NHS Digital

National Clinical Coding Qualification (UK)
Self-Directed Learning Framework 2022-23

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Improving lives with data and technology

Contents

1 Introduction

1.1 Purpose of document

This Framework provides guidance and support for clinical coders preparing for the National Clinical Coding Qualification (UK) Examination to become an Accredited Clinical Coder. The National Clinical Coding Qualification (UK), herein referred to as the 'Qualification'.

1.2 Audience

This document is for anyone preparing for the National Clinical Coding Qualification (UK) Examination.

2 Background

The aim of the examination is to provide a coding qualification for National Health Service (NHS) employees. It is delivered by the Institute of Health Records and Information Management (IHRIM) as the administrative and awarding body and quality assured by NHS Digital.

The Qualification is designed for NHS clinical coders to support the production of high quality coded clinical data, recognise competence, and value the skills and knowledge of clinical coders. Studying for the examination to become an Accredited Clinical Coder supports delivery of these quality data standards and brings many benefits:

- Accredited Clinical Coder status gives organisations confidence in the quality of their data output as their coders have reached the recognised national level
- Begins the career progression for the individual leading to further qualifications for the coder's career, e.g., Clinical Coding Auditor, Clinical Coding Trainer
- The qualification gives recognition to the clinical coding profession as a whole
- Provides a recognised benchmark
- Assists in the recruitment and on-going assessment of clinical coding staff.

To attain the qualification a novice NHS clinical coder must typically have undertaken a 2-3 year development plan with their employer to complete the required national standard clinical coding training, acquiring the breadth of skills, knowledge and practical work experience to become competent in clinical coding and be ready to sit the examinations. It is recommended that candidates applying to sit the examination fulfil the fundamental examination criteria as set out below:

- Have as a minimum of one year's, typically two years', experience of clinical coding
- Attended a Clinical Coding Standards Course
- Attended a National Clinical Coding Qualification (NCCQ UK) Revision Programme
- Have covered all specialities based on current National Standards, not local policies.

The NHS Digital Terminology and Classifications Delivery Service is committed to ensuring NHS Clinical Coders have access to the highest quality clinical coding training, delivered by

Approved Clinical Coding Trainers ensuring compliance with current National Clinical Coding Standards and guidelines.

The Training Courses are accessible via Approved Clinical Coding Trainers.

Further details can be found at:

https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=14461552#14461552

https://hscic.kahootz.com/connect.ti/t_c_home/view?objectID=16825616

Many candidates who register for the Qualification will not have undertaken study and examinations for some time. For others this will be the first experience of self-directed learning. It is important to remind yourself why you're taking the examination, e.g. career development, satisfaction of knowing you are professionally qualified.

You will no doubt have many questions such as:

- When should I start studying?
- How much studying will I have to do?
- What will be the most effective study method for me?

This Framework is designed to assist you in the way you approach self-directed learning to help you revise and plan your studies more effectively and compliments the NCCQ(UK) Revision Programme.

3 Self-directed learning

Studying for the Examination is your responsibility. Self-directed learning can be difficult due to finding the time to study when trying to fit it in with home and work life. If possible, work with other Examination candidates to build a 'support group'.

Ensure family and friends accept the time you may ordinarily have spent with them will be needed for study. Ensure they are aware of when you are studying to avoid unnecessary distractions.

There are advantages to self-directed learning:

- You can study when it is convenient for you
- You can work through the training material at a pace that is best for you.

Setting yourself objectives for each study session is a good habit to get into as it helps keep your mind focused on what you want to achieve from each session. Once you near the end of your sessions, review these objectives to see if you've achieved them. Are there any areas that you need to review again? With most candidates, learning will run parallel with their work, so any training issues can be resolved with an Approved Clinical Coding Trainer.

4 Exam preparation

4.1 Getting Started

Details of the Qualification, together with the timetable, framework, syllabus and bibliography, plus the past two examination papers, can be found on the NHS Digital website:

https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=14461552#14461552

All administration of the Qualification, such as how to register for the Examination, examination location, logistics, and so on is provided by IHRIM.

Planning and target setting are a must when studying for the qualification. You need to identify the date by which you must have completed all your study. This, for most candidates, will be about a month before the actual examination. This extra month at the end will allow for that last-minute revision or catch-up.

Candidates who register to sit the examination may not have undertaken study or sat a formal examination for some time. Those candidates will have to re-learn the skills of studying and self-directed learning. By planning well, you give yourself every chance to succeed.

