Chief Examiner and Chief Moderator Report

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

Summer 2025 – occupational specialism (OS) Supporting the Midwifery Team

Introduction

Summer 2025 – occupational specialism (OS) Supporting the Midwifery Team

Assessment dates: **10 March 2025 to 13 June 2025**

Paper number: **P002734, P002730, P002735 and P002736**

This report contains information in relation to the externally assessed component provided by the chief examiner and chief moderator, 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

Grade boundaries for the series are:

	Overall
Max	380
Distinction	316
Merit	241
Pass	167

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

For further detail on how raw marks are scaled and the aggregation of the OS element, 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

External assessment

Assignments 1 and 3

Overall, students demonstrated a good standard of responses with some variety seen in their ability to answer the questions effectively. Most students had answered all questions across the assessments and there were some excellent examples at distinction level. Students appeared to answer the earlier questions in both written assignment 1 and discussion assignment 3 well, but by later questions their responses were less well considered. To better prepare students for this assessment, providers need to ensure students understand the importance of taking time at the beginning to read through all questions and manage their time. This way they can answer all questions to the same standard and level of detail to maximise their potential.

Moderated assessments

Assignment 2 – Part 1 and Part 2

Assignment 2 is split into two sections: Supporting Healthcare Assignment 2 Practical Activities – Part 1, followed by Supporting the Midwifery Team Assignment 2 Practical Activities – Part 2. These assessments are internally assessed at provider premises through simulated performance. The provider appoints their own assessors and external moderation is carried out by NCFE-appointed moderators. Most students were well prepared for the assessments. The best evidence providers ensured that all available equipment was available, and that the standardised patients participating in the simulations were adequately briefed and prepared to play their role consistently.

The 2025 cohort have performed well in assignment 2, and it is evident that many students have benefited from time in industry placement and from simulation opportunities organised by providers. Part 1 and 2 assessment scenarios are unknown to the students and they need to be prepared for any scenario. The students who scored higher were able to consider the task holistically and demonstrate not only the scenario-specific skills required in each task, but also interweave the appropriate skills required to complete the scenario successfully to a high quality.

Students who scored lower marks lacked consistency within their practice and did not always fully complete all parts of each scenario. Often, communication skills with the patient or others involved, and poor or incomplete written documentation were factors impacting on the awarding of higher marks.

In a minority of cases, standardised patients or assessors were not fully compliant with the provider brief. This occasionally restricted the opportunity for students to interact and demonstrate both scenario-specific skills and the skills relevant to patient-centred care.

Evidence creation

External assessments

Assignment 1 and 3

Overall, students answered the questions well. An error seen on some work was that responses were generally stronger and more considered in questions 1 and 2, whereas less time and consideration had been taken with questions 3 and 4. Some students had used bullet points in their answers that meant they listed examples without providing the required context or depth as asked for in the task. Students need to demonstrate that they can read the question and understand the command verbs such as ‘explain’ and ‘evaluate’, as well as what is being asked of them, for example ‘write a summary’ or ‘create

a postnatal care plan', to ensure they are meeting the objectives fully in their responses. There is further advice and guidance regarding command verbs on the NCFE website, please see Command verbs.

Some students appeared to find the questions challenging because they had not understood what the questions were asking. Students would benefit from practice in answering longer questions that are asking for full responses. Students need to be aware that they need to ensure all aspects of the questions are considered, as some responses showed students had read the questions and focused on one aspect of the brief and missed other aspects.

The evidence provided for assignment 1 was to a good standard with no issues identified with the Microsoft Word documents. There was some variety in spelling, punctuation and grammar (SPaG) amongst students where it was clear that extra support needs were potentially required but nothing had been declared. Providers need to ensure students are provided an opportunity to develop their digital and English skills to a good standard so that they are not disadvantaged in the assessments.

