

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

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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

Qualification Title	General Duty Assistant HSS/ Q 5101			
Body/bodies which will assess candidates	Healthcare Sector Skill Council Accredited assessing bodies			
Body/bodies which will award the certificate for the qualification.	Healthcare Sector Skill Council			
Body which will accredit providers to offer the qualification.	Healthcare Sector Skill Council			
Occupation(s) to which the qualification gives access	GDA are also known as “Nursing Care Assistant”, “Nursing Assistant” , “Nursing Aide”, “Bedside Assistant” or “Orderlie” when working in a hospital environment.			
Proposed level of the qualification in the NSQF.	Level 4			
Anticipated volume of training/learning required to complete the qualification.	420 hrs.			
Entry requirements / recommendations.	Preferably Class X, but Class VIII is also considered in certain situations			
Progression from the qualification.	Level 5 would be GDA Specialist after bridging course (Specialized areas)			
Planned arrangements for RPL.	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			
International comparability where known	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.			
Formal structure of the qualification				
Title of unit or other component (include any identification code used)	Mandatory/ Optional	Estimated size (learning hours)	Level	
HSS/ N 5101: Assist nurse in bathing patient	Mandatory	Class Room and Skill Lab Training = 240 hours	4	
HSS/ N 5102: Assist nurse in grooming the patient	Mandatory		4	
HSS/ N 5103: Assist patient in dressing-up	Mandatory		4	
HSS/ N 5104: Support individuals to eat and drink	Mandatory		Clinical/Laboratory Training (OJT) = 120 hours	4
HSS/ N 5105: Assist patient in maintaining normal elimination	Mandatory			4
HSS/ N 5106: Transferring patient within the hospital	Mandatory			4

HSS/ N 5107: Communicating appropriately with co-workers	Mandatory		4
HSS/ N 5108: Prevent and control infection	Mandatory		4
HSS/ N 5109: Assist nurse in performing procedures as instructed in the care plan	Mandatory		4
HSS/ N 5110: Assist nurse in observing and reporting change in patient condition	Mandatory		4
HSS/ N 5111: Assist nurse in measuring patient parameters accurately	Mandatory		4
HSS/ N 5112: Respond to patient's call	Mandatory		4
HSS/ N 5113: Clean medical equipment under supervision of nurse	Mandatory		4
HSS/ N 5114: Transport patient samples, drugs, patient documents and manage changing and transporting laundry/ linen on the floor	Mandatory		4
HSS/ N 5115: Carry out last office (death care)	Mandatory		4
HSS/ N 9603: Act within the limits of your competence and authority	Mandatory		4
HSS/ N 9604: Work effectively with others	Mandatory		4
HSS/ N 9605: Manage work to meet requirements	Mandatory		4
HSS/ N 9606: Maintain a safe, healthy and secure environment	Mandatory		4
HSS/ N 9607: Practice Code of conduct while performing duties	Mandatory		4
HSS/ N 9609: Follow biomedical waste disposal protocols	Mandatory		4

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.

<u>Job Role</u>	General Duty Assistant
<u>Qualification Pack Code</u>	HSS/Q5101
<u>Sector Skill Council</u>	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 Alloted	
Grand Total-1 (Subject Domain)				80	
Grand Total-2 (Soft Skills and Comunication)				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 totalling 400	
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (400)	Out Of	Marks Allocation	
				Viva	Skills Practical
1. HSS/ N 5101 (Assist nurse in bathing the patient)	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence	200	10	0	10
	PC2.Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort		50	10	40
	PC3.Check water temperature before patient checks in		10	2	8
	PC4.Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes		50	10	40
	PC5. Dry patient skin by patting with a towel which decreases friction and prevents skin breakdown		4	0	4

