

ST0627 - Ambulance Support Worker (Emergency, Urgent and Non-Urgent) at Level 3

Assessment plan

1. Summary of Assessment

On completion of this apprenticeship the apprentice will be a competent and job ready ambulance support worker.

The apprenticeship standard provides a high-level description of the skills, knowledge, values and behaviours required of the apprentice. The assessment plan describes how the apprentice is assessed at the end of their apprenticeship and by whom.

Employers, training providers and assessment experts have informed the content of the standard and assessment plan.

The purpose of the End-Point Assessment (EPA) is to test (in a synoptic way) the values, skills, knowledge and behaviours of the apprentice as set out in the apprenticeship standard and to confirm that the apprentice is occupationally competent.

It provides apprentices with a showcase opportunity to provide evidence of what they have learned and are able to do, as well as measuring how they conduct themselves in a work environment by the end of their apprenticeship.

The End-Point Assessment comprises of:

1. A Simulated observation
2. A Professional discussion

Both are equally weighted and can be undertaken in any order. The apprentice does not have to pass one before being able to undertake the other.

See the Assessment flowchart overleaf.

1.2 Assessment Flowchart



2. End Point Assessment Overview

Assessment Method	Area Assessed	Assessed by	Grading	Weighting
Simulated Observation	90 minutes (+/- 10%)	End Point Assessment Organisation	Fail Pass Distinction	
	<p>Apprentices will undertake two simulated scenarios of 45 minutes (+/- 10%) each to demonstrate skills, knowledge and behaviours within the following domains from the Standard. The apprentice will be allowed 5 minutes to read the scenario, followed by 30 minutes observation and 10 minutes allocated for use of Question & Answer. A total of 45 minutes per scenario. The specific skills, knowledge and behaviours to be assessed are set out in Appendix 1:</p> <p>Knowledge and Skills</p> <p>Person centred care, treatment and support Duty of care and candour, safeguarding equality and diversity Communication Skills Assist with delegated tasks and clinical tasks and interventions Equipment and resources</p> <p>Behaviours caring and compassionate, honest, conscientious and committed</p> <p>Observation 1 The first observation will be based on a written scenario and the use of specialist equipment including a resuscitation or life support manikin. which must cover the following :</p> <ul style="list-style-type: none"> • Be able to explain conflicts between a person's rights and the duty of care • Understand Mental Capacity • Understand safeguarding and protecting adults • Able to undertake clinical tasks within line of own scope of practice • Is able to carry out basic life support and external defibrillation <p>Observation 2 The second observation will be based on the apprentice's ability to complete 5 skill stations. The apprentice will be provided with 5 minutes to read a short written brief explaining all five skill stations, followed by 30 minutes to complete all five skill stations in any order the apprentice wishes to complete. A further 10 minutes will be provided for the use of question & answer. The Skill stations will centre around the range of techniques for</p>			50%

infection prevention and control based on the following areas:

- Hand washing using current and approved hand washing techniques
- Disposing of various materials in the correct colour waste bag
- Handling infected laundry correctly and entering it into the laundry system in accordance with policy
- Cleaning and disinfecting equipment prior to next use
- Identifying single use items and disposing of correctly

The specific skills, knowledge and behaviours to be assessed are set out in **bold** in Appendix 1. Questions and answers will be used by the independent assessor to enable the apprentice to provide evidence to ensure all relevant knowledge, skills and behaviours are covered in both observations.

Each observation is equally weighted, so the apprentice must pass **both** scenario observations. If an apprentice fails one, or both of the two observations, then the overall simulated observation assessment is a fail.

Grading

Fail

The apprentice does not meet all of the requirements highlighted in **bold** within Appendix 1. They fail to meet the pass criteria outlined below.

Pass

The apprentice meets all of the requirements highlighted **in bold** within Appendix 1. The apprentice has demonstrated that they are able to apply the knowledge, skills and behaviours required by the standard. This will be demonstrated by:

- practicing safely by adhering to workplace and legislation for safe practice
- communicating appropriately with patients and team members;
- behaving professionally
- acting within the limits of competence of an ambulance support worker
- practicing accurately and consistently
- selecting and using materials and equipment correctly.

Distinction

The apprentice meets all of the knowledge, skill and behaviour requirements listed as core and highlighted **in bold** within Appendix 1. In addition, the apprentice shows they have a breadth of

experience and are able to deal with complexity, making successful adjustments to practice when necessary whilst still acting within the limits of their competence and the boundaries of their role. They make links between different topics and areas and consider their practice holistically. They demonstrate a highly motivated and self-managing approach to their work. They are able to find solutions to problems and can provide a verbal reflection of impact to patients, others & society if the Knowledge, Skill & behaviour being observed is not to industry and evidence based standard..

