



Highfield Level 3 End-Point Assessment for ST0217 Senior Healthcare Support Worker

End-Point Assessment Kit



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Allied Health Profession – Therapy Support

EPA Kit

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How to use this EPA Kit

Welcome to the Highfield End-Point Assessment Kit for the Senior Healthcare Support Worker apprenticeship standard, Allied Health Profession – Therapy Support pathway.

Highfield is an independent end-point assessment organisation that has been approved to offer and carry out the independent end-point assessments for the Level 3 Senior Healthcare Support Worker apprenticeship standard. Highfield internally quality assures all end-point assessments in accordance with its IQA process, and additionally all end-point assessments are externally quality assured by the relevant EQA organisation.

This 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 ways in which an apprentice may be prepared for their assessments, but trainers may find them to be a helpful starting point.

Key facts

Apprenticeship standard:	Senior Healthcare Support Worker Allied Health Profession – Therapy Support
Level:	3
On-programme duration:	Typically 24 months
End-point assessment window:	Typically 3 months
Grading:	Pass/distinction
End-point assessment methods:	Observation of practice with questions, professional discussion underpinned by a portfolio of evidence

In this kit, you will find:

- an overview of the standard and any on-programme requirements
- a section focused on delivery, where the standard and assessment criteria are presented in a suggested format that is suitable for delivery
- 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

Senior healthcare support workers help registered practitioners deliver healthcare services to people. They carry out a range of clinical and non-clinical healthcare or therapeutic tasks, under the direct or indirect supervision of the registered healthcare practitioner. Senior healthcare support workers provide high-quality, compassionate healthcare, following standards, policies or protocols and always acting within the limits of their competence. They may work in partnership with individuals, families, carers and other service providers in a range of services, for example, in a hospital, community, health or day care unit, birth centre or midwifery-led unit, someone's home, operating theatre, nursing or care home, assessment centre, hospice, school, prison, GP surgery, charity or voluntary organisation.

Senior healthcare support workers working within allied health profession therapy provide care and support for individuals through therapeutic activities as part of a multi-disciplinary team. Illness, disability or a change in life circumstances often means that individuals have to learn or be supported to do things in new and different ways. This can change the pattern of a life-course, but individuals can often expect to regain and enjoy a quality of life with support and rehabilitation. Some individuals may have short-term needs while others may have long-term physical and/or mental ill health or a learning disability that affects their independence, function or way of living. Therapy support workers will be required to work with the individual either on their own or within a group setting. They may also work with others such as training carers or families to support the individual.

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 Senior Healthcare Support Worker 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 observation of practice with questions and professional discussion underpinned by a portfolio of evidence (such as a provision of recordings of professional discussions).

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. This should ensure that the apprentice is sufficiently prepared to undertake the end-point assessment. Training, development and ongoing review activities should include:

- achievement of level 2 English and maths
- achievement of Level 3 Diploma in Healthcare Support
- any qualifications specified by the employer
- completion of a portfolio through which the apprentice gathers evidence of their progress
- study days and training courses
- mentoring/buddy support
- regular performance reviews undertaken by the employer
- structured one-to-one reviews of their progress with their employer and/or training provider

Throughout the period of learning and development, and at least every 2 months, the apprentice should meet with the on-programme assessor to record their progress against the standard. At these reviews, evidence should be discussed and recorded by the apprentice. The maintenance of an on-programme record is important to support the apprentice, on-programme assessor and employer in monitoring the progress of learning and development. This will determine when the apprentice has achieved full competence in their job role and is therefore ready for end-point assessment.

Portfolio of evidence

The apprentice must compile a portfolio of evidence during their time on-programme that is mapped against the knowledge, skills and behaviours assessed in the professional discussion underpinned by a portfolio of evidence.

It will typically contain 10 discrete pieces of evidence (for example, 1 for each of the core grading themes and 5 for the chosen optional pathway's grading theme). Evidence may be used to demonstrate more than 1 knowledge, skill or behaviour as a qualitative approach is suggested as opposed to a quantitative approach.

Evidence sources for the portfolio may include:

- witness testimonials
- written report of a case-based discussion
- written report of supporting an intervention
- clinical supervision reflection (relating to K20 and S20 **only**)
- work-based observation
- evidence of ongoing professional development

This is not a definitive list and other evidence sources are possible. Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the relevant knowledge, skills and behaviours.

The portfolio should not include reflective accounts or any methods of self-assessment, except where evidencing K20 or S20. Any employer contributions should focus on direct observation of performance (for example, witness statements) rather than opinions.

The portfolio must be accompanied by a portfolio. This can be downloaded from our website. The portfolio matrix must be fully completed, including a declaration by the employer and the apprentice to confirm that the portfolio is valid and attributable to the apprentice.

The portfolio of evidence must be submitted to Highfield at gateway. It is not directly assessed but underpins the professional discussion.

Use of Artificial Intelligence (AI) in the EPA

Where AI has been used as part of the apprentice's day-to-day work and forms part of a project report, presentation, or artefact, it should be referenced as such within the work. AI must not be used to produce the report or portfolio.

Where AI has been used as part of a portfolio that underpins an interview or professional discussion or any other assessment method, it should be fully referenced within the portfolio.

Required on-programme qualification

While on programme, and prior to the apprentice passing through gateway, the apprentice must complete and achieve a regulated Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway).

Apprentices can complete the Highfield Level 3 Diploma in Healthcare Support (RQF) with qualification number 603/2558/6 for their on-programme qualification.

The following qualification numbers will also be accepted:

- 603/2467/3
- 603/4310/2
- 603/2428/4
- 603/2525/2
- 603/2556/2
- 603/2504/5
- 603/2544/6
- 603/2494/6
- 603/2414/4
- 603/2412/0
- 603/2462/4

Readiness for end-point assessment

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

- the apprentice must have achieved level 2 English and maths.
- the apprentice must have achieved a regulated Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway).
- the apprentice must have gathered a portfolio of evidence against the required elements to be put forward to be used as the basis for the professional discussion.
- 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 3-month end-point assessment window. 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 methods can be delivered in any order.

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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.

Documents used in developing this end-point assessment

Standard (2022)

[Senior healthcare support worker / Institute for Apprenticeships and Technical Education](#)

End-point assessment plan (ST0217/v1.3)

https://www.instituteforapprenticeships.org/media/6867/st0217_senior-healthcare-support-worker_l3_ap-for-publication_19012023.pdf

Specific considerations

Highfield's approach does not deviate from the assessment plan.

