

T Level Technical Qualification in Health

Core knowledge and understanding

Paper A

Elements 1-11

Mark scheme

v1.2: Specimen assessment materials
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603/7066/X

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This mark scheme has been written by the assessment writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a student
- information on how individual marks are to be awarded
- the allocated assessment objective(s) and total marks for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward students positively, giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the student's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the question paper.
- If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

Guidelines for using extended response marking grids

Extended response mark grids have been designed to assess students' work holistically. They consist of levels-based descriptors and indicative content.

Levels-based descriptors. Each level is made up of several descriptors for across the AO range-AO1-AO3, which when combined provide the quality of response that a student needs to demonstrate. Each level-based descriptor is worth varying marks. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

Indicative content reflects content related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

Application of extended response marking grids

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best fit approach at this stage and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better or worse.

Assessment objectives (AO)

This assessment requires students to:

- AO1: Demonstrate knowledge and understanding of contexts, concepts, theories and principles in healthcare.
- AO2: Apply knowledge and understanding of contexts, concepts, theories and principles in healthcare to different situations and contexts.
- AO3: Analyse and evaluate information and issues related to contexts, concepts, theories and principles in healthcare to make informed judgements, draw conclusions and address individual needs.

The weightings of each assessment objective can be found in the Qualification Specification.

Section A: Working in the healthcare sector

Total for this section: 30 marks plus 3 marks for the quality of written communication (QWC)

1	Outline the purpose of continuing professional development (CPD) for a healthcare practitioner.	[1 mark]
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AO1 = 1 mark

Award **one** mark for the purpose of CPD:

- CPD ensures that a practitioner maintains/enhances professional skills/knowledge.

Note: Only one relevant point relating to the purpose and one mention of professional skills/knowledge is required for the mark.

2	Identify one practical CPD activity for healthcare assistants when working with stroke patients. Explain how the activity would support the healthcare assistant when working with stroke patients.	[3 marks]
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AO1 = 1 mark

AO2 = 2 marks

Award **one** mark for the identification of an appropriate CPD activity (AO1):

- shadowing a speech therapist (1) (AO1)
- shadowing a physiotherapist (1) (AO1)
- volunteering at a hospice (1) (AO1).

Award **two** marks for a valid explanation of the activity (AO2):

- shadowing a speech therapist – working with stroke patients with swallowing/speech difficulties (1) supporting stroke patients to communicate/to reduce their risk of choking (1)
- shadowing a physiotherapist – working with a stroke patient with any physical impacts resulting from a stroke (1) supporting with exercises required to assist their recovery (1)

Accept any other appropriate responses.

Note: Student responses must be specific to the job role of a healthcare assistant. Do not award marks for other CPD activities in relation to other job roles or those CPD activities that do not specifically relate to stroke patients, or a general CPD activity that could relate to any condition/illness.

3	Anna, a nursing home resident has her care provided by female only healthcare practitioners. This is due to her cultural beliefs.	
3 (a)	Name one policy which the nursing home must have in place to support Anna's wishes.	[1 mark]

AO2 = 1 mark

Award **one** mark for the following:

- equality, diversity, and inclusion policy.

Accept any other appropriate response that refers to a relevant policy

3 (b)	Define indirect discrimination and give one example that Anna could face.	[3 marks]
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AO2 = 3 marks

Award up to **two** marks for a valid definition:

- indirect discrimination is when there is a practice, policy or rule which applies to everyone in the same way (1), but it has a worse effect on some people than others (1).

Award **one** mark for an example:

- only having a male healthcare practitioner available (1).

Accept any other appropriate responses.

Note: Do not accept references to the nursing home choosing not to meet Anna's wishes.

3 (c)	Discuss how indirect discrimination could affect Anna's mental or physical health.	[3 marks]
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AO3 = 3 marks

Award up to **three** marks for a valid discussion of how indirect discrimination could affect Anna's mental or physical health:

- Indirect discrimination could affect Anna's mental health and wellbeing, causing her emotional distress (1) she may be upset/fearful experience anxiety (1) which could cause her to withdraw and become depressed (1)

- Indirect discrimination could affect Anna’s physical health due to worry/anxiety/loss of sleep (1) resulting in increasing fatigue or loss of energy/she may have reduced appetite (1) resulting in weight loss and increased risk of illness (1).
- Indirect discrimination could affect Anna’s sense of fairness in the service the nursing home provides (1) leading to isolation/loneliness (1) which will have a negative impact on her interactions with the nursing home staff (1).

Accept any other appropriate responses.

<p>4</p> <p>‘The clinical expertise of nurses is the most important element in evidence-based practice’.</p> <p>Discuss to what extent you agree or disagree with this statement.</p> <p>Your response should demonstrate:</p> <ul style="list-style-type: none"> • understanding of evidence-based practice • reasoned judgements and conclusions. 	<p>[6 marks]</p>
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AO1 = 3 marks

AO3 = 3 marks

Band	Mark	Descriptor
3	5–6	<p>AO3 - Discussion of clinical expertise in respect of its importance in evidence-based practice is comprehensive, effective, and relevant. Conclusions that are fully supported with rational and balanced judgements that consider the importance of clinical expertise in evidence-based practice are evident.</p> <p>AO1 - Knowledge and understanding of evidence-based practice is clear and fully accurate with focus.</p>
2	3–4	<p>AO3 - Discussion of clinical expertise in respect of its importance in evidence-based practice is in most parts effective and mostly relevant. Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO1 - Knowledge and understanding of evidence-based practice is mostly clear and generally accurate, although on occasion may lose focus.</p>
1	1–2	<p>AO3 - Discussion of clinical expertise in respect of its importance in evidence-based practice is in some parts effective and in some parts relevant. Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO1 - Knowledge and understanding of evidence-based practice shows some but limited accuracy, focus and relevance.</p>

	0	No creditworthy material
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Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO1 The elements of evidence-based practice that a student may discuss include:

- theoretical knowledge and expertise
- practical skills and experience
- clinical skills and expertise.

AO1 Points regarding evidence-based practice that the student may include:

- evidence-based practice is the integration of the best research evidence with clinical expertise and patient values
- research evidence is the outcome of valid/reliable research
- clinical expertise is a practitioner's experience of caring for people
- patient values are the beliefs/views a patient brings about their care
- the three factors combine to produce evidence-based practice.

AO3 Reasoned judgements and conclusions may include:

- agree:
 - due to the combination of the nurses' practical and clinical skills and their theoretical knowledge, it means nurses can make clinical decisions while grasping the whole nature of a situation. As clinical expertise includes theoretical knowledge, it is factual and therefore must have been validated by research and therefore is reliable. It is possible to agree with the statement, as the clinical expertise of the nurse includes knowledge which is evidence-based
 - it is inevitable that some of the evidence-based practice will initially have been informed by the clinical expertise of nurses, from their practical knowledge and experience, which is then evidenced. Therefore, it is possible to agree with the statement, as evidence-based practice may stem from clinical expertise
- disagree:
 - because it is the nurses' ability and judgement which is acquired through clinical experience and clinical practice, it is therefore dependant on the ability and experience of each nurse. You cannot always use evidenced-based practice, as there is sometimes not enough research to support it. Some nurses may use inaccurate/non-evidence based information or not have acquired enough experience, and therefore their clinical expertise will not be the most important element in evidence-based practice. Therefore, it may be inaccurate to agree wholeheartedly with the statement, as it is dependent on the nurse, and so may not always be the most important element
 - the statement is suggesting that the clinical expertise of nurses is the most important element, but expertise is based on experience and not refutable evidence. Evidence is the most reliable, as it is a result of the outcomes of research. Therefore, clinical expertise may

not be the most important element. However, this is also dependant on the quality of the research.

