# Qualification Specification

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| **GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy (RQF)** | **601/8352/4** |
| **GA Level 3 Award in Phlebotomy (RQF)** | **601/8351/2** |

**These qualifications are subject to the GA Centre Assessment and Standards Scrutiny and General Moderation policy.**

# Section 1 - Qualifications Overview

## 1.1 Introduction: About the Gatehouse Awards Phlebotomy Qualifications.

The Gatehouse Awards ('GA') Phlebotomy qualifications are based on the National Occupational Standards developed by Skills for Health and in accordance with Skills for Health's *Assessment Principles for Qualifications that Assess Occupational Competence V5; September 2022.* Skills for Health is the Sector Skills Council (SSC) for the UK health sector.

They are designed for adult candidates who require an understanding of the relevant theory, practical and professional requirements of conducting phlebotomy procedures and subsequently gain competency in carrying out the phlebotomy procedure in the workplace.

This specification covers the GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy and the GA Level 3 Award in Phlebotomy. This document provides centres and candidates with a comprehensive overview of the assessment and quality assurance requirements for each qualification.

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 Qualifications 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 these GA qualifications. In addition, essential policies, procedures and forms can be found on the GA website: 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 Phlebotomy (RQF) | **601/8352/4** | 01/02/2016 | 01/12/2027 |
| GA Level 3 Award in Phlebotomy (RQF) | **601/8351/2** | 01/02/2016 | 01/12/2027 |

## 1.3 Qualification Aims and Objectives

The aim of the GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy qualification is to enable candidates, who are working in, or preparing to work in, a role involving phlebotomy to gain the knowledge and understanding of the relevant theory, practical and professional requirements of obtaining venous blood samples via the phlebotomy procedure.

The aim of the GA Level 3 Award in Phlebotomy is to enable candidates to gain an understanding and awareness of the relevant theory, practical and professional requirements of obtaining venous blood samples via the phlebotomy procedure, alongside gaining competency in carrying out the phlebotomy procedure in the workplace.

The qualification may be undertaken as initial training for those whose job role may require them to have an understanding and/or competence in phlebotomy procedures, or as refresher training for more experienced practitioners. The GA phlebotomy 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 GA Phlebotomy qualifications are listed on the Ofqual Register of Regulated Qualifications as part of the Regulated Qualifications Framework (RQF).

The structure of the GA Phlebotomy qualifications is as follows:

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| GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy (RQF) | One Mandatory Unit:<br>1. Understanding the Principles and Practice of Phlebotomy |
| GA Level 3 Award in Phlebotomy (RQF) | Two Mandatory Units:<br>1. Understanding the Principles and Practice of Phlebotomy<br>2. Conducting the Phlebotomy 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 Phlebotomy (RQF) and the GA Level 3 Award in Phlebotomy (RQF) are not designed to replace existing qualifications.

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

| Units | GLH | Study Time / TQT | Credits | Unit Reference |
|---|---|---|---|---|
| GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy (RQF) | | | | |
| Understanding the Principles and Practice of Phlebotomy | 10 | ST: 2 | 1 | M/507/9782 |
| **Total:** | 10 | TQT: 12 | 1 | |
| GA Level 3 Award in Phlebotomy (RQF) | | | | |
| Understanding the Principles and Practice of Phlebotomy | 10 | ST: 2 | 1 | M/507/9782 |
| Conducting the Phlebotomy Procedure | 10 | ST: 2 | 1 | K/507/9781 |
| **Total:** | 20 | TQT: 24 | 2 | |

## *Guided Learning Hours (GLH): Definition

The activity of a learner in being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

## **Total Qualification Time (TQT): Definition

The number of Guided Learning Hours assigned, plus an estimate of the number of study hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

The number of study hours a learner is expected to undertake in order to complete each unit is expressed in the 'Study Time' above. This, including the GLH, provides the Total Qualification Time, or TQT, and represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of these qualifications.

The estimates for Guided Learning Hours and Total Qualification Time above have been produced with due regard to information gathered from those with experience in education and training and is in line with guidance published by Ofqual on the allocation and expression of Total Qualification Time and Guided Learning Hours.