It is recommended that as a minimum, over a 30-week period:

- Experienced coders will need to study between **two and four hours** per week.

An example of a Study Plan can be found in Appendix A. It has been designed as a guide to help you study each part of the syllabus. The plan is only a guide and should be adjusted to suit your needs.

It is recommended that coders will have successfully completed a Clinical Coding Standards Course, Clinical Coding Standards Refresher Course, NCCQ (UK) Revision Programme and covered all specialities based on current national standards, not local policies, with courses delivered by an Approved Clinical Coding Trainer.

The NCCQ (UK) Revision Programme delivered by an Approved Clinical Coding Trainer, is highly recommended for anyone who is currently studying for the examination. During the programme you will receive several workbooks containing practical and theory questions and case studies that you can use during your revision. You will assess your current knowledge of current national coding standards and identify any areas of weakness by sitting a mock examination(s) under examination conditions. You will receive an in-depth session on elements of the rules and conventions embedded within the classifications; receive feedback and review of your performance in the mock examination, answers for frequently- asked-questions about the Qualification and Examination process, plus guidance on how to study and prepare in the time remaining before the Examination.

5 Self-organisation

You will need privacy and somewhere that is quiet when studying. Minimise interruptions: divert your phone calls, tell people you do not want to be interrupted.

Having a set Study Plan for each session will help your motivation in achieving your objectives:

- Fix deadlines on sections of the syllabus
- Revise the more difficult sections when you are fresh
- Only work on one section of the syllabus at any one time.

6 Learning techniques

There are many techniques that can be adopted to help improve your effectiveness including setting yourself objectives for each of the study sessions.

For example: *At the end of today's session, I want to be able to describe the components of the language of health and how they relate to each other.*

Once you are nearing the end of your study session reflect on the objective that you set yourself at the start to see if you have achieved this. If you feel you need more time on this subject or have questions/queries that require further research, amend your Study Plan by building this into the start of your next study session.

It is often a good idea to make notes of important points as you go through your study material. This does help when you want to revise certain points quickly without having to re-read the whole text.

Treat your reference books like a workbook and make as many annotations as you wish.

However, be aware that when annotating your ICD-10 5th Edition and OPCS-4.9 books care should be taken. Books are subject to scrutiny by the invigilator. Information such as ICD-10 and OPCS-4 classification content changes are allowed, however detailed coded examples are not.

Reading will form a large part of your study and it is important to note that all candidates will read at different speeds depending upon several factors including:

- Prior knowledge on the subject
- Difficulty of the text
- Degree of interest in the subject
- Exercises and Case Studies.

Practice answering the questions, using only the resources that you can use in the examination, and note each step down. This will not only get you used to applying the four-step coding process and recording your index trails; it will also help in your examination technique.

Previous Examination Questions.

This is an important study area. Past examination questions will give you a feel for the type of questions you can expect in the examination. Try to leave these previous exam questions till nearer the end of your study as these can often highlight areas where you need to go back and refresh your knowledge.

If attending the NCCQ (UK) Revision Programme, as recommended, you will obtain workbooks containing lots of previous examination questions you can use during your revision.

7 Keeping motivated

Some points that you may wish to remember during your studying:

- Remind yourself of your aims and objectives for taking the Qualification and why you consider it important (e.g. career development leading to further qualifications e.g. Clinical Coding Auditor, Clinical Coding Trainer)
- Set yourself short term targets rather than concentrating on a single long-term aim
- Organise group discussions with other examination candidates to build a 'support group' – this will be easier to do if you're part of a NCCQ (UK) Revision Programme group.

8 Support

Most candidates will start studying for the Examination in a positive frame of mind. Any studying will put additional pressure on your time and this qualification is no exception! It will also impact on your family, friends and work colleagues so it is important to plan and get their support as they will be the ones who will be able to help keep you motivated.

Perhaps you could look for other candidates within your area who are also planning to study for the Examination and organise study groups. You could ask colleagues to mark your work and discuss how you might have answered or structured your questions / case studies differently, discuss training issues and all other relevant queries relating to the Examination.

9 Examination day

It is important that you bring to the examination room your:

- Invitation to examination letter
- Candidate Number
- You will need to bring visual identification such as NHS Identification, EU Driving Licence or Passport
- You will be sitting down at a computer for a considerable amount of time, so it is important that you wear comfortable clothing.

