# Clinical Coding Auditor Programme (CCAP) Handbook 2019-20

Information and technology
for better health and care

## Contents

 

# 1 Introduction

The Clinical Coding Data Quality Framework provides the activities, roles and protocols which individually and collectively ensure that standards associated with auditing of coded clinical data are met.

The Clinical Coding Auditor Programme (CCAP) provides the associated training on the application of the methodology to individuals that possess the necessary general and specialist knowledge and skills to conduct a clinical coding audit.

The success of the audit depends upon the competence of the auditor; the key resource for the inspection of coded clinical data. It is therefore essential that an individual and their organisation understand the base knowledge and skills required as well as the ongoing commitment.

## 1.1 Purpose of document

The document provides an outline of the CCAP so that the reader has a thorough understanding of:

- Pre-requisite skills and knowledge
- Entry level Assessment Day
- Clinical Coding Audit Workshop content
- Ongoing post-course requirements and Continued Professional Development to maintain Approved Clinical Coding Auditor status.

### 1.1.1 Audience

Accredited Clinical Coders interested in developing and maintaining their existing skills and knowledge to become an Approved Clinical Coding Auditor through continued professional development.

Line Managers, to understand the level of commitment required by the individual and organisation to embed and support a skilled auditor in the department to conduct a regular and robust cycle of clinical coding audit within the organisation / department.

### 1.1.2 Background

Accurate and comprehensive coded clinical data is essential for reliable and effective clinical and statistical analysis. A regular internal programme of clinical coding audit ensures the quality of coded clinical data and NHS regulatory bodies increasingly use the outcomes of clinical coding audits as evidence that organisations exemplify best practice and promote a culture of continuous improvement.

The Clinical Coding Auditor Programme supports organisations by ensuring only the most highly skilled staff qualify to become Approved Clinical Coding Auditors and that continued professional development in this expert field is maintained.

# 2 Pre-requisite skills and knowledge

The CCAP pre-requisite criteria ensure that an applicant has the base skills and knowledge required to become an Approved Clinical Coding Auditor.

An Approved Clinical Coding Auditor must possess a wider range of skills and knowledge than those required for day-to-day clinical coding. Whilst excellent technical coding skills are necessary, they are not sufficient.

It is essential therefore, that applicants fulfil **all** of the following criteria **prior** to applying for the CCAP:

1. Attain Accredited Clinical Coder status (ACC) by passing the National Clinical Coding Qualification (UK) examination and **a minimum of 3 years** clinical coding experience **post** accreditation before submitting an application for the programme. (*Provides certificate*)

2. Successfully complete a Clinical Coding Standards Refresher Course* (formerly a Clinical Coding Refresher Course) delivered by a Terminology and Classifications Delivery Service Approved Clinical Coding Trainer **within 3 years of the application date**.
(**This is not required if already a Terminology and Classifications Delivery Service Approved Trainer due to mandatory completion of a Trainer Refresher course every three years*.) (*Provides certificate confirming successful completion*)

3. Attend a report writing course. This can be either a classroom based or an online course. (*Provides a course certificate/evidence*).

4. Attend a presentation delivery skills course. This can be either a classroom based or an online course covering the skills required to *deliver* a relevant presentation, in preference to those required to write one. Applicants that are Approved Clinical Coding Trainers will also need to attend a presentation delivery skills course and provide the relevant evidence. **The TAP Certificate in Training Delivery Part A – new to training is not valid for this pre-requisite** (*Provides a course certificate/evidence*).

5. Have proven expertise and specialist knowledge in the application of the rules and conventions of ICD-10 and OPCS-4 and a thorough understanding of national clinical coding standards for these classifications.

6. Have experience in coding across a wide range of speciality areas including general medicine, general surgery, trauma and orthopaedics and obstetrics **as a minimum**. *(Acceptable evidence includes if the applicant can list dates when they have been responsible for coding these specialties within their organisation)*

7. Excellent communication skills both verbal and written to enable effective interaction across multi-professional teams.

8. Excellent planning and organisational skills.

9. Excellent time management skills.

10. Basic analytical skills.

11. Experience in problem solving. *(Demonstrates with a practical example)*

12. Proven excellence in report writing and the ability to write reports to an acceptable standard for presentation at Board level. (*Provides details of previous reports written **and** a sample report they have been the **sole author** of on **any** subject - this does not have/is not expected to be a coding audit report*, *however it must clearly evidence ability to draw conclusions from findings and make informed recommendations)*

13. Demonstrated commitment to continued professional development.

14. Knowledge of the Data Security and Protection Toolkit Standard 1 (formerly Information Governance Toolkit Requirements 505 and 514) guidance pertaining to clinical coding audit. Please refer to DSPT tile on Delen.

