SIAS

Clinical Coder

Level 3 Apprenticeship Standard (ST0535)

Specification

This guide describes the different types of End-Point Assessment tests, the test rules and who should be involved. Preparing for End-Point Assessment and working SIAS are also covered.

SIAS is the science industry assessment service. It is part of the Cogent Skills Group. For further information about apprenticeship standards and Trailblazers please contact info@siasuk.com.

Version History

Version	Updates
1.0	This document relates to the Clinical Coder assessment plan version 1.0.
1.1	Marking grid amended.
1.2	Edits to the wording surrounding the portfolio of evidence, professional discussion grading descriptor D3 and case study reference books following amendments to assessment plan version 1.0.
1.3	Case Study pass mark updated following correction by IfATE within assessment plan version 1.0.

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Contents

Qualification Objective

The aim of this qualification is to ensure that the apprentice is occupationally competent against the knowledge, skills and behaviours outlined in the assessment plan for this standard.

Clinical coding is the process of translating medical information from patient records in hospitals, into alphanumeric codes. A Clinical Coder will spend time reading medical notes / records and analysing the contents which they then translate into alphanumeric codes that accurately represent the patient's stay.

Clinical Coders locate missing information by whatever process necessary including contacting Medical Secretaries or by pulling case notes and requesting diagnoses from clinical staff where appropriate. They input Clinical Codes onto the Patient Administration Systems, action outstanding clinical coding reports as required (including, bringing them to the attention of the appropriate team members, and senior Clinical Coding colleagues and / or manager(s) when necessary), as well as dealing with any queries or taking messages for the staff within the Clinical Coding Department, including data quality issues, bringing to the attention of senior Clinical Coding colleagues and / or manager(s) any problems encountered or any issues, affecting the Clinical Coding.

Prior Learning and Qualifications

Individual employers will set selection criteria. This might include Level 2 in English Language, Mathematics, and a science subject (preferable Science / Biology).

Overview

Every NHS Hospital in the UK and private healthcare companies have a Clinical Coding Team who are required to meet the NHS Digital Clinical Classifications Service and the World Health Organisation (WHO) requirements and national deadline. The codes are used in a variety of ways within hospitals, such as:

- Determining the payment required for patients seen or treated.
- Clinically monitor and manage the care provided to patients, for example the frequency occurrence of a patient's condition or how many patients have died and why.
- Statistical use of the data by NHS Managers for beds, staffing and waiting list management and health trends.

The responsibilities and duties of the role are to abstract, analyse, translate medical terminology as written by the clinician and assign classification codes obtained from International Statistical Classification of Diseases (ICD) and related health problems for diagnoses and / or Office of Population, Censuses and Surveys of Surgical Operations, Interventions and Procedures (OPCS) in accordance with National and International Coding Standards, and guidelines, following complex rules and conventions of the diagnosis and procedure classification frameworks.

Provide accurate and timely allocation of diagnostic and procedure codes for clinical and management purposes, including funding, commissioning, research, benchmarking, and audit. Deal with enquiries from clinical, administrative and management staff; liaising with clinical teams, and locating and collating missing clinical data, e.g. case notes, histopathology and investigation results, for clinical coding.

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Responsibilities and day to day duties of the role:

- Assess patient records and notes content.
- Identify and apply medical terminology terms into code.
- Allocate diagnosis and procedural codes to patients records.
- Extract information from all types of clinical documentation and assess relevant health record content.
- Input clinical codes onto Patient Administration Systems.
- Work under pressure to local financial deadlines.
- Communicate with a wide range of stakeholders to gather and share information.
- Undertake background research as necessary.
- Identify data quality issues and take appropriate action.

Clinical Coders work as part of a team and provide support to senior colleagues, which, depending on the makeup of the specific department, could be one or more of the following: Senior Clinical Coder, Clinical Coding Team Leader, Clinical Coding Supervisor, Clinical Coding Trainer, Clinical Coding Auditor, Clinical Coding Assistant Manager, Clinical Coding Manager. This typical team structure also provides progression opportunities for those wishing to build a career in clinical coding.

