



# End-point assessment plan for Clinical Coder apprenticeship standard

Standard reference number	Level of this EPA plan	Integrated
ST0535	3	No

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## Introduction and overview

This document sets out the requirements for end-point assessment (EPA) for the Clinical Coder apprenticeship standard. It is for end-point assessment organisations (EPAOs) who need to know how EPA for this apprenticeship must operate. It will also be of interest to Clinical Coder apprentices, their employers and training providers.

Full time apprentices will typically spend 18 to 24 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA period should only start, and the EPA be arranged, once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, all of the pre-requisite gateway requirements for EPA have been met and that they can be evidenced to an EPAO.

All pre-requisites for EPA assessment methods must also be complete and available for the assessor as necessary.

For level 3 apprenticeships and above apprentices without English and mathematics at level 2 must achieve level 2 prior to taking their EPA.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has met the EPA gateway requirements.

The EPA consists of 2 distinct assessment methods.

The individual assessment methods will have the following grades:

### **Assessment Method 1 Knowledge Test**

- Pass
- Distinction
- Fail

### **Assessment Method 2 Professional Discussion**

- Pass
- Distinction
- Fail

### **Performance in the EPA will determine the overall apprenticeship grades of:**

- Pass
- Distinction
- Fail

## EPA summary table

<b>On-programme</b> (typically 18 to 24 months)	Training to develop the occupation standard's knowledge, skills and behaviours.
<b>End Point Assessment Gateway</b>	<ul style="list-style-type: none"> <li>• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard.</li> <li>• English/mathematics Level 2</li> </ul> <p>Apprentices must complete:</p> <ul style="list-style-type: none"> <li>• A portfolio</li> </ul>
<b>End Point Assessment</b> (which would typically take 3 months)	Assessment Method 1: Clinical Coding Test Assessment Method 2: Professional Discussion

## Portfolio

The portfolio will have been completed by the apprentice during their on-programme learning and presented at gateway. The portfolio will cover the knowledge, skills and behaviours as detailed within the Standard and listed below.

- Communication and Information Governance - (K11, K12, K18, S7, S9, S10, S11, S13, B1, B2, B5)
- Extraction and evaluation of data - (K3, K7, K8, K9, K17, K19, S18, S19, S20, B4)
- IT - (K20, K21, K24, S21, S22)
- Working within your organisation - (K25, K26, K27, K28, K29, S8, S23, S24, S25, B3)

The portfolio of evidence itself is not assessed; it is used to inform the questioning for the Professional Discussion. Employers/training providers are free to devise their own version of the portfolio of evidence, but the portfolio will typically include:

- Documentation of **three** manager observations carried out over the period of the apprenticeship
- One PDR/appraisal at the end of the apprenticeship period
- Each KSB listed in the four areas set out above should be evidenced at least once. The evidence needs to be clearly referenced to each of the KSBs it covers. Good evidence should reference to more than one KSB and therefore it is expected 12 – 16 pieces of evidence should be sufficient to cover all the KSBs required. Evidence can be provided through a range of sources such as emails, records and audit information.
- Evidence of induction training covering:
  - Health and safety
  - Display Screen Equipment
  - Data Protection
  - Information Governance
  - Equality and Diversity

The employer must sign off the portfolio of evidence, thereby authenticating it and confirming the demonstration of competence against the KSBs.

## Length of end-point assessment period:

The EPA (including all assessment methods) must be completed within 3 months beginning when the apprentice has passed the EPA gateway.

## Order of assessment methods

The assessment methods can be delivered in any order.

## Gateway

The portfolio will have been completed by the apprentice during their on-programme learning and submitted at gateway.

The EPA period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard, that is to say they are deemed to have achieved occupational competence. In making this decision, the employer may take advice from the apprentice's training provider(s), but the decision must ultimately be made solely by the employer.

In addition to the employer's confirmation that the apprentice is working at or above the level in the occupational standard, the apprentice must have completed the following gateway requirements prior to beginning EPA:

English and mathematics at level 2.