For assignment 3, there was a wide variety in quality of the audio-visual recordings. Some had very poor sound, with contamination from the environment that the assessments were being conducted in. Providers need to ensure that students can sit their assessment in a quiet room with minimal noise and disruption to avoid potential distractions. Where there is an unavoidable need to have multiple assessments in the same room, providers need to consider either staggering the times or ensuring that the students are separated by barriers that can absorb sound. Avoid using curtains to separate students as there was significant noise disturbance between the students where a curtain was used to separate multiple assessments within a room. There were some responses where the behaviour of the discussion supervisor was not fully on the task in hand. For example they were focusing on other things in the room whilst the student was speaking, which was seen to be distracting the students. When undertaking the role of discussion supervisor, it is important that tutors are mindful of being on camera, ensuring that they are giving the student their full attention and displaying active listening skills in their verbal and non-verbal communication. Disengaged tutors appeared to have a negative impact on the confidence of the student.

Moderated Assessments

Supporting Healthcare Assignment 2 Practical Activities – Part 1

Supporting the Midwifery Team Assignment 2 Practical Activities – Part 2

Assignment 2 relies on the evidence uploaded by each provider. It is essential that complete evidence for both parts 1 and 2 is uploaded to the evidence portal. Providers must also ensure all evidence for each student is retained as per the Provider Guide instructions. In some cases, it may be appropriate to extend sampling and if this is the case, moderators must be able to see all the evidence requested. The evidence checklists have been used and uploaded as required by some providers this year, but not by all. These are important to help identify any issues with evidence; for example, if a recording had to be stopped and restarted due to a camera malfunction, or if some evidence had been corrupted.

There was a lot more missing evidence this year which led to delays with the moderation process. The checklists should be used by all providers and uploaded with your evidence. Evidence consists of the student Assignment Brief / evidence booklet, complete video recordings of all scenarios, an assessor narrative on the observation and justification for marks awarded, and the marks completed for scenario-specific skills and underpinning skills.

Page 4 of the Assignment Brief has a student submission form to complete, and this was left blank by some students. In the future, please advise students that this page must be completed and signed as part of their evidence submission and regulatory requirement.

It is important to remind students that they should present themselves as if they were working in the care setting; we saw a range of clothing that would be inappropriate to wear if working in healthcare. They should be bare below the elbows and jewellery (for example, bracelets) should be removed. Also, it is advised that long false nails are not worn as they constitute an infection risk and would not be allowed in clinical care. Hair should also be tied up.

Across the range of evidence, a varying quality of administration was seen. In the most comprehensive examples, all evidence was uploaded as required and each piece was labelled clearly; Assignment Brief evidence booklets were completed, scanned and uploaded. Video best practice included for each scenario: a complete recording with an introduction naming the student and provider; the five minutes reading time; the actual task simulation including handwashing, donning and doffing Personal Protective Equipment (PPE); communicating results and explaining them to the patient, depending on the task; notes completion; and finally the assessor asking the student ‘can you confirm you have finished this task?’. The better assessor narratives were comprehensive and matched closely what could be seen in the video recordings.

Templates for the assessor observation of skills recording forms were provided and in most cases were used well. A minority of providers had attempted to replicate the awarding criteria within their narrative, which is not what is asked for within the Provider Guide. The use of some of the descriptors, such as basic, good, outstanding, does help the moderator understand where the marks have come from. The use of these phrases is helpful, but it needs to be supported with evidence via specific examples of performance that will support the assessment decision or justify the outcome.

Less robust evidence included partial or missing recordings. It is not sufficient for students to announce they have previously washed their hands for a task where handwashing equipment has been supplied. We expect to see them doing this thoroughly and then using PPE, if it is in the equipment list. Some recordings were obscured by the positioning of the camera as the student might have their back to it or be completing some of the tasks outside of the camera angle. The audio quality should be checked beforehand to ensure other assessments going on in nearby areas are not compromising the quality of the recording.

Written evidence required in the scenarios differs depending on the task. In general, this was an area where many students could have performed better, ensuring all areas requiring completion were completed to the standard that would be expected of them at this level in industry. Depending on the scenario, it should be an accurate reflection of what care has been provided, what observations have been made, any deviations from the normal and appropriate actions taken. These documents should be of use to the ongoing care team.

