NCFE CACHE

⭐ **Level 3**   £ **£5,000**   🗓 **18 months**

Clinical Coder

1. What the role entails

Clinical coding is the process of translating medical information from patient records in hospitals, into alphanumeric codes. A Clinical Coder will spend time reading medical notes/records and analysing the contents which they then translate into alphanumeric codes that accurately represent the patient's stay. Clinical Coders locate missing information by whatever process necessary including contacting Medical Secretaries or by pulling case notes and requesting diagnoses from clinical staff where appropriate. They input Clinical Codes onto the Patient Administration Systems, action outstanding clinical coding reports as required, as well as dealing with any queries and taking messages for the staff within the Clinical Coding Department.

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

2. On-programme assessment

Apprentices will typically spend 18 months on-programme before Gateway. Whilst on-programme apprentices must:

- train to develop the occupational standard's knowledge, skills and behaviours (KSBs)
- train towards Level 2 Functional Skills English and maths if not already exempt
- compile a Portfolio of Evidence.

3. Gateway requirements

The end-point assessment (EPA) period should only start once the employer is satisfied that the apprentice is consistently working at or above the level set out in the occupational standard. In making this decision, the employer may take advice from the apprentice's Independent Training Provider (ITP), but the decision must be made solely by the employer. The following evidence must be submitted at Gateway:

- Level 2 Functional Skills English and maths (or equivalent) certificates
- a Portfolio of Evidence to underpin the Professional Discussion.

📄 [**View the full IfATE Clinical Coder standard here**](#)

4. End-point assessment

The EPA contains 2 methods of assessment as outlined below:

Clinical Coding Test

The Clinical Coding Test will consist of 2 papers and will be carried out in a controlled environment. Paper A will be an online Multiple Choice Question (MCQ) Test, which will be closed book and take 45 minutes. There will be a total of 20 questions each with 4 options, of which one correct answer will need to be selected by the apprentice. The multiple-choice questions will cover:

• 10 questions on clinical coding skills

• 6 questions on communication and information governance

• 2 questions on extraction and evaluation of data

• 2 questions on IT.

Paper B will be a Clinical Coding Case Study Test. The Clinical Coding Case Study Test demonstrates that the candidate has the ability to use the professional tools needed to apply their knowledge. They will be required to read and review the case study and assign the correct codes using 2 specified texts. There will be 3 case studies, each with 20 marks allocated.

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

Clinical Coding Test Grading Aggregation

Paper A (MCQ Test)	Paper B (Case Study Test)	Overall Clinical Coding Test Grade
Pass	Pass	Pass
Pass	Distinction	Distinction
Distinction	Pass	Pass
Distinction	Distinction	Distinction

A Fail in either paper of the Clinical Coding Test will result in a Fail overall.

Professional Discussion underpinned by a Portfolio of Evidence

The apprentice will complete a structured discussion with the Independent End-Point Assessor (IEPA), to demonstrate the KSBs associated with this assessment method. During the on-programme phase of the apprenticeship, the apprentice will compile a Portfolio of Evidence to evidence the KSBs. The Portfolio of Evidence will not be assessed, but will inform the questioning in the Professional Discussion. During the Professional Discussion, the IEPA will ask a minimum of 5 questions, to explore the apprentice's knowledge and experience. The Professional Discussion will last 60 minutes (+10% at the discretion of the IEPA).

The Professional Discussion is graded Fail, Pass or Distinction.

5. Grade aggregation table

Clinical Coding Test	Professional Discussion	Overall Grade
Pass	Pass	Pass
Pass	Distinction	Pass
Distinction	Pass	Pass
Distinction	Distinction	Distinction

A Fail in either assessment method will result in a Fail overall.

6. Completion and certification

Once the IEPA verifies the apprentice has successfully completed all EPAs, NCFE will activate certification. Working with the apprenticeship certificate issuing authority, we'll ensure the apprentice receives their certificate.

7. What next?

Completion of the Clinical Coder apprenticeship may provide progression opportunities to more senior positions such as Senior Clinical Coder, Clinical Coding Team Leader, Clinical Coding Supervisor, Clinical Coding Trainer, Clinical Coding Auditor, Clinical Coding Assistant Manager, or Clinical Coding Manager. It may also be possible to advance to higher level healthcare.

Why choose NCFE?

We are an approved End-Point Assessment Organisation (EPAO) specialising in EPA delivery across Health, Education, Social Care, Business and Digital apprenticeship standards. NCFE offers flexible and reliable EPA solutions supported by sector expertise, guidance documents and proactive service and support.