15. Knowledge of Data Protection laws. (The applicant should have received Data Security and Protection training within their own organisation and be able to provide an up to date certificate as evidence of this training. Where a certificate is not available/issued a screenshot confirming the training and date(s) completed will suffice). The certificate must be valid and obtained within12 months of the application date. (*Provides valid certificate*)

16. Knowledge and understanding of the principles of the Approved Auditor Code of Conduct found on the NHS Digital Delen website

17. Knowledge and understanding of A Guide to Clinical Coding Audit Best Practice found on the NHS Digital Delen website

**IMPORTANT INFORMATION:**

**Criteria 1 to 4 and 15** – Will be evidenced by provision of certificates.

**Criteria 5 to 13** – Will be evidenced within the applicant's CCAP Curriculum Vitae through the provision of practical examples and any other requested supporting information (for example criterion 11 requires a sample audit report in addition to details of other previous reports written). ***Please see section 3.1 below for further guidance and information.***

**Criteria 5 to 17** - Will be demonstrated through successful completion of the CCAP Assessment Day. (Also see CCAP Assessment Day Bibliography.)

**It is important that the applicant and Line Manager work together to ensure the applicant meets all of the criteria listed above.**

 

# 3 Applying to attend the Clinical Coding Auditor Programme (CCAP)

The Clinical Coding Auditor Programme is very popular and places are offered on a first come, first served basis subject to availability. Available places can only be secured by submitting a fully completed course Booking Form, a CCAP CV clearly evidencing **ALL** the necessary listed criteria and all other required documentation with the initial application. (See IMPORTANT INFORMATION in section 2. Pre-requisite skills and knowledge)

The course Booking Form and CCAP CV can be downloaded from the NHS Digital Delen website

When submitting an application to the programme a purchase order covering both the cost of the Assessment Day and the Audit Workshop must be included. Should the candidate not be successful on the Assessment Day, only the cost of the Assessment Day will be charged.

## 3.1 The Clinical Coding Auditor Programme Curriculum Vitae

The Clinical Coding Auditor Programme Curriculum Vitae (CCAP CV) is the applicant's first step towards demonstrating they have the necessary qualifications and skills to become an Approved Clinical Coding Auditor. Completing the CCAP CV should be compared to reviewing a job description and matching key skills when applying for a job. It is expected that the CCAP CV will be well structured and formatted. All the relevant documents are available by accessing the NHS Digital Delen website

Entry onto the CCAP is subject to the applicant evidencing within the CCAP CV that they fully meet skills **5 to 13** of the pre-requisite criteria.

Applicants must provide **practical** examples demonstrating use of skills **5** to **13** in either a current or previous role. Just stating '*I have problem solving skills'/'I have attended report writing course'/'I have attended a presentation delivery skills course'* does not evidence application of these skills, nor does it demonstrate excellent written and verbal communication skills, which are also a fundamental criteria for attending this programme.

When completing the CCAP CV, the relevant sections should be populated with descriptions of how an applicant meets the pre-requisite criteria and how they utilise these skills and knowledge in their current or previous role (this can, as previously mentioned, be supplemented with practical examples). It is the applicant's opportunity to describe exactly how and why they believe they would make a good auditor. It is not acceptable to simply embed word/PDF/Screenshots into the CV against the individual pre-requisite criteria with no accompanying text, doing so will result in the application being rejected.

All of the required information must be present within the CCAP CV template. If you attach your own CV document, stating "*Please see CV*" (or similar) on the CCAP CV template, the application will be declined.

***We do not provide feedback as to why a CV has been declined. The Terminology and Classifications Delivery Service would encourage all applicants prior to their application being submitted to review and discuss their CV with their line manager to ensure they have provided clear practical examples that evidence each skill.***

Applicants are allowed **two submissions** of their CV. If unsuccessful at the second attempt the applicant will be advised to re-apply the following year/for the next available programme.

# 4 The Clinical Coding Auditor Programme Assessment Day

## 4.1 Overview

The Assessment Day ensures that only competent, experienced and accredited clinical coders are admitted onto the Clinical Coding Auditor Programme (CCAP).

## 4.2 Purpose

- The applicant's second step towards demonstrating that they have the skills and knowledge to become an Approved Clinical Coding Auditor.
- An opportunity for applicants to network with potential Approved Clinical Coding Auditors from other organisations.

## 4.3 Attendance Criteria

The Assessment Day is open to existing accredited clinical coders (ACC) who have submitted a CCAP CV that evidences the required criteria **and** provide the appropriate certificates/documents with their application. The applicant and their line manager must both confirm their ongoing commitment to all aspects of the CCAP on the course Booking Form.

## 4.4 Assessment Day Objectives

Attendees must meet the required pass marks and skills criteria in all aspects of the Clinical Coding Auditor Assessment Day before being invited to complete the Clinical Coding Auditor Programme. These are set out below:

- Correctly answer at least **95%** of questions in the written Practical Pre-assessment Paper. (Demonstrates pre-requisite criteria 5, 6, 8, 9 and 10). The paper is 1.5 hours in length. Suggested timeframes for completion would be 30 minutes per section; Section A = Four ICD-10 Scenarios, Section B = Four OPCS-4 Scenarios and Section C = Two Case Studies.
- Correctly answer at least **90%** of questions in the written Theory Pre-assessment Paper. (Demonstrates pre-requisite criteria 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 17). The paper is 1.5 hours in length. Suggested timeframes for completion would be Section D = ICD-10 & OPCS-4 Multiple Choice Theory Questions = 15 minutes, Section E = Data Extraction and Communication Skills = 1 hour and Section F = Coding Audit Theory = 15 minutes.
- Write **three** valid conclusions and **three** associated recommendations from the findings in the given audit report scenario. (Demonstrates pre-requisite criteria 7, 8, 9, 10, 11, 12 and 13)
- Explain three of the key pre-requisite criteria skills you use and why these are essential for a good clinical coding auditor by delivering a pre-prepared 5 minute

PowerPoint presentation to meet all four required presentation criteria. (Demonstrates pre-requisite criteria 4, 7, 8 and 9. May also demonstrate additional criterions depending on the topic selected.)