Professional Discussion

30 minutes (+/- 10%) The apprentice will be afforded an additional 10 minutes to read the written scenario and makes notes before the assessment commences

End Point
Assessment
Organisation

Fail
Pass
Distinction

A scenario-based professional discussion, which is a synoptic assessment, will be focussed on core elements that will assess the apprentice's knowledge, skills and behaviours in regard to the following domains as highlighted in bold in [Appendix 2](#).

50%

Knowledge and Skills

Person centred care, treatment and support
Duty of care and candour, safeguarding equality and diversity
Communication Skills
Assist with delegated tasks and clinical tasks and interventions
Equipment and resources

Behaviours

caring and compassionate, honest, conscientious and committed

The specific skills, knowledge and behaviours to be assessed are set out in **bold** in Appendix 2.

The professional discussion will be an oral discussion between the apprentice and the Independent Assessor and will be based on a **written** introduction (written and developed by the EPAO and described in section 6). There will be questions developed by the EPAO which the Independent Assessor will use. The Professional discussion will cover:

Encouraging people to be actively involved with their own care
Conflict and resolution measures
Communication methods to calm or reassure individuals
Common Law and gaining entry with good intent
Ways to keep yourself, colleagues and others safe
Using equipment and resources in a safe and effective manner
Clinical tasks within line of own scope practice
Carrying out risk assessment
Working as part of a team, seeking help and guidance and escalating concerns

Grading

Fail	The Apprentice does not meet all of the knowledge, skill and behaviour requirements listed as core and highlighted in bold within Appendix 2 and fails to meet the pass criteria below.
Pass	The apprentice meets all of the knowledge, skill and behaviour requirements listed as core and highlighted in bold within Appendix 2. The apprentice demonstrates application of the knowledge, skills and behaviours required by the standard. Generally, the apprentice articulates successful application of the skills, knowledge and behaviours required within their role and is able to provide examples from their day to day work that show this. They demonstrate a grasp of processes and procedures. They may deal with topics individually rather than holistically, but their understanding and application are, in the main, accurate. They are able to show that they understand and adhere to occupational behaviours and carry out their role in a responsible manner whilst still acting within the limits of their competence and the boundaries of their role.
Distinction	The apprentice meets all of the knowledge, skill and behaviour requirements listed as core and highlighted in bold within Appendix 1. In addition, the apprentice shows they have a breadth of experience and are able to deal with complexity, making successful adjustments to practice when necessary whilst still acting within the limits of their competence and the boundaries of their role. They make links between different topics and areas and consider their practice holistically. They demonstrate a highly motivated and self-managing approach to their work. They are able to find solutions to problems and can provide a verbal reflection of impact to patients, others & society if the Knowledge, Skill & behaviour being assessed is not to industry and evidence based standard..

3. On-programme training, development and Assessment

It is recommended that the employer, apprentice and training provider develop a training and assessment schedule at the beginning of the apprenticeship. This plan will demonstrate how and when the apprentice will have the opportunity to develop the full range of knowledge, skills and behaviours set out in the standard during their on-programme training.

Apprentices must undertake **one** of the following level 3 mandatory clinical qualifications to demonstrate the knowledge, skills and behaviours for the relevant ambulance support role the apprentice is undertaking:

Emergency Care - a level 3 Diploma in Ambulance Emergency and Urgent Care Support

Urgent Care - a level 3 Certificate in Ambulance Patient Care: Urgent Care Services

Non-urgent Care - a level 3 Award in Ambulance Patient Care: Non-Urgent Care Services
or a level 3 Certificate in Ambulance Patient Care: Non-Urgent Care Services

and:

Undertakes **one** of the following mandatory qualifications to demonstrate the driving skills and knowledge for the relevant ambulance support role:

Emergency Care - a level 3 Certificate in Emergency Response Ambulance Driving

Urgent Care - a level 3 Certificate in Emergency Response Ambulance Driving

Non-urgent Care - a level 3 Award in Patient Care Services: Ambulance Driving

The training provider must also be on the register of apprenticeship training providers.

4. Assessment Gateway

Before going forward for end point assessment, the apprentice must have completed:

- Level 2 Maths and English. Apprentices without level 2 English and maths will need to achieve this level prior to completing the end-point assessment. For those with an education, health and care plan or a legacy statement the apprenticeships English and maths minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.
- Meet the 15 standards of the *Care Certificate* - the Care Quality Commission expects that all health support workers follow these national standards to make sure new staff are supported, skilled and assessed as competent to carry out their roles.
- Achieve a mandatory level 3 clinical qualification for the role **and** a separate mandatory level 3 ambulance driving qualification from the list in Section 3 as a route to demonstrate the knowledge, skills and behaviours required to meet the Standard. (Apprentices will already hold a full GB driving licence for the class of ambulance vehicle being driven in accordance with DVLA requirements before coming on programme).

Must have met the knowledge, skills and behaviours required for the relevant role the apprentice is undertaking.

