



Highfield Level 5 End-Point Assessment for ST0215 Healthcare Assistant Practitioner

End-Point Assessment Kit



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EPA-Kit

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Versions

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How to Use this EPA Kit

Welcome to the Highfield End-Point Assessment Kit for the Healthcare Assistant Practitioner Apprenticeship Standard. *This standard is also referred to as Assistant Practitioner (Health).*

Highfield is an end-point assessment organisation that has been approved to offer and carry out end-point assessments for the Level 5 Healthcare Assistant Practitioner Apprenticeship Standard.

The EPA kit is designed to outline all you need to know about the end-point assessments for this standard and will also provide an overview of the on-programme delivery requirements. In addition, advice and guidance for trainers on how to prepare apprentices for the end-point assessment is included. The approaches suggested are not the only way in which an apprentice may be prepared for their assessments, but trainers may find them helpful.

In this kit, you will find:

- an overview of the standard and any on-programme requirements
- a section focused on amplification
- guidance on how to prepare the apprentice for gateway
- detailed information on which part of the standard is assessed by which assessment method
- suggestions on how to prepare the apprentice for each part of the end-point assessment
- a section focused on the end-point assessment method where the assessment criteria are presented in a format suitable for carrying out 'mock' assessments

Introduction

Standard overview

Assistant Practitioners work as part of the wider health and social care team and have direct contact with patients, service users or clients providing high quality and compassionate care. Assistant Practitioners work at a level above that of Healthcare Support Workers and have a more in-depth understanding of factors that influence health and ill-health (e.g. anatomy and physiology).

Assistant Practitioner is a job title applied to a very wide variety of roles that have been developed locally by employers to meet individual service need. Upon successful completion of this standard, individuals will have obtained the core skills, knowledge and values/behaviours to become an Assistant Practitioner.

On-programme requirements

Although learning, development and on-programme assessment is flexible, and the process is not prescribed, the following is the recommended baseline expectation for an apprentice to achieve full competence in line with the Healthcare Assistant Practitioner Apprenticeship Standard.

The on-programme assessment approach will be agreed between the training provider and employer. The assessment will give an ongoing indication of an apprentice's performance against the final outcomes defined in the standard. The training provider will need to prepare the apprentice for the end-point assessment, including preparation for the interview and collation of the portfolio of evidence (e.g. provision of recordings of professional discussions or workplace evidence).

The training programme leading to end-point assessment should cover the breadth and depth of the standard using suggested on-programme assessment methods that integrate the knowledge, skills and behaviour components, and which ensure that the apprentice is sufficiently prepared to undertake the end-point assessment. Training, development and on-going review activities should include:

- the completion and achievement of a regulated Level 5 occupational competence qualification
- the 15 standards required by the Care Quality Commission (as set out in the Care Certificate)
- achievement of level 2 English and maths. If the apprentice began their apprenticeship training before their 19th birthday, they will still be subject to the mandatory requirement to study towards and achieve English and maths. The

requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.

- development of a reflective journal. The apprentice reflects on their knowledge and skills development as well as their approach to the workplace (the values and behaviours).
- regular performance reviews undertaken by the employer
- study days and training courses
- mentoring/buddy support
- structured one to one reviews of their progress with their employer and/or training provider

Reflective Journal

The reflective journal is one aspect of the 'reflective journal and interview' assessment component. The reflective journal is assessed by the end-point assessor prior to the interview. It is important to note that the reflective journal and interview are assessed holistically (assessment of the reflective journal will contribute to the overall final grade awarded for the journal and interview assessment method). More information relating to the interview can be found within the 'assessing the reflective journal and interview' section below.

The reflective journal consists of 2000 words (+/- 10%) and it is recommended that it should contain two reflective accounts focusing on the development of the apprenticeship standard areas; S2 Case management and S3 Supervision and teaching, along with values and behaviours. The reflective accounts **must** be written in the final 3 months of the apprenticeship prior to gateway. Other supporting evidence submitted can be utilised from any point of the on-programme learning. Both from the reflective journal and this must be collated in the final 3 months of the apprenticeship prior to gateway. The highest quality evidence is most likely to be generated towards the end of the on-programme period. Apprentices should be confident that their journal contains reflective accounts that include the requirements outlined below which will be assessed by the end-point assessor prior to the interview.

What is included in the journal?

The table below contains a checklist of information that the apprentice should aim to include for each skill. For apprentices that do not evidence the full range of skills for the journal, assessors will plan to ask the apprentice questions that are likely to give the apprentice the opportunity to provide further evidence for these areas during the interview. The final decision on this component is then a holistic judgement made by the assessor.

Standard:	Skills:
S2. Case Management	The apprentice includes evidence to show that they are able to: S2: Manage own work and case load and implements programmes of care in line with current evidence, taking action relative to an individual's health and care needs.
Indicative assessment criteria and suggested evidence to refer to in reflections:	
Reflect on how you manage your daily workload	It is suggested that the apprentice's reflection includes reference to ways they manage their workload e.g. through the use of computer systems and electronic diaries etc. and how the use of these methods is informed by current evidence-based or best practice.
Implement the care package supporting an individual in your care that you work with on a regular basis	It is suggested that the apprentice's reflection includes reference to a package of care they provide to an individual (ensuring confidentiality is respected). Making reference to how the care package is informed, supported, evaluated and reviewed by evidence-based practice/relevant concepts and theories.
Ensure the care package is supported by current evidence-based practice	
Review and revise how the care being provided impacts on the individual's health and care needs	
Evaluate how you manage your daily workload	It is suggested that the apprentice's reflection includes an evaluation of how they manage their daily workload, making reference to learning and future practice.
S3. Supervision and Teaching:	The apprentice includes evidence to show that they are able to:

	S3. Allocate work to and support the development of others and may supervise, teach, mentor and assess other staff as required
Indicative assessment criteria and suggested evidence to refer to in reflections:	
• Demonstrate how you allocate work to others	It is suggested that the apprentice's reflection includes reference to the different ways that work is allocated and managed e.g. through the use of rotas, appraisals, one-to-ones, team meetings, training etc. Including the guidance e.g. frameworks, policies and legislation that underpin the types of work allocated to others: Nursing and Midwifery Council Health and Care Professions Council Care Quality Commission Health and Safety at Work Act Manual Handling Regulations 1992: patient movement using a hoist, slide sheet etc. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• Provide guidance to others in order for work to be undertaken effectively	
• Explain how you ensure your knowledge is up to date	It is suggested that the apprentice's reflection includes reference to their own development plan and CPD record, appraisals etc. and makes reference to training including how evidence-based practice informs the need for up-to-date knowledge and skills in the health sector.
• Explain the terms: supervision, mentoring, teaching and assessing in relation to the management of staff	It is suggested that the apprentice's reflection includes assessment and evaluation on their approach to supporting the development of others, including how this is informed by relevant research.
• Assess how you may support the development of other staff through: ○ Supervision ○ Mentoring ○ Teaching ○ Assessment	

Explain how models of learning could help your understanding and develop your practice as a supervisor, teacher or mentor	It is suggested that the apprentice's reflection includes reference to the following models of learning (selected as appropriate) to demonstrate how concepts and theories inform current and future practice (list is not exhaustive and all do not have to be covered): Bloom's taxonomy, Gibbs, Benner 1984, Skinner, Bandura, Piaget, Gardner, Glasser (control theory), The moulding theory, The mutual inquiry theory Kolb
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The reflective accounts must also include evidence of the values and behaviours being applied in the context of case management and supervision and teaching.

V1 Honest	Be honest
V2 Caring	Be caring
V3 Compassionate	Be compassionate
V4 Conscientious	Be conscientious
V5 Committed	Be committed
B1 Dignity	Treat individuals with dignity, respecting individual's beliefs, culture, values and preferences
B2 Respect	Respect and adopt an empathetic approach
B3 Courage	Demonstrate courage to challenge areas of concern and work to best practice
B4 Adaptability	Be adaptable
B5 Discretion	Demonstrate discretion

Further guidance and requirements for producing the reflective journal:

Providers and employers are encouraged to support their apprentices to be autonomous and independent at level 5 and to produce a reflective journal following the below guidance.