- The four required presentation criteria are:
  - Demonstrates knowledge of the pre-requisite skills to become a clinical coding auditor
  - Communication skills
  - Problem solving
  - Time management.

**Important information**

To support selection of individuals with the highest level of skills and knowledge the CCAP Assessment Day is challenging. The CCAP Bibliography together with the Summary of Common Errors documents produced after previous Assessment Days and provided on Delen are useful preparation tools for candidates preparing for the Assessment Day to provide an indication of the various sources of questions in the written assessment papers.

***Due to the limited amount of question topics, past Assessment Day papers are NOT available.***

Both papers allow delegates to further demonstrate that they possess all of the pre-requisite criteria for attending the CCAP. Applicants must also note the following:

- The practical paper contains both ICD-10 and OPCS-4 coding questions and some case studies. (Demonstrates pre-requisite criteria 5, 6, 8, 9 and 10)
- The theory paper contains sections to assess delegates' understanding of current national coding standards, data extraction and analysis skills, problem solving skills and the ability to effectively communicate key facts about current national coding standards. (Demonstrates pre-requisite criteria 5, 6, 7, 8, 9, 10, 11 and 13). *Refer to the example questions for this section below.*
- The theory paper also contains a section of questions about clinical coding audit. These short-answer questions amount to approximately one-third of the theory paper score and are all based on the content listed in the CCAP Bibliography. **NB:** Not all content is guaranteed to be tested but it is important that you study all content. (Demonstrates pre-requisite criteria 8, 9, 13, 14, 15, 16 and 17)

There are **no** anatomy and physiology, or medical terminology questions in the theory assessment paper.

**Example Questions**

**Multiple Choice Question Example:**
**Which of the following is a current national standard for coding stillbirths?**

| | | |
|---|---|---|
| **a)** | **If the cause of the stillbirth is known, the cause must be coded as the primary diagnosis. Code P95.X Fetal death of unspecified cause must still be recorded and** | ☐ |

| | | |
|---|---|---|
| | **can be assigned in any secondary position.** | |
| **b)** | **If the cause of the stillbirth is not known, code P95.X Fetal death of unspecified cause must be assigned as the primary diagnosis.** | ✓ |
| **c)** | **A code from category Z38.- Liveborn infants according to place of birth must also be assigned on a stillborn baby's episode.** | ☐ |

***Reference: DCS.XVI.7: Stillbirths (P95.X) - National Clinical Coding Standards ICD-10 5th Edition reference book (2019).***

There are a total of six questions in this section: three questions each for ICD-10 and OPCS-4. Often the options provided will be very similar; it's therefore important to read these very carefully before selecting your answer.

**Example of a Data Extraction and Communication Skills Question:**

| **Trust code and sequence** | | **Auditor codes and sequence** | |
|---|---|---|---|
| **1.** | **O80.0 Spontaneous vertex delivery** | **1.** | **O70.1 Second degree perineal tear during delivery** |
| **2.** | **O70.1 Second degree perineal tear during delivery** | **2.** | **Z37.0 Single live birth** |
| **3.** | **Z37.0 Single live birth** | **3.** | **J45.9 Asthma, unspecified** |
| **4.** | **J45.9 Asthma** | **4.** | |

**Answer:**
**O80.0 Spontaneous vertex delivery**

- **Must only be used if no other condition classifiable to Chapter XV is recorded.**
- **As the patient has a second degree perineal tear (O70.1) which is classified to Chapter XV, code O80.0 must not be assigned**

***DCS.XV.28: Delivery (O80–O84) - National Clinical Coding Standards ICD-10 5th Edition reference book (2019)***

**Z37.0 Single live birth**

- **It is mandatory that this code is sequenced in the first secondary position**

***DChS.XV.1: Outcome of delivery (Z37) - National Clinical Coding Standards ICD-10 5th Edition reference book (2019)***

There are a total of four questions in this section; two ICD-10 and two OPCS-4.

**The Terminology and Classifications Delivery Service practices the policy that no written papers will be returned to Assessment Day delegates after the event. Detailed feedback including relevant scanned extracts from the papers where applicable is**

 

**provided on the candidates Individual Feedback Form. A Summary of Common Errors document is also produced and made available to the service via Delen following the Assessment Day.**

## 4.5 Reference Materials

**NB: Delegates can refer to National Clinical Coding Standard reference products when completing the Practical and Theory Assessment Papers**.