Responses to the external assessment tasks

Assignment 1

Task 1: this task asked students to produce a report to help the midwife support Angela through her pregnancy and to share with appropriate multidisciplinary team (MDT) members. They needed to include information about any specific risk factors and the potential impact of these on the pregnancy, labour and postpartum periods. Maternal age and mental ill health were two of the main risk factors and the higher scoring students included information about all areas of the question, with a good balance between physical and emotional factors. Those who achieved lower marks often used bullet points to list information with no explanation and often missed sections of the question. Examples of this were missing out information about potential referrals and signposting information to support Angela or not being clear about the pathway Angela would be managed on, because of her risks. Another area not completed so well was the explanation of the physiological implications of her age, with many only

adding enough detail to demonstrate moderate understanding. More practice at effectively reading the questions and providing full detailed answers would support future students to achieve higher marks.

Task 2: in this task students were asked to write a summary of Angela's labour and birth options. They were to include different birthing environments, the roles and responsibilities of healthcare professionals working in them, methods of delivery, monitoring, support and care available to Angela, actions Angela could take to make her feel more in control and comfortable and finally what impact induction might have. The lower scoring students often missed out sections or partially answered them. The final part regarding induction of labour was challenging for many. It appeared to have been added as an afterthought rather than woven into the evidence and with very little detail. Again, effective reading of the questions and ensuring all areas are given time would have enhanced the marks for these students. Higher scoring students included explanations about changes to types of monitoring required. For example, if oxytocin is used, when there is no option to stay at home if being induced, that pain relief might need to be stronger and the reasons why, how a longer stay in hospital is often required due to it possibly being a lengthy process, and the implications if the induction is not successful.

Task 3: here students were asked students to use the provided case stimulus materials and summarise the physiological measurements and observations as well as devise a care plan for Angela. Higher scoring students did this task well with a full and accurate analysis of the physiological measurements, whether they fall in the expected ranges, and what those ranges are. They could also explain the fluid chart is a snapshot in a 24-hour assessment and explain what it currently indicates. There were some fantastic examples of detailed care planning where students identified appropriate goals, set SMART targets and had correctly suggested actions and who should do them alongside a realistic monitoring strategy.

Lower scoring students were weak in terms of care planning. They often had lots of repetition in their care plans with no SMART targets identified, their consideration of other monitoring such as lochia, and emotional needs was also lacking detail or missed altogether. More time spent on care planning for future students would be advantageous, as this skill will always be required within their summative assessments.

Task 4: for this task students were to write a report about a postnatal support visit to Angela at home. They had to evaluate current concerns about breast feeding and mental health and suggest how these could be resolved. Why it is important to address these concerns, and the support Angela might have at home were also required. Only a minority of students were able to link physical and psychological support needs into a comprehensive report. Those receiving higher marks clearly identified the impact Angela's mental wellbeing can have on the successful establishment of breastfeeding. There was also detailed suggestions for positioning and attachment and a breakdown of how this support would be provided. The roles of other members of the multidisciplinary team and what they could do to support Angela were also included. They were also very clear about their own role limitations as a maternity support worker.

Lower scoring students occasionally did not pick up on the concerns around jaundice and mental wellbeing, concentrating only on breastfeeding.

The standard of English, mathematics and digital skills was good overall. Most students were able to construct an answer that could be understood and linked to the question. There was evidence of mathematical skills in terms of the student's ability to summarise the charts and draw conclusions from the data effectively, with some minor errors. Digital skills were evident in that the responses were word processed and were formatted correctly with only minor errors.

Overall, the responses to this assessment were of a good standard. The responses to all questions were good and showed a satisfactory level of knowledge and skills in relation to the scenario provided. It was clear where students have had a positive placement or theoretical learning experience in maternity care

as they had developed a good understanding of the issues being discussed in this assessment. Their use of terminology is generally effective and shows they have had exposure to related discussions and / or experiences in placement.

