



**GA Level 3 Award in Understanding the Principles  
and Practice of Venepuncture**  
**GA Level 3 Award in Clinical Health: Venepuncture**

**Qualification Specification**

GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF)	601/8352/4
GA Level 3 Award in Clinical Health: Venepuncture (RQF)	601/8351/2

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## Section 1 - Qualification Overview

### **1.1 Introduction: About the Gatehouse Awards Clinical Skills Qualifications.**

The Gatehouse Awards Clinical Skills qualifications are based on the National Occupational Standards within the Clinical Health Skills suite of standards developed by Skills for Health.

They are designed for adult Candidates working in the Health, Public Services and Care, Nursing, and Healthcare and related Personal Services sectors to gain an understanding of the relevant theory, practical and professional requirements of conducting Venepuncture procedures and subsequently gain competency in carrying out the Venepuncture procedure in the workplace.

This specification covers the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture and the GA Level 3 Award in Clinical Health: Venepuncture. This document provides Centres and Candidates with a comprehensive overview of the assessment and quality assurance requirements for each qualification.

The qualifications also link to the following dimension within the NHS Knowledge and Skills Framework (October 2004): HWB6 Assessment and treatment planning.

These qualifications are regulated by the Office of Qualifications and Examinations Regulations (Ofqual) in England and are part of the Regulated Qualifications Framework (RQF). All versions of these qualifications are listed on the Register of Regulated Qualification which is held on the Regulated IT System (RITS) operated by Ofqual at <http://register.ofqual.gov.uk/Qualification>

The information contained within this document must be made available by Approved Centres to all members of staff involved with the administration, conduct and delivery of Gatehouse Awards Clinical Health Skills qualifications. In addition, essential policies, procedures and forms can be found on the Gatehouse Awards website: [www.gatehouseawards.org](http://www.gatehouseawards.org)

## 1.2 Qualification Titles, Qualification Numbers and Important Dates

Qualification Title and Level	Qualification Number	Operational Start Date	Operational Review Date
GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF)	TBC	01/02/2016	31/01/2021
GA Level 3 Award in Clinical Health: Venepuncture (RQF)	TBC	01/02/2016	31/01/2021

### 1.3 Qualification Aims and Objectives

The aim of the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture qualification is to enable Candidates, who are working in, or preparing to work in, a health care environment to gain the knowledge and understanding of the relevant theory, practical and professional requirements of conducting obtaining venous blood samples via the venepuncture procedure.

The aim of the GA Level 3 Award in Clinical Health: Venepuncture is to enable Candidates to gain an understanding and awareness of the relevant theory, practical and professional requirements of conducting obtaining venous blood samples via venepuncture procedure, alongside gaining competency in carrying out the venepuncture procedure in the workplace.

The GA Clinical Skills qualifications can be relied upon by employers to indicate that an individual can undertake a specific role in the workplace.

### 1.4 Qualification Structure and Overview

The Gatehouse Awards Clinical Health Skills qualifications are listed on the Ofqual Register of Regulated Qualifications as part of the Regulated Qualifications Framework (RQF).

These qualifications are designed to reference the descriptors of knowledge and proficiency in the National Occupational Standards in the suite of standards for Clinical Health Skills developed by Skills for Health.

The structure of the Gatehouse Awards Clinical Health Skills qualifications is as follows:

GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF)	One Mandatory Unit: Understanding the Principles and Practice of Venepuncture
GA Level 3 Award in in Clinical Health: Venepuncture (RQF)	Two Mandatory Units: 1. Understanding the Principles and Practice of Venepuncture 2. Conducting the Venepuncture Procedure

All units within each qualification are weighted equally.

All units within these qualifications are Level 3 units.

The GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF) and the GA Level 3 Award in Clinical Health: Venepuncture (RQF) are not designed to replace existing qualifications.

### 1.5 Guided Learning Hours, Total Qualification Times and Credit Values

Skill	GLH	Assessment	TQT	Credits	Unit Reference
<b>GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF)</b>					
Understanding the Principles and Practice of Venepuncture	10	2	N/A	1	M/507/9782
<b>Total:</b>	10	2	12	1	
<b>GA Level 3 Award in Clinical Health: Venepuncture (RQF)</b>					
Understanding the Principles and Practice of Venepuncture	10	2	N/A	1	M/507/9782
Conducting the Venepuncture Procedure	10	2	N/A	1	K/507/9781
<b>Total:</b>	20	4	24	2	

### 1.6 Intended Audience, Age and Entry Requirements

These qualifications are available to Candidates aged 18 and over, who are working, or preparing to work, in the Health, Public Services and Care, Nursing, and Healthcare and related Personal Services sectors who need a knowledge of, or knowledge and competency in, conducting the Venepuncture procedure.

Each qualification may be undertaken as initial training in the field of Venepuncture or as refresher training for more experienced practitioners.

Although there are no formal entry requirements for these qualifications, Centres and Candidates are reminded that at all times practitioners must meet the professional requirements and Codes of Conduct associated with their role in the healthcare sector.

Practitioners are accountable for actions and omissions in their practice and must always be able to justify their decisions. Practitioners must work within the limits of their competence.

For further information on professional requirements and codes of conduct for healthcare practitioners, refer to the relevant NMC, GMC or other industry guidelines as appropriate.

## 1.7 Rules of Combination

In order to achieve the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF), Candidates must achieve one Mandatory Unit: Unit 1 Understanding the Principles and Practice of Venepuncture.

In order to achieve the GA Level 3 Award in Clinical Health: Venepuncture (RQF), Candidates must achieve both Mandatory Units: Unit 1 Understanding the Principles and Practice of Venepuncture **and** Unit 2 Conducting the Venepuncture Procedure.

