Chief Examiner Report

T Level Technical Qualification in Health
QN: 603/7066/X

Summer 2025 – employer set project (ESP)

Introduction

Summer 2025 – Employer Set Project (ESP) T Level Health

Assessment dates: **12 May 2025 to 23 May 2025**

Paper number: **P002728**

This report contains information in relation to the externally assessed component provided by the chief examiner, with an emphasis on the standard of student work within this assessment.

The report is written for providers, with the aim of highlighting how students have performed generally, as well as any areas where further development or guidance may be required to support preparation for future opportunities.

Key points:

- grade boundaries
- standard of student work
- evidence creation
- responses to the external assessment tasks
- administering the external assessment.

It is important to note that students should not sit this external assessment until they have received the relevant teaching of the qualification in relation to this component.

Grade boundaries

Raw mark grade boundaries for the series are:

	Overall
Max	100
A*	88
A	77
B	66
C	56
D	46
E	36

Grade boundaries are the lowest mark with which a grade is achieved.

For further detail on how raw marks are converted to uniform mark scale (UMS), and the aggregation of the core component, please refer to the Qualification Specification.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our Regulations for the Conduct of External Assessment document. Students may require additional pre-release material to complete the tasks. These must be provided to students in line with our regulations.

Students must be given the resources to carry out the tasks and these are highlighted within the Qualification Specific Instructions for Delivery (QSID) document.

Standard of student work

In this cohort and assessment series for the T Level Health ESP, the overall standard of student achievement has been mixed, with a notable range observed, but predominantly skewed towards a reduced performance compared to expected levels. Whilst some students demonstrated a commendable grasp of the subject matter and adhered well to task requirements, a significant proportion struggled, contributing to the overall decline in performance.

Across many tasks, there was a lack of understanding of what the tasks require and, therefore, marks were limited in many cases. For example, in Task 1, a recurring issue was the inaccurate referencing and omission of comprehensive reference lists by students during their research activities.

Evidence creation

Students were required to produce a variety of evidence, including digital recordings, written documents, and use pro-formas. The quality and completeness of this evidence varied significantly among submissions.

Some students successfully met the criteria by providing a comprehensive range of evidence that directly addressed the assessment requirements. Their digital recordings were clear and relevant, their written documents were well-structured and contained appropriate content, and their pro-formas were accurately completed. This demonstrated a strong understanding of the tasks and the expected output formats.

Conversely, other students struggled to produce evidence that met the criteria. Common issues included digital recordings which included irrelevant content, poorly organised or insufficient written documents, and inaccurate or partially completed pro-formas. These deficiencies often indicated a lack of attention to detail, a misunderstanding of the task's specific evidence requirements, or challenges in effectively utilising the designated formats. The disparity in evidence quality suggests a need for clearer guidance on evidence expectations and potentially more practice with the various submission formats.

Where students did not use the pro-formas provided (whilst not explicitly required), there was frequent omission of essential evidence; therefore, the use of the pro-formas is always recommended.

Providers are reminded that it is important to provide students with a quiet working space to record their performance-based tasks as not to disadvantage them.

Responses to the external assessment tasks

Task 1: Research Task
Generally, students demonstrated a solid understanding of the requirement to select a case study and begin researching appropriate support for their chosen individual in Task 1. Many students were able to identify relevant aspects of their case study that necessitated support and initiated research effectively.

Understanding the case study and holistic needs**:**

- High achievement: a significant proportion of students achieved strong marks by demonstrating holistic consideration of their chosen client's needs. These students were able to clearly articulate the individual's condition and how it impacted various aspects of their life, then link this directly to the

type of support required. They often anticipated potential barriers for the client and discussed how these might be overcome, which was a clear differentiator for higher marks.

- Areas for development: some students found this section challenging, primarily because their understanding of the case study individual's condition and needs was superficial. This often led to no support suggestions or generic suggestions, rather than tailored, person-centred approaches. Providers should encourage students to delve deeper into the implications of the case study's condition and consider the individual's unique circumstances.

