and respect. It also promotes person-centred care.	

7. In the boxes below, describe the importance of maintaining comfort and well-being in end of life care:		AC (2.3) Outcome
Importance of maintaining comfort	**Importance of maintaining well-being**	
Learners should be making reference to the following in their answers: • To promote dignity, respect and rights; and • To prevent pain or distressing symptoms.	Learners should be making reference to the following in their answers: • To promote person-centred approaches; and • Respect, dignity, rights, choice and individualism.	

8. Complete the diagram below to explain the stages of the local end of life care pathway:	AC (2.4) Outcome
Learners should be aware of and familiar with the National Six Step Programme and should explain the six steps below in their own understanding.  	

9. In the space below, describe the principles of advance care planning:	AC (2.5) Outcome
Learners should demonstrate clear understanding of advance care planning including: Advance care planning demonstrates awareness and understanding of individuals needs at times where it is most appropriate. Its principles include: • Legal issues and implications of the Advanced Care Planning process in accordance with the Mental Capacity Act 2005; • Communication skills: planning and discussions as part of continual assessment of needs; • Informed consent from the individual; • Support for the individual, family and friends that encompass all aspects of holistic care; and • Specific and individualised care for the individual is delivered to a high standard.	

10. In the boxes below, define local and national policy and guidance for care after death:		AC (2.6) Outcome
National policy and guidance	**Local policy and guidance**	
Learners should be aware of: **The Gold Standards Framework aims to improve:** The quality of care received by upskilling the workforce. The coordination and communication across boundaries of care. Patient outcomes, enabling more to live well and die well where they choose, and reducing inappropriate hospitalisation. **NHS National End of Life Care Programme (NEoLCP)** Honouring the spiritual and cultural wishes of the deceased person and their family/carers. Ensuring that the deceased and their family/carers have their privacy and dignity respected at all times Honouring people's wishes for organ and tissue donation. Ensuring the health and safety of everyone who comes into contact with the body. Ensuring that if the death is being referred to the coroner no action is taken which might impede establishing the cause of death. Ensuring correct certification procedures have been followed.	Learners should be aware of provision relating to their locality. Local policies and guidance are adopted national policies and guidelines that have been adapted to suit specific environments and the roles of the care team within each environment. Assessment tools and training materials can be used from any of the EoLC pathways. Information about the individual must be gathered in order to pass on to the following appropriate care service: • The individuals identifying name, their date of birth, address and NHS number if known; • The date and time of death; • Any implantable devices such as pacemakers; • Current radioactive treatments that the individual may have received; • Any notifiable injections; and • Any personal belonging that are left with the deceased. The name and signature of all persons providing care and present at the time of death.	

Learning outcome 3: Understand factors regarding communication in end of life care

11. In the boxes below, explain how an individual's priorities and the ability to communicate may vary over time:		AC (3.1) Outcome
How an individual's priorities may vary over time	Suggested answers could include: • Priorities can change over time and often in line with an individual's emotions; • Anger / denial – The priority may be to 'beat' the condition or 'carry on with life' as normal; and/or • Acceptance – The priority can be to beat the condition, or put their affairs in order before death.	
How an individual's ability to communicate may vary over time	Suggested answers could include: • Acceptance of the situation can enable open communication between the individual and carers; • Denial can be a barrier to effective communication; • Tiredness and advancement in illness can create communication barriers; • Additional infections can cause delirium, in turn affecting communication; and/or • A decline in mental capacity as a result of illness or conditions having a direct effect on the individual's brain.	