## Level

The qualifications within this specification are designated at Level 3 on the Regulated Qualification Framework (RQF) according to the Level Descriptors for knowledge and understanding, which build on those used within the Qualifications and Credit Framework (QCF) and the European Qualifications Framework (EQF). This means that these qualifications are considered by GA to lead to the outcome as follows:

Achievement at Level 3 reflects the ability to identify and use factual, procedural and theoretical knowledge and understanding of a subject or field of work to complete tasks and address problems that while well-defined, may be complex and non-routine, interpret and evaluate relevant information and ideas, and reflects an awareness of the nature of the area of study or work and different perspectives or approaches within the area of study or work.

## 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 and Service Enterprise sectors who need a knowledge of, or knowledge and competency in, conducting the phlebotomy procedure.

Each qualification may be undertaken as initial training in the field of Phlebotomy 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 and meet all relevant sector requirements. 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.

GA recommends that candidates should have a minimum of level two in English and maths (e.g. GCSE Grade C / Grade 4 or above) or equivalent.

It is recommended that prior to commencing a programme of study leading to this qualification, candidates receive detailed advice and guidance from the training provider in order to ensure the programme will meet their needs.

For further information on professional requirements and codes of conduct for healthcare practitioners, please refer to the relevant Nursing and Midwifery Council (NMC), General Medica Council (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 Phlebotomy (RQF), Candidates must achieve one Mandatory Unit: Unit 1 Understanding the Principles and Practice of Phlebotomy.

In order to achieve the GA Level 3 Award in Phlebotomy (RQF), Candidates must achieve both Mandatory Units: Unit 1 Understanding the Principles and Practice of Phlebotomy and Unit 2 Conducting the Phlebotomy 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 (RPL) is a method of assessing whether a learner's previous experience and achievements meet the standard requirements of a GA unit or units 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 GA 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 whole qualification. 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 / a previous award was issued.

Candidates who have achieved the GA Level 3 Award in Understanding the Principles and Practice of Phlebotomy (RQF), may use their achievement as prior learning towards the GA Level 3 Award in Phlebotomy (RQF), (provided that their prior learning meets the principles outlined above) by completing Unit 2. An RPL application form must be used. This documentation along with relevant guidance is published on the GA website.

No further transfer of credits is permitted.

## 1.9 Relationship to Other Qualifications & Progression Opportunities

The GA Phlebotomy qualifications are based on the National Occupational Standards, specifically SFHCHS132: Obtain venous blood samples; March 2021.

They are ideal qualifications for candidates to progress onto further specialist qualifications which reflect the context in which they work.

## 1.10 Language of Assessment

These qualifications are offered in English. Further information concerning the provision of qualification and assessment materials in other languages may be obtained from GA.

## 1.11 Grading

All learning outcomes and assessment requirements must be met before a learner can be considered having achieved this qualification.

These qualifications are not graded on a scale. Learners are assessed as Pass or Fail. Learners who aren't successful can resubmit work within the registration period.

## 1.12 Qualification Availability

These qualifications are available via GA Approved Centres in the UK and internationally. If you would like further information on offering these qualifications, please contact us.

Our contact details appear on our website, www.gatehouseawards.org

# Section 2 – Qualification Delivery, Assessment and Certification

## 2.1 Teaching and Learning Requirements

Where centres offer courses leading to the GA phlebotomy 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.

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 Quality Assurance Model

This qualification is a centre-assessed qualification. This means that it is internally assessed and internally moderated by centre staff to clearly show where learners have achieved the learning outcomes and qualification requirements. There is no requirement for external summative assessment.

Assessment, internal moderation and quality assurance activities are subject to external moderation and quality assurance conducted by GA.

This qualification is subject to the GA Centre Assessment and Standards Scrutiny (CASS) and General Moderation Policy.

Assessment decisions for competence-based units must be made by an occupationally competent assessor primarily using evidence generated in the workplace during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment.

All competence-based assessment must include direct observation as the main source of evidence.

## 2.3 Registering Candidates and Unique Learner Numbers

Candidates must be registered through the Ark, the GA online Learner Management System.

Candidates must be registered on the Ark (GA's candidate management system) before formal assessment commences, in accordance with GA regulations and in accordance with Skills for Health's *Assessment Principles for Qualifications that Assess Occupational Competence V5; September 2022*).

Owing to the Total Qualification Time of these qualifications, the validity period of registrations made will be 26 weeks. Should a candidate not have achieved in the timescale, a new registration is required.

Each approved GA centre is provided with a user account to allow approved staff access to the online system.

Where the Unique Learner Number (ULN) of a candidate is known, this should be provided at the point of registration in order for GA to issue updates to the Learner Record Service.

## 2.4 ID Requirements

It is the responsibility of the centre to have systems in place to confirm each learner's identity.