Unit 2 can only be undertaken once a Candidate has completed Unit 1. Unit 2 is **not** available to be awarded as a Unit certificate and cannot be offered as a stand-alone unit. Arrangements for Recognition of Prior Learning (RPL) for Unit 1 are outlined below.

Candidates who do not achieve Unit 1 will not be awarded either qualification, even if they have successfully achieved Unit 2.

There are no further rules of combination.

## 1.8 Recognition of Prior Learning and Transfer of Credits

Recognition of prior learning, or 'RPL' is the identification by Gatehouse Awards of any learning undertaken, and/or attainment, by a Candidate, prior to the Candidate taking the assessment for the qualification, or part of the qualification, they are registered for.

Any prior learning must be relevant to the knowledge, skills and understanding which will be assessed as part of that qualification, and Gatehouse Awards will subsequently amend the requirements which a Candidate must have satisfied before they are assessed as eligible to be awarded the qualification.

Where there is evidence that the Candidate's knowledge and skills are current, valid and sufficient the use of RPL may be acceptable for recognising achievement of a unit, units or a whole qualification.

Candidates who have previously achieved the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF) may use that qualification, or an equivalent qualification, as Recognition of Prior Learning towards Unit 1 of the GA Level 3 Award in Clinical Health: Venepuncture (RQF).

The requirement for RPL in such instances will include a consideration of the currency of the knowledge gained by the Candidate at the time they undertook the prior learning. RPL cannot be guaranteed in instances where industry practice or legislation has significantly changed in the time since the prior learning was undertaken or a previous Award was issued.

No transfer of credits is permitted for any GA Award in Clinical Health Skills.

## **1.9 Relationship to Other Qualifications & Progression Opportunities**

The GA Clinical Health qualifications are based on the National Occupational Standards within the Clinical Health Skills suite of standards developed by Skills for Health, specifically CHS 132.

They are ideal qualifications for Candidates to progress onto further specialist health care qualifications which reflect the context in which they work, for example Health & Social Care, Clinical Support, Health Care Support or Maternity and Paediatric Support at Level 2 and above.

## **1.10 Language of Assessment**

These qualifications are offered in English. Further information concerning the provision of qualification and assessment materials in Welsh and Irish may be obtained from Gatehouse Awards.

## **1.11 Grading**

These qualifications are not graded. Candidates are assessed as Pass or Refer.

## **1.12 Qualification Availability**

These qualifications are available via Gatehouse Awards Approved Centres in England, Wales and Northern Ireland.

If you are not currently a recognised Gatehouse Awards Centre, or you do not have approval to offer Clinical Health Skills qualifications, please contact us. Our contact details appear on the front page of this publication and on our website [www.gatehouseawards.org](http://www.gatehouseawards.org).



## Section 2 – Qualification Delivery, Assessment and Certification

### 2.1 Teaching and Learning Requirements

Where Centres offer Clinical Health Skills courses leading to the qualifications, these can be full-time, part-time, evenings only or by distance/online learning as deemed appropriate in order to meet their learners' needs whilst preparing learners for assessment.

Centres should ensure that Candidates meet the minimum entry requirements for the qualification.

Regardless of the method of learning, Centres must ensure that Candidates have suitable access to the Centre, relevant Centre staff and any other resources including specialist staff and learning materials and access to assessment opportunities in order to complete the qualification. Full details of Centre requirements can be found in Section 3 below.

Centres are reminded that all competence based assessment must include direct observation as the main source of evidence. Further details and guidance on the delivery of each unit within these qualifications can be found in the Unit Specifications in Section 4 below.

### 2.2 Assessment and Verification Model

Both the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF) and the GA Level 3 Award in Clinical Health: Venepuncture (RQF) are assessed via a portfolio of evidence, which is internally assessed and Internally Verified by the Centre.

Unit 2 Conducting the Venepuncture Procedure **MUST** be delivered and assessed in the work environment.

Assessment materials for these qualifications may be devised by the Centre or Centres may choose to use GA-devised assessment materials and support materials, which are available to Approved Centres to access at any time.

Candidate portfolios are subject to internal and external verification.

### 2.3 Registering Candidates and Unique Learner Numbers

Candidates must be registered through the Ark, the Gatehouse Awards online Learner Management System. Owing to the Total Qualification Time of these qualifications, the validity period of registrations made will be 6 months. Should a Candidate not have achieved in the timescale, their registration will expire and a new registration should be made by the Centre.

Each approved Gatehouse Awards Centre is provided with a user account to allow approved staff access to the Ark.

Where Centres record the Unique Learner Number (ULN) of a Candidate, this should be provided to at the point of registration in order for Gatehouse Awards to issue updates to the Learner Record Service.

## 2.4 ID Requirements

It is the responsibility of each Gatehouse Awards Approved Centre to have systems in place to ensure that the person taking any Gatehouse Awards qualification is indeed the person they are purporting to be. All Centres are therefore required to ensure that each Candidate's original formal identification documents are checked prior to registration.

## 2.5 Record Keeping

Centres are required to keep records of Candidates details, their work and any records of Reasonable Adjustments, Special Considerations and records containing Candidate's personal details in line with the Data Protection Act 1998 for a minimum of 2 years.

Candidates' portfolios may only be returned to the Candidate following the award of the qualification by Gatehouse Awards. Centres are required to keep a record of the Internal Verification activity undertaken.

All records must be easily retrievable and made accessible to Gatehouse Awards or the Regulator upon request.

## **Section 3 – Centre Requirements and Quality Assurance Arrangements**

Any Centre wishing to offer Gatehouse Awards Clinical Health Skills qualifications must ensure that they have the following resources in place.