For those with an education, health and care plan or a legacy statement the apprenticeship's English and mathematics minimum requirement is Entry Level 3 and British Sign Language qualification are an alternative to English qualifications for whom this is their primary language.

# Assessment Methods

## Assessment Method 1: Clinical Coding Test

The Clinical Coding Test will consist of two papers and will be carried out in a controlled environment. Paper A – multiple choice test. Paper B – Coding test. The apprentice will complete Paper A before progressing to Paper B.

### Paper A - Multiple Choice Test

The online multiple-choice test will be closed book and take 45 minutes. Multiple choice questions will cover:

- 10 questions on clinical coding skills
- 6 questions on communication and information governance
- 2 questions on extraction and evaluation of data
- 2 questions on IT

There will be a total of **20** questions each with 4 options, of which one correct answer will need to be selected by the apprentice.

0 marks will be allocated for an incorrect or missing answer.

1 mark will be allocated for a correct answer.

### Paper B - Clinical Coding case study test

This test will take 1.5 hours. The coding case study demonstrates that the candidate has the ability to use the professional tools needed to apply their knowledge. To carry out this test they will need to refer and use the Coding documents as details below to identify the correct codes. This will evidence they can act as an informed clinical coder.

The apprentice will undertake three case studies.

They will be required to read and review the case study and assign the correct codes using the International Classification of Diseases and related health problems 10<sup>th</sup> revision (ICD 10 5<sup>th</sup> edition 2016) or latest version, and OPCS4.8 Classification of Interventions and procedures version 4.8 (April 2017) or latest version, by UK National Standards for Coding (OPCS4.8).

The apprentice will need to assign codes to each case study, each with one mark for each correct code identified.

The case studies will cover the KSBs mapped to this method. Each case study will have 15 marks with each code assigned correctly scoring one mark. An incorrect or missing code will be allocated 0 marks.

## Marking Grid

Pass mark: multiple choice – 70% (14 marks) case study – 80% (36 marks)

Distinction: multiple choice – 90% (18 marks) case study - 90% (41 marks)

Both tests need to be passed to get an overall pass.

To gain a distinction grade the apprentice can either, achieve a distinction for the case study and a pass for the multiple-choice test; or, achieve distinction for both tests.

MCQ	Case Studies	Overall Test
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction
Distinction	Pass	Pass
Distinction	Distinction	Distinction

The apprentice will need bring the current versions of the following reference books to support this test:

- International Classification of Diseases and related health problems 10<sup>th</sup> revision (ICD 10 5<sup>th</sup> edition 2016) or latest version
- OPCS4.8 Classification of Interventions and procedures version 4.8 (April 2017) or latest version by UK National Standards for Coding (OPCS4.8).

For the Clinical Coding Open Book Case Study:

- EPAO will need to provide a controlled environment for the test to be conducted.
- Provide secure on-line test specification and ensure checks are in place to authenticate apprentice
- The apprentice will need bring the current versions of the following reference books to support the open book element of this test:
  - International Classification of Diseases and related health problems 10<sup>th</sup> revision (ICD 10 5<sup>th</sup> edition 2016) or latest version
  - OPCS4.8 Classification of Interventions and procedures version 4.8 (April 2017) or latest version by UK National Standards for Coding (OPCS4.8).

The rationale for this assessment method is:

This method of assessment is tried and tested in the sector, it enables the apprentice to demonstrate that they can use the professional tools needed to assign code correctly to information provided. Correctly assigning codes to industry specifications is the core part of this occupation.

## Delivery

Apprentices must take the test in a suitably controlled environment that is a quiet space, free of distractions and influence, in the presence of an invigilator. The invigilator may be the independent assessor, or another external person employed by the EPAO or specialised (proctor) software, if the test can be taken on-line. The EPAO is required to have an invigilation policy that will set out how the test/examination is to be carried out. This will include specifying the most appropriate ratio of apprentices to invigilators to best consider the setting and security required in administering the test/examination.

Tests must be marked by independent assessors or markers employed by the EPAO following a marking guide produced by the EPAO. Alternatively, marking by computer is permissible and preferable because the questions types allow for this, to improve marking speed and reliability.