Full-time apprentices will typically spend 18 to 24 months on-programme (before the gateway) working towards the occupational standard, with a minimum of 20% off-the-job training. All apprentices will spend a minimum of 12 months on-programme.

The EPA must be completed within an EPA period lasting a maximum of 3 month(s), beginning when the apprentice has met the EPA gateway requirements.

Performance in the EPA will determine the overall apprenticeship grades of: Pass, Distinction or Fail.

Competence Evaluation

During the apprenticeship, regular evaluation of the competence of the apprentice against the apprenticeship standard will help to ensure that they achieve full occupational competence by the end of their training, and they are ready for End-Point Assessment. Confirmation from the employer that the apprentice is fully competent is needed before End-Point Assessment can take place.

As competence evaluation is an in-programme activity, the process that is used for this has not been mandated. It is for the employer supported by their training provider to decide how they wish to do this. To help with this SIAS has produced the SIAS Competence Tracker.

Gateway Requirements

Apprentices must complete the gateway requirements and provide evidence to SIAS as detailed below before taking the EPA. On completion of the gateway requirements, the employer must confirm the apprentice as ready for the EPA.

- the employer must be satisfied that the apprentice is consistently working at or above the level set in the occupational standard.
- apprentices must have achieved English and Mathematics at Level 2.
- A portfolio of evidence to underpin the Professional Discussion.

Assessment Methods

The EPA consists of 2 discrete assessment methods:

1. Clinical Coding Test (CCT)
   a. Multiple Choice Test.
   b. Clinical Coding Case Study Test.
2. Professional Discussion (PD)

Clinical Coding Test (CCT)

The Clinical Coding Test will consist of two papers and will to be carried out in a controlled environment.

- Paper A – Multiple Choice Test.
- Paper B – Coding Test.

The apprentice will complete Paper A before progressing to Paper B.

Paper A - Multiple Choice Test

The online multiple-choice test will be closed book and take 45 minutes. Multiple choice questions will cover:

- 10 questions on clinical coding skills.
- 6 questions on communication and information governance.
- 2 questions on extraction and evaluation of data.
- 2 questions on IT.

There will be a total of 20 questions each with 4 options, of which one correct answer will need to be selected by the apprentice.

- 0 marks will be allocated for an incorrect or missing answer.
- 1 mark will be allocated for a correct answer.

Paper B - Clinical Coding Case Study Test

This test will take 1.5 hours. The coding case study demonstrates that the candidate has the ability to use the professional tools needed to apply their knowledge. To carry out this test they will need to refer and use Coding documents to identify the correct codes. This will evidence they can act as an informed clinical coder.

The apprentice will undertake three case studies.

They will be required to read and review the case study and assign the correct codes using the International Classification of Diseases and related health problems 10th revision (ICD-10 5th edition 2016) or latest version, and OPCS4.10 Classification of Interventions and procedures version 4.10 (April 2023) or latest version, by UK National Standards for Coding (OPCS4.10).

The apprentice will need to assign codes to each case study, each with one mark for each correct code identified.

The case studies will cover the KSBs mapped to this method. The mark allocation of each case study will have 20 marks with:

- Each code assigned correctly scoring one mark.
- One mark for correct code in primary position.

- One mark for correct code sequence.
- One mark for use of fifth character (subdivision) An incorrect or missing code will be allocated 0 marks.
- An incorrect or missing code in primary position will be allocated 0 marks.
- An incorrect code sequence will be allocated 0 marks.
- Missing fifth character (subdivision) will be allocated 0 marks.

The apprentice will need bring the current versions of the following reference books to support the open book element of this test:

- International Classification of Diseases and related health problems 10th revision (ICD 10 5th edition 2016) or latest version.
- OPCS4.10 Classification of Interventions and procedures version 4.10 (April 2023) or latest version by UK National Standards for Coding (OPCS4.10).