### **3.1 Staff**

The knowledge and experience of teaching staff will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

Centres must ensure that they hold up-to-date and detailed information about the staff involved with the delivery of the qualifications and must make records available to Gatehouse Awards upon request. The information Gatehouse Awards expects Centres to hold for each member of staff includes, as a minimum:

- current up to date CV
- copies of relevant qualification certificates
- relevant and up to date CPD (Continuous Professional Development) records

Centres must also ensure that they have the management and administrative arrangements in place which are suitable to support the registration of Candidates and the qualification delivery.

### **Requirements for Teachers and Assessors**

Those delivering and assessing Clinical Health Skills qualifications must hold relevant qualifications.

The GA Clinical Health Skills qualifications contain elements of both knowledge and competence and therefore must be delivered by a knowledgeable and competent practitioner who is able to assess Candidates' understanding and their competency in carrying out Venepuncture procedures accurately and independently.

Assessors must be occupationally competent and registered practitioners with relevant expertise and experience, e.g. a registered nurse, GP or HCPC member (e.g. Paramedic) and must meet the requirements detailed in the Assessment Principles published by Skills for Care and Development (Appendix 3).

Gatehouse Awards recommends that Assessors hold relevant teaching or assessing qualifications suitable to support the making of appropriate and consistent assessment decisions.

Suitable teaching and assessing qualifications may include:

- Level 3 Award in Assessing Competence in the Work Environment
- Level 3 Award in Assessing Vocationally Related Achievement
- Level 3 Certificate in Assessing Vocational Achievement
- Level 3 or 4 PTLLS, or above (i.e. CTLLS or DTLLS)
- Level 3 or 4 Award/Certificate in Education and Training, Cert. Ed or PGCE
- Degree in Education

- Level 3 or 4 NVQ in Training and/or Learning & Development.

Assessors may be working towards a relevant equivalent teaching/assessing qualification under the guidance of a suitably qualified, experienced assessor and their Internal Verifier.

Where a teacher or assessor does not hold teaching or assessing qualifications, they must ensure that they are able to demonstrate that they have delivered a minimum of 30 hours of teaching or assessing.

All staff involved with the delivery and assessment of Clinical Health Skills qualifications must also be able to demonstrate ongoing professional development relevant to the Health Care sector.

### **Requirements for Internal Verifiers**

Internal Verifiers are responsible for the internal quality assurance of delivery and assessment and should be experienced assessors or teachers, hold relevant qualifications and be occupationally competent and registered practitioners with relevant expertise and experience, e.g. a registered nurse, GP or HCPC member (e.g. Paramedic).

They must also meet the requirements detailed in the Assessment Principles published by Skills for Care and Development (Appendix 3).

Gatehouse Awards recommends that Internal Verifiers hold relevant quality assurance qualifications suitable to support the internal quality assurance of these qualifications, such as:

- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or the Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
- Verifier's V1 or D34.

Internal Verifiers working towards a relevant Internal Verification qualification must be supervised by a suitably qualified and experienced Internal Verifier.

In addition, Centre Internal Verifiers must be familiar with Gatehouse Awards' requirements and the requirements of the qualification.

The knowledge and experience of Teachers, Assessors and Internal Verifiers will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

### **External Verification**

Assessment and Internal Verification activity will be subject to External Verification.

### 3.2 Assessment of Candidates

Centres must ensure that Assessors meet the requirements listed in Section 3.1 above in order to make assessment decisions leading to the award of these qualifications.

Candidates are assessed on the evidence contained within their portfolio.

A range of assessment methods may be used in the production of evidence towards knowledge based assessment criteria, for example:

- Written assignments
- Questions and answers
- Professional discussion

In the production of evidence towards competency based assessment criteria, the Skills for Care and Development Assessment Principles stipulate that Competence based assessment must include **direct observation**.

Observation may be supplemented by other assessment methods, for example those listed above and/or the Candidate's personal statement or reflective account, however observation **must** form the main source of evidence.

Expert witnesses can be used for direct observation where they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor and follow the assessment principles established by Skills for Care and Development.

An expert witness must:

- have a working knowledge of the subject on which their expertise is based
  - be occupationally competent in their area of expertise;
- and; EITHER
- have any qualification in assessment of workplace performance
- OR
- be in a professional work role which involves evaluating the everyday practice of staff.
- Assessors should ensure that all evidence judged to meet the requirements is "CRAVES":

- **Current:** the work is relevant at the time of the assessment
- **Reliable:** the work is consistent with that produced by other learners
- **Authentic:** the work is the Candidate's own work
- **Valid:** the work is relevant and appropriate to the subject being assessed and is at the required level
- **Evaluated:** Where the learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner resulting in improvements in knowledge or competency leading to the award
- **Sufficient:** the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

Guidance on the assessment of each unit is provided in the Unit Specifications in Section 4 below.

Template documentation for assessment is available for Assessor use.

### 3.3 Internal Verification of Assessment

The Internal Verifier ensures that Assessors are assessing to the same standards, i.e. consistently and reliably, and that assessment decisions are correct. Internal verification activities should include:

- ensuring the assessment team are suitably experienced and qualified in line with the qualification requirements
- sampling assessments and assessment decisions
- ensuring that evidence for assessment is 'CRAVES' (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- conducting standardisation of assessment decisions
- providing the assessment team with clear and constructive feedback on assessment decisions
- supporting the assessment team and providing training and development where appropriate
- ensuring any stimulus or materials used for the purposes of assessment are fit for purpose and allowable under the assessment guidance
- conducting and participating in standardisation of internal verification decisions.

Sampling of assessment decisions by the Internal Verifier should be planned and carried out in line with a clear internal verification strategy. Gatehouse Awards recommends that the strategy should incorporate the number of learners, number of assessment sites, number of assessors, experience and competency of assessors and the range of units being assessed. Further guidance on sampling strategies is contained in Appendix 1.

