

Revised Application Documentation: Version 5 /25 May 2015

## **QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY**

### **Name and address of submitting body:**

#### **Healthcare Sector Skill Council**

C/o Confederation of Indian Industry, 23, Institutional Area Lodi Road New Delhi – 110 003

### **Name and contact details of individual dealing with the submission**

**Name:** Mr. Ashish Jain

**Position in the organisation:** CEO

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### **List of documents submitted in support of the Qualifications File (attached in following order)**

1. Qualification Pack- Annexure1
2. Occupational Mapping Report-Annexure 2
3. Functional Analysis Report-Annexure 3
4. RFP for development of occupational standards-Annexure 4
5. Validation group and industry consultations- Annexure 5
6. The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6
7. Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:  
<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>
8. Quality Assurance Strategy of Assessment in HSSC-Annexure 7
9. Assessment criteria/framework-Annexure 8

## QUALIFICATION FILE SUMMARY

<b>Qualification Title</b>	Diabetes Educator HSS/Q8701		
<b>Body/bodies which will assess candidates</b>	Healthcare Sector Skill Council Accredited assessing bodies		
<b>Body/bodies which will award the certificate for the qualification.</b>	Healthcare Sector Skill Council		
<b>Body which will accredit providers to offer the qualification.</b>	Healthcare Sector Skill Council		
<b>Occupation(s) to which the qualification gives access</b>	Provides education and skills for effective diabetes management in patients with diabetes or at risk of developing diabetes		
<b>Proposed level of the qualification in the NSQF.</b>	Level 4		
<b>Anticipated volume of training/learning required to complete the qualification.</b>	360 hrs.		
<b>Entry requirements / recommendations.</b>	Class XII in preferably in Science or Home Science		
<b>Progression from the qualification.</b>	<p>Progression will be possible in both academic as well as professional area as:</p> <p>Level 5- Team Leader/ Supervisor – Diabetes Management Department</p> <p>or</p> <p>Level 5: Specialization in Advanced counselling techniques</p>		
<b>Planned arrangements for RPL.</b>	HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2		
<b>International comparability where known</b>	While writing the NOSs the UK NOSs were also referred to and an effort was taken to maintain comparability in the technical part of the NOSs.		
<b>Formal structure of the qualification</b>			
<b>Title of unit or other component</b> (include any identification code used)	<b>Mandatory/ Optional</b>	<b>Estimated size (learning hours)</b>	<b>Level</b>
HSS/ N 8701: Assess goals for diabetic and prediabetic	<b>Mandatory</b>	<b>Class Room and Skill Lab Training = 240 hours</b>	<b>4</b>
HSS/ N 8702: Set and plan goals for diabetic/pre-diabetic patients	<b>Mandatory</b>		<b>4</b>
HSS/ N 8703: Implement and evaluate the performance of treatment plan	<b>Mandatory</b>		<b>4</b>
HSS/ N 8704: Document the patient record and follow-up activities	<b>Mandatory</b>	<b>Clinical/Laboratory Training (OJT) = 120 hours</b>	<b>4</b>
HSS/ N 8705: Educate patient about insulin administration	<b>Mandatory</b>		<b>4</b>
HSS/ N 9601: Collate and communicate health information	<b>Mandatory</b>		<b>4</b>

HSS/ N 9603: Act within the limits of your competence and authority	<b>Mandatory</b>		<b>4</b>
HSS/ N 9606: Maintain a safe, healthy and secure environment	<b>Mandatory</b>		<b>4</b>

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.

Give details of the document here:

**Qualification pack is attached as Annexure 1**

## **SECTION 1**

### **ASSESSMENT**

**Name of assessment body:**

If there will be more than one assessment body for this qualification, give details.

Manipal City & Guilds  
IRIS corporate solutions pvt ltd  
Aspiring Mind  
CII

**Will the assessment body be responsible for RPL assessment?**

Give details of how RPL assessment for the qualification will be carried out and quality assured.

