



Qualsafe

Non-Emergency Patient Transport Support (Level 3 RQF)

Qualification Specification

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Key qualification information

Qualification number:	610/0710/9
Operational start date:	4 April 2022
Number of units:	8
Guided Learning Hours (GLH):	56 hours
Total Qualification Time (TQT):	70 hours
Assessment methods:	<ul style="list-style-type: none">• Theory assessment/Multiple choice question papers:<ul style="list-style-type: none">◦ 2 x 15 questions - minimum score 11◦ 1 x 20 questions - minimum score 14◦ 1 x 25 questions – minimum score 18• Practical assessments – 8 completed throughout the course



Qualsafe Awards

Not only is Qualsafe Awards (QA) one of the largest Awarding Organisations (AO) in the UK, we are also the biggest AO for First Aid qualifications, making us an extremely trusted and recognisable name that employers look for when selecting a training provider.

We are recognised and regulated by the Office of Qualifications and Examinations Regulation (Ofqual), Qualifications Wales and the Northern Ireland Council for the Curriculum, Examinations and Assessment (CCEA). This means we can offer Centres an extensive range of qualification suites including First Aid; Prehospital Care; Health and Safety; Mental Health First Aid; Licensing; Food Safety; Fire Safety; Education and Training; Manual Handling; and Health and Social Care.

With a specialist team of subject matter experts on hand to support our Centres, including A&E Consultants, doctors, paramedics, nurses, physiotherapists and specialists in other sectors such as mental health, you can be confident that you are truly working with the industry experts.

Qualification overview

This qualification forms part of the QA Prehospital Care suite of qualifications. The qualification and learning outcomes are based on the recommendations of:

- Care Certificate Standards
- Skills for Health UK Core Skills Training Framework (CSTF)
- Skills for Health Assessment Principles for Qualifications that Assess Occupational Competence
- Institute for Apprenticeships and Technical Education: Ambulance Support Worker (emergency, urgent and non-urgent)

This QA qualification is for people who work in, or aspire to work in, the non-emergency ambulance environment providing safe and appropriate transport for patients between medical facilities and/or the patients' home or place of residence.

This qualification should give Learners the knowledge, skills and practical competencies related to statutory, mandatory and core training required to operate in a non-emergency patient transport ambulance environment.

This qualification specification provides information for Centres about the delivery of the Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF) and includes the unit information, assessment methods and quality assurance arrangements.

Objective

The objective of the qualification is to benefit Learners by enabling them to attain the knowledge, skills and practical competencies related to non-emergency patient transport in an ambulance environment.

Intended audience

This qualification is for people who have a specific responsibility at work, or in voluntary and community activities, to provide non-emergency patient transport in an ambulance environment.

Structure

This qualification comprises 8 mandatory units with a Total Qualification Time (TQT) of 70 hours. Full details of this can be found in *Appendix 1*.

Learners must complete all assessments successfully within the registration period to achieve the qualification. The maximum time to complete this qualification, including referrals is 10 weeks.



TQT is the total number of hours required for a Learner to achieve this qualification. It has 2 elements:

- Guided Learning Hours (GLH) – GLH is the time a Learner is being taught and assessed under the immediate guidance of a Trainer/Assessor, which for this qualification is 56 GLH, and
- The number of hours a Learner will reasonably be likely to spend in preparation and study, including assessment, as directed by, but not under the immediate guidance or supervision of a Trainer, which for this qualification is 14

Other units

No other units can be combined to count towards the Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF).

Relationship with other related qualifications

The Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF) may be transferred to other similar qualifications under Recognition of Prior Learning (RPL) and count towards achievement of such qualifications providing it is achieved within its registration period.

Recognition of Prior Learning

Recognition of Prior Learning (RPL) is a process for recognising any learning undertaken and/or attained by a Learner. The Learner must prove they have met some or all the learning outcomes and/or assessment criteria for this qualification before RPL can be considered.

Any evidence submitted as RPL must be valid, authentic, reliable, current, sufficient and specific.

In some cases, Centres may need to produce mappings against QA learning outcomes and assessment criteria to confirm comparability of qualification certificates and/or evidence being submitted. Mapping templates created by QA must be used for this process. Please see the *QA Recognition of Prior Learning (RPL) Policy* for further details.

RPL is considered for this qualification with the potential outcome of a reduction or exemption of learning outcomes or a reduction of GLH for the units.

RPL for this qualification **must** be approved by QA prior to implementation. Note: Charges may apply.

Entry requirements

Learners must be at least 18 years old on the first day of the training.

There are no other formal entry requirements but to benefit from the learning we advise that Learners have a minimum of Level 2 in literacy or equivalent.

Progression

The Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF) qualification may be used towards other qualifications at the same and higher levels, plus aid career progression in a relevant profession.

Requalification requirements

Once achieved this qualification is valid while the Learner maintains a continuing professional development (CPD) portfolio and participates in statutory and mandatory training required by their employer, including basic life support.



Qualification approval requirements

QA requires the Centre:

- To have appropriate policies, systems and procedures in place
- To appoint suitable individuals from their personnel team to train, assess and quality assure their QA qualifications
- To have suitable and adequate venues, equipment and learning resources
- To have approved course materials including scheme of work, lesson plans provided by QA

To secure and maintain approval from QA, Centres need a minimum staffing requirement for each qualification suite they deliver, which for this qualification is:

One Trainer/Assessor	Responsible for the delivery and assessment of qualifications
One Internal Quality Assurer	Responsible for quality assuring the delivery, assessment and awarding of this qualification

QA requires the Centre staff to read and understand QA's key policies and procedures, and to abide by their contents.

Once a Centre has gained qualification approval status, they must seek course approval for every course they intend to deliver thereafter.

QA requires the Centre:

- To pre-register courses 5 working days (minimum) prior to the course start date by scheduling a course on their QA Customer Portal

Trainers/Assessor

People delivering and assessing this qualification must have:

- Occupational knowledge and competency in the subject matter as shown in *Appendix 2* **and**
- An acceptable training qualification as shown in *Appendix 3* **and**
- Hold an acceptable assessing qualification as shown in *Appendix 3*

Trainers are expected to keep up to date with the subject area and provide evidence of continuing professional development (CPD).