### 3.4 External Verification

Approved Centres will be entitled to two External Verification visits per year. Additional visits can be requested, for which there may be an additional charge.

External verification activities will focus on:

- checking that the management of the Centre and the management arrangements relating to the qualification are sufficient
- checking that resources to support the delivery of the qualification, including physical resources and staffing, are in place and sufficient
- ensuring that the Centre has appropriate policies and procedures in place relevant to the organisation and to the delivery and quality assurance of the qualification
- the use of assessment materials and the arrangements in place to ensure that evidence for assessment is 'CRAVES' (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- sampling assessment decisions against the qualification requirements across the range of levels, number of Assessors and assessment sites, according to the number of Candidates
- the internal verification and quality assurance arrangements
- sampling internal verification records against the qualification requirements across the range of levels, number of Assessors and assessment sites, according to the number of Candidates

- administrative arrangements
- ensuring that any actions from quality assurance activity have been carried out by the Centre
- confirming any claims for RPL, reasonable adjustments or special considerations

Through discussions with Centre staff, examining Candidate's portfolios, talking to learners and reviewing documentation and systems, the External Verifier will provide the Centre with support, advice and guidance relating to the delivery, assessment and quality assurance of these qualifications.

### 3.5 Venue Requirements

Centres must ensure that training premises have suitable access, in line with Disability Discrimination and Diversity & Equality law and regulations and any other regulations which apply.

### 3.6 Equipment

Centres should ensure that all equipment used in the delivery and assessment of these qualifications is fit for purpose and complies with current Health and Safety legislation.

Delivery of Unit 2 Conducting the Venepuncture Procedure should be carried out in the work environment, therefore Candidates are expected to utilise the equipment and resources made available in the healthcare setting they work in.

Standard equipment is as follows:

- tourniquet
- plasters
- alcohol hand rub / soap
- non-sterile gloves
- equipment tray and holder unit
- alcohol solution
- specimen request documentation
- apron
- swaps/wipes
- sterile cotton wool balls
- double ended vacutainer needle
- blood collection tubes
- sharps box

Where Unit 1 Understanding the Principles and Practice of Venepuncture is delivered outside the work environment, such as in a training centre classroom, Assessor demonstrations should be carried out using a simulation arm with synthetic blood.

### 3.7 Teaching and Learning Resources

Gatehouse Awards does not prescribe the use of set course books, workbook or other materials for the Clinical Health Skills qualifications but expects that Centres providing such courses should use relevant and up-to-date, high quality teaching and assessment materials which allow Candidates to adequately prepare for assessment.

All delivery and assessment resources should be inclusive of the principles of equality and diversity and the safeguarding of candidates.

#### Useful Resources

##### Websites

- Health and Safety Executive [www.hse.gov.uk](http://www.hse.gov.uk)
- Health and Safety Executive for Northern Ireland [www.hseni.gov.uk](http://www.hseni.gov.uk)
- The National Archives (For all UK legislation) [www.legislation.gov.uk](http://www.legislation.gov.uk)
- Equalities and Human Rights Commissions [www.equalityhumanrights.com](http://www.equalityhumanrights.com)
- Skills for Care and Development [www.skillsforcareanddevelopment.org.uk](http://www.skillsforcareanddevelopment.org.uk)
- Care Quality Commission [www.cqc.org.uk](http://www.cqc.org.uk)
- Association of Health Care Professionals [www.ahcpuk.org](http://www.ahcpuk.org)
- Office of Qualifications and Examinations Regulation [www.ofqual.gov.uk](http://www.ofqual.gov.uk)

### 3.8 Certification

Following successful External Verification, Centres are able to claim certificates for their Candidates who have achieved the qualification. Claims for certification are made through the Ark, the Gatehouse Awards Learner Management System. Certificates are usually issued within 10 working days

The qualification certificate will indicate both the title and the level at which the qualification is achieved.

Certificates will only be issued to Candidates who achieved all mandatory units for the qualification they are registered for. If a Candidate has not achieved all the mandatory units, the Centre may make a 'partial claim' via the online system. Unit Certificates can be issued where appropriate. For example, should a Candidate achieve Unit 1 but not achieve Unit 2 of the GA Level 3 Award in Clinical Health: Venepuncture (RQF), a claim can be made for the GA Level 3 Award in Understanding the Principles and Practice of Venepuncture (RQF) as the Candidate will be deemed to have met the criteria for the single unit qualification.

Replacement certificates are available upon request.

Amendments to certificates are available upon request but may require the Centre to provide evidence of the need for any amendment (e.g. Candidate proof of identification) and will involve the return of the original certificate. Replacements and amendments may incur an additional charge.



### **3.9 Direct Claims Status**

Direct Claims Status can be granted once the Centre has evidenced consistently high quality systems and processes relating to delivery, assessment and internal quality assurance.

Gatehouse Awards requires a minimum of two external quality assurance visits with no action points relating to this qualification. The Centre must be considered 'low risk' by Gatehouse Awards.

Claims for certification are made through the Ark in the usual way. Centres must however ensure that Candidate's portfolios are retained at the Centre until after the next External Quality Assurance visit.

Direct Claims Status can only be maintained under the quality assurance of the staff member in this role at the time of the award. Gatehouse Awards reserves the right to revoke DCS at any time should it be identified that the Centre has not followed the requirements of the qualification in any way, including failure to inform Gatehouse Awards of a change in staff responsible for the internal quality assurance of the qualification.

### **3.10 Enquiries and Appeals**

Gatehouse Awards has an appeals procedure in accordance with the arrangements for regulated qualifications.