The employer must confirm that the apprentice is at the standard required to sit the End Point Assessment. The employer will also gather views from the training provider and the apprentice to inform this decision. Apprentices should not be put forward for the end point assessment before they are ready.

5. Administering End Point Assessment

The end point assessment is triggered by the employer, who will usually consult with the training provider, when they judge that gateway requirements have been met, and after determining the readiness of the apprentice. All training, development, assessment and review activities that take place up to the end point are considered as being 'on-programme'.

The independent assessor **must not** have been involved in any on-programme training, development, review or assessment of the apprentice or be involved with the apprentice as an employer/ manager.

The date and timing of the assessment is agreed with the apprentice, their employer and the assessment organisation and it is expected that both assessment methods will take place on the same day.

The simulated observation assessment and professional discussion must take place within facilities organised/arranged by the employer and chosen EPAO. The premises must be suitable for the intended purposes of this assessment plan.

Within the team of independent assessors, the EPAO must assign an Independent Lead Assessor who will deal with any onsite judgement queries or disagreements and ensure standardisation of assessment decisions by the EPAO Assessors. If there is just one assessor required as the table below sets out then they will be the Lead Independent Assessor.

The following table identifies the number and type of assessors (ie Independent Lead Assessor or Independent Assessors) required for each end-point assessment booking depending on the number of apprentices being assessed:

<4 apprentices	1 x Independent Lead Assessor	-
4-6 apprentices	1 x independent Lead Assessor	1 x Independent Assessor
7-12 apprentices	1 x independent Lead Assessor	2 x Independent Assessors

5.1 Grading:

At the conclusion of the end point assessment, the independent assessor collates the evidence and grading for each assessment using the Fail, Pass and Distinction grading in the matrix in section 2. All decisions and evidence is then handed to the Independent Lead Assessor who determines the final grading for the apprenticeship. If there is just one assessor required as the table in 5 above shows sets out that they will be the Lead Independent Assessor. Further checks for accuracy of the final grading will also be undertaken by the EPAO prior to notifying the employer of the results. Further information is provided under Internal Quality Assurance.

5.2 Re-sits/re-take:

The number of re-sits/re-takes will be determined by the employer. Apprentices are only required to resit the assessments which they did not pass. Permitted resits should be no longer than 6 months from their initial assessment and additional learning must be provided to ensure patient safety and employer assurance at all times.

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit/re-take. A resit does not require further learning, however a re-take does. Apprentices are only required to re-take/re-sit the element of the end point assessment they have failed.

Apprentices who re-take/re-sit the professional discussion assessment can only achieve a pass grade as a maximum, unless the End Point Assessment Organisation identifies exceptional circumstances accounting for the original fail. Apprentices who have passed the professional discussion are not permitted to re-take/re-sit for the purposes of improving their grade.

All assessment methods must be successfully completed within a 6-month period, after the End Point Assessment Gateway.

Provision must be made for those who fail where there are extenuating circumstances.

6. The End Point Assessment

The End Point Assessment contains two elements: simulated observation and professional discussion. These can be undertaken in any order and the apprentice does not have to have passed either before being able to progress onto the next assessment.

6.1 Simulated Observation

Of the two simulated observations, the first observation assessment will be based on a written scenario, where the apprentice is provided with 5 minutes to read the written scenario. The EPAO will hold a bank of 5 scenarios and will refresh at least 30% every 2 years. The simulated observation over 30 minutes, with a further 10 minutes allocated to the use of question & answers method to assess the knowledge & behaviour aspects will be assessed by the independent assessor or by the independent lead assessor depending on apprentice numbers to be assessed based on the Chart in section 5. Lead assessors also have other responsibilities (see section 7). Independent assessments must take place within facilities organised/arranged by the employer and chosen EPAO. The premises must be suitable for the intended purposes of this assessment plan and must last for a total of 45 minutes each (-/+ 10%), a total of 90 minutes (-/+ 10%). The scenarios can be undertaken in any order.

The apprentice will be allowed an additional five minutes at the beginning of the assessment before the assessment commences in order to read the written scenario.

The simulated observation must provide evidence of the apprentice demonstrating the knowledge, skills and behaviours identified **in bold** in Appendix 1. Questions and answers developed by the EPAO will be used by the independent assessor to enable the apprentice to provide evidence to ensure all relevant knowledge, skills and behaviours are covered.

The second observed assessment will be based on a written brief covering 5 skill stations relating to infection prevention & control, where the apprentice is provided with 5 minutes to read the brief. The 5 skill stations can be completed in any order by the apprentice and will be observed over 30 minutes, with a further 10 minutes allocated to the use of question & answers method to assess the knowledge & behaviour aspects. The assessment will be undertaken by the independent assessor or by the independent lead assessor depending on apprentice numbers to be assessed based on the Chart in section 5. Lead assessors also have other responsibilities (see section 7). Independent assessments must take place within facilities organised/arranged by the employer and chosen EPAO. The premises must be suitable for the intended purposes of this assessment plan and must last for a total of 45 minutes each (-/+ 10%), a total of 90 minutes (-/+ 10%). The scenarios can be undertaken in any order.