	PC6. Never leave a patient unattended in bath room		4	2	2
	PC7. Wash from cleanest to dirtiest		10	2	8
	PC8. Observe and report unusual findings to the nurse		20	2	18
	PC9. Offer patient back rub after bathing and at bed time to stimulate circulation and relieve stress		10	10	0
	PC10. Apply lotion to dry skin if requested		2	2	0
	PC11. Clean tub shower chair before and after each use		20	10	10
	PC12. Always check each patients skin after bathing		10	10	0
	Total		200	60	140
2. HSS/ N 5102 (Assist nurse in grooming the patient)	PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence	200	10	0	10
	PC2. Show patient how they look after the grooming task is finished		20	0	20
	PC3. Use standard precautions and protocols for shaving and cutting nails		50	10	40
	PC4. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling		50	10	40
	PC5. Rinse toothpaste thoroughly from the mouth after brushing		40	5	35
	PC6. Store dentures in cool water with patients name to avoid confusion		30	5	25
	Total		200	30	170
3.HSS/ N 5103 (Assist patient in dressing)	PC1. Maintain the patient privacy and encourage patient do as much as possible to promote independence	200	40	10	30
	PC2. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly		160	20	140
		Total		200	30
4. HSS/ N 5104 (Support individuals to eat and drink)	PC1. Make the patient comfortable and encourage eating as recommended	200	5	0	5
	PC2. Check menu card to verify the diet, restrictions, likes and dislikes of the patient		30	5	25
	PC3. Feed through spoon		5	2	3
	PC4. Assist in elimination and oral care prior to feeding		30	5	25
	PC5. Wash hands and mouth after feeding		30	5	25
	PC6. Measure input and record them		30	5	25
	PC7. During feeding observe and ensure that:				
	a. Elimination process is completed before feeding		10	12	28
b. Oral care and grooming is performed	10				

	before feeding				
	c. The patient is comfortable when being fed		10		
	d. The food provided is according to the dietary prescription of the prescribing physician or dietician		10		
	PC8. Patient is not having symptoms of distress like coughing and regurgitation		30	6	24
	Total		200	40	160
5. HSS/ N 5105 (Assist patient in maintaining normal elimination)	PC1. Promptly respond to patients elimination needs	200	4	0	4
	PC2. Assist a mobile patient in moving to the toilet and provide support like giving toilet paper if required or stabilise the commode		50	10	40
	PC3. Wipe the patient and wash hands to prevent infection		50	10	40
	PC4. Use equipment correctly to prevent discomfort or injury		50	10	40
	PC5. Ensure/Maintain patients privacy at all times during the procedure		6	0	6
	PC6. Record changes in colour or texture of the elimination and report usual findings immediately		40	5	35
	Total		200	35	165
6. HSS/ N 5106 (Transferring patient within the hospital)	PC1. Use the equipment for transferring the patients correctly to avoid falls or injuries	200	10	2	8
	PC2. Ensure that the correct patient is being moved or wheeled out		10	2	8
	PC3. Understand patient's condition and estimate if additional help is required		30	5	25
	PC4. Transport the patient without causing trauma or injury		60	20	40
	PC5. Use proper body mechanics for transferring the patient		60	20	40
	PC6. Focus on safety first and ensure that the patient is comfortable		30	5	25
	Total		200	54	146
7.HSS/ N 5108 (Prevent and control infection)	PC1. Know all procedures required for infection control	200	30	30	0
	PC2. Follow standard precautions		50	10	40
	PC3. Be aware of rules to dispose of biomedical waste and sharps		50	20	30
	PC4. Follow high level of personal hygiene		20	2	18
	PC5. Practice medical asepsis		20	2	18
	PC6. Follow infection control procedures and should ensure that:				
	o All standard precautions and procedures are followed		10	6	24
	o Protective gears are used while getting in contact with the patient		10		