Make sure that you have all the books you can take into the examination room with you. Remember that dictionaries of any sort will <u>not be allowed</u> into the examination room and WHO ICD-10 Volumes 1 and 3, 10th revision 5th Edition 2016 and OPCS-4.9 Alphabetical Index and Tabular List will be subject to scrutiny by the invigilator on the day.

You may find useful to bring scrap paper with you to make notes.

Arrive at the examination venue in plenty of time. If you are travelling by public transport or at peak periods allow extra time, you do not want to arrive rushed or even late.

Listen carefully to the instructions given by the invigilator. If you have any questions to clarify an issue that the invigilator has mentioned raise your hand and wait until they reach your desk so as not to disturb other candidates.

10 The Examination papers

IHRIM hosts the NCCQ(UK) examinations on their online learning management system (LMS). Once you have registered for the qualification, you will be provided with a login for the system and will have to access to a series of practice exam papers. It is highly recommended that you use these practice papers to familiarise yourself with the functionality of the LMS and to practice answering questions in the required manner. The LMS is intuitive and easy to use, and does not require specialist systems training. Many of its features and controls will be familiar to users of Microsoft Office applications. To assist candidates, IHRIM has produced a detailed user guide covering how to login, navigation, submitting answers, as well as other helpful tips on what to expect on the day of your exam. This guide is available on the IHRIM website at https://ihrim.co.uk/education-and-cpd/uk-students/nccq/user-guide-synap-learning-portal-june-2021.

It will be very tempting to start looking at the questions immediately, but before you do remember to read the instructions first.

Over coding is discouraged, candidates must only code the minimum number of codes which accurately reflects the patient's care on the encounter, ensuring coding to current National Standards.

Ensure that your answers are clearly structured, such as by using numbered lists to denote code sequencing and to distinguish your answers in multi-part questions.

Allow time to read the questions over several times in the beginning and your answers at the end.

Always read the questions carefully and ask yourself:

> *'What is it asking me to do?'*

There will probably be at least one question which you can answer with confidence. If you answer this one first it will help build confidence.

Remember that if the question asks for a comparison between two subjects you should give a balanced answer. Do not describe one exhaustively and then add a few odd remarks about the other. Ensure that you answer the question appropriately.

Plan your answer on scrap paper.

Plan your time in advance and try to make use of all the time available. Never leave the examination room until you are sure you have produced the best answers you are capable of.

Try not to discuss the Examination straight after each paper, concentrate on the next one.

Please be aware spelling is considered for the Medical Terminology and Anatomy & Physiology sections of the examination paper.

And finally, GOOD LUCK!

11 Contact details

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NHS Digital

Terminology and Classifications Delivery Service

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LS1 4EG

e-mail: information.standards@nhs.net

Public Health Scotland (PHS) Terminology Services (For students in Scotland)

Information Services Division

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 7283

Digital Health and Care Wales Information Design and Standards Development (For students in Wales)

Clinical Classifications Team

Digital Health and Care Wales
Tŷ Glan-yr-Afon
21 Cowbridge Road East
Cardiff
CF11 9AD

e-mail: clinical.coding@wales.nhs.uk

Digital Health & Care NI (For students in Northern Ireland)

Regional Clinical Coding Team

12-22 Linenhall Street
Belfast
BT2 8BS

Email: clinicalcoding@hscni.net

12   Appendix A: Sample study plan

Please remember that this is only a guide designed to help you think through your own approach. Do not feel constrained by it. What does matter is that you have decided how you will approach studying for this qualification and that you use a method which enables you to be effective.

12.1   Unit 1 ICD-10 10th revision 5th Edition 2016

Weeks 1-6

Aim

By the end of the unit you should be able to:

Demonstrate the necessary skills to accurately assign codes using ICD-10 10th revision 5th Edition 2016

Describe the contents and structure of World Health Organisation ICD-10, Volumes 1, 2 and 3

Demonstrate in-depth understanding of the rules and conventions used in ICD-10

Demonstrate the ability to analyse examples of medical records by accurately abstracting the Primary Diagnosis and any relevant co-morbidities.

Recommended Study Activities:

- Reading
- Data extraction exercises
- Case studies
- Previous exam questions.

