National Clinical Coding Qualification (UK) Self-Directed Learning Framework 2017-18
# Contents

1 **Introduction**  
   1.1 Purpose of document  
   1.2 Audience  
   1.3 Content  

2 **Background**  

3 **Self-directed learning**  

4 **Exam preparation**  
   4.1 Getting Started  

5 **Self-organisation**  

6 **Learning techniques**  

7 **Keeping motivated**  

8 **Support**  

9 **Examination day**  

10 **The Examination paper**  

11 **Contact details**  

12 **Appendix A: Sample study plan**  
   12.1 Unit 1 ICD-10 10th revision 5th Edition 2016  
   12.2 Unit 2 OPCS-4.8  
   12.3 Unit 3 Anatomy & physiology, medical terminology  
   12.4 Unit 4 Clinical coding audit  
   12.5 Unit 5 SNOMED CT  
   12.6 Unit 6 Information governance and clinical governance  
   12.7 Unit 7 Other issues  
   12.8 Unit 8 Revision  

13 **Appendix B: Further information**  

14 **Appendix C: Question types**
1 Introduction

1.1 Purpose of document
The purpose of this Document is to provide guidance and support for clinical coders wishing to take the National Clinical Coding Qualification (UK) Examination. The aim of the National Clinical Coding Qualification (UK), herein referred to as the ‘Qualification’ provides the only accredited standard for coding qualification in partnership with the awarding body.

1.2 Audience
This document has been written for anyone working towards sitting the National Clinical Coding Qualification (UK).

1.3 Content
This document comprises the following Sections / Topics
- OPCS-4.8
- Anatomy & Physiology, Medical Terminology
- Clinical Coding Audit
- SNOMED CT

2 Background
The aim of the Examination provides a coding qualification for National Health Service employees and delivered by the Institute of Health Records and Information Management (IHRIM) as the administrative and awarding body.

The NCCQ (UK) is designed for National Health Service clinical coders to support the production of high quality coded clinical data, to 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
- Assists in the recruitment and on-going assessment of clinical coding staff
- Begins the career progression for the individual leading to further qualifications for the career coder, e.g. Clinical Coding Auditor, Clinical Coding Trainer
- The qualification gives recognition to the clinical coding profession as a whole
- Provides a recognised benchmark.

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 Clinical Coding Standards Refresher Course
- Attended a National Clinical Coding Qualification Revision Programme
• Have covered all specialities based on current National Standards, not local policies.

The Clinical Classifications Service is committed to ensuring National Health Service employees; Clinical Coders have access to the highest quality clinical coding training ensuring compliance with current National Clinical Coding Standards and Guidelines.

The Training Courses are accessible via Clinical Coding Academies and Approved Clinical Coding Trainers endorsed by the Classifications Service

Further details can be found at:
National Clinical Coding Qualification (UK) — Health and Social Care Information Centre
http://systems.hscic.gov.uk/data/clinicalcoding/trainingaccred

Many candidates who register for the Qualification will have not 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. self-confidence, career development, satisfaction of knowing you are professionally qualified.

It is crucial to plan a revision training programme. This Study Guide has been developed for clinical coders who are preparing to sit the qualification.

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, whether you are an experienced, or inexperienced, clinical coder.

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. You can also feel isolated. If possible, work with other Examination candidates to build a ‘support group’.

Studying for the Examination can be an impossible task without the support of your family and friends. Ensure they accept that time you may ordinarily have spent with them will be needed for study for a while. 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. Be honest with yourself, are there any areas that you need to review again. If you feel you need more time on the subject, amend your Study Plan by building this into the start of your next study session.

With most candidates, learning will run parallel with their work, so any training issues can be resolved with a Clinical Classifications Service 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 Clinical Classifications Service website:
National Clinical Coding Qualification (UK) — Health and Social Care Information Centre
http://systems.hscic.gov.uk/data/clinicalcoding/trainingaccred/accreditation

All administration of the Qualification such as how to register for the Examination, Examination location, logistics, and so on is provided by the Institute of Health Record and Information Management (IHRIM).

Planning and target setting
Planning and target setting is 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 if you haven’t quite stuck to your original Study Plan.

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 for two hours per week
- Less experienced coders will need to study for 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 completed a Clinical Coding Standards Course, Clinical Coding Standards Refresher Course, National Clinical Coding Qualification Revision Programme and covered all specialities based on current national standards, not local policies, with courses delivered by a Clinical Classifications Service Approved Clinical Coding Trainer.

Clinical Coding Academies are NHS training services accredited by the Clinical Classifications Service.

Details of the Clinical Coding Academies can be found on the Clinical Classifications Service website:
http://systems.hscic.gov.uk/data/clinicalcoding/trainingaccred/academy

The National Clinical Coding Qualification Revision Programme, delivered by an Approved Clinical Coding Trainer, is highly recommended for anyone who is currently studying for the examination, or for staff who wish to attain the Qualification at a later date. During the programme you will assess your current knowledge of current national coding standards and
identify any areas of weakness by sitting a mock Examination 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 should consider where you are going to study. You will need privacy and somewhere that is quiet. Minimise interruptions: divert your phone calls, tell people you do not want to be interrupted, put a sign on your door stating e.g. “studying in process”.

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

- Fix deadlines on sections of the syllabus
- Take breaks often to remain fresh
- 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.

This is a good habit to get into as it helps keep your mind focused on what you want to achieve from this session.

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. You could also underline text or make notes in the margins. 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 and OPCS-4.8 books care should be taken. Books are subject to scrutiny by the invigilator. Information such as Coding Clinic amendments, 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 a number of 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 books that you are allowed to 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.