Research skills and application:

- High achievement: students who performed well in this task effectively applied research skills. They gathered appropriate and relevant information about current national guidelines and best practice, using it to justify their proposed support strategies. Their reports often included evidence of broad research, indicating a good grasp of the expected depth.

- Areas for development: a common issue across the cohort was the inaccurate referencing and omission of comprehensive reference lists. Whilst students generally carried out some form of research, the lack of proper academic attribution limited the marks available, even when the content was largely correct. This indicates a critical need for more explicit teaching and practice on referencing conventions and the importance of academic integrity. Providers should implement dedicated sessions on referencing styles and consistently enforce their application throughout all preparatory tasks and classwork. Furthermore, some students' research was not sufficiently valid or detailed, suggesting they did not use the allocated time effectively for in-depth investigation. For example, some responses provided only basic information without linking it back to the specific needs of their case study, thus failing to provide the required context and detail.

Recommendations for providers**:**

- Strengthen referencing skills: integrate explicit and repeated teaching of referencing styles and the importance of comprehensive reference lists. Provide practical exercises and feedback opportunities.

- Deepen case study analysis: encourage students to move beyond superficial understanding of case studies, promoting critical thinking about the holistic needs and potential barriers for individuals.

- Emphasise effective research utilisation**:** guide students on how to extract relevant information from their research and apply it directly to the specific needs of their case study, moving beyond simply listing facts.

Task 2 (A) - Role Play

Task 2 required students to perform a role play as a healthcare assistant meeting their chosen client, aiming to gather information to inform a healthcare plan. Whilst some students demonstrated strong aptitude in this practical task, there was a noticeable split in the cohort's ability to effectively combine communication and preparation skills.

Specific insights and advice to providers:

Preparation and questioning skills:

- High achievement: students who excelled in Task 2 showcased thorough preparation of their questions. Their questioning strategy was clearly designed to elicit comprehensive information relevant to the client's needs, leading to the potential creation of an informative, realistic and useful

healthcare plan. They demonstrated an understanding of the types of questions that would gather both factual data and insights into the client's preferences and concerns.

- Areas for development: a significant number of students found this aspect challenging. Their questions were often generic, unfocused, or insufficient to gather the depth of information required for a detailed healthcare plan. For example, a common error was students simply listing closed questions that could be answered with a "yes" or "no", without following up to gain context or detail. This indicates a need for more explicit teaching and practice on designing effective open-ended questions and using probing techniques to gather rich, client-centred information. Providers should encourage students to develop a logical flow for their questions, ensuring they cover all necessary domains for a holistic care plan.

Communication skills and adaptability:

- High achievement: the strongest performances in the role play demonstrated excellent communication skills**,** including active listening, empathy, and the ability to build rapport. These students adapted their communication effectively to the simulated client's responses, showing sensitivity and professional demeanour. They managed the flow of the conversation well, ensuring the client felt heard and understood, which is crucial for person-centred care planning. Their verbal and non-verbal cues were consistently appropriate, creating a positive and productive interaction.

- Areas for development: conversely, many students struggled with adapting their communication. This often manifested as monotone delivery, failure to listen actively to the client's responses, or an inability to adjust their questioning based on the client's verbal and non-verbal cues. Some students appeared to rigidly follow a pre-prepared script, even when the conversation veered in a different, but potentially important, direction. This limited their ability to gather truly relevant information and impacted the perceived quality of the interaction. Providers should integrate more practical role play scenarios with varied client responses, providing immediate feedback on communication effectiveness, including body language, tone, and active listening techniques. Emphasis should be placed on the fluidity and responsiveness of communication in real-world healthcare settings.

Informing the healthcare plan:

- High achievement: students who performed well were clearly able to demonstrate *how* the information gathered during the role play would directly inform the creation of a comprehensive healthcare plan. They implicitly or explicitly linked their questions to specific sections or aspects of a care plan, indicating a clear purpose behind each inquiry.

