Chief Examiner and Chief Moderator Report

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

Summer 2025 – Occupational Specialism (Supporting the Adult NursingTeam)

Introduction

Summer 2025 – Occupational Specialism (OS) Supporting the Adult Nursing Team

Assessment dates: 24 March 2025 to 16 May 2025

Paper number: P002730, P002732 and P002733

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	300
Merit	207
Pass	115

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

Overall, the cohort demonstrated a broad range of achievement, with some high scoring students who engaged fully and demonstrated strong understanding by utilising full use of all supporting documentation. Most students attempted the majority of the assessment, although there was variation in how thoroughly each question was addressed. A noticeable pattern emerged where some students provided partial answers or abandoned more challenging questions, suggesting time management difficulties or uncertainty with the content. In several cases, students crossed out initial responses without replacing them, potentially reducing their marks.

Assignment 1 maintained the same scenario-based format as in previous years, with each task requiring candidates to assess the patient, set goals, develop a treatment plan and evaluate outcomes. This familiar structure did not increase the difficulty of the paper, and the scenario with associated resources provided a clear context, enabling candidates to apply their knowledge in a real-world setting. The unchanged format likely contributed to a consistent level of difficulty across assessment windows. Expectations for each part of the task were made transparent, especially for patient assessment, goal setting, treatment plan development and evaluation in task 4. The language and terminology in the mark scheme were consistent with previous papers, meaning candidates could demonstrate knowledge in familiar terms. The clear breakdown of expectations guided students in approaching each task and determining the required level of detail. The indicative content also allowed examiners to credit alternative, effective responses, ensuring fairness in marking.

Assignment 3 followed the same mark scheme format as in previous assessment windows, including clearly defined Assessment Objectives (AOs), indicative content, and level-based descriptors for extended responses. This consistency ensured candidates were assessed against familiar standards and that no group was advantaged or disadvantaged. The broader indicative content encouraged and accepted a wide range of responses, particularly those based on personal placement experiences. Learners generally performed well when reflecting on and applying their own placement learning.

Moderated assignments

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

Supporting Healthcare assignment 2 practical activities – part 1

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 unseen by students. They need to attend prepared for anything. 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 then also interweave the appropriate underpinning skills required to be able to complete the scenario successfully to a high quality.

Students who scored lower 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 underpinning skills relevant to patient-centred care.

Evidence creation

External assessment

Within the OS, candidates submitted a varied range of evidence including digital recordings, Microsoft Word documents and completed pro-formas. In most cases, the evidence met the required format and demonstrated a good level of relevance to the tasks. The use of multiple evidence types allowed students to showcase different skills, such as written communication, structured data recording and practical demonstration via recordings.

The quality of evidence was generally good, with many students presenting clear, well-structured written work and recordings that effectively demonstrated practical skills. However, some inconsistencies were observed. In certain submissions, audio or video recordings were poorly framed, had low sound quality or included unnecessary background noise, making them more difficult to assess. A small number of candidates submitted incomplete or incorrectly labelled files, which caused delays in assessment.

For assignment 1, pro-formas and templates were provided by NCFE for each task. Pro-formas were typically completed accurately, although a few students provided minimal detail or omitted sections, limiting the opportunity to award higher marks. Where students followed the provided templates and guidance closely, the evidence was more consistent, comprehensive and easier to mark as students were able to identify which task is which.

Moderated assignments

Supporting Healthcare assignment 2 practical activities - part 1

Supporting the Adult Nursing 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 has been corrupted.

There was a lot more missing evidence this year which led to delays with the moderation process whilst we had to wait for action from providers. The checklists should be used by all providers and uploaded with evidence. Evidence consists of the student assignment brief and 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. Please advise students in future that this page must be completed and signed as part of their evidence submission.

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 such as 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, varying quality 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 and outstanding etc does help the moderator understand where your marks have come from. The detail recreates the assessment, including 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; 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

The case study assessment required students to apply their knowledge and understanding of adult nursing support through a structured and realistic scenario involving a patient named Sarah, who was admitted following an unwitnessed fall. The assessment was divided into four discrete but interrelated tasks. These assessed core skills, including patient assessment, goal setting and care planning, multidisciplinary team (MDT) involvement and monitoring and evaluation of care interventions. Overall, the assignment presented students with a realistic and engaging scenario which encouraged person-centred thinking and a holistic approach to care planning.

Students who actively used the additional documents provided, such as clinical charts and patient information, demonstrated better structure and clarity in their responses, more relevant and patient-

centred answers and stronger evidence of applied knowledge and clinical reasoning. Weaker responses tended to ignore these materials or refer to them only briefly, leading to vague or generic answers.

Task 1: assessment of the patient and situation

Most students were able to identify Sarah's immediate physical needs (for example, pain relief and immobility) and emotional needs (for example, anxiety and uncertainty about the future). They were also able to demonstrate an understanding of pressure ulcer risk using the Waterlow chart and relevant clinical indicators. Some students described the risks too generally without tailoring them to Sarah's case. A minority failed to include all physiological data in context and preventive strategies were inconsistently applied or lacked detail and missed out reference to the supportive documents.