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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 the 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:

- achieved level 2 English
- achieved level 2 maths
- achieved a Level 3 Diploma in Healthcare Support (RQF) (specific to their chosen optional pathway)
- submitted a suitable portfolio of evidence to be used as the basis for the professional discussion (see the portfolio matrix)
- 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 last around an hour and must be completed on or after the apprenticeship on-programme end date. It should be attended by the apprentice and the relevant people who have worked with the apprentice on-programme, such as the line manager/employer or mentor, the on-programme trainer/training provider and/or a senior manager (as appropriate to the business).

During the meeting, the apprentice, employer and training provider will discuss the apprentice's progress to date and confirm if the apprentice has met the full criteria of the apprenticeship standard during their on-programme training. 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 to initiate the end-point assessment process. If you require any support completing the Gateway Readiness Report, please contact your EPA Customer Engagement Manager at Highfield Assessment.

Please note: A copy of the standard should be available to all attendees during the gateway meeting.

Reasonable adjustments and special considerations

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 need to ensure that the person undertaking an assessment is indeed the person they are claiming to be. All employers are, therefore, required to ensure that each apprentice has their identification with them on the day of the assessment so the end-point assessor can check.

Highfield Assessment 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 such as an employee ID card or travel card

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The Senior Healthcare Support Worker apprenticeship standard

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

Working to protocol		
Observation of practice with questions		
Knowledge	Skills	Behaviours
<p>K1 The legislation, policies, standards, local ways of working and codes of conduct that apply to own role</p> <p>K2 The scope of practice, limitations of own competence, including limitations of own role in relation to medication and who to ask for support</p> <p>K3 The principles of 'person-centered care and support', including principles of equality, diversity and inclusion, active participation, consent and choice</p> <p>K4 The principles of a 'duty of care' and 'safeguarding', the signs of abuse and ways to reduce the risk of abuse</p>	<p>S1 Work in line with legislation, policies, standards, local ways of working and codes of conduct that apply to own role</p> <p>S2 Work within the scope of practice, the limits of own knowledge and skills, escalating and reporting to others when needed</p> <p>S3 Work as part of a multi-disciplinary team to provide safe and non-discriminatory person-centered care and support with individuals' established consent</p> <p>S4 Implement a duty of care, recognising and responding to safeguarding and protection concerns and acting in the best interest of individuals to ensure they do not come to harm</p>	<p>B1 Treat people with dignity</p>

Pass criteria
<p>WP1 Practices within the limits of the role of a senior healthcare support worker in line with legislation, policies, standards, codes of conduct and local ways of working (K1, S1)</p> <p>WP2 Demonstrates working within the scope of practice, the limits of their knowledge and skills, escalating and reporting to others when needed (K2, S2)</p> <p>WP3 Establishes consent, or checks that consent has been established, from the individual and together with others from the multi-disciplinary team provides safe, dignified and non-discriminatory care and support that is informed by the principles of 'person-centred care and support' including the active participation and choices of the individual (K3, S3, B1)</p> <p>WP4 Implements a duty of care, safeguarding and protection and acts in the best interest of the individual, recognising and reducing the risks of abuse and raising safeguarding and protection concerns in line with organisational procedures (K4, S4)</p>
Amplification and guidance
<ul style="list-style-type: none"> • Legislation, policies, standards, local ways of working and codes of conduct could include: <ul style="list-style-type: none"> ○ Health and safety legislation <ul style="list-style-type: none"> ▪ Health and Safety at Work etc. Act 1974 (HASWA) ▪ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) ▪ Management of Health and Safety at Work Regulations (MHSWR) ▪ Regulatory Reform (Fire Safety) Order ▪ Control of Substances Hazardous to Health Regulations (COSHH) ▪ Manual Handling Operations Regulations (MHOR) ▪ Provision and Use of Work Equipment Regulations (PUWER) ▪ Lifting Operations and Lifting Equipment Regulations (LOLER) ○ General Data Protection Regulations (GDPR) ○ Data Protection Act 2018

- Caldicott Report
 - Health and Social Care Act 2012
 - Health and Care Act 2022
 - Duty of Candour regulations
 - Duty of candour is to be open and honest with patients or their families when something goes wrong which appears to have caused or had the potential to have caused harm
 - Public Health (Control of Diseases) Act and Public Health (Infectious Diseases) Regulations
 - Information Governance Policy
 - Equality Act 2010
 - Organisational policies and procedures
 - Formally agreed guidance on how to carry out tasks in your workplace
 - Less formally agreed ways of working
 - Less formally documented by individual employers and the self-employed or formal policies
- This list is not exhaustive.*

- **Scope of practice** is the limit of the knowledge, skills and experience and is made up of the activities carried out within the professional role of a senior healthcare support worker.
- **Person-centred care and support** refers to viewing the people using health and social services 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.
- **Consent** means an informed agreement to an action or decision. The process of establishing consent will vary according to an individual's assessed capacity to consent. Consent may be implied, written or verbal.

- **Active participation** is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is regarded as an active partner in their own care or support, rather than a passive recipient.
- **Duty of care** means that a worker must aim to provide high-quality care to the best of their ability and say if there are any reasons why they may be unable to do so.
- **Types of abuse** may include:
 - physical abuse
 - domestic violence or abuse
 - sexual abuse
 - psychological or emotional abuse
 - financial or material abuse
 - modern slavery
 - discriminatory abuse
 - organisational or institutional abuse
 - neglect or acts of omission
 - self-neglect
- **Ways to reduce the risk of abuse** may include:
 - working with person-centred values
 - encouraging active participation
 - promoting choice and rights
 - supporting individuals with an awareness of personal safety
 - managing risk
 - focusing on prevention
 - creating a safe space to talk about safety awareness

- listening effectively to the client/patient/personal complaints

- **Individuals** are those requiring care and support and may include patients, service users or clients.