Internal Quality Assurers

Internal Quality Assurers (IQAs) of this qualification must have knowledge and competency in patient transport as well as knowledge and competency in internal quality assurance practice. An acceptable portfolio must show:

1. Occupational knowledge and competence in the subject matter as shown in *Appendix 2* **and**
2. The IQA either holds or is working towards a formal (regulated) internal quality assurance qualification as shown in *Appendix 4*

IQAs are expected to keep up to date with the subject area and provide evidence of CPD.

They must also:

- Have knowledge of the requirements of the qualification they are quality assuring at the time the assessment is taking place
- Have knowledge and understanding of the IQA role
- Attend training delivery and observe assessments being carried out
- Carry out other related internal quality assurance



Full details of the Centre's requirements for internal quality assurance are in the *QA Centre Quality Assurance Guidance*.

Note: IQAs cannot quality assure a course for which they were the Trainer and/or Assessor.

Venue and equipment

Quality training involves using premises conducive to learning and it is a Centre's responsibility to make sure all venues used for training and assessment purposes are suitable and adequate – whether these are hired or in-house training rooms. They must also comply with all current legislation.

In addition, it is important there is a wide range of learning resources to support delivery.

As a minimum, Centres should make sure their venues, equipment and other resources include:

Resource/area:	Requirements:
Training venue	The training venue must meet acceptable health and safety standards and be conducive to learning, with sufficient: size, floor surfaces, seating, writing surfaces, toilet facilities, ventilation, lighting, heating, access, exits, cleanliness, absence of distracting noise.
Patient Transport Service (PTS) ambulance vehicle	A minimum of 1 suitable vehicle to enable Learners to demonstrate all the skills required for vehicle familiarisation, decontamination and moving and handling patients.
Infection prevention and control equipment	Sufficient equipment and resources to demonstrate: <ul style="list-style-type: none"> • Infection prevention and control techniques and cleaning and decontamination procedures • Waste management procedures
Ambulance communication equipment	Various types of communication devices including: <ul style="list-style-type: none"> • Handheld devices • Vehicle based devices/radios • Mobile data terminals (Communication devices may be Trust specific)
Ambulance Personal Protective Equipment (PPE)	Full set of commonly issued PPE per Learner.
CPR adult manikins	A minimum of 1 adult manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
CPR child manikins	A minimum of 1 child manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
CPR infant manikins	A minimum of 1 infant manikin to every 4 Learners (as per the European Resuscitation Council guidelines).
Choking trainer	A manikin or vest that Learners can use to demonstrate treatment of choking.
AED trainers	At least 1 AED trainer to every 4 Learners. If fewer AED trainers are provided, adjust learning hours/lesson plans accordingly to make sure Learners are not disadvantaged. Sufficient AED training pads.
Dressings/bandages	Sufficient trauma bandages: various sizes and types. A variety of tourniquets and training/imitation haemostatic agents for management of catastrophic bleeding if required.
Oxygen (O₂) therapy	O ₂ cylinders with the relevant equipment for use with: (as required) <ul style="list-style-type: none"> • Non-rebreather masks (adult/paediatric) • Nasal cannulas • Pocket masks • Face masks



Moving and handling equipment	<p>Various types of current prehospital moving and handling equipment:</p> <ul style="list-style-type: none"> • Ambulance stretcher • Child/infants restraints • Slide sheet • Transfer board • Carry chair • Wheelchair • Moving and handling belt • Turntable • Southampton sling (optional) • Cushion lifting device (optional) • Lifting chair (optional) • Empty boxes (for practice – where necessary) <p>(this list is not exhaustive)</p>
Audio visual (AV) equipment and training aids	Sufficient AV equipment and training aids to facilitate learning using varying teaching methods.
Learning materials	Provide Learners with clear and accurate reference books/handouts covering the topics included in the qualification.
Optional catastrophic bleeding practical assessment	<ul style="list-style-type: none"> • A manufactured tourniquet • Equipment required for the application of an improvised tourniquet • A replica wound with training equipment for wound packing • Imitation haemostatic dressings or other dressings

Note: Learners should sit at least one metre apart, to prevent collusion during multiple choice question assessments.

Course/Centre administration

Pre-registering courses

Centres approved to deliver this qualification must pre-register courses on the QA Customer Portal at least 5 working days in advance of the course start date. This will allow QA to make the necessary external quality assurance arrangements, which includes unannounced visits. Centres must adhere to this pre-course registration requirement and should be aware that any identified non-compliance in this respect will lead to the imposition of sanctions in line with the content of the QA *Sanctions Policy*.

Centres not pre-registering courses on the QA Customer Portal with 5 working days' notice will not be able to download assessment paperwork or deliver planned courses.

It should be noted that Centres cannot register courses after the event and must purchase sufficient qualifications from QA in advance to facilitate pre-course registration. Further guidance can be found on the QA Customer Portal.

Registering Learners

Register Learners with Qualsafe Awards in accordance with the guidance in the *QA Centre Handbook*.

Certification

After a Learner has completed an assessment, unit or qualification, whether they have passed or not, Centres must enter the details and assessment results on the QA Customer Portal at: www.qualsafeawards.org

Centres will be given login details and guidance on using the QA Customer Portal when they are approved to deliver a QA qualification.

The Learner receives a certificate on achieving this qualification provided they have also completed statutory and mandatory training in conflict resolution prior to certification request.



The certificate date is the date the Learner achieves the final component. This qualification is valid while a Learner maintains a CPD portfolio and undergoes statutory and mandatory training required by their employer, including basic life support.

QA have developed a verification tool that means the validity of every certificate can be verified online. This verification tool can be found on the QA website.

Delivery and support

Learner to Trainer ratio

For practical reasons and to maintain the quality of training and assessment, make sure the class ratio is no more than 12 Learners to 1 Trainer. Assessment of performance is carried out on a 1:1 basis.

Delivery plan

QA provides Centres with a complimentary course programme and detailed lesson plans, which are carefully designed to meet the objective of this qualification and the needs of Learners, making sure Learners are adequately prepared for the assessments.

Centres not using QA lesson plans, which are created and provided free on qualification approval, must submit their own delivery plan and have it approved by QA **before** delivering this qualification. Note: Charges may apply. The delivery plan should:

- Include a course timetable, clearly showing the required subjects and criteria/learning outcomes are covered and the minimum 56 Guided Learning Hours are met
- Be emailed to: info@qualsafeawards.org

Learning materials

Centres must provide each Learner with access to suitable learning materials to support their progress through the qualification. As a minimum we recommend:

- *First Aid Made Easy* by Nigel Barraclough or
- *Concise First Aid Made Easy* by Nigel Barraclough

Centres can choose alternative books or other learning materials, but these **must be approved** by Qualsafe Awards prior to use. Note: Charges may apply.