Candidates wishing to appeal should use the Centre's internal Appeals Policy and Procedure prior to appealing to Gatehouse Awards.

Centres wishing to appeal against any decision or action should contact their Gatehouse Awards Centre Administrator.

### 3.11 Ongoing Support

There are a number of documents on the Gatehouse Awards website that Centres and Candidates may find useful: [www.gatehouseawards.org](http://www.gatehouseawards.org)

The website is updated regularly with news, information about all Gatehouse Awards qualifications, sample materials, updates on regulations and other important notices for Centres and Candidates.

Within the Centre, a named Examinations Officer is responsible for ensuring that all information and documents provided to Centre staff and Candidates are correct and up to date.

Gatehouse Awards must be kept up to date with contact details so Centres can be provided with the best level of support and guidance. Contact details for Gatehouse Awards are:

Gatehouse Awards Ltd  
Address: 3<sup>rd</sup> Floor, Oaktree House, 408 Oakwood Lane, Leeds, LS8 3LG  
Tel: 0113 249 1000

Email: [info@gatehouseawards.org](mailto:info@gatehouseawards.org)

Web: [www.gatehouseawards.org](http://www.gatehouseawards.org)

In addition, Centres are assigned, at the time of approval, a designated Centre Administrator who is their primary point of contact for all aspects of service or support. Candidates should always speak to a member of staff at the Centre for information relating to Gatehouse Awards and our qualifications prior to approaching Gatehouse Awards directly.

## Section 4 – Unit Specifications

### 4.1 Unit 1: Understanding the Principles and Practice of Venepuncture

Unit	GLH	Assessment	TQT	Credits	Unit Reference	
1. Understanding the Principles and Practice of Venepuncture	10	2	N/A	1	Level 3	M/507/9782
	Assessment Model:		This unit is internally assessed via a portfolio of evidence.			

Unit Title			Unit Number
Understanding the Principles and Practice of Venepuncture			M/507/9782
Learning Outcome - The learner will:	Assessment Criterion - The learner can:	Guidance:	
1 Understand the legal and professional role and responsibilities in venepuncture	1.1 Define venepuncture and cannulation	Definitions of venepuncture and cannulation; diagnostic and monitoring venepuncture; cannula for bolus injection, short term infusion, blood transfusion, infusion of medication or liquid.	
	1.2 Explain relevant legislation, policies and best practice in venepuncture	Current European and national legislation, national guidelines and local policies and protocols; relevant codes of conduct; legislation regarding data protection, sharp instruments; patient rights	
	1.3 Describe the professional approach expected when working in your role	Working within your own areas of competence and accountability to the patient, organisation and public; when and how to seek advice when faced with situations outside your area of competence; extent of the action you can take, justification of actions taken, information you can give in relation to clinical issues; appearance and presentation, attitude and organisation.	

		1.4	Explain the principles of accountability for healthcare professionals	Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols
		1.5	Explain the principles of infection control and health and safety precautions within a healthcare environment	How infection is spread and how its spread can be limited - including how to use or apply the particular infection control measures needed when working with blood and potential blood borne viruses, e.g. hepatitis and HIV; prophylaxis; importance of applying standard precautions and the potential consequences of poor practice.
2	Understand the anatomy and physiology for obtaining a venous blood sample	2.1	Describe the position of venous blood vessels	The structure of blood vessels, position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures
		2.2	Describe the blood clotting process	Blood clotting processes and factors influencing blood clotting
		2.3	Explain the physical factors that may prevent successful blood collection	Failure to draw blood; allergies, thrombosis, bruising or scarring, burns, infections, damaged or collapsed veins, tourniquet tightness, cyanosis.
3	Understand the anatomy and physiology for obtaining a venous blood sample	3.1	Explain how to prepare documentation for venepuncture, including request forms, care planning and written observations	Specimen request forms: types and purpose; documentation for labelling, laboratory issued documentation; patient care plans; types of observations to record.
		3.2	Explain how to prepare a patient for venepuncture, including identification, consent and position	The concerns which those giving blood/donors may have in relation to giving venous blood; how personal beliefs and preferences may affect the individual's preparation; obtaining positive confirmation of individuals' identity and consent before starting the procedure; minimum data requirements; how to identify and gain consent from children and young people; mental capacity assessments; effective ways of getting positive identification; safe moving and handling techniques; recumbent positioning.

		3.3	Explain how to prepare equipment for venepuncture	Non-touch techniques; equipment and materials needed for venepuncture; how to check and prepare blood collection systems; needles and syringes; vacu-container systems; needle safety devices; 'butterflies'; re-useable and disposable tourniquets ;standard plaster; hypoallergenic plaster; gauze; bandages; labels; needles and syringes/vacu-containers; bio- hazard bags; trays; sample racks; checking packaging and expiry dates
		3.4	Explain how to prepare the environment for venepuncture	Handwashing/cleansing before, during, after the procedure; use of personal protective clothing and additional protective equipment; clutter free work area, importance of heating, ventilation and lighting
		3.5	Describe the technique for preparing the vein for venepuncture	Factors to consider in selecting the best site to use for venous access; sites to avoid; sites to avoid upon visual inspection, e.g. bruised or scarred areas; ensuring venous access sites are cleaned effectively, how and when this should be done; the correct use of tourniquets; palpation of the vein, non-touch technique
4	Understand the venepuncture technique	4.1	Describe the technique of obtaining a venous blood sample relating to protocol and best practice guidelines	Sharps usage procedure: correctly and safely inserting and removing needles; recognise arterial puncture and the action to take if this occurs; factors involved in the procedure which could affect the quality of the blood; consider the order of draw; non-touch technique
		4.2	Describe immediate aftercare procedures for the patient following blood collection	What is likely to cause discomfort to individuals during and after obtaining venous blood, and how such discomfort can be minimised; when and how to dress venous puncture sites; the dressings needed for different types of puncture sites, how to apply and what advice to give individuals on caring for the site
		4.3	Describe indications of potential physical and environmental adverse reactions	Physical reactions and indications of, e.g. haematoma; arterial puncture; pain; nerve damage; re-bleed; allergy; phlebitis; vaso-vagal reaction; anxiety/fear and fainting; contra-indications and changes in behaviour and condition, which indicate that the procedure should be stopped, and advice sought.