Supporting individuals	
Observation of practice with questions	
Knowledge	Skills
<p>K7 The signs and symptoms that an individual's health and wellbeing is changing, including the role of prescribed medication</p> <p>K8 The signs and symptoms that an individual is in pain, distress or discomfort</p> <p>K9 The principles of hydration, nutrition and food safety</p> <p>K28 The physiological states, their normal ranges and the correct tools or equipment to use to measure them</p>	<p>S7 Recognise and respond to changes in an individual's health and wellbeing</p> <p>S8 Recognise and respond to the signs and symptoms that an individual is in pain, distress or discomfort to maximise comfort and well-being</p> <p>S9 Promote and monitor access to fluids and nutrition in line with an individual's care plan</p> <p>S28 Undertake physiological measurements, selecting and using the correct tools or equipment</p>
Pass criteria	
<p>S11 Recognises and responds to signs and symptoms that an individual's health is changing and if they are in pain, distress or discomfort and makes them comfortable. Supports their wellbeing and follows the correct procedure for reporting the changes or situation (K7, K8, S7, S8)</p> <p>S12 Adheres to an individual's care plan and promotes and monitors the correct, safe access to fluids and nutrition in line with the principles of hydration, nutrition and food safety (K9, S9)</p>	

S13 Undertakes **physiological measurements** on an individual, selecting and using the correct tools or equipment and explains the **normal ranges and results** (K28, S28)

Amplification and guidance

- **Individuals** are those requiring care and support and may include patients, service users or clients.

- **Wellbeing** may include aspects that are:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical

- **Signs and symptoms** that an **individual's health and wellbeing is changing** may include changes in:
 - respiratory rate
 - oxygen saturation
 - blood pressure
 - heart rate
 - temperature
 - conscious or mental state
 - fatigue
 - appetite
 - mood swings

- **Signs and symptoms of pain, distress or discomfort** may include:
 - facial grimacing or a frown
 - moaning or whimpering
 - restlessness and agitation
 - appearing uneasy or tense
 - guarding the area of pain
 - withdrawing from touch to the area of pain
 - appearing to be too hot or cold, for example, sweating or shivering
 - being hungry or thirsty such as a growling stomach and low energy levels or a dry mouth and dry skin
 - feeling itchy
 - sitting or lying awkwardly
 - appearing unkempt or unclean

- **Physiological state** refers to the condition or state of the body or bodily functions.

- **Physiological measurements** could include:
 - body temperature
 - weight
 - height
 - blood pressure
 - pulse
 - breathing rate

- Examples of **normal ranges of physiological measurements in an adult** include:
 - body temperature range from 36.8 - 37°C.

- blood pressure in the range of 120/80mmHg – 140/90mmHg. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
- pulse rate range of 60 – 100 beats per minute. This may vary dependent on disease and other contributing factors. Readings should be reported for risk assessment.
- breathing rate of 12 – 20 breathes per minute. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
- a BMI weight of 18.5 – 24.9 is considered a healthy range in adults. This will vary dependent on age and other contributing factors. Readings should be reported for risk assessment.

Communication		
Observation of practice with questions		
Knowledge	Skills	Behaviours
<p>K10 Communication techniques to maximise understanding including for individuals with specific communication needs or wishes</p> <p>K11 The meaning of ‘capacity’, the differences between mental illness, dementia and learning disability and the impact of these conditions on an individual’s needs</p> <p>K21 Ways to record and store information securely, including the safe use of technology</p> <p>K22 The principles of confidentiality, duty of confidence and disclosure</p>	<p>S10 Communicate with individuals, their families, carers and others in the workplace using techniques designed to facilitate understanding</p> <p>S11 Recognise and respond to limitations in an individual’s mental capacity</p> <p>S21 Record and store information related to individuals securely, including the safe use of technology</p> <p>S22 Report and share information related to individuals securely and in line with local and</p>	<p>B2 Show respect and empathy</p>

	national policies , maintaining confidentiality, duty of confidence and disclosure	
Pass criteria		
<p>C1 Communicates with individuals, their families, carers and others in the workplace to facilitate understanding, reflecting their specific needs and the organisational values of respect and empathy (K10, S10, B2)</p> <p>C2 Responds to limits in mental capacity, taking into account the individual’s condition and needs (K11, S11)</p> <p>C3 Records, stores, reports, shares or discloses information correctly and in line with policy and legislation, using technology safely and securely and maintaining confidentiality at all times (K21, K22, S21, S22)</p>		
Amplification and guidance		
<ul style="list-style-type: none"> • Communication techniques may include: <ul style="list-style-type: none"> ○ verbal: <ul style="list-style-type: none"> ▪ vocabulary ▪ linguistic tone ▪ pitch ▪ accent/regional variations ▪ jargon/complex terminology ○ non-verbal: <ul style="list-style-type: none"> ▪ position/proximity ▪ eye contact ▪ touch ▪ signs ▪ symbols and pictures ▪ physical gestures ▪ body language 		

- behaviour
 - writing
 - objects of reference
 - human and technological aids
 - written
 - electronic/digital
 - pictorial
 - braille/BSL/Makaton
- **Mental capacity** refers to the ability of someone to make their own decisions and should make reference to the Mental Capacity Act.
 - **Local and national policies** may include:
 - General Data Protection Regulations (GDPR)
 - Data Protection Act 2018
 - Caldicott Report
 - Health and Social Care Act 2012
 - Health and Care Act 2022
 - Duty of Candour regulations
 - Information Governance Policy
 - Equality Act 2010
 - Organisational policies and procedures
 - Formally agreed guidance on how to carry out tasks in your workplace
 - Less formally agreed ways of working
 - Less formally documented by individual employers and the self-employed or formal policies

Health and safety

Observation of practice with questions

Knowledge	Skills
<p>K12 The principles of infection prevention and control and the importance of good personal hygiene, hand hygiene and correct use of personal protective equipment (PPE)</p> <p>K13 Local systems and processes to manage the supply, storage, use and safe disposal of stocks and supplies</p> <p>K14 The principles of safe moving and assisting individuals, and moving and handling equipment</p>	<p>S12 Maintain a safe and healthy working environment, using infection prevention and control techniques including hand washing, sanitisation, disinfection and personal protective equipment (PPE)</p> <p>S13 Maintain the safe supply, storage, use and disposal of supplies and equipment</p> <p>S14 Move and handle equipment or other items safely and assist individuals</p>

Pass criteria

- HS1** Uses the correct **infection prevention and control techniques** to maintain a safe and healthy working environment to the tasks they are carrying out. Ensures the importance of good **personal hygiene**, hand hygiene and correct use of **personal protective equipment (PPE)** to the tasks they carry out (K12, S12)
- HS2** Uses, stores and disposes of equipment and supplies safely following local processes. Ensures stocks are supplied and managed (K13, S13)
- HS3** Moves and handles equipment or other items or assists an individual safely and in line with **health and safety legislation** (K14, S14)

Amplification and guidance

- **Infection prevention and control techniques** may include:
 - hand washing
 - sanitisation
 - disinfection
 - waste management

- **Personal hygiene** involves those practices performed by an individual to care for one's bodily health and wellbeing, through cleanliness.