The apprentice will be allowed an additional five minutes at the beginning of the assessment before the assessment commences in order to read the written scenario.

The simulated observation must provide evidence of the apprentice demonstrating the knowledge, skills and behaviours identified **in bold** in Appendix 1. Questions and answers developed by the EPAO will be used by the independent assessor to enable the apprentice to provide evidence to ensure all relevant knowledge, skills and behaviours are covered.

6.2 Professional Discussion

The scenario-based professional discussion is an oral discussion and takes place between the independent assessor and the apprentice and lasts for 30 minutes (-/+ 10%). The professional discussion will assess the apprentice's skills, knowledge and behaviours that have been identified as core in **bold** in Appendix 2. The apprentice is allowed an additional 10 minutes, prior to the 30 minute discussion, to read a written scenario and make notes in preparation for the discussion.

Professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and assessor. A structured template designed by the end point assessment organisation will be used for managing and marking the professional discussion to ensure consistency. The independent assessor must not use prompts or questions that would 'lead' the apprentice. The EPAO will develop a set of question and answers to assist the discussion for each written scenario.

The apprentice will be provided with a **written scenario of between 100 and 150 words** which will present the apprentice with a situation that allows them to discuss with the independent assessor what they have read, how the situation could have occurred and what they would do in these circumstances.

The independent assessor will have prepared at least one discussion point for each domain that can be used to provide the apprentice with the opportunity to evidence the required skills, knowledge and behaviours. It is not necessary to use all discussion points.

The apprentice will be allowed an additional five minutes at the beginning of the assessment before the assessment commences in order for the apprentice to read the written scenario the professional discussion will be based on.

End point assessment organisations will need to ensure that scenarios are of comparable demand and provide sufficient information for the apprentice to be able to use what they have read as the reference point for the evidence presented.

The scenario must provide the apprentice with the opportunity to cover all of the domains highlighted in **bold** in Appendix 2. However, they should not deliberately duplicate the domains to be covered by presenting information that would lead the apprentice to cover the same knowledge skills and behaviour or that may unfairly restrict the opportunity to cover all of the required outcomes. The professional discussion should be viewed holistically to ensure that the apprentice has met all the required outcomes.

For resits, the scenarios used should be different to those presented to the apprentice on the previous attempt(s). The end point assessment organisation must therefore devise a bank of at least 6 scenarios. The end point assessment organisation must refresh the scenarios every 18 months.

6.3 Grading Criteria

6.3.1 Simulated Observation

The simulated observation is given an overall grade by the independent assessor and is graded as Fail, Pass or Distinction. The full grading criteria are fully detailed in Section 2 above. Apprentices must pass both scenarios for an overall pass.

6.3.2 Professional Discussion

The professional discussion is considered a single assessment and is graded by the independent assessor as Fail, Pass or Distinction. The full grading criteria are fully detailed in Section 2 above.

6.3.3 Overall Grading

The successful apprentice receives an overall grade of Fail, Pass or Distinction and is determined by the lead independent assessor. The apprentice must pass both elements of the assessment for a final grade to be given.

Simulated Observation	Professional Discussion	Overall Grade
Fail	Fail	Fail
Fail	Pass	Fail
Fail	Distinction	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction
Distinction	Distinction	Distinction
Distinction	Pass	Distinction
Distinction	Fail	Fail

6.4 Independence

End-point assessments are carried out by staff from independent end-point assessment organisations (EPAO) on the Education and Skills Funding Agency's Register of End Point Assessment Organisations. An apprenticeship certificate is claimed by the EPAO on behalf of the apprentice. The EPAO must ensure that the independent assessor is completely independent, and no conflict of interests are present that may advantage or disadvantage the apprentice being assessed or other apprentices.

