

NSQF QUALIFICATION FILE

Approved in 22nd NSQC dated 19th December 2018

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Ministry of Health and Family Welfare

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List of documents submitted in support of the Qualifications File

1. Curriculum standardized by MoHFW (Annexure I)
2. Minutes of the consultation with experts for developing standards (Annexure II)
3. Schematic of overall Skills based training roll out in the country (Annexure III)
4. Evidence of need for Skill based courses (Annexure IV)
5. Policy (standards) for Skill courses as finalised by MoHFW (Annexure V)

NSQF QUALIFICATION FILE**SUMMARY**

1.	Qualification Title	Geriatric Care Aide (GCA)
2.	Qualification Code, if any	Not applicable
3.	NCO code and occupation	Not applicable
4.	Nature and purpose of the qualification (Please specify whether qualification is short term or long term)	<p>The Geriatric Care Aide (GCA) program is a short duration skill based training program, with an objective to develop a pool of trained workforce which can be employed to provide support to old age patients and assist other healthcare providers majorly in home/ old age home (including assisted living facilities) settings, rehabilitation facilities or otherwise in hospitals as well. This program focuses on the acquisition of skills necessary to provide support by undertaking non-clinical tasks or the activities that have been prescribed for the patient by the healthcare team members.</p> <p>The role of a GCA is very similar to Home Health Aide in home settings and General Duty Aide in hospitals, only the target group of patients are elderly category.</p> <p>A Geriatric Care Aide (GCA) can be defined as a trained and certified health-care worker who usually works in a hospital, home or Old Age home environment and provide care to the elderly or old age patients. Internationally they may be called by similar names such as Elderly Care Attendants or Geriatric Nursing Aides. They work in collaboration with (and usually under the supervision of) doctors, nurses, and other healthcare providers to deliver the prescribed healthcare services to their patients.</p> <p>As they deal with elderly / old age patients, essential qualities include an orientation to knowledge on geriatric illnesses and special needs, service, empathy, basic communication skills and the ability to follow orders and behave ethically.</p>
5.	Body/bodies which will award the	IGNOU (Indira Gandhi National Open University)

	qualification	
6.	Body which will accredit providers to offer courses leading to the qualification	National Accreditation Board for Hospitals and Healthcare Provider (NABH) accredited hospitals s or ISO 9001 certified hospitals under NABCB accreditation and those affiliated with National Board of Examination (NBE) to be directly approved as training sites, including - Government hospitals such as functional First Referral Units (FRU), District Hospitals and above, Central Government Health Scheme (CGHS) empanelled hospitals and

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		<p>other Institutes of National Importance (INI), across the country.</p> <p>Training institutions that do not have affiliation with any University as approved under UGC/deemed university/ autonomous institutes/INI or not recognized by an appropriate health care statutory body, to be accredited by appropriate mechanisms under the National Accreditation Board for Certification Bodies (NABCB under QCI).</p>
7.	Whether accreditation/ affiliation norms are already in place or not, if applicable (if yes, attach a copy)	<p>Accreditation norms will be as developed/ followed by NABCB, QCI for the same purpose.</p>
8.	Occupation(s) to which the qualification gives access	<p>This course will prepare personnel of at least 10th pass entry qualification and one who desire to be employed as a 'Geriatric Care Aide' in the health sector.</p>
9.	Job description of trained the occupation	<p>The objective of the training program is to develop a pool of workforce which can be employed to provide support to old age patients and assist other healthcare providers majorly in home/ old age home (including assisted living facilities) settings, rehabilitation facilities or otherwise in hospitals as well. This program focuses on the acquisition of skills necessary to provide support by undertaking non-clinical tasks or the activities that have been prescribed for the patient by the healthcare team members. The role of a GCA is very similar to Home Health Aide in home settings and General Duty Aide in hospitals, only the target group of patients are elderly category.</p> <p><i>As per the training modules at the end of the training, the candidate would be certified to perform following activities–</i></p> <ol style="list-style-type: none"> 1. Discuss & verbalize the role of a basic care provider 2. Demonstrate basic healthcare needs of ambulatory conscious elderly people 3. Build a comprehensive knowledge base on basic issues in geriatric care 4. Demonstrate techniques to maintain the personal hygiene needs of an elderly patient 5. Demonstrate professional techniques in feeding

6. Promote safety, understand usage of protective devices and demonstrate precautions to be taken while usage of equipment and devices
 7. Demonstrate Basic Life Support, Cardio Pulmonary Resuscitation and other actions in the event of medical and facility emergencies
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		<p>8. Practice infection control measures</p> <p>9. Demonstrate right methods of bio-medical waste management</p> <p>10. Demonstrate professional behavior, personal qualities and characteristics of a Geriatric Care Aide</p> <p>11. Build an understanding of various situations and innovative approaches in the field of ageing</p> <p>12. Enhance knowledge in resource management, advocacy and networking</p> <p>13. Enhance skill and capacities in counseling and management of age care institutions</p> <p>14. Demonstrate good communication, communicate accurately and appropriately in the role of Geriatric Care Aide and demonstrate professional appearance and demeanor</p>
10.	Licensing requirements	Not applicable at the current moment, however, once a statutory body is established by MoHFW this may be explored at a later time.
11.	Statutory and regulatory requirement of the relevant sector (Documentary evidence to be provided)	Not applicable, please refer to point 10.
12.	Level of the qualification in the NSQF	Level 3
13.	Anticipated volume of training/learning required to complete the qualification	It is recommended that any programme developed from this curriculum should have a minimum duration of 1000 hours (165 for theory, 360 for practical and 475 hours for internship) to qualify as a GCA.
14.	Indicative list of training tools required to deliver this qualification	Refer to Annex I – Curriculum (page 44 Equipment list)
15.	Entry requirements and/or recommendation	Class 10th pass and minimum 18 years of age

