T-LEVELS
THE NEXT LEVEL QUALIFICATION

SECOND EDITION

HEALTH

CORE

Stephen Hoare
Judith Adams
Mary Riley

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Contents

Answers can be found online at: www.hoddereducation.com/health-t-level-core-second-edition

A1: Working within the health and science sector

Introduction

The health and science sector covers a wide range of organisations and employers as well as a wide range of jobs. Despite this variety, all well-run organisations usually have a common approach based around:

- policies and procedures
- quality
- ethics
- professionalism
- investment in the development and progression of their employees.

We will cover these aspects in this chapter and will expand on some points in future chapters.

Learning outcomes

The core knowledge outcomes that you must understand and learn:

A1.1 the purpose of organisational policies and procedures in the health and science sector

A1.2 the importance of adhering to quality standards, quality management and audit processes within the health and science sector

A1.3 the key principles of ethical practice in the health and science sector

A1.4 the purpose of following professional codes of conduct

A1.5 the difference between technical, higher technical and professional occupations in health, healthcare science and science, as defined by the Institute for Apprenticeships and Technical Education occupational maps

A1.6 opportunities to support progression within the health and science sector.

A1.1 The purpose of organisational policies and procedures in the health and science sector

In our professional lives we must maintain high standards out of respect for ourselves, our colleagues and those who require our services – customers, patients, etc. It is not enough to have good intentions; we need policies to consult and procedures to follow so that we know we are always working to the highest standards.

Equality, diversity and inclusion policy

Sometimes we can act in a way that is discriminatory without even realising it. If we stop and put ourselves in the other person's place, we might realise the effect our actions would have. Even if we do that, we may still have room to improve. That is why we have policies that cover equality, diversity and inclusion in the workplace which make it clear how to behave (Figure 1.1).

▲ Figure 1.1 Equality, diversity and inclusion should be central to our professional lives

Complies with legislation

One very good reason for having policies that cover equality, diversity and inclusion is to ensure that we comply with the relevant legislation. The main piece of legislation in the UK is the **Equality Act 2010**.

This gives legal protection from discrimination in the workplace and in wider society. Before this **law** came into force, there were several laws that covered discrimination, including:

- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995.

Replacing these and other laws with a single Act made the law easier to understand and gave increased protection in some areas. The Act sets out the different ways in which it is unlawful to treat someone. The Equality Act 2010 is administered by the **Government Equalities Office**, which has produced an easy-to-read publication called 'The Equality Act – making equality real'. You can find this by carrying out an internet search using this title.

Key term

***Laws (legislation)*:** passed by Parliament. They state the rights and entitlements of individuals and provide legal rules that have to be followed. The law is upheld through the courts. If an individual or care setting breaks the law by, for example, inappropriately sharing or inaccurately recording information, they can, in certain circumstances, be fined, dismissed or given a prison sentence.

Ensures fair and equitable treatment

The Equality Act places responsibility on employers, providers of goods and services, caregivers, public sector bodies, private clubs and associations, voluntary organisations and many others not to discriminate on the basis of:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour and nationality
- religion or belief
- sex
- sexual orientation.

Prevents prejudice and discrimination

These are called **protected characteristics**. By having policies in place to cover these aspects of equality, and promoting diversity and inclusion, organisations can ensure that they comply with the law and also benefit from treating everyone fairly and equally.

We should also be aware of **indirect discrimination**. This is where there is a practice, policy or rule that applies to everyone in the same way but could have a worse effect on some people than others. Here are two examples of indirect discrimination:

- A woman has been on maternity leave. On return to work, she makes a flexible working request so that she can reduce her hours and look after her child instead of using childcare. Her manager refuses her request and says everyone doing that job must work full-time. This could be indirect sex discrimination.
- A Jewish woman works in a large store. She is told that because of a change in shifts, she now must work one Saturday a month. She explains that, as an observant Jew, she cannot work on Saturdays (the Sabbath). Her manager tells her that it would be unfair to everyone else if she were allowed not to work on Saturdays. This could be indirect religious discrimination.

Promotes social inclusion

Social inclusion means making all groups of people in society feel valued and important. It is the opposite of social exclusion, which describes how groups of people can be marginalised or excluded from social, economic or healthcare systems.

Socially excluded groups can include:

- people who experience homelessness and/or drug or alcohol dependence
- vulnerable migrants, including traveller communities
- sex workers
- people in contact with the justice system
- victims of modern slavery.

Practice point

Public Health England used the term 'inclusion health' to describe how socially excluded groups experience multiple risk factors for poor health, as well as stigma and discrimination. This can lead to barriers in accessing healthcare, resulting in extremely poor health outcomes. For more information, visit **www.gov.uk** and search for 'Inclusion health: applying All Our Health'.

(Following reorganisation, this function of Public Health England is now the responsibility of the Office for Health Improvement and Disparities.)

Tackles the cycle of disadvantage

The concept of inclusion health allows us to see that people who are already disadvantaged are more likely to be excluded from access to healthcare. This has been called the **inverse care law:** those in most need of medical care are those who are least likely to receive it. As a result, they are more likely to suffer further disadvantage. This is described as the **cycle of disadvantage**. Effective policies on equality, diversity and inclusion help to break this cycle.

Promotes respecting, celebrating and valuing of individuals

Equality, diversity and inclusion policies have become widespread in most organisations, in business, science and industry. This is not just to comply with legislation, but also because these organisations recognise the importance of respecting and valuing their staff, customers and other stakeholders.

These policies are even more important in healthcare, as they are a means of obtaining the best from those providing healthcare and ensuring the best outcomes for those receiving healthcare. This forms the basis of providing **person-centred care**, which is covered in further detail in Chapter A8.

Safeguarding policies

Safeguarding means ensuring individuals are protected from harm. The NHS England website is a useful source of information about safeguarding in the context of healthcare. Its definition of safeguarding is worth consulting:

> 'Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.'
>
> Source: www.england.nhs.uk/safeguarding/about/

Note that the policy specifies 'children, young people and adults' – basically, everyone. We probably think of children and young people as being in greater need of protection. However, adults can also be vulnerable and require protection, such as people with learning difficulties or those with a physical or mental disability.

That is why safeguarding policies are required in all organisations, not just in those dealing with children, young people or the elderly.

Chapter A11 covers safeguarding in more detail (see pages 201–236).

Guidelines

Safeguarding policies should provide guidelines on what an organisation needs to do in order to protect individuals' health, wellbeing and human rights.

Scope

Safeguarding policies should ensure individuals are protected from harm. This includes those working within the organisation, service users and visitors.