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’
- Assert yourself if others are trying to distract you from your studying time and explain your reasoning.

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 ahead 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
- Instructions to candidates
- You will need to bring visual identification such as NHS Identification, EU Driving Licence or Passport
- You will be sitting down at a desk for a considerable amount of time so it is important that you wear comfortable clothing.

Make sure that you have all the books you are allowed to take into the Examination Room with you. Remember that dictionaries of any sort will not be allowed into the Examination
Room and WHO ICD-10 Volumes 1 and 3, 10th revision 5th Edition 2016 and OPCS-4.8 Alphabetical Index and Tabular List will be subject to scrutiny by the invigilator on the day.

Items that you may find useful to bring with you:

- Ruler
- Pencils
- Pencil sharpener
- Pens – just in case one fails to work, do not bring fountain pen as this can cause problems if ink leaks.

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. If the Examination Venue you have been allocated is some distance from your home base, you may even wish to consider staying at a nearby hotel overnight to alleviate the stress of travelling on the day of the Examination.

Listen carefully to the instructions given by the invigilator. If you have any questions on clarification of 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 paper

It will be very tempting to start looking at the questions immediately, but before you do remember to read the Instructions first. These Instructions will tell you where to record your Candidate number, how and on what sheet to record your answers how long the Examination will last and how many questions you need to answer from each Section.

If you answer too few questions you will lose marks. 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 National Standards.

You must head all your sheets with your Candidate Number. Please do not write your name by doing so invalids your work being marked.

Clearly number each question answered and ensure all your writing is legible and any diagrams are clear.

IF YOUR ANSWER IS NOT UNDERSTOOD OR NOT CLEAR THEN NO MARKS WILL BE AWARDED

You will need to divide the time by the number of questions you have to do. Allow time to read the questions over several times in the beginning and your answers at the end.

Try not to stop an answer in mid-air if you can avoid it. Note down an outline on how you would have completed your answer. This provides the examiner with extra information.

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.

You may find it useful when answering questions to underline key words in terms of what the question is about and what to do.
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 the scrap paper provided.

Clear and relevant diagrams can sometimes be useful for illustrating points within questions.

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 or try to relax. Regretting what you might/should have written will not help you and may even upset you.

Please be aware spelling is taken into account for the Anatomy & Physiology Section of the Examination Paper.

And finally GOOD LUCK!

11 Contact details

Clinical Classifications Service
Health & Social Care Information Centre
3rd Floor, Vantage House,
Leeds
LS1 4HT
e-mail: information.standards@hscic.gov.uk

About the Clinical Classifications Service — Health and Social Care Information Centre

(For students in Scotland)
Scottish Clinical Coding Centre
Terminology Services
Information Services Division
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel: 0131 275 7283

Institute of Health Records and Information Management (IHRIM)
Office hours 09:00 – 14:00
IHRIM Headquarters
Ground Floor Office Suite
Marshall House
Heanor Gate Road
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 – if it does not work for you, it does not matter! 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 - Rules and Guidelines for mortality and morbidity coding
Section 5 - Statistical Presentation
Section 6 - History of the development of the ICD
Section 7 - Annexes

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
Guidance published in the Coding Clinic

12.2  Unit 2 OPCS-4.8

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-4.8
Describe the contents and structure of OPCS-4.8 Alphabetical Index and Tabular List
Demonstrate an understanding of the features of OPCS-4.8
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-4.8 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 Alphabetic Index
Lead terms in the Alphabetic 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-4.8 2017 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

Guidance published in the Coding Clinic
High Cost Drugs Clinical Coding Guidance – OPCS-4.8
Chemotherapy Regimens Clinical Coding Guidance – OPCS-4.8

**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
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 (current and proposed)

Demonstrate an understanding of the relevance of using clinical terminology to under-pin the NHS Care Record Service.

Demonstrate an understanding of the cross-mapping link between SNOMED CT and the mandated versions of the NHS Information Standards ICD-10 and OPCS-4.8

Recommended Study Activities:

- Reading
- Discussion with Coding Managers and Trainers
- Previous exam questions
- Introduction to SNOMED CT
- SNOMED CT starter tutorials

https://elearning.ihtsdotools.org/mod/page/view.php?id=175

Study Checklist:

Demonstrate a basic knowledge of the history and background of SNOMED CT

Demonstrate an awareness of the structure of SNOMED CT

Demonstrate an awareness of the differences between a terminology and a classification and the cross mapping link between them and the uses of cross maps

Demonstrate knowledge of the uses of clinical terminologies including SNOMED CT within the NHS with particular reference to the electronic patient record.

12.5  **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.
12.6 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 an understanding of the NHS Clinical Coding Query Mechanism
- 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 Mechanism.

12.7 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: Further information

NCCQ (UK) Syllabus, Framework, Bibliography
NCCQ (UK) Examination timetable
NCCQ (UK) Previous examination papers
NCCQ (UK) Examination revision aid/feedback
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=298707

Standards
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=298579#298579

Cross mapping
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=298323&exp=e1

SNOMED CT
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=297907&exp=e1

Clinical Coding Audit
https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=297779#297779

Healthcare resource Groups
http://content.digital.nhs.uk/hrg

NHS Hospital Episode Statistics
http://content.digital.nhs.uk/hes

National Tariff
https://www.england.nhs.uk/resources/pay-syst/tariff-engagement/

NHS Data Model & Dictionary
http://www.datadictionary.nhs.uk/

Secondary Uses Service (SUS)
http://content.digital.nhs.uk/sus
## 14 Appendix C: Question types

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