Task 2: goals, patient outcomes and planned outcomes

Students produced appropriate short-term goals reflecting Sarah's condition and psychological state. The also identified relevant professionals and explained their roles clearly and acknowledged Daniel's role as an informal carer effectively.

Some responses lacked depth in addressing barriers and several students overlooked the chronic nature of Sarah's pain. Recommendations were occasionally too broad or unrealistic and would be unachievable for Sarah.

Task 3: care, treatment and support plan

Students who performed well used the food and fluid chart to identify reduced intake. They were able to link Sarah's pain, bed rest and anxiety to nutritional decline and provided specific, measurable interventions. The plans of students who achieved lower marks were vague or overly general. Monitoring strategies were often weak or had limited understanding of the nutrient requirements for Sarah.

Task 4: evaluation, monitoring effectiveness and clinical effectiveness

Students that achieved well identified clear indicators for monitoring progress. They were able to provide indicators to professionals and tools and demonstrated structured Multi-Disciplinary Team (MDT) planning. Students who achieved lower grades repeated content without evaluating care. A few lacked practical application of effectiveness measures. Inter-professional collaboration references were occasionally superficial.

This assessment successfully differentiates between students who can apply their knowledge in a realistic clinical setting and those who rely on theoretical responses. Stronger responses are those that demonstrate practical insight, critical thinking and a clear appreciation of the patient's journey through care. Future candidates should continue to develop their understanding of interdisciplinary working and the principles of evidence-based care.

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 an understanding of the need for infection prevention and control measures, washed their hands demonstrating an approved technique and donned and doffed Personal Protective Equipment (PPE) appropriately.

In general, students managed the taking of the physiological measurements well, demonstrating the appropriate technique and using equipment correctly. The higher marked 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 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 to interrupt the student whilst they are measuring the heart rate and tell them the measurement to use, as it often interrupted their demonstration and it was therefore not evident if 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 previous visit. This is where the concerns should have been apparent. This connection was often missed by the lower marked 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 marked students sometimes carried out the transfer before making their risk assessments, so 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, so had not used 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 marked 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 detailed and clear instructions for other staff to use 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**,** agitated and 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 and 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 again 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 in the best way they could, but again it demonstrates how it is important to ensure that the provider guide instructions are followed and the correct equipment is provided for the success of your students.

The higher marked 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, placing the patient first. They summoned help immediately on finding the patient and did not wait until they had washed their hands and applied their PPE, which would delay first aid assessment and treatment. They tried to remain 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 marked lower often did not summon help until after they had washed their hands and applied their PPE, and 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 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 Adult Nursing Team

Practical activity scenario 1

In this task the patient, an individual who has Type 2 diabetes attending a clinic for review is concerned about gaining weight and his increased appetite. The student was to measure height and weight, calculate his BMI and then complete a nutritional assessment form.

For this task, the practical skills were demonstrated better than the completion of the nutritional assessment. Higher marking students used the information from the brief to complete both aspects with confidence and competence. They used the equipment correctly, calibrating it beforehand and checking the weight twice which is best practice. They shared the calculated BMI with the individual and explained what that meant, often showing them the BMI chart and explaining the different categories and what the ideal would be. They used empathy and spoke in a supportive manner.

They then had to use the proforma to guide their questions, often using extended open and closed questions to probe further about diet and lifestyle, not being limited by only reading the questions on the form. Appropriate advice was given to demonstrate person-centred care. They recognised the details relevant from the brief and included these needs within the discussion – the patient was Muslim, had a Halal diet, lifestyle change was their recent retirement and other social factors were included.

Lower marked students as we have seen in previous papers were often very task focussed and had limited communications; there was often a failure to share results and explain them to the individual. Equipment was used less proficiently with lack of attention to detail. Documentation was also brief with less connections made to the existing medical conditions. Generally, to improve marks students needed

to demonstrate that they could pick out key information from the brief, then use their communication skills to probe deeper and use their findings to suggest and agree a plan with the patient regarding improving their diet and making positive changes to their lifestyle. The documentation had to reflect the discussion they had and be useful to another member of staff taking over care in the future.

Practical activity scenario 2

Here the student was to carry out a skin integrity assessment, calculate the Waterlow Score and complete a care plan. Students marked lower often failed to demonstrate their underpinning knowledge and failed to describe what it was they were looking for during the check of the patient's heels; they also did not specify what they had checked for or found within the written documentation.

Areas of weakness included communication skills not being used appropriately. Even though the standardised patient had to stick to a limited script, students scoring lower failed to try to engage with them or explain to them what they were doing and what their findings were when checking the heels. The completion of the Waterlow chart often had multiple errors and failed to allocate the patient to the very high-risk category.