		4.4	Explain how to respond to actual adverse reactions safely and professionally	Common adverse reactions/events to blood sampling; remedial action you can take if there are problems in obtaining blood, e.g. Checking tourniquet is providing sufficient venous engorgement; removing collection system and starting again at a different site; obtaining support from a more experienced practitioner; the complications and problems that may occur during venepuncture, how to recognise them and what action(s) to take; importance of reporting issues which are outside own area of competence immediately to the relevant staff
5	Understand post-venepuncture procedures	5.1	Explain how to safely dispose of clinical waste items	Disposal of equipment and materials, bio- hazard bags; trays; sample racks; handling contaminated items; implications of exposure to blood borne pathogens; sharps disposal; gloves disposal
		5.2	Explain the functions of record keeping	Legal status of clinical records; role of records in administration and education; accountability; supporting judgements, communication between healthcare practitioners; supporting care and delivery of service; risk management; audits, research and complaints.
		5.3	Describe how to label and package blood samples	Information that needs to be recorded on labels and other documentation including site and adverse events; laboratory guidelines; completing labels and documentation clearly, legibly and accurately; using computer prepared labels; consequence of unlabelled samples; types of descriptions, e.g. Warm, chilled, light sensitive, cold agglutinins labelling.
		5.4	Describe how to transport and store blood samples	Nominated places for collection and transportation; ensuring the blood is kept at the required temperature to maintain its integrity; haemolysis, the risks and causes of haemolysis; storage and transport of special specimens.

## 4.2 Unit 2: Conducting the Venepuncture Procedure

Unit	GLH	Assessment	TQT	Credits	Unit Reference	
2. Conducting the Venepuncture Procedure	10	2	N/A	1	Level 3	K/507/9781
	Assessment Model:		This unit is internally assessed via a portfolio of evidence.			
	Assessment Guidance:		<ul style="list-style-type: none"> <li>All competence-based assessment <b>MUST</b> have Observation as the main source of evidence.</li> <li>This unit <b>MUST</b> be assessed in the work environment. <b>Simulation is not allowed.</b></li> <li>Candidates must be assessed against all Learning Outcomes on a minimum of 3 separate occasions in order to meet the assessment requirements.</li> </ul>			

Unit Title			Unit Number
Conducting the Venepuncture Procedure			K/507/9781
Learning Outcome - The learner will:	Assessment Criterion - The learner can:		Guidance:
1 Prepare for the venepuncture procedure	1.1	Demonstrate a professional approach in their role	Adheres to legislation, guidelines, organisational policies and protocols and relevant codes of conduct; works within own area of competence; seeks advice where appropriate; demonstrates positive appearance, attitude, presentation and organisation; uses personal protective clothing and additional protective equipment
	1.2	Identify a patient and gain consent for conducting the procedure	Conducts positive confirmation of patient identity; uses effective ways of gaining confirmation of identity; gains valid consent from the patient

		1.3	Gather and prepare necessary equipment for the procedure	Select and prepare the equipment; uses a non-touch technique
		1.4	Prepare the environment and patient for the procedure	Give the individual relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
		1.5	Apply standard precautions for infection prevention and control when preparing for the procedure	Applies standard precautions for infection prevention and control; any other relevant health and safety measures
2	Conduct the venepuncture procedure	2.1	Apply a tourniquet and palpate a vein accurately	Selects and prepares an appropriate site; takes into account the position of blood vessels, position of accessible veins for venous access in relation to arteries, nerves and other anatomical structures; takes into account visual inspection; applies and uses a tourniquet; palpates effectively; does not re-palpate; uses a non-touch technique.
		2.2	Gain venous access in a way which causes minimum discomfort to a patient	Takes appropriate action to minimise discomfort; cleans the site effectively; inserts blood collection apparatus correctly; checks tourniquet is providing sufficient venous engorgement; stimulates the flow of blood if there is a problem obtaining blood from the site; selecting an alternative site if necessary; identify indications that the procedure should be stopped and advice sought.
		2.3	Obtain the correct volume of blood in the correct container(s) and in the correct order	Obtains blood using the correct equipment, in the correct container according to the investigation required; collects the correct volume of blood; collects blood in the correct order of draw when collecting multiple samples; mixes the blood and anti-coagulant thoroughly when anti-coagulated blood is needed



		2.4	Remove blood collection equipment and stop blood flow with sufficient pressure at the correct time	Releases the tourniquet at the appropriate stage; removes blood collection equipment safely with minimum discomfort to the patient; stops blood flow with sufficient pressure at the correct point and for the sufficient length of time to ensure bleeding has stopped; takes into account any factors influencing blood clotting.
		2.5	Apply standard precautions for infection prevention and control during the procedure	Applies standard precautions for infection prevention and control; any other relevant health and safety measures
3	Conduct post-venepuncture procedures	3.1	Dress the site and advise the patient about how to care for the site	Apply a suitable dressing to the puncture site according to guidelines or protocol; provides advice about pressure and length of time to the patient, including after care procedures;
		3.2	Respond to any adverse reactions safely and professionally	Promptly identify any indication that the individual may be suffering any adverse reaction/event to the procedure and act accordingly, recognises e.g. Haematoma; arterial puncture; pain; nerve damage; re-bleed; allergy; phlebitis; vaso-vagal reaction; anxiety/fear and fainting; contra-indications and changes in behaviour and condition.
		3.3	Dispose of clinical waste items safely	Disposes of equipment and materials; uses bio- hazard bags; trays and sample rack handling; handling contaminated items; disposes of sharps and gloves in accordance with guidelines and protocols.
		3.4	Complete blood sampling labelling accurately	Label the blood sample clearly, accurately and legibly; use computer prepared labels where appropriate; record any adverse effects
		3.5	Package and prepare the blood sample for transportation and storage	Places samples in the appropriate packaging and ensures the correct request forms are attached; follows laboratory guidelines; ensures immediate transport of the samples where samples and investigations are urgent.

