

# Chief examiner's report

**T Level Technical Qualification  
in Health (Level 3)  
(603/7066/X)**

**Summer 2023 – Employer set project**

## Summer 2023 – Employer set project (Health)

Assessment dates: **09–19 May 2023**

Paper number: **P001988**

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

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

### Key points:

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

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

### Grade boundaries

Raw mark grade boundaries for the series are:

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

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

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

### Standard of student work

This series has seen an increased standard throughout all tasks.

It is evident that providers have worked hard to deliver content and support students to achieve in the ESP.

Students have demonstrated a solid understanding of their role within the project and have used sound logic when selecting their client to base their project on.

Some considerable marks have been lost in tasks where a lack of attention to the requirement of the tasks has been evident. Students and providers are encouraged to make use of all materials provided by NCFE including the mark banding information and indicative content.

## Evidence creation

The use of pro-formas provided by NCFE is always recommended for tasks where appropriate. However, if providers choose to use their own centre created format, it is essential that all necessary sections are included to avoid any missed information.

Providers should ensure that the audio/visual tasks are created in a suitable environment and that recording equipment is reliable and fit for purpose.

There were many examples in this series of tasks 2a and 3b being carried out in rooms which were too noisy and had other students conducting the same task within hearing range. This creates a disadvantage for students if it is too difficult for the examiner to hear the conversation or presentation.

For task 3b, providers should ask questions which support the student to expand on points already made or clarify information given. In some cases, tutors asked questions which lasted longer than the presentation itself and appeared to be an attempt to encourage students to include information which they had missed. Students were not penalised for this, but providers should carefully consider the questions posed to students for this task.

There were several examples in this series of issues with recording equipment and tasks submitted with either missing audio or visual evidence.

Providers are encouraged to name files with the name of the student as they appear on their NCFE registration as opposed to any preferred names and number tasks accurately.

Providers should always seek to ensure that evidence is submitted by the given deadline and that lines of communication with NCFE are open should there be a need for contact post deadline.

## Responses to the external assessment tasks

### Task 1 – Report

Overall, students have been able to produce work of a good standard for this task in this series. Where students gained marks in the higher bands, they were able to consider the holistic needs of their chosen client with well researched information, gained from a variety of sources.

Where students discussed their chosen client specifically and less generally, the standard was considerably higher. For example, examples of how a condition would be treated but with consideration of what they knew about their client and their personal circumstances.

Some students were able to use statistical data and graphs in this task well, however this information only attracted marks where the data was explained and used appropriately.

Where students were able to consider potential barriers which were not necessarily identified in the case study, and consider how they could be overcome, additional marks were gained.

For some students, the time did not appear to have been used effectively and there was less evidence of considered research. In some cases, no reference list was provided.

Frequently, students were unable to demonstrate the higher order skills referenced in the indicative content to a level that would allow them to achieve the higher marks available.

Literacy skills in some cases was concerning and there was limited evidence of proofreading prior to submission.

### **Task 2a Role play**

In this series, students have shown a much more solid understanding of their role. This ensured a more effective interaction which in turn, allowed valuable information to be gained to inform later tasks.

Many students were able to explain what they were able to provide to their client and equally, what their limitations were as a healthcare assistant.

There were many excellent examples of advanced communication skills where students not only demonstrated their knowledge and understanding, but also empathy, kindness and adaptability where appropriate. Many students used advanced questioning techniques and there was notably less reliance on prompting from the 'client'. This allowed the generation of good discussion.

In some cases, students read solely from their notes and did not treat the interaction as an opportunity to gain information to inform their healthcare plan. Many questions involved yes/no answers and in some cases, other very basic questions that would not serve to support any healthcare planning.

Some interactions were very brief and did not demonstrate sufficient planning and therefore did not attract marks within the higher bands.

### **Task 2b Healthcare plan**

Examples of good work in this task consisted of a plan that considered the client information holistically and used the information gained from task 2a. Students who had carried out effective research and developed an understanding of the need for safeguarding or risk assessment were able to gain higher marks.

Many students were unable to gain marks outside of mark band 2 due to the omission of timescales. There were some robust plans created but they were lacking in detail as to how this would be monitored (for example, medication review). It is vital that there is a consideration of the timescale of any proposed actions within this task. Some students included consideration of monitoring and review but with inappropriate timescales (for example, an inordinate waiting time for a prescription to be issued).

Students often included much more detail in the 'information' sections of the plan and very little in the plan itself which restricted the number of marks they were able to achieve.

Regarding literacy, there were SPAG issues in many examples of work and a lack of proofreading prior to submission.

### **Task 3b Presentation**

Examiners have seen some significant improvements in this task, particularly in the use of digital skills.

Many students were able to confidently bring together their work from previous tasks and discuss it professionally. Students who performed well showed careful consideration of the peer feedback they had received and were able to answer tutor questions with a solid demonstration of knowledge.

Where there was good understanding and explanation of the benefits of the healthcare plan that had been created by the student, higher marks were gained.

The biggest area of concern for this task was the lack of attention to the brief that informs the student of who they are presenting to. A significant proportion of students did not plan and present their work as though it was for the attention of a senior colleague. A considerable amount of time was spent on describing the client's condition, something which would not be necessary for a senior colleague. Furthermore, some students used YouTube videos which were several minutes long and made up a significant proportion of the entire task. This did not attract marks and again, demonstrated a lack of attention to the brief.

Students should also bear in mind that this presentation is not intended to form a reflection on each task, this should be reserved for task 4.

#### **Task 4 Reflection**

Students continue to find this task difficult but there were some strong examples and an improved standard throughout this series. Where students performed well, they were able to show consideration of their strengths and weaknesses, not only within the task but regarding their skills in general (for example, some students showed significant self-awareness of the difference between their written and verbal skills, gave reasons as to why they found the task particularly difficult or easier to accomplish, and identified what they believed they could do to improve where necessary). Where some marks were lost here, it was generally where the impact of a strength or weakness was not considered in relation to the task or project overall.

Examples of students using reflective theories were more prevalent in this series and students gained marks where they were able to demonstrate their understanding of the given theory and use it appropriately. Students who added examples of theories but did not relate them were limited in the potential marks gained.

#### **Administering the external assessment**

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#).

Students must be given the resources to complete the assessment, and these are highlighted within the [Qualification Specific Instructions for Delivery](#) (QSID).