	o Consider all blood, body fluids and excreta contaminated		10		
	Total		200	70	130
8. HSS/ N 5109 (Assist nurse in performing procedures as instructed in the care plan)	PC1. Perform key procedures like inducing enema, prepare patient for being moved to the operation theatre	200	120	20	100
	PC2. Operate the equipment used to perform the procedure		80	20	60
	Total		200	40	160
9. HSS/ N 5110 (Assist nurse in observing and reporting changes in patient condition)	PC1. Observe colour changes like bluish or yellowish discoloration of the skin	200	50	20	30
	PC2. Observe changes in odour or consistency of urine and stools		50	20	30
	PC3. Communicate the observations in an appropriate language and construct		50	20	30
	PC4. Differentiate between immediate and routine reporting requirements		50	20	30
	Total		200	80	120
10. HSS/ N 5113 (Clean medical equipment under supervision of nurse)	PC1. Handle equipment safely or seek the help of nurse	200	40	10	30
	PC2. Use appropriate protective clothing and equipment when cleaning equipment		40	10	30
	PC3. Clean and maintain equipment according to manufacturer's instructions, any legal requirements and work setting procedures		40	10	30
	PC4. Report to appropriate people/nurse about the equipment that are unsuitable for use		40	10	30
	PC5. Dispose of any waste safely and according to legal requirements and organisation protocol		40	10	30
	Total		200	50	150
11. HSS/ N 5111 (Assist nurse in measuring patient parameters accurately)	PC1. Assist nurse in calibrating the scales and following manufacturer's guidelines	200	30	25	5
	PC2. Use different types of scales including manual, digital, standard, chair and bed scales		60	20	40
	PC3. Ensure that patient is comfortable and positioned correctly		60	20	40
	PC4. Ensure patient safety to prevent a fall or an injury		50	10	40
	Total		200	75	125
12. HSS/ N 5114 (Transport patient samples, drugs, patient documents and	PC1. Perform effective hand hygiene and use personal protective equipment in accordance with the local and national policy/procedures	200	50	10	40
	PC2. Ensure linen receptacles that have not been filled or secured correctly in line with local policy are not collected or transported		20	10	10

manage changing and transporting laundry/ linen on the floor)	PC3. Ensure that trolleys or vehicles are cleaned, with or without disinfection, and check that they are in good working order before use, isolating and reporting any that are not		20	10	10
	PC4. Collect and transport clean linen avoiding cross contamination with used linen and use a trolley or vehicle specifically designated for the delivery of clean linen		50	10	40
	PC5. Hand over the patient documents and drugs to the concerned person		30	5	25
	PC6. Ensure that all documents and drugs are handed over carefully		30	5	25
	Total		200	50	150
13. HSS/ N 5115 [Carry out last office (Death care)]	PC1. Remove jewellery and any personal items, unless requested or advised otherwise. Ensure that appropriate records are made of any personal items left on the body or otherwise.	200	20	20	0
	PC2. Attend to hygiene needs, paying particular attention to hair, nail care and oral hygiene		20	3	17
	PC3. Attempt to close the eyes, using a small piece of clinical tape if required		10	2	8
	PC4. Attach identification labels/wrist bands according to local guidelines and organisational policy		30	10	20
	PC5. Dress the patient in a gown/shroud or own clothes, as required		30	0	30
	PC6. Place an incontinence pad underneath to contain any soiling		30	0	30
	PC7. Place the body in the bag as per instructions, post completing any necessary documentation by nurse/physician		30	10	20
	PC8. If a body bag is not to be used, enclose the body in a sheet, securing it with adhesive tape		30	10	20
	Total		200	55	145
Grand Total-1 (Subject Domain)		400			
Soft Skills and Communication		Pick one field from part 1 randomly and pick one field from part 2 as per NOS of subject domain picked each carrying 50 marks totalling 100			
National Occupational Standards (NOS)	Performance Criteria (PC)	Total Marks (100)	Out Of	Marks Allocation	
				Viva	Observation/ Role Play

Part 1 (Pick one field randomly carrying 50 marks)

1. Communication & Proactiveness

HSS/ N 5107 (Communicating appropriately with co-workers)	PC1. Be a good listener	25	3	0	3
	PC2. Speak clearly and slowly in a gentle tone		3	0	3
	PC3. Use the correct combination of verbal and non-verbal communication		3	0	3
	PC4. Use language familiar to the listener		3	0	3
	PC5. Give facts and avoid opinions unless asked for		3	0	3
	PC6. Structure brief and logical messages		10	3	7
	Total		25	3	22
HSS/ N 5112 (Respond to patient's call)	PC1. Promptly respond to call bell	25	5	2	3
	PC2. Communicate the medical needs to the nurse station without delay		8	3	5
	PC3. Courteously and sensitively meet patient needs		2	0	2
	PC4. Ensure that the patient is at ease or comfortable		2	0	2
	PC5. Quickly scan the patients surrounding and take appropriate action		8	4	4
	Total		25	9	16
Communication & Proactiveness Total		50	50	12	38