Access to these and the other reference materials permitted are included to act as an 'aide memoire' rather than replacing the need for the candidate to revise the subject as many questions require them to describe national standards in their own words. Experience has shown that those who rely too heavily on the reference products during the written assessments often struggle to complete them within the allotted timeframe.

Each applicant must supply their own reference books for use during the Assessment Day. The reference products that can be accessed for both the theory and practical papers are listed below:

- Volumes 1 and 3 of ICD-10 5th Edition (fully updated to reflect the errata published in the *Coding Clinic* Ref 112 and Ref 114 available by accessing the NHS Digital Delen website
- OPCS-4.8 Volumes I and II
- National Tariff Chemotherapy Regimens List*(current version)
- National Tariff High Cost Drug List*(current version)
- Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4* (current version)
- High Cost Drugs Clinical Coding Standards and Guidance OPCS-4* (current version)
- National Clinical Coding Standards ICD-10 5th Edition (2019) reference book*
  National Clinical Coding Standards OPCS-4 (2019) reference book*
- The Clinical Coding Auditor Code of Conduct (current version)*
- The Clinical Coding Auditor Programme Handbook (current version)*
- A Guide to Clinical Coding Audit Best Practice (current version)*

The documents marked with an asterisk are available for download by accessing the relevant area on Delen using the link provided below:

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

**NB:** Delegates are welcome to bring laptops/tablets to access electronic versions of the products highlighted with an*; **however use of mobile phones to access these is NOT permitted**. These products can be downloaded via Delen. Delegates may also use the ICD-10 and OPCS-4.8 e-Version*. The eViewer (eVersion) application, along with the ICD-10 and OPCS-4 e-Version books and the reference books for use in the eViewer are available to download via the Technology Reference Data Update Distribution (TRUD) site.

- *Coding Clinic Ref* 88: Coding of Co-morbidities

**NB**: Delegates can download the latest version of the *Coding Clinic* onto their laptops/tablets if desired.

## 4.6 Assessment Day Timings

08.45-16.00*

 

*Based on previous Assessment Days and may be subject to change. Times will be verified in the Assessment Day Joining Pack sent to all successful applicants 3 weeks prior to the Assessment Day.

## 4.7 Registration

All aspects of the registration form (with Terms and Conditions) and all associated required documentation must be completed and returned by each applicant. Should the applicant be unsuccessful in passing the assessment day a nominal charge will be made to cover costs.

Applicants requiring overnight accommodation prior to the Assessment Day will need to arrange this separately. If booking hotel accommodation as an NHS applicant, always ask for Government rate where this is available. Please see the Booking Form for further details.

## 4.8 Dress Code

The dress code for both the Clinical Coding Auditor Programme (CCAP) Assessment Day and the Audit Workshop is smart casual. The wearing of jeans, etc. is not permitted.

## 4.9 Next Steps

Successful completion will result in an invitation to attend the Clinical Coding Audit Workshop.

Candidates are asked to keep their diaries free for ALL Audit Workshop dates/venues.

Any candidate who does not meet all the Assessment Day criteria is required to re-sit ALL elements of the Assessment Day on a future Clinical Coding Auditor Programme.

# 5 CCAP Assessment Day Bibliography

## 5.1 Purpose

Everyone who attends the Clinical Coding Auditor Programme (CCAP) Assessment Day must be prepared to further demonstrate that they have the pre-requisite skills and meet criteria **4-17** in order to be accepted onto the CCAP. The bibliography provides a list of the documents and publications used to source the questions for the written assessment papers. Applicants should also refer to section 4. Clinical Coding Auditor Programme Assessment Day for information about content of the Assessment Day.

## 5.2 Bibliography

Delegates are expected to refer to the most current versions available for all documents and publications listed in this bibliography when studying for the Clinical Coding Auditor Programme (CCAP) Assessment Day. Links are provided to web based products.

### 5.2.1 References needed for Clinical Coding Auditor Programme Assessment Day Paper 1 – Practical and Paper 2 –Theory

- ***World Health Organisation International Statistical Classification of Diseases and Health Related Problems (Tenth Revision) 5th Edition Volumes 1, 2 & 3.***

  Available to purchase from The Stationery Office book shops. For details of how to order the three volumes visit:

  http://systems.hscic.gov.uk/data/clinicalcoding/codingstandards/icd10/icd10updates/index_html

- ***The National Clinical Coding Standards ICD-10 5thEdition reference book (2019)***

  Available for download via the Terminology and Classifications DeliveryService section on Delen by accessing the link below:

  https://hscic.kahootz.com/gf2.ti/f/762498/46448165.2/PDF/-/National_Coding_Standards_ICD10_reference_book_2019.pdf

- ***OPCS Classification of Interventions and Procedures, Version 4.8 (April 2017) Volumes I Tabular list and Volume II - Alphabetical Index***.