## Venue

This assessment method will be carried out in a quiet controlled room, with a stable network or WIFI connections in the case of computer-based delivery. The EPAO must verify the suitability of the venue for taking the test and the identity of the person taking the test.

## Other Relevant Information

Questions must be written by EPAOs and must be relevant to the occupation and employer settings. It is recommended that this be done in consultation with employers of this occupation. EPAOs should also maintain the security and confidentiality of their questions when consulting employers. EPAOs must develop 'question banks' of sufficient size to prevent predictability and review them regularly (and at least once a year) to ensure they, and the questions they contain, are fit for purpose.

EPAOs must ensure that apprentices have different questions in the case of re-sits/re-takes.

## Required supporting material:

As a minimum, EPAOs will produce the following material to support this method:

- A test specification
- Bank of questions
- Guidance documentation for administration
- Marking documentation

## Assessment Method 2: Professional Discussion

### Overview

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. The questioning and evidence provided for this assessment will enable the apprentice to demonstrate the depth of their knowledge and understanding in their specialism. It will focus on the following four areas:

- Area 1 – **Specific Clinical Coding Skills:** How the apprentice consistently applies correct codes following the rules and conventions
- Area 2 – **Communication and Information Governance:** How the apprentice communicates appropriate internally and externally of the organisation, meets information governance requirements and maintains confidentiality
- Area 3 – **Extraction and evaluation of data:** How the apprentice can extract information from different documentation and asks appropriate questions to resolve queries
- Area 4 – **Work within your organisation:** How the apprentice works as part of a team and across the wider healthcare organisation

During the discussion, the independent assessor will combine questions from the EPAO's question bank and those generated by themselves to give the assessor the flexibility to assess the depth of understanding in the apprentice's specialism.

A minimum of five questions will be asked during the professional discussion. The independent assessor can ask follow-up questions during the discussion to gain clarity on evidence provided by the apprentice.

The assessment will last 60minutes (+10% at the assessor's discretion).

The EPAO will devise a 'bank of questions' for use during the end-point assessment. The EPAO will ensure that questions are regularly reviewed to avoid predictability and are of comparable demand.

For the Professional Discussion, the apprentice will be required to submit:

A portfolio to the end-point assessment organisation at gateway.

The professional discussion can take place in any of the following:

- employer's premise
- a suitable venue selected by the EPAO (e.g. a training provider's premises)

The rationale for this assessment method is:

A professional discussion is not simply a question and answer session but a two-way dialogue between the apprentice and independent assessor. It allows the apprentice to use their own context as a starting point to discuss their own practice and experiences, with supporting evidence from their portfolio, with the independent assessor. A professional discussion is a well-recognised method of checking knowledge, skills and behaviours and is widely used within the health sector.

## Delivery

The independent assessor will conduct and assess the professional discussion. The portfolio will be reviewed prior to the professional discussion.

The professional discussion must last for 60 minutes (+ 10%) at the independent assessor's discretion to allow an apprentice to finish the answer they are giving). Further time may be granted for apprentices with appropriate needs, in-line with the EPAOs Reasonable Adjustments policy.

The professional discussion will allow the apprentice to demonstrate the depth and breadth of their clinical coding knowledge, skills and behaviours required to work accurately and effectively. As a structured, in-depth two-way conversation between the independent assessor and apprentice, the professional discussion will provide an effective holistic assessment of complex understanding and application of knowledge.

The Professional Discussion will assess the Knowledge Skills and Behaviours assigned to this method of assessment as outlined in the mapping section at the end of this document.

The apprentice must evidence how they have demonstrated the KSBs assigned to the professional discussion assessment. Apprentices must be given the opportunity to refer to their portfolio of evidence during the professional discussion. See grading section for the mapped KSBs.

During the discussion, the independent assessor will ask a minimum of five questions from the bank of questions set by the EPAO to cover the relevant KSBs and may ask follow-up questions.