12. Answer the questions below to think about your own role in relation to providing end of life care:	AC (3.2 and 3.3) Outcome
1. Explain your role in responding to key questions and cues from individuals and others regarding their end of life experience: *2. Describe how you might respond to difficult questions from individuals and others:* For questions 1 and 2, these are open questions as they depend on the actual role of the learner. If the learner doesn't or hasn't worked in EoLC they will need to think carefully about the application of principles to practice. Key points should include: • Be aware of their own boundaries in line with the job description; • Maintain confidentiality; • Don't avoid questions or answers, if they are unsure of what information to give merely inform the enquirer that they will ask a senior to come and answer the question; • Don't dismiss the individual's fears or joke them away; and • Place themselves in the individual's situation to develop empathy for the individual's emotions.	(3.2) (3.3)

13.Outline strategies to manage emotional responses from individuals and others:	AC (3.4) Outcome
Suggested answers could include: • Attempt to build a relationship with the individual, focusing on gaining the trust of that person; • Listen and validate how the person is feeling. Take the time for the individual to finish what they are saying, don't try to second guess what the individual is saying or finish a sentence for them; • Don't be tempted to block, change the subject or 'joke away' the issue in an attempt to make the individual feel better; • Never offer platitudes, i.e.: don't worry, it will be ok, everything will be fine. We must never dismiss an individual's feelings with this sort of disrespect; • Never pretend to 'know what the individual means' unless you yourself have fully been in their situation. You can reflect on your own experiences, but be mindful that this situation is not about you and is about the individual; • Don't pretend to have the answers for all aspects of the illness and or the care that can be given – unless you do. Trust can easily be broken between the carer and the individual and trust is critical during EoLC; • Don't be afraid to contact more experienced or senior members of the care team for support, but maintain appropriate levels of confidentiality; • Be mindful of the input that family or friends may have, or still have in the delivery of care. Be aware that their emotions can change frequently over time, as much as the individual who is terminally ill; and • Reflect on your practice. Try not to take negative behaviour personally, unless it is deserved in which case the cause needs to be identified and rectified with immediate effect.	

14. In the space provided below, explain the importance of sharing appropriate information, making reference to the principles and local policy on confidentiality and data protection in your answer:	AC (3.5) Outcome
Learners could include the following in their answer: Effective and appropriate communication is vital to ensure that all persons involved in each element of EoLC act in the best interest of the individual whist being an advocate for their wishes and preferences. To ensure that instructions and directions don't get lost in translation, the information must be free from technical jargon, it must be legible, accurate and complete. Information must be reviewed following continual assessment of need to ensure that the advanced care plan is a living document. Information must only be shared with practitioners that are required to organise or deliver parts of the service.	

Learning outcome 4: Know how to access the range of support services available to individuals and others

15. Complete the diagram below to identify the range of support services and facilities available to an individual and others who may support someone requiring end of life care:	AC (4.1) Outcome
Possible answers could include: • Day care practitioners – that provide the care within an organisation or the individuals own home; • Respite care – that offer periods of intensive care for the individual whilst also providing support for any informal carers; • Terminal care – normally available in the final stages of the terminal illness. Some hospices have the facilities to provide hospitality to the families of the individual; • Voluntary organisations – some organisations have people who have experienced a life threatening illness, or have maybe cared for someone themselves; • Spiritual organisations – churches and other places of worship, healers that use alternative treatments can provide support for all outside of the physical care service; • Specialist nursing – Macmillan or Admiral Nurses; and/or • Charities – national or local charities can provide equipment and some can provide a small amount of financial assistance.	

16. Complete the diagram below to identify the key people who may be involved within a multi-disciplinary end of life care team:	AC (4.2) Outcome
Possible answers could include: GP (General Practitioner) Hospital Consultant Oncologist (cancer specialist) Occupational Therapist Speech Therapist Physiotherapist District and Community Nurses Psychologist Respiratory Nurse Stoma Nurse Breast Care Nurse Oncology Nurse Marie Curie Day Nurse MacMillan Nurse Urologist Haematologist Psychogeriatrician (Dementia and mental health specialist in older people) Geriatrician Cardiologist **The list is not exhaustive.**	