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:

**REGISTRATION**

The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

**PRE-ASSESSMENT:** The purpose of Pre-assessment is to shortlist candidates as per prescribed limit, and also to notify gaps NOS wise to each candidate for their own self-training or opting for short-term training module before final assessment. The pre-assessment also informs about the reliability of information provided by candidates that they have experience working in the given job role. The pre-assessment is Online, Objective type, NOS based, with Each NOS compulsory each carrying 100 marks, No negative marking for incorrect answers, Test venue is kept as may be home/cyber café/institution/HSSC assessment center if the system have google chrome (Version 41.0.2272.101) and a web camera. Timed test link which expires after 90 minutes from the time of starting / writing the test is used for the same. Result is presented with no. of questions allotted and answered correctly for each NOS along with marks scored for each NOS out of 100.

**PORTFOLIO SCREENING**

Each registered candidate has to prepare and submit the portfolio as per formats given by HSSC. The portfolio may be verified by HSSC/nominated assessor during pre-assessment and scoring card is given for each portfolio.

**FINAL ASSESSMENT:** The candidates conforming to RPL guidelines based on both pre-assessment and portfolio screening are finally selected for final assessment. Final assessment is conducted through HSSC accredited Assessing body as per HSSC defined assessment criteria and NOS used for assessment of fresh entrants as described above. Final Assessment is conducted at the training site or at working place in case number of enrolled candidate from the site is more than 15. If needed, Assessment centers is arranged for assessment of candidates in cluster

**Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, consistent and fair and show that these are in line with the requirements of the NSQF:**

*QA regarding accreditation of Assessing Body:*

The HSSC Accreditation process is divided into two steps:

- 1) Pre-accreditation process:
  - Apply for Accreditation: Application form with desired documents in prescribed format to be sent.
  - Document Compliance Check: to be done for ensuring the compliance and adherence of applied assessing body according to criteria laid down by HSSC.
  - Presentation on Quality Assurance: to be given by Assessing body highlighting the quality assurance process laid down by AB at the process points
  - Once the assessing body clears the due diligence process, the accreditation is given along with terms and conditions.
- 2) Post-accreditation process: Post accreditation, the accredited assessing bodies needs to fulfill following minimum eligibility criteria or requisites for implementation:
  - All Empanelled Assessors would have to undergo **"Train the Assessor"** Program conducted by HSSC for each job role time to time.
  - Accredited Assessing Body would have to abide with requisite time-lines, policies and regulations declared by HSSC.
  - Accredited Assessing Body with times would have to contribute in expansion of the questionnaire.

*QA Regarding Assessment Criteria & papers:*

The emphasis is on 'learning-by-doing' and practical demonstration of skills and knowledge based on the performance criteria. Accordingly, assessment criteria for each job role is set and made available in qualification pack.

The assessment papers for both theory and practical are developed by Subject Matter Experts (SME) hired by Healthcare Sector Skill Council or with the HSSC accredited Assessment Agency as per the performance and assessment criteria mentioned in the Qualification Pack. The assessments papers are also checked for the various outcome based parameters such as quality, time taken, precision, tools & equipment requirement etc.

The assessment sets as well as assessment criteria are then reviewed by panel of experts from Industry as well as HSSC official for consistency and suitability. The assessments are designed so as to assess maximum parts during the practical hands on work. The technical limitations at the training centres are taken care in theory and viva.

All HSSC accredited Assessment Agency follow the "HSSC process of Assessment Framework" and HSSC approved assessment papers. The assessment by assessment agency will be completely based on the assessment criteria as mentioned in the Qualification Pack developed by HSSC.

Each NOS in the Qualification Pack (QP) will be assigned a relative weightage for assessment based on the criticality of the NOS. Therein each Performance Criteria in the NOS will be assigned marks for or practical based on relative importance, criticality of function and training infrastructure.