Clinical Coding Test Knowledge, Skills and Behaviours

Ref	Grading descriptor
Knowledge	
K1	Foundation knowledge of human anatomy, physiology, and medical terminology.
K2	How to deconstruct and understand a medical term.
K4	How to apply codes to given diagnosis and treatments.
K5	The rules and conventions of the latest edition of international statistical classification of diseases and related health problems (ICD-10).
K10	The purpose and function of NHS Digital Delen specialist, collaborative and information sharing forum.
K13	Data Protection and Security – The General Data Protection Regulation (GDPR) May 2018 and how it relates to your Clinical Coding role.
K14	The importance of maintaining confidentiality.
K15	The importance of information governance and the information governance toolkit.
K22	How to navigate and use the NHS Digital Delen website.
K23	How to identify appropriate and reliable sources of information.
Skills	
S1	Assimilate and retain specialist information.
S2	Extract information for coding from a variety of sources both paper-based and electronic.
S3	Consistently apply correct coding to a range of typical case notes and more complex scenarios.
S4	Follow the rules, conventions and standards for clinical coding as defined by NHS Digital Clinical Classifications Service and the World Health Organisation (WHO).

Ref	Grading descriptor
S5	Consistently and correctly apply the four-step coding process as set on the NHS Digital website when assigning codes for diagnoses and procedures.
S6	Apply detailed knowledge of medical terminology, anatomical and physiological terms to translate the patients records into the correct codes.
S12	Ensure strict confidentiality when handling patient notes and information.
S14	Ensure legal and information governance requirements.
S15	Extract information from all types of clinical documentation and assess relevant health record content.
S16	Correctly interpret data.
S17	Ensure every data entry is made in an accurate and timely manner against the correct patient's record.

Marking Grid

Paper A – Multiple-Choice Test

- Pass – 70% (14 marks)
- Distinction – 90% (18 marks)

Paper B – Case Study Test

- Pass – 70% (42 marks)
- Distinction – 90% (54 marks)

Both tests need to be passed to get an overall pass.

To gain a distinction grade the apprentice can either, achieve a distinction for the case study and a pass for the multiple-choice test; or achieve distinction for both tests.

Clinical Coding Test Grading

Multiple Choice Test	Case Studies	Overall Test
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Distinction
Distinction	Pass	Pass
Distinction	Distinction	Distinction

Professional Discussion (PD)

This assessment will take the form of a professional discussion, which must be appropriately structured to draw out the best of the apprentice's competence and excellence and cover the KSBs assigned to this assessment method. The questioning and evidence provided for this assessment will enable to apprentice to demonstrate the depth of their knowledge and understanding in their specialism. It will focus on the following five areas:

- Area 1 – **Specific Clinical Coding Skills**: How the apprentice consistently applies correct codes following the rules and conventions.
- Area 2 – **Communication and Information Governance**: How the apprentice communicates appropriate internally and externally of the organisation, meets information governance requirements and maintains confidentiality.
- Area 3 – **Extraction and evaluation of data**: How the apprentice can extract information from different documentation and asks appropriate questions to resolve queries.
- Area 4 – **IT:** How the apprentice uses different IT systems and applications
- Area 5 – **Work within your organisation**: How the apprentice works as part of a team and across the wider healthcare organisation.

A minimum of five questions will be asked during the professional discussion. The End-Point Assessor can ask follow-up questions during the discussion to gain clarity on evidence provided by the apprentice.

The assessment will last 60 minutes (+10% at the assessor's discretion).

For the Professional Discussion, the apprentice will be required to submit a Portfolio of Evidence to the End-Point Assessment organisation at gateway.

The professional discussion can take place in any of the following:

- employer's premises.
- a suitable venue selected by SIAS (e.g. a training provider's premises).

Portfolio of evidence requirements:

The portfolio will have been completed by the apprentice during their on-programme learning and presented at gateway. The portfolio will cover the knowledge, skills and behaviours as detailed within the Standard and listed below.