- The reflective journal is one document and it is recommended that it contain **two** sections, the first on Case Management, the second on Supervision and Teaching

- The reflective journal is recommended to include an introduction, main body and conclusion.
- The reflective journal **must** include explanation and analysis, relating concepts and theories to future practice.
 - Concepts and theories could be from evidence-based practice, journal articles, Nursing and Midwifery Council research, Health and Care Professions Council, NICE research and recommendations, NHS Guidelines etc.
 - Reference to concepts and theories should be used to support reflections and assist with identifying the principles that underpin practice. Referencing conventions must be applied.
- The reflective journal **must** not go outside of the word count (2000 words +/- 10%) (required for a pass or above). It is recommended that the word count is distributed evenly between both sections
- The reflective journal **must** be checked for spelling, punctuation and grammar (required to a pass or above)
- The reflective journal **must** use a recognised referencing system (required to achieve a pass or above).
 - Recognised referencing systems are Harvard, MLA (Modern Languages Association), APA (American Psychological Association), MHRA (Modern Humanities Research Association).
 - In-text citation and a reference list/bibliography are a minimum no matter which system used. *Further guidance regarding correct referencing can be found below.*
- Apprentices should write their reflective journal to ensure the indicative assessment criteria assessed by this assessment method and detailed within this EPA kit are achieved.
- The reflective journal **must** be made available at gateway. Written submissions may be provided to Highfield in PDF format and uploaded to the apprentice's folder.
- A **written submission form must also accompany the reflective journal**. A written submission form is available to download from the Highfield Assessment website.

Example structure of the reflective journal

Section 1: Case management	Section 2: Supervision and teaching
Introduction: Brief overview of what the apprentice intends to explain and analyse	Introduction: Brief overview of what the apprentice intends to explain and analyse
Main body (see guidance in table 1):	Main body (see guidance in table 1):

Part 1: Explanation; • How you manage your daily workload including how you implement a care package to support an individual • How the care package is supported by evidence-based practice Part 2: Analysis; • How part 1 impacts on the individual's health and care needs • Evaluate your management of your daily workload.	Part 1: Explanation; • How you allocate work to others, provide guidance and ensure their currency of knowledge and skills – making reference to key terminology Part 2: Analysis; • How models of learning inform your role as a supervisor, teacher or mentor, assessing how you can use theory to inform your practice.
Conclusion: Summary of your main points	Conclusion: Summary of your main points

Referencing

The reflective journal **must** use a recognised referencing system. Referencing is important, as it allows the content of the journal to be put into context. It demonstrates the breadth and depth of research and acknowledges other people's work. Referencing should be used whenever the apprentice uses someone else's ideas, information or words and in doing so allows the reader to locate where you obtained each quote or idea.

A reference is a recognised shorthand means of describing a document, or a part of a document, with enough detail to identify and locate it. Recognised referencing systems are Harvard, MLA (Modern Languages Association), APA (American Psychological Association), MHRA (Modern Humanities Research Association).

The most common referencing system is author and date (e.g., Harvard).

Author and date system (e.g., Harvard)

References go in two places:

1. At points within your journal, where you use material from a source. You should show referencing information.

Quotations

- When you are using a quote from a source, you must use the exact words and place them in quotation marks and state next to the quote, the referencing information (authors last name, year of publication, the page number that the quote came from).

Example: Understanding can be developed by 'a reflective, active, self-evaluating approach' (Williams, 2018, p.7).

OR

If the author is part of your sentence, you should not use this within the brackets.

Example: Williams (2018, p.7) claims that understanding can be developed by ‘a reflective, active, self-evaluating approach’.

Paraphrasing

- If you summarise or put into your own words information/ideas you have found from a source, you do not need to use quotation marks, but you must still provide referencing information.

Example: Williams (2018) suggests that an individual’s personal development and knowledge can be supported through an approach of reflection and self-evaluation.

OR

- If the author is not part of your sentence you should not use this within the brackets.

Example: There is evidence that suggests an individual’s personal development and knowledge can be supported through an approach of reflection and self-evaluation (Williams, 2018).

Multiple authors

- If there are two or three authors, you must list both within your text and reference list.

If there are four or more authors, you must use only the first surname followed by *et al.* in your text. (note all authors must be stated within the bibliography)

Example: Williams *et al* (2018) suggests that an individual’s personal development and knowledge can be supported through an approach of reflection and self-evaluation.

2. In the bibliography or list of references. This is the area at the end of the journal, where you must state full details of the sources that you have used and referred to within the journal. The list must be in alphabetical order, with the first author’s name. All authors within a given source must be stated.

Examples: Williams, J (2018) Personal Development. London: Boston Press

Williams, J., Smith, T. Personal Development and Reflection. London: Boston Press

If further support is required relating to referencing, please refer to:

<https://www.citethemrightonline.com/>

Use of Artificial Intelligence (AI) in the EPA

Assessments must be carried out in accordance with the published assessment plan and all work submitted must be the apprentice’s own. AI tools must not be used to generate evidence in its entirety or to replace the apprentice’s own judgement, performance or competence. Any use of AI must be transparent, limited and properly referenced.

Where AI has been used by the apprentice as part of normal work activity (for example, drafting a document, worksheet or PowerPoint) this may form part of the portfolio provided that:

The apprentice has materially authored, verified and taken responsibility for the content:

- AI use is clearly declared and referenced within the work (include tool name, purpose and how outputs were verified)
- Source prompts, system settings and the portions influenced by AI are retained and available for review
- AI outputs must not substitute for authentic demonstration of competence against the standard

If an AI tool is used at any stage of an assessment method (for example, to prepare a presentation outline or to organise notes), its use must be fully referenced in the submission or assessor records, and must not compromise authenticity, validity or security. Assessors must be satisfied that decisions remain rooted in the apprentice's knowledge, skills and behaviours, and in direct evidence gathered through observation, questioning and professional discussion.

AI tools must not be used to produce assessment evidence end-to-end, to fabricate logs/records or to simulate performance.

Additional, relevant on-programme qualification

A regulated Level 5 Occupational competence qualification, a Foundation Degree, other Level 5 Diploma of Higher Education or the Level 5 Diploma for Assistant Practitioners in Healthcare.

Readiness for end-point assessment

In order for an apprentice to be ready for the end-point assessments:

- the apprentice must meet the 15 standards required by the Care Quality Commission (as set out in the Care Certificate).
- the apprentice must have achieved level 2 English and maths. The requirements for English and maths are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths are optional for apprentices aged 19+ at the start of their apprenticeship training.
- the apprentice must complete a Level 5 regulated occupational Competence qualification.
- the apprentice must have completed a reflective journal. The reflective accounts **must** be written in the final 3 months of the apprenticeship prior to gateway. Other

supporting evidence submitted can be utilised from any point of the on-programme learning. Both from the reflective journal and this must be collated in the final 3 months of the apprenticeship prior to gateway. The highest quality evidence is most likely to be generated towards the end of the on-programme period.

- the apprentice must have gathered their organisation's policies and procedures as requested by Highfield. For guidance, a list of examples has been provided below.
 - Raising safeguarding and protection concerns
 - Confidentiality, duty of care, duty of candour and disclosure
 - Escalation/reporting of changes to an individual's health
 - Safe supply and management of stock
 - Cleaning, disinfecting and disposal of materials and equipment
 - Reporting of incidents, errors or near misses

This list is not definitive. The policies and procedures may already be included as part of the portfolio of evidence.

- the line manager (employer) must be confident that the apprentice has developed all the knowledge, skills and behaviours defined in the apprenticeship standard and that the apprentice is competent in performing their role. To ensure this, the apprentice must attend a formal meeting with their employer to complete the gateway readiness report.
- the apprentice and the employer should then engage with Highfield to agree a plan and schedule for each assessment activity to ensure all components can be completed within a **mandated** end-assessment window. The assessment plan does not specify an assessment window for this standard. Highfield suggests a 3-month assessment window that starts from the attempt of the first activity. Further information about the gateway process is covered later in this kit.

If you have any queries regarding the gateway requirements, please contact your EPA Customer Engagement Manager at Highfield Assessment.