Assignment 2 practical activities part 1 - Supporting Healthcare (Core)

Scenario 1: this task required the student to take the physiological measurements of a 58-year-old man attending for a 6-monthly diabetes check-up. They then had to record the consultation on the GP referral notes and report any concerns. The students were directed to measure weight, heart rate and blood pressure. Handwashing facilities and PPE were also expected to be used as they were on the equipment list for the scenario in the Provider Guide. Students who performed well demonstrated understanding of the need for infection prevention and control measures. They washed their hands, demonstrating an approved technique, and donned and doffed PPE appropriately.

In general students managed to take the physiological measurements well, demonstrating the appropriate technique and using equipment correctly. The higher scored students showed best practice by measuring the heart rate for a full 60 seconds and asking the individual to step on the scales twice rather than once. There were still some students who did not position the blood pressure (BP) cuff correctly or talked to the individual whilst measuring their BP, which could have impacted the accuracy of the measurement.

Providers provided the results of the scenario measurements in several ways. It is best practice to tell the student each measurement when they have finished the demonstration of each technique. It is not advisable, for example, to interrupt the student whilst they are measuring the heart rate and tell them the measurement to use. This often interrupted their demonstration and it was then not evident whether they would have continued for the full 60 seconds.

The record keeping did not always capture any recognition of the changes in the measurements from the patient's previous visit. This is where the concerns should have been apparent. This connection was often missed by the lower scored students who failed to mention the trends and why they were concerning or make any links to the individual's health condition – diabetes.

Scenario 2: this was a moving and handling task where the student was working in a residential care home and had to carry out a risk assessment on the moving and handling of an elderly individual from a wheelchair to a chair. They then had to follow their own risk assessment and work with a second member of staff to move the individual safely. Following the transfer, they had to review their risk assessment form and make any amendments as necessary.

This task was challenging for some students. Lower scoring students sometimes carried out the transfer before making their risk assessments. This indicated they had not read and followed the brief carefully. The opportunity to reflect on the risk assessment and make amendments was then compromised, resulting in an incomplete task. Some carried out the transfer alone, indicating that they had not read the information clearly given within the brief that the individual required two people and a transfer belt to move safely. Their written documentation was poorly completed with a lack of detail.

The higher scoring students followed the brief carefully and completed a detailed risk assessment usually involving the individual for their input, which would be best practice. They prepared themselves and their equipment, used the handwashing facilities and PPE appropriately and had a sound, safe working knowledge of how to use the handling belt correctly. They engaged with the second member of staff and directed them clearly in what they wanted them to do to support the transfer. Their risk assessments had detail and clear instructions for other staff when supporting this individual in the future.

Scenario 3: this task required the student to respond to a patient fall in hospital and deal with a blood spillage. The patient is confused and agitated, being verbally aggressive to the staff. They are found on

the floor with an arm injury, bleeding. This task did prove to be quite challenging for several students but for a variety of different reasons. Provider compliance in some instances impacted the students' ability to demonstrate the clinical skills, knowledge and understanding. It is important that standardised patients and other staff members are prepared thoroughly and follow the Provider Guide instructions carefully. This then ensures that the approach between students and across providers is consistent and does not limit or impact student opportunity. Examples of this included the additional staff member not using the script and asking the student to apply first aid and move the patient back to bed before cleaning the blood spillage. First aid was not part of this assessment. There were no resources to be provided in the equipment list for this to be carried out. The additional member of staff should have taken control of the patient once they arrived on scene and instructed the student to clean the spillage.

A full blood spillages kit should be provided as per the equipment list. These usually contain items such as PPE, granules to solidify the spillage, a scoop and scraper, waste disposal bag, and cleaning solution. In some cases only blue roll and spray was provided, which limits the student's ability to demonstrate the use of a spillage kit. Moderators were instructed to award positively if the student used what they had been provided with, the best way they could. It is important to ensure that the Provider Guide instructions are followed and that correct equipment is provided as this is crucial for the success of the students.