Ongoing support

QA Centres should provide appropriate levels of support to Learners throughout the training. The purpose of the support is to:

- Assess knowledge, skills and practical competence in relation to learning outcomes and the detailed assessment criteria of the unit within the qualification, see *Appendix 1*
- Give Learners feedback on their progress and how they might be able to improve



Assessment

Overview

The Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF) skills and knowledge should be taught and assessed in accordance with currently accepted patient transport ambulance practice in the UK.

Methods

QA has devised externally set, internally marked assessment tools to make sure Learners are assessed against the required knowledge, skills and understanding, as detailed in the learning outcomes and assessment criteria shown in the *Appendix 1*. Centres should download all assessment papers from the QA Customer Portal in advance of the course. For this qualification there are:

- Practical assessments – observed by the Trainer throughout the course, with the results of each learning outcome recorded on the practical assessment paperwork, see *Guide to Assessing Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF)*. There are 8 practical assessments for this qualification:
 - CPR and safe use of an AED (NEPTS)
 - Choking casualty (NEPTS)
 - Unconscious casualty (NEPTS)
 - Secondary survey (NEPTS)
 - Management of fractures (NEPTS)
 - Wounds, bleeding and shock (+ catastrophic bleeding) (NEPTS)
 - Moving and handling of people (NEPTS)
 - Vehicle and equipment familiarisation (NEPTS)
- Multiple choice question papers (MCQ) – there are 4 papers for this qualification for each Learner and Learners should answer all questions under ‘examination’ conditions, see *Qualsafe Multiple Choice Question Paper Guidelines*:

Paper number and title	Time allowed	Pass mark
Paper 1 – Ambulance emergency first aid	25 mins	11/15
Paper 2 – Ambulance first aid for illness and injury	40 mins	18/25
Paper 3 – Safeguarding adults and children	25 mins	11/15
Paper 4 – Specialised care and communication	30 mins	14/20

Note: Centres should download all assessment papers from the QA Customer Portal in advance of the course.

Access to assessment

QA is committed to equality when designing the assessments for this qualification. Centres can make sure they do not unfairly exclude the assessment needs of a particular Learner by following the QA *Access to Assessment Policy* to determine whether it is appropriate to make a:

- Reasonable adjustment or
- Special consideration



When a reasonable adjustment is made or requested, e.g. written or theory assessment delivered verbally, Centres must complete a Reasonable Adjustment Form and send it to QA with any relevant supporting evidence. Centres should retain a copy of this form for their own records.

Learners may be eligible for special consideration if they have been affected by adverse circumstances beyond their control. A Special Consideration Request Form should be completed and sent to QA for consideration along with supporting evidence prior to implementation. Centres should retain a copy of this form for their own records.

Note: If you have any suggestions for improvements, please let us know.

Learners should be informed about the Centre's and QA's appeals procedures and how they can access these.

Specific equality issues relevant to this qualification

It is important no Learner is turned away from a training course due to disabilities or impairments. However, to assess competence and gain certification, the Learner will need to demonstrate certain practical skills. For instance, for this qualification the Learner must be assessed performing practical tasks such as moving and handling of people, as per *QA Guide to Assessing Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF)*. To pass the assessment, the Learner must demonstrate the required practical skills without assistance from a third party (unless authorised by QA following a reasonable adjustment request).

Quality assurance

Centre internal quality assurance

The Centre is required to sample a reasonable number of assessments as part of the quality assurance of the qualification. This standardisation of assessment across Learners and Trainers is to make sure there is fairness and consistency in assessment practices. The arrangements for this should be included in the Centre's approved internal quality assurance policy.

Centres must retain all Learner documents and records for a period of 3 years and make sure these are available for review by QA or their representatives, e.g. External Quality Assurers (EQAs), on request.

Qualsafe Awards external quality assurance

QA operates a system of ongoing monitoring, support and feedback for approved Centres.

QA employs a risk-based model to decide the frequency of external quality assurance activity.

Further details of the QA external quality assurance programme are available in the *QA Centre Assessment Standards Scrutiny (CASS) Guidance*.



Further information

Contact us

If you have any queries or comments, we would be happy to help you, contact us:

Email: info@qualsafeawards.org

Tel: 0330 660 0899

Useful addresses and websites

- Qualsafe Awards, City View, 3 Wapping Road, Bradford, BD3 0ED
www.qualsafeawards.org/home
- Office of Qualifications and Examinations Regulation (Ofqual):
www.gov.uk/government/organisations/ofqual
- Scottish Qualifications Authority (SQA) Accreditation: <http://accreditation.sqa.org.uk>
- Qualifications Wales: www.qualificationswales.org
- Skills for Health: www.skillsforhealth.org.uk
- Health & Safety Executive (HSE): www.hse.gov.uk
- Resuscitation Council (UK): www.resus.org.uk
- Institute for Apprenticeships and Technical Education:
<https://www.instituteforapprenticeships.org/apprenticeship-standards/ambulance-support-worker-emergency-urgent-and-non-urgent/>

Appendix 1 – Qualification units

The QA Level 3 Award for Community First Responders (RQF) has 1 unit that Learners are required to complete in order to achieve the qualification.

Unit 1	Ambulance Emergency First Aid
GLH:	6
Level:	3
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>
1. Understand the role and responsibilities of a first aider	1.1 Identify the role and responsibilities of a first aider 1.2 Identify how to minimise the risk of infection to self and others 1.3 Identify the need for consent to provide first aid
2. Be able to assess an incident	2.1 Conduct a scene survey 2.2 Conduct a primary survey of a casualty 2.3 Summon appropriate assistance when necessary
3. Be able to provide first aid to an unresponsive casualty	3.1 Identify when to administer Cardiopulmonary Resuscitation (CPR) 3.2 Demonstrate CPR using a manikin 3.3 Justify when to place a casualty into the recovery position 3.4 Demonstrate how to place a casualty into the recovery position 3.5 Identify how to administer first aid to a casualty who is experiencing a seizure
4. Be able to provide first aid to a casualty who is choking	4.1 Identify when choking is: <ul style="list-style-type: none"> • Mild • Severe 4.2 Demonstrate how to administer first aid to a casualty who is choking
5. Be able to provide first aid to a casualty with external bleeding	5.1 Identify the severity of external bleeding 5.2 Demonstrate how to control external bleeding
6. Know how to provide first aid to a casualty who is in shock	6.1 Recognise a casualty who is suffering from shock 6.2 Identify how to administer first aid to a casualty who is suffering from shock
7. Know how to provide first aid to a casualty with minor injuries	7.1 Identify how to administer first aid to a casualty with: <ul style="list-style-type: none"> • Small cuts • Grazes • Bruises • Small splinters 7.2 Identify how to administer first aid to a casualty with minor burns and scalds