Order of end-point assessments

The assessment takes the following format. The sequencing of the end point assessment components is determined by the employer and assessor to ensure the best fit with local needs. However, Highfield recommends that the reflective journal and interview follow the practical observation so that the apprentice can carry over assessment to the interview if required):

- Multiple-choice and short answer test (90 minutes)
- Practical observation (90 minutes, recommended maximum of 120 minutes)

- Reflective Journal and interview (max 60 minutes)

For final certification, the apprentice must have passed all components of the end-point assessment.

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The Highfield Approach

This section describes the approach Highfield has adopted in the development of this end-point assessment in terms of its interpretation of the requirements of the end-point assessment plan and other relevant documents.

Specific considerations

In order to develop valid end-point assessments, Highfield Assessment's approach is to remove the assessment of knowledge from the reflective journal and interview in order to avoid the practice of over-assessing. Therefore, Highfield has interpreted the requirements of the Healthcare Assistant Practitioner assessment plan as follows:

- knowledge parts of the standard are assessed via multiple-choice & short answer test
- skills, values and behaviours within the standard are assessed through observation of practice, reflective journal and interview.

Highfield Assessment has provided amplification for the skills requirements within this EPA Kit. This is provided as further guidance to support the apprentice in preparation for end-point assessment. In the end-point assessments, the apprentice will be assessed on the high-level outcomes within the standard and not the additional criteria/amplification provided as guidance within this EPA Kit.

Observation of Practice:

The assessment plan states that the observation of practice last a minimum of 90 minutes and therefore Highfield Assessment has provided a recommended maximum of 120 minutes for the observation of practice. This is recommended to ensure a consistent and fair approach to the assessment of apprentices.

Highfield has suggested that during the observation of practice simulation may be required to ensure all emboldened criteria can be covered. Assessment criteria that may require simulation are listed in 'Assessing the Practical Observation'.

Reflective Journal and Interview:

The reflective journal and interview assessment method does not assess knowledge, as this is assessed by the multiple-choice and short-answer test. Consequently, during the interview, the Independent End-Point Assessor will not review the test result in order to select the areas they wish to explore with the apprentice.

The pass criteria for this component are taken from the criteria outlined on page 8-9 of the assessment plan. The grading paragraphs on page 9 of the assessment plan have been

used to write a set of pass, merit and distinction criteria. This is to provide clear information on what is expected of apprentices to achieve higher than a pass grade for the reflective journal and interview.

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Gateway

How to prepare for gateway

After apprentices have completed their on-programme learning, they should be ready to pass through 'gateway' to their end-point assessment.

Gateway is a meeting that should be arranged between the apprentice, their employer and training provider to determine that the apprentice is ready to undertake their end-point assessment. The apprentice should prepare for this meeting by bringing along work-based evidence, including:

- customer feedback
- recordings
- manager statements
- witness statements

As well as evidence from others, such as:

- mid and end-of-year performance reviews
- feedback to show how they have met the apprenticeship standards while on-programme

In advance of gateway, apprentices will need to have completed the following. The requirements for English and maths listed below are mandatory for all apprentices aged between 16-18 at the start of their apprenticeship training. The requirements for English and maths listed below are optional for apprentices aged 19+ at the start of their apprenticeship training.

- Achieved level 2 English
- Achieved level 2 maths
- Met the 15 standards required by the Care Quality Commission (as set out in the Care Certificate)
- Completed a regulated Level 5 occupational competence qualification
- Completed a reflective journal
- Submitted their organisation's policies and procedures as requested by Highfield

Therefore, apprentices should be advised by employers and providers to gather this evidence and undertake these qualifications during their on-programme training. It is recommended that employers and providers complete regular checks and reviews of this evidence to ensure the apprentice is progressing and achieving the standards before the formal gateway meeting is arranged.

The gateway meeting

The gateway meeting should be attended by the apprentice and a representative from the employer and training provider.

The **Gateway Readiness Report** should be used to log the outcomes of the meeting and agreed by all 3 parties. This report is available to download from the Highfield Assessment website.

The report should then be submitted to Highfield. If you require any support completing the Gateway Readiness Report, please contact your EPA Customer Engagement Manager at Highfield Assessment.

Reasonable adjustments

Highfield Assessment has measures in place for apprentices who require additional support. Please refer to the Highfield Assessment Reasonable Adjustments Policy for further information/guidance.

ID requirements

Highfield Assessment will complete an identification check before starting any assessment and will accept the following as proof of an apprentice's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the police
- another photographic ID card, e.g. employee ID card, travel card, etc.

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Healthcare Assistant Practitioner Apprenticeship Standard

The following pages contain the Healthcare Assistant Practitioner apprenticeship standard and the assessment criteria in a format that is suitable for delivery.

Communication	
Multiple Choice Test	
The apprentice will know and understand	Indicative assessment criteria
K1. The principles and philosophy of health and social care	• Define health and wellbeing • Analyse how the social and medical models of health inform practice • Analyse how the biopsychosocial model of health informs practice • Compare and contrast different psychological theories and how they inform practice • Analyse ethical standards and principles that underpin health and social care • Discuss the legal framework for health and social care practice including legislation, codes of conduct, national and organisational policy • Explain how you embed the Care Standards within your role • Explain the structure and function of health and social care services in England • Discuss how own role fits within own organisation and the wider structure of health and care services • Analyse how partnership working with colleagues, other professionals and others delivers better outcomes
Amplification and guidance	

Health and wellbeing must include physical, emotional, intellectual, social, sexual and environmental

Social models of health focus on the premise that a disability/condition is caused by the way society is organised (e.g. exclusion of individuals with a disability/condition)

Medical models of health focus on the premise that a disability/condition is caused by the impairments/differences experienced by the individual

Biopsychosocial model attributes disease outcome to the intricate, variable interaction of biological factors (illness, disease, pain, genetic, biochemical etc.), psychological factors (mood, personality, behaviour etc.) and social factors (cultural, familial, socioeconomic, medical, etc.)

Psychological theories must include understanding of:

- Behaviourist
- Cognitive
- Humanistic
- Psychodynamic
- Social
- Biological

(at least two theorists per perspective)

Ethical standards and principles: Learner must show understanding of the following principles including:

Standards created by professional practice and service regulators e.g. Care Quality Commission (CQC), Health and Care Professions Council (HCPC), Nursing and Midwifery Council (NMC) etc.

Ethical principles including:

- Justice
- Beneficence

- Non-Maleficence
- Autonomy

Legislation can include:

- The Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work Act 1974
- Human Rights Act 1998
- Data Protection Act 1998
- General Data Protection Regulation 2018
- Equality legislation

Care Standards: Learner must demonstrate knowledge of how they work under the following Care Standards:

- Duty of Care
- Safeguarding- children/adults
- Health and Safety
- Dignity & Respect
- Handling information
- Communication
- Moving and Handling
- Infection prevention and control
- Fluid and nutrition
- Person-Centred Care
- Equality and Diversity
- Mental health/ capacity.
- Consent

Health and social care services:

National Health Service

Local Authority provided services

Private healthcare and social care services

Voluntary or charity funded services

Other professionals:

- Workers from other organisations or agencies
- Advocates
- Independent visitors

Others:

- Individuals (adults or children and young people)
- Families
- Friends

K2. The physiology, organisation and function of the human body

Multiple choice and short answer test

The apprentice will know and understand	Indicative assessment criteria
K2. The physiology, organisation and function of the human body	• Explain in depth the distinct types of tissues and muscles within the body • Describe the main body organs and systems • Analyse how the body systems inter-relate with each other • Discuss how body systems are affected by common disorders, diseases and the impact of lifestyle • Explain how homeostasis controls the bodies functioning • Evaluate how common disorders and diseases impact homeostasis • Critically analyse how common disorders and diseases can impact on health and well-being

Amplification and guidance

Tissues: epithelial, connective, nervous.

Muscles: cardiac, smooth, skeletal

Body organs and systems: Includes cardiovascular – heart and blood, respiratory – lungs, nervous – central nervous system including brain, and nerves, digestive, urinary, integumentary, musculoskeletal, endocrine, reproductive – male & female, lymphatic and immune system.