Accept any other appropriate responses.

Note: The response may cover one or all elements of evidence-based practice and their argument may agree and/or disagree with the statement for marks to be awarded.

In this example, students must clearly consider 'the extent' to which they agree or disagree with the statement, rather than simply identifying their view with juxtaposed points.

5	Mary is due to give birth soon. She has a midwife to support with her care. Identify one aspect of the midwife's job role and briefly explain how this contributes to the care of Mary and her baby. [3 marks]
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AO2 = 3 marks

Award **one** mark for the identification of a job role aspect relevant to Mary:

- completing a pre-birth risk assessment (1)
- post-birth assessment (1)
- pre/post-natal care giving support/advice/information (on parenting, health education and finances) (1)
- signpost to counselling/advice (1)
- assist the mother in labour (1)
- referral of high-risk pregnancies to other services (1).

Award **two** marks for an accurate explanation:

- completing a pre-birth risk assessment – increases awareness of possible issues that may make a woman unable to care for a baby (1) and that could put the baby at risk (drug and alcohol addiction, a victim of domestic violence) (1)
- post-birth assessment – increases awareness of early indicators of mothers who may be at (an increased) risk of post-natal depression (1) to ensure access to support from a wider network (1)
- pre/post-natal care – reduces safeguarding issues linked to poverty/care (1) such as feeding/bathing/benefits (1)
- signpost to counselling/advice – following events such as miscarriage/termination/stillbirth/neonatal abnormality/death (1) to support a woman's emotional wellbeing/mental health (1)
- assist the mother in labour – by monitoring the condition of the foetus/applying knowledge of drugs/pain management (1) to safeguard the woman and the baby during birth (1)
- referral of high-risk pregnancies to other services – if a baby is likely to be born with a substance addiction (1) safeguarding the baby/mother during/after birth with specialist support, such as drug and alcohol services (1).

Accept any other appropriate responses.

Note: The response must be directly related to the role of a midwife and the safeguarding measures.

6	Give one way to reduce the risks of infection via oral transmission in a healthcare setting.	[1 mark]
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AO1 = 1 mark

Award **one** mark for a valid way to reduce the risks of infection via oral transmission:

- steam/sterilise instruments after each patient (1)
- disinfect trays and work surfaces after each patient (1)
- wear gloves and face mask when undertaking examinations/treatments (1)
- dispose of cups/swabs/single-use gloves/masks after each patient safely in secured waste bags (1).

Accept any other appropriate responses.

7	Discuss the impact of artificial intelligence (AI) on the role of healthcare practitioners. Your response should demonstrate: <ul style="list-style-type: none"> • reasoned judgements • conclusions about the impact of AI on the role of healthcare practitioners. 	[9 marks plus 3 marks for QWC]
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AO1 = 3 marks

AO2 = 3 marks

AO3 = 3 marks

Band	Mark	Descriptor
3	7–9	<p>AO3 - Discussion of the impact of artificial intelligence is comprehensive, effective, and relevant, showing detailed, logical, and coherent chains of reasoning throughout.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the impact of artificial intelligence on the role of healthcare practitioners are evident.</p> <p>AO2 - Applied all relevant knowledge of artificial intelligence to the given context.</p>

Band	Mark	Descriptor
		<p>AO1 - Knowledge and understanding of artificial intelligence is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
2	4–6	<p>AO3 - Discussion of the impact of artificial intelligence is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning. Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of artificial intelligence to the given context.</p> <p>AO1 - Knowledge and understanding of artificial intelligence is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>
1	1–3	<p>AO3 - Discussion of the impact of artificial intelligence is in some parts effective and of some relevance, with some understanding and reasoning taking the form of generic statements with some development.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of artificial intelligence to the given context.</p> <p>AO1 - Knowledge and understanding of artificial intelligence shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
	0	No creditworthy material

Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO1 and AO2 will be implicit through the level of analysis and reasoned judgements and conclusions that the student provides.

AO1: Knowledge and understanding of artificial intelligence (AI) may include:

- AI is the use of machines/robots/computers in healthcare, through formulas, rules, and software (algorithms) which simulates human thought, learning and reasoning
- AI analyses complex medical data such as the relationships between prevention or treatment techniques and patient outcomes.

AO2: Application of knowledge and understanding of artificial intelligence on the role of healthcare practitioners may include:

- data analysis - AI data analysis is used for many healthcare applications, such as improving diagnosis, treatment protocols/triage, such as helping diagnose eye conditions more quickly and prioritising people whose sight relies on urgent treatment. Software can create a 3D model of a patient's heart and can assess how a blockage impacts blood flow
- drug development - in drug development an AI computer system can check through different molecules and learn the most promising combinations for treatments, much faster than a human could
- personalise care - AI can be used to personalise care, such as using medical scans and health records to personalise the medication, such as the dose in radiation therapy used to treat cancer patients. The same process can be used for patient monitoring and care.

AO3: Discussion of the impact of AI on the role of healthcare practitioners may include:

- AI systems can streamline systems and manage workflow for the practitioner. The healthcare practitioner will therefore spend less time on administrative tasks, decreasing the time practitioners spend on routine administration and leaving more time for other tasks
- it can assist practitioners in their decision-making as AI can learn from past experiences
- reduce practitioner's human errors, such as mistakes resulting from fatigue
- ethical and moral implications, such as healthcare applications, may have values that are not in line with the values of the healthcare practitioner, or have hidden assumptions in data, that can lead to AI delivering dangerous recommendations for some in society
- practitioners may lack understanding of the limitations of AI, therefore there may be a need to up-skill the practitioner in understanding such limitations
- effect on the quality of the relationship between healthcare practitioners and patients
- impacts on the autonomy of a healthcare practitioner to draw from their own insight and experiences
- any failures in widely used software has the potential to quickly affect large numbers of patients, this can contribute to patients not trusting/being cautious of healthcare practitioners who rely on AI
- may result in the de-skilling of healthcare practitioners.