The professional discussion will be conducted as set out here:

The professional discussion is led by the independent assessor with the apprentice on an individual basis. Video conferencing can be used to conduct the professional discussion, but the EPAO must have processes in place to verify the identity of the apprentice and ensure the apprentice is not being aided in any way e.g. use of a 360 degree camera to allow the assessor to look around the room during the interview.

The independent assessor must use the assessment tools and procedures that are set by the EPAO to record the professional discussion.

The professional discussion is graded distinction/pass/fail. The independent assessor will make all grading decisions.

## Venue

The professional discussion should take place in a quiet room, free from distractions.

## Other relevant information

A structured question bank must be developed by EPAOs. The bank must be of sufficient size to prevent predictability. It must be reviewed regularly (and at least once a year) to ensure that it, and its content, are fit for purpose. The questions relating to the underpinning knowledge, skills and behaviours, must be varied yet allow assessment of the relevant KSBs.

EPAOs must ensure that apprentices have different questions in the case of re-sits/re-takes.

Independent assessors must be developed and trained by the EPAO in the conduct of professional discussions and reaching consistent judgement.

EPAOs will produce the following material to support this assessment method:

- A structured discussion point template for the independent assessor to use during the professional discussion to capture evidence from the apprentice to demonstrate the KSBs for this method.
- A 'bank of questions'
- Grading documentation

## Weighting of assessment methods

All assessment methods are weighted equally in their contribution to the overall EPA grade.

## Grading

### Assessment Method 1: Clinical Coding Test

Both tests are equally weighted.

	MCQ	Case Studies	Overall Test
<b>K1 K2 K4 K5 K10 K13 K14 K15 K16 K22 K23</b>  <b>S1 S2 S3 S4 S5 S6 S12 S14 S15 S16 S17</b>	Fail	Fail	Fail
	Fail	Pass	Fail
	Pass	Fail	Fail
	Pass	Pass	Pass
	Pass	Distinction	Distinction
	Distinction	Pass	Pass
	Distinction	Distinction	Distinction

### Assessment Method 2: Professional Discussion

KSBs	Name of grade	Grade descriptor
<b>K3 K6 K7 K8 K9 K11 K12 K17 K18 K19 K20 K21 K24 K25 K26 K27 K28 K29</b>	Distinction	Will need to meet <b>three</b> out of five of the following criteria:  Explain the risks of poor quality data or poor quality resolutions and suggest measures that can put in place to mitigate those risks, justifying their choices (K7, K17, K19, S8, S20, B3)

<p><b>S7 S8 S9 S10 S11 S13 S18 S19 S20 S21 S22 S23 S24 S25</b></p> <p><b>B1 B2 B3 B4 B5</b></p>		<p>Describes when they have identified how to improve operating arrangements and the recommendation they made and the result (K18, K29, S7, S24, B3)</p> <p>Describes a complex task where they investigated the situation using a variety of sources including the internet other systems, and the methods used to resolve data quality issue or derive specificity. (A complex task for example could be a multiple trauma record trauma case with more than 500 codes with multiple procedures including revisions with the need to clarify the complexity of the condition and work with the clinicians to ensure accuracy and review with senior colleagues on how best to code) (K7, K12, K21, K25, S19, S20, B1)</p> <p>Describe how they have acted as a role model to others and how they have mentored others within the scope of their role (K12, K25, S9, B2)</p> <p>Demonstrates how they are committed to their own professional development by identifying and planning the next steps in their development (B3)</p>
	<p>Pass</p>	<p>Must meet <b>all</b> of the following:</p> <p>Describes different communication methods that they have used internally and externally, how they have adapted to suit different audiences/environments detailing the information they are communicating, and explain the importance of confidentiality, data protection and governance within their scope of practice (K11, K12, K29, S9, S10, S11, B5)</p> <p>Describes how they have used medical records, and good quality data to assign accurate codes and the importance, use and benefits of national standards and coding statistics (K6, K7, K8, K9, K17, K23)</p> <p>Give examples of how they have correctly identified and used different systems (including IT) and sources to find information within the organisation to assign codes in a timely manner and explain how the data flows and is used (K3, K18, K19, K20, K21, S18, S21, S22)</p> <p>Describes the working environment of Clinical Coding office and can demonstrate how they have worked effectively as part of team, and different departments, and where they have adapted their approach to changing priorities (K25, K28, S8, S23, B1)</p>