	s and minimum age	
16.	Progression from the qualification (Please show professional and academic progression)	Professional progression After the due certification on qualifying all the desired skills, it is expected that the candidate will attain employment as a GCA in an independent home based setting or assisted living facilities. The candidate may further attain supervisory role as he/she progresses in their careers. However, it is recommended that other than supervisory

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		<p>provisions- no true change in the scope of practice or responsibility maybe accorded to the GCA, <u>unless an appropriate professional educational qualification is attained in some stream.</u></p> <p><u>Academic progression</u></p> <p><i>If the candidate is 10th pass academic progression is limited, however, if the candidate wishes to attain higher education, he/she may complete 12th class with Biology as a subject (possibly through open schooling) to qualify for other courses such as Geriatric Care Aide (Level 4) or any other program of similar profiles, to have progression to Level 4 with elaborate additional responsibilities other than those mandated for a GCA if it is similar program or, beyond the scope of GCA if it is a completely different healthcare program.</i></p>
17.	Arrangements for refresher the Recognition of Prior learning (RPL) a body identified	<p>MoHFW already has existing process of upskilling and training for the existing workforce but not a formal policy for Prior learning (RPL) recognition of prior learning. In view of the same, (third party assessors) by MoHFW for assessments will conduct pre-assessments of students through an appropriate mechanism for gap analysis as per designed curriculum, and appropriately the candidates will be trained and will undergo final assessments of all the desired skills to qualify as a GCA.</p>
18.	International comparability where known (research evidence to be provided)	<p>The curriculum guidelines framed by MoHFW comprises of the skills needed for a GCA to effectively undertake activities as per the requirements of a patient. The National Occupational Standards of UK, Australia, Canada and other countries were also reviewed for applicability and were deliberated upon by the subject experts. Further, the requirement of GCA in ageing countries such as Japan, Sweden, USA, and Germany were also reviewed. In the future if the curriculum standards have to be specifically customized for certain target countries as stated above where such workforce might find employability, these shall also be facilitated by the relevant bodies.</p> <p>International documentation reviewed for the same include the following-</p> <p>Global strategy on human resources for health: Workforce 2030 http://www.who.int/hrh/resources/global_strategy_workforce_2030_14_print.pdf?ua=1</p>

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		<p>http://www.jobmarkets.com.au/doc/ANZSCO%20first%20edition%20revision%201.pdf</p> <p>www.skillsforhealth.org.uk/images/standards/pa/07h.%20Tees%20-%20competencies%20sops%20%20training%20packages.zip</p> <p>https://innovativeapprenticeship.org/oc_st_post/aged-care-worker/</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHCHHM2.pdf#search=geriatric%20care</p> <p>https://www.ukstandards.org.uk/PublishedNos/SFHCHS68.pdf#search=health%20support</p> <p>https://www.ukstandards.org.uk/PublishedNos/SCDHSC0214.pdf#search=health%20support</p> <p>https://qualifications.pearson.com/content/dam/pdf/BTEC-Specialist-Qualifications/Dementia-Care/2010/Specification/9781446949184_BTEC_L2_Award_Awareness_of_Dementia_Cert_Dementia_Care_Issue_2.pdf</p> <p>https://qualifications.pearson.com/content/dam/pdf/btec-specialist/BTEC_Level_2_Award_in_Awareness_of_End_of_Life_Care.pdf</p> <p>https://www.ttk.ee/public/Sweden_Elders.pdf</p>	
19.	Date of planned review of the qualification	<p>Considering the rapid advancement in the technology and techniques in healthcare, it is proposed that the qualification to be reviewed every three years. (Next review to be conducted in Year 2021)</p>	
20.	Formal structure of the qualification Mandatory components		
	Title of component and identification code/NOSs/Learning outcomes	Estimated size (learning hours)	Level
i.	Foundation module: introduction to Geriatric Care Aide programme	70	3
ii.	Assist in bathing the patient	60	3
iii.	Assist in grooming the patient	60	3
iv.	Assist patient in dressing-up	25	3
v.	Support individuals to eat and drink	15	3
vi.	Assist patient in maintaining normal elimination	30	3
vii.	Assist transferring the patient	30	3

viii. Prevent and control Infection	60	3
ix. Assist in performing procedures as instructed in the care plan	27	3

