

News on NVQs

Tunde Peto and Andrea Hartley
Assessors and internal verifiers

New system

| <u>•Title of Qualification</u> | <u>•Mandatory Units</u> | <u>•Credits</u> | <u>•Component module</u> |
|--|--------------------------------|-----------------|--------------------------|
| <u>•Level 3 Certificate in Diabetic Retinopathy Screening (Imaging)</u> | <u>•1, 2, 3, 4, 5, 6</u> | <u>•35</u> | <u>•901</u> |
| <u>•Level 3 Certificate in Diabetic Retinopathy Screening (Grading)</u> | <u>•1, 2, 3, 7, 8</u> | <u>•31</u> | <u>•902</u> |
| <u>•Level 3 Certificate in Diabetic Retinopathy Screening (Administration)</u> | <u>•1, 2, 9</u> | <u>•21</u> | <u>•903</u> |
| <u>•Level 3 Diploma in Diabetic Retinopathy Screening</u> | <u>•1, 2, 3, 4, 5, 6, 7</u> | <u>•44</u> | <u>•904</u> |
| <u>•Level 3 Diploma in Diabetic Retinopathy Screening</u> | <u>•1, 2, 3, 4, 5, 6, 7, 8</u> | <u>•48</u> | <u>•905</u> |

If you have registered for an update, you will receive your questions as soon as C and G gives permission.

Unit 1

- Unit 1: long and difficult, you **MUST** invest the time to complete it properly; high referral rate back from IV panel.
- Question 7 and 10 are the most common causes of referral back from the panel
- Currently no submissions are accepted until the new questions are available
- However, these are **EXTRA** questions, so keep working on the unit

Unit 2

- It seems like an easy unit, but people are referred regularly
- Case scenarios must show that you understand the disease and its complications, including hospitalisation, hypos etc
- Hypo causes, treatment must be spot on!
- No change to this unit

Unit 3-4

- Unit 3:
 - Long unit with lots of writing and concepts
 - Invigilated test is not easy
 - No change to this unit
- Unit 4
 - Not a very long unit, but some questions are tricky (such as Caldicott principles)
 - No changes to this unit

Unit 5

- Long unit and many questions require much more work than expected by the candidates
- There will be EXTRA questions, so this unit is not being accepted by the IV panel either at the moment, but do finish the current questions
- Practical: very difficult to find an assessor!

Units 6-7-8

- Several overlaps in questions, always attempt to do them at the same time!
- Unit 6 practical: very difficult to find an assessor, try to find one who can do unit 5-6-7 practicals at the same time, then become an assessor and assess your colleagues.
- Unit 6 images: common cause for referral
- Invigilated tests: can be done at the same time!

Common causes of referral

- Paperwork incomplete: you might get your unit back without assessment
- Sign and date your assignment and the assessor must do the same!
- Progress report, candidate assessment record, summary of achievement form all must be submitted

IV panel

- Sits once a month
- Units are randomly selected for IV panel to view them
- All IV panelists are assessors with large experience, they are invited to sit on the panel if their assessor skills are up to a certain standard
- There are harmonisation exercises

What if your unit was referred?

- Look at the comments in red
- Your assessor received comments as well, so make time to talk to your assessor
- Try to turn it around quickly, if possible submit to the next panel
- Do not just hope for the best, referred units are always looked at again!

How to become an assessor?

- Look on the website
- Make sure your units are really complete
- If your units were not selected for the IV panel, there is a chance that they are not 100% right, so you might be passing on wrong information
- Talk to experienced assessors
- We really need more good assessors

Slit-lamp unit

- Limited number of people attempted it