7. Roles and Responsibilities

Role	Responsibilities
Apprentice	<ul style="list-style-type: none"> Participates fully in their training and development Actively contributes to their performance review Contributes to the decision on the timing of their end point assessment
Employer	<ul style="list-style-type: none"> Supports the apprentice throughout their training and development Conducts reviews to monitor progress Determines when the apprentice is competent and ready to attempt the end point assessment
Training Provider that is on the register of apprenticeship training providers	<ul style="list-style-type: none"> Provides on-going education and training for the apprentice Provides tools and processes to support the apprentice Carries out regular reviews with the apprentice and employer Advises the employer when the apprentice is ready to undertake the end point assessment.
End Point Assessment Organisation (EPAO) that is on the register of end point assessment organisations	<ul style="list-style-type: none"> Takes no part in the training of those apprentices for whom they complete end point assessments Devises assessment materials and administers the end point assessment Recruits and trains independent assessors Ensures assessors are occupationally competent, are able to assess the performance of the apprentice using the end point assessment method and are able to determine the grade achieved Undertakes annual standardisation and moderation activities Actively participates in the quality assurance procedures described in this assessment plan
Independent Lead Assessor	<ul style="list-style-type: none"> To quality assure the assessment process To ensure consistent and standardised assessment decisions of EPAO assessors. To ensure documentation used by EPAO Assessors are valid and fit for purpose. To plan and facilitate the delivery of this assessment plan. To make the final decision and overall grading based on information and evidence provided by the EPAO Assessors. To deal with any assessment decision queries or appeals. To remain current against the National Occupational Standards No 9 – Assess Learner Achievement and National Occupational Standards No 11 – Internally Monitor and Maintain Quality of Assessment To ensure assessment times are adjusted where apprentices present themselves with diagnosed learning difficulties Determines the final apprenticeship grade
Independent Assessor	<ul style="list-style-type: none"> Assesses the scenario based professional discussion and the observation of practice To make assessment decisions following this assessment plan To ensure they remain impartial to their assessment decisions Occupationally current against the National Occupational Standards No 9 – Assess Learner Achievement To make necessary adjustments when making assessment decisions for those who have learning difficulties

8. Quality Assurance

8.1 Internal quality assurance

Internal quality assurance is carried out by the registered independent end point assessment organisation:
The registered independent end point assessment organisation will:

- Provide internal quality assurance checks for consistency of assessment decisions
- Appoint and train Independent Assessors and Lead Assessors

Guarantee Independent Assessors attend annual standardisation programmes
 Provide assessment materials and assessment equipment for the End Point Assessment
 Operate an appeals procedure in case of dispute
 Inform the apprentice and employer of the assessment outcome
 Develop, administer and maintain the end-point assessment process
 Recruit, manage and support end-point assessors and lead assessors
 Recruit, manage and support independent verifiers, to moderate assessors and assessment materials
 Ensure the vocational experience and assessment competence of independent assessors and lead assessors
 Develop and manage a process of internal quality assurance and annual standardisation
 Securely develop and manage the range of assessment criteria and materials required for the end-point assessment
 Hold a bank of simulated scenarios and professional discussion assessment materials
 Develop professional guidance for the Professional Discussion.
 Develop annual review procedures and processes to verify:

- Training providers
- Assessment criteria
- Assessment materials
- Assessors and Lead Assessors
- Grade and Awards
- Practical Assessment Environments

Develop and maintain a bank of lead assessor reporting materials
 Develop and maintain assessor reporting documentation, which collates assessor comments and provides, the grade achieved and suggestions for future development.
 All assessors must be occupationally competent and current in the area in which they are assessing, as well as conforming to the standards below:

Occupationally competent and current Level 3 Ambulance Support Worker or any other Registered Health Professional in the specific field of practice for which the apprentices are being assessed.
 Hold a formal assessor qualification or evidence of competence of the National Occupational Standards of Assessing No 9 (assess learner achievement)

The independent lead assessor, in addition to the above requirements must also evidence the understanding of internal quality assurance of assessment process and practice relevant to parts of National Occupational Standards of quality assurance No11 (internally monitor and maintain quality of assessment).

The independent lead assessor will be responsible for:

Quality assurance of the assessment process
 Ensure consistent and standardised assessment decisions of EPAO assessors.
 Ensure documentation used by EPAO Assessors are valid and fit for purpose.
 Plan and facilitate the delivery of this assessment plan.
 Make the final decision based on information & evidence provided by the EPAO Assessors.
 Deal with any assessment decision queries or appeals.
 Notify the employer of the apprentice outcome.

Remain current against the National Occupational Standards No 9 – Assess Learner Achievement & National Occupational Standards No 11 – Internally Monitor and Maintain Quality of Assessment.
 Ensure assessment times are adjusted where apprentices present themselves with diagnosed learning difficulties.

Within the team of independent assessors, the EPAO must assign an Independent Lead Assessor who will deal with any onsite judgement queries or disagreements and ensure standardisation of assessment decisions by the EPAO Assessors. The decision of the Independent Lead Assessor will be final in any cases of disputes. In cases of disputes where there is only the Lead Assessor present, the final decision will be made by the EPAO. A robust scoring matrix will be created by the EPAO, to evaluate the assessment components in this assessment plan, against the skills, knowledge, values and behaviours

from the Ambulance Support Apprenticeship Standard. Each area will be scored to identify how well the apprentice has met the areas detailed above. The independent lead assessor will submit all evidence and scoring matrix for further internal quality assurance measures prior to results being submitted to the employer.

Assessment organisations are required, *as a minimum*, to hold an internal annual standardisation event for assessors which focuses on current assessment practices and issues which have arisen.

8.2 External quality assurance

External quality assurance is provided by an Employer Group approach under the Association of Ambulance Chief Executives (AACE).