The following tools are proposed to be used for final assessment:

**1 Practical Assessment:** This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack.

Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

**2 Viva/Structured Interview:** This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.

**3 Written Test:** Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

- i. True / False Statements
- ii Multiple Choice Questions
- iii Matching Type Questions.
- iv) Fill in the blanks

*QA Regarding Assessors:*

Assessors are selected as per the “eligibility criteria” laid down by HSSC for assessors for each job role. The assessors selected by Assessment Agencies are scrutinized and made to undergo training and introduction to HSSC Assessment Framework, competency based assessments, assessors guide etc. HSSC conducts “Training of Assessors” program time to time for each job role and sensitize assessors regarding assessment process and strategy which is outlined on following mandatory parameters:

- 1) Guidance regarding NSQF
- 2) Qualification Pack Structure
- 3) Guidance for the assessor to conduct theory, practical and viva assessments
- 4) Guidance for trainees to be given by assessor before the start of the assessments.
- 5) Guidance on assessments process, practical brief with steps of operations practical observation checklist and mark sheet
- 6) Viva guidance for uniformity and consistency across the batch.
- 7) MOCK assessments
- 8) Sample question paper and practical demonstration

HSSC also conduct telephonic orientation of the assessors before each assessment for the given job role to assure quality, fairness and timely conduct of assessment.

The assessment agencies are instructed to hire assessors with integrity, reliability and fairness. Each assessor shall sign a document with its assessment agency by which they commit themselves to comply with the rules of confidentiality and conflict of interest, independence from commercial and other interests that would compromise impartiality of the assessments.

*QA before, during and after Assessments:*

HSSC ensures pre-requisites of Assessment needed by training institute regarding ARTICLES like Mannequins, Mock Ward Infrastructure, Transferring Equipment, Job role related equipment; INFRASTRUCTURE like Class rooms, Skill Lab, Aids like board/marker/logistics, Furniture like display tables, chairs; STAFF like Co-ordinator from training institute, Peon, Some additional members(for simulated situations, if required); DOCUMENTS like Admit Card, Govt. validated ID proof, Record Books like attendance, log book, internal evaluation sheets, Student Enrollment details; for CO-ORDINATION one full time co-ordination point for co-ordination with assessment coordinator before, during and after assessment.

HSSC ensures the three Phases of Assessment to be assured by assessing body and assessor for fair, consistent and quality assessment. The three phases of assessment is enlisted below:

PREPARATORY PHASE: **Documents ensured to be packed, sent and received:** Seal Pack of Sets of Papers, Invigilation Sheet/Covering letter, OMR/Answer sheet; Well **Co-ordination needs to be assured between** Assessment Co-ordinator of assessing body, HSSC official, Co-ordinator from skill center and assessor.

PHASE OF CONDUCT:

1) **Written Examination:**

- o Assessor should reach the VTP 30 minutes before the assessment and ensure that all the arrangements are as per the HSSC rules and regulation
- o He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- o He should make the students sit in the order of seating arrangements.
- o The enrolment numbers are to be written on the desks before the arrival of students.
- o The details to be filled like assessor name , date and Qualification name should be written on the board
- o Learners should keep all their belongings outside the classroom. All mobiles should be switched off and kept on the desk in front of the invigilator

- o The seal of the assessment materials is opened in front of the students.
- o OMR sheets to be distributed to all learners
- o Assessors should instruct the learners on the rules and regulation of the assessment
  - No. of questions
  - Duration of paper
  - Disciplinary rules
  - Administrative rules