- Specific clinical coding skills – (K3, K6, K7, K8, K9, K11, S7, S8)
- Communication and Information Governance - (K12, S9, S10, S11, S13, B1, B2, B5)
- Extraction and evaluation of data - (K16, K17, K18, K19, S18, S19, S20, B4)
- IT - (K20, K21, K24, S21, S22)
- Working within your organisation - (K25, K26, K27, K28, K29, S23, S24, S25, B3)

The portfolio of evidence itself is not assessed; it is used to inform the questioning for the Professional Discussion. Employers / training providers are free to devise their own version of the portfolio of evidence, but the portfolio will typically include:

- Documentation of three manager observations conducted over the period of the apprenticeship.
- One PDR / appraisal at the end of the apprenticeship period.

- Each KSB listed in the five areas set out above should be evidenced at least once. The evidence needs to be clearly referenced to each of the KSBs it covers. Good evidence should reference to more than one KSB and therefore it is expected **12 – 16 pieces of evidence** should be sufficient to cover all the KSBs required. Evidence can be provided through a range of sources such as emails, records and audit information.
- Evidence of induction training covering:
  - Health and safety
  - Display Screen Equipment
  - Data Protection
  - Information Governance
  - Equality and Diversity

The employer must sign off the portfolio of evidence, thereby authenticating it and confirming the demonstration of competence against the KSBs.

Professional Discussion Grading Descriptors

KSBs	Pass – The apprentice must meet all of the pass criteria to achieve a Pass.	Distinction – The apprentice will need to meet all pass criteria and three out of five of the distinction criteria to achieve a Distinction.
Core K3 K6 K7 K8 K9 K11 K12 K16 K17 K18 K19 K20 K21 K24 K25 K26 K27 K28 K29 S7 S8 S9 S10 S11 S13 S18 S19 S20 S21 S22 S23 S24 S25 B1 B2 B3 B4 B5	**P1** Describes different communication methods that they have used internally and externally, how they have adapted to suit different audiences / environments detailing the information they are communicating, and explain the importance of confidentiality, data protection and governance within their scope of practice. **K11 K12 K29 S9 S10 S11 B5** **P2** Describes how they have used medical records, and good quality data to assign accurate codes and the importance, use and benefits of national standards and coding statistics. **K6 K7 K8 K9 K17 K23** **P3** Give examples of how they have correctly identified and used different systems (including IT) and sources to find information within the organisation to assign codes in a timely manner and explain how	**D1** Explain the risks of poor-quality data or poor-quality resolutions and suggest measures that can put in place to mitigate those risks, justifying their choices. **K7 K17 K19 S8 S20 B3** **D2** Describes when they have identified how to improve operating arrangements and the recommendation they made and the result. **K18 K29 S7 S24 B3** **D3** Describes a complex task where they investigated the situation using a variety of sources including the internet other systems, and the methods used to resolve data quality issue or derive specificity. (A complex task for example could be a multiple trauma case with more than 30 codes with multiple procedures, including revisions, with the need to clarify the complexity of the condition and work with senior colleagues or clinicians to ensure accuracy and on how best to code). **K7 K12 K21 K25 S19 S20 B1** **D4** Describe how they have acted as a role model to others and how they

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KSBs	**Pass** – The apprentice must meet all of the pass criteria to achieve a Pass.	**Distinction** – The apprentice will need to meet all pass criteria and three out of five of the distinction criteria to achieve a Distinction.
	the data flows and is used. **K3 K18 K19 K20 K21 S18 S21 S22**	have mentored others within the scope of their role. **K12 K25 S9 B2**
	P4 Describes the working environment of Clinical Coding office and can demonstrate how they have worked effectively as part of team, and different departments, and where they have adapted their approach to changing priorities. **K25 K28 S8 S23 B1**	**D5** Demonstrates how they are committed to their own professional development by identifying and planning the next steps in their development. **B3**
	P5 Gives examples of how they have used IT and accessed systems in their organisation to carry out tasks. **K20 K21 K24 S19 S21 S22**	
	P6 Outlines the process and their role in an internal audit, giving examples of their contribution in past audits. **K26, S13**	
	P7 Summarises mandatory training undertaken and how this has helped their performance and how self-motivated learning and reflecting on lessons learnt has improved their performance. **S25, B3**	
	P8 Explains how they adhere to local policies and procedures – coding and / or organisational and why this is important. **K29, S7, S24**	
	P9 Explains the role of the clinical coder and NHS digital and how data is used for coding. **K3, K26, K27**	
	P10 Demonstrate when they have identified quality issues	