17. Complete the table below to identify the barriers an individual may face when accessing end of life care, and for each suggest ways to minimise the barrier to accessing end of life care:		AC (4.3 and 4.4) Outcome
Barrier to accessing end of life care	**Ways to minimise the barrier**	
Possible answers could include:		
• Late referral to palliative care – caused either from poor care provider systems or denial from the individual or family; • Conflicting opinions or preferences between family, friends and the individual; • Lack of understanding and training for spiritual, emotional aspects of EoLC; • Preconceived ideas that professionals have little knowledge around different cultural or religious beliefs; • Palliative care that focuses mainly on the physical aspects of EoLC; • A negative attitude to EoLC – death is a matter of time can only be achieved in a negative manner; and • Hospices and other palliative care services tend to focus on cancer as being the cause of the life limiting illness.	• Training and education for all care professionals; • Information available to individuals, families and friends around the care that can be given by the practitioners; • Training and education given to informal carers that are practicing and providing care in the individual's environment; • Knowledge about resources and advanced care directives available to all formal and informal care practitioners; • Regular assessment of the individual and those supporting them; • Ensuring that any agreed advanced care plan is acted upon as soon as needs have been identified; and • Flexible service delivery and increased respite provision.	

Internal Quality Assurance (IQA) support

The internal quality assurance of the qualification is the responsibility of the Internal Quality Assurance officer (IQA). The IQA should meet the associated criteria within the qualification specification and should monitor both the delivery and assessment of the qualification. The IQA **should not** contribute to the delivery or complete any assessment of the course they are sampling.

The IQA **should**:

- Ensure the delivery and assessment is in line with the qualification requirements;
- Ensure all assessment paperwork is completed accurately;
- Ensure all tutors/assessors are sampled over time;
- Support and offer development for tutors/assessors; and
- Provide an audit trail of internal quality assurance.

It is important to note that the IQA role is one of support and as a result should improve the delivery and assessment programme over time. IQA samples can be completed in a number of ways however the main two methods are:

1. Live observation of course delivery/assessment (visit to an active course).
2. Desk-based sampling of course assessment material (either during a visit or remote check of completed assessment packs).

It is important to note that it is **not a requirement that every course is internally quality assured** via live observation visits, and instead desk-based samples should be used to support this process. Centres must take responsibility for planning and implementing an effective quality assurance procedure which is clearly evidenced within their sampling plan and verification process.

Standardisation activities

Standardisation activities are centre-led and used as a method of sharing good practice across the delivery, assessment and quality assurance of the qualification. These activities should be completed on a periodic basis and include members of the centre's delivery, assessment and quality assurance team. The IQA officer is key to this process as it is likely they will have sampled work across tutors/assessors and so be able to share positives from each team member.

Internal Quality Assurance (IQA) Strategy [Highfield Example]

Highfield recommends that a form of internal quality assurance is completed for every course. This can include both live visits and/or a desk based reviews, along with on-going standardisation activities and quality checks. Highfield recommends that centres implement a system for the frequency of visits based on risk. An example of this risk based approached can be supported using a basic traffic light system.

The starting point for using this type of system is to risk rate (grade) tutors/assessors. This process should be documented and completed using justifiable methods; an example of risk ratings is below:

- **Green**: Tutors/Assessors who have a significant amount of experience and competence in the delivery and/or assessment of the qualification, *(e.g. have delivered over 30 courses with no actions from quality assurance checks)*.

- **Amber**: Tutors/Assessors who have a moderate amount of experience and competence in the delivery and/or assessment of the qualification *(e.g. have delivered over 15 courses with minor actions from quality assurance checks)*.

- **Red**: Tutors/Assessors who have little or no experience in the delivery of the qualification or where a new assessment methodology is implemented.

Once a grade agreed and documented within the centre, the next stage is to identify the volume of support that is required, once again an example of this is illustrated below:

- **Green Tutors/Assessors** require an IQA live visit every 20 courses or every 1 year, if sooner. Note; all courses will be subject to quality assurance monitoring, which could be completed via other methods e.g. desk based review.

- **Amber Tutors/Assessors** require an IQA live visit for every 10 courses registered or every 6 months, if sooner. Note; all courses will be subject to quality assurance monitoring, which could be completed via other methods e.g. desk based review.

- **Red Tutors/Assessors** would require an IQA live visit for every course registered as well as quality assurance documentation checks.