**2) Attendance:**

- o The assessor/assessment co-ordinator needs to get signature of all candidates while theory as well as practical examination on invigilation sheet. The sheets are signed and stamped by the In-charge /Head of the Training Centre.
- o The assessor/assessment co-ordinator needs to verify the authenticity of the candidate by checking the photo ID card issued by the institute as well as any one Photo ID card issued by the Central/Government. The same needs to be mentioned in the attendance sheet. In case of suspicion, the assessor should authenticate and cross verify trainee's credentials in the enrolment form.
- o The assessor/assessment co-ordinator needs to punch the trainee's roll number on all the test pieces.
- o The assessor/assessment co-ordinator needs to take a photograph of all the students along with the assessor standing in the middle and with the centre name/banner at the back as evidence.
- o The assessor/assessment co-ordinator needs to carry a camera to click photograph of the trainees working on the job and giving theory exam as evidence.
- o The assessor/assessment co-ordinator also needs to carry a photo ID card.
- o The assessor/assessment co-ordinator also needs to take the photographs as evidence from appropriate angles/sides of the final work piece/job submitted by the trainee. This evidence is signed by the trainee at the time of submission of the job piece.
- o The assessor/assessment co-ordinator needs to measure the dimensions and finish of the submitted job piece as per the tolerance or standards mentioned in the assessment guide.

**3) Segregate learners into batches:**

- o Assign combination of one critical and one elementary NOS along with the soft skill NOS
- o Allocate time to learner
- o Ask learners to be present 5 minutes earlier than the time allotted at the lab

**4) Conduct Practical Assessments:**

- o Assign practical task to the learners
- o Ask the learner to collect articles and be ready for assessments
- o Observe learner conducting the assigned task
- o Evaluate and Record observations and marks and in the recording sheets
- o You may ask learners question on the task being done

**5) Conduct Viva:**

- o Ask questions from the learners on the assigned task
- o Ask questions prescribed in the assessment guide on non-prescribed tasks to ensure that the learners have complete knowledge on the assessment

**6) Collate Results:**

- o Check written answer scripts
- o Sum up the practical NOS marks
- o Sum up the viva marks
- o Remember to sign off on all sheets where scores are mentioned
- o Submit the collated result to assessment body representative/project manager

**7) Surprise Visits/Surveillance check** is kept to ensure the quality and fair assessments.

## POST-ASSESSMENT PHASE

### 1) **Verify Result**

- o Check for accuracy of names and date of birth
- o Check for accuracy of marks against each learner
- o Ensure that the pass percentage is correctly applied to the result
- o Ensure that the learner has cleared all sections of the assessments in line with the HSSC assessment strategy
- o Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
- o Each and every result has to get cross-verified by HSSC official

### 2) **Upload/Sharing of Results**

- o Once the results are ready it is uploaded on the SDMS website/portal and verified on the same
- o Or the results are shared to Training institute only by HSSC.
- o In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by HSSC.

### 3) **Documentation**

- o Question papers are kept in secure cupboard with limited and controlled access.
- o Used OMR sheets are to be stored for the next ten years
- o QP should be always current version

**Assessment process and guidelines are attached as Annexure 7**

Please attach any documents giving further information about assessment and/or RPL.

Give details of the document(s) here:

1. **Quality Assurance Strategy of Assessment in HSSC attached as Annexure 7**
2. **Assessment Criteria attached as Annexure 8**

## ASSESSMENT EVIDENCE

Complete the following grid for each grouping of NOS, assessment unit or other component as per the assessment criteria. Insert the required number of rows.

<b><u>Job Role</u></b>	Diabetes Educator
<b><u>Qualification Pack Code</u></b>	HSS/Q8701
<b><u>Sector Skill Council</u></b>	Healthcare Sector Skill Council

### **Guidelines for Assessment**

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each PC
2. The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3. Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below)
4. Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training center based on this criteria
5. To pass the Qualification Pack, every trainee should score as per assessment grid.
6. In case of successfully passing only certain number of NOS's, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack

Skills Practical and Viva (80% weightage)					
					Marks Allotted
Grand Total-1 (Subject Domain)					400
Grand Total-2 (Soft Skills and Communication)					100
Grand Total-(Skills Practical and Viva)					500
Passing Marks (70% of Max. Marks)					350
Theory (20% weightage)					
					Marks Allotted
Grand Total-1 (Subject Domain)					80
Grand Total-2 (Soft Skills and Communication)					20
Grand Total-(Theory)					100
Passing Marks (50% of Max. Marks)					50
Grand Total-(Skills Practical and Viva + Theory)					600
Overall Result					Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail
Detailed Break Up of Marks					Skills Practical & Viva
Subject Domain					Pick any 2 NOS each of 200 marks totaling 400
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
1.HSS/ N 8701 (Assess goals for diabetic and pre diabetic)	PC1. Compile and collect relevant information from different sources including family history, medical records and patient interview	200	100	50	50
	PC2. Appreciate and understand the significant impact of various lifestyle and health practises on management of diabetes		50	40	10
	PC3. Appreciate the need to individulaise the patient profile to analyse data from the perspective of age, gender, race and general health conditions		50	50	0
	<b>Total</b>		200	140	60
2. HSS/ N 8702 (Set and plan goals for	PC1. Engage patient to set mutually agreeable goals	200	30	10	20

diabetic/pre diabetic patients)	PC2. Express goals in clearly defined terms with measurable outcomes		20	20	0
	PC3. Ensure that goals are :-				
	a) Consistent with accepted diabetes practices and guidelines		20	20	0
	b) Developed in consideration with the resources available to the patient		30	30	0
	c) Appropriate as per the client's general state of health		20	20	0
	d) Balanced between risk and benefits of the patient's health		40	20	20
	PC4. Identify and describe specific instructional strategies to be used as per patient's preferences, culture, and lifestyle, skills, abilities and learning style		40	30	10
<b>Total</b>			<b>200</b>	<b>150</b>	<b>50</b>
3.HSS/ N 8703(Implement and evaluate the performance of treatment plan	PC1. Use different interventional strategies for teaching and educating the patient that are appropriate with the learner's age, learning style and skills	<b>200</b>	100	50	50
	PC2. Assess the continuum of outcomes including behavioural, clinical, health status and learn to demonstrate behaviour change in individuals with or at risk of diabetes		50	30	20
	PC3. Identify and address the basic and advanced diabetes self management skills to improve patient safety and survival		50	40	10
	<b>Total</b>			<b>200</b>	<b>120</b>
4. HSS/ N 8704 ( Document the patient record and follow up activities	PC1. Follow detailed process of documentation of clinical and DSME related to records	<b>200</b>	100	50	50
	PC2. Be abreast with various norms and legislation related to management of health and clinical records		50	30	20
	PC3. Organize information in standardised formats to facilitate subsequent usage for epidemiological studies or economic analysis		50	50	0
	<b>Total</b>			<b>200</b>	<b>130</b>
5. HSS/ N 8705 (Educate the patient about insulin administration)	PC1. Educate the patient on the availability of insulin in vials or prefilled pen device	<b>200</b>	10	5	5
	PC2. Educate the patient on checking the name of the insulin and dose against the patient's insulin prescription chart		20	10	10
	PC3. Educate the patient to ensure that insulin is correctly stored and its expiry date		20	10	10
	PC4. Educate the patient on checking the patient's blood glucose level and recording the result		20	10	10

	PC5. Educate the patient on the preparation of the insulin syringe or pen device	20	10	10	
	PC6. Ensure that the patient should know how to draw up the correct dose of insulin into an insulin syringe or correctly use a pen device	20	10	10	
	PC7. Educate the patient on selecting and examining injection sites for lipodystrophy (lump areas)	20	10	10	
	PC8. Educate the patient on how to raise the skin and insert the needle properly by depressing the insulin syringe or pen device and holding in place for a count of 10	20	10	10	
	PC9. Educate the patient on removing the needle and insulin syringe or device and depositing it safely	10	5	5	
	PC10. Ensure that the patient should know how to record the dose, timing and site of injection on a chart and initial	20	10	10	
	PC11. Educate the patient on the use of a blood glucose meter to monitor blood glucose and interpret the result	20	10	10	
	<b>Total</b>	<b>200</b>	<b>100</b>	<b>100</b>	
<b>Soft Skills and Communication</b>		<b>Pick any one NOS each carrying 100</b>			
Assessable Outcomes	Assessment Criteria for the Assessable Outcomes	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play
7.HSS/ N 9601 (Collate and communicate Health Information )	PC1. Respond to queries and information needs of all individuals	<b>100</b>	10	10	0
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics		20	10	10
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them		20	10	10
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual		10	2	8
	PC5. Confirm that the needs of the individuals have been met		10	2	8
	PC6. Adhere to guidelines provided by one's organization or regulatory body relating to confidentiality		10	10	0
	PC7. Respect the individuals need for privacy		10	5	5
	PC8. Maintain any record required at the end of the interaction		10	5	5
	<b>Total</b>	<b>100</b>	<b>54</b>	<b>46</b>	