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x.	Assist doctor/nurse in observing and reporting change in patient condition	20	3
xi.	Measuring patient parameters accurately	20	3
xii.	Care and management of geriatric patients with pressure sores	4	3
xiii.	Respond to patients' call	10	3
xiv.	Clean medical equipment and biomedical waste management	15	3
xv.	Follow biomedical waste disposal protocols	60	3
xvi.	Enable geriatric/paralytic/immobile patients to cope with changes to their health and well being	45	3
xvii.	Implement interventions with geriatric/paralytic/immobile patient at risk of falls	24	3
xviii.	Carry out last office (Death care)	20	3
	Total Duration (Didactic + Practicum)	525	
	Internship Duration	475	
	Sub Total (A) TOTAL DURATION OF THE PROGRAM (Including Internship)	1000	
Optional components			
	Title of component and identification code/NOSs/Learning outcomes	Estimated size (learning hours)	Level
	Not applicable		
	Sub Total (B)	Not applicable	
	Total A+ B	1000	

Curriculum attached at Annexure I

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NSQF QUALIFICATION FILE**SECTION 1
ASSESSMENT****21. Body/Bodies which will carry out assessment:**

It is proposed IGNOU will be conducting assessment of the candidates, and the overall monitoring of the same will be executed by the monitoring committee. The monitoring committee will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses.

22. How will RPL assessment be managed and who will carry it out?

There is an existing process of upskilling and refresher training for the existing workforce but not a formal policy for recognition of prior learning for the public sector employees. However, for the RPL assessments of fresh candidates with prior work exposure, an appropriate body will be designated with the work of pre-assessments and will be done before any training is undertaken.

The following thorough process will be followed for the RPLs-

Registration: Candidates will be expected to submit registration form online along with uploading of scanned copies of some mandatory documents including basic education and prior work experience if any. The applications will be screened on the basis of the eligibility criteria and approved candidates will be duly informed.

Pre-assessment: The shortlisted candidates will then undergo a pre-assessment of skills and knowledge on the basis of the eighteen (18) existing modules of the GCA course. The pre-assessment will be focused on the skills of the candidate and there may be short knowledge based assessment with definite marking by MoHFW empaneled and notified assessor. The assessments will be coordinated and monitored by the MoHFW's State Health and Family Welfare Institutions/ Collaborating Training Institutions (CTI), or authorized body as notified by MoHFW. The assessments will be undertaken in clusters and will be batch wise, however for the skills test each candidate will have to individually demonstrate on mannequins/ or through role plays or as applicable based on the skill.

Training: The skills and knowledge gap in each of the candidate will be recorded and a performance chart will be developed. The candidate will then be rendered training as per the gaps identified and will be aligned with the classes planned for the regular students of the course, in order to make this more cost effective model.

Training Partners: It is further proposed that the training partners will be evaluated and accredited by NABCB, as applicable per the policy document.

23. Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, reliable and fair and show that these are in line with the requirements of the NSQF.

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Given that the effective healthcare services are dependent on the people's knowledge and

skills pertaining to healthcare delivery techniques, it is imperative to create a transparent and equitable model in order to avert any conflict of interest in rendering the desired skill sets. It has thus been decided that different institutions will be notified for various responsibilities as stated above.

The main roles involved in this process include the following: 1) Training (and its related administrative processes including student enrolment etc.) examination and skill assessment of trainees, 2) Accreditation of clinical sites willing to partner for practical training, 3) Final certification of the candidate and 4) Overall process monitoring and evaluation at each level (national, state, district and local levels). The specified bodies will have standardized protocol for respective responsibilities such as that of accreditation, registration and training of candidates and assessments for the award of the certification.

For State level monitoring of the programme, a sub-committee authorized by the national monitoring committee will be established having representation from all the notified implementers of the programme. This committee will help to identify and solve the implementation problems of the region, monitor the programme for quality assurance and help towards recognition of the programme by the State.

1) For the Student's training and assessment protocol, a robust framework has been envisioned:

1.1 Didactic training Component

The didactic training sessions will be conducted through identified trainers at Programme Study Centre and Skill laboratories. These will be linked to Medical Colleges and District Level Hospitals (Skill Development Centres) identified by IGNOU and monitoring team for this programme. At Skill labs, candidates will be demonstrated practical skills and given opportunity to clear their doubts where they would practice the skills for gaining competence.

In addition to the District hospitals, a skill development centre could also be a First Referral Unit(FRU) or a private set up (may be a large private hospital/nursing home) with a minimum patient turn over, availability of subject experts and the facilities as per the guideline mentioned set by the MoHFW and accreditation by notified body. The Skill development centre will be identified and allotted to the candidates as per proximity and definite student-supervisor ratio.

1.2 Practical Component

Every theory course has a related practical course. The skills that the candidate will learn is listed in the following table highlighting the following structure of qualification. The students will be assessed on each of the skill, which will be recorded and will be part of the learning exercise.

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Please refer to **Annexure I (Curriculum)** that summarizes the hours that the candidate will need to spend in practical component of each module of the course. The time allotment at will be used for demonstration of skills and follow up practice. To ensure that the candidate has understood the steps involved in each of the skills demonstrated, one would practice the skills on mannequin initially for a recommended number of times as per the session plan in a skill lab and would be eventually asked to practice the same skill under supervision on live cases. The candidate will be internally evaluated on each of the skill and will be graded accordingly. The number of cases that one would handle for each skill will be mentioned in the logbooks (*as stated in following section 1.3*).

As per the curriculum, the duration of practical component will be mentioned against each course. The practical manuals provided for each course would provide information in details about the skills that the candidate need to perform. The manual will guide the candidate in carrying out the procedures both under supervision and later on for self-practice. Please note this entire process of may be managed electronically as well.