- **Personal protective equipment (PPE)** may include:
 - gloves
 - aprons
 - masks

- **Health and safety legislation** could include:
 - Health and Safety at Work etc. Act 1974 (HASWA)
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
 - Management of Health and Safety at Work Regulations (MHSWR)
 - Regulatory Reform (Fire Safety) Order
 - Control of Substances Hazardous to Health Regulations (COSHH)
 - Manual Handling Operations Regulations (MHOR)
 - Provision and Use of Work Equipment Regulations (PUWER)
 - Lifting Operations and Lifting Equipment Regulations (LOLER)

Promote health and wellbeing

Professional discussion underpinned by a portfolio of evidence

Knowledge	Skills
<p>K5 National and local definitions of health and well-being and priorities for promoting public health and reducing inequalities</p> <p>K6 The availability of services to support individuals with lifestyle choices and how to make a referral if required</p>	<p>S5 Support individuals to make informed and positive lifestyle choices</p> <p>S6 Actively seek out and act on opportunities to support individuals to maximise their health, well-being and positive lifestyle choices</p>
Pass criteria	<i>Distinction criteria</i>
<p>PHW1 Explains how they have supported an individual to make informed and positive lifestyle choices in line with national and local definitions of health and wellbeing and the public health priorities, including considering ways of reducing inequalities (K5, S5)</p> <p>PHW2 Describes how they have actively sought an opportunity to support an individual to maximise their health, taking into account the availability of services and how to make a referral if required (K6, S6)</p>	<p>PHW3 <i>Compares and contrasts ways in which they have worked to reduce inequalities and support an individual to make informed positive lifestyle choices (K5, S5)</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Examples of ways to maximise health, wellbeing and positive lifestyle choices may include: <ul style="list-style-type: none"> ○ tailoring patient's/client's/individual's needs and preferences ○ involving patients/clients/individuals and, if appropriate, families and carers in their care and treatment ○ using effective communication ○ giving appropriate information in a way the individual understands ○ gaining consent prior to each activity/procedure ○ considering culture, mental capacity, physical, sensory or learning disabilities and individuals who do not speak or write English 	

- o focusing on wellness and what can be achieved, rather than what cannot

Continuing professional development and reflective practice

Professional discussion underpinned by a portfolio of evidence

Knowledge	Skills	Behaviours
<p>K18 The importance of continuing personal and professional development</p> <p>K19 The local arrangements for appraisal of performance in the workplace</p> <p>K20 The principles of reflective practice</p>	<p>S18 Undertake own training and development activities and contribute to the training and development of others</p> <p>S19 Participate in appraisal to support professional development</p> <p>S20 Reflect on and develop your own practice</p>	<p>B3 Be adaptable, reliable and consistent</p>
Pass criteria		Distinction criteria
<p>CPD1 Undertakes continuing personal and professional development activities and contributes to the training and development of others showing they are adaptable, reliable and consistent (K18, S18, B3)</p> <p>CPD2 Outlines how they have participated in the local arrangements for appraisal of performance (K19, S19)</p> <p>CPD3 Applies the principles of reflective practice to reflect on and develop their own practice (K20, S20)</p>		<p>CPD4 <i>Analyses the impact of training and development activities on themselves and others (K18, S18)</i></p>

Amplification and guidance

- **Continuing personal and professional development activities** may include:
 - participating in the supervision and appraisal system
 - formal learning (both online or face-to-face)
 - on-the-job training from a competent colleague
 - self-directed study
 - reading and reviewing relevant journals, websites and/or news articles
 - completing courses accredited by a professional body
 - attending conferences/seminars
 - attending department in-service training sessions
 - observing clinics/sessions with clinicians
 - involvement in a specialist interest group
 - mentoring and supervising staff or students

- **Principles of reflective practice** may include:
 - informal and formal reflection within or related to healthcare practice
 - theories of reflective practice (for example, Gibb's reflective cycle)
 - recognising the event and being open and honest when something has gone wrong or not as expected
 - identifying what went wrong and why
 - reflecting on the event either privately or with others
 - identifying opportunities for improvement in personal development as well as the care and treatment that you provide
 - what steps can be taken to prevent the issues from happening again
 - focusing on what is in your control and should leave you feeling positive and hopeful about your own abilities

Risk management

Professional discussion underpinned by a portfolio of evidence

Knowledge	Skills
<p>K15 The meaning of ‘risk’ in the workplace, ways to raise concerns and own responsibilities in relation to incidents, errors and near misses</p> <p>K16 Techniques and principles to safely perform basic life support</p> <p>K17 The common causes of conflict and how to respond to them in the workplace</p>	<p>S15 Take appropriate action in response to concerns, risks, incidents or errors and near misses arising in the workplace</p> <p>S16 Perform basic life support techniques</p> <p>S17 Recognise and respond to potential conflict, challenging behaviour or an escalating situation</p>
Pass criteria	Distinction criteria
<p>RM1 Summarises the meaning of ‘risk’ in the workplace giving evidence that they would take the correct action if they identified a ‘risk’ (K15, S15)</p> <p>RM2 Describes how they meet the requirements for providing basic life support, showing an understanding of the techniques and principles required (K16, S16)</p> <p>RM3 Explains a time when they have recognised and responded to a potential conflict, challenging behaviour or escalating situation giving context to the description by describing common causes of conflict and the correct ways to respond to them (K17, S17)</p>	<p>RM4 <i>Evaluates their organisation's approach to ‘risk’ in the workplace (K15, S15)</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Risk is the likelihood for harm to occur. • Incidents are any unintended or unexpected event which could have or did lead to harm. 	

- **Errors** are a failure of a planned action or activity. For example, the use of an incorrect plan to achieve an outcome.
- **Near misses** are events that do not cause harm but have the potential to cause injury or ill health.
- **Basic life support** refers to a variety of non-invasive emergency procedures performed to assist in the immediate survival of a patient, including cardiopulmonary resuscitation, haemorrhage control, stabilisation of fractures, spinal immobilisation and basic first aid.