2. Attitude

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	30	2	0	2
	PC2. Work within organisational systems and requirements as appropriate to one's role		2	0	2
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority		8	4	4
	PC4. Maintain competence within one's role and field of practice		2	0	2
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		4	2	2
	PC7. Identify and manage potential and actual risks to the quality and safety of practice		4	2	2
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements		4	2	2
	Total		30	12	18

HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	20	3	1	2
	PC2. Work within organisational systems and requirements as appropriate to the role		3	1	2
	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority		3	1	2
	PC4. Maintain competence within the role and field of practice		1	0	1
	PC5. Use protocols and guidelines relevant to the field of practice		4	2	2
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times		1	0	1
	PC7. Identify and manage potential and actual risks to the quality and patient safety		1	0	1
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem		4	2	2
Total			20	7	13
Attitude Total		50	50	19	31

3. Attiquete

HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	25	10	5	5
	PC2. Utilise time effectively		3	0	3
	PC3. Ensure his/her work meets the agreed requirements		3	0	3
	PC4. Treat confidential information correctly		3	3	0
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role		6	3	3
	Total			25	11
HSS/ N 5107 (Communicating appropriately with co-workers)	PC1. Be a good listener	25	3	0	3
	PC2. Speak clearly and slowly in a gentle tone		3	0	3
	PC3. Use the correct combination of verbal and non-verbal communication		3	0	3
	PC4. Use language familiar to the listener		3	0	3
	PC5. Give facts and avoid opinions unless asked for		3	0	3
	PC6. Structure brief and logical messages		10	3	7
Total			25	3	22
Attiquete Total		50	50	14	36

Part 2 (Pick one field as per NOS marked carrying 50 marks)

1. Team Work (Evaluate with NOS: HSS/N/5109, 5110, 5113)

HSS/ N 9604 (Work	PC1. Communicate with other people clearly and effectively	50	3	0	3
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effectively with others)	PC2. Integrate one's work with other people's work effectively		3	0	3
	PC3. Pass on essential information to other people on timely basis		3	0	3
	PC4. Work in a way that shows respect for other people		3	0	3
	PC5. Carry out any commitments made to other people		6	6	0
	PC6. Reason out the failure to fulfil commitment		6	6	0
	PC7. Identify any problems with team members and other people and take the initiative to solve these problems		16	8	8
	PC8. Follow the organisation's policies and procedures		10	4	6
	Total			50	24

2. Safety management (Evaluate with NOS: HSS/N/5101, 5102, 5103, 5104, 5106, 5111)

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	50	6	2	4
	PC2. Comply with health, safety and security procedures for the workplace		4	0	4
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person		4	3	1
	PC4. Identify potential hazards and breaches of safe work practices		6	4	2
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority		6	4	2
	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		6	4	2
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently		6	2	4
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person		6	4	2
	PC9. Complete any health and safety records legibly and accurately		6	2	4
	Total			50	25

3. Waste Management (Evaluate with NOS: HSS/N/5105, 5108, 5114, 5115)

HSS/ N 9609 (Follow biomedical waste disposal	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	50	6	2	4
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protocols)	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	8	4	4
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements	4	0	4
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	8	4	4
	PC5. Check the accuracy of the labelling that identifies the type and content of waste	4	2	2
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal	4	4	0
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal	4	4	0
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	4	4	0
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures	4	4	0
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	4	4	0
	Total	50	32	18
Grand Total-2 (Soft Skills and Communication)		100		
Detailed Break Up of Marks			Theory	
Subject Domain			Pick all NOS totalling 80 marks	
National Occupational Standards (NOS)	Performance Criteria (PC)	Weightage		
1. HSS/ N 5101 (Assist nurse in bathing the patient)	PC1.Maintain the patient privacy and encourage patient do as much as possible to promote independence	6		
	PC2.Identify the type of bath that is best suited as per the guidelines, based on the patient condition and comfort			
	PC3.Check water temperature before patient checks in			
	PC4.Follow standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes			
	PC5. Dry patient skin by patting with a towel which decreases friction and prevents skin breakdown			