1.3 Log-book/E-log book Maintenance

Log-book is meant for maintaining the records of all the activities/cases that the candidates will be performing as a part of the programme at various training sites. ***The skill based case handled by the candidate will be recorded in the log book and will be countersigned by the respective trainers/ internal assessors.*** As attendance of all the spells vis-à-vis completion of all skills is compulsory, this record will be on objective proof of actual performance and learning. If a particular activity is not duly signed, then it would not be considered for internal assessment and hence will fetch the candidate overall low scoring. The ***log-book will also be evaluated by the external examiner in the term-end practical*** examination to tally the skills that has been attained by the candidate during the training program. Please note this entire process of assessment may be managed electronically.

1.4 Method of Evaluation of Theory Courses

1.4.1 Internal Assessment(Assignments)

The internal assessment for theory will be carried out by providing one assignment for every two theory blocks. These assignments will have to be answered by the candidates either electronically or in hard copy. The candidate will have to secure an aggregate of minimum marks to pass. If one fails to secure passing marks, he/she will have to repeat the assignment/(s) in which he/she has scored less than minimum marks.

Submission of assignments is a pre-requisite for appearing in theory examination, which may be paper based or electronic. If someone appears in the term-end theory examination, without submitting the respective assignments, his/her term-end theory examination may not be reflected in the grade card. The internal assessments would carry 30% weightage in the total grading of the candidate to qualify the skills course.

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There will be a standardized exit examination, held in select time of the year in authorized testing centres as notified by the assessment body, in which every candidate will have to pass both online/ written didactic examination and a skill test at one of the skill testing centres. Details specific to each course will be as per the assessment body's discretion.

1.5 Method of Evaluation of Practical Courses**1.5.1 Internal Assessment**

Like the theory courses, the practical courses will have 30% weightage from internal assessment. The internal assessment of the practical component will be done by identified assessors as notified. There will be no formal question papers to assess this component. The assessors will make a subjective assessment of candidate's understanding and performance on every skill. The marks on internal assessment will be given to the assessor as well for verification.

Passing in internal assessment of the practical is a prerequisite for appearing in the Term-end Practical examination. A student will have to secure minimum marks to be declared as pass in the internal assessment component. If a student fails to secure pass marks, he/she will have to repeat all the practical activities of related courses **after paying the required fees at the regional centre.** The fees will be same as that applicable for readmission to practical Courses.

1.5.2 Term-end Examination

For term-end practical examination, there will be definite number of internal and external examiners. The internal examiners will be from the same programme study centre and the external examiners will be from same programme but of other States. Proper mapping of the assessor will be done to avoid any bias and at times an Observer from the monitoring team may also participate in the activities. The practical term-end examination will be held as per the duration of the program.

The examination pattern will be uniform across the whole country. A student will have to score definite minimum marks to pass successfully in each module separately for theory as well as practical, otherwise, he/she will have to repeat the respective course.

NSQF QUALIFICATION FILE**24. ASSESSMENT EVIDENCE**

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
INTRODUCTION TO GERIATRIC CARE AIDE PROGRAM	Explain the role of a Geriatric Care Aide in a hospital setting/ home based setting	10	0	10
	What are the indicators for 'Don'ts for a Geriatric Care Aide	20	0	20
	Describe and demonstrate how to communicate with patient with impaired hearing/ vision/ speech/ memory	5	25	30
	Enumerate the changes in the patient with abnormal behaviour	10	5	15
	Identify the various contents of First Aid Kit	0	20	20
	Demonstrate Heimlich Maneuver	0	10	10
	Demonstrate the immediate action to be taken for a patient with nosebleed/ minor burns/ asthma attack/fainting/ sprain/ hypothermia/ bites – bee sting or snake bite	0	30	30
	Demonstrate how to do CPR	0	25	25
	Identify the various equipment for anthropometric measurement	0	5	5
	Demonstrate the steps for measuring weight and record on the recording/ reporting sheet	0	5	5
	Demonstrate the steps for measuring arm circumference and record on the recording/ reporting sheet	0	10	10
	Describe precautions in the event of a disaster	5	5	10
	Demonstrate the basic use of computers and aspects related to data handling	0	10	10
	TOTAL		50	150
ASSIS IN BATHING THE PATIENT	Demonstrate how to maintain the patient privacy and encourage patient do as much as possible to promote independence	0	10	10
	Identify the type of bath that is best suited as per the guidelines for various conditions. Give 2 examples	10	40	50
	Identify the water temperature for bathing	5	0	5
	Identify and demonstrate the standards precautions when performing perennial care or when bathing a patient with skin lesion and rashes	10	40	50
	Demonstrate how to dry patient skin with	0	5	5

a towel			
Demonstrate how to clean a patient while bathing	5	20	25
Observe and report unusual findings to the concerned authority	2	18	20
Demonstrate how to stimulate circulation	0	5	5