Quality improvement	
Professional discussion underpinned by a portfolio of evidence	
Knowledge	Skills
<p>K23 The principles of 'quality improvement' and ways to measure quality in the workplace</p> <p>K24 The principles of investigatory techniques, research and evidence-based practice, and how to access existing evidence and use it to validate and improve practice</p> <p>K25 The principles of critical thinking and methods of critical appraisal</p>	<p>S23 Participate in and support others with quality improvement activities in the workplace</p> <p>S24 Use investigatory techniques to source evidence to validate and improve the delivery of care and support within own scope of practice</p> <p>S25 Critically appraise sources of information and apply to practice</p>
Pass criteria	Distinction criteria
<p>QI1 Describes the quality improvement principles, measures and activities used in their workplace, explaining how they have taken part in an activity and supported others to do the same (K23, S23)</p>	<p>QI4 <i>Analyses how they have interpreted evidence and used their findings to inform suggestions for improving practice (K24, S24)</i></p>

<p>Q12 Explains how they have sourced and used a piece of evidence to validate and improve the delivery of care and support within their own scope of practice identifying the principles of investigatory techniques, research and evidence-based practice that they used (K24, S24)</p> <p>Q13 Explains how they have critically appraised a source of information and applied their findings to practice describing the principles of critical thinking and the methods of critical appraisal that they used (K25, S25)</p>	
Amplification and guidance	
<ul style="list-style-type: none"> • Quality improvement principles may include: <ul style="list-style-type: none"> ○ care improvement methods ○ delivering high quality person-centred care for all ○ continuing actions to improve outcomes for individuals ○ being efficient ○ being safe ○ being timely ○ being effective ○ being equitable ○ theories of quality improvement <ul style="list-style-type: none"> ▪ Plan-do-study-act (PDSA) model ▪ Statistical Process Control (SPC) ▪ Six Sigma ▪ Lean ○ assurance processes such as audits and governance visits (CQC) ○ patient complaints and compliments 	

- **Principles of investigatory techniques** may include:
 - literature searches
 - reading and applying health-related literature
 - focus groups
 - surveys via interviews, phone, email or social media
 - patient satisfaction questionnaires
 - working to National Institute for Health and Care Excellence (NICE) guidelines
 - working to local best practice guidelines

- **Principles of critical thinking and the methods of critical appraisal** may include:
 - basic principles of ask questions, gather information, consider solutions and conclusions and consider alternative systems
 - theories of critical thinking
 - keeping an open mind, being analytical and not accepting something is true just because someone says that it is
 - being self-aware, recognising strengths and limitations
 - evaluating how your emotions and assumptions are influencing you
 - learning and applying something new

Teamwork, role modelling and leadership

Professional discussion underpinned by a portfolio of evidence

Knowledge	Skills
<p>K26 The principles and styles of leadership in relation to own role and place of work</p> <p>K27 The relationship and differences between leadership, management, supervision and mentoring</p>	<p>S26 Provide leadership and act as a role model for others within the scope of own role</p> <p>S27 Contribute to mentoring and supervision of others in the workplace within the scope of own role</p>
Pass criteria	<i>Distinction criteria</i>
<p>TRL1 Describes the scope of their role in relation to leadership, examining their own leadership style and giving an example of when they have acted as a role model for someone else (K26, S26)</p> <p>TRL2 Explains the scope of their own role in relation to mentoring and supervision, explaining the relationship and differences between leadership, management, supervision and mentoring and giving an example of when they have taken a leadership role (K27, S27)</p>	<p>TRL3 <i>Compares and contrasts examples of when they have led, managed, supervised or mentored another person, explaining how their role is different in each example (K27, S27)</i></p>
Amplification and guidance	
<ul style="list-style-type: none"> • Principles and styles of leadership may include: <ul style="list-style-type: none"> ○ the ways in which guidance, direction and motivation can be provided to others ○ encouraging and empowering others within the limitations of own role ○ developing knowledge and skills of others within limitations of own role ○ leading by example ○ encouraging effort, commitment and teamwork 	

- leadership styles could include:
 - democratic leadership
 - autocratic leadership
 - laissez-faire leadership
- emotional leadership styles:
 - visionary
 - coaching
 - affiliate
 - pace-setting
 - commanding

Option 6: Allied health profession therapy support

Delegated therapeutic activities to support individuals in meeting their optimum potential

Observation of practice with questions	
Knowledge	Skills
<p>K68 The care planning process and therapeutic strategies used within own role to promote and enable independence, self management, social integration, recovery and skills for everyday life</p> <p>K69 Local systems for undertaking clinical risk assessments and management plans relevant to own work setting</p> <p>K71 Strategies and approaches to rehabilitate or maximise an individual's function</p>	<p>S68 Provide therapeutic support in line with care plans to encourage independence, self management and skills for everyday life</p> <p>S69 Assist with undertaking clinical risk assessments and management plans</p> <p>S71 Enable individuals to meet optimum potential</p> <p>S74 Identify, order or fit therapeutic equipment and resources in line with the individual's care plan</p>

<p>K74 Local systems for sourcing, ordering and fitting therapeutic equipment and resources and the criteria for provision</p> <p>K75 The purpose and function of the therapeutic equipment and resources available, including its limitations and contra-indications</p> <p>K77 Protocols for checking, reporting and adapting therapeutic equipment and resources</p>	<p>S75 Use equipment and resources therapeutically in a safe way in line with local policy and procedure</p> <p>S77 Complete safety checks for therapeutic equipment and resources, following protocols to report issues or make adaptations if appropriate</p>
Pass criteria	
<p>AHP1 Works according to the care plan to provide therapeutic support to an individual that encourages, promotes and enables optimum potential, independence, self-management, social integration, recovery and skills for everyday life using the correct strategies and approaches to rehabilitate or maximise the individual's function (K68, K71, S68, S71)</p> <p>AHP2 Assists with undertaking a clinical risk assessment or management plan in line with the requirements of own work setting and local systems (K69, S69)</p> <p>AHP3 Works according to the care plan to identify, order or fit therapeutic equipment or resources for an individual adhering to the correct local systems and criteria for provision (K74, S74)</p> <p>AHP4 Uses equipment or resources therapeutically and safely, identifying its correct purpose, function, limitations and contra-indications in line with local policy and procedure (K75, S75)</p> <p>AHP5 Carries out a safety check for therapeutic equipment or resources, following the correct protocols to report issues or make adaptations if appropriate (K77, S77)</p>	
Professional discussion underpinned by a portfolio of evidence	
Knowledge	Skills
<p>K34 Local systems for discharge and transfer and the availability of services and agencies offered by the wider health and social care system</p>	<p>S34 Contribute to signposting to relevant agencies and discharge or transfer of individuals between services, in line with their care plan</p>