HSS/ N 9603 (Act within the limits of one's competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	100	10	5	5
	PC2. Work within organisational systems and requirements as appropriate to one's role		20	10	10
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		20	10	10
	PC4. Maintain competence within one's role and field of practice		10	10	0
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		10	5	5
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		10	5	5
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		10	5	5
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		10	5	5
	<b>Total</b>		<b>100</b>	<b>55</b>	<b>45</b>
HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements	100	10	10	0
	PC2. Comply with health, safety and security procedures for the workplace		10	8	2
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		10	8	2
	PC4. Identify potential hazards and breaches of safe work practices		10	5	5
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		10	5	5
	PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected		10	5	5
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		20	10	10
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		10	5	5
	PC9. Complete any health and safety records legibly and accurately		10	5	5
<b>Total</b>		<b>100</b>	<b>61</b>	<b>39</b>	
<b>Detailed Break Up of Marks</b>				<b>Theory</b>	
<b>Subject Domain</b>				<b>Pick all NOS totalling 80</b>	

		marks
National Occupational Standards (NOS)	Assessment Criteria for the Assessable Outcomes	Weightage
1.HSS/ N 8701 (Assess goals for diabetic and pre diabetic)	PC1. Compile and collect relevant information from different sources including family history, medical records and patient interview	16
	PC2. Appreciate and understand the significant impact of various lifestyle and health practises on management of diabetes	
	PC3. Appreciate the need to individulaise the patient profile to analyse data from the perspective of age, gender, race and general health conditions	
2. HSS/ N 8702 (Set and plan goals for diabetic/pre diabetic patients)	PC1. Engage patient to set mutually agreeable goals	16
	PC2. Express goals in clearly defined terms with measurable outcomes	
	PC3. Ensure that goals are :-	
	a) Consistent with accepted diabetes parctises and guidelines	
	b) Developed in consideration with the resources available to the patient	
	c) Appropriate as per the clients general state of health	
	d) Balanced between risk and benefits of the patient's health	
PC4. Identify and describe specific instructional strategies to be used as per patient's preferences, culture, and lifestyle, skills, abilities and learning style		
3.HSS/ N 8703(Implement and evaluate the performance of treatment plan)	PC1. Use different interventional strategies for teaching and educating the patient that are appropriate with the learner's age, learning style and skills	16
	PC2. Assess the continuum of outcomes including behavioural, clinical, health status and learn to demonstrate behaviour change in individuals with or at risk of diabetes	
	PC3. Identify and address the basic and advanced diabetes self management skills to improve patient safety and survival	
4.HSS/ N 8704 Document the patient record and follow up activities	PC1. Follow detailed process of documentation of clinical and DSME related to records	16
	PC2. Be abreast with various norms and legislation related to management of health and clinical records	
	PC3. Organize information in standardised formats to facilitate subsequent usage for epidemiological studies or economic analysis	
5.HSS/ N 8705 (Educate the patient about insulin administration)	PC1. Educate the patient on the availability of insulin in vials or prefilled pen device	16
	PC2. Educate the patient on checking the name of the insulin and dose against the patient's insulin prescription chart	
	PC3. Educate the patient to ensure that insulin is correctly stored and its expiry date	