  Available to purchase from The Stationery Office:
  https://www.tsoshop.co.uk/bookstore.asp?FO=1160007&action=Listing&CLICKID=002289

- ***National Clinical Coding Standards OPCS-4.8 reference book (2019)***

  Available for download from the Terminology and Classifications Delivery Service section on Delen by accessing the link below:

  https://hscic.kahootz.com/gf2.ti/f/762498/48443045.1/PDF/-/NCCSOPCS420196.pdf

- ***National Tariff Chemotherapy Regimens List***
- ***National Tariff High Cost Drug List***
- ***Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4***
- ***High Cost Drugs Clinical Coding Standards and Guidance OPCS-4***

  All available for download via the NHS Digital Delen website

- ***The Coding Clinic***

  Publication providing updates to national clinical coding standards and guidance published by the Clinical Classifications Service. Available from NHS Digital Delen website

- ***A Guide to Clinical Coding Audit Best Practice***

  A summary guide to the clinical coding audit methodology. Available from the NHS Digital Delen website

- ***The Clinical Coding Auditor Code of Conduct***

  A document outlining the key principles, standards and protocols an approved clinical coding auditor is required to follow when using the Clinical Coding Audit Methodology. Available from the NHS Digital Delen website

- ***Data Security and Protection Toolkit Standard 1 – Clinical Coding Audit Guidance only***

  The Data and Security Protection Toolkit Requirements for clinical coding audit in an acute and mental health setting. Available from the NHS Digital Delen website

- ***The Guide to Data Protection***

  Outlines the legal obligations and principles that must be applied when handling personal information under the Data Protection Act 2018. Also features a Guide to GDPR. Available from the Information Commissioner's Office web site:

  https://ico.org.uk/for-organisations/guide-to-data-protection/

- **Other useful information**

  Section 7. Maintaining Approved Clinical Coding Auditor Status and Continual Professional Development

  - ***Current versions of the ICD-10 and OPCS-4 Exercise and Answers Booklets*** are available on request from information.standards@nhs.net.

  ***NB: Some of the above links may be subject to change.***

# 6 Clinical Coding Audit Workshop

## 6.1 Workshop Overview

The primary objective of this workshop is to develop an experienced Accredited Clinical Coder into an Approved Clinical Coding Auditor. The workshop teaches delegates the correct application of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology to measure the quality of ICD-10 and OPCS-4 code assignment to identify areas of best practice and those requiring improvement.

This is a unique three-day course developed, updated and delivered by the Terminology and Classifications Delivery Service – the authoritative source of clinical classifications (ICD-10 and OPCS-4) and coding standards that underpin the health, public health and social care systems by providing quality information to support evidence-led care to patients and populations. The workshop covers the four main areas of clinical coding audit:

1. Background and the principles of clinical coding audit
2. The pre-audit process

3. The audit
4. The post-audit process

## 6.2 Benefits to the delegate

- Provides an optimal learning environment
- Gives access to highly experienced and skilled Terminology and Classifications Delivery Service-based Approved Clinical Coding Trainers/Auditors
- Provides understanding of the correct application of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- Develops delegate confidence to conduct clinical coding audit back in the workplace, through practical application and assessments at each stage of a clinical coding audit
- Gives a greater understanding of the role and importance of clinical coding audit within the delegate's working environment
- Provides the national clinical coding audit methodology and associated templates to support an ongoing programme of local clinical coding audit
- Supports an ongoing record of continued professional development through access to the Terminology and Classifications Delivery Service online Approved Clinical Coding Auditor Log Book
- Provides an opportunity to network with Approved Clinical Coding Auditors from other organisations.

*'Excellent trainers who obviously know their stuff! Very professional teaching sessions and quick to pick up when anyone was struggling. Encouraging and patient. Thank you.'*

*'Enjoyed the course, trainers created a relaxed atmosphere whilst ensuring learning was the focus.'*

## 6.3 Benefits to the organisation

- A skilled Approved Clinical Coding Auditor who can deliver clinical coding audits that comply with the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- A skilled Approved Clinical Coding Auditor who understands the need for accurate, high quality coded clinical data to support healthcare planning, reimbursement, management of services, statistical analysis and research
- Increased effectiveness of formal and informal clinical coding audits providing specific, measurable, achievable, realistic and timely (SMART) recommendations for improving clinical coding processes and procedures

*'Excellent trainers. I thought the pace of the course was well judged. They encouraged a supportive network between all the candidates and even managed to make it fun! Thank you.'*

- The opportunity to deliver a more cost-efficient in-house clinical coding audit programme to satisfy internal data quality and Data Security and Protection Toolkit requirements, Clinical Governance and other NHS regulatory body requirements.

## 6.4 Attendance Criteria

This course is only available to existing accredited clinical coders (ACC) who have demonstrated that they meet all the Clinical Coding Audit Programme Pre-Requisite Criteria; have successfully met the required pass marks in all aspects of the Clinical Coding Auditor Programme Assessment Day and have confirmed, along with their line manager, their ongoing commitment to all aspects described on the Booking Form.

Delegates will be able to:

- List 6 areas where potential errors could arise at the pre-audit stage, using the given pre-audit questionnaire (Marked Assessment 1).
- Extract and then use relevant data to assign ICD-10 and OPCS-4 codes to at least 95% accuracy for the two given case studies (Marked Assessment 2).
- Allocate at least 80% of the given error keys correctly, using the Meadows Hospital Trust audit worksheets (Marked Assessment 3).
- Use the completed Meadows Trust audit worksheets to correctly analyse the percentage of different errors (Marked Assessment 4).