	<p>PC6. Never leave a patient unattended in bath room</p> <p>PC7. Wash from cleanest to dirtiest</p> <p>PC8. Observe and report unusual findings to the nurse</p> <p>PC9. Offer patient back rub after bathing and at bed time to stimulate circulation and relieve stress</p> <p>PC10. Apply lotion to dry skin if requested</p> <p>PC11. Clean tub shower chair before and after each use</p> <p>PC12. Always check each patients skin after bathing</p>	
2. HSS/ N 5102 (Assist nurse in grooming the patient)	<p>PC1. Maintain the patient's privacy and encourage patient do as much as possible to promote independence</p> <p>PC2. Show patient how they look after the grooming task is finished</p> <p>PC3. Use standard precautions and protocols for shaving and cutting nails</p> <p>PC4. Perform duties gently to avoid injuries especially during shaving, brushing and hair styling</p> <p>PC5. Rinse toothpaste thoroughly from the mouth after brushing</p> <p>PC6. Store dentures in cool water with patients name to avoid confusion</p>	6
3.HSS/ N 5103 (Assist patient in dressing)	<p>PC1. Maintain the patient privacy and encourage patient do as much as possible to promote independence</p> <p>PC2. Fasten the clothing with elastic fasteners and ensure that the footwear fits correctly</p>	6
4. HSS/ N 5104 (Support individuals to eat and drink)	<p>PC1. Make the patient comfortable and encourage eating as recommended</p> <p>PC2. Check menu card to verify the diet, restrictions, likes and dislikes of the patient</p> <p>PC3. Feed through spoon</p> <p>PC4. Assist in elimination and oral care prior to feeding</p> <p>PC5. Wash hands and mouth after feeding</p> <p>PC6. Measure input and record them</p> <p>PC7. During feeding observe and ensure that:</p> <p>a. Elimination process is completed before feeding</p> <p>b. Oral care and grooming is performed before feeding</p> <p>c. The patient is comfortable when being fed</p> <p>d. The food provided is according to the dietary prescription of the prescribing physician or dietician</p> <p>PC8. Patient is not having symptoms of distress like coughing and regurgitation</p>	6
5. HSS/ N 5105 (Assist patient in maintaining normal elimination)	<p>PC1. Promptly respond to patients elimination needs</p> <p>PC2. Assist a mobile patient in moving to the toilet and provide support like giving toilet paper if required or stabilise the commode</p> <p>PC3. Wipe the patient and wash hands to prevent infection</p> <p>PC4. Use equipment correctly to prevent discomfort or injury</p>	6

	PC5. Ensure/Maintain patients privacy at all times during the procedure	
	PC6. Record changes in colour or texture of the elimination and report usual findings immediately	
6. HSS/ N 5106 (Transferring patient within the hospital)	PC1. Use the equipment for transferring the patients correctly to avoid falls or injuries	6
	PC2. Ensure that the correct patient is being moved or wheeled out	
	PC3. Understand patient's condition and estimate if additional help is required	
	PC4. Transport the patient without causing trauma or injury	
	PC5. Use proper body mechanics for transferring the patient	
	PC6. Focus on safety first and ensure that the patient is comfortable	
7.HSS/ N 5108 (Prevent and control infection)	PC1. Know all procedures required for infection control	8
	PC2. Follow standard precautions	
	PC3. Be aware of rules to dispose of biomedical waste and sharps	
	PC4. Follow high level of personal hygiene	
	PC5. Practice medical asepsis	
	PC6. Follow infection control procedures and should ensure that:	
	o All standard precautions and procedures are followed	
	o Protective gears are used while getting in contact with the patient	
	o Consider all blood, body fluids and excreta contaminated	
8. HSS/ N 5109 (Assist nurse in performing procedures as instructed in the care plan)	PC1. Perform key procedures like inducing enema, prepare patient for being moved to the operation theatre	6
	PC2. Operate the equipment used to perform the procedure	
9. HSS/ N 5110 (Assist nurse in observing and reporting changes in patient condition)	PC1. Observe colour changes like bluish or yellowish discoloration of the skin	6
	PC2. Observe changes in odour or consistency of urine and stools	
	PC3. Communicate the observations in an appropriate language and construct	
	PC4. Differentiate between immediate and routine reporting requirements	
10. HSS/ N 5113 (Clean medical equipment under supervision of nurse)	PC1. Handle equipment safely or seek the help of nurse	6
	PC2. Use appropriate protective clothing and equipment when cleaning equipment	
	PC3. Clean and maintain equipment according to manufacturer's instructions, any legal requirements and work setting procedures	
	PC4. Report to appropriate people/nurse about the equipment that are unsuitable for use	