	PC4. Educate the patient on checking the patient's blood glucose level and recording the result	
	PC5. Educate the patient on the preparation of the insulin syringe or pen device	
	PC6. Ensure that the patient should know how to draw up the correct dose of insulin into an insulin syringe or correctly use a pen device	
	PC7. Educate the patient on selecting and examining injection sites for lipodystrophy (lump areas)	
	PC8. Educate the patient on how to raise the skin and insert the needle properly by depressing the insulin syringe or pen device and holding in place for a count of 10	
	PC9. Educate the patient on removing the needle and insulin syringe or device and depositing it safely	
	PC10. Ensure that the patient should know how to record the dose, timing and site of injection on a chart and initial	
	PC11. Educate the patient on the use of a blood glucose meter to monitor blood glucose and interpret the result	
<b>Grand Total-1 (Subject Domain)</b>		<b>80</b>
<b>Soft Skills and Communication</b>		<b>Select all NOS totalling 20</b>
<b>National Occupational Standards (NOS)</b>	<b>Assessment Criteria for the Assessable Outcomes</b>	<b>Weightage</b>
1.HSS/ N 9601 (Collate and communicate Health Information )	PC1. Respond to queries and information needs of all individuals	10
	PC2. Communicate effectively with all individuals regardless of age, caste, gender, community or other characteristics	
	PC3. Communicate with individuals at a pace and level fitting their understanding, without using terminology unfamiliar to them	
	PC4. Utilise all training and information at one's disposal to provide relevant information to the individual	
	PC5. Confirm that the needs of the individuals have been met	
	PC6. Adhere to guidelines provided by one's organization or regulatory body relating to confidentiality	
	PC7. Respect the individuals need for privacy	
	PC8. Maintain any record required at the end of the interaction	
2.HSS/ N 9603 ( Act within the limits of your competence and authority)	PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice	6
	PC2. Work within organisational systems and requirements as appropriate to one's role	

	<p>PC3. Recognise the boundary of one’s role and responsibility and seek supervision when situations are beyond one’s competence and authority</p> <p>PC4. Maintain competence within one’s role and field of practice</p> <p>PC5. Use relevant research based protocols and guidelines as evidence to inform one’s practice</p> <p>PC6. Promote and demonstrate good practice as an individual and as a team member at all times</p> <p>PC7. Identify and manage potential and actual risks to the quality and safety of practice</p> <p>PC8. Evaluate and reflect on the quality of one’s work and make continuing improvements</p>	
3. HSS/ N 9606 (Maintain a safe, healthy, and secure working environment)	<p>PC1. Identify individual responsibilities in relation to maintaining workplace health safety and security requirements</p> <p>PC2. Comply with health, safety and security procedures for the workplace</p> <p>PC3. Report any identified breaches in health, safety, and security procedures to the designated person</p> <p>PC4. Identify potential hazards and breaches of safe work practices</p> <p>PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority</p> <p>PC6. Promptly and accurately report the hazards that individual is not allowed to deal with, to the relevant person and warn other people who may get affected</p> <p>PC7. Follow the organisation’s emergency procedures promptly, calmly, and efficiently</p> <p>PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person</p> <p>PC9. Complete any health and safety records legibly and accurately</p>	4
<b>Grand Total-2 (Soft Skills and Communication)</b>		<b>20</b>

## SECTION 2

### EVIDENCE OF NEED

#### **What evidence is there that the qualification is needed?**

While collecting data from the companies for the occupational map & functional analysis, we also took feedback from industry, which was collected with respect to roles for which qualification packs development, was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the Industry feels they face. Governing council of HSSC gave final approval and endorsement for the same.