		3.6	Document all relevant information in the appropriate records	Records all relevant details including site location, adverse effects, any acts or omissions in care, any other factors affecting the blood sample.
		3.7	Applies standard precautions for infection prevention and control post-procedure	Applies standard precautions for infection prevention and control; any other relevant health and safety measures

## Appendix 1: Sampling Strategy: Information for Centres

When planning and carrying out internal verification activities, it is important that the internal verification team work to a sound verification sampling strategy to ensure that standardisation of assessment decisions takes place.

A Centre's sampling strategy involves reviewing the quality of assessor's judgements, which will include reviewing Candidate work.

The Candidate work may be sampled before the Candidate has completed the full qualification, for example by sampling one or two units as the Candidate completes them.

The internal verifier should check the planning, review and feedback is given to Candidates by the assessor, including the accuracy of the application of any mark schemes, guidance and overall assessment decisions.

The internal verifier will therefore be able to evaluate the quality and consistency of the assessor's assessment decisions and be able to identify any problems at an early stage. It will highlight individual assessor training and development needs which in turn can inform the programme of CPD for the assessment team as a whole.

The internal verifier must plan verification activities as outlined below.

### Sampling

Sampling should enable the internal verifier to evaluate how assessors have reached their decisions. The internal verifier must be able to follow clear documentation which clearly shows that assessors have checked that the evidence presented meets the rules of evidence.

Evidence must be confirmed by assessors as 'CRAVES'

- **Current:** the work is relevant at the time of the assessment
- **Reliable:** the work is consistent with that produced by other learners
- **Authentic:** the work is the Candidate's own work
- **Valid:** the work is relevant and appropriate to the subject being assessed and is at the required level
- **Evaluated:** Where the learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner resulting in improvements in knowledge or competency leading to the award
- **Sufficient:** the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

### What do moderators need to consider when planning the sample?

Work from every Candidate must be sampled and verifiers should consider the following when considering the volume of work per Candidate that they should sample:

- The Candidates' ethnic origin, age and gender to ensure a representative range is sampled
- The Assessors' experience and qualifications, workload and their occupational competence. For example, if assessors are qualified and experienced it may not be necessary to look at more than one or two units per Candidate. If assessors have less than 12 months' experience, are new to the Centre or a particular qualification or perhaps have not assessed for a length of time, the internal verifier will need to sample substantially more of their decisions for the first 6 - 12 months
- The full range of assessment methods used for any one qualification, for example observation, witness testimony, professional discussion, reflective accounts, questioning, assignments, products, RPL, simulation, etc.
- Previous feedback to assessors regarding good practice and/or involved highlighting development needs, for example If the IV has a particular concern regarding the assessment decisions of a particular assessor
- Whether any changes have been implemented relating to the assessment of the qualification or its units, for example the awarding organisation makes amendments to the qualification specification, or instances where industry practice or legislation has changed
- The range of locations where assessments have taken place
- The sampling process must not be determined by any rule of thumb such as '10%.'

## Sampling Plan

The Internal Verifier must develop a sampling plan at the beginning of the Candidate's (or cohort's) programme and record, on the plan, which units/assessment methods they plan to sample, and when.

Copies of sampling plans should be made available to other verifiers and the assessment team, and sampling carried out according to the plan. Where variations are made, these should be recorded on the plan.

## Completing a Sample Record

Verifiers should record the verification activities on a Sample Record. As a minimum, this record must indicate the assessor's decision, the content of the sample, the verifier's decision and relevant feedback to the assessor.

Where verifiers agree with the assessment decisions, certification claims can go ahead. Where verifiers do not agree with the assessment decisions, full feedback must be given to the assessor, with action points agreed which relate to the assessor's areas for improvement.

Sampling must take place before any certification claims are made by the Centre and all records, including those of standardisation meetings, feedback to assessors and CPD activity should be made available to the External Moderator upon request.

## Appendix 2: Glossary of Terms

**Appeal:** a request for a review of a decision.

**Assessor:** a member of staff at the centre employed for the purpose of making internal assessment decisions.

**Centre:** an institution or organisation, usually a school, college, training provider or employer which is approved by Gatehouse Awards to deliver the training, preparation and delivery of the assessment for a qualification.

**Comment** - an idea, suggestion or opinion on how Gatehouse Awards could improve its services.

**Complaint** - a formal expression of dissatisfaction made by a member of Gatehouse Awards staff, Candidate, Centre Representative or a member of the public who has reason to raise a complaint regarding the service received from, or conduct of, Gatehouse Awards as an Awarding Organisation or one of its Approved Centres.

**Compliment** - positive feedback about a service provided by Gatehouse Awards.

**Controlled Assessment** – an internal assessment, where the assessment materials are set either internally or externally, where Candidates are usually supervised by their teachers and elements of the assessment can be taken at flexible times, and internally assessed and moderated.

**Controlled Examinations:** examinations which are externally set and externally marked by the awarding organisation, and are conducted in accordance with *Regulations for Conducting Controlled Examinations*.