Learners are required to declare that all work submitted for assessment is their own work.

## 2.5 Record Keeping

Records of learner's details, their work and any records of Reasonable Adjustments, Special Considerations and records containing learners' personal details must be kept by the centre in line with the Data Protection Act 2018 (including UK GDPR and all relevant privacy regulations) for a minimum of 2 years.

The centre must operate a safe and effective system of care and comply with clinical and information governance requirements, with appropriate policies and procedures in place to maintain confidentiality related to clients, staff and learners.

All records must be easily retrievable and made available to GA or the Regulator upon request.

Portfolios must be retained until the following External Quality Assurance visit to allow them to be sampled. Following external moderation and the award of a qualification by GA, centres may return portfolios to learners.

Records of all internal quality assurance and moderation activity undertaken must be kept and made available to GA upon request.

## Section 3 – Centre Requirements: Assessment & Quality Assurance

Any centre wishing to offer these qualifications must ensure that they have the following resources in place.

### 3.1 Staff

The knowledge and experience of all staff involved in the teaching, assessment and internal quality assurance of these qualifications will be considered during the approval and re-approval process and at External Quality Assurance Visits.

The course provider must ensure that they hold up-to-date and detailed information about the staff involved with the delivery and quality assurance of these qualifications and must make records available to GA upon request.

The information GA expects the course provider 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

The course provider 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.

### 3.2 Requirements for Teachers and Assessors

Those delivering and assessing these qualifications must hold relevant qualifications.

The GA phlebotomy 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 phlebotomy procedures accurately and independently.

To support the making of appropriate and consistent assessment decisions, the Assessor must hold, or be working toward, a formal assessor qualification as follows:

- Level 3 Certificate in Assessing Vocational Achievement.

Assessors holding the D32/33 or A1 qualifications are not required to re-qualify.

Assessors must be occupationally competent. This means that each Assessor must be capable of carrying out the full requirements within the competence unit/s they are assessing. Occupational competence must be at least at unit level. Being occupationally competent means, they are also occupationally knowledgeable. This occupational competence should be maintained through clearly demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration.

Where Assessors are working towards a relevant equivalent teaching/assessing qualification under the guidance of a suitably qualified, experienced Assessor and their Internal Moderator.

## 3.3 Requirements for Internal Moderators (also referred to as an Internal Quality Assurers or IQAs)

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.

Those moderating and internally quality assuring the GA phlebotomy qualifications must hold relevant qualifications.

In addition to fully meeting the requirements stipulated above for Assessors, to support the internal quality assurance and moderation of these qualifications, the Internal Moderator must hold, or be working toward, a formal quality assurance qualification as follows:

- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice
  *or*
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
  *(as appropriate depending on the role of the individual).*

Those responsible for internal quality assurance holding the D34 or V1 qualifications are not required to re-qualify.

Internal Moderators may be working towards a relevant equivalent quality assurance qualification under the guidance of a suitably qualified and experienced Internal Moderator.

Assessors may have one or several appointed Internal Moderators.

All Assessors and Internal Moderators must be familiar with GA's qualification requirements. The knowledge and experience of Teachers, Assessors and Internal Moderators will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

## 3.4 Requirements for Expert Witnesses

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.

An expert witness must:

- have a working knowledge of the qualification units on which their expertise is based.

- be occupationally competent in their area of expertise.
- have EITHER a qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.

## 3.5 Assessment of Candidates

The centre 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 GA qualifications.

Candidates are assessed on the evidence contained within their portfolio.

A *Competency Record* and *Candidate Workbook* is provided to support candidates to build an appropriate portfolio (see section on Resources, below).

## 3.6 Portfolio Requirements

Learners are expected to build a portfolio of evidence, clearly demonstrating where they have met the learning outcomes and qualification requirements.

Various types of evidence may be used, for example:

- essays/assignments
- short questions and answers
- workbooks
- professional discussions
- observations of performance in the workplace
- product evidence
- reflective accounts
- expert witness testimony
- records of questioning

Evidence in the portfolio should be mapped against the learning outcomes, reflect the type of evidence supplied and indicate its location within the portfolio. By using portfolio reference numbers, it will enable the learner, assessor, IQA and EQA to quickly locate the evidence submitted.

All evidence must meet CRAVES requirements.

## 3.7 CRAVES Requirements

Assessors must ensure that all evidence within the learner's portfolio judged to meet GA's 'CRAVES' requirements is:

- 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
- sufficient: the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy.