		<p>Gives examples of how they have used IT and accessed systems in their organisation to carry out tasks (K20, K21, K24, S19, S21, S22)</p> <p>Outlines the process and their role in an internal audit, giving examples of their contribution in past audits (K26, S13)</p> <p>Summarises mandatory training undertaken and how this has helped their performance and how self-motivated learning and reflecting on lessons learnt has improved their performance (S25, B3)</p> <p>Explains how they adhere to local policies and procedures – coding and/or organisational and why this is important (K29, S7, S24)</p> <p>Explains the role of the clinical coder and NHS digital and how data is used for coding (K3, K26, K27)</p> <p>Demonstrate when they have identified quality issues and explain the actions taken to rectify (K16, S20)</p> <p>Demonstrate how they act professionally, with integrity, show resilience and use their emotional intelligence to inform their approach (B2, B4)</p>
	Fail	Fails to meet pass criteria

## Overall EPA grading

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Assessment Method 1	Assessment Method 2	Overall grading
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Pass
Distinction	Pass	Pass
Distinction	Distinction	Distinction

## Roles and responsibilities

Role	Responsibility
Apprentice	<ul style="list-style-type: none"> <li>• participate in development opportunities to improve their knowledge skills and behaviours as outlined in the standard</li> <li>• meet all gateway requirements when advised by the employer</li> <li>• understand the purpose and importance of EPA and undertake EPA</li> </ul>
Employer	<ul style="list-style-type: none"> <li>• support the apprentice to achieve the KSBs outlined in the standard to their best ability</li> <li>• determines when the apprentice is working at or above the level outlined in the standard and is ready for EPA</li> <li>• select the EPAO</li> <li>• ensures all EPA gateway requirements have been met</li> <li>• confirm arrangements with EPAO for the EPA (who, when, where) in a timely manner</li> <li>• ensure apprentice is well prepared for the EPA</li> </ul>
EPAO	<p>As a minimum EPAOs should:</p> <ul style="list-style-type: none"> <li>• understand the occupational role</li> <li>• appoint administrators/invigilators and markers to administer/invigilate and mark the EPA</li> <li>• appoint independent assessors</li> <li>• provide training and CPD to the independent assessors they employ to undertake the EPA</li> <li>• provide adequate information, advice and guidance documentation to enable apprentices, employers and providers to prepare for the EPA</li> <li>• deliver the end-point assessment outlined in this EPA plan in a timely manner</li> <li>• prepare and provide all required material and resources required for delivery of the EPA in-line with best practices</li> <li>• use appropriate assessment recording documentation to ensure a clear and auditable mechanism for providing assessment decision feedback to the apprentice</li> <li>• have no direct connection with the apprentice, their employer or training provider i.e. there must be no conflict of interest</li> </ul>

	<ul style="list-style-type: none"> <li>• maintain robust internal quality assurance (IQA) procedures and processes, and conducts these on a regular basis</li> <li>• conform to the requirements of the nominated external quality assurance body</li> <li>• organise standardisation events and activities in accordance with this plan's IQA section</li> <li>• organise and conduct moderation of independent assessors' marking in accordance with this plan</li> <li>• arrange for certification with the relevant training provider</li> </ul>
Independent assessor	<p>As a minimum an Independent assessor should:</p> <ul style="list-style-type: none"> <li>• understand the standard and assessment plan</li> <li>• deliver the end-point assessment in-line with the EPA plan</li> <li>• comply to the IQA requirements of the EPAO</li> <li>• be independent of the apprentice, their employer and training provider(s) i.e. there must be no conflict of interest</li> <li>• satisfy the criteria outlined in this EPA plan</li> <li>• hold or be working towards an independent assessor qualification e.g. A1 and have had training from their EPAO in terms of good assessment practice, operating the assessment tools and grading</li> <li>• have the capability to assess the apprentice at this level</li> <li>• attend the required number of EPAOs standardisation and training events per year (as defined in the IQA section)</li> <li>• hold NCCQ National Clinical Coding Qualification (Accredited Clinical Coder ACC)</li> <li>• attend and hold the certificate for the Clinical Coding Standards Refresher course within the last three years</li> </ul>
Training provider	<p>As a minimum the training provider should:</p> <ul style="list-style-type: none"> <li>• work with the employer to ensure that the apprentice is given the opportunities to develop the KSBs outlined in the standard and monitor their progress during the on-programme period</li> <li>• advise the employer, upon request, on the apprentice's readiness for EPA prior to the gateway</li> <li>• plays no part in the EPA itself</li> </ul>