<p>Additional information</p>	<p>Role and responsibilities: may include reference to:</p> <ul style="list-style-type: none"> • Preventing cross infection • The need for recording incidents and actions • Safe use of available equipment • Assessing an incident • Summoning assistance • Prioritising treatment • Dealing with post incident stress <p>Others may include:</p> <ul style="list-style-type: none"> • Casualty receiving first aid • Work colleagues • Other people within the workplace environment <p>Consent: Learners should be aware of the need for consent on a continual basis when providing first aid. Implied consent can be assumed when treating an unresponsive casualty.</p> <p>When necessary: Learners should be able to evaluate a situation to determine when to summon further assistance and what type of assistance to request.</p> <p>When to administer Cardiopulmonary Resuscitation (CPR): must include agonal gasps.</p> <p>CPR must include:</p> <ul style="list-style-type: none"> • ‘Correct placement of AED pads’ and • ‘Follows AED instructions’ <p>Recovery position: a position that maintains a stable open draining airway.</p> <p>Administer first aid: provide appropriate help to a casualty, manage the situation and seek appropriate assistance when necessary.</p> <p>Seizure: relates to a generalised seizure.</p> <p>First aiders should be suspicious of cardiac arrest in any casualty presenting with seizure.</p> <p>Shock: hypovolaemic shock (resulting from blood loss)</p>
<p>Simulation</p>	<p>Simulation is permitted in this unit.</p> <p>The following ACs must be assessed by practical demonstration: 2.1, 2.2, 3.2, 3.4, 4.2, 5.2.</p>

Unit 2	Ambulance First Aid for Illness and Injury
GLH:	12
Level:	3
Learning outcomes The Learner will:	Assessment criteria The Learner can:
1. Be able to conduct a secondary survey	1.1 Identify the information to be collected when gathering a casualty history 1.2 Demonstrate how to conduct a head-to-toe survey
2. Be able to provide first aid to a casualty with suspected injuries to bones, muscles and joints	2.1 Recognise suspected: <ul style="list-style-type: none"> • Fractures and dislocations • Sprains and strains 2.2 Identify how to administer first aid for: <ul style="list-style-type: none"> • Fractures and dislocations • Sprains and strains 2.3 Demonstrate how to apply: <ul style="list-style-type: none"> • A support sling • An elevated sling
3. Be able to provide first aid to a casualty with suspected head and spinal injuries	3.1 Recognise a suspected: <ul style="list-style-type: none"> • Head injury • Spinal injury 3.2 Identify how to administer first aid for suspected head injury 3.3 Demonstrate how to administer first aid for suspected spinal injury
4. Know how to provide first aid to a casualty with suspected chest injuries	4.1 Recognise a suspected: <ul style="list-style-type: none"> • Flail chest • Penetrating chest injury 4.2 Identify how to administer first aid for a: <ul style="list-style-type: none"> • Flail chest • Penetrating chest injury

<p>5. Know how to provide first aid to a casualty with burns and scalds</p>	<p>5.1 Identify the factors that affect the severity of burns and scalds</p> <p>5.2 Identify how to administer first aid for burns involving:</p> <ul style="list-style-type: none"> • Dry heat • Wet heat • Electricity • Chemicals
<p>6. Know how to provide first aid to a casualty with an eye injury</p>	<p>6.1 Identify how to administer first aid for eye injuries involving:</p> <ul style="list-style-type: none"> • Dust • Chemicals • Embedded objects
<p>7. Know how to provide first aid to a casualty with sudden poisoning</p>	<p>7.1 Identify the routes that poisons can take to enter the body</p> <p>7.2 Identify how to administer immediate first aid to a casualty affected by sudden poisoning</p> <p>7.3 Identify sources of information for treating those affected by sudden poisoning</p>
<p>8. Know how to provide first aid to a casualty with anaphylaxis</p>	<p>8.1 Identify common triggers for anaphylaxis</p> <p>8.2 Recognise suspected anaphylaxis</p> <p>8.3 Identify how to administer first aid for a casualty suffering from anaphylaxis</p>
<p>9. Know how to provide first aid to a casualty with suspected major illness</p>	<p>9.1 Recognise suspected:</p> <ul style="list-style-type: none"> • Heart attack • Stroke • Epileptic seizure • Asthma attack • Diabetic emergency <p>9.2 Identify how to administer first aid to a casualty suffering from:</p> <ul style="list-style-type: none"> • Heart attack • Stroke • Epileptic seizure • Asthma attack • Diabetic emergency

Additional information	<p>Head-to-toe survey: must be conducted on a casualty with a continually monitored or protected airway (e.g. a conscious casualty or a casualty placed in the recovery position).</p> <p>Recognise: to include signs and/or symptoms of the condition and/or where appropriate mechanism of injury.</p> <p>Administer first aid: provide appropriate help to a casualty, manage the situation and seek appropriate assistance when necessary.</p> <p>Head injury: includes concussion, compression and skull fracture. The Learner is not expected to differentiate between these conditions.</p> <p>Asthma attack: may include assisting a casualty to use a spacer device and to take their own inhaler.</p> <p>Diabetic emergency: should focus on the condition of hypoglycaemia.</p>
Simulation	<p>Simulation is permitted in this unit.</p> <p>The following ACs must be assessed by practical demonstration: 1.2, 2.3, 3.3.</p>