Agencies involved in safeguarding

There are several different agencies involved in safeguarding, depending on the context, including the following:

- **Local authority social care services for adults, young people and children** have a statutory duty to safeguard and promote the welfare of people at risk.
- **GPs** can be the first point of contact within the healthcare system. The Royal College of General Practitioners (RCGP) is working towards embedding the safeguarding of adults and children into everyday routine practice. This includes recognising patterns of neglect, referring patients to appropriate secondary healthcare colleagues (for example in hospitals) or social care, supporting families and responding to inter-agency requests.
- **Hospitals** (secondary healthcare) play a similar role to GPs following referral.
- **Education settings** such as schools and colleges can identify early warning signs of neglect or other safeguarding issues affecting their students.
- **Ofsted** inspects and regulates services that care for children and young people, as well as schools, colleges and other services that provide education and skills training for learners of all ages.
- The **Care Quality Commission (CQC)** monitors, inspects and regulates health and social care services provided by hospitals, care homes, doctors and dentists in England.
- The **Disclosure and Barring Service (DBS)** provides information about criminal records and makes decisions about people being barred from certain activities. This helps employers to make safer decisions about recruitment and prevents unsuitable people from working with children and vulnerable adults.

Research

Multi-agency safeguarding hub (MASH)

The multi-agency safeguarding hub (MASH) model has been developed as a way of allowing the many different agencies and professionals involved in child safeguarding to gather and process information quickly and efficiently. This partnership and co-ordination means that they are better placed to make correct, appropriate and proportionate decisions relating to child safety.

- Is there a MASH in your local area?
- Can you see ways in which this could be applied in a healthcare setting?

Employment contracts

Every employee has an employment contract with their employer. The contract does not have to be written down – in fact, as soon as someone accepts a job offer, they have a contract with their employer. This means that if either side backs out (for example, the employer withdraws the job offer or the employee decides to take a different job), they could risk legal action for compensation. The employment contract is an agreement that sets out:

- employment conditions
- rights
- responsibilities
- duties.

Both employer and employee must stick to the terms of the contract until it ends. That will happen when either side gives notice, i.e. when the employee announces they will be leaving, or the employer decides to end their employment (for example, through redundancy), or an employee is dismissed (they lose their job). The terms of the contract can be changed, usually by agreement between both sides.

Do not confuse an employment contract with a 'contract to provide services', such as when you agree with someone that they will paint your house or mow your lawn. In those circumstances, the decorator or gardener does not become your employee.

The legal parts of a contract are known as the **terms**; these are legally binding on both parties. Contract terms can take different forms:

- a written contract or statement of employment
- a verbal agreement
- in an offer letter from the employer
- in an employee handbook, on a company noticeboard or intranet.

Some terms are required by law, such as the requirement to pay at least the National Minimum Wage to all employees over 18 years of age (and the rate called the National Living Wage for people aged 23 and over), or the right to a minimum of paid holiday.

Practice point

You can find the minimum wage for your age group on the Gov.uk website:
www.gov.uk/national-minimum-wage-rates

Some contracts are based on **collective agreements**. This is where the employer or employers negotiate agreements with trade unions or staff associations which represent a group of employees.

Some terms might be **implied** rather than clearly agreed. Examples include:

- Employees should not steal from their employer.
- Your employer must provide a safe and secure working environment.
- If a job provides a company car, the employee needs a valid driving licence.
- Something that has been done regularly over a long period of time, such as paying an annual bonus or certain days off.

When you start a job, your employer is obliged to give you a **written statement of employment particulars**. This is not an employment contract. There are two statements of employment particulars. The **principal statement** must be provided on the first day of work and covers things such as:

- the employer's name, the employee's name, job title (or description of work) and start date
- how much and how often you will be paid
- your hours and days of work and how they might change – as well as if you are expected to work Sundays, nights or overtime
- how long the job is expected to last (or, if permanent, that it is indefinite), and the end date if it is a fixed-term contract
- if there is a probation period, how long it will last and what its conditions are, e.g. to achieve satisfactory performance
- other benefits, such as childcare vouchers or free lunches
- any obligatory training.

As well as this, on day one an employer must give the employee information about:

- sick pay and procedures
- other paid leave, such as maternity and paternity leave
- notice periods, both from the employer and the employee (they may be different).

Within two months of starting work, the employer must give a **wider written statement** that covers:

- pensions and pension schemes
- any collective agreements (see above) that might be in place
- any right to other (non-compulsory) training provided by (or on behalf of) the employer
- disciplinary and grievance procedures (see below).

Performance reviews

How do you know that you are doing a good job? You might think you are doing well, but does your employer agree? That is why organisations usually have regular performance reviews for staff. However, this is not just a one-way process.

Performance reviews have several objectives:

- Evaluating work performance against standards and expectations: you might have been given targets to achieve or, if you work in a highly regulated sector, you might have formal standards to maintain or strive for.
- Giving feedback: a performance review gives your line manager (the person who manages you directly, i.e. your boss) the opportunity to help you improve your performance. You should expect feedback to be supportive and encouraging.
- Providing opportunities to raise concerns or issues: performance reviews are not simply about the organisation evaluating your performance, you can also raise any concerns or issues that you have. Try to be non-confrontational – telling your manager exactly what they do wrong and how you could do it so much better might be a career-limiting move!
- Contributing to continuing professional development (CPD): this might mean identifying areas where you need more training or education so that you can develop in your work.

Disciplinary policy

If your employer has concerns about your work, conduct or absence from work (including sickness absence), initially they should raise these concerns in an informal way. However, they can go straight to formal **disciplinary** or even dismissal procedures.

A disciplinary procedure is a formal way for an employer to deal with an employee's unacceptable or improper behaviour (this is known as misconduct) or their performance (lack of capability).

Part of this process is that the employer should set and maintain expected standards of work and conduct. You need to know what is expected of you before you can be disciplined for not achieving it!

The disciplinary policy should also ensure consistent and fair treatment of all employees; there should be no favouritism, nor should individual employees feel picked on or bullied.

There should be a process for disciplinary action. This will be part of the disciplinary policy that all employers must have. You should have been given details of this process as part of the wider written statement of employment particulars that you receive within two months of starting work. This should say what performance and behaviour might lead to disciplinary action and what action your employer might take. It should also include the name of someone that you can speak to if you do not agree with your employer's decision.

Your employer's disciplinary procedure should include the following steps:

- A letter setting out the disciplinary issue.
- A meeting to discuss the issue; the employee should have the right to be accompanied by a colleague or trade union representative at this meeting. Some employers may have a policy of allowing a wider range of people to accompany you, such as a friend or relative.
- A decision about the disciplinary issue. This might result in no further action, a first or final written warning, dismissal (i.e. losing your job) or some other sanction.
- A chance to appeal the decision.

Grievance policy

In a well-run organisation, there will be open communication and consultation between managers and their staff. This means that problems and concerns can be raised quickly and settled as part of the normal working relationship.