## 3.8 Internal Moderation and Quality Assurance Arrangements

Internal Moderators (also known as Internal Quality Assurers or IQAs) ensure that Assessors are assessing to the same standards, i.e. consistently and reliably, and that assessment decisions are correct. IQA activities will include:

- ensuring Assessors are suitably experienced and qualified in line with the qualification requirements
- sampling assessments and assessment decisions
- ensuring that assessment decisions meet the GA 'CRAVES' requirements (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- conducting standardisation and moderation of assessment decisions
- providing Assessors with clear and constructive feedback
- supporting Assessors and providing training and development where appropriate
- ensuring any stimulus or materials used for the purposes of assessment are fit for purpose.

Sampling of assessment will be planned and carried out in line with a clear IQA and moderation strategy, which incorporates the number of learners, number of Assessors, and the experience and competency of Assessors.

Centre IQAs may wish to refer to the guidance documents provided by GA to approved centres (available on the Ark) in order to formulate an appropriate Sampling Strategy.

## 3.9 External Moderation and Quality Assurance Arrangements

All GA Approved Centres are entitled to two EQA visits per year. Additional visits can be requested, for which there may be an additional charge.

EQA activities will focus on the centre's continuing adherence to and maintenance of the *GA Centre Approval Criteria* and the criteria and requirements for the specific qualifications for which it holds approval. These include:

- 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 qualifications, 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 qualifications
- 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 moderation and quality assurance arrangements
- sampling internal moderation 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 moderation and wider 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 learner's work, moderation of assessment, talking to learners and reviewing documentation and systems, the GA EQA will provide the centre with full support, advice and guidance as necessary.

## 3.10 Venue Requirements

When training premises are used in the delivery of teaching and assessment of these qualifications, centres should, wherever possible, provide suitable access in line with Disability Discrimination, Diversity & Equality law and regulations and any other regulations which apply.

## 3.11 Equipment

Centres must ensure that all products and equipment used in the delivery and assessment of these qualifications must be authorised by GA and confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. This will be considered at approval and during the on-going monitoring of centres.

Where specific products and equipment are required for the delivery and assessment of a GA qualification, the suitability of the products and equipment at the centre will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

## 3.12 Teaching and Learning Resources

GA does not prescribe the use of set course books, workbooks or other materials but expects that Centres providing such courses should use relevant and up-to-date, high-quality teaching and learning 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.

## 3.13 Equipment

Centres must ensure that all products and equipment used in the delivery and assessment of this qualification must be authorised by GA and confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. This will be considered at approval and during the on-going monitoring of centres.

Where specific products and equipment are required for the delivery and assessment of a GA qualification, the suitability of the products and equipment at the centre will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

Where Unit 1 Understanding the Principles and Practice of Phlebotomy 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.

Delivery of Unit 2 Conducting the Phlebotomy Procedure should be carried out in the work environment; therefore, candidates are expected to utilise the equipment and resources made available in the 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

## 3.14 Other Resources

GA does not prescribe the use of set course books, workbook or other materials for these 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.

Some useful reference sources are listed below along with their website addresses:

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| WHO guidelines on drawing blood: best practices in phlebotomy | https://www.who.int/publications/i/item/9789241599221 |
| Best practices in phlebotomy - WHO Guidelines on Drawing Blood - NCBI Bookshelf (nih.gov)<br>Edition No: (uhcw.nhs.uk) | https://www.ncbi.nlm.nih.gov/books/NBK138665/ |
| Health and Safety Executive | www.hse.gov.uk |
| Health and Safety Executive for Northern Ireland | www.hseni.gov.uk |
| The National Archives (For all UK legislation) | https://www.nationalarchives.gov.uk/information-management/legislation/ |
| Equalities and Human Rights Commission | www.equalityhumanrights.com |
| Skills for Health | www.skillsforhealth.org.uk |
| Care Quality Commission | www.cqc.org.uk |
| Association of Health Care Professionals | www.ahcp.co.uk |
| Office of Qualifications and Examinations Regulation | https://www.gov.uk/government/organisations/ofqual |

Please note, any references to books, journals, websites or other third party materials and publications made in this Qualification Specification are made in good faith only and GA does not accept responsibility for the availability of such resources, nor the content of such materials or any opinions expressed within them.