Reasoned judgements and conclusions may include:

- AI has a positive impact to the role of healthcare practitioners, saving practitioner's time, enhancing their patient care, diagnosis, and outcomes. However, the limitations of the

impact of AI on the role of healthcare practitioners needs to also be recognised, as it is not without its limitations, and does raise ethical issues for practitioners

- there are challenges associated with voice recognition aspects of AI which means (for healthcare) there can be misinterpretation between patient and healthcare practitioners due to the AI not recognising aspects of language, resulting in issues with the provision of personalised care or missed diagnosis. Caution needs to be exercised by the practitioner to the limitations of the AI and ongoing work is needed on the conversational aspects of language that are more difficult to use with AI. This will take considerable time and will require updating as linguistic codes change over time
- AI will not reduce the workload of practitioners but will support them in their role, as they will need to continue to consult with other practitioners and other AI systems
- deep learning neural networks involves AI learning from large amounts of data to solve complex problems, such as a brain haemorrhage on MRI. However, thousands of processes are needed to detect all potential findings, but only a few of these can be done by AI today. AI can therefore not replace radiologists. Furthermore, image interpretation is only one aspect of a radiologists role - image-guided medical interventions such as cancer biopsies and stents, relating findings from images to medical records and test results, as well as discussing procedures and results with practitioners and patients, are role requirements AI cannot perform
- AI-based image work is not yet ready for clinical use, as different imaging and deep learning algorithms have different focusses, such as the probability of a lesion or cancer, a feature of a growth or location, making it difficult to embed into current clinical practice. Therefore, practitioners still need to use traditional methods of diagnosing, which is timely and not as accurate. Where this AI is available, it requires training and adds pressure on healthcare practitioners to interpret the data.

Award any other appropriate response

Note: Reasoned judgements may be awarded as part of the discussion or within the conclusions.

Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is clearly expressed and well-structured . The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured . The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured . The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively.
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured , with inappropriate use of technical terms . The errors in grammar severely hinder the overall meaning.

**Section B: Managing personal information and data
in the healthcare sector**

**Total for this section: 22 marks
plus 3 marks for QWC**

8	State one advantage of collecting qualitative data during a research study.	[1 mark]
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AO1 = 1 mark

Award **one** mark for any one of the following:

- answers provided often contain more detail and depth (1)
- associated with high validity (1)
- can lead to other areas of research (1).

Accept any other appropriate responses.

9	<p>A healthcare practitioner is supporting a patient who has reduced immunity following a transplant. The healthcare practitioner is taking the patient's temperature and blood pressure after they complained of feeling unwell.</p> <p>Give one reason why it is important to ensure the information is accurate and explain a possible impact of not doing so.</p>	[2 marks]
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AO2 = 2 marks

Award up to **two** marks for a valid reason of why it is important to ensure the information recorded by the healthcare practitioner is accurate for this patient (1), including an explanation of the possible impact (1):

- an inaccurate temperature recording could result in a possible infection being missed (1) meaning that the transplant recipient does not receive the appropriate care (in this case IV antibiotics) (1)
- it could lead to wrong or unnecessary blood tests being ordered (1) which are not needed for this transplant patient (1)
- accurate records ensure that prescribed medications are given at the right time/to the right dosage (1) the patients transplant medicines may become ineffective (1)
- accurate blood pressure recordings allow healthcare practitioners to identify wider health concerns (1) which could have an (direct or indirect) impact on the transplanted organ (1).

Note: Do not award for responses that do not relate to the transplant patient in the scenario.

Accept any other appropriate responses.

10 Discuss the impact on working practices of using an electronic system for patient records.

[6 marks]

AO2 = 3 marks

AO3 = 3 marks

Award **one** mark for each point within the student's discussion that demonstrates their application of knowledge to a context, up to a maximum of **three** marks (AO2):

- enhanced integration between the primary care and secondary care teams (1)
- practitioners can access the same up-to-date patient information (1)
- access to a wider range of information about the patient they can draw on (1)
- better support for safeguarding practices (1)
- concerns could be logged/shared and accessed immediately (1)
- an immediate audit trail of data (1)
- data can be readily analysed to identify patterns/trends (1)
- appropriate targeted interventions can be made for specific patients/sectors of the community (1)
- colleagues can reduce the number of x-rays they take, reducing time/cost (1).

Award **one** mark for each discussion point that considers impact and gives a valid and relevant argument or conclusion, up to a maximum of **three** marks (AO3):

- time could be better spent ensuring that any updates to information made are accurate (1) as this is information that all practitioners will be referring to (1) and errors would transfer to other settings (1)
- care must be taken when creating written accounts (1) as these must be objective and accurate to support the decisions of other practitioners (1) otherwise incorrect diagnosis and or treatment could be provided (1)
- resulting in increased signposting of patients to other care provisions (where also required) (1) yet this does require time for higher level safeguarding training for this to be effective (1) which might not be a requirement of all job roles (1)
- would only be supported if data was accurate as there is always an element of human error (1) if electronic systems crash, no data can be accessed to diagnose/treat patients, paper records may need to be consulted (1) therefore does not eliminate the need for paper-based records (1).

Accept any other appropriate responses.

11	<p>Whilst working on a delivery suite in a hospital as a midwife, you are required to attend shift handover. The purpose of a shift handover is to inform the new team of the women in the suite, to include the stage of labour and their individual care needs.</p> <p>Identify one format for sharing this information. Describe two benefits of using this format.</p> <p style="text-align: right;">[3 marks]</p>
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AO1 = 1 mark

AO2 = 2 marks

Award **one** mark for the identification of one format (AO1):

- oral report (1)
- written report (such as a birth plan) (1)
- whiteboard (1).

Award **one** mark for each benefit to a **maximum of two** marks (AO2):

Oral report:

- opportunity to discuss face to face and check for understanding (1)
- provides both a holistic overview and a fuller account of the current caseload (1)
- opportunity to assign them to specific members of the team (1).

Written report:

- it documents officially the specific advanced wishes of the women (1)
- can be used to inform clinical decisions (1)
- can be used when the woman may be unable to effectively communicate (1).

Whiteboard:

- it can be continually updated/amended by members of the team (1)
- provides a live account of care requirements (1)
- resources/staff can be targeted to priority cases in real-time (1).

Accept any other appropriate responses.

12	Give one reason for restricting the use of a personal mobile phone in a healthcare setting.	[1 mark]
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AO1 = 1 mark

Award **one mark** for giving one reason for restricting the use of a personal mobile phone in a healthcare setting:

- for safeguarding staff/patients (1)
- for data protection (1)
- it avoids distractions (1)
- to stop interference with electronic equipment (1)
- it will prevent patient data from being stored inappropriately (1)
- for infection control (1).

Accept any other appropriate responses.

13	Evaluate the potential impact of using social media in the health sector. Your response should demonstrate:	
	<ul style="list-style-type: none"> • reasoned judgements • conclusions about the use of using social media in the health sector. 	
		[9 marks and 3 for QWC]

AO1 = 3 marks

AO2 = 3 marks

AO3 = 3 marks

Band	Mark	Descriptor
3	7–9	<p>AO3 - Evaluation of social media and the impact on the health sector is comprehensive, effective, and relevant.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the impact of social media in the health sector are evident.</p> <p>AO2 - Applied all relevant knowledge of social media to the given context.</p> <p>AO1 - Knowledge and understanding of the use of social media is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>

2	4–6	<p>AO3 - Evaluation of social media and the impact on the health sector is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning. Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of the potential impacts of using social media to the given context.</p> <p>AO1 - Knowledge and understanding of the use of social media is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>
1	1–3	<p>AO3 - Evaluation of social media and the impact on the health sector is in some parts effective and of some relevance.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of the potential impacts of using social media to the given context.</p> <p>AO1 - Knowledge and understanding of the use of social media shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
	0	No creditworthy material

Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO1 and AO2 will be implicit through the level of analysis and reasoned judgements/and or conclusions that the student provides.