KSBs	Pass – The apprentice must meet all of the pass criteria to achieve a Pass.	Distinction – The apprentice will need to meet all pass criteria and three out of five of the distinction criteria to achieve a Distinction.
	and explain the actions taken to rectify. **K16, S20** **P11** Demonstrate how they act professionally, with integrity, show resilience and use their emotional intelligence to inform their approach. **B2, B4**	

Fail – An apprentice will fail where they do not demonstrate all the pass descriptors.

Professional Discussion Knowledge, Skills and Behaviours

Ref	Grading descriptor
Knowledge	
K3	An awareness of the role NHS digital and mandatory data set.
K6	Relevant National Standards and how to apply them.
K7	The need for accurate and high-quality coded data to support healthcare planning, reimbursement, management of services, statistical analysis, and research relevant to Clinical Coding.
K8	How to navigate through a medical record (paper-based and / or electronic).
K9	The basics of Systemized Nomenclature of Medicine – Clinical Terms (SNOMED CT) its uses and benefits, how it complements the classifications and interacts with them.
K11	Rules and requirements of Information Governance and how these impact on the work of the Clinical Coder.
K12	Different communication methods and how to adapt your communication to suit different audiences including senior clinicians for clarification when necessary.
K16	The impact of coding related data.
K17	The use of coding related statistics e.g. planning, identifying trends, analysing clinical outcomes.
K18	How data produced flows through and out of the organisation and the need to meet local and national deadlines.
K19	How coded data is used to satisfy many different purposes including Secondary Uses Service (SUS), Hospital Episode Statistics (HES), Hospital Mortality Indicators.
K20	How IT systems work and link to other systems within the organisation.
K21	How to access various systems within an organisation.
K24	How to use Display Screen Equipment safely.

Ref	Grading descriptor
K25	The healthcare environment and the different departments you are likely to work with.
K26	The purpose of the Clinical Coder's role within the organisation.
K27	Where Clinical Coding sits in the wider environment.
K28	What it is like to work in a Clinical Coding office environment.
K29	Organisational policies and procedures; including the departments Standard Operating Procedure.
Skills	
S7	Follow locally defined coding rules where they have been agreed by the hospital, documented in the Clinical Coding Policy document, and do not contravene the national rules defined by NHS Digital Terminology and Classifications Delivery Service module.
S8	Work with clinical teams and administrative staff to ensure that clinical codes are entered onto the correct Finished Consultant Episode (FCE).
S9	Communicate effectively at all levels with a wide range of individuals, including clinicians, other hospital staff and colleagues.
S10	Relate appropriately with external agencies.
S11	Communicate complex clinical coding rules to relevant individuals.
S13	Be involved in departmental internal audits.
S18	Interrogate information and ask appropriate questions to resolve queries.
S19	Use the internet and systems to research background information regarding diagnostic and procedural statements and seeking advice from senior team members as necessary.
S20	Identify data quality issues and take appropriate action.
S21	Use different IT systems and applications for example: Patient Information Systems, Medicode, Excel, email and internet.
S22	Enter information accurately and correctly into information management systems.
S23	Work effectively with other departments within the organisation such as doctors, nurses, ward clerks, informatics.
S24	Follow organisational policies and procedures.
S25	Undertake organisational mandatory training as required.
Behaviours	
B1	Agile and Flexible - being tenacious and driven to see projects through to completion. A proven self-starter and have an adaptable approach to meet changing work priorities.

Ref	Grading descriptor
B2	Professionalism and emotional intelligence - a high level of professionalism, reliable and dependable, collaborative approach and show empathy and being mindful of others.
B3	Has a desire to learn and a thirst for knowledge and a willingness to learn from mistakes.
B4	Shows emotional maturity - Ability to deal with direct exposure to disturbing photographs and case notes, potentially regarding abuse and terminally ill patients. There may be instances where you may be needed to attend a hospital ward where you may witness disturbing scenes.
B5	Adaptive to environment, working in both an office and busy healthcare environment.