The higher scored students in this task performed excellent infection prevention and control measures, washing their hands and donning and doffing PPE correctly. They demonstrated excellent duty of care by placing the patient first. They summoned help immediately on finding the patient and did not wait till they had washed their hands and applied their PPE, which would delay first aid assessment and treatment. They tried to calm and reassure the patient using their communication skills well whilst waiting for the nurse to arrive. Once the nurse arrived, they then moved as instructed on to the cleaning up of the spillage and used each component of the spillages kit correctly. Documentation was detailed and clearly stated events and who did what.

Students who scored lower often did not summon help until after they had washed their hands and applied their PPE. They did not engage well with the patient or attempt to calm and reassure them, sometimes ignoring their repeated calls for help whilst washing their hands. There was a minority who assisted the patient back to bed themselves without the appropriate risk assessment being done by the nurse, overstepping the limitations of their role and creating a potential safeguarding issue. The use of the spillages kit was less confident and infection prevention and control measures were often inconsistent.

Assignment 2 Practical activities part 2 – Supporting the Midwifery Team

Scenario 1: required students to explain the 28-week blood tests to a pregnant mother and prepare her for the venepuncture procedure. Candidates performed reasonably well in this task with higher scoring students introducing themself and their role, building a rapport using excellent communication skills, including both verbal and non-verbal communication. They explained all the relevant blood tests in detail, including blood group, full blood count (FBC), and antibody check. They also demonstrated their knowledge and understanding by explaining what the results could indicate and if anything was outside normal ranges what the appropriate treatment would be. All the time doing this in a supportive and non-alarmist manner. Lower scoring students sometimes focused on one blood test, most often the FBC and failed to discuss the others at all. They also were more likely not to pick up on the mother's phobia about needles nor communicate this in the written documentation for the midwife.

The practical preparation of the mother was usually done well by most students with the cleaning down of the table surface and the appropriate positioning of the support pillow and the mother's arm ready for the blood test.

Scenario 2: this task required students to undertake an umbilical cord check on a baby and address concerns of the mother about potential infection. They also had to take some physiological measurements of the baby including temperature, heart rate and respiration rate.
Students in the majority carried out the physiological measurements well with higher scoring students demonstrating excellence in their practical skills and their demonstration of knowledge when explaining to the mother what their findings were. They explained what the normal ranges for each measurement are and how the observations taken fell within the normal ranges. Lower scoring students often failed to demonstrate best practice, for example not measuring heart rate or respirations for the full 60 seconds. The cord check was, in the best evidence, comprehensive and again detailed with reassurance to the mother that all was normal. They then went on to describe what would indicate signs of infection and how important it would be to report this quickly.

The majority of students handled the baby appropriately demonstrating care and applying infection control measures appropriately, washing hands following an approved technique and wearing correct PPE.

Scenario 3: this task asked students to discuss the risks associated with sudden infant death syndrome (SIDS) and the principles of safe sleeping, with a new mother who has expressed concerns. The majority of students were able to explain the feet-to-foot positioning as appropriate for the baby and demonstrate this using the manikin and the cot. They handled the baby with care and used reassuring communication skills. Lower scoring students covered one or two risk factors, not always the most obvious ones, often missing out smoking and room temperature. The higher scoring students were confident to discuss a wide range of factors which increase the risk of SIDS including clothing, bedding, co-sleeping and more. They also signposted the mother to other sources of information to back up the advice given.

Scenario 4: This task required the student to examine a post operative caesarean section scar where the mother had concerns about the healing. Many students failed to address privacy and dignity within this task and failed to keep the mother covered other than the area requiring the check. Some laid the mother on top of the bed when a blanket was underneath and could have been used to cover the lower half of the body.

Higher scoring students washed their hands following an accepted technique and then donned and doffed PPE appropriately, choosing apron and gloves. They offered support to the mother to mobilise to the bed and encouraged her to take her time. They looked at the wound and then described what they could see and whether those signs were normal healing or were of any concern. Language and terminology were appropriate, and the mother was reassured to report any further concerns to her midwife. Communication skills were used well to enquire about the mother’s wellbeing.