<p>K70 The potential impact of mental and physical capacity, health condition, learning disability or overall wellbeing on therapeutic or clinical interventions</p> <p>K72 Strategies and tools available to engage individuals or communities in group sessions</p> <p>K73 Activities and resources available within the community and the means to access them</p> <p>K76 Strategies and tools available to engage individuals in learning how to use therapeutic equipment and resources</p>	<p>S70 Recognise the impact of mental or physical capacity, health condition, learning disability or overall wellbeing on the therapeutic or clinical task or intervention and when to adapt</p> <p>S71 Enable individuals to meet optimum potential</p> <p>S74 Identify, order or fit therapeutic equipment and resources in line with the individual’s care plan</p> <p>S75 Use equipment and resources therapeutically in a safe way in line with local policy and procedure</p> <p>S76 Demonstrate and teach the safe and appropriate use of therapeutic equipment and resources</p>
<p>Pass criteria</p>	<p>Distinction criteria</p>
<p>AHP6 Explains the local systems for discharge and transfer of individuals between services, giving an example of when they have contributed to signposting an individual to a relevant agency or service and explaining the availability of services and agencies offered by the wider health and social care system (K34, S34)</p> <p>AHP7 Explains how they recognise that mental or physical capacity, health condition, learning disability or overall wellbeing of an individual has impacted on the therapeutic or clinical task, describing any adaptations that they needed to make (K70, S70)</p> <p>AHP8 Describes how they facilitate group sessions to support the health and well-being of individuals or communities, explaining the strategies and tools they use to engage them (K72, S72)</p> <p>AHP9 Explains how they have supported an individual to engage in the community and access activities or resources in line with their</p>	<p>AHP11 <i>Analyses the actions they took in response to different conditions, mental or physical states, explaining the adaptations made to the therapeutic or clinical task and the responsibilities and limits of their competence (K70, S70)</i></p>

treatment, describing which activities and resources are available and how to access them (K73, S73)

AHP10 Describes how they demonstrated and taught the safe and appropriate use of **therapeutic equipment or resources** to an individual, explaining the strategies and tools they used to engage them (K76, S76)

Amplification and guidance

- The **care planning process** could include:
 - assessment:
 - gathering information on the individual’s condition, medical history, lifestyle and specific needs through conducting interviews, physical examinations and reviewing medical records
 - goal setting:
 - specific, measurable, achievable, relevant and time-bound (SMART) goals
 - addressing the individual’s needs and aspirations
 - intervention planning:
 - designing treatment protocols
 - selecting appropriate therapy techniques
 - determining the frequency and duration of therapy sessions
 - whether any reasonable adjustments are required
 - whether extra carers are required
 - any transport requirements
 - longer appointment times
 - communication aids
 - documentation including detailed records of assessments, goals, interventions and the individual’s progress
 - implementing the plan by providing therapeutic treatments, exercises and activities to improve health and wellbeing
 - monitoring and evaluation:

- assessing the individual's response to treatment
 - making adjustments to the care plan
 - communicating any changes or concerns
- communication and collaboration with therapists, nurses, doctors and other professionals
- discharge planning:
 - creating a transition plan
 - providing education and resources to the individual and their caregivers
 - making appropriate referrals for continued support where required
- **Therapeutic strategies** may include:
 - rehabilitation exercises such as resistance training, balance exercises or functional training
 - manual therapy techniques such as massage, joint mobilisation, soft tissue mobilisation or manual stretching
 - assistive device training including guidance on the use of devices such as crutches, walkers, wheelchairs or prosthetic devices
 - therapeutic modalities such as heat therapy, cold therapy or laser therapy
 - cognitive behavioural techniques (CBT)
 - sensitive integration techniques
 - activities of daily living (ADL) training
 - educating individuals and their caregivers and families about their condition, treatment plans and self-care strategies
 - providing guidance on lifestyle modifications, home exercises and strategies for managing symptoms or preventing further injury
- **Clinical risk assessment** is the process used to identify hazards and determine risks that may impact an individual's safety and wellbeing. These include:
 - identification of potential risks or hazards which may include:
 - medication errors
 - falls
 - infection control

- equipment
 - environmental hazards
- risk analysis
- risk evaluation
- risk mitigation
- monitoring and review

- **Mental capacity** refers to the ability of someone to make their own decisions and should make reference to the Mental Capacity Act.

- **Physical capacity** may include:
 - physiological observations
 - disabilities
 - mobility

- **Wellbeing** may include aspects that are:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical

- **Therapeutic equipment and resource** types will depend upon the type of therapy support relevant to own role (for example, musical, occupational, physical or recreational) and may also be specific to the setting. This may include:
 - mobility aids

- exercise equipment
- aids to assist with activities of daily living (ADLs) including dressing, washing, eating and drinking
- equipment specific to role to support or enhance treatment sessions

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Assessment summary

The end-point assessment for the Senior Healthcare Support Worker apprenticeship standard is made up of 2 assessment methods:

1. A 2-hour observation of practice with questions
2. A 60-minute professional discussion underpinned by a portfolio of evidence

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, which will be used to determine a grade for each individual. The grade will be determined using the combined grades.

Observation of practice with questions

The observation of practice with questions is graded at pass only. Apprentices will be marked against the pass criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

Grading

The apprenticeship includes pass and distinction grades, with the final grade based on the apprentice's combined performance in each assessment method.

To achieve a pass, the apprentice is required to pass each of the 2 assessment methods.

To achieve a distinction, the apprentice must achieve a distinction in the professional discussion underpinned by a portfolio of evidence and a pass in the observation of practice with questions.

The overall grade for the apprentice is determined using the matrix below.

Observation of practice with questions	Professional discussion underpinned by a portfolio of evidence	Overall grade awarded
Fail either of the 2 assessment methods		Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Retake and resit information

If an apprentice fails an end-point assessment method, it is the employer, provider and apprentice’s decision whether to attempt a resit or retake. If a **resit** is chosen, please call the Highfield scheduling team to arrange the resit. If a **retake** is chosen, 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.

A resit is typically taken within 3 months of the EPA outcome notification. The timescale for a retake will be dependent on how much retraining is required and is typically taken within 6 months of the EPA outcome notification.

When undertaking a resit or retake, the assessment method(s) will need to be reattempted 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 resit or retake guidance.

Any EPA component resit/retake must be taken within a 6-month period, otherwise, the entire EPA must be retaken in full. Apprentices should have a supportive action plan to prepare for the resit/retake.

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

Apprentices who take a resit/retake will only be able to achieve a maximum grade of a pass, unless there are exceptional circumstances that are beyond the control of the apprentice, as determined by Highfield.

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Assessing the observation of practice with questions

During the observation of practice with questions, the assessor will observe the apprentice undertaking work as part of their normal duties in the workplace and ask questions. Simulation is not permitted.