AO1 Knowledge and understanding of the use of social media may include:

- applications (apps) can be used to give information on potential diagnoses
- apps can also provide information on the management of conditions, alongside intervention treatments
- social media can provide a platform for the patient's voice
- social media offers opportunities to create communities of individuals with conditions to support each other
- social media can also be used for networking with other people
- social media, including apps, can be used for advertising.

AO2 Application of knowledge and understanding of the use of social media in the health sector may include:

- can be used for health promotion campaigns to raise awareness of conditions and their symptoms
- can be used as a platform to support in correcting misconceptions about health through advertising and promotional material
- used in crisis communication, for example during the COVID-19 pandemic the NHS shared information on 'staying home to stay safe'
- it is useful as a tool for monitoring public health, for example during the COVID-19 pandemic, an app was developed to track signs of the virus in the community
- services can advertise job vacancies on social media – this is cost effective and can be targeted at specific audiences
- can be used to report and share both good and bad care received in settings.

AO3 Analysis of the potential impact of the use of social media in the health sector may include:

- applications: the use of applications can be an opportunity to provide information on potential diagnoses to a patient, which would support them when attending medical appointments as they could have specific questions about their health status which empowers them and balances the power relationship between the practitioner and the patient, as the patient feels able to contribute to a discussion about their health. This does, however, rely on the validity of the application being used, as it may be inaccurate, and could have come from an unreliable source and not be fact checked. This could potentially undermine the practitioner-patient relationship as the patient 'self-treats' inappropriately based on what they have read. There are strict policies to follow about sharing personal information (for example, of patients) through these channels but these might not be maintained
- platform for patient's voice: online forums can be a useful source of support for people with conditions/illnesses, especially those which are life-limiting or not 'well known'. Suggestions for additional sources of support can be made, for example, particular charities, which could make the individual feel part of a community of people who understand their perspective. These forums at times have professionals that contribute, but many do not, which can be detrimental. Misleading information can be shared, perhaps accidentally, as we may not always know the full facts about someone's specific needs and reasons for clinical

decisions made. Individuals may decide to amend or stop treatment, without the guidance of their practitioner which could be detrimental to their health. Community comments can also be unhelpful and/or potentially inflammatory (such as anti vac) or a disgruntled employee may share unsuitable information having a negative effect on the purpose of the platform.

- health promotion campaigns: can be conducted entirely through social media and can raise awareness of conditions/their symptoms. Social media is also helpful for crisis communication when information needs to be shared quickly to limit the impact of an adverse health situation, such as the government’s ‘Hands, Face, Space’ campaign during COVID-19. Care must be taken to not solely rely on social media for health promotion campaigns as not all members of the community will have access to a smart phone, for example, low-income families, the elderly and not all members of the community use social media and so this could be unintentionally divisive and could create a barrier, as this means that some do not receive the information available to other people. Providers must take care to share evidenced-based practice and research and report inaccuracies to social media channels and others.

Reasoned judgements and conclusions may include:

- algorithms on different platforms may mean that even well-developed health promotion messages do not reach their target audience leading to a lack of engagement with the campaign which is less likely with face-to-face activities
- digital detox initiatives linked to mental health run counter to the promotion/development of social media for the health and science sector
- more information is needed for users about how the information they share and the engagement they have with health and science social media accounts is used. The NHS, for example, is a government department so is the information shared with other departments, such as Work and Pensions
- the impacts of social media need to be considered more widely and not just focus on health and science. Wider issues around safety, security and misinformation must be addressed.

Accept any other appropriate responses.

Note: Reasoned judgements may be awarded as part of the analysis or within the conclusions.

Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is clearly expressed and well-structured . The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured . The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured . The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively.

0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured , with inappropriate use of technical terms . The errors in grammar severely hinder the overall meaning.
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SAMPLE

Section C: Health and safety in the healthcare sector

**Total for this section: 22 marks
plus 3 marks for QWC**

14 (a)	Outline the purpose of the Health and Safety at Work etc Act 1974.	[1 mark]
14 (b)	Outline the purpose of the Control of Substances Hazardous to Health (COSHH) Regulations 1994.	[1 mark]

AO1 = 2 marks

Award **one** mark for each of the following:

Health and Safety at Work etc Act 1974:

- defines employers' responsibilities to protect the health, safety, and welfare at work (of employees, visitors, and clients) (1).

Control of Substances Hazardous to Health (COSHH) Regulations 1994:

- defines requirement for employers to control substances hazardous to health (by reducing or preventing employees' exposure to these substances) (1).

15	You are working in a hospital ward and have been asked to assist a female patient who is 4 hours post-op surgery. The patient needs to use the toilet. Due to the surgery, she is weak and unsteady on her feet. Identify one possible hazard and for this hazard, give one way you could minimise the risk of harm.	[2 marks]
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AO1 = 1 mark

AO2 = 1 mark

Award **one** mark for identifying **one** hazard (AO1):

- waste coming into contact with practitioner's skin (1)
- injury to patient/practitioner when moving them (1)
- cross-contamination (1)
- patient falling (1).

Award **one** mark for **one** way of minimising the risk of harm (AO2):

Waste coming into contact with practitioner's skin:

- rolling the patient on/off the bed pan (1)
- placing a cover on the bed pan (1)
- using a disposable apron/gloves/PPE (1).

Injury to patient/practitioner when moving them to place/remove the bed pan:

- getting the patient to lift their hips to position/remove the bed pan (1)
- rolling the patient on/off the bed pan (1).

Cross-contamination when wiping the patient's genital area:

- use disposable gloves (1)
- let the patient wipe themselves (1).

Patient falling as they walk to the toilet:

- using a bed pan (1)
- taking the patient to the toilet in a wheelchair (1).

Accept any other appropriate responses.

16 You work as a healthcare assistant in a nursing home. It is your employer's responsibility to follow the PPE (Enforcement) Regulations 2018.

Explain how the PPE (Enforcement) Regulations 2018 apply to the nursing home setting and discuss the limitations of the regulations for promoting health and safety in the nursing home.

Your response should include reasoned judgements.