## Internal Quality Assurance (IQA)

Internal quality assurance refers to the requirements that EPA organisations must have in place to ensure consistent (reliable) and accurate (valid) assessment decisions. EPA organisations for this EPA must:

- appoint independent assessors who have following:
  - NCCQ National Clinical Coding Qualification (Accredited Clinical Coder ACC)
  - has attended and holds the certificate for the Clinical Coding Standards Refresher course within the last three years
- appoint independent assessors who have recent relevant experience of the occupation/sector gained in the last 3 years or significant experience of the occupation/sector.
- provide training for independent assessors in terms of good assessment practice, operating the assessment tools and grading
- have robust quality assurance systems and procedures that support fair, reliable and consistent assessment across the organisation and over time.
- operate induction training and standardisation events for independent assessors when they begin working for the EPAO on this standard and before they deliver an updated assessment method for the first time

## Re-sits and retakes

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take will typically be taken within 3 months of the fail notification, unless in the opinion of the EPAO exceptional circumstances apply outside the control of the apprentice or their employer. Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless the EPAO determines there are exceptional circumstances requiring a re-sit or re-take.

## Affordability

Affordability of the EPA will be ensured by using at least some of the following practice:

- online testing
- using an employer's premises
- assessing multiple apprentices simultaneously

In the first year it is anticipated up to 50 apprentices would start on this apprenticeship with numbers increasing to around 100 starts per annum thereafter.

## Reasonable adjustments

The EPAO must have in place clear and fair arrangements for making Reasonable Adjustments for this standard. This should include how an apprentice qualifies for Reasonable Adjustment and what Reasonable Adjustments will be made. The adjustments must maintain the validity, reliability and integrity of the assessment methods outlined in this assessment plan.

# Mapping of KSBs

## Assessment Method 1: Clinical Coding Test

Knowledge
<b>K1</b> Foundation knowledge of human anatomy, physiology and medical terminology
<b>K2</b> How to deconstruct and understand a medical term
<b>K4</b> How to apply codes to given diagnosis and treatments
<b>K5</b> The rules and conventions of the latest edition of international statistical classification of diseases and related health problems (ICD-10)
<b>K10</b> The purpose and function of NHS Digital Delen specialist, collaborative and information sharing forum
<b>K13</b> Data Protection and Security - The General Data Protection Regulation (GDPR) May 2018 and how it relates to your Clinical Coding role
<b>K14</b> The importance of maintaining confidentiality
<b>K15</b> The importance of information governance and the information governance toolkit
<b>K22</b> How to navigate and use the NHS Digital Delen website
<b>K23</b> How to identify appropriate and reliable sources of information

Skills
<b>S1</b> Assimilate and retain specialist information
<b>S2</b> Extract information for coding from a variety of sources both paper based and electronic
<b>S3</b> Consistently apply correct coding to a range of typical case notes and more complex scenarios
<b>S4</b> Follow the rules, conventions and standards for clinical coding as defined by NHS Digital Clinical Classifications Service and the World Health Organisation (WHO)
<b>S5</b> Consistently and correctly apply the four-step coding process as set on the NHS Digital website when assigning codes for diagnoses and procedures
<b>S6</b> Apply detailed knowledge of medical terminology, anatomical and physiological terms to translate the patients records into the correct codes
<b>S12</b> Ensure strict confidentiality when handling patient notes and information
<b>S14</b> Ensure legal and information governance requirements
<b>S15</b> Extract information from all types of clinical documentation and assess relevant health record content
<b>S16</b> Correctly interpret data