Unit 3	Moving and Handling in the Patient Transport Environment	
GLH:	9	
Level:	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand the risk factors involved in moving and handling in the patient transport environment	1.1 Identify the common types of moving and handling injuries	<p>Should include:</p> <ul style="list-style-type: none"> • Lower back pain, loss or limited mobility, chronic pain • Psychological effects of long-term injury and chronic pain • RIDDOR reportable injuries
	1.2 State how to report incidents appropriately	<p>Should include:</p> <ul style="list-style-type: none"> • Reporting injuries and incidents • Working within scope of practice
	1.3 Identify the anatomy of the spine, its function and the mechanics of movement	<p>Should include:</p> <ul style="list-style-type: none"> • Basic functions of the spine • Structure of the spine, e.g. ligaments, discs, vertebra • Natural curves of the spine • The lever system and the body • Centre of gravity
	1.4 Identify factors that increase the risk of harm when completing moving and handling tasks	<p>Should include:</p> <ul style="list-style-type: none"> • Common causes of manual handling injury, e.g. poor posture, heavy lifting • Poor communication when team handling or moving a person which increases risk of harm • Task related factors that increase the risk of harm, e.g. twisting, bending • Personal related factors that increase the risk of harm, e.g. unfit, existing injuries

2. Understand the principles of safe moving and handling in the patient transport environment	2.1 Identify common moving and handling tasks within the non-emergency patient transport environment	Should include: <ul style="list-style-type: none"> • Repetitive movements, e.g. setting up equipment, pushing/pulling • Bending to pick up items of various weights • Standing or sitting for long periods of time • Twisting to pick items up
	2.2 Identify current moving and handling legislations and regulations	Should include: <ul style="list-style-type: none"> • Trust/Employer moving and handling policy • Health and Safety at Work etc. Act 1974 • The Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002) • The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) • Importance of acting in ways consistent with legislation, policies and procedures for maintaining own and others' health and safety • Identification of legislation relating to general health and safety • Outline the employees' main health and safety responsibilities • Tasks relating to health and safety that should not be carried out without training
	2.3 Demonstrate dynamic risk assessment prior to moving and handling	Should include: <ul style="list-style-type: none"> • 5 steps needed to manage risk assessment <ol style="list-style-type: none"> 1. Identify hazards 2. Decide who might be harmed and how 3. Evaluate the risk and decide on any precautions 4. Record your findings and implement them 5. Review your assessment and update if necessary • TILEE/O (Task, Individual, Load, Environment, Equipment/Other factors) approach • Importance of involving patients in their moving and handling process (Trust/Organisational mnemonics/acronyms are acceptable providing the core elements are covered)
	2.4 Demonstrate the general principles and kinetics of moving and handling	Should include: <ul style="list-style-type: none"> • Think before lifting/moving and handling • Adopt a stable position • Adopt a good posture at the start of the task • Keep the load close to the waist • Avoid twisting the spine or leaning sideways • Keep the head up looking forward when handling the load
	2.5 Demonstrate effective teamwork and communication in helping to reduce the risk of accident or injury	Should include: <ul style="list-style-type: none"> • Gaining and maintaining patient consent • Effective communication between healthcare staff and patient prior to a moving and handling task • Being clear about what you are going to do • Speaking in a clear concise way and making sure all parties agree and understand what is going to happen • Providing empathy and support to healthcare staff and patients • Encouraging patients to move independently if appropriate

	2.6 Demonstrate importance of using the correct techniques when pushing or pulling patients on various wheeled equipment	Should include: <ul style="list-style-type: none"> • Recognition of why the correct techniques are necessary • Recognition of some of the controversial practices and why they should be avoided • Understanding the different types of potential injuries and vulnerable groups
	2.7 Demonstrate pre-use checks that need to be completed before using equipment	Should include: <ul style="list-style-type: none"> • Equipment ready, serviced, maintained and clean • Safe working load displayed and adhered to • Equipment is suitable for the task • Brakes applied where necessary • In date service label • Ergonomic adjustments made • Visual checks before each use, e.g. no signs of wear and tear (Equipment may be Trust specific)
	2.8 Demonstrate how to correctly set up and lift the empty carry chair	Should include: <ul style="list-style-type: none"> • The correct set up and lifting of the empty carry chair • Practice carrying the empty chair up and down the stairs, at both ends of the chair (Equipment may be Trust specific)
	2.9 Demonstrate the correct technique required to complete a weighted chair lift	Should include: <ul style="list-style-type: none"> • Completing a weighted static carry-chair lift • Demonstrating the correct technique when carrying the weighted carry chair up and down the stairs, at both ends of the carry chair (Equipment may be Trust specific)
	2.10 Demonstrate instructing a patient to get off the floor, using chair(s)	Should include: <ul style="list-style-type: none"> • Single chair method • Two chair method
	2.11 Demonstrate moving and handling aids	Should include: <ul style="list-style-type: none"> • Pat slide, patient handling sling, transfer boards, turntables, handling belts, sliding/transfer sheets, lifting device • Seated/wheelchair bound patients • Sitting to sitting transfer • Sitting to standing transfer • Floor to sitting transfer (Equipment may be Trust specific)
	2.12 Demonstrate moving and handling patients over a range of ambulance stretchers and vehicle tail lifts/ramps	Should include: <ul style="list-style-type: none"> • Patient from bed to stretcher to ambulance • Appropriate patient positioning on stretcher (Equipment may be Trust specific)

Unit 4	Vehicle and Equipment Familiarisation	
GLH:	8	
Level:	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to work on a range of Trust vehicles and equipment in the patient transport environment	1.1 Demonstrate safe working practices within your scope of practice	Should include: <ul style="list-style-type: none"> • Safe access and egress of vehicles • Loading and unloading in oncoming traffic • Only using equipment, you have been trained to use • Safe working practice for winch connection and safe working loads, including single operator weight restrictions for the BHW Winch Understanding of Key Performance Indicators: <ul style="list-style-type: none"> • Function of KPIs • Parameters • Thresholds • Targets • Values
	1.2 Demonstrate safe wheelchair operation	Should include: <ul style="list-style-type: none"> • Where to locate and stow the equipment when not in use • Securing a wheelchair in a range of Trust vehicles • Different ways to safely secure a patient in a wheelchair using safety straps (NMI & 4-point webbing)
	1.3 Demonstrate how to safely secure a patient in the vehicle	Should include: <ul style="list-style-type: none"> • Use of vehicle seat/lap belts • Use of stretcher-based belts • Stretcher securing in the vehicle
	1.4 Demonstrate using specialist bariatric equipment	Should include: <ul style="list-style-type: none"> • Trust specific equipment • Designated vehicles (Equipment may be Trust specific)
	1.5 Demonstrate the correct use of paediatric restraint systems	Should include: <ul style="list-style-type: none"> • Paediatric restraint system for seating • Paediatric stretcher restraint system (Equipment may be Trust specific)