[6 marks]

AO2 = 3 marks

AO3 = 3 marks

Band	Mark	Descriptor
3	5–6	<p>AO3 - Discussion of the limitations of responsibilities in promoting health and safety is comprehensive, effective, and relevant.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the limitations of the responsibilities in promoting health and safety are evident.</p>

		AO2 - Applied all relevant knowledge of PPE (Enforcement) Regulations 2018 to the given context.
2	3–4	<p>AO3 - Discussion of the limitations of the responsibilities in promoting health and safety is in most parts effective and relevant.</p> <p>Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of PPE (Enforcement) Regulations 2018 to the given context.</p>
1	1–2	<p>AO3 - Discussion of the limitations of responsibilities in promoting health and safety is in some parts effective and of some relevance, with some reasoning taking the form of generic statements</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of PPE (Enforcement) Regulations 2018 to the given context.</p>
	0	No creditworthy material

Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO2 – Application of responsibilities of the given context may include:

- provide PPE but only use as a last resort; all other controls must first be put in place. This is important because PPE only protects the user whereas other controls contribute to the health and safety of everyone
- risk assess all work activities to determine specific PPE requirements to support health and safety, as it ensures that PPE is fit for purpose on a specific task/specific user
- provide training for staff; this promotes health and safety as it helps to ensure that the PPE is used in the correct way which helps it to be effective
- put up safety signs as a reminder that PPE must be worn, this promotes health and safety as it will act as a useful reminder to healthcare assistants during a working day, when they are busy with numerous other tasks.

AO3 - Discussion of the limitations of responsibilities in following the PPE (Enforcement) Regulations 2018 in promoting health and safety in the form of reasoned judgements may include:

Providing PPE:

- the employer may make every provision for PPE but visitors to the nursing home/staff may not comply
- PPE only protects the person wearing it, whereas measures to control the risk at source protects everyone in the nursing home
- staff come to rely on PPE as their preventative measure and may not follow through other control measures
- PPE will only be fit for purpose if compatible with other pieces of equipment - this can be difficult as, for example, some respirators make it difficult for eye protection to fit properly
- replacement PPE is an added expense and may be something that is deemed unnecessary with budget constraints and therefore may not be available for every eventuality.

Carrying out risk assessments:

- this requires forensic knowledge of all work activities that take place, and relies on an individual within an organisation understanding the role and functions of each component part of that organisation in order to determine the required PPE
- state of health checks for employees to ensure that PPE is suitable for individual users relies on members of staff sharing their health status and needs which they may be uncomfortable sharing
- it is hard to assess the level of protection offered by PPE because it depends on how it fits the individual healthcare assistant and if it is maintained and used correctly
- PPE may restrict the healthcare assistant, to some extent, by reducing mobility/visibility or by requiring additional weight to be carried which then creates additional hazards that need to be risk assessed and managed.

Providing ongoing training:

- this is an additional cost which smaller providers may struggle to meet
- this will only be valid if employees attend and follow through the training in practice; employers should check learning has taken place by following up with the employee afterwards by monitoring how effective the training has been by carrying out observations
- training can be backed up with the use of safety signs stating that PPE must be worn; these must be clearly displayed. Such signs are a helpful reminder to busy staff, however, developing this information so that it is accessible to all stakeholders could be difficult to achieve due to differing individual needs.

Accept any other appropriate responses.

- 17** Tom is 84 years old and after a long stay in hospital is being discharged. Tom struggles with his mobility.
- The discharge team note that Tom lives alone and has support from his son and daughter.
- Give **three** types of support which could help Tom's continued recovery at home.

[3 marks]

AO2 = 3 marks

Award up to **one** mark for each explanation of how this will support recovery, up to a maximum of **three** marks:

- mobility adaptations to Tom's home – promotes Tom's independence (as he can continue to be mobile) and will support his physical health/mental wellbeing (1)
- short-term home care will get Tom in and out of bed – this supports Tom's physical recovery as he has an improved night's sleep (as he can sleep in his own bed) (1)
- hospital transport – this supports Tom's health and safety by reducing the risk of Tom being injured through being inappropriately transported home (1)
- a care-needs assessment – will consider Tom's social and emotional needs to ensure he has social support. This promotes Tom's recovery as social support has a positive impact on good mental health and recovery from injury (1)
- Tom's 'expected date of discharge' will be shared – this supports Tom's wellbeing as his son and daughter can support him by preparing for him coming home (for example, that the house is warm/there is food in the house) (1).

Accept any other appropriate responses.

18 Discuss the practices used in hospitals for infection prevention and control to comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and the Hazardous Waste Regulations 2005.

Your discussion should include:

- explanations of the regulations
- the impact of not following these practices
- analysis of the external factors that could lead to these practices not being followed.

[9 marks plus 3 for QWC]

AO1 = 3 marks
AO2 = 3 marks
AO3 = 3 marks

Band	Mark	Descriptor
3	8-12	<p>AO3 - Discussion is comprehensive, effective and relevant, showing detailed, logical and coherent chains of reasoning throughout.</p> <p>Informed analysis that is fully supported with rational and balanced judgements that consider the ineffectiveness of inefficient or inappropriate intervention are evident.</p> <p>AO2 – Applied all relevant knowledge of the COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 and how these regulations could be applied in practice to infection control and prevention techniques.</p> <p>AO1 - Knowledge and understanding of COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and/or depth of understanding.</p>
2	5-8	<p>AO3 - Discussion is in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>Analysis supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of the COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 and how these regulations could be applied in practice to infection control and prevention techniques.</p>

Band	Mark	Descriptor
		<p>AO1 - Knowledge and understanding of COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 is mostly clear and generally accurate, although on occasion may lose focus. The answer demonstrates reasonable breadth and/or depth of understanding, with occasional inaccuracies and/or omissions.</p>
1	1-4	<p>AO3 - Discussion is in some parts effective and of some relevance, with some understanding and reasoning taking the form of generic statements with some development. Brief analysis supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of the COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 and how these regulations could be applied in practice to infection control and prevention techniques.</p> <p>AO1 - Knowledge and understanding of the COSHH Regulations 2002 and the Hazardous Waste Regulations 2005 shows some but limited accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and/or depth of understanding, with inaccuracies and omissions.</p>
	0	No relevant material.

Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some or none of the points included in the indicative content as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO1 and AO2 will be implicit through the level of evaluation and reasoned judgements/and or conclusions that the student provides.

AO1 Knowledge and understanding of COSHH 2002 may include:

- aims and purpose in respect of infection prevention and control:
 - purpose is to minimise the risks associated with hazardous substances
 - aims to reduce the number of people who become ill through exposure to hazardous substances.

AO2 Application of knowledge and understanding of practice to promote infection prevention and control that a student may evaluate include:

- compile an inventory of hazardous substances
- ensure that COSHH assessments are carried out by competent persons
- ensure that all COSHH assessments are collated in an accessible COSHH folder.

Consideration of practice in relation to the COSHH 2002 may include:

- an inventory of hazardous substances will ensure that specific strategies are in place that address the unique nature of the substance for that setting. However, this inventory is not necessarily a complete record as, for example, it does not include materials that are hazardous purely because of their physical properties, such as nuclear waste medicine
- 'competent persons' are in place to perform risk assessments which ensures that all work-related activities are checked for safety which in turn protects individuals. Smaller providers may have to 'buy in' this service and it can be difficult to ascertain the competency of the contractors as they are not employees
- there is a COSHH folder that is accessible to all employees, so they can check information prior to commencing a work-related activity to ensure their own safety and that of others. This open accessibility does however mean that information can inadvertently be deleted, so it is important to have non-delete/amend settings.