Lower scoring students often left the mother exposed for longer than necessary and failed to explain to her what the wound looked like and whether that was normal or not. This made it difficult to assess knowledge and understanding especially if the written records were brief also.

The standard of English, mathematics and digital skills appeared to be good overall. Most students were able to construct an answer that could be understood and linked to the question. There was evidence of mathematical skills in terms of the student's ability to summarise the charts and draw conclusions from the data effectively, with some minor errors. Digital skills were evident in that some of the responses were word processed and in the main were formatted correctly with only minor errors.
Overall, the responses to this assessment were of a good standard. The responses to all questions were good and showed a good level of knowledge and skills in relation to the different scenarios provided. It was clear where students have had a positive placement or theoretical learning experience in maternity care, as they had developed a good understanding of the skills to be demonstrated, and were able to put this theory into practice in their demonstrations.

Assignment 3 professional discussion

Overall, most students were able to respond to the questions in each theme to a high standard. It was evident that students have been able to effectively reflect on their learning and experiences and mostly use their reflections to inform their understanding of the different scenarios provided. Some students simply read their reflections rather than answering the questions directly, which lowered their chances for higher grades. These students also highlighted where they had been unsuccessful in effectively providing care or carrying out tasks correctly, which made it difficult to award positively as they were clearly saying they couldn't do something rather than what they had been able to do or understand. Whilst it is positive that they are identifying areas for development in their own practice at this stage, it would have been beneficial for them to show their strengths and ensure they are answering the questions in full, rather than reading a reflective account in full. Providers need to ensure students are prepared fully for this type of assessment and remind them that they are answering questions in a discussion format rather than reading out their reflective accounts.

There were inconsistencies in the additional questions asked by the discussion supervisors. Where some providers were asking an additional question after each main question, others were asking one per theme or none. Some were asking questions not included in the recommended list and appeared to be prompting students. Staff at providers who are taking on the role of discussion supervisor need to ensure they fully understand their role and they are asking the correct number and type of questions to ensure a consistent approach so as not to unfairly advantage or disadvantage students. Further clarification on the use of additional questions can be found in the Provider Guide.

It is worth noting that some students seemed very nervous and upset during this assessment. Providers need to ensure that students are adequately prepared for this assessment and are used to being recorded and involved in similar situations to help them develop the necessary resilience and ability to perform well under pressure. These are necessary skills for those wishing to enter midwifery as a profession as well as when being assessed.

Theme 1: supporting the wellbeing of mother and baby during pregnancy

Question 1 Part A and B

These questions required students to explain the importance of escalating concerns if a mother presents with female genital mutilation (FGM) and then to discuss the potential impact of FGM on the mother during pregnancy and childbirth. This proved to be a difficult question for students to answer well. The topic is obviously covered within the specification however unlike many other topics, the students are extremely unlikely to have come across this on placement. Most of the reflections were linked with learning experiences in the classroom such as watching videos and looking at case studies which is not the same as being able to see theory in practice. Higher scoring students were able to articulate a definition of FGM and describe the different types, recognising the legal position and being fully aware of safeguarding procedures that must be followed. They also recognised the potential impact on individuals other than the woman and their own role limitations in such a scenario.

Students who scored lower often did not explain the safeguarding issues nor the potential impact on the mother during different stages of her pregnancy.

Question 2

Students generally showed a good level of understanding and experience within this theme and most students had either experienced this topic on placement or had learned from practical assessments, which was encouraging.

Part A required students to describe how to support a mother to understand the importance of a healthy diet in pregnancy. This was done well by many students. The higher scoring students were comprehensive in their discussions covering many of the factors in the indicative content and talking with confidence about why certain foods should be eaten or not eaten. They also added about supplements. Some students limited their discussion to one example, such as a woman with gestational diabetes, which sometimes limited their opportunity to demonstrate excellent understanding. Those who scored lower often missed out a lot of the generic advice given to all mothers at the beginning of their pregnancy (for example, information about foods to avoid and foods to eat).

Part B required students to explain how they would support parents with the challenges associated with stopping smoking. Similar questions have appeared before, and many students did this well. Some however, concentrated on a discussion around the importance of stopping smoking rather than also spending time on how they could support the parents with this.