Higher marked students did both and engaged with the patient, showing empathy and duty of care throughout. Adherence to handwashing and infection prevention and control measures was also consistent. The skin integrity check was thorough and each thing they were looking for was explained to the patient by sharing the findings as they did the check. This supported the demonstration of knowledge and understanding. The care plan produced in the higher marking evidence followed the correct format, with SMART goals clearly identified, and had relevant interventions and a monitoring schedule included. The responsibilities of different staff were clear showing an understanding of role limitations and the collaborative nature of the multi-disciplinary team.

Practical activity scenario 3

This involved the student carrying out equipment checks and first line calibration on three pieces of equipment and documenting their findings on the chart provided. The students who marked higher explained what they were looking for during the practical checks, verbalised what components they were looking at and what their findings were. They then documented this accurately and fully on the chart. They were able to identify that the test strips were missing for the glucometer.

Lower marked students often carried out a very brief visual inspection, sometimes just turning the equipment on then off without demonstrating they knew how to check it comprehensively. There were also errors in the handling and operation of the manual BP machine. Some students seemed unsure of the way the bulb worked to inflate the cuff and struggled with the correct use of the valve to inflate and deflate. More practice at this would help prepare future students to demonstrate these skills.

Practical activity scenario 4

Here the student was to carry out two sets of physiological measurements for a patient, either side of a small exercise. The patient was referred by their GP for this assessment. Providers did not always follow the provider guide instructions and tell the student the measurements to use after they had correctly demonstrated the skill. Many interrupted the student in the middle of measuring the breathing rate, and some stopped counting before the recommended 60 seconds. Marks could therefore be awarded for knowledge and understanding of the technique but deducted in the practical application of the skill because they did not complete the measurement properly. The lack of good communication skills and therefore poor demonstration of duty of care and person-centred care restricted marks for some students.

Higher marking students were consistent with infection prevention and control measures, washing their hands appropriately and following the required steps closely. They chose, donned and doffed PPE correctly, disposing of it in the correct bin.

The measurements were taken accurately and followed best practice, then they were recorded on the chart correctly. They shared the measurements with the patient and explained any that might have been outside the normal ranges, doing so in a reassuring manner without causing alarm to the patient.

Assignment 2: Overall

Providers should ensure students have had multiple opportunities to practice a wide range of practical scenarios throughout their learning programme. This would help generate the confidence to demonstrate these during the final assessments.

Sticking to the given standardised patient script is important to ensure equity within each provider setting, and to ensure consistency across providers.

Please make sure you use the upload checklists and double check every document uploaded for each student. This will help prevent any unnecessary additional workload for everyone involved in the administration of the assessment.

Many students have performed well, demonstrating excellence in their practice. By following the T level programme, they are in an advantageous position of having the fundamental skills and knowledge to launch their health-related career.

Assignment 3

Overview

Assignment 3 of the Occupational Specialism assessment in Supporting the Adult Nursing Team involved a professional discussion based on real-world scenarios across three themes: safeguarding, treating skin conditions and undertaking physiological measurements. The assessment tested students' applied knowledge, critical thinking and communication abilities. This assessment encourages learners to link their theoretical understanding to practical examples, requiring a person-centred approach and a strong grasp of role boundaries and interprofessional collaboration.

Theme 1: safeguarding individuals

The questions focused on recognising abuse, staying within role boundaries and understanding the six principles of safeguarding. Most learners effectively identified signs and symptoms of abuse. Stronger responses showed awareness of policy, procedures and escalation protocols. Responses demonstrated reflection and a working knowledge of safeguarding frameworks. Students who achieved lower grades lacked detail when explaining how they stay within their scope of practice. A few responses were vague or relied on generic statements and partnership principles need strengthening in weaker responses.

Theme 2: treating skin conditions

This theme required learners to describe supporting patients with skin conditions and the importance of documentation. High performing students provided real examples and stayed within their scope. Many demonstrated person-centred care, dignity and the ability to escalate appropriately. Students showed an understanding of documentation tools like body maps and the Waterlow score. Weaker responses lacked clarity on treatment rationale and failed to describe escalation points. Some did not explain how

documentation informs future care or safeguards clinical decisions. Person-centred practice was sometimes referenced but not elaborated on.

Theme 3: undertaking physiological measurements

This theme explored students' practical experience and understanding of taking, communicating and interpreting measurements. Students showed good knowledge of equipment use and communication with patients. Calibration, hygiene and patient explanation were often well covered. Students provided examples linking measurements to daily living (such as diabetes and hydration). Learners who achieved lower marks did not link physiological measurements to individualised care outcomes. Some answers also lacked technical depth or failed to mention the consequences of equipment misuse. Communication with carers and teamwork approaches need further development.

This professional discussion assessment successfully evaluated students' applied understanding of care delivery within adult nursing. Stronger responses combined theory with practical insight, demonstrating awareness of scope of practice and interdisciplinary collaboration. Students should continue to focus on personalised care, safety and effective communication.

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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