**S17** Ensure every data entry is made in an accurate and timely manner against the correct patient's record

## Assessment Method 2: Professional Discussion

Knowledge
<b>K3</b> An awareness of the role NHS digital and mandatory data set
<b>K6</b> Relevant National Standards and how to apply them
<b>K7</b> The need for accurate and high quality coded data to support healthcare planning, reimbursement, management of services, statistical analysis and research relevant to Clinical Coding
<b>K8</b> How to navigate through a medical record (paper-based and/or electronic)
<b>K9</b> The basics of Systemized Nomenclature of Medicine – Clinical Terms (SNOMED CT) its uses and benefits, how it complements the classifications and interacts with them
<b>K11</b> Rules and requirements of Information Governance and how these impact on the work of the Clinical Coder
<b>K12</b> Different communication methods and how to adapt your communication to suit different audiences including senior clinicians for clarification when necessary
<b>K16</b> The impact of coding related data
<b>K17</b> The use of coding related statistics e.g. planning, identifying trends, analysing clinical outcomes
<b>K18</b> How data produced flows through and out of the organisation and the need to meet local and national deadlines
<b>K19</b> How coded data is used to satisfy many different purposes including Secondary Uses Service (SUS), Hospital Episode Statistics (HES), Hospital Mortality Indicators
<b>K20</b> How IT systems work and link to other systems within the organization
<b>K21</b> How to access various systems within an organization
<b>K24</b> How to use Display Screen Equipment safely
<b>K25</b> The healthcare environment and the different departments you are likely to work with
<b>K26</b> The purpose of the Clinical Coder's role within the organization
<b>K27</b> Where Clinical Coding sits in the wider environment
<b>K28</b> What it is like to work in a Clinical Coding office environment
<b>K29</b> Organisational policies and procedures; including the departments Standard Operating Procedure

## Skills

<b>S7</b> Follow locally defined coding rules where they have been agreed by the hospital, documented in the Clinical Coding Policy document and do not contravene the national rules defined by NHS Digital Terminology and Classifications Delivery Service module
<b>S8</b> Work with clinical teams and administrative staff to ensure that clinical codes are entered onto the correct Finished Consultant Episode (FCE)
<b>S9</b> Communicate effectively at all levels with a wide range of individuals, including clinicians, other hospital staff and colleagues
<b>S10</b> Relate appropriately with external agencies
<b>S11</b> Communicate complex clinical coding rules to relevant individuals
<b>S13</b> Be involved in departmental internal audits
<b>S18</b> Interrogate information and ask appropriate questions to resolve queries
<b>S19</b> Use the internet and systems to research background information regarding diagnostic and procedural statements and seeking advice from senior team members as necessary
<b>S20</b> Identify data quality issues and take appropriate action
<b>S21</b> Use different IT systems and applications for example: Patient Information Systems, Medicode, Excel, email and internet
<b>S22</b> Enter information accurately and correctly into information management systems
<b>S23</b> Work effectively with other departments within the organisation such as doctors, nurses, ward clerks, informatics
<b>S24</b> Follow organisational policies and procedures
<b>S25</b> Undertake organisational mandatory training as required

Behaviours
<b>B1</b> Agile & Flexible - being tenacious and driven to see projects through to completion. A proven self-starter and have an adaptable approach to meet changing work priorities.
<b>B2</b> Professionalism & emotional intelligence - a high level of professionalism, reliable and dependable, collaborative approach and show empathy and being mindful of others
<b>B3</b> Has a desire to learn and a thirst for knowledge and a willingness to learn from mistakes
<b>B4</b> Shows emotional maturity - Ability to deal with direct exposure to disturbing photographs and case notes, potentially regarding abuse and terminally ill patients. There may be instances where you may be needed to attend a hospital ward where you may witness disturbing scenes
<b>B5</b> Adaptive to environment, working in both an office and busy healthcare environment