Common disorders/diseases: Learner could cover the following: diabetes, coeliac disease, asthma, eczema, rheumatoid arthritis, urinary tract infections, thyroids, cystic fibrosis, cancer, HIV, COPD, Heart disease, Crohn's disease, pulmonary hypertension. Learners need to clearly demonstrate that they understand how the body system is affected by the disorder and the impairment it could cause

Functioning: Learner could cover: temperature, insulin production, blood pressure, thyroid function, osmoregulation, hormone control (male/female). Learners need to show the impact of homeostatic control when understanding these conditions and how the dysfunction is caused.

K3. Lifespan developments and healthcare needs from prenatal to end of life/bereavement

Multiple choice and short answer test

The apprentice will know and understand	Indicative assessment criteria
K3. Lifespan developments and healthcare needs from prenatal to end of life/bereavement	• Explain foetal development from conception to birth • Discuss development from birth linking to development stages and healthcare needs • Analyse how psychological concepts enable us to understand the development through the life stages • Critically evaluate how factors impact on life stages • Define the terms morbidity and mortality • Evaluate why mortality and morbidity rates change during the lifespan • Evaluate how theories help us understand the key life events • Critically analyse how culture impacts on key life events including death
Amplification and guidance	
Development stages: Infancy (0 – 2 years), Early Childhood (2 – 6 years), Middle Childhood (6 – 12 years), Adolescence (13 – 19 years), Early Adulthood (20 – 40 years), Middle Adulthood (40 – 65 years), Late Adulthood (65 and over), Coping with Death and Bereavement Healthcare needs: maintaining a safe environment, communication, breathing, eating and drinking, elimination, washing and dressing, controlling temperature, mobilising, working and playing, expressing sexuality, sleeping, dying and death Psychological concepts: Learners could cover, for example, logical and abstract thought development of self - ego, id and superego and morality, formation of self-awareness and self-concept. Learners also may cover the following: conservation of liquids, mass and volume, language acquisition device, elaborate and restrictive codes, self-actualisation and perception Could include theories from Freud, Erikson, Piaget, Kohlberg, Kubler-Ross and Rogers	

Factors: Learners must cover: environmental, lifestyle (alcohol and drugs and smoking), Abuse (psychological, physical and sexual), attitudes, culture, family.

Morbidity: Refers to the condition of being diseased

Mortality: Refers to the state of being subject to death

Theories may include Kubler-Ross (1969), Holmes and Rahe (1967), Maslow (1943), Ellis, Beck, Gardner (1983), Bowlby (1969), C.M. Parkes (1998), Selye's (1956)

Key life events may include puberty, bereavement, divorce, separation, serious/terminal illness, marriage, miscarriage, menopause, death and dying, stress, abuse

K4. Research and development in the health and social care sector to inform and improve quality of care

Multiple choice and short answer test

The apprentice will know and understand	<i>Indicative assessment criteria</i>
K4. Research and development in the health and social care sector to inform and improve quality of care	• Explain the value of undertaking research within the sector • Explain where information on current research into health and social care topics can be found • Explain what qualitative, quantitative and action research methodologies are including their value to healthcare practice • Critically analyse research surrounding a topic within your own practice • Evaluate how research papers can improve quality of care within your own and other's roles

Amplification and guidance

Qualitative research methodologies: are primarily exploratory research. They are used to gain an understanding of underlying reasons, opinions and motivations. They provide insights into the problem or help to develop ideas or hypotheses for potential quantitative research.

Quantitative research methodologies: are used to quantify a problem by way of generating numerical data or data that can be transformed into usable statistics. They can be used to quantify attitudes, opinions, behaviours or other defined variables and generalise results from a large sample.

K5. Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals

Multiple choice and short answer test

The apprentice will know and understand	Indicative assessment criteria
K5. The provision and promotion of holistic person centred care and support, duty of care and safeguarding of individuals	• Explain what duty of care means within your role • Define person-centred care • Analyse how duty of care and person-centred care are maintained in your setting • Evaluate how person-centred care is promoted within your setting • Describe the types of abuse and their characteristics specific to your work area • Evaluate legislation and regulations which must be adhered to when working with individuals • Critically analyse the agreed policies and procedures to safeguard individuals • Analyse factors that may make individuals vulnerable to abuse
Amplification and Guidance	
Duty of care: Refers to a moral or legal obligation to ensure the safety or well-being of others Person-centred care refers to viewing the people using health and care as equal partners in planning, developing and monitoring care to make sure it meets their needs; considering a person's desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual and working together to develop appropriate solutions Type of abuse: Learners must cover all if working in the adult sector and emboldened ones if working within the child sector. • physical • sexual • psychological • neglect	

- financial/material
- organisational
- discriminatory
- **neglect**
- domestic
- modern slavery
- self-neglect

Legislation: Learners must cover all legislation that applies to their setting/sector

- Working to safeguard vulnerable adults
- Working to safeguard children
- Children Act 1989/2004/2010
- The Care Act 2014/2016
- Mental Capacity Act 2005

Individual refers to those requiring care and support, may include patients, service users or clients.

K6. Importance of the strategic environment in health and social care and the implications for the individual

Multiple choice and short answer test

The apprentice will know and understand	Indicative assessment criteria
K6. The importance of the strategic environment in health and social care and the implications for the individual	• Define the strategic environment in health and social care • Outline the management structure of own work setting • Evaluate the impact of the strategic environment on resources • Discuss how new legislation and government reforms impact on the strategic environment • Discuss the impact of regulatory bodies on the strategic environment
Amplification and guidance	
Strategic environment includes the wider context of health and social care beyond the immediate place of work including: • Current national health and care policy initiatives, e.g. closer integration of health and social care, Sustainability and Transformation Partnership's (STP's) and vanguard sites • How changes to national policy impact on health and social care services • How national policy applies to apprentice's workplace and the services provided across health and care Resources could include staff, managers and other professionals, in addition to physical resources e.g. permanent (building and equipment) and disposable (PPE and other supplies (medical or administrative)).	

K7. Importance of current evidence-based practice within scope of the role	
Multiple choice and short answer test	
The apprentice will know and understand	Indicative assessment criteria
K7. The importance of current evidence-based practice within scope of the role	• Outline own role and responsibilities • Evaluate the importance of evidence-based practice to healthcare • Reflect on occasions when evidence-based practice has informed your care practice • Assess how evidence-based practice has informed your development
Amplification and guidance	
Evidence-based practice refers to the use of current best evidence in making decisions about the care of an individual	

S1. Responsibilities and duty of the role

Observation of Practice

The apprentice will be able to

S1. Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner

Pass assessment criteria

OB12. Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner

Amplification and guidance

Clinical interventions: The skills that are required for the areas in which you work and agreed by your registered practitioner or training and workforce development professional e.g. communication skills, completing paperwork, taking blood pressures or other physiological measurements, assessing tissue viability using a recognized tool. This could be specific to the clinical areas in which you work. This is also likely to include teaching and/or mentoring, team leading, assessment of individuals, conducting appraisals and supervisions, health promotion, acting on results of physiological measurements, promotion of infection prevention and control, decision-making, liaising with authorities such as Care Quality Commission, Environmental Health, Health and Safety Executive, Local Authority Commissioners

Therapeutic interventions: this could be a diet plan, ensuring they walk a certain amount daily, take their prescribed medication and is likely to be specific to the requirements of the role

S2. Case Management

Reflective journal and interview

<i>The apprentice will be able to</i>	<i>Indicative assessment criteria</i>
S2. Manages own work and case load and implement programmes of care in line with current evidence, taking action relative to an individual's health and care needs	• Reflect on how you manage your daily workload • Implement the care package supporting an individual in your care that you work with on a regular basis • Ensure the care package is supported by current evidence-based practice • Review and revise how the care being provided impacts on the individual's health and care needs • Evaluate how you manage your daily workload
Amplification and guidance	
Daily work load: Using your reflective diary, reflect on all aspect of your working day, whether it's patient care, administration or supervisor other's Ensure you protect clients/setting confidentiality at all times. Care package: learners will need to identify the client age, health issues and current support. Learners may then take each aspect of care/interaction with the client and discuss the care and its value to the individual. This should include discussion on multiagency working too. Care: learners will need to cover all aspect of care: • physical • emotional • intellectual • environment • spiritual • social Individual: refers to someone requiring care or support; it will usually mean the person or people supported by the apprentice	