- Areas for development: for some students, the connection between their questioning and the ultimate healthcare plan was unclear. They gathered information but struggled to articulate how it would be used, suggesting a disconnect between the role play exercise and its overarching goal. Providers should ensure students understand the direct link between effective client interaction and the development of a person-centred, actionable care plan.

Recommendations for providers:

- Structured questioning practice: provide dedicated sessions on developing effective questioning techniques, including the use of open-ended questions, probing, and summarising, specifically tailored to healthcare plan creation.

- Adaptive communication workshops: implement interactive workshops and diverse role play scenarios to practice adaptive communication skills, focusing on active listening, empathy, non-verbal communication, and responding flexibly to client needs.

- Link role play to care plan outcomes: explicitly demonstrate and reinforce the direct correlation between the information gathered during the client interaction and its application in creating a comprehensive and person-centred healthcare plan.

- Peer feedback and self-reflection: encourage students to engage in peer feedback during role play sessions and to self-reflect on their preparation and communication effectiveness to foster continuous improvement.

Task 2 (b) - Healthcare Plan

Task 2 (b) required students to create a healthcare plan for their chosen client, directly informed by the preceding role play in Task 2.

Specific insights and advice to providers:

Relevance to role play and avoidance of redundancy:

- High achievement: students who excelled in this section successfully translated the information gathered in the role play into a focused and actionable healthcare plan. Their plans avoided lengthy recaps of the role play interaction, instead directly applying the client's needs and preferences to specific interventions and goals. This demonstrated an efficient use of space and an understanding of the task's core requirement to *plan*, not just report.

- Areas for development: a prevalent issue across the cohort was that many students spent too much time explaining what had happened in the role play. This narrative approach, whilst perhaps demonstrating comprehension of the previous task, attracted no marks in Task 2 (b), as the focus here was solely on the healthcare plan itself. Providers should explicitly instruct students to *synthesise* the information from the role play and move directly into the planning phase, emphasising that the plan should stand alone as a document of intended actions.

Inclusion of essential planning elements (time scales and review dates):

- High achievement: the strongest healthcare plans included clear, measurable timescales and specific review dates for each intervention and goal. This demonstrated a practical understanding of healthcare planning principles and the importance of monitoring progress and adapting care. These students were able to project how and when interventions would be carried out and assessed, making their plans actionable and professional.

- Areas for development: a critical finding was that students who did not include time scales and review dates were unable to score any higher than mark Band 2. This was a significant limiting factor for many. The absence of these crucial elements meant the 'plan' lacked the necessary structure for implementation and evaluation in a real-world setting. Providers must emphasise the non-negotiable requirement for these elements, perhaps by providing templates or examples that clearly illustrate their integration into each section of the healthcare plan. Regular formative assessment with specific feedback on the inclusion and appropriateness of timescales and review dates would be highly beneficial.

Existence and detail of the ‘plan’:

- High achievement: students achieving high marks presented a clear, detailed, and comprehensive actual 'plan' for care. Their documents outlined specific, measurable, achievable, relevant, and time-bound goals, along with concrete actions, allocated responsibilities, and anticipated outcomes. The connection between the client's needs and the proposed interventions was explicit and logical.

- Areas for development: in some areas, there was a distinct absence of an actual 'plan', meaning the submission read more like a general discussion of care principles rather than a structured, actionable document. Students struggled to move from identifying needs to detailing *how* those needs would be met through specific interventions. For example, instead of stating "Client needs support with medication", a strong plan would specify "Healthcare assistant to remind client to take medication X at 9 AM and 5 PM daily, reviewed weekly". Providers should guide students on structuring a healthcare plan with distinct sections for goals, interventions, responsibilities, and expected outcomes, ensuring each element is clearly defined and practical.