AO1 Knowledge and understanding of Hazardous Waste Regulations 2005 may include:

- aims and purpose in respect of infection prevention and control:
 - purpose is to avoid co-disposal, the mixing of hazardous with non-hazardous materials in landfill
 - aims to ensure that all hazardous waste is pre-treated so that the duty of care to all individuals is promoted.

AO2 Application of knowledge and understanding of practice in relation to Hazardous Waste Regulations 2005 may include:

- ensure waste falls within the terms of the waste contractors waste management licence or permit
- ensure that contractors are treated as employees with regards to health and safety
- a healthcare waste policy must be in place.

AO3 Consideration of techniques in relation to Hazardous Waste Regulations 2005 may include:

- the specific type of waste created must be within the terms of the organisation's waste management licence so that the materials are disposed of in the safest and most appropriate way, which does not harm people or the environment. This licence is only demonstrating compliance at a specific point in time however, so additional checks should be in place
- contractors are legally required to be treated as employees for the purposes of health and safety so that they can access health and safety training in the same way as their 'employed' colleagues. The sanctions for non-attendance may be more difficult to impose on a contractor however and it is unclear how employment legislation covers this
- healthcare waste policies are in place which are regularly reviewed to check roles and accountabilities at each stage of the process; whilst a greater number of people being involved in the process may distribute the workload, it can introduce human error into the chain as it not an individual's overall responsibility.

Reasoned analysis may include:

- it is important that we legislate to enforce specific duties onto organisations so that people are kept safe, however, we must also make sure that systems are in place (externally) to check that this is being followed by providers. The role of an external auditor needs to be empowered enough to be able to impose sanctions for unacceptable standards
- a challenge faced by providers in trying to evaluate their own techniques for infection prevention and control is that within the statutory framework, as there is no benchmark standard for the level of competency needed by an individual to determine acceptability or otherwise of systems in place. The judgement of competency is subjective
- within the context of reduced government funding for all public services (through austerity measures), non-frontline/visible services may be more susceptible to cuts and therefore even with the existence of legislation, compliance is not ensured
- the techniques to be followed by colleagues within a setting may, in themselves, be suitable to ensure appropriate levels of infection prevention and control, however, they inevitably rely on human compliance, which has the capacity for errors and flaws into a well-designed system/procedure.

Accept any other appropriate responses.

Note: Reasoned analysis may be awarded as part of the analysis or within the conclusions

Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is clearly expressed and well-structured . The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured . The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured . The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning. A limited range of appropriate technical terms are used effectively.
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured , with inappropriate use of technical terms . The errors in grammar severely hinder the overall meaning.

Section D: Person-centred care in the healthcare sector

**Total for this section:30 marks
plus 3 marks for QWC**

19 Briefly describe **one** early symptom of Alzheimer’s disease.

[1 mark]

AO1 = 1 mark

Award **one** mark for any **one** of the following:

- short-term memory lapses (1)
- difficulties with following a plan, such as a recipe (1)
- difficulties with spatial awareness (1)
- struggling with vocabulary finding it difficult to find the right words (for something familiar) (1)
- misplacing something and being unable to go back over their steps to find it (1).

Accept any other appropriate responses.

20 State **one** physical change that may indicate someone is nearing the end of their life and give the reason for this change.

[2 marks]

AO1 = 2 marks

Award **one** mark for the identification of a physical indicator of the dying phase:

- breathing changes (1)
- skin colour changes (1)
- reduced fluid intake/dryness to mouth and lips (1)
- decreased urine output (1).

Award **one** mark for a reason for the physical change:

- breathing changes – as a person is unable to clear fluid from throat (1)
- skin colour changes – as reduced oxygen supply is primarily provided to vital organs (1)
- reduced fluid intake/dryness to mouth and lips – as hunger and thirst declines (1)
- decreased urine output – due to reduced oral intake and impaired renal function (1).

Accept any other appropriate responses.

21 88-year-old Raya fractured her hip in a fall in her care home and was taken to accident and emergency (A&E). A&E admitted Raya onto the orthopaedic ward, dehydrated and in pain with a grade 2 pressure sore on her right heel. A&E had not documented the pressure sore. Raya was administered pain relief and fluids, as prescribed by A&E 6 hours earlier.

Give **two** safeguarding actions that should be carried out, and for each, explain **two** reasons why they are necessary for Raya.

[6 marks]

AO1 = 2 marks

AO2 = 4 marks

Award **one** (AO1) mark for each safeguarding action identified, up to a maximum of **two** marks:

- preserve evidence (1)
- communicate with patient (1)
- reporting of the incident (1).

For **each** safeguarding action, award up to **two** (AO2) marks for each explanation of a reason why they are necessary for Raya, up to a maximum of **four** marks:

- to document facts/specific observations of the grade 2 pressure sore/pain/dehydration/ulcer/timelines/observation charts/clinical photography of ulcer/records of delay for IV/pain administration (1) (AO2)
- this will support an (safeguarding) investigation to understand the nature and extent of Raya's neglect (1) (AO2)
- to ensure that both Raya and the practitioners have shared understanding of what has happened (1) (AO2),
- allowing for disclosure of safeguarding concerns/enables Raya to discuss other concerns that do not present physically (1) (AO2)
- This will trigger a formal investigation and reduce the likelihood of this happening to her again, and if there have been deficiencies in her care, these are addressed (1) (AO2).

Accept any other appropriate responses.

Note: Do not accept answers which include 'ability to challenge authority' before the three previous responses, as although part of safeguarding procedures, should not have been prioritised above preserving evidence, reporting, or communicating.

Note: Do not accept answers that do not indicate the importance of procedures from Raya's perspective of protection from harm in favour of student prioritisation of following necessary procedures from a service orientated perspective.

22 Samira is a 72 year old widow receiving palliative care at home for uterine cancer. Her son, Amir, lives in the home and is her main carer. You are her community nurse and Samira tells you she accepts dying but is worried about Amir.

Amir tells you he is very anxious about his mother dying in pain as she is not able to swallow her medication. He has also expressed concerns about her dying alone.

Describe **three** ways you could address Amir's specific concerns.

For **each**, describe how you would check the effectiveness of the intervention.

[6 marks]

AO2 = 6 marks

Award **one** mark for each example of provision up to a **maximum** of **three** marks which should include concerns about Samira being a) in pain and b) alone at the end of life:

- providing written information that Amir can read about specific care actions for Samira to help with swallowing treatment options/care available/preparing for his mother's death (1)
- involving Amir in the creation/adaptation/decisions of his mother's care plan for the treatment/management of her condition (1)
- talk to Amir about hospice support and how this may help to ease his concerns (1)
- talk to Amir about pain management and how he can monitor his mother's condition to help manage her pain (1)

Award **one** mark for each means of checking the effectiveness of an intervention up to a **maximum** of **three** marks:

- using patient voice surveys (1)
- a 'friends and family test' (such as how likely are you to recommend) (1)
- by the Care Quality Commission (CQC) during an inspection/through asking Amir's thoughts and views about the care planning, measuring his satisfaction at the start (of the meeting) and then at the end (once the plan is created/amended) (1)
- an anxiety survey after specific interventions have been put in place asking him to rate his anxiety levels at the start (of support) and after a specified time (1).