## 3.15 Results and Certification

Centres may make claims for certification via the Ark when learners complete and the Assessor and Internal Moderator have confirmed achievement. Such claims for certification are subject to successful external moderation (EQA). Following the External Moderator's confirmation of a learner's achievement, GA will authorise claims for the certification of learners, details of which will be visible to the centre in the centre's Ark account. Certificates are usually issued within 10 working days of the award of the qualification.

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

Certificates will only be issued to learners who have achieved sufficient credits and met the rules of combination for the qualification they are registered for. If a learner has not achieved sufficient credits or failed to meet the rules of combination, the qualification certificate will not be issued.

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. learner proof of identification) and will involve the return of the original certificate. Replacements and amendments may incur an additional charge.

## 3.16 Direct Claims Status (DCS)

Direct Claim Status is not available for these qualifications.

## 3.17 Appeals and Enquiries

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

General enquiries can be made at any time and should be directed to a GA Centre Administrator.

## 3.18 Ongoing Support

There are a number of documents on the GA website that centres and learners may find useful: www.gatehouseawards.org

The website is updated regularly with news, information about GA qualifications, sample materials, updates on regulations and other important notices.

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

GA must be kept up to date with contact details of all changes of personnel so centres can be provided with the best level of support and guidance.

At the time of approval, centres are assigned a designated Centre Administrator who is their primary point of contact for all aspects of service or support.

Learners should always speak to a member of staff at the centre for information relating to GA and our qualifications prior to approaching GA directly.

Contact details for GA can be found on the GA website www.gatehouseawards.org.

## Section 4 – Unit Specifications

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

| Unit | GLH | Study Time | TQT | Credits | Unit Reference | |
|---|---|---|---|---|---|---|
| 1. Understanding the Principles and Practice of Phlebotomy | 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 Phlebotomy | | | | M/507/9782 |
| Learning Outcome - The learner will: | | Assessment Criterion - The learner can: | | Guidance: |
| 1 | Understand the legal and professional role and responsibilities in phlebotomy | 1.1 | Define key terms used in phlebotomy | Definitions of phlebotomy, venepuncture, cannulation; monitoring phlebotomy |
| | | 1.2 | Explain relevant legislation, policies and best practice in phlebotomy | Current legislation, national guidelines and local policies and protocols; relevant codes of conduct; legislation regarding data protection, health and safety, infection prevention and control, sharp instruments; equality and diversity, 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 |

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| | | | | 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 current legislation, national guidelines and local policies and protocols |
| | | 1.5 | Explain the principles of infection prevention and control and health and safety precautions relevant to phlebotomy | 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 how to prepare for obtaining a venous blood sample | 3.1 | Explain how to prepare documentation for phlebotomy, 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. |

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| | | 3.2 | Explain how to prepare a patient for a phlebotomy procedure, 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 a phlebotomy procedure | Non-touch techniques; equipment and materials needed for phlebotomy; 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 a phlebotomy procedure | 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 a phlebotomy procedure | 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 |

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| 4 | Understand the phlebotomy procedure | 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 the phlebotomy procedure, 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 |

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| 5 | Understand post-phlebotomy 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 Phlebotomy Procedure

| Unit | GLH | Study Time | TQT | Credits | Unit Reference | |
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| 2. Conducting the Phlebotomy 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: | • All competence-based assessment **MUST** have Observation as the main source of evidence.<br>• This unit **MUST** be assessed in the work environment. **Simulation is not allowed.**<br>• Candidates must be assessed against all Learning Outcomes on a minimum of 3 separate occasions in order to meet the assessment requirements. | | | | |

| Unit Title | | | | Unit Number |
|---|---|---|---|---|
| Conducting the Phlebotomy Procedure | | | | K/507/9781 |
| Learning Outcome - The learner will: | | Assessment Criterion - The learner can: | | Guidance: |
| 1 | Prepare for the phlebotomy 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 |

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| | | 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 phlebotomy 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. |

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| | | 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-phlebotomy 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. |

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| | | 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: Internal Moderation and Quality Assurance Regulations and Guidance

### 3.1 Introduction to Internal Moderation

Internal Moderation is a centre's internal system that ensures learner evidence is complete and genuinely meets all the required criteria by which the learner is judged to have met in order to be awarded a qualification. The process involves regularly sampling and evaluating the centre's assessment practices and decisions, and it is the Internal Moderator's responsibility to act on their findings to ensure consistency and fairness.

Ensuring quality standards are maintained and are consistent within and across a centre's provision is the responsibility of the head of centre, who must ensure that suitable staff are in place to act as Internal Moderator(s) and provide full support and standards scrutiny of the centre's Assessment decisions.