Recommendations for providers:

- Focus on synthesis, not summary: explicitly coach students on how to synthesise information from previous tasks into the healthcare plan, rather than summarising or repeating content.

- Mandate time scales and review dates: clearly communicate and consistently enforce the requirement for specific time scales and review dates for *all* aspects of the healthcare plan. Provide practical examples and templates.

- Structure for actionable plans: guide students in developing a structured, actionable healthcare plan that includes goals, defined interventions, clear responsibilities, and anticipated outcomes, moving beyond a generic discussion of care.

- Practical application exercises: incorporate exercises where students must convert raw client information into a structured healthcare plan, with a focus on the practical implementation and evaluation aspects.

Task 3 (b) – Presentation

Task 3 (b) required students to deliver a presentation to a senior colleague, focusing on peer feedback received on their healthcare plan and how they would appropriately amend it. They were also required to answer tutor questions. Whilst the task assessed crucial professional and reflective skills, there was a clear distinction between students who grasped the professional context and those who struggled to filter relevant information.

Specific insights and advice to providers:

Relevance and professional context for a senior colleague:

- High achievement: the more successful students demonstrated a strong understanding of the audience and purpose. They created a brief presentation which included only the relevant criteria, such as the key feedback points, their critical evaluation of that feedback, and concrete proposals for amending the healthcare plan. These students understood that a "senior colleague" would not require basic explanations of the client's condition or rudimentary healthcare principles. Their presentations were concise, professional, and focused on the collaborative amendment process.

- Areas for development: a significant number of students included a lot of regurgitated information, including very basic information on the condition of their client. This demonstrated a misunderstanding of the professional context; a senior colleague would already possess this fundamental knowledge and would not need it explained. This tendency to over-explain basic concepts consumed valuable presentation time and detracted from the core purpose of discussing feedback and amendments. Providers should explicitly guide students on tailoring

information to a specific, professional audience, emphasising that the focus should be on the *process of amendment* and *critical reflection* on feedback, rather than a re-introduction of the client or condition.

Engagement with peer feedback and proposed amendments:

- High achievement: students who performed well were able to critically discuss the peer feedback they received. They didn't just list the feedback; they reflected on its validity, acknowledged its strengths, and clearly articulated how they would incorporate it into their healthcare plan, providing specific examples of proposed amendments. This demonstrated strong reflective practice and a commitment to continuous improvement.

- Areas for development: some students struggled to move beyond simply stating the feedback they received. They often presented feedback without a clear plan for how it would lead to specific amendments, or their proposed changes were generic and lacked detail. This indicates a need for more guidance on how to *analyse* feedback and translate it into actionable improvements for the healthcare plan. Practical sessions on structuring a response to feedback, including "what I learned" and "how I will change X", would be beneficial.

Answering tutor questions confidently and digital presentation skills:

- High achievement: the most successful students were able to answer tutor questions confidently, demonstrating a deep understanding of their healthcare plan, the feedback process, and their proposed amendments alongside other elements of previous tasks. Their responses were clear, articulate, and often provided further insights beyond the initial presentation. Additionally, good students consistently demonstrated good digital skills in the presentation of their work. Their slides were well-designed, professional, visually appealing, and effectively used to support their verbal presentation, rather than merely duplicating it.

- Areas for development: conversely, some students appeared less confident when answering tutor questions, often hesitating or providing vague responses. This sometimes indicated a lack of thorough preparation or a superficial understanding of the implications of their proposed changes. In terms of digital skills, some presentations were visually cluttered, difficult to read, or poorly organised, distracting from the content. Providers should offer explicit training on presentation design principles (for example, using minimal text, high-quality visuals, consistent formatting) and provide opportunities for students to practice answering impromptu questions in a supportive environment. Role-playing the Q&A segment would be highly valuable.

Recommendations for providers:

- Audience awareness training: conduct sessions specifically on tailoring information and communication style to different professional audiences, highlighting the difference between presenting to a peer, a senior colleague, or a client.