Study Checklist:

Volume 1 – The Tabular List

List of three–character categories

Tabular List of inclusions and four-character subcategories 22 chapters, i.e. 9 chapters covering major body systems, 9 chapters devoted to specific types of conditions which affect the body generally and 4 additional chapters:-

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (Chapter XVIII)

External causes of morbidity and mortality (Chapter XX)

Factors influencing health status and contact with health services (Chapter XXI)

Codes for special purposes (Chapter XXII)

Structure of the classification

Notes in the Tabular List

Inclusion note

Exclusion note

"Use" note

Abbreviations in the Tabular List

NEC (not elsewhere classified)

NOC (not otherwise specified)

Punctuations and Type face in the Tabular List

Definitions/Terminology in the Tabular List

Symbols in the Tabular List

Volume 2 - The Instruction Manual

Section 1 - Introduction

Section 2 - Description of the International Statistical Classification of Diseases and Related Health Problems

Section 3 - How to use ICD

Section 4.5 - Morbidity

Volume 3 - The Alphabetic Index

Introduction

General arrangement of the index

Conventions used in the Index

Section 1 - Alphabetic index to diseases and nature of injuries

Section 2 - Alphabetic Index to External causes of injury

Section 3 - Table of drugs and chemicals

Lead Terms in the Alphabetic Index

Modifiers in the Alphabetic Index

Non-essential modifiers

Essential modifiers

NOS (not otherwise specified), i.e. no modifiers

NEC (not elsewhere classified)

Aetiology and manifestation of disease (dagger and asterisk system)

Cross references

Order of modifiers

Instructional notes

National Clinical Coding Standards ICD-10 5th revision 5th Edition 2016

Rules, conventions and UK Standards

12.2   Unit 2 OPCS-4.9

Weeks 7-12

Aim

By the end of the unit you should be able to:

Demonstrate the necessary skills to accurately assign codes using OPCS-4.9

Describe the contents and structure of OPCS-4.9 Alphabetical Index and Tabular List

Demonstrate an understanding of the features of OPCS-4.9

Demonstrate the ability to analyse examples of interventions and procedures of clinical records by accurately extracting the main intervention/procedure performed and any other relevant interventions/procedures.

Recommended Study Activities:

- Reading
- Data extraction exercises
- Case studies
- Previous exam questions.

Study Checklist:

OPCS-4.9 Volume 1 – The Tabular List

Twenty chapters covering individual body systems (A-T and V-W)

One chapter (X) Miscellaneous Operations *Includes:* operations covering multiple systems, e.g. transfusion

One chapter (U) Diagnostic Imaging, Testing and Rehabilitation

Two additional chapters providing subsidiary classifications:

One for methods of operation (Y)

Sites of operation (Z)

Three digit categories

Principal and Extended categories

Overflow categories

Abbreviations in the Tabular List

HFQ (however further qualified)

NEC (not elsewhere classified)

NFQ (not further qualified)

NOC (not otherwise classifiable)

Volume 2 – The Alphabetic Index

Use of the Alphabetical Index

Lead terms in the Alphabetical Index

Alphabetical Index of Surgical Eponyms

Alphabetical Index of Surgical Abbreviations

Alphabetical Index of Common Surgical Suffixes

Cross references

Instructional notes:

"Includes"

"Excludes"

"Note"

Index of Interventional Abbreviations

Paired codes

OPCS-4.9 2020 Rules, Conventions and UK National Clinical Coding Standards

Definition of an intervention

Method of approach

Diagnostic versus therapeutic procedures

Endoscopic and minimal access operations that do not have a specific code

Emergency procedures

Radical operations

Incomplete, unfinished, abandoned and failed procedures

Standard surgical terms

Diagnostic imaging

Radiotherapy

Revision, Secondary and conversion procedures

Subsidiary chapters

12.3   Unit 3 Anatomy & physiology, medical terminology

Weeks 13-16

Aim: by the end of the unit you should be able to:

Demonstrate basic anatomy and physiology knowledge

Recommended Study Activities:

- Reading
- Exercises
- Previous exam questions.

Study Checklist:

Medical Terminology and Abbreviations

The structure

Root Words

Prefixes

Suffixes

Word building/combining vowels

Basic Anatomy and Physiology

Definitions

- Anatomy

- Physiology

Glossaries of terms

Musculoskeletal System

Skin and subcutaneous tissue

Blood and the Circulatory System

Nervous System and Sensory Organs

Respiratory System

Digestive System

Urinary System

Endocrine System

Male and Female Reproductive System

12.4   Unit 4 Clinical coding audit

Weeks 17-18

Aim:

By the end of the unit you should be able to:

Demonstrate an understanding of the importance of clinical coding audit and quality assurance processes.