Final Grade

All EPA methods must be passed for the EPA to be passed overall.

Grades from individual assessment methods should be combined in the following way to determine the grade of the EPA as a whole:

Clinical Coding Test	Professional Discussion	Overall Grading
Fail	Fail	Fail
Fail	Pass	Fail
Pass	Fail	Fail
Pass	Pass	Pass
Pass	Distinction	Pass
Distinction	Pass	Pass
Distinction	Distinction	Distinction

Moderation

Assessment organisations will undertake moderation of End-Point Assessor decisions through observations and examination of documentation on a risk sampling basis. Results cannot be confirmed until moderation has been completed.

Re-takes / re-sits

Apprentices who fail one or more assessment method will be offered the opportunity to take a re-sit or a re-take. A re-sit does not require further learning, whereas a re-take does.

Apprentices should have a supportive action plan to prepare for the re-sit or a re-take. The apprentice's employer will need to agree that either a re-sit or re-take is an appropriate course of action.

An apprentice who fails an assessment method, and therefore the EPA in the first instance, will be required to re-sit any failed assessment methods only.

Any assessment method re-sit or re-take will typically be taken within 3 months of the fail notification, unless in the opinion of SIAS exceptional circumstances apply outside the control

of the apprentice or their employer. Re-sits and re-takes are not offered to apprentices wishing to move from pass to distinction.

Where any assessment method has to be re-sat or re-taken, the apprentice will be awarded a maximum EPA grade of pass, unless SIAS determines there are exceptional circumstances requiring a re-sit or re-take.

Certification

The outcomes from the End-Point Assessment will be reviewed and a grade conferred by SIAS in accordance with SIAS QA procedures, which are available from SIAS. SIAS will notify the employer of the outcome of each of the assessments.

SIAS will apply for the apprentice's certificate, which will be sent by ESFA. The certificate confirms that the apprentice has passed the End-Point Assessment, has demonstrated full competency across the standard and is job-ready.

Assessment Specification

The assessment specification can be found in the published assessment plan for the standard. Details of which elements of the apprenticeship standard will be tested by each test are given in the Mapping knowledge, skills, and behaviours section of this guide.

Mapping of knowledge, skills, and behaviours

Key:	
Clinical Coding Test	**CCT**
Professional Discussion	**PD**

Ref	KSB to be assessed	Assessment Method
Knowledge		
K1	Foundation knowledge of human anatomy, physiology, and medical terminology.	CCT
K2	How to deconstruct and understand a medical term.	CCT
K3	An awareness of the role NHS digital and mandatory data set.	PD
K4	How to apply codes to given diagnosis and treatments.	CCT
K5	The rules and conventions of the latest edition of international statistical classification of diseases and related health problems (ICD-10).	CCT
K6	Relevant National Standards and how to apply them.	PD
K7	The need for accurate and high-quality coded data to support healthcare planning, reimbursement, management of services, statistical analysis, and research relevant to Clinical Coding.	PD

Ref	KSB to be assessed	Assessment Method
K8	How to navigate through a medical record (paper-based and / or electronic).	PD
K9	The basics of Systemized Nomenclature of Medicine – Clinical Terms (SNOMED CT) its uses and benefits, how it complements the classifications and interacts with them.	PD
K10	The purpose and function of NHS Digital Delen specialist, collaborative and information sharing forum.	CCT
K11	Rules and requirements of Information Governance and how these impact on the work of the Clinical Coder.	PD
K12	Different communication methods and how to adapt your communication to suit different audiences including senior clinicians for clarification when necessary.	PD
K13	Data Protection and Security - The General Data Protection Regulation (GDPR) May 2018 and how it relates to your Clinical Coding role.	CCT
K14	The importance of maintaining confidentiality.	CCT
K15	The importance of information governance and the information governance toolkit.	CCT
K16	The impact of coding related data.	PD
K17	The use of coding related statistics e.g. planning, identifying trends, analysing clinical outcomes.	PD
K18	How data produced flows through and out of the organisation and the need to meet local and national deadlines.	PD
K19	How coded data is used to satisfy many different purposes including Secondary Uses Service (SUS), Hospital Episode Statistics (HES), Hospital Mortality Indicators.	PD
K20	How IT systems work and link to other systems within the organisation.	PD
K21	How to access various systems within an organisation.	PD
K22	How to navigate and use the NHS Digital Delen website.	CCT
K23	How to identify appropriate and reliable sources of information.	CCT
K24	How to use Display Screen Equipment safely.	PD
K25	The healthcare environment and the different departments you are likely to work with.	PD
K26	The purpose of the Clinical Coder's role within the organisation.	PD
K27	Where Clinical Coding sits in the wider environment.	PD