However, anyone working in an organisation may have problems or concerns about their work or working conditions; they may have problems in their relationships with colleagues. These are all **grievances** that employees want to be addressed and, if possible, resolved. As well as this, the management will want to resolve any problems before they develop into major difficulties.

Key term

***Grievance*:** any concern, problem or complaint you may have at work. If you take this up with your employer, it is called 'raising a grievance'.

Issues that may cause grievances include:

- terms and conditions of employment
- health and safety issues and concerns (see Chapter A3)
- relationships with colleagues and management
- bullying and harassment
- working practices, particularly when new practices are introduced
- the working environment
- changes in the organisation
- discrimination – or perceived discrimination.

However, there may be occasions where an employee has a grievance against their line manager and this needs a different approach.

As with disciplinary procedures, all employers should have a written grievance procedure. This should explain what to do if you have a grievance and what happens at each stage in the process. It should provide opportunities for employees to confidentially raise and address grievances. There should be a sequence for raising and resolving grievances. This will usually involve a meeting to discuss the issue. As with disciplinary procedures, you can appeal if you do not agree with your employer's decision.

Research

Acas, the Advisory, Conciliation and Arbitration Service, is an independent public body funded by the government. Acas works with employers and employees to improve relationships in the workplace. It has produced several codes of practice that set out the minimum standards of fairness that employers should follow. These include:

- disciplinary and grievance procedures
- collective bargaining with trade unions
- requests for flexible working.

An **employment tribunal** will use the Acas codes of practice when deciding cases. Employers do not need to follow these codes of practice but if they do not and you take your claim to an employment tribunal, your compensation might be increased, so it is in the employer's interest to follow the Acas codes of practice.

There is more information on the Acas website (**www.acas.org.uk/advice**). Do you think the information it gives is helpful? Does it help you understand your rights as an employee?

Key term

***Employment tribunals*:** responsible for hearing claims from people who think an employer has treated them unlawfully, for example, through unfair dismissal or discrimination.

A1.2 The importance of adhering to quality standards, quality management and audit processes within the health and science sector

Adhering to quality standards should be central to any organisation's way of working. Those standards may be national or international standards such as British Standard or ISO (the International Organization for Standardization) or the organisation's own internal quality standards. In the health and science sector, quality standards help improve the quality of care or service provided.

Ensuring consistency

One reason for adhering to quality standards is to ensure **consistency** – always obtaining the same, high-quality outcome.

Reflect

Quality and consistency are terms you will encounter a lot, both in this book and in your working life. Think about how we should always strive for both quality and consistency. If you go to a restaurant, you want the food to be consistently good. If it is consistently bad, you probably will not want to go. But what about a restaurant that is inconsistent? You might occasionally get a good meal, but is it worth a gamble? An organisation should always strive to achieve consistently high quality.

Maintaining health and safety

You will learn, in subsequent chapters, how adhering to proper procedures can help avoid (or at least reduce) accidents and harm to employees, service or care receivers or the general public.

This is covered in most detail in Chapter A3 Health, safety and environmental regulations in the health and science sector.

Monitoring processes and procedures

It is not good enough to intend to do something properly, you must do it. This applies to doing a favour for a friend but is even more important in the workplace. That is why there will often be a check sheet on the wall of a public toilet showing that it has been cleaned according to the required schedule.

This will be covered in more detail in Chapter A7 Good scientific and clinical practice.

Case study

In the summer of 2015, the Smiler roller coaster at the Alton Towers theme park crashed, causing life-altering injuries to four riders (two teenagers had to undergo amputations). The Health & Safety Executive (HSE) report found that there were no mechanical failings in the track, the cars or the system designed to keep the cars separate. The investigation identified a number of human errors that led to the crash. However, the HSE investigators found that Merlin Entertainments (the operator of the theme park) had multiple failings in not performing an adequate risk assessment and not having proper procedures to prevent a series of errors by staff, leading to harm to the public. As a result, Merlin Attractions was fined £5 million.

Do you think 'human error' is ever a valid defence or excuse when harm is caused to employees, patients, care-receivers or members of the public?

Facilitating continuous improvement

Continuous improvement means making many, often small, improvements over time. The success of the GB Olympic cycling team in recent years has been due, in part, to an approach that looks for many tiny performance improvements – in athlete training, equipment or clothing, for example. Each one might shave a hundredth or even a thousandth of a second off a lap time. Cumulatively, they have contributed to many gold medals being won.

We can take the same approach in a science, health or healthcare environment. It starts with adopting quality standards and adhering to them, monitoring performance against those standards and then looking for ways to improve performance.

Facilitating objective, independent review

Audit processes might be a legal requirement – see Chapter A7 for examples. But an audit really means asking the question: 'Did we achieve what we set out to achieve?' We need to have processes that ensure we ask that question in an objective and independent way so that we get useful answers. If we did not achieve our objective, what can we do to achieve it in future? If we did achieve our objective, are there ways we can improve further?

Safeguarding is an essential part of providing high-quality healthcare. For this reason, it is important that safeguarding policies make provision for objective and independent review in the event of any failures in safeguarding. The subject of safeguarding is covered in detail in Chapter A11.

Practice points

Quality control (QC) means the testing of a product to ensure that it meets required standards. The QC department in an organisation will be responsible for testing products before they are sold. Any product that fails QC tests will have to be reworked or scrapped.

Quality assurance (QA) means having procedures in place that ensure that the product will always meet the required standards.

Which do you think is more important, QC or QA?

A1.3 The key principles of ethical practice in the health and science sector

We are probably all aware of medical ethics – the need for medical professionals to adhere to a set of values or moral principles. This provides a framework for analysing a situation and deciding on the best course of action to take. We will expand upon that in this section. However, aspects of ethical practice are important in all areas of health and science, as we will see.

Beneficence

Put simply, **beneficence** means 'doing good'. All healthcare professionals need to follow the course of action that they believe to be in the best interest of their patient. However, 'doing good' is often too simple in the real world. It is better to think of beneficence as ranking the possible options for a patient, from best to worst, taking account of:

- Will the option resolve the medical problem?
- Is it proportionate to the scale of the problem?
- Is it compatible with the patient's individual circumstances?
- Are the option and its outcomes in line with the patient's expectations?

Several of these points are related to the patient's circumstances or expectations. This forms the basis of patient-centred or person-centred care. This will be expanded on in Chapter A8: Providing person-centred care.

Nonmaleficence

If you have seen the 2014 Disney movie 'Maleficent' you can probably work out that **maleficence** means 'doing harm', so **nonmaleficence** must mean 'not doing harm'. In that sense, beneficence (doing good) and nonmaleficence (not doing harm) go together. In the science and healthcare sector we all have a duty of both beneficence and nonmaleficence to those we are responsible for.