Recommended Study Activities:

- Reading
- Discussion with Coding Managers and Trainers
- Previous exam questions.

Study Checklist

Outline methods to improve data quality e.g.

How local policies should be inspected

How documentation discrepancies or recurring reporting issues should be addressed

Give examples of how data quality can be improved
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=14461392#14461392

12.5   Unit 5 SNOMED CT

Weeks 19-22

Aim:

By the end of the unit you should be able to:

Demonstrate an understanding of the structure of SNOMED CT and its use

Demonstrate an understanding of the relevance of using clinical terminology to under-pin electronic patient record (EPR).

Demonstrate an understanding of the link (classification maps) between SNOMED CT and the mandated versions of the NHS Information Standards ICD-10 and OPCS-4.9.

Recommended Study Activities:

- Reading on-line publications
- Completion of on-line tutorials
- Take the tour and browse the NHS Digital SNOMED CT Browser.
  You may find it helpful in giving you an overview of the general content and structure of SNOMED CT. You will also be able view the UK ICD-10 and OPCS-4 classification maps in the browser
- Previous exam questions

See National Clinical Coding Qualification (UK) 2020-21 Syllabus, Framework and Bibliography for list of recommended on-line content and associated links.

Study Checklist:

- Demonstrate an understanding of the benefits of SNOMED CT in an Electronic Patient Record (EPR)

- Demonstrate an awareness of the structure and content of SNOMED CT

- Demonstrate an awareness of the structural differences between a terminology and a classification

- Demonstrate an awareness of how a terminology and classification fulfil different purposes

- Demonstrate an understanding of the link between SNOMED CT and the ICD-10 and OPCS-4 classification maps

12.6 Unit 6 Information governance and clinical governance

Weeks 22-21

Aim:

By the end of the unit you should be able to:

Demonstrate an understanding of the nature of Information governance and clinical governance

Demonstrate an understanding of how to address documentation or recording issues.

12.7 Unit 7 Other issues

Weeks 22-26

Aim:

By the end of the unit you should be able to:

Demonstrate an understanding of the uses of coded clinical data

Demonstrate the ability to define what constitutes a classification and a nomenclature

Provide examples of supplementary ICD-10 classifications in use within the NHS (specialty adaptations e.g. Mental Health and Oncology)

Demonstrate the difference between an hospital provider spell and a finished consultant episode and who they relate to each other

Demonstrate the difference between mortality and morbidity coding

Demonstrate an understanding of the NHS Clinical Coding Query Support Process

Outline methods to improve data quality

Recommended Study Activities:

- Reading
- Discussion with Coding Managers and Trainers
- Previous exam questions

Study Checklist

Uses of clinical data and the importance of its fitness for purpose

Distinguish between a nomenclature of diseases and a disease classification

Demonstrate knowledge of other disease classifications and ICD-10 supplementary classifications in use

Demonstrate an understanding of the NHS Clinical Coding Query Support Process.

12.8   Unit 8 Revision

Weeks 27-30

Aim:

By the end of the unit you should be able to:

Demonstrate an understanding of all the issues listed in the National Clinical Coding Qualification (UK) syllabus.

Recommended Study Activities:

- Reading
- Review of notes
- Discussion with Coding Managers and Trainers
- Previous exam questions
- Study groups

Study Checklist

All 7 previous study checklists

13 Appendix B: Question types

Account for	Give reasons for.
Analyse	Separate into component parts/factors.
Assess	Say how important it is.
Compare	Show similarities, differences: say which is better.
Consider	Take into account, weigh advantages and disadvantages.
Contrast	Look for differences between.
Define	Give the meaning of.
Demonstrate	Show how, prove with examples.
Describe	Write in detail about the characteristics of.
Differentiate	Explain the differences between, distinguish.
Discuss	Describe the important aspects, pointing out the pros and cons.
Evaluate	Judge the importance or success of.
Examine	Investigate, enquire into.
Explain	Make clear, give reasons for.
How far …?	Present and evaluate evidence for and against.
Illustrate	Give examples.
Outline	Indicate the important aspects, omit minor detail.
Relate	Show the connections between.
State	Set down briefly the main points.
Summarise	Bring together the main points.
To what extent …?	How true is it to say that; give evidence?
Trace	Show the development of.