S3. Supervision and Teaching

Reflective journal and interview

<i>The apprentice will be able to</i>	<i>Indicative assessment criteria</i>
S3. Allocate work to and support the development of others and supervise, teach, mentor and assess other staff as required	• Demonstrate how you allocate work to others • Provide guidance to others in order for work to be undertaken effectively • Explain how you ensure your knowledge is up to date • Explain the terms: supervision, mentoring, teaching and assessing in relation to the management of staff • Explain how models of learning could help your understanding and develop your practice as a supervisor, teacher or mentor • Assess how you may support the development of other staff through: ○ Supervision ○ Mentoring ○ Teaching ○ Assessment
Amplification and guidance	
Guidance: This should relate to how the individual should perform the task given this should be in line with NMC, HCPC and CQC as well as professional updating. This could also be ensuring that individuals work under the correct legislations e.g. Health and Safety at Work Act, Manual Handling Regulations 1992: patient movement using a hoist, slide sheet etc, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Models of learning: Learner to cover those relevant to their specific area; Bloom's taxonomy, Gibbs, Benner 1984, Skinner, Bandura, Piaget, Gardner, Glasser (control theory), The moulding theory, The mutual inquiry theory	

S5. Team Working	
Observation of Practice	
<i>The apprentice will be able to</i>	<i>Pass assessment criteria</i>
S5. Promote effective inter-personal and multi-disciplinary team working with peers, colleagues and staff from other agencies and provides appropriate leadership within the scope of the role	OB10.1/10.2 Promote effective inter-professional and multi-disciplinary team working with peers, colleagues and staff from other agencies OB11.1 Provide appropriate leadership within the scope of the role
Amplification and guidance	
Inter-professional team working refers to the means by which different healthcare professionals with diverse knowledge, skills and expertise collaborate to achieve a common goal Multi-disciplinary team working refers to drawing appropriately from multiple disciplines to redefine problems outside of normal boundaries and reach solutions based on a new understanding of complex situations	

S7. Communication	
Observation of Practice	
<i>The apprentice will be able to</i>	<i>Pass assessment criteria</i>
S7. Demonstrate the ability to communicate complex sensitive information to a wide variety of professionals through a variety of methods including the use of interpersonal skills, written and verbal effectiveness, accurate record keeping, keeping information confidential and appropriate use of technology and equipment for the role including data entry.	OB1.1 Communicate complex sensitive information through a variety of methods OB2.1 Manage information, keeping accurate records and ensuring confidentiality

S8. Person-centred care and wellbeing	
Observation of Practice	
<i>The apprentice will be able to</i>	<i>Pass assessment criteria</i>
S8. Promote and understand the impact of effective health promotion , empowering healthy lifestyles such as movement and nutrition and fluid balance	OB6.1/6.2 Demonstrate and promote what it means in practice to provide person-centred care and support
Amplification and guidance	
Health promotion is the process of enabling people to increase control over, and improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.	

S10. Risk Management

Observation of Practice

<i>The apprentice will be able to</i>	<i>Indicative assessment criteria</i>
S10a. (Infection prevention and control) Use and promote a range of techniques to prevent the spread of infection including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management	OB3.1/3.2 Use and promote a range of techniques to prevent the spread of infection including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management
S10b. (Health and safety) Promote and maintain a safe and healthy working environment	OB4.1/4.2 Promote and maintain a safe and healthy working environment
S10c. (Risk management) Identify and manage risks, including assessment of moving and handling risk and understanding the nature of risk as it applies to the safeguarding of vulnerable individuals.	OB5.1 Identify and manage risks

Amplification and guidance

Infection refers to when microorganisms e.g. bacteria, fungi, parasites and viruses invade and grow causing illness and/or disease

Personal protective equipment may include:

- Gloves
- Aprons
- Masks
- Footwear
- Head protection

Waste management: Learners could cover; clinical, cytotoxic, sharps, offensive, waste, common waste

Risk assessment: Learners must include assessment of moving and handling risks

B1. Dignity	
Observation of practice and Reflective journal and Interview	
<i>The apprentice will:</i>	<i>Pass assessment criteria</i>
B1. Treat individuals with dignity, respecting individual's, beliefs, culture, values and preferences	OB7.1/7.2 Treat people with dignity, respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences

B2. Respect	
Observation of practice and Reflective journal and Interview	
<i>The apprentice will:</i>	<i>Pass assessment criteria</i>
B2. Respect and adopt an empathetic approach	OB8.1 Show respect and empathy for those you work with; be adaptable, reliable and consistent

B3. Courage	
Observation of practice and Reflective journal and Interview	
<i>The apprentice will:</i>	<i>Pass assessment criteria</i>
B3. Demonstrate courage to challenge areas of concern and work to best practice	OB8.2 Have the courage to challenge areas of concern and work to best practice

B4. Adaptability	
Observation of practice and Reflective journal and Interview	
<i>The apprentice will demonstrate</i>	<i>Pass assessment criteria</i>
B4. Be adaptable	OB8.3 Be adaptable, reliable and consistent

B5. Discretion	
Observation of practice and Reflective journal and Interview	
<i>The apprentice will demonstrate</i>	<i>Pass assessment criteria</i>
B5. Demonstrate discretion	OB9.1 Show discretion and self-awareness

Value: Honesty	
Value – Reflective journal and interview	
<i>The apprentice will evidence the following</i>	<i>Indicative assessment criteria</i>
V1 Be honest	Being trustworthy in all aspects of their role and responsibilities for those who need care and those who they work with

Value: Caring	
Value – Reflective journal and interview	
<i>The apprentice will evidence the following</i>	<i>Indicative assessment criteria</i>
V2 Be caring	Caring consistently and enough about individuals to make a positive difference to their lives

Value: Compassionate	
Value – Reflective journal and interview	
<i>The apprentice will evidence the following</i>	<i>Indicative assessment criteria</i>
V3 Be compassionate	Delivering care and support with kindness, consideration, dignity and respect

Value: Conscientious	
Value – Reflective journal and interview	
<i>The apprentice will evidence the following</i>	<i>Indicative assessment criteria</i>
V4 Be conscientious	Being vigilant, efficient and completing tasks with the aim of high achievement and high standards

Value: Committed	
Value – Reflective journal and interview	
<i>The apprentice will evidence the following</i>	<i>Indicative assessment criteria</i>
V5 Being committed	Commitment to improving the experience of people who need care and support ensuring it is person-centred

Reflective journal and interview
Additional Pass Criteria
<i>Pass assessment criteria</i>
P1 The reflective journal content is organised and uses recognised referencing system .
P2 Uses appropriate language and sentence construction but with some inaccuracies in grammar and spelling
P3 Is able to relate some concepts and theories to practice
P4 Makes satisfactory connections between learning and future practice
P5 Does not go outside word limit
P6 Is able to engage in professional discussion and is able to provide evidence that supports practice
Amplification and Guidance
Organised means the journal is well structured and laid out Recognised referencing systems are Harvard, MLA (Modern Languages Association), APA (American Psychological Association), MHRA (Modern Humanities Research Association). In text citation and a reference list are a minimum no matter which system used. Relate some concepts and theories to practice means it is clear to the assessor where concepts/theories have been related to or used in practice on at least two occasions. Satisfactory connections means adequate connections, with some evidence of basic knowledge relating concepts and theories to practice. Word limit plus 10% (2,200)

Reflective journal and interview	
Additional Merit Criteria	
<i>Merit assessment criteria</i>	
M1	The reflective journal content is well organised
M2	Accurate in grammar and spelling
M3	Makes good connections between learning and future practices
M4	Able to engage in and actively take forward professional discussion
M5	Provides evidence that demonstrates a good level of analysis and synthesis across the range of theories and concepts applied to their practice
Amplification and Guidance	
Well organised means that the journal content flows well and has a clear and methodical layout Good connections means that the apprentice makes strong links between learning and practice, and all examples inform future practice Actively take forward means to take more of a lead in the discussion Range of theories and concepts have been analysed and compared and it should be clear where concepts/theories have been related to or used in practice, on more than one occasion	