#### **What is the estimated uptake of this qualification and what is the basis of this estimate?**

The workforce in allied healthcare sector need expected to around 74 lac by 2022 double the workforce employed in 2013 as envisaged in Skills Gap analysis Reports for industry demand and secondary research data, though these do not lend to accurate demand projection. The link to NSDC Human Resource & Skills Requirement in Healthcare Sector is <http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

- Feedback from industry for demand though again sample size may not lend to accurate figures
- Training duration, and current and potential training capacity envisaged
- An LMIS development initiative is being put in place to be more precise regarding the demand and supply

**What steps were taken to ensure that the qualification(s) does/do not duplicate already existing or planned qualifications in the NSQF?**

- NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work
- NSDC QRC team also confirmed the same

**What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated?**

- Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation.
- Monitoring of results of assessments, training delivery
- Employer feedback will be sought post-placement
- A formal review is scheduled in two year time

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **RFP for development of occupational standards-Annexure 4**
4. **Validation group and industry consultations- Annexure 5**
5. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**
6. **Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:**

<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

### **SECTION 3**

#### **SUMMARY OF DIRECT EVIDENCE OF LEVEL**

Justify the NSQF level allocated to the QP. Relate information about the job role and build upon the five descriptors for the level to justify.

Generic NOS is/are linked to the overall authority attached to the job role.

<b>Qualification Title and Classification Code Diabetes Educator HSS/ Q 8701</b>					
<b>Process required</b>	<b>Professional knowledge</b>	<b>Professional skill</b>	<b>Core skill</b>	<b>Responsibility</b>	<b>Level</b>

<p>The Diabetes Educator provides education and skills for effective diabetes management in patients with diabetes or at risk of developing diabetes. They work in familiar, predictable, routine, situation of clear choice</p>	<p>The Diabetes Educator work in collaboration with Doctors and Nurses and other healthcare providers for multidisciplinary approach and work in collaboration with a team of healthcare professionals involved in the management of diabetes. The professional should also engage the patients by educating and providing them with skills and knowledge for effective management of diabetes. The individual should also be able to demonstrate clinical skills, Communication skills and ethical behaviour. This indicates that a Diabetes educator must have factual knowledge of field or study in order to perform activities correctly.</p>	<p>Diabetes Educator are responsible for assessing goals &amp; setting plans for diabetic &amp; pre diabetic, implement and evaluate the performance of treatment plan, documentation of patient records and follow up's. All these are activities that require him/her to demonstrate his practical skill, as per the scope of the job role, using appropriate tool, quality concepts, responsible for carrying out range of activities, requiring either laid down approach or may adopt alternative approaches as per the best evidenced practices.</p>	<p>Essential attributes of Diabetes Educator is to write various medical terms in error free English language. Document and compile information from different sources regarding diabetic/pre-diabetic patient's profile, Familiarity with MS office to store and document clinical/patient data, to be able to work in coordinated member with other healthcare professionals, Use correct terminologies and techniques to elicit the appropriate response during patient interviews, Speak at least one local language to communicate with the patient/patient relatives. This requires communication skills (written or oral) with required clarity and indicates that he/she should have the basic understanding of social, political and natural environment.</p>	<p>The Diabetes Educator is responsible for understanding the impact of health behaviour and lifestyle on acute and chronic problems of diabetes and provide a comprehensive, cost effective and self-care management plan to the patient . This is critical as it indicates that the person is responsible for his own work and learning. This is further reconfirmed by the fact that The Diabetes Educator is expected to learn and improve his/her practice while on the job and is referred as "skilled workers</p>	<p>4</p>
<p>Level: 4</p>	<p>Level: 4</p>	<p>Level: 4</p>	<p>Level: 4</p>	<p>Level:4</p>	<p>4</p>

**OTHER EVIDENCE OF LEVEL** [This need only be filled in where evidence other than primary outcomes was used to allocate a level] (**Optional**)

- Validated by Industry through various training provider & stake holders

Summary of other evidence (if used): NA

## **SECTION 4**

### **EVIDENCE OF RECOGNITION OR PROGRESSION**

**What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector?**

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
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3. **Validation group and industry consultations- Annexure 5**
4. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**