Once agreed, there is a need for ongoing review of risk, which could mean Tutor/Assessor grading may be adjusted and sampling may increase of decrease accordingly.

Please note that internal quality assurance is something unique to every delivery centre and each will have their various models that meet their needs. It is important to be aware that one model does not suite all needs and the above is just one example of how to simply and effectively implement IQA. An example of how this can work in practice is detailed overleaf:

If you require further support, please do not hesitate to contact the Highfield External Quality Support Team

A Practical Guide to Internal Quality Assurance

The below provides a practical example of how this system may be applied in a centre who is wishing to use open response assessment for the first time and up until that point has only ever used multiple choice question paper assessment, therefore IQA is a relatively new concept.

1. As a new assessment methodology is being applied, all tutor/assessors would be initially graded Red and each course would be run and observed by the IQA.

2. After each course an IQA report will be completed summarising the findings from that sample of delivery and assessment. This, along with previous knowledge and experience of the Tutor/Assessor, will support the grading process*, e.g.:

    - ***No actions*** *from quality assurance checks could support a grading of Green*
    - ***Minor actions*** *from quality assurance checks could support a grading of Amber*
    - ***Major actions*** *from quality assurance checks could support a grading of Red*

**please note that previous experience could also contribute to the grading process*

3. Dependant on this grading, IQA support/monitoring will be provided as indicated below:
    - **Green Tutors/Assessors** will have an IQA live visit every 20 courses or every 1 year, if sooner and each lot of course paperwork will be sampled through desk based review before certification claim.
    - **Amber Tutors/Assessors** require an IQA live visit for every 10 courses registered or every 6 months, if sooner and each lot of course paperwork will be sampled through desk based review before certification claim
    - **Red Tutors/Assessors** would require an IQA live visit for every course registered and during this visit both delivery and assessment paperwork will be checked.

4. Once the IQA and Tutor/Assessor are happy with the assessment being of the correct standard for a course, both the assessment paperwork and IQA report should be submitted to the Highfield Quality Assurance Auditor for review.

5. The Highfield Quality Assurance Auditor will collate a report which will support centre risk based approach, but this can also support further Tutor/Assessor grading. This report along with all submitted paperwork will allow for a decision on whether the centre is able to gain Direct Claim Status (DCS), until this point the centre will be expected to submit assessment paperwork for Highfield Quality Assurance Auditor review prior to certification claim. On average it takes approximately two successful course reviews before a centre is given DCS, it is therefore recommended that centres send, in the first instance, two lots of course and IQA paperwork.

Ongoing reviews of Tutors/Assessors will and should affect grading and support required and this may reduce or increase where necessary

IQA Plan

The IQA Plan is a method of documenting all courses delivered by the Centre and a way to identify which courses have been IQA sampled and the outcome of that sampling.

Centre Name:			Qualification:			
Date of Course	Venue	Tutor/Assessor Name	No. of Registered Learners	No. of Certificated Learners	IQA Sample Date	IQA Outcome

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IQA Report

The IQA Report is a method of documenting a sample/check. This form can be used when observing delivery/ assessment or when completing a portfolio sample. When the Report is complete it is important that both the IQA and the centre receive a copy for audit purposes.

Centre Name:				
Course/Qualification:				
Tutor/Assessor Name:				
Course Identification:			Date of Assessment:	
IQA Name:				
IQA Type (please '✓'):	• Desk based review		Date of IQA:	
	• Observational visit			
	• Other (please state)			

IQA Checklist		Yes	No
1.	Has the Learner and Centre Details' been completed according to Highfield guidance?		
2.	Has the 'Qualification Result' been recorded according to Highfield guidance?		
3.	Has the Declarations been completed according to Highfield guidance?		
4.	Has the knowledge assessment been completed to the correct standard (where appropriate)?		
5.	Has the practical assessment been completed to the correct standard (where appropriate)?		

Outcome:	
Feedback to Assessor	

Agreed action plan/development requirements	Target date

Assessor Signature:		Date:	
IQA Signature:		Date:	

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