The observation of practice with questions will be scheduled at least 2 weeks after gateway. It will last a total of 2 hours, with 90 minutes for the observation followed by 30 minutes allocated for questions. The assessor can increase the time by up to 10% to allow the apprentice to complete a task or respond to a question.

The observation of practice with questions may be split into discrete sections held on the same working day. This includes comfort breaks as necessary and to allow the apprentice to move from 1 location to another where required. Breaks will not count towards the total assessment time.

The assessor will only observe 1 apprentice at any 1 time. The assessor will brief the apprentice on the format of the observation with questions, including the timescales that they will be working to, before the start of the observation. The time taken for this briefing is not included in the assessment time.

The observation with questions will take place in the apprentice's normal place of work. Equipment and resources needed for the observation will be provided by the employer and must be in good and safe working condition.

The following activities should be observed during the observation:

- providing care and support to individuals as part of the multi-disciplinary team
- communicating in a way that facilitates understanding
- maintaining the health and safety of the workplace, individuals, colleagues and themselves through safe work practices
- adhering to protocols relevant to their role, the service or intervention they are providing and the organisation they are working in
- delegated therapeutic activities to support individuals in meeting their optimum potential (Allied Health Profession Therapy Support pathway)

Questions will be asked after the observation to allow the apprentice the opportunity to cover any pass criteria that have not been demonstrated during the observation. The assessor will ask **at least 4 questions**. Follow-up questions may be asked where clarification is required.

Before the assessment

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which healthcare support worker 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 and identify real-life examples
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the observation of practice with questions

The observation of practice with questions is graded at a pass only. Apprentices will be marked against the pass criteria included in the tables on the following pages (under 'Observations of practice with questions criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Observation of practice with questions mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock observation with questions 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 interview should take place in a suitable location.
- a 2-hour time slot should be available for the observation of practice with questions, if it is intended to be a complete mock observation of practice with questions covering all relevant standards (outlined in the following pages). However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock observation of practice with questions 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 observation with questions 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 give examples for how they have met each area in the standard. For example:
 - working to protocol
 - Give me an example of something you have done when assisting an individual that has supported a person-centred approach.
 - supporting individuals
 - Give me an example of a physiological measurement you have to undertake, including the equipment you use and the normal ranges/results expected.
 - communication
 - How do you ensure information is stored correctly while maintaining confidentiality?
 - health and safety
 - What are the infection prevention and control techniques you use to maintain a safe and healthy working environment?
 - allied health profession therapy support
 - How do you undertake a clinical risk assessment?

Observation of practice with questions criteria

Throughout the 2-hour observation of practice with questions, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the observation of practice with questions by considering how the criteria can be met.

Working to protocol
To pass, the following must be evidenced.
WP1 Practices within the limits of the role of a senior healthcare support worker in line with legislation, policies, standards, codes of conduct and local ways of working (K1, S1)
WP2 Demonstrates working within the scope of practice, the limits of their knowledge and skills, escalating and reporting to others when needed (K2, S2)
WP3 Establishes consent, or checks that consent has been established, from the individual and together with others from the multi-disciplinary team provides safe, dignified and non-discriminatory care and support that is informed by the principles of 'person-centred care and support' including the active participation and choices of the individual (K3, S3, B1)
WP4 Implements a duty of care, safeguarding and protection and acts in the best interest of the individual, recognising and reducing the risks of abuse and raising safeguarding and protection concerns in line with organisational procedures (K4, S4)

Supporting individuals
To pass, the following must be evidenced.
SI1 Recognises and responds to signs and symptoms that an individual's health is changing and if they are in pain, distress or discomfort and makes them comfortable. Supports their wellbeing and follows the correct procedure for reporting the changes or situation (K7, K8, S7, S8)
SI2 Adheres to an individual's care plan and promotes and monitors the correct, safe access to fluids and nutrition in line with the principles of hydration, nutrition and food safety (K9, S9)
SI3 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment and explains the normal ranges and results (K28, S28)

Communication

To pass, the following must be evidenced.

- C1** Communicates with individuals, their families, carers and others in the workplace to facilitate understanding, reflecting their specific needs and the organisational values of respect and empathy (K10, S10, B2)
- C2** Responds to limits in mental capacity, taking into account the individual's condition and needs (K11, S11)
- C3** Records, stores, reports, shares or discloses information correctly and in line with policy and legislation, using technology safely and securely and maintaining confidentiality at all times (K21, K22, S21, S22)

Health and safety

To pass, the following must be evidenced.

- HS1** Uses the correct infection prevention and control techniques to maintain a safe and healthy working environment to the tasks they are carrying out. Ensures the importance of good personal hygiene, hand hygiene and correct use of personal protective equipment (PPE) to the tasks they carry out (K12, S12)
- HS2** Uses, stores and disposes of equipment and supplies safely following local processes. Ensures stocks are supplied and managed (K13, S13)
- HS3** Moves and handles equipment or other items or assists an individual safely and in line with health and safety legislation (K14, S14)

Option 6: Allied health profession therapy support

Delegated therapeutic activities to support individuals in meeting their optimum potential

To pass, the following must be evidenced.

- AHP1** Works according to the care plan to provide therapeutic support to an individual that encourages, promotes and enables optimum potential, independence, self-management, social integration, recovery and skills for everyday life using the correct strategies and approaches to rehabilitate or maximise the individual's function (K68, K71, S68, S71)
- AHP2** Assists with undertaking a clinical risk assessment or management plan in line with the requirements of own work setting and local systems (K69, S69)
- AHP3** Works according to the care plan to identify, order or fit therapeutic equipment or resources for an individual adhering to the correct local systems and criteria for provision (K74, S74)

Option 6: Allied health profession therapy support
Delegated therapeutic activities to support individuals in meeting their optimum potential

To pass, the following must be evidenced.

AHP4 Uses equipment or resources therapeutically and safely, identifying its correct purpose, function, limitations and contra-indications in line with local policy and procedure (K75, S75)

AHP5 Carries out a safety check for therapeutic equipment or resources, following the correct protocols to report issues or make adaptations if appropriate (K77, S77)

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Assessing the professional discussion underpinned by a portfolio of evidence

In the professional discussion underpinned by a portfolio of evidence, the assessor and the apprentice will have a formal 2-way conversation. It will consist of the independent assessor asking the apprentice questions to assess their competence against the relevant criteria outlined in this kit. Employers are allowed to be present. However, this is optional.

Apprentices can refer to and illustrate their answers with evidence from their portfolio of evidence during the professional discussion. However, the portfolio of evidence is not directly assessed.