9. Intake

It is anticipated that there will be around 200 apprentices each year.

10. Affordability

This approach to independent assessment has been tested with employers who have confirmed that it is the preferred approach.

The funding band assigned to this standard is band xxx and the cost of the independent assessment will not form more than 20%.

11. Manageability and Feasibility

The end point assessment has been designed to meet the needs of all employers.

The approach is expected to be manageable and feasible as the necessary expertise already exists within the sector. We would expect apprenticeship assessment organisations to tap into employer organisations when recruiting for independent assessors. Utilising existing expertise would ensure a sufficiency of qualified assessors with a good geographical spread.

Appendix 1 – Simulated Observation matrix

Through the simulated observation the apprentice must provide evidence of meeting all the requirements in **bold**. The End Point Assessment Organisation is responsible for designing a structured observation process that will allow the assessor to record that the apprentice has showcased these knowledge, skills and behaviour outcomes in the simulated observation. (see section 6.1 for further details).

Knowledge	The ambulance support worker will have knowledge of:
Person centred care, treatment and support	why it is important to gain consent ¹ , even when it is difficult; how to undertake risk assessment in enabling a person-centred approach; why it is important to promote ‘person centred care, treatment and support’ why it is important to encourage people to be actively involved in their own care or treatment; why it is important to give people choices about their care and to treat people as valuable and unique why safety and clinical effectiveness are important; the importance of managing relationships and boundaries with service users
Duty of care and candour, safeguarding, equality and diversity	legislation, policies and local ways of working about duty of care , candour, raising concerns, safeguarding/ protection from abuse, diversity, equality and inclusion; what they mean, why they are important, how to promote them to others how discrimination can happen; how to deal with conflicts between a person’s rights and a duty of care the signs of abuse, what to do if you suspect it, how to reduce the chances of abuse as much as possible
Communication	why it is important to promote effective communication at work; how to communicate with people who have specific language needs or wishes ; how to reduce communication problems and respond to complaints; techniques for difficult situations, local guidelines for dealing with abusive behaviour how verbal and non-verbal communication may relate to an individual’s condition legislation, policies and local ways of working about handling information; why it is important to record and store information securely and confidentially and support others to do so; e-safety; the audit process and how it relates to your role
Assist with delegated clinical tasks and interventions	the relevant guidelines and how it relates to your own scope of practice which clinical tasks you will routinely be expected to carry out within your role; which tasks you should not carry out ; ways to support individuals to manage their own condition and hand over to other services basic human anatomy and physiology for Ambulance Patient Care; across the age range, stages of development; functional changes associated with disease or injury; ways to support physical or learning disability procedures to follow when conveying individuals with own medication and medical devices basic life support and defibrillation; the process and procedures to follow; how it relates to your role; differences in application according to age administration of a medical gas eg. oxygen; the process and procedures to follow; how it relates to your role conflict and resolution measures following guideline specific communication methods to reassure or calm individuals who are traumatised, confused, angry or aggressive; ways to keep yourself and your colleagues safe; ensuring the safety of others; the meaning of Common Law; criteria that must be met to undertake gaining entry with good intent. the range of physiological states which can include body temperature, height, weight, blood pressure, pulse, breathing rate, oxygen saturation and blood sugar levels; the types of equipment used for measuring the physiological states in all age clients; how to check they are in working order what is meant by frailty; the end of life phase and factors which impact on the care of the dying or deceased the importance of recognising mental and other cognitive issues including relating to depression, substance use, delirium, age or stage of development; how an individual’s physical capacity, health condition, learning disability or overall wellbeing may impact on the clinical task or way the individual presents.

¹Consent - [NHS Choices](#) (2010) defines consent as: “the principle that a person must give their permission before they receive any type of medical treatment. Consent is required from a patient regardless of the type of treatment being undertaken, from a blood test to an organ donation”

move and position people, equipment or other objects safely in line with agreed ways of working

the importance of a clean workplace; legislation, policies and local ways of working for the prevention of infection; personal hygiene, handwashing; the right use of PPE: gloves, aprons, masks; how infections start and spread; how to clean, disinfect and sterilise

multi- disciplinary teams, including fire, police, social care and hospital and other health staff; the key roles of different organisations and their staff; how to signpost individuals to other services

Driving and electronic communication

how to operate devices such as radio and to communicate effectively with all colleagues both internally and externally

ways to prepare a range of vehicles prior to use, ways to familiarise yourself and your colleagues with different vehicles, the Highway Code, relevant legislation and policies, how they apply when driving an ambulance or emergency support vehicle.