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Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	and relieve stress			
	Demonstrate how to clean tub shower chair before and after each use.	10	10	20
	Demonstrate how to check patient's skin after bathing	10	0	10
	TOTAL	52	148	200
ASSIST IN GROOMING THE PATIENT	Demonstrate how to maintain the patient's privacy and promote independence by encouragement	5	10	15
	Demonstrate how to seek patient's preferences for grooming and show patient how they look after the grooming task is finished	0	5	5
	Demonstrate the procedures and standard precautions for shaving and cutting nails	0	10	10
	Demonstrate the use of a safety and an electric razor	0	10	10
	Demonstrate precautions to be taken to avoid injuries	0	10	10
	Demonstrate how to remove dentures from and insert into patient's mouth	0	10	10
	Demonstrate process of teeth brushing and rinsing	0	10	10
	Demonstrate how to clean dentures	0	10	10
	Demonstrate how to clean the mouth of a patient who has no teeth or has dentures removed	0	10	10
	Demonstrate procedure to store dentures with patients name to avoid confusion	0	10	10
	Demonstrate process of hair care	0	10	10
	Describe infection control principles to choose the appropriate hair care tool	10	0	10
	Describe conditions which would require mouth care be provided every two hours	10	0	10
	TOTAL	25	105	130
ASSIST PATIENT IN DRESSING UP	Demonstrate how to maintain the patient's privacy and promote independence by encouragement	5	5	10
	Demonstrate how to fasten clothing with elastic fasteners and ensure that the footwear fits correctly	0	10	10
	Explain what to do when assisting a person with dressing or undressing	5	5	10
	Demonstrate the use of assistive devices such as shoehorns, buttoning aids and	0	10	10

zipper pulls			
Explain the appropriate type of clothes to wear for patients with different physical capabilities and in different seasons	5	5	10

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Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	Demonstrate the procedure to assist with various types of garments such as undergarments, tops, bottoms and footwear	5	5	10
	Demonstrate the process of enquiring about a patient's comfort and ensuring good body alignment after dressing	5	5	10
	TOTAL	25	45	70
SUPPORT INDIVIDUALS TO EAT AND DRINK	Demonstrate how to make the patient comfortable and encourage eating as recommended	5	10	15
	Explain what should be checked in the menu card to verify the diet and restrictions of individual patients	5	25	30
	Demonstrate the process of feeding through spoon	2	3	5
	Explain how to assist in elimination and oral care prior to feeding	5	25	30
	Demonstrate the various infection control practices	5	25	30
	Demonstrate how to measure and record patient input	5	25	30
	Enumerate the various precautions to be taken care of before and during feeding	5	25	30
	Demonstrate how to check for symptoms of distress like coughing and regurgitation in patients	5	25	30
	TOTAL	37	163	200
ASSIST PATIENT IN MAINTAINING NORMAL ELIMINATION	List actions to be taken when responding to patients elimination needs	5	10	15
	Demonstrate how to assist a mobile patient in moving to the toilet and provide support like giving toilet paper if required or stabilise the commode	5	15	20
	Demonstrate how to wipe the patient and wash hands to prevent infection	5	5	10
	Demonstrate the how to use equipment correctly to prevent discomfort or injury	5	15	20
	Demonstrate how to ensure patients privacy at all times during the process	5	15	20
	Enumerate the process of enlisting the changes in colour or texture of the elimination and reporting usual findings	5	15	20
	Describe the characteristics of normal urine and faeces	5	15	20

Explain the importance of knowing a person's regular elimination pattern	5	15	20
Define the word incontinence and describe the care needs of a person who is	5	10	15

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Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	incontinent			
	Demonstrate the procedure to administer an enema	5	15	20
	Demonstrate the measurement of urine output and how to empty a urine drainage bag	5	15	20
	TOTAL	55	145	200
ASSIST TRANSFERRING THE PATIENT	Demonstrate how to use the equipment for transferring the patients correctly to avoid falls or injuries	0	10	10
	Demonstrate how to transport the patient without causing trauma or injury	0	35	35
	Describe precautions to be taken while transferring patient	5	10	15
	Describe usage of modes used for mobility and their maintenance	5	20	25
	Describe precautions to be undertaken while patient is walking or using assisted devices	5	10	15
	Demonstrate usage of wheel chair and stretcher	5	35	40
	Demonstrate shifting of patient from bed to stretcher, stretcher to operation theatre table	5	35	40
	Describe measures to be taken to prevent falls	10	0	10
	Describe action in event of a fall incident	10	0	10
	TOTAL	45	155	200
PREVENT AND CONTROL INFECTION	Describe all procedures required for infection control	30	0	30
	Demonstrate the standard precautions	0	20	20
	Describe the rules to dispose of biomedical waste and sharps	5	15	20
	Demonstrate and describe the process of medical asepsis	5	5	10
	Describe hospital borne infections and practices to curb them	5	5	10
	Describe different types of spillages and demonstrate their management	5	5	10
	TOTAL	50	50	100
ASSIST IN PERFORMING PROCEDURES	Demonstrate how to perform key procedures like inducing enema, prepare patient for being moved to the operation	5	45	50

AS INSTRUCTED IN THE CARE PLAN	theatre			
	Operate the equipment used to perform the procedure	5	20	25
	Demonstrate record keeping for the intake & output of patient	5	15	20