### 3.2 Internal Moderation Processes

Internal Moderation involves three key processes: co-ordination of the assessment process, standardisation of assessment practice, and sampling of assessed work.

These processes are conducted by one Internal Moderator or, if there is more than one, a team of Internal Moderators who are under the direction of a Lead Internal Moderator.

Information about the experience and qualification requirements for Internal Moderators is provided in the *Qualification Specification.*

### 3.3. Co-ordination of the Assessment Process

Prior to delivery commencing, it is the Internal Moderator who will confirm that assessment tasks are appropriate. This may involve checking that proposed assessment activities, plans for practical assessments, or the briefs of any assignments or reports are fit for purpose. It may also include checking that internal tests or examination materials are fit for purpose.

In order to ensure that the planned assessment activities and materials are fit for purpose, the Internal Moderator will consider and judge whether the activities and materials provide inclusive opportunities for all learners to meet the assessment objectives and generate evidence which is current, reliable, authentic, valid, able to be evaluated and sufficient to meet the requirements of the qualification.

During delivery of assessment, Internal Moderators will work with the Assessment team, ensuring that assessment practices are being carried out correctly. This may involve observing assessment taking place.

## 3.4 Standardisation of Assessment

The standardisation process helps to ensure that all centre staff involved in the delivery, assessment and quality assurance are consistent and fair to all learners and interpret and follow the requirements of the qualification in the same way.

Internal Moderators are expected to ensure high levels of consistency across Assessors and centre delivery sites through sharing good practice and providing feedback and support, doing so accurately and in good time. The internal Moderator may highlight areas for further CPD or additional training as necessary.

## 3.5. Sampling Process

When planning and carrying out internal moderation activities, it is important that the Internal Moderator works to a sound sampling strategy to ensure that standardisation of assessment decisions can take place.

A centre's sampling strategy involves reviewing the quality of Assessor's judgements, which will include reviewing learner work.

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

The Internal Moderator should check that planning and reviewing has taken place and feedback is given to learners by the Assessor. The Internal Moderator will also check and confirm the accuracy of the application of any mark schemes, guidance and overall assessment decisions.

The Internal Moderator 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 Moderator must plan their sampling activities as outlined below.

## 3.6 Establishing a Sampling Strategy

Sampling should enable the Internal Moderator to evaluate how Assessors have reached their decisions. They must be able to follow 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 learner'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.

## 3.7 Planning Sampling Activities

The Internal Moderator should consider the following when considering the volume of work that they should sample:

- the learners' ethnic origin, age and gender to ensure a representative range of learners are 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 everything in a learner's portfolio. 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 Moderator 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 and ensure a good, representative range of assessment evidence is sampled
- previous feedback to Assessors regarding good practice and/or involved highlighting development needs, for example If the Internal Moderator has a particular concern regarding the assessment decisions of a particular Assessor they should focus on increasing the volume of work from that Assessor to continue increased monitoring and evaluation of risk
- whether any changes have been implemented relating to the assessment of the qualification or its units, for example if there have been 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%.'

## 3.8 Producing a Sampling Plan

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

Copies of sampling plans should be made available to other Internal Moderators and the assessment team, and sampling carried out according to the plan.

Where variations are made, these should be recorded on the plan.

## 3.9 Completing a Sample Record

The Internal Moderator should record the quality assurance sampling activities on a Sample Record. As a minimum, this record must indicate the Assessor's decision, the content of the sample, the Internal Moderator's decision and relevant feedback to the Assessor.

Where the Internal Moderator agrees with the assessment decisions, certification claims can go ahead.

Where the Internal Moderator does 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 and instructions for how the learner can be supported to produce the required evidence of knowledge and skills.

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 GA-appointed External Moderator (also referred to as the EQA) upon request.

| Document Specification: | | | | | |
|---|---|---|---|---|---|
| Purpose: | To detail the specifications of the GA Level 3 Phlebotomy qualifications. | | | | |
| Accountability: | GA Governing Body | | Responsibility: | Director | |
| Version: | 4 | Effective From: | Nov 2022 | Indicative Review Date: | Dec 2027 |
| Links to Ofqual GCR | E3; G6; G7 | Other relevant documents: | GA Centre Handbook<br>GA Candidate Access Policy<br>GA Malpractice & Maladministration Policy<br>GA CASS & General Moderation Policy | | |