Equipment and resources

understand the procedures for using equipment

stock management- including maintaining stock levels, ordering and storing stock

Skills	The ambulance support worker will be able to:
Person centred care, treatment and support	<p>demonstrate what it means in practice to promote and provide person centred care, treatment and support by obtaining valid consent, and carrying out risk assessments</p> <p>work in partnership with the individual, their carer, families and the wider healthcare team</p>
Duty of care and candour, safeguarding, equality and diversity	<p>promote clinical effectiveness, safety and a good experience for the individual</p> <p>follow the principles for equality, diversity and inclusion</p> <p>implement a duty of care and candour</p> <p>safeguard and protect adults and children; promote the principles to others</p>
Communication	<p>demonstrate and promote effective communication using a range of techniques</p> <p>observe and record verbal and non-verbal communication</p> <p>Handle information (record, report and store information) in line with local and national policies, keep information confidential and support others to do so; take part in audits</p>
Assist with delegated clinical tasks and interventions	<p>undertake clinical tasks in line with the scope of your own role, being aware of the limits of your competence; adhering to current legislation and policy including:</p> <p>manage medical and post- surgical conditions during ambulance patient care</p> <p>convey individuals with own medication and medical devices undertake basic life support and external defibrillation</p> <p>administer a medical gas e.g. oxygen in ambulance patient care</p> <p>administration of medicines under supervision</p> <p>communicate with individuals and the people supporting them or involved at a scene using language that is clear and compassionate, checking understanding</p> <p>carry out patient assessment and physiological measurements as required</p> <p>support frailty and end of life care</p> <p>adapt the clinical intervention within the scope of your practice taking into account the impact of mental or physical capacity, a health condition, learning disability or overall wellbeing of the presenting individual</p> <p>manage own safety and that of others in a range of environments</p> <p>move and position individuals, equipment and other items safely</p> <p>use a range of techniques for infection prevention and control, eg waste management, spillage, hand washing, use of Personal Protective Equipment (PPE)</p> <p>work as part of a team, seek help and guidance when you are not sure, escalate concerns in a timely manner to the correct person; support or supervise colleagues as required, delegate well-defined tasks appropriately</p> <p>work in partnership across the fire, rescue, health and care team in a way that is professional and committed to quality and care of the patient.</p>
Driving and electronic communication	<p>operate a range of communication electronic devices</p> <p>prepare a range of vehicles prior to use</p>

Equipment and resources

operate and drive the ambulance vehicles safely at all times, adhering to the Highway Code, relevant legislation and policies.
 monitor and maintain the environment, equipment and resources including
 performing first line calibration on clinical equipment
use equipment and resources in a safe, effective way in line with local policy and procedure
 manage stock control

Behaviours

The ambulance support worker will be able to:

You will be caring and compassionate, honest, conscientious and committed

treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences
show respect and empathy for those you work with,
 have the courage to challenge areas of concern and work to best practice
be adaptable, reliable and consistent
 show discretion
show resilience and self-awareness
 show supervisory leadership

Appendix 2 – Professional discussion matrix

Professional discussion is not simply a question and answer session but a two-way conversation between the apprentice and assessor. During the professional discussion the apprentice must be assessed against all the elements listed as core. Core requirements are **in bold**.

A structured template, designed by the end point assessment organisation, will be used for the professional discussion to ensure consistency (see section 6.2 for further details).

Knowledge	The ambulance support worker will have knowledge of:
Person centred care, treatment and support	<p>why it is important to gain consent², even when it is difficult; how to undertake risk assessment in enabling a person-centred approach; why it is important to promote 'person centred care, treatment and support'</p> <p>why it is important to encourage people to be actively involved in their own care or treatment; why it is important to give people choices about their care and to treat people as valuable and unique</p> <p>why safety and clinical effectiveness are important; the importance of managing relationships and boundaries with service users</p>
Duty of care and candour, safeguarding, equality and diversity	<p>legislation, policies and local ways of working about duty of care, candour, raising concerns, safeguarding/ protection from abuse, diversity, equality and inclusion; what they mean, why they are important, how to promote them to others</p> <p>how discrimination can happen; how to deal with conflicts between a person's rights and a duty of care</p> <p>the signs of abuse, what to do if you suspect it, how to reduce the chances of abuse as much as possible</p>
Communication	<p>why it is important to promote effective communication at work; how to communicate with people who have specific language needs or wishes; how to reduce communication problems and respond to complaints; techniques for difficult situations, local guidelines for dealing with abusive behaviour</p>
Assist with delegated clinical tasks and interventions	<p>how verbal and non-verbal communication may relate to an individual's condition</p> <p>legislation, policies and local ways of working about handling information; why it is important to record and store information securely and confidentially and support others to do so; e-safety; the audit process and how it relates to your role</p> <p>the relevant guidelines and how it relates to your own scope of practice</p> <p>which clinical tasks you will routinely be expected to carry out within your role; which tasks you should not carry out; ways to support individuals to manage their own condition and hand over to other services</p> <p>basic human anatomy and physiology for Ambulance Patient Care; across the age range, stages of development; functional changes associated with disease or injury; ways to support physical or learning disability</p> <p>procedures to follow when conveying individuals with own medication and medical devices</p> <p>basic life support and defibrillation; the process and procedures to follow; how it relates to your role; differences in application according to age</p> <p>administration of a medical gas eg. oxygen; the process and procedures to follow; how it relates to your role</p> <p>conflict and resolution measures following guideline specific communication methods to reassure or calm individuals who are traumatised, confused, angry or aggressive; ways to keep yourself and your colleagues safe; ensuring the safety of others; the meaning of Common Law; criteria that must be met to undertake gaining entry with good intent.</p> <p>the range of physiological states which can include body temperature, height, weight, blood pressure, pulse, breathing rate, oxygen saturation and blood sugar levels; the types of equipment used for measuring the physiological states in all age clients; how to check they are in working order</p> <p>what is meant by frailty; the end of life phase and factors which impact on the care of the dying or deceased</p> <p>the importance of recognising mental and other cognitive issues including relating to depression, substance use, delirium, age or stage of development; how an individual's physical capacity, health condition, learning disability or overall wellbeing may impact on the clinical task or way the individual presents.</p>