2. Understand how to carry out safety checks on vehicle-based oxygen cylinders	2.1 Identify safety considerations when storing and using medical gas cylinders	Should include: <ul style="list-style-type: none"> • Cylinder checks • Expiry date • Safety checks on associated consumables • Bleed systems
3. Understand the non-emergency patient transport support role in transporting patients for renal dialysis	3.1 Identify common factors for renal dialysis patients	Should include: <ul style="list-style-type: none"> • Patient care plan, including transport requirements • Transport has been one of the biggest issues for renal patients • Fistula bleeds and how to stop them
4. Understand the role of non-emergency patient transport support operatives in major incidents	4.1 State what is meant by a major incident	Should include the criteria that constitutes a major incident
	4.2 Identify the role of the non-emergency patient transport support operative at a major incident	Should include: <ul style="list-style-type: none"> • Identifying the 'hub' vehicle and where to report • Using PTS vehicles to transfer walking wounded to designated points/hospitals

Unit 5	Safeguarding Adults and Children	
GLH:	8	
Level:	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand the six principles of safeguarding in the ambulance environment: <ul style="list-style-type: none"> • Empowerment • Protection • Prevention • Proportionality • Partnership • Accountability 	1.1 State own and Trust/Organisation's role and responsibilities in relation to safeguarding individuals	Should include: <ul style="list-style-type: none"> • Own professional responsibilities in relation to the safeguarding of vulnerable adults, children and young people in line with own Trust/organisation's policy and procedures • Safeguarding in the context of non-emergency patient transport/non-urgent care in the ambulance environment • Relevant legislation, local and national policies and procedures which relate to safeguarding • What to do if abuse of an adult is suspected; including how to raise concerns in line with own Trust/organisation's whistleblowing policy • Where to get information and advice about their role and responsibilities in protecting individuals and preventing harm and abuse • Relevant legislation • Local and national policies and procedures relating to safeguarding
	1.2 Identify different types and recognition features of harm, abuse and neglect and which factors could make an individual vulnerable	Should include: <ul style="list-style-type: none"> • Definitions of harm, abuse and neglect • Indicators of harm, abuse and neglect • Why an individual may be vulnerable to harm, abuse or neglect • Factors which have featured in adult and child abuse and neglect • Prevalence, nature and scope of abuse of adults and children at risk

	1.3 Identify the risks associated with the internet and online social networking	Should include: <ul style="list-style-type: none"> • Sharing personal data and information • Being exposed to bullying or harassment • Speaking to individuals with unlawful intentions • Grooming
	1.4 Identify the impact a parent/carer's physical and mental health can have on the wellbeing of a child or young person	Should include: <ul style="list-style-type: none"> • Physical injuries • Illness/disease • Exhaustion/burnout • Mental health problems • Self-harm
2. Understand local and national strategies to reduce the likelihood of abuse	2.1 Identify how healthcare organisations can positively impact and promote a service users' dignity and rights and the importance of person-centred care	Should include: <ul style="list-style-type: none"> • Upholding the right to choose, participate as an equal and equality of opportunity • Upholding and maintaining values such as respect, dignity, individuality, identity and independence • Involving the patient in the decision-making process • Importance of not having a 'one size fits all' approach and a reactive approach and being risk adverse • Ensuring compliance with the appropriate regulatory organisation registration requirements and cooperating on abuse investigations • Non-urgent care services which reflect the individual's unique preferences, values and needs, identified and agreed upon in partnership with a support worker
	2.2 Identify ways to prevent the likelihood of abuse and how national and local policies safeguard and protect individuals	Should include: <ul style="list-style-type: none"> • Education and training • Reporting and documenting • Sharing information and concerns • Following policy and procedures • Joint working with partner agencies • An overview of national and local policies and procedures for safeguarding individuals highlighting key objectives and elements relevant to patient transport support workers • How a clear complaints procedure reduces the likelihood of abuse and neglect • Purpose of safeguarding investigations and how to contribute to them • Human trafficking and sexual exploitation
	2.3 Identify the importance of when disclosed information must be shared with relevant agencies	Should include: <ul style="list-style-type: none"> • Patient consents to the disclosure • Disclosure is a best interest decision for a patient who lacks the mental capacity to consent • Disclosure is required by law or has been approved under a statutory process • Disclosure can be justified in the public interest, such as public safety • How best evidence is achieved • The potential for direct or indirect action to protect individuals and others from abuse

	2.4 State safeguarding alerting and reporting procedures	<p>Should include:</p> <ul style="list-style-type: none"> • What to do if abuse is suspected, including how to raise concerns within local whistleblowing policy procedures • Actions to take if Learners' experience barriers in alerting or referring to relevant agencies and when to use the emergency systems to safeguard children and adults • The levels or thresholds for investigating in response to a safeguarding referral and the requirements of gathering initial information
3. Know how to safeguard individuals against the risk of radicalisation	3.1 Identify the key objectives of the Prevent Strategy and related legislation	Should include objectives of the Prevent Strategy 2011 and the health sector contribution to the Prevent agenda.
	3.2 Identify risk factors associated with radicalisation	<p>Should include:</p> <ul style="list-style-type: none"> • Risk factors for radicalisation and who to contact regarding preventive action and support for those who may be at risk of, or are being drawn into, terrorist related activity • Vulnerability factors that can make individuals susceptible to radicalisation or a risk to others
	3.3 Identify potential indicators of radicalisation	Should include recognition of potential indicators that an individual might be vulnerable to radicalisation or at risk of involvement in acts of terrorism.
	3.4 Identify what makes an individual more vulnerable to radicalisation	Should include both direct and indirect factors that impact and may influence vulnerable individuals.
	3.5 Identify reporting procedures for suspected radicalisation attempts and related activity in line with local policy and procedures	<p>Should include:</p> <ul style="list-style-type: none"> • Who to contact and where to seek advice if there are concerns a vulnerable adult may be being groomed into terrorist-related activity • What action to take if there are concerns, including where to refer concerns and from whom to seek advice
4. Know how to act in a professional manner whilst promoting dignity and respect with a safeguarding concern	4.1 Identify person-centred professional practice in the event of non-compliance during safeguarding	<p>Should include:</p> <ul style="list-style-type: none"> • Developing protective strategies for those that decline services • Identifying and reducing potential and actual risks after disclosure or an allegation has been made
5. Know how to act upon safeguarding concerns and suspected abuse	5.1 Identify best practice response to a safeguarding concern	<p>Should include:</p> <ul style="list-style-type: none"> • Responding to, and reporting safeguarding concerns • Maintaining accurate, complete and up to date records