**CRAVES** – the principles of quality assurance in relation to the assessment of candidates' work, which stipulate that the work assessed must be Current, Reliable, Authentic, Valid, Evaluated and Sufficient.

**Examinations Officer:** a person who is employed by the Centre to be the single point of contact for the awarding organisation with regards to all aspects of the delivery and administration of examinations.

**Head of Centre:** a person who is employed by the Centre to be the single point of contact and accountability for all aspects of quality assurance with regards to the delivery of examinations.

**Marker:** a person who is employed by the awarding organisation and who marks the completed scripts or recordings of learners across a range of Centres approved by the awarding organisation. Also referred to as an **Examiner**.

**Moderation** – the process by which assessment across and within Centres is checked in order to ensure standardisation of results for Candidates.

**Examiner:** a person who is employed by the awarding organisation and who marks the completed assessment materials or recordings of learners across a range of Centres approved by the awarding organisation. Also referred to as a **Marker**.

**External Verifier / Moderator** - a person who is employed by the awarding organisation and is responsible for assuring the quality and consistency of assessment across Centres.

**Gatehouse Awards appointed Examination Observer:** a professional person engaged by Gatehouse Awards to attend Centres when controlled examination session has been booked for the purposes of ensuring that the examination is delivered in line with all relevant regulations and requirements.

**Gatehouse Awards Representative:** An individual or Organisation, or employee of such an organisation, contracted by Gatehouse Awards to represent Gatehouse Awards in specific locations outside the UK.

**Instructions (or rubric):** an explanation given on the front cover of the question paper in order to guide the learner e.g. in terms of the number of questions to answer, the time allowed or the marks allocated for each task.

**Interlocutor:** a person who is employed by the Centre to administer the spoken components of any controlled examinations. This term is usually used in the context of language assessments.

**Interlocutor script:** script provided for the members of staff delivering spoken examination components which should be adhered to unless otherwise indicated.

**Internal Verifier/ Moderator** – a member of staff employed by the centre who is responsible for monitoring the work of all assessors involved with the qualification, to ensure that they are applying the assessment criteria for the competency of skills consistently throughout all assessment activities, and that the evidence presented meets the requirements of CRAVES .

**Invigilator:** a person who is employed by the Centre to supervise learners whilst they undertake written elements of the controlled examinations.

**Learner (or Candidate):** a person who is registered with the awarding organisation to undertake a qualification and to be assessed for that qualification.

**UK Centre:** An approved Gatehouse Awards Centre, based in the United Kingdom (England, Northern Ireland, Scotland and Wales)

**Maladministration** – is a sub-category of malpractice which relates directly to the administration of Gatehouse Awards qualifications, but which has not been a deliberate act to attempt to subvert the integrity or security of the assessment process or the qualification as a whole.

**Malpractice** – a deliberate act by a staff member, Candidate or Centre which has, or may have, an adverse effect on the assessment process, the award of the qualification or the integrity or security of any examination or qualification made available by Gatehouse Awards.

**Marking (or assessing):** an activity which is undertaken by the Gatehouse Awards subject specialists to check the learners' answers to the test questions against the mark scheme in order to produce an overall mark or result.

**Moderation:** the process by which assessment decisions made by either centre's internal assessment staff, or awarding organisations' assessment staff (markers) are checked in order to ensure standardisation of results for learners.

**Overseas Centre:** An approved Gatehouse Awards Centre, located outside of the United Kingdom.

**Reasonable adjustment** - arrangements made prior to assessment which help to reduce the effect of a disability or difficulty that may place the Candidate at a significant disadvantage during the assessment process.

**Scripts:** the question papers completed by the learners. These may be referred to as **completed tests, completed question papers** or **completed assessment materials**.

**Special consideration** – a consideration applied during or after an examination when unforeseen circumstances may prevent the Candidate from attending or completing their examination, such as temporary illness, bereavement or disruption to examination.

**Tasks:** these form the parts of the tests and are the sections of the question papers which are answered by the learner.

**Tests:** the question papers which are provided by the awarding organisation to the Centre for the learners to undertake. These may also be referred to as **unit tests, examinations** or **assessment materials**.

**Tutor (or teacher, trainer, teaching staff):** a person(s) who is (are) employed by the Centre to teach the learners in preparation for the tests.

## Appendix 3: Skills for Care and Development QCF Assessment Principles

### 1. Introduction

- 1.1** Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.
- 1.2** This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements. Additional information/guidance regarding individual unit assessment can be obtained from Awarding Organisations, or from Skills for Care and Development. This must be used in order to provide the proper context for learning and assessment.
- 1.3** These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.
- 1.4** Where Skills for Care and Development qualifications are joint with Skills for Health, Skill for Health will also use these assessment principles.

### 2. Assessment Principles

- 2.1** Assessment decisions for competence based learning outcomes (e.g. those beginning with 'to be able to') must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.
- 2.2** Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.
- 2.3** Competence based assessment must include direct observation as the main source of evidence
- 2.4** Simulation may only be utilised as an assessment method for competence based Lo where this is specified in the assessment requirements of the unit.
- 2.5** Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.
- 2.6** Assessment of knowledge based Learning Outcomes (e.g. those beginning with 'know' or 'understand') may take place in or outside of a real work environment.
- 2.7** Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.



2.8 Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.

### 3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

### 4. Definitions

4.1 **Occupationally competent:** This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2 **Occupationally knowledgeable:** This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3 **Qualified to make assessment decisions:** This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

4.4 **Qualified to make quality assurance decisions:** Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 **Expert witness:** An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise
- have **EITHER** any qualification in assessment of workplace performance **OR** a professional work role which involves evaluating the everyday practice of staff.

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