Accept any other appropriate responses.

23 Stephen is 25, has Down's syndrome and lives with his parents.

Charles is Stephen's key worker and has supported him to get a part-time job at a local supermarket, where Stephen has started a relationship with co-worker Gail. Stephen has confided in Charles that he would like a sexual relationship.

Stephen's mother, Marie, has contacted Charles to suggest that Stephen should stop working at the supermarket because then he would not be able to meet Gail. Marie believes Stephen is not capable of fully understanding the sexual health risks or dealing with the emotions and other consequences of sexual intimacy.

There are five principles of the Mental Capacity Act (2019).

Explain how **two** of the principles would support Stephen in a person-centred way. Give justifications for your answer.

[6 marks]

AO3 = 6 marks

Award **one mark** for each justification of each principle, up to a **maximum** of **three** marks (2X3)

The Five Principles:

Principle 1: (assumption about incapacity, unless proven otherwise)

- will support Stephen by ensuring he can (demonstrate capacity) safely choose sexual partners/determine whether sexual intercourse is consensual (1), be capable of protecting from/reduce the risks of sexually transmitted infections/unwanted pregnancy (1), cope with the consequences of unplanned pregnancy/contraceptive failure/ending of relationships (1).

Principle 2: (people should not be treated as incapable of making decisions unless all practicable steps have been tried to help them)

- the provision of individualised support to Stephen will ensure he can develop safe sexual relationships (1). Educating Stephen on matters of sexual health protection/sexual harm prevention/sexual and relationship wellbeing/risks associated with sexual and emotional relationships (1), using the two stage test of capacity will allow Stephen to demonstrate the level of understanding required (of the specific decisions he has to make) (1).

Principle 3: (a person should not be treated as incapable because their decision seems unwise)

- this will enable Stephen to develop relationship knowledge and resilience even with risks of emotional hurt (1). Supporting Stephen's choice of partner reminds health professionals to assess the capacity of the individual (1) reducing the risk of exploitation where this is evident (1).

Principle 4: (always make decisions and take action for people without capacity in their best interest and not to place primacy on interests of others)

- if the capacity assessment of Stephen indicated limitations, explore nature and mitigation of risks/apply for a deprivation of liberty safeguard (DoLS) to support (1). DoLS order would protect Stephen (if risks are deemed to be so great as to overrule his right to sexual freedom) as it ensures decisions are reviewed while protecting Stephen from harm during the period of the order (1) undertaking the two-stage test of capacity correctly will ensure the assessment perspective covers all relevant issues because of the requirement to ensure Stephen can understand (1).

Principle 5: (before making a decision or completing an action on someone's behalf, consider whether the outcome could be achieved in a less restrictive way)

- there is a risk Stephen would not understand non-consensual sex/sex with a vulnerable adult is unlawful exposing others to potential harm (1). Stephen may require a care and support programme of short and long-term goals (1), this will ensure additional arrangements are made for Stephen; necessary for the prevention of harm (and proportionate to severity) (1).

Accept any other appropriate responses.

24	<p>Dorothy is a 68 year old woman and has recently been diagnosed with type 2 diabetes. She typically consumes over 3000 kcal per day, is overweight and has a body mass index (BMI) in the obese range.</p> <p>Dorothy enjoys gardening, baking and family time with her grandchildren. She relies on her car to get around, even locally, and does not take regular exercise.</p> <p>In the evening, Dorothy likes to have a few glasses of wine whilst watching TV.</p> <p>There are several lifestyle factors which are affecting Dorothy's health.</p> <p>Evaluate the lifestyle changes Dorothy could make to improve her diabetes and overall health and wellbeing.</p> <p>Your response should demonstrate:</p> <ul style="list-style-type: none">• justification for recommended lifestyle changes• conclusions about the overall benefits of these lifestyle changes. <p style="text-align: right;">[9 marks, plus 3 marks for QWC]</p>
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AO1 = 3 marks

AO2 = 3 marks

AO3 = 3 marks

Band	Mark	Descriptor
3	7–9	<p>AO3 - Evaluation of the lifestyle changes is comprehensive, effective, and relevant, showing detailed, logical and coherent chains of reasoning throughout.</p> <p>Informed conclusions that are fully supported with rational and balanced judgements that consider the overall benefits of the lifestyle changes are evident.</p> <p>AO2 - Applied all relevant knowledge of lifestyle factors to the given context (such as changes Dorothy should make to improve her diabetes and overall health and wellbeing).</p> <p>AO1 - Knowledge and understanding of lifestyle factors which are affecting Dorothy’s health and the changes she must make is clear and fully accurate with sustained focus.</p> <p>The answer demonstrates comprehensive breadth and depth of understanding.</p>
2	4–6	<p>AO3 - Evaluation of lifestyle changes are in most parts effective and mostly relevant, showing mostly logical and coherent chains of reasoning.</p> <p>Conclusions supported by judgements that consider most of the relevant arguments are evident.</p> <p>AO2 - Applied mostly relevant knowledge of lifestyle factors to the given context (such as changes Dorothy should make to improve her diabetes and overall health and wellbeing).</p> <p>AO1 - Knowledge and understanding of lifestyle factors which are affecting Dorothy’s health and the changes she must make is mostly clear and generally accurate, although on occasion may lose focus.</p> <p>The answer demonstrates reasonable breadth and depth of understanding, with occasional inaccuracies and/or omissions.</p>
1	1–3	<p>AO3 - Evaluation of lifestyle changes are in some parts effective and of some relevance, with some reasoning taking the form of generic statements with some development.</p> <p>Brief conclusions supported by judgements that consider only basic arguments and show little relevance to the question aims are evident.</p> <p>AO2 - Applied limited knowledge of lifestyle factors to the given context (such as changes Dorothy should make to improve her diabetes and overall health and wellbeing).</p>

Band	Mark	Descriptor
		<p>AO1 - Knowledge and understanding of lifestyle factors which are affecting Dorothy's health and the changes she must make shows some accuracy, focus and relevance.</p> <p>The answer is basic and shows limited breadth and depth of understanding, with inaccuracies and omissions.</p>
	0	No creditworthy material

Indicative content

Examiners are reminded that the indicative content reflects content-related points that a student may make but is not an exhaustive list, nor is it a model answer. Students may make all, some, or none of the points included in the indicative content, as its purpose is as a guide for the relevance and expectation of the responses. Students must be credited for any other appropriate response.

AO1 and AO2 will be implicit through the level of evaluation and reasoned judgements/and or conclusions that the student provides.