You can think of nonmaleficence as a threshold for treatment. In other words, if a treatment causes more harm than good then we should not consider it. That is different to beneficence, where we consider all the valid treatment options and then rank them in order of preference or benefit to the patient. A treatment could still be the most beneficial and cause more harm than good.

Another difference is that we usually think of beneficence in response to a specific situation – what is the best treatment for a patient? However, nonmaleficence is something that should always be considered in a healthcare setting. If you see someone collapse, you have a duty to provide (or seek) help for that person. Because we must try to prevent harm, it will be better for that person to receive medical attention than to be left there. Even if you are not qualified or able to help, you can at least make sure that help is given or called for (e.g. by calling 999).

We have described beneficence and nonmaleficence in the context of a doctor providing medical treatment. However, the same principles apply to all health workers who are providing care.

Reflect

Here are some factors to consider in the context of nonmaleficence:

- What are the risks associated with intervening or not intervening?
- Do I have the skills necessary to help this person or carry out this action?
- Are any other factors (staff shortages, lack of resources, etc.) putting the person at risk?
- Is this person being treated with dignity and respect?

Autonomy and informed consent

Autonomy means that everyone has the right to make the final decision about their care or treatment. That means that, as caregivers, we cannot impose care or treatment on any individual, with some limited exceptions (see below).

This has not always been the case – there have been many instances of 'doctor knows best' in the past and some people might still feel the need to defer to what they see as an authority figure.

Informed consent means that before making that final decision, a person receiving care or treatment has the right to be given all the relevant information about the care or treatment. This might include the benefits, the potential risks and what might happen if the care or treatment is not given.

In some cases, the person may not have the **capacity** to give informed consent. To have capacity, the person must be able to:

- understand the information they are given
- retain that information long enough to make a decision
- weigh up or assess the information to make a decision
- communicate their decision.

If the person does not have capacity to give informed consent, the principles of beneficence and nonmaleficence should be applied. In some cases, for example, with children, the parent or guardian would have to give consent.

According to UK law, adults are over 18 years. However, 16- and 17-year-olds are considered able to give informed consent without the need for a parent. Children under 16 can also give informed consent, provided they have sufficient capacity – intelligence, competence and understanding.

In some cases, the beliefs of a parent (e.g. religious beliefs) may lead them to oppose a course of treatment that healthcare staff believe to be in the interests of the child. In such cases it might be necessary to obtain a court order to overrule the parent's wishes. Of course, this might not be possible in an emergency. In such cases, the principles of beneficence and nonmaleficence should be applied. However, this might result in the parent taking legal action. Ethical issues are not always straightforward!

Truthfulness and confidentiality

Confidentiality is central to the relationship between patients, care-receivers or the general public on the one hand and science and healthcare staff on the other. Lack of confidentiality may lead to loss of trust; if a patient feels their confidential information may be disclosed without their consent, they may withhold necessary information or even avoid seeking treatment – either way, they are less likely to receive appropriate treatment.

Truthfulness is an obligation on the part of science and healthcare staff. We have an obligation to be truthful, whether that is answering a patient's questions or reporting the results of experiments or analysis. Being truthful with patients is important, even if it might lead to them deciding against a course of action or treatment that we think will be beneficial for them. This is a consequence of informed consent that healthcare staff must accept.

Reflect

How would you apply the principles we have covered to help you deal with the following situations?

- A colleague has told you that they have a drink problem, but that it does not affect their work. You, however, are not sure because you have noticed that they are not always fully attentive and even show signs of being drunk on duty.
- A friend has asked if you can access their partner's medical records as they believe the partner is having an affair and they are worried about STIs (sexually transmitted infections).
- A patient tells you that they have been using illegal drugs.

Justice

Justice can mean fairness, equality and respect for all. Therefore, when we decide whether something is ethical or not, we must think about:

- Is it legal or compatible with the law?
- Is it fair?
- Does it respect the person's right and equality?
- Does it show respect for all concerned?

A1.4 The purpose of following professional codes of conduct

Whatever area of science, health or healthcare we work in, it is likely that we will be expected to follow specific professional **codes of conduct**. It is not enough to have good intentions; we need to achieve good outcomes – codes of conduct are one way to help ensure that.

Professional codes of conduct may be written by professional societies or organisations. Some examples, covering a diverse range of professions, include:

- The Nursing and Midwifery Council (NMC)
- The Royal College of Nursing (RCN)
- The Health Care Compliance Association (HCCA)
- The Royal Society of Chemistry (RSC)
- The Institute of Food Science & Technology (IFST)
- The Science Council
- The Royal Society of Biology (RSB)
- The Society of Radiographers (SoR)
- The Health and Care Professions Council (HCPC)
- The British Association of Sport and Exercise Sciences (BASES)
- The Institute of Biomedical Science (IBMS).

There are many more. Members of these societies or organisations are expected to follow the code of conduct.

In addition, many organisations in the science, health and healthcare sectors have their own codes of conduct:

- Government agencies, such as Public Health England.
- Private companies, such as HCA Healthcare UK.
- Employer-led bodies such as the Sector Skills Councils, including Skills for Care and Skills for Health.

Professional codes of conduct will usually follow the same format:

- They clarify the missions (aims) of the organisation and its values and principles.
- They clarify the standards that everyone must adhere to.
- They outline expected professional behaviours and attitudes.
- They outline rules and responsibilities within organisations.
- They promote confidence in the organisation and profession.

Research

An internet search or your tutor will help you find examples of professional codes of conduct relevant to your particular field of work. Are these codes of conduct helpful and easy to understand? Will they help prepare you to achieve good outcomes in your work?

A1.5 The difference between technical, higher technical and professional occupations in health, healthcare science and science, as defined by the IfATE occupational maps

▲ Figure 1.2 Modern laboratory equipment needs qualified and highly trained staff

The Institute for Apprenticeships and Technical Education (IfATE) is an employer-led organisation sponsored by the Department for Education. A key element in the work of the Institute is to support employer groups in developing apprenticeships.

The Institute also maintains the **occupational maps** that underpin technical education. These occupational maps show where technical education can lead. They group occupations that have related knowledge, skills and behaviours into **pathways** so that it is easier to see opportunities for career progression within a particular route. Within each pathway, occupations at the same **level** are grouped into clusters to show how skills you have learned can be applied to other related occupations (Figure 1.2).

Key term

***Levels*:** in this context, a way of grading a qualification or set of skills and the corresponding occupations. The levels used today are based on the National Vocational Qualifications (NVQ) levels 1 to 5 developed in the 1980s. Over time, more emphasis has been given to the degree of difficulty or challenge of the qualification rather than the level of occupational competence in the workplace. There are now eight levels, and they cover academic qualifications such as GCSEs, A Levels and undergraduate and graduate degrees, as well as vocational qualifications such as T Levels and apprenticeships – see below for examples.