Ref	KSB to be assessed	Assessment Method
K28	What it is like to work in a Clinical Coding office environment.	PD
K29	Organisational policies and procedures; including the departments Standard Operating Procedure.	PD
Skills		
S1	Assimilate and retain specialist information.	CCT
S2	Extract information for coding from a variety of sources both paper-based and electronic.	CCT
S3	Consistently apply correct coding to a range of typical case notes and more complex scenarios.	CCT
S4	Follow the rules, conventions and standards for clinical coding as defined by NHS Digital Clinical Classifications Service and the World Health Organisation (WHO).	CCT
S5	Consistently and correctly apply the four-step coding process as set on the NHS Digital website when assigning codes for diagnoses and procedures.	CCT
S6	Apply detailed knowledge of medical terminology, anatomical and physiological terms to translate the patients records into the correct codes.	CCT
S7	Follow locally defined coding rules where they have been agreed by the hospital, documented in the Clinical Coding Policy document, and do not contravene the national rules defined by NHS Digital Terminology and Classifications Delivery Service module.	PD
S8	Work with clinical teams and administrative staff to ensure that clinical codes are entered onto the correct Finished Consultant Episode (FCE).	PD
S9	Communicate effectively at all levels with a wide range of individuals, including clinicians, other hospital staff and colleagues.	PD
S10	Relate appropriately with external agencies.	PD
S11	Communicate complex clinical coding rules to relevant individuals.	PD
S12	Ensure strict confidentiality when handling patient notes and information.	CCT
S13	Be involved in departmental internal audits.	PD
S14	Ensure legal and information governance requirements.	CCT
S15	Extract information from all types of clinical documentation and assess relevant health record content.	CCT
S16	Correctly interpret data.	CCT

17

Ref	KSB to be assessed	Assessment Method
S17	Ensure every data entry is made in an accurate and timely manner against the correct patient's record.	CCT
S18	Interrogate information and ask appropriate questions to resolve queries.	PD
S19	Use the internet and systems to research background information regarding diagnostic and procedural statements and seeking advice from senior team members as necessary.	PD
S20	Identify data quality issues and take appropriate action.	PD
S21	Use different IT systems and applications for example: Patient Information Systems, Medicode, Excel, email and internet.	PD
S22	Enter information accurately and correctly into information management systems.	PD
S23	Work effectively with other departments within the organisation such as doctors, nurses, ward clerks, informatics.	PD
S24	Follow organisational policies and procedures.	PD
S25	Undertake organisational mandatory training as required.	PD
Behaviours		
B1	Agile & Flexible - being tenacious and driven to see projects through to completion. A proven self-starter and have an adaptable approach to meet changing work priorities.	PD
B2	Professionalism & emotional intelligence - a high level of professionalism, reliable and dependable, collaborative approach and show empathy and being mindful of others.	PD
B3	Has a desire to learn and a thirst for knowledge and a willingness to learn from mistakes.	PD
B4	Shows emotional maturity - Ability to deal with direct exposure to disturbing photographs and case notes, potentially regarding abuse and terminally ill patients. There may be instances where you may be needed to attend a hospital ward where you may witness disturbing scenes.	PD
B5	Adaptive to environment, working in both an office and busy healthcare environment.	PD

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Further Information

For information about SIAS policies, quality assurance, re-sits, appeals, complaints and general enquiries please see our website: www.siasuk.com

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