Reflective journal and interview
Additional Distinction Criteria
<i>Distinction assessment criteria</i>
D1 The reflective journal content is highly structured
D2 Able to relate a wide range of concepts and theories to their practice
D3 Draws conclusions and makes insightful connections between learning and future practices
D4 Is able to engage in professional discussion in a way that demonstrates a very good or exceptional knowledge of the concepts and theories they apply to their practice
D5 Demonstrates an awareness of the limitation of their knowledge, and how this influences any analyses and interpretations based on that knowledge
D6 Uses a recognised referencing system extensively
D7 Uses appropriate language and sophisticated sentence construction
Amplification and Guidance
Highly structured means that the journal flows well and sections relate to each other and build to an overall conclusion/evaluation
Wide range of concepts and theories – the apprentice should cover at least 4 concepts or theories
Engage in professional discussion through leading the discussion and speaking confidently about the concepts and theories applied to their practice

Reflective journal and interview

Additional Distinction Criteria

Distinction assessment criteria

Extensively means throughout

Sophisticated sentence construction by using appropriate language and tenses, and is clear, concise and balanced.

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Assessment Summary

The end-point assessment for Healthcare Assistance Practitioner is made up of three components with the sequence determined by the employer and assessor to ensure best fit with local needs:

1. A multiple-choice and short-answer test that has a 90-minute duration.
2. An observation of practice which has up to 120 minute duration.
3. A 2000-word reflective journal and an interview, which has a 60-minute duration

As an employer/training provider, you should agree a plan and schedule with the apprentice to ensure all assessment components can be completed effectively.

Each component of the end-point assessment will be assessed against the appropriate criteria laid out in this kit and a mark allocated. The grade will be determined using the combined mark.

Multiple-choice and short-answer test

Apprentices will complete a multiple-choice and short-answer test. There are 40 multiple choice questions, each worth 1 mark and 4 short answer questions, each worth 5 marks. Each short-answer question should be completed within a maximum of 250 words. The multiple-choice and short-answer test covers all knowledge requirements in the standard.

- To achieve a pass, apprentices must achieve 40-59% (24 marks)
- To achieve a merit, apprentices must achieve 60-74% (36 marks)
- To achieve a distinction, apprentices must achieve 75% or above (45 marks)

Observation of practice

The observation of practice is a 120 minutes holistic approach to assessing skills and behaviours. The end-point assessor observes the apprentice during the course of their normal work in their normal place of work.

The criteria that will be covered within the practical observation are the skills and behaviours of the standard, shown in this guide. To pass the observation of practice the apprentice must be able to meet the requirements in bold. Requirements not emboldened

which do not occur naturally during the observation period may be tested during the interview.

The apprentice will fail if they do not meet all of the requirements for each outcome linked to the pass criteria and/or the end-point assessor has to stop the observation because they have observed unsafe practice.

The practical observation is graded as Pass or Fail.

Reflective journal and interview

The apprentice will produce a 2000-word reflective journal and undertake an interview. The end-point assessor will assess the journal and judge whether additional questions will be required to achieve the skills and values during the interview. The assessor will pose holistic and synoptic lead and/or secondary questions to the apprentice that enable them to provide answers that cover the remaining elements of the standard, to ensure all skills, values and behaviours have been attempted. These questions may also facilitate the achievement of carry-over from the observation.

The final interview takes place between the independent assessor and the apprentice and lasts for a maximum of 60 minutes.

The reflective journal and interview is graded holistically as Pass, Merit or Distinction by the independent assessor. There are specific pass, merit and distinction criteria outlined later in this kit.

In order to pass the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass criteria found in the following pages.

In order to achieve a merit the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass and merit criteria found in the following pages.

In order to achieve a distinction the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass, merit and distinction criteria found in the following pages.

The apprentice will fail if they do not meet all of the pass criteria.

Grading

For final certification, the apprentice must have passed all components in the end-point assessment. The successful apprentice receives an overall grade of Pass, Merit or Distinction. The grade is derived from the components of the end-point assessment using the following table:

Observation of practice	Multiple-choice and short-answer Test	Reflective Journal and Interview	Overall Grade
Pass	Pass	Pass	Pass
Pass	Pass	Merit	Pass
Pass	Pass	Distinction	Merit
Pass	Merit	Pass	Pass
Pass	Merit	Merit	Merit
Pass	Merit	Distinction	Merit
Pass	Distinction	Pass	Merit
Pass	Distinction	Merit	Merit
Pass	Distinction	Distinction	Distinction

The final judgement on the competency of the apprentice, the grade to be awarded for each component and the overall grade rests with the independent assessor.

Retake and Re-sit information

The apprentice must attempt all components of the end-point assessment on their first attempt. Should the apprentice fail any components they are required to re-take only those components which they have previously failed. Resits are not available on this standard. Re-takes are permitted after 1 month and within 12 months but not after 12 months.

The apprentice will require a period of further learning and will need to complete a retake checklist. Once this is completed, please call the Highfield scheduling team to arrange the retake.

When undertaking a retake, the assessment method(s) will need to be re-attempted in full, regardless of any individual assessment criteria that were passed on any prior attempt. The EPA Report will contain feedback on areas for development and retake guidance.

Apprentices who achieve a pass grade cannot resit or retake the EPA to achieve a higher grade.

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Assessing the Multiple-Choice and Short-Answer Test

Apprentices will complete a multiple-choice and short-answer test. There are 40 multiple choice questions, each worth 1 mark and 4 short answer questions, each worth 5 marks. Each short answer question should be completed within a maximum of 250 words. The multiple-choice and short-answer test covers all knowledge requirements in the standard.

To achieve a pass, apprentices must achieve 40-59% (24 marks)

To achieve a merit, apprentices must achieve 60-74% (36 marks)

To achieve a distinction, apprentices must achieve 75% or above (45 marks)

The topics covered within the test are listed below:

- K1. The principles and philosophy of health and social care
- K2. The physiology, organisation and function of the human body
- K3. Lifespan developments and healthcare needs from prenatal to end of life/bereavement
- K4. Research and development in the health and social care sector to inform and improve quality of care
- K5. Provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals
- K6. The importance of the strategic environment in health and social care and the implications for the individual
- K7. The importance of current evidence-based practice within scope of the role

In each paper, questions will cover each of the areas above, however not every aspect of every area will be covered in every test.

Before the assessment

The employer/training provider should:

- brief the apprentice on the areas that will be assessed by the knowledge test.
- in readiness for end-point assessment, set the apprentice a mock knowledge test. a test is available to download from the Highfield Assessment website. The mock tests are available as paper-based tests and also on the mock e-assessment system.

Short-Answer Questions – Guidance on the depth of answer

When preparing for end-point assessment, it is essential for apprentices to prepare for the short answer questions by attempting the mock questions. This preparation should include:

- ensuring that they have fully read the question to ensure all elements of it are addressed by their answer
- planning their answers to provide sufficient detail for the verb included at the beginning of the question (further guidance provided below)

The list below provides guidance on the level of detail apprentices will be required to supply in their answers. Please use this guidance when supporting apprentices to prepare for their short answer questions to ensure they have provided sufficient responses.

- **Analyse:** break down a topic into separate parts and examine each. Show how the main ideas of each part are related or why they are important
- **Assess:** review the validity of a concept or information provided and consider the information to make a decision
- **Explain:** provide a clear account of a concept by providing detailed information, giving reasons and showing how or why something is or isn't the case
- **Evaluate:** review evidence from different perspectives and come to a valid conclusion or reasoned judgement, considering the benefits and limitations
- **Illustrate:** give clear information on or a description of a subject, topic or process, with supporting examples
- **Identify:** determine the origin or nature of something by selecting or providing basic examples or information
- **Justify:** provide reasons for how a conclusion, action or explanation was formed; providing, using or quoting supporting evidence
- **Outline:** provide a brief description of the main points or features of a concept/idea/theory etc.
- **Establish:** show something to be the case, using the given information
- **Distinguish:** show or recognise the difference between ideas or information
- **Critically compare:** examine two or more subjects in detail and establish any similarities and differences. Identify the positive aspects and limitations for each.