This is a small selection of the qualifications available at each level:

- Level 1 qualifications:
  - GCSE grades 3 to 1 or D to G
  - Level 1 NVQ.
- Level 2 qualifications:
  - GCSE grades 9 to 4 or A* to C
  - Intermediate apprenticeship
  - Level 2 award, certificate or diploma.
- Level 3 qualifications:
  - AS/A Level
  - T Level
  - Advanced apprenticeship.
- Level 4 qualifications:
  - Higher apprenticeship
  - Higher national certificate (HNC).
- Level 5 qualifications:
  - Foundation degree
  - Diploma of higher education (DipHE)
  - Higher national diploma (HND).
- Level 6 qualifications:
  - Ordinary or honours degree, e.g. BA, BSc.
- Level 7 qualifications:
  - Master's degree, e.g. MA, MSc, MChem, Meng.
- Level 8 qualifications:
  - Doctorate, e.g. PhD or DPhil.

For a full list, visit **www.gov.uk** and search for 'What qualification levels mean'.

Technical

These are skilled occupations that a college leaver or an apprentice would be entering, typically requiring qualifications at levels 2/3. Examples include:

- adult care worker/lead care worker
- healthcare support worker
- dental nurse
- food technologist
- laboratory technician.

Higher technical

These are occupations that require more knowledge and skills. This could be acquired through experience in the workplace or further technical education. They typically require qualifications at levels 4/5. Examples include:

- lead practitioner in adult care
- healthcare assistant practitioner
- nursing associate
- dental technician
- food testing/laboratory manager
- technician scientist.

Professional

These are all occupations where there is a clear career progression from higher technical occupations, as well as occupations where a degree apprenticeship exists (level 6). Examples include:

- social worker
- healthcare science practitioner
- registered nurse or midwife
- biochemist/biologist/chemist/physicist
- research scientist.

Research

You can view the latest occupational maps on the Institute for Apprenticeships & Technical Education website (**www.instituteforapprenticeships.org/about/occupational-maps**) or search online for 'Institute for Apprenticeships occupational maps'.

Were you able to find relevant information? Will this be a useful resource to help you to plan your career?

A1.6 Opportunities to support progression within the health and science sector

When you were a child, what did you want to be when you grew up? Is that still what you want to do? Some people seem able to plan their careers and then pursue their objectives with single-minded determination. Others may move from job to job without any clear plan. The former group is usually, but not always, more successful than the latter. Whichever category you fall into, the end of your T Level course is just the beginning. It helps if you have a plan as to how you can progress in your career. Even if you are not sure where you want to go, at the very least you should be aware of the opportunities that are available.

Research

Although it is more relevant to the science sector than health or healthcare sectors, the Royal Society of Chemistry offers a 'careers toolkit' of online resources to its members.

Other professional bodies in your field may offer something similar. You should use all the resources and sources of advice and information available to you. Look at the professional bodies listed in section A1.4. Are any of those relevant to your chosen field of work? If so, their website might have useful resources. Make a list of sources of help and information about how to progress your career.

Undertaking further/higher education programmes

As you come to finish your T Level, it is a good idea to have already planned your next move. You will have achieved a level 3 qualification, so you should normally consider moving on to a level 4 or level 5 qualification, unless you decide to change track – in which case there will be a range of other level 3 qualifications that might be suitable.

If you plan to remain in the science, health or healthcare sector, you will probably consider a level 4 or level 5 qualification appropriate to your chosen field of work, such as Higher Technical Qualifications. In some cases this will mean that you have to become registered with a statutory regulator, such as the Nursing and Midwifery Council or the General Dental Council.

Your T Level will be worth UCAS points, so you can continue into higher education (level 5 or 6) at university or with another education provider if you wish.

Undertaking apprenticeship/degree apprenticeship

An **apprenticeship** is a job with training to industry standards and should involve entry into a recognised occupation. Apprenticeships are employer-led, so employers will:

- set the standards the apprentices need to meet
- create the demand for apprentices to meet their skills needs
- fund the apprenticeship, i.e. pay for training
- employ the apprentice, i.e. pay them and give them work
- be responsible for training the apprentice on the job.

The needs of the apprentice are also important. Apprentices are not meant to be simply a source of cheap labour. The apprentice must be able to achieve competence in a skilled occupation. Not only that, but they should also acquire skills that are transferable and offer the possibility of long-term earnings potential, greater security and the ability to progress in the workplace.

A higher apprenticeship (level 4) might lead on naturally from a level 3 T Level, but entry to a level 6 or level 7 degree apprenticeship is also possible. Degree apprenticeships combine working for an employer with studying at a university. Study periods can be on a day-to-day basis or in blocks, depending on the programme and the needs of the employer.

More information about degree apprenticeships is available on the UCAS website (**www.ucas.com**) or the Institute for Apprenticeships and Technical Education website (**www.instituteforapprenticeships.org**).

Undertaking continuing professional development (CPD)

Continuing professional development can take many forms. It is a way in which professionals use different learning activities to maintain, develop and enhance their abilities, skills and knowledge. CPD combines different methods of learning, such as:

- conferences and events
- training workshops
- e-learning programmes
- best practice techniques

- ideas sharing
- shadowing a more experienced professional in the field.

CPD programmes are often run by employers or professional bodies such as those described in section A1.4.

Joining professional bodies

Professional bodies fulfil a number of important functions. As well as being the guardians of professional codes of conduct in their area of expertise, they offer CPD programmes.

In some occupations in the science, health and healthcare sectors you need to be registered with a statutory body, such as one of the professional bodies.

Some professional bodies offer **chartered** status. As well as indicating an in-depth knowledge of the field, chartered status is required in some regulated activities that have to be supervised by a **qualified person**, such as production of pharmaceuticals (see section A7.3 for more information). Examples include:

- Chartered Chemist (CChem) administered by the Royal Society of Chemistry
- Chartered Biologist (CBiol) administered by the Royal Society of Biology
- Chartered Physicist (CPhys) administered by the Institute of Physics
- Chartered Scientist (CSci) administered by the Science Council.

Undertaking an internship

Internships can offer valuable experience in a real work environment – particularly if you have not gained this through an apprenticeship. Internships are usually relatively short and often take place during the summer months, as many are designed for university students. Placements are similar, but generally last longer. Internships and placements are usually offered by large companies, such as GSK (which manufactures pharmaceuticals) or Unilever (consumer products). In some cases, you will be paid at least the UK National Living Wage, but in others it can be much higher than this – though some internships are not paid at all. Bursaries are often available to cover your costs in an unpaid internship. Many of the professional bodies already mentioned will offer help with internships, placements or bursaries. Their websites are the best place to look for advice and information.

Undertaking a scholarship

As well as help with bursaries, many of the professional bodies can offer help with scholarships. These are usually available to help with the costs of obtaining higher qualifications, usually at level 6 or level 7. Educational institutions that offer these qualifications may also offer scholarships or can give guidance on what scholarships and other sources of funding are available.