Theme 2: supporting mothers and babies in the postnatal period

Question 3
Part A asked students about the challenges of meeting nutritional needs of their baby. This was completed reasonably well. Lower scoring students discussed breast feeding and could talk freely about certain aspects, for example CHINS or positioning, but failed to engage with the 'meeting challenges' aspect as in the previous question. Higher scoring students were able to clearly explain how and what they could support the parents with, and what interventions could be suggested as support measures.

Part B required students to describe how they would assist with the promotion of skin-to-skin contact. Many students did this bit well. It was clear to see that many had been able to get involved with this on placement and others had used simulated activities in the classroom. Those scoring lower were often knowledgeable about the benefits of skin-to-skin contact but did not explain how they could support the mother. Those who provided a response worthy of higher grades were able to discuss what skin-to-skin contact includes and considered environmental needs to a good depth. They were also able to incorporate discussion of those involved other than the mother, for example discussing importance of skin-to-skin contact between the father and newborn. Higher achieving students also gave full and detailed explanations of the benefits in terms of physiological changes in relation to bonding and feeding, particularly the hormonal responses and why this is important.

Question 4

Part A required students to describe the physiological measurements and monitoring for women after a caesarean section. This was done reasonably well however students sometimes had an excellent discussion about the physiological measurements and were lacking on the other monitoring such as fluid balance, bowels, wound checks or the other way around where they concentrated more on monitoring other things and failed to discuss in any detail the physiological measurements. The higher scoring student had a balance of both, which was excellent.

Part B required students to discuss how they could support a woman in the postnatal period who could not do things for herself. This was completed well by most students, often referring to placement experience or role play simulations done in the classroom.

Theme 3: safeguarding women and children

Question 5
Part A required students to describe the steps involved in neonatal resuscitation. The responses by students overall for this question lacked detail and were poorly constructed. Considering it is an essential skill that they will have been taught, and role played, and maybe witnessed or had training in their placements, their ability to describe step-by-step what would happen was limited and fragmented. Many

of the important first steps were omitted such as the very basics of positioning the baby. Some said cardiopulmonary resuscitation (CPR) would be carried out but gave no detail as to how or what would be done so our ability to award marks was also limited. A few students, however, were excellent and talked through a learning experience they had with detailed descriptions of what was done, how it was done and why it was done.

Part B was where students had to explain the factors that need to be considered when administering first aid to an infant. This was very challenging for students as in the majority their interpretation was to continue talking about the resuscitation scenario, the factors involved there and they included no other first aid situations, for example, choking or accidents. Examiners awarded marks positively for any relevant discussion / examples whether in the immediate postnatal period or beyond.

Question 6
Part A required the student to discuss the importance of a safe and secure maternity environment and how this is achieved. Many students performed well on this task especially those who were able to reflect on placement within hospital settings, especially maternity units. Some responses were brief and the explanation for different safeguarding measures was limited. They may have mentioned the ID bracelets on baby but failed to make the connection with the maternal ID and why this is important.

Part B required the student to reflect on a situation where they might need to raise concerns about potential signs and symptoms of abuse. Most students completed this question well. Those achieving the higher marks were able to link their responses to the policies and procedures in the clinical setting and were aware of the reporting mechanism and their role limitations. Duty of care and woman centred care came across well when they gave examples form their learning or experience. Those who scored lower were too brief, often listing types of abuse but lacked the detail in what the warning signs might be and what their own responsibility was if faced with this situation.

Overall, students provided responses of a good standard. Those who had made the most of their learning and opportunities in placement fared better with the questions and were able to link their answers to their experiences and learning well. This assessment has demonstrated the high level of understanding across all students, showing that they have a good grasp of the subjects and the maternity sector, which is encouraging. Providers do need to be aware of the importance of preparing the students appropriately for this type of assessment. Practice throughout their learning journey, will enable them to experience professional discussions and instil confidence when it comes to sharing their experiences and understanding in their summative assessments.

Document information

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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