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Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	Demonstrate special procedures such as suctioning, catheterization or feeding through Ryle tube	5	20	25
	List 5 components of the safe environment.	5	0	5
	TOTAL	25	100	125
ASSIST DOCTOR/NURSE IN OBSERVING AND REPORTING CHANGE IN PATIENT CONDITION	Distinguish colour changes like bluish or yellowish discoloration of the skin	10	10	20
	Distinguish changes in odour or consistency of urine and stools	10	10	20
	Communicate the observations in an appropriate language	10	10	20
	Differentiate between immediate and routine reporting requirements	20	0	20
	TOTAL	50	30	80
MEASURING PATIENT PARAMETERS ACCURATELY	Assist nurse in calibrating the scales and following manufacturer's guidelines	10	10	20
	Demonstrate the use different types of scales including manual, digital, standard, chair and bed scales	10	10	20
	Discuss the importance of measuring vital signs accurately	10	10	20
	Demonstrate the measurement of a person's blood pressure	0	20	20
	TOTAL	30	50	80
CARE AND MANAGEMENT OF GERIATRIC PATIENTS WITH PRESSURE SORES	Describe principles of care for pressure sores/wound.	10	20	30
	Demonstrate ideal dressing method for pressure sore	5	15	20
	Demonstrate the positioning of patient with pressure wounds who is confined to bed	10	20	30
	Describe & demonstrate strategies for the prevention of pressure sore.	10	20	30
	Describe and demonstrate the method of dressing and topical agents used in management of pressure sores.	15	25	40
	Observe and report unusual findings to the concerned authority	10	10	20
	Demonstrate how to check for early signs of pressure sore	10	20	30
	Describe & demonstrate pressure points in the body	10	10	20

	Identify the different layers of skin	5	5	10
	Demonstrate physiotherapy exercises to prevent pressure sore	10	20	30
	TOTAL	95	165	260
RESPOND TO PATIENTS' CALL	Demonstrate a prompt response to the call bell	0	10	10
	Demonstrate effective communication of	10	10	20

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Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
	the medical needs to the nurse / physician			
	Demonstrate courteousness and sensitivity in patient interactions	0	10	10
	Describe actions to ensure that the patient is at ease or comfortable	0	10	10
	Describe how to scan/assess the patients surrounding and what to look for	0	10	10
	TOTAL	10	50	60
CLEAN MEDICAL EQUIPMENT AND BIOMEDICAL WASTE MANAGEMENT	Demonstrate how to handle equipment safely	0	10	10
	Demonstrate the use of appropriate protective clothing and equipment when cleaning equipment	0	10	10
	Demonstrate the cleaning and maintenance procedures for various equipment	0	10	10
	Describe when equipment is unsuitable for use and procedure for report to appropriate people/nurse	0	10	10
	Demonstrate appropriate waste disposal techniques	0	10	10
	TOTAL	0	50	50
FOLLOW BIOMEDICAL WASTE DISPOSAL PROTOCOLS	Demonstrate and describe appropriate procedures, policies and protocols for the method of collection and containment level according to the waste type	5	5	10
	Demonstrate and describe how to maintain appropriate health and safety measures	0	10	10
	Identify and demonstrate methods of segregating the waste material in colored bins	0	30	30
	Explain how is the accuracy of the labelling that identifies the type and content of waste is checked.	5	0	5
	Explain how will you check the waste has undergone the required processes to make it safe for transport and disposal	5	0	5
	Demonstrate how will you report and deal with spillages and contamination in	0	10	10

	accordance with current legislation and procedures			
	TOTAL	15	55	70
ENABLE GERIATRIC/PARALYTIC/IMMOBILE PATIENTS TO COPE WITH CHANGES TO THEIR HEALTH	Demonstrate how to communicate with patient and their care-givers	5	5	10
	Describe the procedure to obtain informed consent from patients	0	10	10
	Demonstrate how to resolute patients' concerns	0	30	30
	Enumerate the precautions to be taken	5	15	20

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NSQF QUALIFICATION FILE

Outcomes to be assessed/ NOSs to be assessed	Assessment criteria for the outcome	Viva/ Theory	Skills Practical	Total for each component
AND WELL BEING	while recording the details of the patient			
	Demonstrate how to assist the patients with various disabilities	10	0	10
	TOTAL	20	60	80
IMPLEMENT INTERVENTIONS WITH GERIATRIC/PARALYTIC/IMMOBILE PATIENT AT RISK OF FALLS	Demonstrate how to effectively communicate with patients and their care-givers	10	10	20
	Enumerate the factors which contribute to injury in elderly patients	5	5	10
	Enumerate the process of handling serious medical emergencies	10	5	15
	Explain the importance of protecting the privacy and dignity of the patient	5	5	10
	TOTAL	30	25	55
CARRY OUT LAST OFFICE (DEATH CARE)	Demonstrate removal of jewellery and any personal items. Demonstrate appropriate recording procedures of any personal items left on the body or otherwise.	20	0	20
	Demonstrate attention to hygiene needs, paying particular attention to hair, nail care and oral hygiene	5	15	20
	Demonstrate closing of eyes, using a small piece of clinical tape if required	0	10	10
	Demonstrate the use of identification labels/wrist bands according to local guidelines and organizational policies	10	20	30
	Demonstrate dress of the patient in a gown/shroud or own clothes, as required	0	30	30
	Demonstrate the use of an incontinence pad underneath to contain any soiling	0	30	30
	Follow instructions to place the body in a bag, post completing any necessary documentation by nurse/physician	10	20	30
	Follow procedure in the absence of a body bag (enclose the body in a sheet, securing it with adhesive tape)	10	20	30
	Demonstrate packaging of dead bodies in case of non-communicable and communicable diseases	5	15	20
	Demonstrate removal of jewellery and any	20	0	20

	personal items. Demonstrate appropriate recording procedures of any personal items left on the body or otherwise.			
	TOTAL	80	160	240
	GRAND TOTAL	694	1706	2400
Means of assessment 1 Viva/ Theory examination : Total marks – 694				
Means of assessment 2 Skills practical assessment : Total marks –1706				
Pass/Fail				