Project practice

You are working in a science/health/healthcare organisation (choose one according to your own area of work). You have been asked to produce materials to help new apprentices understand the importance of the working practices of the organisation, as well as to inform them about the ways in which their careers might develop.

1 Prepare a summary of the organisation policies that you are aware of in your organisation, or ones that you know should be in place. Give explanations for the relevance and importance of these.
2 Research the professional codes of practice relevant to your area of work. This might require you to use the websites of any relevant professional bodies to gather information.
3 Prepare a list of the types of CPD that are available or recommended in your organisation.
4 Finally, outline the additional ways in which apprentices can progress in their careers.

You should present the information in the form of a poster or short written document, such as an employee handbook.

Assessment practice

1 What piece of legislation covers the requirement for diversity and inclusion for people with certain characteristics?

2 What is the name for the legal parts of an employment contract?

3 What are collective agreements?

4 Your employer has a disciplinary policy that includes informal and formal written warnings. You have been found stealing and dismissed. You feel that you have been treated unfairly because you were not given any warnings or a notice period. Are you correct?

5 Give **two** reasons why an organisation needs an equality, diversity and inclusion policy.

6 Explain, using an example, what is meant by safeguarding.

7 Give **two** reasons why organisations adhere to quality standards.

8 During the early stages of the COVID-19 pandemic, there were serious concerns that NHS hospitals would be overwhelmed and unable to treat patients. Therefore, hospitals were instructed by the government to discharge any patients who could be transferred back to their care homes. In many cases this led to the introduction of COVID-19 into care homes from hospitals because patients were not tested for COVID-19 or were known to be infected.

Evaluate this instruction, considering the key principles of ethical practice.

Your response should demonstrate:

- reasoned judgements
- informed conclusions.

A2: The healthcare sector

Introduction

This unit gives an overview of the healthcare sector, its historical context and development over time. We will discuss the diverse nature of services provided, where they fit into the national framework and how they are funded.

Many areas of healthcare now use advanced technology to deliver care and monitor patients. Some of these advances, such as using a health app on your phone, you may have tried out; others including artificial intelligence and assistive computer technology, you may not have experienced. Use of technological innovations is explored and their benefits for patient care and treatment evaluated.

Job descriptions and career pathways in the healthcare sector are covered along with the benefits of evidence-based practice and multidisciplinary team working. The importance of following national, organisational and departmental policies and the consequences of not doing so are examined.

Public health is concerned with protecting, and improving, the health of the population rather than focusing on the health of the individual. The final part of the unit focuses on the public health approach to healthcare and how this benefits regional and national population health through prevention and improvement initiatives.

Learning outcomes

The core knowledge outcomes that you must understand and learn:

A2.1 the diversity of employers and organisations within the healthcare sector

A2.2 the characteristics of primary, secondary and tertiary healthcare tiers

A2.3 the diverse range of personal factors that would dictate the services accessed by an individual including barrier to service access

A2.4 how the use of different developments in technology supports the healthcare sector

A2.5 the origins of the healthcare sector and how this has developed into the current healthcare sector

A2.6 the potential impacts of future developments in the healthcare sector in relation to care provision

A2.7 the importance of adhering to national, organisational and departmental policies in the healthcare sector including the possible consequences of not following policy

A2.8 the different ways in which the sectors are funded

A2.9 the meaning of evidence-based practice, its application and how it benefits and improves the healthcare sector

A2.10 the different types of organisational structures within the healthcare sector and the resulting job roles

A2.11 the importance of job descriptions and person specifications and how this defines roles and responsibilities

A2.12 the career pathway opportunities for employment and progression within the healthcare sector as defined by the Institute for Apprenticeships and Technical Education occupational maps

A2.13 the potential impact of external factors on the activities of the healthcare sector

A2.14 the role of public health approaches and how this benefits regional and national population health through prevention and improvement initiatives.

A2.1 The diversity of employers and organisations within the healthcare sector

A wide range of local and national healthcare provision is in place to meet the diverse needs of individuals in society.

NHS

The National Health Service is provided by the state, funded by the taxpayer, with the government (UK, Scottish and Welsh) responsible for making decisions about funding allocation and policy. It provides healthcare, free at the point of use (other than some prescription and dental charges) throughout the United Kingdom.

NHS England, the body responsible for managing national health provision in England, aims to improve the population's quality of life by providing the care, support and treatment needed. Prevention of ill-health and the promotion of healthy living lifestyles are also key aspects of national health and social care provision. Clinical **commissioning** groups (CCGs) provide services needed by the client groups in a local area, matching the services provided to the needs of the local population. For example, some areas have a large elderly population, whereas others have more families. These groups will require different combinations or balances of services.

The organisations making up the NHS include:

- national bodies that oversee and regulate NHS services
- CCGs that plan and commission care for local populations
- healthcare provider organisations:
  - primary care organisations – independent businesses offering NHS services, including GP practices, dental practices, opticians
  - acute (hospital) trusts – providers of hospital-based NHS services
  - mental health trusts – organisations offering mental health and social care services
  - community trusts – providers of community-based services, such as district nursing, physiotherapy and speech and language therapy
  - ambulance trusts – organisations offering NHS transportation services, emergency and non-emergency care
  - charities and social enterprises – organisations providing support services to the NHS.

As you can see, the NHS is actually made up of multiple organisations. Also, the NHS does not just have clinical roles – it has more than 350 different roles available in a wide variety of areas, not just in healthcare. Each individual organisation has its own recruitment team and list of vacancies.

Private healthcare

Private healthcare services are not owned or run by the government but by private individuals or corporations. Private care providers usually charge a fee for their services. They are businesses and work to make a profit. Examples include private residential care homes, BUPA and Nuffield Health Hospitals, non-NHS dentists, and opticians. Some of the services private organisations provide may not be available from the state sector, i.e. provided by the NHS; examples include some cosmetic surgery, cosmetic dental procedures, pharmacists and **IVF**.

Private/non-profit organisations

A **non-profit organisation** is a business whose aim is not to make money for directors, owners or shareholders; rather, its purpose is to provide a benefit to society, usually in the form of help and support for individuals in need.