	PC5. Dispose of any waste safely and according to legal requirements and organisation protocol	
11. HSS/ N 5111 (Assist nurse in measuring patient parameters accurately)	PC1. Assist nurse in calibrating the scales and following manufacturer's guidelines	6
	PC2. Use different types of scales including manual, digital, standard, chair and bed scales	
	PC3. Ensure that patient is comfortable and positioned correctly	
	PC4. Ensure patient safety to prevent a fall or an injury	
12. HSS/ N 5114 (Transport patient samples, drugs, patient documents and manage changing and transporting laundry/ linen on the floor)	PC1. Perform effective hand hygiene and use personal protective equipment in accordance with the local and national policy/procedures	6
	PC2. Ensure linen receptacles that have not been filled or secured correctly in line with local policy are not collected or transported	
	PC3. Ensure that trolleys or vehicles are cleaned, with or without disinfection, and check that they are in good working order before use, isolating and reporting any that are not	
	PC4. Collect and transport clean linen avoiding cross contamination with used linen and use a trolley or vehicle specifically designated for the delivery of clean linen	
	PC5. Hand over the patient documents and drugs to the concerned person	
	PC6. Ensure that all documents and drugs are handed over carefully	
13. HSS/ N 5115 [Carry out last office (Death care)]	PC1. Remove jewellery and any personal items, unless requested or advised otherwise. Ensure that appropriate records are made of any personal items left on the body or otherwise.	6
	PC2. Attend to hygiene needs, paying particular attention to hair, nail care and oral hygiene	
	PC3. Attempt to close the eyes, using a small piece of clinical tape if required	
	PC4. Attach identification labels/wrist bands according to local guidelines and organisational policy	
	PC5. Dress the patient in a gown/shroud or own clothes, as required	
	PC6. Place an incontinence pad underneath to contain any soiling	
	PC7. Place the body in the bag as per instructions, post completing any necessary documentation by nurse/physician	
	PC8. If a body bag is not to be used, enclose the body in a sheet, securing it with adhesive tape	
Grand Total-1 (Subject Domain)		80

Soft Skills and Communication		Select each part each carrying 10 marks totalling 20
National Occupational Standards (NOS)	Performance Criteria (PC)	Weightage
1.HSS/ N 5107 (Communicating appropriately with co-workers)	PC1. Be a good listener	4
	PC2. Speak clearly and slowly in a gentle tone	
	PC3. Use the correct combination of verbal and non-verbal communication	
	PC4. Use language familiar to the listener	
	PC5. Give facts and avoid opinions unless asked for	
	PC6. Structure brief and logical messages	
2. HSS/ N 5112 (Respond to patient's call)	PC1. Promptly respond to call bell	2
	PC2. Communicate the medical needs to the nurse station without delay	
	PC3. Courteously and sensitively meet patient needs	
	PC4. Ensure that the patient is at ease or comfortable	
	PC5. Quickly scan the patients surrounding and take appropriate action	
3. 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	2
	PC2. Work within organisational systems and requirements as appropriate to one's role	
	PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority	
	PC4. Maintain competence within one's role and field of practice	
	PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC7. Identify and manage potential and actual risks to the quality and safety of practice	
	PC8. Evaluate and reflect on the quality of one's work and make continuing improvements	
4. HSS/ N 9604 (Work effectively with others)	PC1. Communicate with other people clearly and effectively	2
	PC2. Integrate one's work with other people's work effectively	
	PC3. Pass on essential information to other people on timely basis	
	PC4. Work in a way that shows respect for other people	
	PC5. Carry out any commitments made to other people	
	PC6. Reason out the failure to fulfil commitment	