The professional discussion will be scheduled at least 2 weeks after gateway. It will take place in a suitable environment and can be conducted by video conferencing. It will last for 60 minutes. The independent assessor can increase the time of the interview by up to 10% to allow the apprentice to complete their last answer.

The assessor will ask **at least 10 questions**. There will be at least 1 for each of the 5 core grading themes and at least 5 questions regarding the apprentice's chosen optional pathway.

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

Grading the professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria included in the tables on the following pages (under 'Professional discussion underpinned by a portfolio of evidence criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria

- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock professional discussion underpinned by a portfolio of evidence in preparation for the real thing. The most appropriate form of mock professional discussion underpinned by a portfolio of evidence 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 elements in its planning:

- the mock professional discussion underpinned by a portfolio of evidence should take place in a suitable location.
- a 60-minute time slot should be available to complete the professional discussion underpinned by a portfolio of evidence, 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 professional discussion underpinned by a portfolio of evidence 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:
 - promote health and wellbeing
 - Tell me about a time when you have supported an individual to make informed and positive lifestyle choices.
 - continuing professional development and reflective practice
 - How do you contribute to the training and development of others?
 - risk management

- Tell me about an occasion when you have needed to contribute to providing basic life support.
- quality improvement
 - Tell me about a time you have completed a quality improvement activity within your workplace.
- teamwork, role modelling and leadership
 - Tell me about a time when you have acted as a role model in your role, including what you learnt from this experience and the impact your leadership had on others.
- allied health profession therapy support
 - What are the local systems for discharge and transfer of individuals between services?
 - Tell me about a time that you recognised that mental or physical capacity impacted on a therapeutic or clinical task and any adaptations you needed to make.
 - How do you facilitate group sessions to support the health and wellbeing of individuals or communities?
 - Give me an example of how you have supported an individual to engage in the community and access activities or resources in line with their treatment.
 - Tell me about a time that you have demonstrated and taught the safe and appropriate use of therapeutic equipment to an individual.

Professional discussion underpinned by a portfolio of evidence criteria

Throughout the 60-minute professional discussion underpinned by a portfolio of evidence, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the professional discussion underpinned by a portfolio of evidence by considering how the criteria can be met.

Promote health and wellbeing
To pass, the following must be evidenced.
PHW1 Explains how they have supported an individual to make informed and positive lifestyle choices in line with national and local definitions of health and wellbeing and the public health priorities, including considering ways of reducing inequalities (K5, S5)
PHW2 Describes how they have actively sought an opportunity to support an individual to maximise their health, taking into account the availability of services and how to make a referral if required (K6, S6)
To gain a distinction, the following must be evidenced.
PHW3 <i>Compares and contrasts ways in which they have worked to reduce inequalities and support an individual to make informed positive lifestyle choices (K5, S5)</i>

Continuing professional development and reflective practice
To pass, the following must be evidenced.
CPD1 Undertakes continuing personal and professional development activities and contributes to the training and development of others showing they are adaptable, reliable and consistent (K18, S18, B3)
CPD2 Outlines how they have participated in the local arrangements for appraisal of performance (K19, S19)
CPD3 Applies the principles of reflective practice to reflect on and develop their own practice (K20, S20)
To gain a distinction, the following must be evidenced.
CPD4 <i>Analyses the impact of training and development activities on themselves and others (K18, S18)</i>

Risk management
To pass, the following must be evidenced.
RM1 Summarises the meaning of 'risk' in the workplace giving evidence that they would take the correct action if they identified a 'risk' (K15, S15)

Risk management

To pass, the following must be evidenced.

RM2 Describes how they meet the requirements for providing basic life support, showing an understanding of the techniques and principles required (K16, S16)

RM3 Explains a time when they have recognised and responded to a potential conflict, challenging behaviour or escalating situation giving context to the description by describing common causes of conflict and the correct ways to respond to them (K17, S17)

To gain a distinction, the following must be evidenced.

RM4 Evaluates their organisation's approach to 'risk' in the workplace (K15, S15)

Quality improvement

To pass, the following must be evidenced.

QI1 Describes the quality improvement principles, measures and activities used in their workplace, explaining how they have taken part in an activity and supported others to do the same (K23, S23)

QI2 Explains how they have sourced and used a piece of evidence to validate and improve the delivery of care and support within their own scope of practice identifying the principles of investigatory techniques, research and evidence-based practice that they used (K24, S24)

QI3 Explains how they have critically appraised a source of information and applied their findings to practice describing the principles of critical thinking and the methods of critical appraisal that they used (K25, S25)

To gain a distinction, the following must be evidenced.

QI4 Analyses how they have interpreted evidence and used their findings to inform suggestions for improving practice (K24, S24)

Teamwork, role modelling and leadership

To pass, the following must be evidenced.

TRL1 Describes the scope of their role in relation to leadership, examining their own leadership style and giving an example of when they have acted as a role model for someone else (K26, S26)

TRL2 Explains the scope of their own role in relation to mentoring and supervision, explaining the relationship and differences between leadership, management, supervision and mentoring and giving an example of when they have taken a leadership role (K27, S27)

To gain a distinction, the following must be evidenced.

TRL3 Compares and contrasts examples of when they have led, managed, supervised or mentored another person, explaining how their role is different in each example (K27, S27)

Option 6: Allied health profession therapy support

Delegated therapeutic activities to support individuals in meeting their optimum potential

To pass, the following must be evidenced.

AHP6 Explains the local systems for discharge and transfer of individuals between services, giving an example of when they have contributed to signposting an individual to a relevant agency or service and explaining the availability of services and agencies offered by the wider health and social care system (K34, S34)

AHP7 Explains how they recognise that mental or physical capacity, health condition, learning disability or overall wellbeing of an individual has impacted on the therapeutic or clinical task, describing any adaptations that they needed to make (K70, S70)

AHP8 Describes how they facilitate group sessions to support the health and well-being of individuals or communities, explaining the strategies and tools they use to engage them (K72, S72)

AHP9 Explains how they have supported an individual to engage in the community and access activities or resources in line with their treatment, describing which activities and resources are available and how to access them (K73, S73)

AHP10 Describes how they demonstrated and taught the safe and appropriate use of therapeutic equipment or resources to an individual, explaining the strategies and tools they used to engage them (K76, S76)

To gain a distinction, the following must be evidenced.

AHP11 Analyses the actions they took in response to different conditions, mental or physical states, explaining the adaptations made to the therapeutic or clinical task and the responsibilities and limits of their competence (K70, S70)

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