Multiple-Choice and Short-Answer Test Criteria

The principles and philosophy of health and social care	
K1. The principles and philosophy of health and social care	• Define health and wellbeing • Analyse how the social and medical models of health inform practice • Analyse how the biopsychosocial model of health informs practice • Compare and contrast different psychological theories and how they inform practice • Analyse ethical standards and principles that underpin health and social care • Discuss the legal framework for health and social care practice including legislation, codes of conduct, national and organisational policy • Explain how you embed the Care Standards within your role • Explain the structure and function of health and social care services in England • Discuss how own role fits within own organisation and the wider structure of health and care services • Analyse how partnership working with colleagues, other professionals and others delivers better outcomes

The physiology, organisation and function of the human body	
K2. The physiology, organisation and function of the human body	• Explain in depth the distinct types of tissues and muscles within the body • Describe the main body organs and systems • Analyse how the body systems inter-relate with each other • Discuss how body systems are affected by common disorders, diseases and the impact of lifestyle • Explain how homeostasis controls the bodies functioning • Evaluate how common disorders and diseases impact homeostasis • Critically analyse how common disorders and diseases can impact on health and well-being

Lifespan developments and healthcare needs from prenatal to end of life/bereavement

K3. Lifespan developments and healthcare needs from prenatal to end of life/bereavement

- Explain foetal development from conception to birth
- Discuss development from birth linking to development stages and healthcare needs
- Analyse how psychological concepts enable us to understand the development through the life stages
- Critically evaluate how factors impact on life stages
- Define the terms morbidity and mortality
- Evaluate why mortality and morbidity rates change during the lifespan
- Evaluate how theories help us understand the key life events
- Critically analyse how culture impacts on key life events including death

Research and development in the health and social care sector to inform and improve quality of care

K4. Research and development in the health and social care sector to inform and improve quality of care

- Explain the value of undertaking research within the sector
- Explain where information on current research into health and social care topics can be found
- Explain what qualitative, quantitative and action research methodologies are including their value to healthcare practice
- Critically analyse research surrounding a topic within your own practice
- Evaluate how research papers can improve quality of care within your own and other's roles

Provision and promotion of holistic person-centred care and support, duty of care and safeguarding or individuals

K5. The provision and promotion of holistic person-centred care and support, duty of care and safeguarding of individuals	• Explain what duty of care means within your role • Define person centred care • Analyse how duty of care and person-centred care are maintained in your setting • Evaluate how person-centred care is promoted within your setting • Describe the types of abuse and their characteristics specific to your work area • Evaluate legislation and regulations which must be adhered to when working with individuals • Critically analyse the agreed policies and procedures to safeguard individuals • Analyse factors which may make individuals vulnerable to abuse
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Importance of the strategic environment in health and social care and the implications for the individual

K6. The importance of the strategic environment in health and social care and the implications for the individual	• Define the strategic environment in health and social care • Outline the management structure of own work setting • Evaluate the impact of the strategic environment on resources • Discuss how new legislation and government reforms impact on the strategic environment • Discuss the impact of regulatory bodies on the strategic environment
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Importance of current evidence-based practice within scope of the role

K7. The importance of current evidence-based practice within scope of the role	• Outline own role and responsibilities • Evaluate the importance of evidence-based practice to healthcare • Reflect on occasions when evidence-based practice has informed your care practice • Assess how evidence-based practice has informed your development
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Assessing the Practical Observation

The practical observation should be a maximum of 120 minutes.

It will be pre-planned and scheduled at a time when the apprentice will be undertaking their normal work in their normal place of work. To ensure coverage of the appropriate skills and behaviours areas of the standard, observations may be split or conducted on two separate occasions and this will need to be clearly organised during planning and evidenced within the documentation. The end-point assessor will carry out the practical observation which should enable the apprentice to evidence the skills and behaviours outlined below.

To pass the observation of practice, the apprentice must be able to meet the following requirements. Those highlighted in bold **must** be seen during the observation. Requirements not emboldened which do not occur naturally during the observation period may be tested during the interview.

OB1.1 Communicate complex sensitive information through a variety of methods

OB2.1 Manage information, keeping accurate records and ensuring confidentiality

OB3.1 Use a range of techniques to prevent the spread of infection

OB3.2 promote (a range of techniques to prevent the spread of infection) including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management

OB4.1 maintain a safe and healthy working environment

OB4.2 Promote (a safe and healthy working environment)

OB5.1 Identify and manage risks

OB6.1 Demonstrate what it means in practice to provide person centred care and support

OB6.2 promote (what it means in practice to provide person centred care and support)

OB7.1 Treat people with dignity

OB7.2 respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences

OB8.1 Show respect and empathy for those you work with

OB8.2 have the courage to challenge areas of concern and work to best practice

OB8.3 be adaptable, reliable and consistent

OB9.1 Show discretion and self-awareness

OB10.1 Promote effective inter-professional and multi-disciplinary team working

OB10.2 (Effective inter-professional and multi-disciplinary team working) with peers, colleagues and staff from other agencies

OB11.1 Provide appropriate leadership within the scope of the role

OB12.1 Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner

The During the interview, the end-point assessor will ask questions that allow the apprentice to demonstrate knowledge and their experience in the areas that are not seen in the observation (unemboldened criteria only).

Simulation

During the practical observation, where possible, situations and evidence must be naturally occurring, however, in order to ensure that all emboldened criteria can be covered, simulation will be allowed to ensure full coverage of **observation skill 11: Provide appropriate leadership within the scope of the role**, if necessary.

This should be arranged before the assessment takes place to give the best opportunity for this skill to be met if the employer/on-programme assessor feels that it is not likely to occur naturally during the live observation. A suitable work environment and consenting individual(s) should be used to enable the apprentice to demonstrate the relevant skills. Those involved should not have a vested interest in the outcome of the assessment and do not have to be individuals being cared for.

Should the employer/on-programme assessor identify further emboldened observation skills and/or behaviours that are unlikely to be demonstrated naturally, Highfield Assessment should be notified of these prior to end-point assessment.

Grading

The practical observation is graded as pass or fail.

The apprentice will be assessed against all of the observation skills, values and behaviour requirements identified in the tables on the following pages.

To achieve a pass, the apprentice must achieve all of the pass criteria.

The apprentice will fail if they do not meet all of the requirements for each outcome linked to the pass criteria above and/or the end-point assessor has to stop the observation because they have observed unsafe practice.

Before the assessment:

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

It is suggested that a mock observation is carried out by the apprentice in advance of the EPA with the training provider/employer giving feedback on any areas for improvement.

Practical Observation Mock Assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment, and Highfield recommends that the apprentice experiences a mock practical observation in advance of the end-point assessment with the training provider/employer giving feedback on any areas for improvement.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock observation should take place in a real workplace or a realistic simulation if the real workplace does not present all the required assessment opportunities:
 - it is strongly recommended that the mock observation has been practised beforehand and all personnel involved are properly briefed on their roles
- a 120-minute time slot should be available for the observation if it is intended to be a complete mock assessment covering all relevant standards. However, this time may be split up to allow for progressive learning.
- consider a video recording of the mock and allow the mock to be observed by other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock assessment with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience.
- mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.

Practical Observation Criteria

Throughout the practical observation, the end-point assessor will assess the apprentice's competence in the criteria outlined below. Apprentices should prepare for the practical observation by considering how the criteria can be met during the observation.