²**Consent - NHS Choices** (2010) defines consent as: "the principle that a person must give their permission before they receive any type of medical treatment. Consent is required from a patient regardless of the type of treatment being undertaken, from a blood test to an organ donation"

	<p>move and position people, equipment or other objects safely in line with agreed ways of working</p> <p>the importance of a clean workplace; legislation, policies and local ways of working for the prevention of infection; personal hygiene, handwashing; the right use of PPE: gloves, aprons, masks; how infections start and spread; how to clean, disinfect and sterilise</p> <p>multi- disciplinary teams, including fire, police, social care and hospital and other health staff; the key roles of different organisations and their staff; how to signpost individuals to other services</p>
Driving and electronic communication	<p>how to operate devices such as radio and to communicate effectively with all colleagues both internally and externally</p> <p>ways to prepare a range of vehicles prior to use, ways to familiarise yourself and your colleagues with different vehicles, the Highway Code, relevant legislation and policies, how they apply when driving an ambulance or emergency support vehicle.</p>
Equipment and resources	<p>understand the procedures for using equipment</p> <p>stock management- including maintaining stock levels, ordering and storing stock</p>

Skills	The ambulance support worker will be able to:
Person centred care, treatment and support	<p>demonstrate what it means in practice to promote and provide person centred care, treatment and support by obtaining valid consent, and carrying out risk assessments</p> <p>work in partnership with the individual, their carer, families and the wider healthcare team</p> <p>promote clinical effectiveness, safety and a good experience for the individual</p>
Duty of care and candour, safeguarding, equality and diversity	<p>follow the principles for equality, diversity and inclusion</p> <p>implement a duty of care and candour</p> <p>safeguard and protect adults and children; promote the principles to others</p>
Communication	<p>demonstrate and promote effective communication using a range of techniques</p> <p>observe and record verbal and non-verbal communication</p> <p>Handle information (record, report and store information) in line with local and national policies, keep information confidential and support others to do so; take part in audits</p>
Assist with delegated clinical tasks and interventions	<p>undertake clinical tasks in line with the scope of your own role, being aware of the limits of your competence; adhering to current legislation and policy including:</p> <p>manage medical and post- surgical conditions during ambulance patient care</p> <p>convey individuals with own medication and medical devices undertake basic life support and external defibrillation</p> <p>administer a medical gas eg. oxygen in ambulance patient care</p> <p>administration of medicines under supervision</p> <p>communicate with individuals and the people supporting them or involved at a scene using language that is clear and compassionate, checking understanding</p> <p>carry out patient assessment and physiological measurements as required</p> <p>support frailty and end of life care</p> <p>adapt the clinical intervention within the scope of your practice taking into account the impact of mental or physical capacity, a health condition, learning disability or overall wellbeing of the presenting individual</p> <p>manage own safety and that of others in a range of environments</p> <p>move and position individuals, equipment and other items safely</p> <p>use a range of techniques for infection prevention and control, eg waste management, spillage, hand washing, use of Personal Protective Equipment (PPE)</p> <p>work as part of a team, seek help and guidance when you are not sure, escalate concerns in a timely manner to the correct person; support or supervise colleagues as required, delegate well-defined tasks appropriately</p> <p>work in partnership across the fire, rescue, health and care team in a way that is professional and committed to quality and care of the patient.</p>
Driving and electronic communication	<p>operate a range of communication electronic devices</p> <p>prepare a range of vehicles prior to use</p> <p>operate and drive the ambulance vehicles safely at all times, adhering to the Highway Code, relevant legislation and polices.</p>

Equipment and resources

monitor and maintain the environment, equipment and resources including performing first line calibration on clinical equipment
 use equipment and resources in a safe, effective way in line with local policy and procedure
 manage stock control

Behaviours

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