AO1 Knowledge and understanding of lifestyle factors which are affecting Dorothy's health and the changes she should make may include:

Lifestyle factors:

- body mass index (BMI) – known relationship between BMI high calorie diets and increased circulating blood glucose
- alcohol consumption – influence of alcohol intake on additional consumption of calories from sugar
- physical activity – impact of low physical activity on energy metabolism and blood glucose (elevated levels).

Changes:

- dietary
- reduced alcohol consumption
- increased physical activity.

AO2 Application of knowledge and understanding of the changes she should make that will improve her diabetes and overall health and wellbeing may include:

Dietary - will reduce need for medications by preventing deterioration in insulin production to manage diabetes, and provide other health benefits by:

- ensuring effective nutrition including a balance of macro and micronutrients
- ensuring food does not have contraindications with any medication she is taking
- accepting dietary recommendations to meet health conditions such as a diet on the low glycemic index:

- using equipment where appropriate to support herself in eating independently, such as dietary information sheets
- ensuring adequate hydration – such as fluids low in sugar low alcohol consumption.

Reduced alcohol consumption - lower sugar/glucose intake; less load on organs (liver, kidneys) which if uncontrolled hyperglycaemia leads to organ failure and if managed reduces disease burden on the body.

Increased physical activity- will reduce excess circulating glucose benefitting:

- diabetes – increasing activity can reduce requirement for oral hypoglycemics to manage diabetes
- reduces insulin resistance as lowers blood glucose
- utilisation of excess energy production and less storage of fats (lipids)
- increased physical and mental wellbeing – muscle tone; strength; reduced anxiety
- general health including hypertension, heart disease and liver disease.

A03 - Evaluation of the changes she should make to improve her diabetes and overall health and wellbeing may include:

Body mass index (BMI) – dietary:

- calorie intake from dietary and alcohol intake needs to be managed as part of a balanced diet of carbohydrates, fats, proteins, and micro-nutrients in the short-term to reduce blood glucose levels to within normal limits. If she remains overweight, obesity increases the risk of developing a range of diseases, including worsening type 2 diabetes.

Alcohol consumption - reduced alcohol consumption:

- lower sugar/glucose intake means less load on organs (liver, kidneys) which if uncontrolled hyperglycemia leads to organ failure, and if managed reduces disease burden on the body, the impact on diabetes of not reducing alcohol consumption includes worsening diabetes and increased need for medication (oral hypoglycemia) and/or insulin
- depending on the amount of alcohol consumed it will have either positive or negative effects on her general health including her heart, kidneys, brain, liver and pancreas; the negative effects, including hypertension, could result in a weakened immune system, increasing the risk of infections and poorer healing and weakened bones, increasing risk of fractures and breaks.

Physical activity - increased physical activity:

- increased physical activity will reduce excess circulating glucose benefitting her diabetes
- increasing activity can reduce the requirement for oral hypoglycemics to manage diabetes, as calories utilised during exercise are stored and fat can be metabolised as a source of energy
- utilisation of excess energy production and less storage of fats (lipids), lowers cholesterol and reduces hypertension and load on organs

- low physical activity will mean that the consumption of glucose, carbohydrates and fats may exceed the amount required for energy metabolism and maintain high (or increase) blood glucose levels:
 - low activity as a risk factor for a range of long-term conditions including worsening type 2 diabetes, hypertension, heart disease
 - links to anxiety and depression intervention as this could have implications on deteriorating physical condition
 - relationship between physical activity and self-esteem, and improved quality of life.

Conclusions may include:

- there is evidence of the condition being reversible; reducing future need for oral hypoglycemic treatments or insulin; reducing uncontrolled diabetes will prevent deterioration of other organs and body systems; and could improve overall physical and mental health
- long-term associations of the impact of obesity with type 2 diabetes and its associations with other conditions such as hypertension, cancer, heart/kidney disease and muscular-skeletal disorders should be addressed as a priority for intervention
- benefits versus drawbacks – acknowledging the difficulties of lifestyle behaviour change and supporting Dorothy’s current preferences by adopting alternative thinking about current activity and making small incremental changes, for example, walking on certain days instead of driving, altering baking recipes to lower fat/sugar content, reducing wine consumption to social occasions, incorporating activity within family/friendship networks, such as increasing physical activities with grandchildren
- incorporating/monitoring lifestyle changes should be recommended to educate on effect of changes on diabetes and its management, such as seeing the changes in blood glucose/weight/cholesterol will support Dorothy to understand and see the benefits of the changes being made
- making every contact count (MECC) policy whereby all health professional encounters support and guide on health promoting behaviours to support incremental lifestyle behaviour change
- acknowledging existing positive behaviours such as good social networks, supporting family childcare, gardening, would support as means to developing further positive lifestyle behaviour changes.

Accept any other appropriate responses.

Quality of written communication (QWC) = 3 marks

Mark	Descriptor
3	The answer is clearly expressed and well-structured . The rules of grammar are used with effective control of meaning overall. A wide range of appropriate technical terms are used effectively.
2	The answer is generally clearly expressed and sufficiently structured . The rules of grammar are used with general control of meaning overall. A good range of appropriate technical terms are used effectively.
1	The answer lacks some clarity and is generally poorly structured . The rules of grammar are used with some control of meaning and any errors do not significantly hinder the overall meaning.

	A limited range of appropriate technical terms are used effectively.
0	There is no answer written or none of the material presented is creditworthy. OR The answer does not reach the threshold performance level. The answer is fragmented and unstructured , with inappropriate use of technical terms . The errors in grammar severely hinder the overall meaning.

SAMPLE

Assessment Objective Grid

Section A

Working in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
1	1*					1
2	1	2				3
3 (a)		1				1
3 (b)		3				3
3 (c)			3			3
4	3		3			6
5		3				3
6	1*					1
7	3	3	3	3		12
Total	9	12	9	3	0	33
Totals required	7–9 marks	12–14 marks	9–11 marks	3	0	33
Kil	2					

Section B

Managing personal information and data in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
8	1*					1
9		2				2
10		3	3			6
11	1	2				3
12	1*					1
13	3	3	3	3		12
Total	6	10	6	3	0	25
Totals required	5-7 marks	8–10 marks	6–8 marks	3	0	25
Kil	2					

Section C

Health and safety in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
14(a)	1*					1
14(b)	1*					1
15	1	1				2
16		3	3			6
17		3				3
18	3	3	3	3		12
Total	6	10	6	3	0	25
Totals required	5-7 marks	8-10 marks	6-8 marks	3	0	25
Kil	2					

Section D

Person-centred care in the healthcare sector

Question Number	AO1	AO2	AO3	QWC	Maths	Total
19	1*					1
20	2*					2
21	2	4				6
22		6				6
23			6			6
24	3	3	3	3		12
Total	8	13	9	3	0	33
Totals required	7-9 marks	12-15 marks	9-11 marks	3	0	33
Kil	3					

Knowledge in Isolation (Kil*) = 9 marks total

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Owner: Head of Assessment Design

Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Published.		2020
v1.1	NCFE rebrand.		September 2021
v1.2	Sample added as a watermark	November 2023	21 November 2023