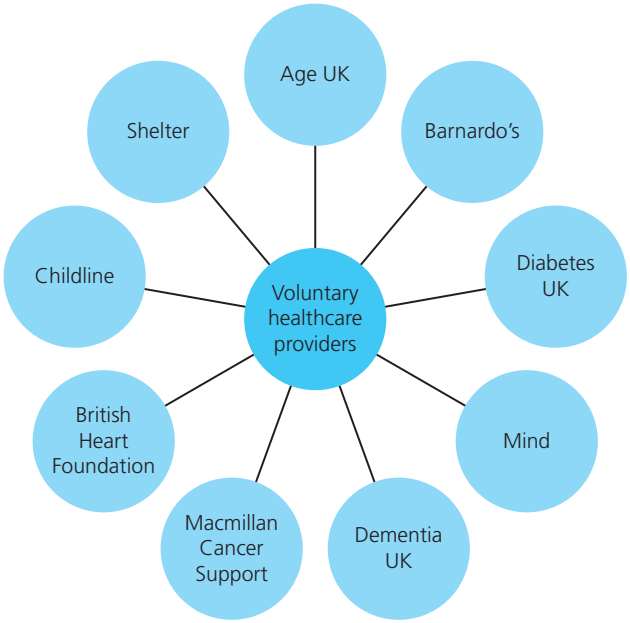
Key terms

***Commissioning*:** the process of planning and agreeing health services that are needed in a local area.

***IVF*:** in vitro fertilisation. A fertility treatment in which an egg is fertilised by sperm in a test tube and then the fertilised egg is implanted in the uterus.

***Third sector*:** also called the voluntary sector. An umbrella term for **non-profit making organisations** and other organisations that are not public (i.e. state-run) or private, such as non-governmental organisations (NGOs) and charities.

Charities have a distinct aim to provide a benefit to society and are funded by donations from the community. Not-for-profit organisations and charities are sometimes referred to as **third sector** organisations. Although some staff will be paid to lead and manage the organisation (usually from income received in the form of donations or grants), services are mainly provided by volunteers who do not get paid and who give their time for free. These are private organisations in that their services are not run by the government and they do not have a duty to provide services; instead they provide healthcare and other services because they see a need for them.



▲ Figure 2.1 Examples of non-profit healthcare providers

Research

Look at the websites of three of the voluntary organisations shown in Figure 2.1. Read about the types of physical and mental health services care and support they can provide.

Find out about the current health-related campaigns they are running.

Social care services

Adult social care

Adult social care provides practical support for individuals who have conditions such as early dementia, mental health conditions and disabilities, to enable them to stay independent.

Services provided can include:

- support with developing the skills needed to live independently
- support with getting up in the morning, washing, dressing and using the toilet
- help with household tasks, such as cleaning, cooking or shopping
- arranging home adaptations, for example installing a bath lift or walk-in shower, widening doorways or lowering kitchen worktops
- recommending suitable household equipment and gadgets, for example easy-pour kettles or easy-to-hold knives and forks
- arranging meals on wheels
- running day centres that allow people to meet others, take part in activities (such as quizzes) and get a hot meal
- support with the organisation of physical, leisure or social activities
- arranging respite care, which allows unpaid carers to take a short break.

Children and young people's social care

Children and young people's social care includes:

- provision of parenting classes to help struggling parents
- provision of parenting advice from family support workers
- support for children with disabilities
- provision of access to a children's centre
- local authorities having responsibility for children in short- and long-term foster care
- child protection services – if social workers are worried about a child being at risk of harm, they must investigate; during the investigation, family support is offered and a needs assessment is carried out to ensure appropriate parenting help is provided.

Housing services and youth and community services

Housing services and youth and community services are available to:

- help plan the transition of children from children's and young people's social services to adult social services and prepare them to leave care
- carry out adaptations to make a home more accessible if someone has a disability
- provide volunteering opportunities in some areas; this includes youth clubs and a range of activities that are intended to support mental health and wellbeing skills development.

For additional details of social care services, visit **www.nhs.uk/conditions/social-care-and-support-guide**

Diverse working environments

Health services are delivered in a wide range of settings and environments, including in people's own homes as well as in community clinics, community centres and schools, not to mention services delivered in hospitals, local authority departments, GP surgeries and nursing homes.

Beyond NHS services, a much wider network delivers care and support to people in their homes and communities. This includes pharmacies, hospices,

nursing homes, home care agencies, voluntary sector services and carers.

Community health services provide support across a range of needs and age groups but are most often used by children, older people, those living with frailty or chronic conditions, and people who are near the end of their life. Community services often support people with multiple, complex health needs who depend on many health and social care services to meet those needs. Health visitors, home care assistants, chiropody, heart failure nurse, occupational therapy, palliative care nursing and school nurses are examples of services provided in the community. This can be, for example, in people's own homes, in residential homes, in schools or at the local GP surgery. The increasing number of people living longer and with long-term conditions means that more people are likely to need support from community health services in the future.

Judicial healthcare ensures that detainees in custody and prisoners get the same healthcare and treatment as anyone outside of prison or custody. Treatment is provided by the NHS and is free of charge but has to be approved by a prison doctor or member of the healthcare team.

Most problems are dealt with by the prison healthcare team. If they cannot do this, the prison may:

- ask an expert/specialist to visit the prison
- arrange for treatment in an outside hospital.

Prisoners and custody detainees are offered specialist support, for example, if they have:

- drug addiction problems
- alcohol problems
- a disability
- a learning difficulty.

A prisoner or detainee has the right to refuse medical treatment. However, the healthcare team may follow procedures that enable them to give treatment if the prisoner is not judged capable of making decisions themselves (for example, if they have a mental health condition). Wherever possible, the healthcare team will discuss this with the prisoner's family first.

Key terms

***Judicial healthcare*:** healthcare provided for those individuals detained in prison and detainees who are kept in police custody before being charged with an offence. Also involves the Youth Offending Team which aims to engage young people in health education, and reduce drugs and alcohol misuse in the local area.

***Risk assessment*:** the process of evaluating the likelihood of a hazard actually causing harm.

***Healthcare professional (HCP)*:** someone who looks after the health and welfare of individuals who have been arrested and are kept in custody.

Case study

Healthcare in custody

John is arrested by the police and is taken to the custody suite – a large, specialised building that contains cells where individuals who have been arrested have to stay until they have been questioned and charged with a crime or released. On arrival at the custody suite, the sergeant asks John for his personal details and medical history: name, address, current and past health issues, any medication used, any drug dependencies and/or any history of self-harm.

John says he has taken drugs and alcohol in the hours before his arrest, due to feeling anxious and upset about his treatment of his partner. John says he has had a huge and violent argument with his partner, which he now regrets. This argument has led to his arrest. The sergeant uses this information to inform a **risk assessment** for John and it is the basis for deciding the level of care appropriate for John during his stay in custody. As John has taken drugs and been drinking, the sergeant introduces the custody suite's **healthcare professional (HCP)** to John.

The HCP wants to carry out an assessment of John's mental and physical health before he is locked in a cell on his own, and so asks John if he would like to have a private chat in the medical room when the sergeant has finished booking him into custody. John agrees to having a chat with the HCP.

Following the chat, the HCP recommends to the sergeant that John is placed in a camera cell so that he can be observed, and that he should be personally checked by a custody officer regularly until he has sobered up. The HCP has given John some information to read through about counselling services and alcohol/drug support groups. The HCP has also promised to pop in and see John a bit later to see how he is feeling.