Pass Assessment Criteria
OB1.1 Communicate complex sensitive information through a variety of methods. (S7)
OB2.1 Manage information, keeping accurate records and ensuring confidentiality. (S7)
OB3.1 Use a range of techniques to prevent the spread of infection. (S10)
OB3.2 promote (a range of techniques to prevent the spread of infection) including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management. (S10)
OB4.1 Maintain a safe and healthy working environment. (S10)
OB4.2 Promote (a safe and healthy working environment). (S10)
OB5.1 Identify and manage risks. (S10)
OB6.1 Demonstrate what it means in practice to provide person-centred care and support. (S8)
OB6.2 Promote (what it means in practice to provide person-centred care and support). (S8)
OB7.1 Treat people with dignity. (B1)
OB7.2 Respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences. (B1)
OB8.1 Show respect and empathy for those you work with. (B2)
OB8.2 Have the courage to challenge areas of concern and work to best practice. (B3)
OB8.3 Be adaptable, reliable and consistent. (B4)
OB9.1 Show discretion and self-awareness. (B5)
OB10.1 Promote effective inter-professional and multi-disciplinary team working (S5)
OB10.2 (Effective inter-professional and multi-disciplinary team working) with peers, colleagues and staff from other agencies. (S5)
OB11.1 Provide appropriate leadership within the scope of the role. (S5)
OB12.1 Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner. (S1)

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Assessing the Reflective Journal and Interview

The reflective journal and interview form a combined assessment method and will be assessed holistically, with a grade awarded as Fail, Pass, Merit or Distinction by the end-point assessor. End-point assessors will assess all evidence provided by the apprentice for this combined assessment method and make a final holistic judgement on the ability of the apprentice.

The reflective accounts **must** be written in the final 3 months of the apprenticeship prior to gateway. Other supporting evidence submitted can be utilised from any point of the on-programme learning. Both form the reflective journal and this must be collated in the final 3 months of the apprenticeship prior to gateway. The highest quality evidence is most likely to be generated towards the end of the on-programme period. The apprentice will develop a reflective journal that support the skills S2. Case Management, S3. Supervision and Teaching and also the values and behaviours in the context of case management and supervision and teaching. The reflective journal must be written to 2000 words (+/-10%) and use a recognised referencing system. See the on-programme requirements' section for more information and guidance on the reflective journal.

The apprentice is required to evidence the skills, values requirements of the following areas from the apprenticeship standard in the reflective journal:

S2. Case Management	The apprentice includes evidence to show that they are able to; S2: Manages own work and case load and implements programmes of care in line with current evidence, taking action relative to an individual's health and care needs
S3. Supervision and Teaching	The apprentice includes evidence to show that they are able to; S3. Allocates work to and support the development of others and may supervise, teach, mentor and assess other staff as required
Values	Honest, caring, compassionate, conscientious and committed
Behaviours	Dignity, Respect, Courage, Adaptability, Discretion

Further pass and grading requirements can be found within section Highfield grading criteria below.

The interview

The final interview takes place between the independent assessor and the apprentice and lasts for a maximum of 60 minutes.

The interview will assess skills and values that have not been fully achieved by the reflective journal. The end-point assessor will make a final assessment decision based on all evidence provided for the reflective journal and the interview. Carry-over from the Practical Observation (if required) will be covered during the interview. These carry over criteria areas will only count towards the practical observation assessment.

The apprentice should use the grading guidance provided at the end of this section to support their preparation for end-point assessment.

Grading guidance for the reflective journal and interview component

The reflective journal and interview is graded holistically as Fail, Pass, Merit or Distinction by the end-point assessor. End-point assessors will review all evidence provided by the apprentice for this combined assessment method and make a final holistic judgement on the ability of the apprentice.

If the apprentice does not provide sufficient evidence to demonstrate that their performance meets the requirements of the pass grading criteria, then the result will be a fail.

In order to pass the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass criteria found in the following pages.

In order to achieve a merit the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass and merit criteria found in the following pages.

In order to achieve a distinction the apprentice must meet all of the skills, values and behaviour criteria and meet the additional pass, merit and distinction criteria found in the following pages.

Before the assessment:

Employers/training providers should:

- support the apprentice to plan the reflective journal and interview to allow the apprentice the opportunity to demonstrate each of the required standards
- ensure the apprentice knows the requirements of the reflective journal, including the word count and referencing system
- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Reflective Journal and Interview Mock Assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment, and Highfield recommends that the apprentice experiences a mock professional discussion in preparation for the real thing. The most appropriate form of mock interview will depend on the apprentice's setting and the resources available at the time.

In designing a mock assessment, the employer/training provider should include the following elements¹ in its planning:

- the mock interview should take place in a suitable location.
- a 60-minute time slot should be available to complete the interview if it is intended to be a complete interview covering all relevant standards. However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock interview and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock assessment with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use structured 'open' questions that do not lead the apprentice but allows them to express their knowledge and experience in a calm and comfortable manner. For example:
 - How have you provided recommendations to improve the quality of service?
 - How do you manage your daily workload?
 - Tell me about how you implement programmes of care.
 - How do you promote equality and diversity?

Reflective journal and interview criteria

The reflective journal and interview combined assessment evidences what the apprentice has achieved during the apprenticeship, covering the following areas of the apprenticeship standard. All must be covered to pass this assessment method:

Pass Assessment Criteria	
S2. Case Management	
S2. Manage own work and case load and implement programmes of care in line with current evidence, taking action relative to an individual's health and care needs	• Reflect on how you manage your daily workload • Implement the care package supporting an individual in your care that you work with on a regular basis • Ensure the care package is supported by current evidence-based practice • Review and revise how the care being provided impacts on the individual's health and care needs • Evaluate how you manage your daily workload

Pass Assessment Criteria	
S3. Supervision and Teaching	
S3. Allocate work to and support the development of others and supervise, teach, mentor and assess other staff as required	• Demonstrate how you allocate work to others • Provide guidance to others in order for work to be undertaken effectively • Explain how you ensure your knowledge is up to date • Explain the terms: supervision, mentoring, teaching and assessing in relation to the management of staff • Explain how models of learning could help your understanding and develop your practice as a supervisor, teacher or mentor

Pass Assessment Criteria	
S3. Supervision and Teaching	
	- Assess how you may support the development of other staff through: - Supervision - Mentoring - Teaching - Assessment

Pass Assessment Criteria	
V1 Value: Honesty	
Be honest	

Pass Assessment Criteria	
V2 Value: Caring	
Be caring	

Pass Assessment Criteria	
V3 Value: Compassionate	
Be compassionate	

Pass Assessment Criteria	
V4 Value: Conscientious	
Be conscientious	

Pass Assessment Criteria	
V5 Value: Committed	
Be committed	

Pass Assessment Criteria	
B1 Behaviour: Dignity	
Treat individuals with dignity, respecting individual's beliefs, culture, values and preferences	

Pass Assessment Criteria
B2 Behaviour: Respect
Respect and adopt an empathetic approach

Pass Assessment Criteria
B3 Behaviour: Courage
Demonstrate courage to challenge areas of concern and work to best practice

Pass Assessment Criteria
B4 Behaviour: Adaptability
Be adaptable

Pass Assessment Criteria
B5 Behaviour: Discretion
Demonstrate discretion

Additional Pass Criteria
P1 The reflective journal content is organised and uses recognised referencing system
P2 Uses appropriate language and sentence construction but with some inaccuracies in grammar and spelling
P3 Is able to relate some concepts and theories to practice
P4 Makes satisfactory connections between learning and future practice
P5 Does not go outside word limit
P6 Is able to engage in professional discussion and is able to provide evidence that supports practice

Additional Merit Criteria
M1 The reflective journal content is well organised
M2 Accurate in grammar and spelling
M3 Makes good connections between learning and future practices

Additional Merit Criteria
M4 Able to engage in and actively take forward professional discussion
M5 Provides evidence that demonstrates a good level of analysis and synthesis across the range of theories and concepts applied to their practice

Additional Distinction Criteria
D1 The reflective journal content is highly structured
D2 Able to relate a wide range of concepts and theories to their practice
D3 Draws conclusions and makes insightful connections between learning and future practices
D4 Is able to engage in professional discussion in a way that demonstrates a very good or exceptional knowledge of the concepts and theories they apply to their practice
D5 Demonstrates an awareness of the limitation of their knowledge, and how this influences any analyses and interpretations based on that knowledge
D6 Uses a recognised referencing system extensively
D7 Uses appropriate language and sophisticated sentence construction

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