Unit 6	Supporting Patients Living with Dementia, Mental Ill-Health, Mental Disorders or Learning Disabilities	
GLH:	5	
Level:	3	
Learning outcomes The Learner will:	Assessment criteria The Learner can:	Indicative content
1. Know how to support patients living with dementia	1.1 Identify the dementia condition	Should include an umbrella term for a group of diseases which affect the brain
	1.2 Identify recognition features of dementia	Should include: <ul style="list-style-type: none"> • Memory loss • Difficulty performing familiar tasks • Problems with language • Poor or decreased judgement • Misplacing things • Changes in mood and behaviour
	1.3 State the importance of early diagnosis of dementia	Should include: <ul style="list-style-type: none"> • Ambulance service often the first to recognise early-stage dementia • Signposting to the appropriate health care pathways • Early diagnosis and treatment can slow the progression of the disease
	1.4 State the impact of dementia on individuals, families and society	Should include: <ul style="list-style-type: none"> • Elderly populations lose their friends and relatives to old age and are less inclined to use social media • They can spend longer watching television and less time engaging in social events • Burden on families' time and cost • Health and social costs
	1.5 Identify how to provide a person-centred approach to a patient with dementia	Should include: <ul style="list-style-type: none"> • Humanistic approach to care • Consider mental capacity and consent • Refer to recent care plan if available for advice around the individual
	1.6 Identify where and how to signpost patients and families to gain advice, information and support	Should include: <ul style="list-style-type: none"> • GP • Community mental health teams • Consultation with mental health professional
2. Know how to support those experiencing mental health problems	2.1 Identify the common terms used in mental health	Should include definitions of: <ul style="list-style-type: none"> • Mental well-being • Mental health • Mental ill-health/illness • Mental disorder (inc. psychotic disorders, e.g. schizophrenia)

	2.2 Identify key factors in maintaining mental well-being	Should include importance of: <ul style="list-style-type: none"> Families, carers, friends Social networks Work colleagues
	2.3 Identify factors that may initiate mental health problems	Should include: <ul style="list-style-type: none"> Anxiety Depression Grief or bereavement
	2.4 Identify mental health problems that require specialist interventions	Should include: <ul style="list-style-type: none"> Self-harming Suicide attempts Acute psychosis
	2.5 Identify mental health support that non-emergency patient transport support operatives can signpost people to for help	Should include: <ul style="list-style-type: none"> Self-care to promote own positive mental health Being socially connected Contacting clinical help e.g. GP, patient's own Community Psychiatric Nurse (CPN)
	2.6 Identify how stereotyping towards people can increase stigma and negative attitudes regarding mental health problems	Should include how an employee's attitudes to mental illness can influence a patient or colleague's response.
3. Know how to establish positive relationships with individuals who have mental health problems	3.1 Identify the importance of building a positive relationship with individuals experiencing a mental health problem	Should include: <ul style="list-style-type: none"> Communication techniques Listening Body language Positioning Terminology
	3.2 Identify how an individual's feelings and perception may affect their behaviour	Should include: <ul style="list-style-type: none"> Individual's mood Medication status
	3.3 Identify how the behaviour of others might affect the individual experiencing a mental health problem	Should include: <ul style="list-style-type: none"> Employing empathy Being non-confrontational Threat minimisation Remaining calm and non-judgemental
4. Know how to promote mental health and well-being in the non-emergency patient transport environment	4.1 State how to promote mental health and well-being in the non-emergency patient transport environment	Should include: <ul style="list-style-type: none"> Help to build a sense of belonging and self-worth Sharing positive experiences Providing emotional support and supporting others Promoting positive attitudes and empathy

5. Know the support available with duty of care and patients' rights	5.1 Identify situations that may arise and could compromise your duty of care and the patients' rights	Should include: <ul style="list-style-type: none"> • Access to the patient • Challenging behaviour • Violent/aggressive situations • Patient's mental status
6. Know how to support patients with learning disabilities	6.1 Identify the term learning disability	Should include providing a simple definition for the term learning disability.
	6.2 Identify common types of learning disabilities and the key legislations relevant to providing care and support	Should include: <ul style="list-style-type: none"> • Congenital and acquired learning disabilities • Human Rights Act 1998 • Disability Act 2006 • Equality Act 2010
	6.3 Identify effective communication with people who have a learning disability	Should include: <ul style="list-style-type: none"> • Speak clearly, at a reasonable pace and use simple words • Take your time • Address their concerns • Utilise carers and support workers
	6.4 Identify a person-centred approach when dealing with a person with a learning disability	Should include: <ul style="list-style-type: none"> • Dignity and respect • Individual needs • Good patient experience • Rapport with family/carers

Unit 7	End-of-life Care	
GLH:	2	
Level:	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Understand how to support patients nearing end-of-life	1.1 Identify key features of current legislation relating to end-of-life care	Should include: <ul style="list-style-type: none"> • End-of-life care package patients must travel singularly on a double-crewed ambulance (many of these patients are likely to be going home or to a hospice for palliative care or to die) • ADRT (Advance Decisions to Refuse Treatment) – Living wills • DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) • ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

	1.2 Identify how human emotions manifest when dealing with end-of-life care	Should include: <ul style="list-style-type: none"> • Denial • Anger • Bargaining • Depression • Acceptance
	1.3 Identify how external organisations can support end-of-life care	Should include: <ul style="list-style-type: none"> • Providing palliative care treatment in patient's home • Patient's wishes can be accommodated • Specialised equipment maybe required, including qualified escorts with patients' specialist devices
	1.4 Identify the importance of communication when dealing with end-of-life care	Should include: <ul style="list-style-type: none"> • Patient's wishes can be accommodated • Supporting patient's relatives and or close friends • Liaising with palliative care nursing teams