- Why do you think the HCP has recommended a camera cell and regular checks?
- How can the HCP encourage John to reduce his alcohol intake and drug taking?
- Can you think of any other aspects of the HCP role in a custody suite?

Test yourself

1. Briefly explain three roles of the NHS.
2. Give three examples of private healthcare services.
3. Explain what is meant by a 'non-profit' organisation. Give an example.
4. Other than hospitals, list three examples of healthcare working environments.
5. State two environments where judicial care is provided.

A2.2 The characteristics of primary, secondary and tertiary healthcare tiers

Care provision in the healthcare sector is classified as **primary care**, **secondary care** and **tertiary care**.

Primary care

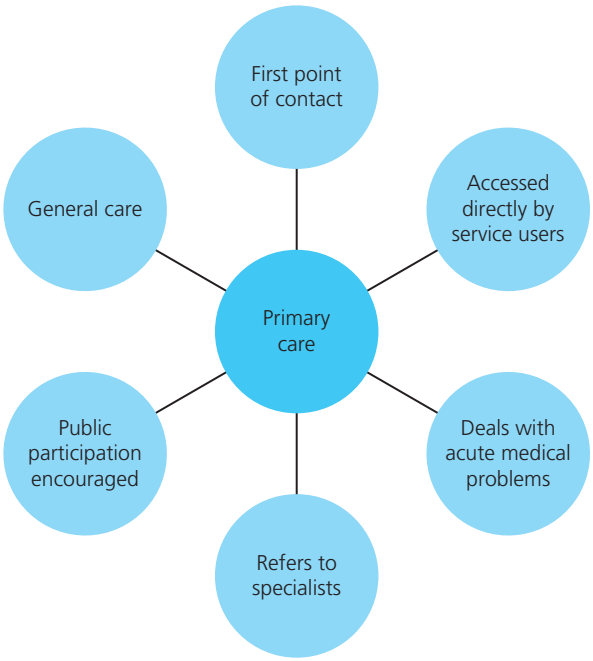
Primary care (see Figure 2.2) is where an individual has made a first contact with a medical practitioner, usually a **GP**, for advice or treatment. As a result of this first contact the patient will be questioned, probably examined, and may be treated by the GP or referred on to a specialist for further care.

Key term

***GP*:** general practitioner. This is the doctor in the local community and is usually based in a health centre or surgery. GPs deliver primary care and will provide initial diagnosis and treatment or will refer the individual to a specialist.

Examples of primary care providers are:

- GP surgery
- dentist
- optician
- walk-in centre
- A&E (accident and emergency department of a hospital)
- NHS 111 telephone service – this is a free service, available 24/7, for people with medical concerns where patients are uncertain about their severity or who to consult. It can save attending A&E unnecessarily and can provide reassuring advice from a professional who will direct patients to call 999 if emergency treatment is required
- community health services such as health visitors and school nurses.



▲ Figure 2.2 Features of primary care

People who need, use and care about healthcare services are encouraged to get involved in providing feedback on local area services. For example, all GP practices must have a **PPG** (**Patient Participation Group**) made up of patients from their practice. These groups regularly meet with staff and talk about how to improve services and promote health for people who use the practice. This public participation can help to influence the provision of services so that they are the most appropriate to meet local needs.

Research

To find out more about the different opportunities for public participation in healthcare provision, use the following links:

www.england.nhs.uk/get-involved – the NHS England website provides a vast library of information for individuals who would like to participate in some way in the work of NHS England.

www.healthwatch.co.uk/your-local-healthwatch/list – local 'Healthwatch' groups give the opportunity for the public to have an input into the type of healthcare services provided in the local area.

Secondary care

Secondary care involves, for example, hospital services where individuals have to attend as **inpatients** or **outpatients**, and social care services. This could be for investigations, tests or treatment for an illness or condition. It also includes maternity services.

Features of secondary care include:

- healthcare services which individuals are referred to, usually by their GP
- planned care treating a specific illness, condition or injury, such as carrying out an operation, for example, a hip replacement or removal of tonsils
- specialised care, for example, at a clinic that specialises in the illness or condition. This could be a series of appointments with a physiotherapist to help with a sports injury, for example.

Tertiary care

This includes care provided in residential nursing homes, in **hospices**, through mental health services and in the individual's own home.

Features of tertiary care include:

- care is often long term
- is highly specialised
- can be used as respite for families
- includes end of life care (**palliative care**).

Tertiary care refers to specialist medical attention provided by practitioners who focus on particular diseases or **anatomical** (body) systems. People typically access this level of treatment through a referral from another care provider. For example, when a GP identifies cancer in a patient, they will be referred to an **oncologist** (a cancer specialist) for a course of chemotherapy, after surgery, for the treatment of the cancer. Another example is where someone is referred for treatment by a specialist burns unit if they have suffered a severe burn injury.

Respite care (also known as short break care) provides specialist care that enables families and carers to have a short break from looking after the person they are caring for. This may be an individual with learning or physical disabilities who needs care and support with daily living tasks. Provision of specialist short breaks care helps and supports carers to take time out to focus on their own needs and helps stop them becoming run down and exhausted by the demands of providing continuing care.

End of life care is personalised care provided by specialist teams of professionals such as community nurses, Macmillan nurses and sometimes also volunteers. It supports the person to live as well as possible until they die. Alongside taking care of the ill individual's physical needs, end of life care takes a **holistic approach**, helping with their emotional, spiritual and social needs. The team will also support carers, family members and close friends of the individual.

End of life care can be provided by hospices. These are specialist care settings that can provide a range of services to support individuals. Some hospice care is provided by charitable organisations such as Marie Curie Cancer Care and Sue Ryder services.

Key terms

***Inpatient*:** patient who receives medical treatment, tests, etc. while staying in hospital.

***Outpatient*:** patient who visits a hospital or clinic to have treatment, tests and investigations, but does not have to stay there.

***Hospice*:** provides support and end of life care to individuals and their families. Hospice care can be provided where individuals choose, for example, at home, in a hospice room at a hospital, in a nursing home or at a Marie Curie hospice.

***Palliative care*:** aims to achieve the best quality of life possible, as actively as possible, until the individual's death from a terminal illness. It is a holistic approach and supports the individual and their family.

***Respite care*:** offers a break for carers from caring responsibilities, while the person they care for is looked after by someone else. Increasingly known as 'short breaks' care because of negative implications of 'respite', i.e. that the cared-for person is a burden.

***Holistic approach*:** a way of approaching the delivery of healthcare that considers the whole person, not just the part that requires physical treatment. It also takes into account an individual's intellectual, emotional and social needs.

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HODDER Education
+44 (0)1235 827827
education@hachette.co.uk
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