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NSQF QUALIFICATION FILE**SECTION 2****25. EVIDENCE OF LEVEL****OPTION A**

Title/Name of qualification/component: GERIATRIC CARE AIDE (GCA)		Level: 3	
NSQF Domain	Outcomes of the Qualification/Component	How the outcomes relates to the NSQF level descriptors	NSQF Level
Process	The Geriatric Care Aide provide customized healthcare routine to the elderly and supports them in activities of daily living such as bathing, dressing, grooming, eating, elimination as well as transferring. GCA monitors and report changes in health status to the healthcare provider such as Nurse or Doctor in-charge on regular basis.	The expected outcomes prepare the candidate to carry out limited set of tasks that are routine, familiar and predictable in nature. The candidate will have to follow defined sequence of activities of less complex nature to ensure that the patient environment is safe and conducive for other healthcare members to act upon whenever needed.	Level 3
Professional knowledge	A Geriatric Care Aide should know to- Assist the patient in daily activities Identify changes in patient response and behaviour and notify guardians or healthcare in-charge Communicate with patient in utmost ethical manner and maintain confidentiality Identify various anthropometric equipments and their importance in measurement of indicators Identify food and nutrients and their importance in health and sickness Maintain patient records, documentation as per the instructions of a Doctor in charge or nurse or	Considering that the GCA is expected to be aware of the basic facts, process and principles within a healthcare or home setting, including but not limited to – equipments, patient records, protocols for transferring, infection control, food and nutrition, to name a few, it is concluded that the GCAs' entry level is Level 3 as per the NSQF framework.	

	independently including dietary intake, elimination, weight, behaviour among others.		
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NSQF QUALIFICATION FILE

Title/Name of qualification/component: GERIATRIC CARE AIDE (GCA)		Level: 3	
NSQF Domain	Outcomes of the Qualification/Component	How the outcomes relates to the NSQF level descriptors	NSQF Level
	<p>Identify the components of a First Aid Kit and practice first response in emergencies such as nosebleed/ minor burns/ asthma attack/fainting/ sprain/ hypothermia/ bites – bee sting or snake bite; including CPR and stabilization in case of immediate need</p> <p>Undertake standard precautions to infection control procedures</p>		
Professional skill	<p>A Geriatric Care Aide must be able to - Demonstrate and practice basic patient care skills such as</p> <p>patient's daily care, patient's comfort, patient's safety and attend to patient's health needs.</p> <ul style="list-style-type: none"> o Provide patient care during bathing, grooming and dressing up. o Support during meals and assistance during elimination to ensure patient comfort o Ensure patients' safety while transferring patient within the house or to a vehicle o Respond to patient's call. <p>Practice informed consent and interventions to prevent falls as well as pressure sores</p> <p>Carry out last office (in case needed)</p>	<p>GCA is expected to recall and demonstrate practical skill, and perform routine and repetitive limited set of activities, such as providing daily care, ensuring patient comfort and safety and attending to patients' need, cleaning equipment, documentation, transporting patient samples, among others.</p>	Level 3
Core skill	<p>A GCA must be able to-</p> <p>Ensure patient privacy and confidentiality</p> <p>Communicate effectively with patients and their attendants keeping cultural and special needs</p>	<p>GCA should possess adequate communication skills (written & oral) with minimum required clarity, skill of basic documentation apart from the overall process, infection control practices and patient</p>	

Listen in a responsive and empathetic manner to

care

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NSQF QUALIFICATION FILE

Title/Name of qualification/component: GERIATRIC CARE AIDE (GCA)		Level: 3	
NSQF Domain	Outcomes of the Qualification/Component	How the outcomes relates to the NSQF level descriptors	NSQF Level
	<p>establish rapport</p> <p>Follow personal hygiene and sanitation</p>		
Responsibility	<p>A GCA is responsible for assistance to the elderly patient and</p> <p>for ensuring a suitable environment for interventions by healthcare team members. This is critical as it indicates that the person is responsible for his own work and learning. This is further reconfirmed by the fact that the GCA is expected to learn and improvise his/her practice while on the job as per the needs of the patient.</p>	<p>GCA can be categorized under Level 3 given the GCA works in healthcare/home setting, performs limited set of activities which are non-clinical in nature and is responsible for own work within defined limits.</p>	

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NSQF QUALIFICATION FILE**SECTION 3
EVIDENCE OF NEED****26. What evidence is there that the qualification is needed?**

With the increase in geriatric population, non-communicable diseases, critically ill patients as well as social limitations such as nuclear families, there is greater evidence of requirement of Geriatric Care Aides. Further, the requirement in ageing countries such as Japan, Sweden, USA, Germany, to name a few, is apparent given the workforce in such countries is itself ageing and thereby calls for more geriatric specialised training in countries with younger population.