Following the course, delegates must score at least 80% in their Meadows Hospital Trust coding audit report. Only on successful completion of all marked assessments and their Meadows coding audit report (Marked Assessment 5) will delegates be awarded Approved Clinical Coding Auditor status.

## 6.5 What will the course cover?

**Preparing for a clinical coding audit**

- Identifying the information required prior to the audit commencing and why this information is necessary
- Using the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology pre-audit templates
- Planning and preparing appropriate coding audit resources
- Communicating audit/auditor requirements

**Conducting clinical coding audit**

- Time management
- Correct application of all aspects of the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology
- The necessary skills to audit correct application of the four step coding process, national coding standards and rules and conventions of the classifications
- Using the audit worksheets to assign clinical codes
- Comparing Trust coded clinical data against your clinical codes

- Differentiating between coder and non-coder errors
- What the different audit error keys are and when they should be assigned
- Analysing the audit data

**Facilitating the post clinical coding audit process**

- Using the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology post-audit templates
- Generating a positive climate in feedback sessions
- How to use the audit authentication mechanism
- Required structure of the Meadows Audit Report - Marked Assessment 5. (The report content will be based on the information the delegates have gathered from practical activities and assessment during the three-day workshop)

**NB** The structure is for the Meadows Marked Assessment only. How an auditor structures their report/presents their findings once qualified is entirely up to them/their organisational preference or commissioner requirements.

**Ongoing requirements**

- Maintaining Approved Auditor status
- Continued professional development

## 6.6 Course Materials

Each delegate receives:

- Delegate course folder
- Written exercises and handouts
- Samples of a number of Terminology and Classifications Delivery Service Clinical Coding Audit Methodology templates

## 6.7 Reference Materials

Each delegate must supply their own reference books for use during the course:

- Volumes 1 and 3 of ICD-10 5th Edition (fully updated to reflect the errata published in the *Coding Clinic Ref 112 and Ref 114*
- OPCS-4.8 Volumes I and II
- National Tariff Chemotherapy Regimens List* (current version)
- National Tariff High Cost Drug List* (current version)
- Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4*(current version)
- High Cost Drugs Clinical Coding Standards and Guidance OPCS-4*(current version)
- National Clinical Coding Standards ICD-10 5th Edition reference book (2019) *
  National Clinical Coding Standards OPCS-4 reference book (2019) *

**NB:** Delegates are welcome to bring laptops/tablets to access electronic versions of the products highlighted with an*. These products can be downloaded via Delen. Delegates

 

may also use the ICD-10 and OPCS-4.8 e-Version*. The eViewer (eVersion) application, along with the ICD-10 and OPCS-4 e-Version books and the Reference books for use in the eViewer are available to download via the Technology Reference Data Update Distribution (TRUD) site.

- *Coding Clinic Ref* 88: Coding of Co-morbidities

All the products highlighted with an * in addition to the Coding Clinic can all be found by accessing the NHS Digital Delen website

**NB**: Delegates can download the latest version of the *Coding Clinic* onto their laptops/tablets if desired.

## 6.8 Course Timings

Day One: 09.15-17.00*
Day Two: 09.00-17:15*
Day Three: 09.00-16.00*

*Based on previous Audit Workshops and may be subject to change. Times will be verified in the Clinical Coding Audit Workshop Joining Pack sent to all successful applicants 3 weeks before the course.

## 6.9 Registration

All aspects of the Booking Form (with Terms and Conditions) must be completed for each delegate.

The price includes all tuition, materials and refreshments on the three-day course *(unless otherwise indicated in the Course Joining Pack)*.

Delegates requiring overnight accommodation during the course will need to arrange this. If booking hotel accommodation as an NHS delegate, always ask for Government rate where this is available.

## 6.10 Next Steps

Following successful completion of the workshop, each delegate receives:

- Terminology and Classifications Delivery Service Approved Clinical Coding Auditor certificate
- Clinical Coding Audit Methodology and all associated templates
- Access to the Shared Auditor Workspace and their Individual Auditor Workspace where they will manage their Approved Clinical Coding Auditor Log Book.

# 7 Maintaining Approved Clinical Coding Auditor Status and Continual Professional Development

To maintain Approved Clinical Coding Auditor status, auditors must evidence continued professional development (CPD). This is done by maintaining an online Approved Clinical Coding Auditor Log Book* (to be uploaded no later than 31 March every year for review by the Terminology and Classifications Delivery Service), attending a two-yearly Approved Clinical Coding Auditor Forum, successfully completing both modules of the Auditor eAssessment Tool and attending a three-yearly Clinical Coding Standards Refresher Course (or dedicated Trainer Refresher Course if also an Approved Clinical Coding Trainer). Failure to comply with all ongoing requirements will result in approved status being revoked.
*If the auditor is also an Approved Clinical Coding Trainer, the relevant Log Book will be the Approved Auditor & Trainer Log Book (Combined).