Unit 8	Effective Communication in Non-emergency Patient Transport Support	
GLH:	6	
Level:	3	
Learning outcomes <i>The Learner will:</i>	Assessment criteria <i>The Learner can:</i>	Indicative content
1. Be able to communicate effectively with patients and others	1.1 Demonstrate good verbal and non-verbal communication skills	Should include: <ul style="list-style-type: none"> • Tone of voice/intonation • Slang terminology if/when appropriate • The importance of body language and facial expression • Listening skills • Building rapport • Professionalism
	1.2 Identify barriers to effective communication	Should include: <ul style="list-style-type: none"> • English as a second language • Communicating with members of the Deaf Community • Patients with reduced hearing • Patients with reduced cognition

	1.3 State what is meant by patient dignity and respect	<p>Should include:</p> <ul style="list-style-type: none"> • Empathising with a patient's situation • Considering a patient's wishes and needs • Allowing them dignity when moving and handling • Being respectful of property
	1.4 Identify a range of communication methods	<p>Should include:</p> <ul style="list-style-type: none"> • Family members and carers • Language Line as a resource • Conversations/information sharing with care home staff • Patient escorts • Effective hand-over of a patient at their clinical destination or back home • Effective hand-over to a clinician if emergency back-up is required

Note: Full and detailed qualification content is available to approved Centres in the form of lesson plans which are provided free of charge.



Appendix 2 – Occupational knowledge and competence in patient transport support

All Trainers, Assessors and IQAs must have occupational knowledge and competence in patient transport support. Acceptable evidence includes:

- Current registration as a Paramedic with the Health and Care Professions Council (HCPC) **or**
- QA Level 5 Diploma in First Response Emergency and Urgent Care (RQF) **or**
- Institute of Health and Care Development (IHCD) Ambulance Aid (Ambulance Technician) **or**
- Level 4 Diploma for Associate Ambulance Practitioners (QCF or RQF) **or**
- Level 3 Diploma in Ambulance Emergency and Urgent Care Support (RQF) or equivalent **or**
- Qualsafe Non-Emergency Patient Transport Support (Level 3 RQF) or equivalent including a current regulated First Aid at Work qualification

Trainers/Assessors will also need:

- Experience in teaching first aid. Acceptable evidence includes either of the following:
 - A 36-hour log of teaching first aid within 3 years. At least 1 First Aid at Work qualification delivered within 6 months **or**
 - A record of being observed by a qualified/approved Trainer within 12 months, during which practical and theoretical topics were delivered competently for a duration of 6 GLH

and

- Experience in assessing first aid. Acceptable evidence includes either of the following:
 - A log of performing assessments on 6 first aid courses within 3 years **or**
 - A record of being observed by a qualified/approved assessor within 12 months, during which 4 practical and 1 theoretical assessment were delivered competently

(This list not exhaustive. If relevant qualifications or experience do not appear on this list, please provide us with details as these alternatives could be acceptable.)



Appendix 3 – Acceptable training/assessing qualifications

This list is not exhaustive but provides a guide to acceptable training and/or assessing qualifications. Trainers who also assess Learner competence must also hold or be working towards an acceptable assessor qualification, as identified in the table below:

Qualification	Train	Assess
Level 3 Award in Teaching and Assessing in First Aid Qualifications	√	√
Level 3 Award in Education and Training	√	√
Level 4 Certificate in Education and Training	√	√
Level 5 Diploma in Education and Training	√	√
Cert Ed/PGCE/B Ed/M Ed	√	√
SVQ 3 Learning and Development SCQF Level 8	√	√
SVQ 4 Learning and Development SCQF Level 9	√	√
TQFE (Teaching Qualification for Further Education)	√	√
Planning and Delivering Learning Sessions to Groups SCQF Level 6 (SQA Unit)	√	√
SCQF Level 6 Award in Planning and Delivering Learning Sessions to Groups (SQA Accredited)	√	√
L&D Unit 6 Manage Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Unit 7 Facilitate Individual Learning and Development in Groups SCQF Level 8 (SQA Accredited)	√	
L&D Unit 8 Engage and Support Learners in the Learning and Development Process SCQF Level 8 (SQA Accredited)	√	
Carry Out the Assessment Process SCQF Level 7 (SQA Unit)		√
Level 3 Award in Assessing Competence in the Workplace Environment		√
Level 3 Award in Assessing Vocationally Related Achievement		√
Level 3 Award in Understanding the Principles and Practices of Assessment		√
Level 3 Certificate in Assessing Vocational Achievement		√
L&D Unit 9DI – Assess workplace competences using direct and indirect methods SCQF Level 8 (SQA Accredited) – replacing Units A1 and D32/33		√
L&D Unit 9D – Assess workplace competence using direct methods SCQF Level 7 (SQA Accredited)		√
Other Acceptable Qualifications		
CTLTS/DTLLS	√	√
PTLLS with unit ‘Principles and Practice of Assessment’ (12 credits)	√	√
Further and Adult Education Teacher’s Certificate	√	√
IHCD Instructional Methods	√	√
IHCD Instructor Certificate	√	√
English National Board 998	√	√
Paramedic/Nursing mentorship qualifications	√	√
NOCN Tutor Assessor Award	√	√
S/NVQ level 3 in training and development	√	√
S/NVQ level 4 in training and development	√	√
PDA Developing Teaching Practice in Scotland’s Colleges SCQF Level 9 (SQA Qualification)	√	√
PDA Teaching Practice in Scotland’s Colleges SCQF Level 9 (SQA Qualification)	√	
PTLLS (6 credits)	√	
Regulated Qualifications based on the Learning and Development NOS 7 Facilitate Individual Learning and Development or NOS 6 Manage Learning and Development in groups	√	
Training Group A22, B22, C21, C23, C24	√	
Learning and Teaching – Assessment and Quality Standards SCQF Level 9 (SQA Unit)		√
A1 (D32/33) – Assess candidates using a range of methods		√
Conduct the Assessment Process SCQF Level 7 (SQA Unit)		√
A2 (D32) – Assess candidates’ performance through observation		√
Regulated Qualifications based on the Learning and Development NOS 9 Assess Learner Achievement		√



Appendix 4 – Qualifications suitable for internal quality assurance

Internal Quality Assurers (IQA) must hold or be working towards an acceptable quality assurance qualification:

PDA in Internal Verification of Workplace Assessment at SCQF level 8 (SQA Qualification)
Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice (QCF or RQF)
Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice (QCF or RQF)
V1 or D34
SQA Accredited Learning and Development Unit 11 Internally Monitor and Maintain the Quality of Workplace Assessment