As the palliative care needs in India and abroad are growing at an exponential rate due to increasing cancers and other chronic life threatening conditions, the need for skilled and competent geriatric care aides who may also be able to cross function in other chronic care related roles will be on the rise.

Further, the Ministry of Health and Family Welfare also aims to prioritize on short term skilling courses, which are in huge demand in the market and also provide ample opportunity to the candidates to undergo a progressive career pathway. GCA can be the entry point for candidates who may be interested in undertaking allied health science' course to qualify as allied health professional eventually, however, to get streamlined in such streams, the GCA will be expected to undergo a Diploma or Bachelor degree level course.

Industry relevance – Minutes of the industry consultation refer to Annexure II and For additional evidence on the need of such qualifications, refer to Annexure IV

What is the estimated uptake of this qualification and what is the basis of this estimate?

As per the Healthcare sector report, workforce requirements for the Healthcare sector is expected to grow to 74 lakh in 2022 which is more than double its existing workforce to meet the market demand. Additionally the major percentage of the requirement is of allied and healthcare professionals (A&HP) apart from nursing and medical doctors. The uptake of this qualification cannot be estimated at this point given there is no clear norms on the ratios and limited data on requirement. However, the cadre requirement has been emphasized by key market players in several consultations.

Report: Human resource and skill requirement in Health sector is available at <https://www.ugc.ac.in/skill/SectorReport/Healthcare.pdf>

27. Recommendation from the concerned Line Ministry of the Government/Regulatory Body. To be supported by documentary evidences

Since the MoHFW is the Nodal Ministry for all healthcare and related professions (except for AYUSH) and no regulatory body exists for the stated profession, the statement above is not applicable. Further, the NSQFs and Curriculum have been

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NSQF QUALIFICATION FILE

	approved by the highest competent authority in the Nodal Ministry.
28. What steps were taken to ensure that the qualification(s) does (do) not duplicate already existing or planned qualifications in the NSQF? Give justification for presenting a duplicate qualification.	As discussed with the NSDA and MSDE, the skill courses to be focused and as finalised by Ministry of Health and Family Welfare have already been informed to the respective bodies. In addition a policy note has been formulated for all skill courses in the health sector and thereby all the other approved qualifications may be aligned to the standards set by this Ministry.
29. What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated? Specify the review process here.	<p>A robust monitoring framework will be set up and will include representation from National Institute of Health and Family Welfare (NIHFW), All India Institute of Medical Sciences (AIIMS) or other INI, NBE, State institutes and Collaborating Training Institutes (CTIs) as applicable regionally and other subject experts for individual courses, who will decide on the indicators to be monitored on regular basis.</p> <p>A team will be responsible to review the indicators, identify the issues and undertake appropriate consultations with the key players and market experts as deem fit. Additionally, the monitoring team will work in close coordination with the State institutes, trainers, recruiters and State Government leadership to ensure that the qualification meets the demand and fulfils the requirements. Feedback mechanism will also be established and a formal review will be done once every three years.</p>

SECTION 4

EVIDENCE OF PROGRESSION

30.	What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector? Show the career map here to reflect the clear progression									
	<table border="1"> <thead> <tr> <th><i>Level</i></th> <th><i>Nomenclature</i></th> <th><i>Comments on mandatory qualification</i></th> </tr> </thead> <tbody> <tr> <td>Level 3</td> <td>Geriatric Care Aide (GCA)</td> <td><i>GCA course as standardized and recognized by MoHFW</i></td> </tr> <tr> <td>Level 4</td> <td>Geriatric Care Assistant</td> <td><i>Geriatric Care Assistant course as approved by NSQC (only after completing 12th class from open schooling)</i></td> </tr> </tbody> </table> <p>The GCA program has been developed to create an entry point for youth population into healthcare stream. The GCA program is a platform for gaining knowledge, to</p>	<i>Level</i>	<i>Nomenclature</i>	<i>Comments on mandatory qualification</i>	Level 3	Geriatric Care Aide (GCA)	<i>GCA course as standardized and recognized by MoHFW</i>	Level 4	Geriatric Care Assistant	<i>Geriatric Care Assistant course as approved by NSQC (only after completing 12th class from open schooling)</i>
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Level 3	Geriatric Care Aide (GCA)	<i>GCA course as standardized and recognized by MoHFW</i>								
Level 4	Geriatric Care Assistant	<i>Geriatric Care Assistant course as approved by NSQC (only after completing 12th class from open schooling)</i>								

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elderly patient. The GCAs can have different progression patterns, where in the candidate can take up similar profiles such as Home Health Aides, Nursing aides, among others, with additional short term training as per the standards or as notified by the MoHFW, otherwise, can also have vertical progression by taking up more responsibilities and taking a role of GCA supervisor or manager in assisted living facilities after gaining desired experience.

However, the cadre has been placed at Level 3, with a possibility to reach at Level 4 with advanced responsibilities/ attain at least a Diploma qualification in some stream as standardized by Ministry of Health and Family Welfare, only if they fulfil the desired requirements for the entry into the courses.

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