## 7.1 Approved Clinical Coding Auditor Log Book

The Approved Clinical Coding Auditor Log Book provides evidence of continued professional development, including;

- qualifications, experience and training
- completion of a minimum of 20 audit days in each financial year (includes time spent on preparation, audit and writing of the report)
- newly qualified auditors should start populating the Auditor Log Book straightaway and will be asked to evidence up to 5 audit days per financial year quarter since qualifying. For example, should approved auditor status be gained in September,10 audit days will need to be evidenced in the log book for that financial year
- completion of at least one written audit report each financial year
- auditor evaluation to be completed by audit commissioner and the auditor's Line Manager
- reflection on what went well or any particular acknowledgements / lessons learned from each audit to support ongoing improvements

## 7.2 Approved Clinical Coding Auditor Forum

### 7.2.1 Overview

These are one-day interactive events designed to inform and update Approved Clinical Coding Auditors and provide the opportunity for input into the ongoing development of the Clinical Coding Quality (Audit) Framework.

The forum is part of the Clinical Coding Auditor Programme, is held every two years and attendance is mandatory for all Approved Clinical Coding Auditors (existing and newly qualified).

The content will vary but the general format will include presentations / interactive sessions facilitated by the Terminology and Classifications Delivery Service and guest speakers, where possible. The forum will:

- Inform of classification updates and changes to national coding standards
- Advise on planned updates to the Clinical Coding Quality (Audit) Framework

- Promote group discussion and input into future updates
- Encourage sharing best practice
- Provide the opportunity to network with other approved clinical coding auditors
- Provide access to guest speakers from secondary use organisations.

### 7.2.2 Benefits to the delegate

- Share audit experiences and best practice
- Opportunity to network with Approved Clinical Coding Auditors from other organisations
- Provides a tool to support Trusts in developing and maintaining their internal data quality programme
- Access to highly experienced and skilled Terminology and Classifications Delivery Service-based Approved Clinical Coding Trainers/Auditors
- Promotes continual professional development (CPD)
- Is one of the criteria for maintaining Approved Clinical Coding Auditor status.

### 7.2.3 Benefits to the organisation

- A skilled Approved Clinical Coding Auditor who is up-to-date on the latest classification updates and changes to national clinical coding reference products and who has a commitment to their ongoing CPD.

- The continued opportunity to deliver a more cost-efficient in-house clinical coding audit programme to satisfy internal clinical data quality and Data Security and Protection Toolkit, Standard 1, Clinical Governance and other NHS body requirements, in accordance with the Terminology and Classifications Delivery Service Clinical Coding Audit Methodology.

- Sharing best practice processes with other NHS organisations.

### 7.2.4 Attendance Criteria

This Forum is open to existing Approved Clinical Coding Auditors and must be attended once every two years.

Failure to comply with all ongoing requirements will result in approved status being revoked.

### 7.2.5 Forum Materials

Each delegate receives:

- Access to copies of all slide handouts
- A Terminology and Classifications Delivery Service Approved Clinical Coding Auditor Forum certificate of attendance

### 7.2.6 Reference Materials

It is generally not necessary for delegates to bring any reference materials with them on the day; just thoughts and ideas they can share with fellow delegates.

### 7.2.7 Forum Timings

09.30-16.00 *

* Based on previous Auditor Forums and may be subject to change. Times will be verified in the delegate Auditor Forum Pack issued 3 weeks before the Forum.

### 7.2.8 Registration

All aspects of the Booking Form (with Terms and Conditions) must be completed for each delegate.

All materials and refreshments on the Forum are included *(unless otherwise indicated in the Joining Pack)*.

Delegates requiring overnight accommodation will need to arrange this separately. If booking hotel accommodation as an NHS delegate, always ask for Government rate where this is available.

## 7.3 Auditor eAssessment Tool

The Auditor eAssessment Tool which has been designed to refresh the practical skills and theoretical knowledge of all approved clinical coding auditors was made available on the IT Skills Pathway LMS platform on 1 April 2019.

It must be completed by every approved clinical coding auditor at a time that's convenient to them before 31 March 2020.

It comprises two modules: Module 1 which takes 1-1.5 hours to complete, tests an auditor's ongoing error key assignment skills and has a pass mark of 95%, whilst Module 2 which takes 0.5 to 1 hour to complete, tests an auditor's ongoing understanding of the Clinical Coding Audit Methodology, the Clinical Coding Auditor Requirements Framework, the Data Security Protection Toolkit Data Standard 1 in respect of clinical coding audit, GDPR and Data Protection and has a pass mark of 90%.

A new version of each module will be uploaded at the start of each financial quarter so that any auditor not meeting the required criteria for a module(s) after two attempts, will be presented with an entirely new question set for that module(s) as part of the re-sit process. The Terminology and Classifications Delivery Service will work with any auditor, and their line manager, who does not meet the criteria after four attempts to ensure they can meet the criteria following a development plan.

The main purpose of the Tool is to support an auditor's ongoing CPD by providing a formal mechanism for ensuring that the clinical coding audit methodology is applied correctly and consistently across the service supporting high quality audits of coded clinical data.