- Structured feedback reflection: provide frameworks or templates for students to critically analyse peer feedback and develop concrete, actionable amendment plans for their healthcare plans.

- Presentation skills and Q&A practice: offer dedicated workshops on effective presentation design (digital skills) and structured practice sessions for answering challenging questions confidently, simulating a professional Q&A environment.

- Focus on value-added content: reinforce that the presentation should focus on the *added value* of reflection and amendment, not a reiteration of previously established information.

Task 4 - Reflection

Task 4 required students to provide a comprehensive reflection on their performance across all tasks of the ESP. This task aimed to assess their ability to self-evaluate, identify areas for improvement, and develop their skills in preparation for a health-related career. Whilst some students demonstrated strong reflective capabilities, others struggled to move beyond a descriptive summary of their actions.

Specific insights and advice to providers:

Depth of reflection and application of reflective models:

- High achievement: students who excelled in Task 4 were able to effectively reflect, often using reflective models and cycles (for example, Gibbs' Reflective Cycle, Kolb's Experiential Learning Cycle). They demonstrated a critical evaluation of their performances, providing honest insights into what went well, what could be improved, and *why*. Their reflections went beyond mere description, delving into the underlying reasons for their successes or challenges and proposing concrete strategies for future improvement.

- Areas for development: a significant number of students merely described what they had done / the requirements of the task, across each task with minimal consideration of their performance or how they could improve. Their reflections often lacked critical analysis, personal insight, or a forward-looking perspective. This indicates a need for more explicit teaching and guided practice in reflective writing and the application of reflective models. Providers should introduce various reflective frameworks and provide opportunities for students to apply these frameworks to their own experiences, focusing on the "what next" aspect of reflection.

Honest self-evaluation and identification of personal strengths / weaknesses:

- High achievement: some students reflected honestly about a lack of confidence in performance-based tasks and how they believe this was a personal disadvantage and area for improvement. This demonstrated a high level of self-awareness and maturity, crucial for professional growth. Similarly, some students reflected well on their use of the allocated time they had per task, identifying effective time management strategies or areas where they could have used their time more efficiently.

- Areas for development: conversely, some reflections lacked this level of honest self-evaluation. Students often presented a generally positive account without critically examining their shortcomings or identifying specific areas for personal growth. This may stem from a reluctance to admit weaknesses or a lack of understanding of what "honest self-evaluation" entails. Providers should foster a safe learning environment where students feel comfortable being honest about their challenges and encourage the development of metacognitive skills – thinking about their own thinking and learning processes. Providing examples of balanced, critical self-reflections (anonymised, of course) could be beneficial.

Connection to future practice and improvement strategies:

- High achievement: the most effective reflections clearly articulated how the learning from the ESP tasks would inform their future practice and outlined specific, actionable strategies for improvement. They demonstrated a clear understanding of the transferable skills gained and how they would apply these in future healthcare settings.

- Areas for development: for many students, the reflection ended with a description of the task without a clear link to future professional development. The "so what?" and "what now?" questions were often unanswered. This suggests a need for guidance on translating reflective

insights into concrete action plans for continuing professional development. Students should be prompted to think about specific changes they will make to their approach, skills, or knowledge based on their ESP experience.

Recommendations for providers:

- Teach reflective models explicitly: introduce and regularly reinforce various reflective models (for example, Gibbs, Kolb) and provide structured activities where students apply these to their learning experiences throughout the T Level.

- Foster a culture of honest self-evaluation: create a supportive environment where students feel safe to acknowledge challenges and weaknesses as part of the learning process. Encourage metacognitive thinking through journaling or guided reflection prompts.

- Link reflection to actionable improvement: guide students on how to translate their reflective insights into specific, measurable, and actionable improvement strategies for their future academic and professional development.

- Provide examples of strong reflection: share anonymised examples of high-quality reflections that demonstrate critical evaluation, honesty, and a clear connection to future learning and practice.

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