	PC7. Identify any problems with team members and other people and take the initiative to solve these problems	
	PC8. Follow the organisation's policies and procedures	
5. HSS/ N 9605 (Manage work to meet requirements)	PC1. Clearly establish, agree, and record the work requirements	2
	PC2. Utilise time effectively	
	PC3. Ensure his/her work meets the agreed requirements	
	PC4. Treat confidential information correctly	
	PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role	
6. 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	2
	PC2. Comply with health, safety and security procedures for the workplace	
	PC3. Report any identified breaches in health, safety, and security procedures to the designated person	
	PC4. Identify potential hazards and breaches of safe work practices	
	PC5. Correct any hazards that individual can deal with safely, competently and within the limits of authority	
	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	
	PC7. Follow the organisation's emergency procedures promptly, calmly, and efficiently	
	PC8. Identify and recommend opportunities for improving health, safety, and security to the designated person	
	PC9. Complete any health and safety records legibly and accurately	
7. HSS/ N 9607 (Practice Code of conduct while performing duties)	PC1. Adhere to protocols and guidelines relevant to the role and field of practice	2
	PC2. Work within organisational systems and requirements as appropriate to the role	
	PC3. Recognise the boundary of the role and responsibility and seek supervision when situations are beyond the competence and authority	
	PC4. Maintain competence within the role and field of practice	
	PC5. Use protocols and guidelines relevant to the field of practice	
	PC6. Promote and demonstrate good practice as an individual and as a team member at all times	
	PC7. Identify and manage potential and actual risks to the quality and patient safety	
	PC8. Maintain personal hygiene and contribute actively to the healthcare ecosystem	

8. HSS/ N 9609 (Follow biomedical waste disposal protocols)	PC1. Follow the appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	4
	PC2. Apply appropriate health and safety measures and standard precautions for infection prevention and control and personal protective equipment relevant to the type and category of waste	
	PC3. Segregate the waste material from work areas in line with current legislation and organisational requirements	
	PC4. Segregation should happen at source with proper containment, by using different colour coded bins for different categories of waste	
	PC5. Check the accuracy of the labelling that identifies the type and content of waste	
	PC6. Confirm suitability of containers for any required course of action appropriate to the type of waste disposal	
	PC7. Check the waste has undergone the required processes to make it safe for transport and disposal	
	PC8. Transport the waste to the disposal site, taking into consideration its associated risks	
	PC9. Report and deal with spillages and contamination in accordance with current legislation and procedures	
	PC10. Maintain full, accurate and legible records of information and store in correct location in line with current legislation, guidelines, local policies and protocols	
Grand Total-2 (Soft Skills and Communication)		20

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.

Qualification Title and Classification Code GDA HSS/Q5101					
Process required	Professional knowledge	Professional skill	Core skill	Responsibility	Level

<p>The General Duty Assistant provides patient care and help maintain a Suitable environment. He carries out patient's daily care, facilitate patient's comfort, patient's safety and patient's health Needs. They work in collaboration with Doctors and Nurses and other healthcare providers and deliver the healthcare services as Suggested by them. They work in familiar, predictable, routine, situation of clear choice</p>	<p>The General Duty Assistant should also be able to demonstrate basic patient care skills such as patient's daily care, patient's comfort, patient's safety and patient's health needs. He should be willing to work in wards or clinics in shifts. This indicates that a GDA must have factual knowledge of field or study in order to perform activities correctly.</p>	<p>General Duty Assistant is expected to provide patient care during bathing, grooming, dressing-up, Support individuals to eat and drink, assistance during elimination, transferring patient within the hospital, Respond to patient's call, Clean medical equipment as suggested by Nurse, transport patient samples, drugs, patient documents and manage changing and transporting laundry/ linen, Carry out last office (death care) 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</p>	<p>Essential attributes of GDA is to read the doctor/nurse instructions and interpret it correctly and confirm that with nurse before taking any action, Record observations if any, Record the completion of the procedures, Communicate effectively with patients and their attendants keeping cultural and special needs, Listen in a responsive and empathetic manner to establish rapport. 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 General Duty Assistant is responsible for supporting doctors & Nurses for patient care in their day-today working in a variety of roles. The provide patient's daily care, patient's comfort, patient's safety and patient's health needs 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 General Duty Assistant is expected to learn and improve his/her practice while on the job and is referred as "skilled workers</p>	<p>4</p>
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		practices.			
Level: 4	Level: 4	Level: 4	Level: 4	Level:4	4

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:

- Occupational Mapping Report-Annexure 2**
- Functional Analysis Report-Annexure 3**
- Validation group and industry consultations- Annexure 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**