## 7.4 Consultations

Approved clinical coding auditors are expected to contribute comments/feedback to at least one standard and/or audit consultation a year, where applicable. These standards/consultations are published on the Delen Consultations page.

# 8 Extended leave and your Approved Auditor status

The advice below is to be adopted by all Approved Auditor's line management as good practice in order to ensure status is retained in these circumstances.

- After a period of extended leave line managers are asked to ensure that an Approved Auditor has a work schedule in place which includes completion of 5 audit days. The audit should be completed with line manager's support ***within 3 months of returning to work*** after the period of extended leave.

Upon completion of the 5 days audit, Approved Auditors must update their Log Book with the detail of the audit(s) undertaken, ensuring it is also signed off by their line manager. Once the Log Book and the relevant Appendices have been updated, all documentation must be uploaded to the auditor's personal workspace, and the Terminology and Classifications Delivery Service will, if satisfied the criteria has been met, issue a certificate confirming retention of the individual's Approved Auditor status until the end of the financial year after the date of the return to work.

The Approved Auditor will then need to continue to upload a log book evidencing 20 days audit for each subsequent financial year in line with Section 7.1.

For example, if an Approved Auditor returned from a period of extended leave (less than 12 months) in June 2019, they would need to submit a log book demonstrating 5 days audit by the end of September 2019. Following confirmation from the Terminology and Classifications Delivery Service that all the criteria have been met, a renewal certificate expiring on the 30th April 2020 will be made available within their personal workspace. They would then be required to submit full log book evidencing 20 days audit by the 31st March 2020 (the 5 days audit already undertaken will be counted towards the 20 days in this instance).

For reference, the above practice is applicable to any person on extended leave for a period between 6 months and 1 year. Leave extending beyond 1 year would require the person to undertake the full Clinical Coding Auditor Programme again, regardless of experience.

# 9 Other Useful Information

## 9.1 The Health Informatics Career Framework (HICF)

The HICF provides a structure for careers within Health Informatics

https://www.hicf.org.uk/Index.aspx

## 9.2 Informed: An introduction to the use of informatics in healthcare

This is an e-learning course developed by the Department of Health and Social Care. The course is available for NHS employees who want to expand their knowledge of health informatics:

http://www.e-lfh.org.uk/programmes/health-informatics/

## 9.3 SNOMED CT Foundation course

This is an eLearning course developed by SNOMED International. The course is available to anyone seeking to acquire or demonstrate a broad foundational knowledge of SNOMED CT.

Study itself is expected to require a total of 30-35 hours. The course must be completed within a maximum of four months, but it is possible to complete it within as little as a week. Registration is required.

https://www.snomed.org/snomed-ct/learn-more/snomed-ct-elearning-courses

## 9.4 NHS Data Dictionary eLearning

There are demonstrations available developed by the HSCIC which cover a wide range of topics within the Data Dictionary, which can be accessed on a modular basis depending on the information required.

Knowledge can be tested by the completion of quizzes.

The content of these demonstrations is for training purposes only and therefore may not match the current content of the NHS Data Model and Dictionary.

http://www.datadictionary.nhs.uk/web_site_content/pages/help_pages/demonstrations.asp?shownav=0

## 9.5 ICD-11 Browser

This 2018 version is available by accessing the hyperlink below.

http://apps.who.int/classifications/icd11/release/l-m/en

Google Chrome may be required to access all the options available within the browser, for example the Coding Tool (available under the Linearizations tab)

## 9.6 NIB Strategy

The NIB (National Information Board) role is to put data and technology safely to work for patients, service users, citizens and the professionals that serve them. It brings together national health and care organisations from the NHS, public health, clinical science, social care and local government, along with appointed independent representatives to develop the strategic priorities for data and technology.

https://www.gov.uk/government/organisations/national-information-board/about

Personalised health and care 2020: a framework for action was published in November 2014 in partnership with the Department of Health (now the Department of Health and Social Care).

It can:

- give patients and citizens more control over their health and wellbeing
- empower carers
- reduce the administrative burden for care professionals
- support the development of new medicines and treatments

This framework has been developed based on evidence from many sources, including civil society and patient organisations, as well as directly from service users.

This is not a strategy in the conventional sense. It is not a national plan, but a framework for action that will support frontline staff, patients and citizens to take better advantage of the digital opportunity.

The National Information Board will report annually on progress made against the priorities detailed in this framework and review them each year to reflect changing technology and accommodate new requirements from the public and staff. The proposals in this framework are not comprehensive but they represent the core and immediate priorities for delivery of modern digital health and care services

https://www.gov.uk/government/publications/personalised-health-and-care-2020

## 9.7 NHS Long Term Plan

The NHS Long Term Plan published Monday 7 January 2019, sets out ambitions for improving the NHS over the next decade.

The plan describes how the NHS will improve care for patients and make the NHS a better place to work for staff, while overcoming key challenges. A summary of the objectives and areas of focus of the plan is also available.

Technology is recognised as a key enabler in making our NHS work better for both patients and staff, and the plan sets out ambitious plans for digitally enabled care to go mainstream across the NHS. In ten years' time, we expect the existing model of care to look markedly different.

Plans to make better use of data and digital technology include providing more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf