

# Standardisation Training Materials

Occupational specialism assessment (OSA)

**Supporting Healthcare (Core)**

**Assignment 2 part 1**

**Session: 2025–2026**

**Training objective:** To ensure consistent marking and evaluation across assessors by discussing and aligning assessment criteria (AC) and expectations.

**Training Aim:** The aim of the standardisation training pack is to provide an opportunity for your teams to look in more detail at Assignment 2, Part 1 tutor guides and marking bands, allowing you the time to discuss marks and develop a standardised approach, enabling you to feel confident that you are marking consistently, and are prepared in advance for the 2025–2026 assessment window.

**Supporting Healthcare (Core)****Assignment 2 Part 1 Core****Contents**

Standardisation training materials cover sheet.....	3
Activity 1 materials .....	5
Activity 1 answers .....	8
Activity 2 materials.....	10
Activity 2 answers .....	14
Activity 3 materials .....	16
Activity 3 answers .....	18

**Change History**

<b>Version Number</b>	<b>Date</b>	<b>Changes</b>
v1.0	1 October 2025	Document published

# Standardisation training materials cover sheet

This training is to support the following occupational specialism:

- Supporting Healthcare (Core)

## Materials

Included in this pack\*:

- Activity 1 – Practical activity scenario 1
- Activity 2 – Practical activity scenario 2
- Activity 3 – Practical activity scenario 3

*\*All activities and evidence used within this standardisation training pack have been taken from live examples submitted within the previous session (2024-25). Personal information has been redacted in line with General Data Protection Regulation (GDPR) guidelines.*

To be downloaded from the NCFE website:

- Tutor Guide with Mark Scheme for Assignment 2 Part 1
- Summer 25 Chief Examiner and Chief Moderator Report
- Final moderation report issued Summer 25 – if applicable (via the Portal)

## Suggested instructions and timings

Training can be delivered in one full session or broken into smaller sessions within the given training window (1 October – 28 February)

### Instructions (5 mins)

Lead Internal Quality Assurer (IQA) / Person leading the training to begin the session by explaining the purpose of the standardisation session and its importance in maintaining fairness and consistency in marking.

### Review assessment criteria (AC) (15 mins)

Distribute copies of the marking criteria (Pg 27 within the Tutor Guide) to all participants. Ask them to initially review the criteria, making note of any questions or clarifications they may have.

### Group discussion (15 mins)

Divide participants into small groups, discuss criteria, understanding any challenges and areas of ambiguity amongst the participants.

### Activity 1 (40 mins)

Lead to display / distribute student work (Activity 1). Ask everyone to assess the work as per activity instructions using the criteria given. (20 mins)

### Comparative analysis (10 mins)

Lead to bring everyone back together and lead a discussion comparing assessment judgements made. identify points of agreement and areas of discrepancy. There should be

encouragement given for all participants to share / provide explanations and judgements made.

Alignment and consensus (10 mins)

Lead to facilitate conversations to reach a consensus on how they should mark the activity and reach agreed outcomes.

### **Activity 2 (40 mins)**

Lead to display / distribute student work (Activity 2). Ask group / everyone to assess the work as per activity instructions using the criteria given. (20 mins)

Repeat Comparative analysis and Alignment and consensus steps (20 mins)

### **Activity 3 (40 mins)**

Direct everyone to use the scenario specific marking grid, and the indicative content to complete the questions, see pg. 27-39 in the Tutor Guide and Mark Scheme. (20 mins)

What would they expect to see the student do to achieve the identified band for each part of practical activity 3

Comparative analysis (10 mins)

Lead to bring everyone back together and facilitate a discussion comparing suggestions made. Identify points of agreement and areas of discrepancy. There should be encouragement given for all participants to share their opinions.

Alignment and consensus steps (10 mins)

Lead to facilitate conversations to reach a consensus based on the marking criteria and indicative content.

### **Completion of Standardisation training**

All providers are required to complete the standardisation training. Standardisation training to be completed by all assessors and internal quality assurers (IQAs). This will be monitored via the Annual Monitoring Review (AMR) process.

**Deadline for training to take place 28 February 2026**

## Activity 1 materials

This activity is based on Assignment 2, practical activity 1

You should use the below examples of evidence alongside the Assignment Brief and Mark Scheme to complete this activity.

Read the extract below of the weight, heart rate and blood pressure recording, and the completion of the blank GP referral notes, as documented by an observer. You should assume that this is the only commentary that the observer has provided for this activity.

After reading the extract, answer the following:

1. Suggest the indicative content that has been achieved by the student according to the observer commentary.
2.
  - a) Where possible, the observer commentary should always be backed up with video evidence but in some cases, this may be a problem for example the video file becomes corrupted. If this observer commentary was to solely be relied upon, suggest the strengths of the commentary.
  - b) Suggest how the observer commentary could be improved to help support the student (and moderation process).
  - c) Which areas of the Mark Scheme for the Practical Activity 1 are difficult to assess from the observer commentary, explain why?

3. From the evidence available, suggest the mark this student would achieve for this activity.

**Extract from Assessor Commentary**

*Introduced self*

*Asked patient preferred name*

*Reason for consultation established*

*Hand hygiene via Gel but not appropriate*

*Personal Protective Equipment (PPE) applied*

*Explained going to clean equipment*

*Cleaned and wipes in clinical bins*

***Measuring the patient's blood pressure***

*Consent gained to BP*

*Asked to take Jacket off*

*Cuff placed on arm resting down not on table*

*Cuff inflated*

*Removed cuff*

*BP cleaned*

*Wipes disposed of*

***Measuring the patient's heart rate:***

*Consent gained for pulse*

*Pulse not correctly identified*

***Measuring the patient's weight:***

*Gained consent*

*Shoes removed prior to weighing,*

*Scales calibrated prior to use*

*instructs the patient to step onto the scales only weighed once*

PPE removed after and left patient

Hand hygiene after not observed

**Documentation:**

Bare minimum

Links to weight and BP

**Student documentation**

Physiological measurements	
Height	178 cm
Weight	104 kg
Heart rate	110 bpm
Blood pressure	148/92

**Referral notes**

- has put on weight but not a highly concerning amount.
- heart rate is heightened
- blood pressure is slightly high.

The student had correctly signed, dated and printed their name and designation on the bottom of the paperwork.

## Activity 1 answers

1. Suggest the indicative content that has been achieved by the student according to the observer commentary.

The student obtained consent before each physiological measurement.

They were aware of the need for infection prevention and control.

Equipment was cleaned before and after use.

PPE was applied.

They disposed of any waste.

A BP measurement was taken.

An attempt was made to measure the heart rate.

Footwear was considered prior to weighing.

There was an entry made on the GP notes referring to weight gain and measurements, the record was signed appropriately.

2. a) Where possible, the observer commentary should always be backed up with video evidence but in some cases, this may be a problem for example the video file becomes corrupted. If this observer commentary was to solely be relied on, suggest the strengths of the commentary.

The commentary was clearly typed up and legible. There was some reference to the underpinning skills such as examples of communication and obtaining consent, as well as the brief record of the practical skills witnessed.

In addition to the areas completed well, the observer has commented on areas that were not evidenced so well, giving a balanced account.

The observer is very specific in some parts of the commentary such as recording how many times the weight measurement was taken.

b) Suggest how the observer commentary could be improved to help support the student (and moderation process).

There could be more detail added such as the type of PPE chosen and whether it was donned and doffed correctly.

There could be a better description of how the equipment was used and whether this was correct or not.

The commentary states that the pulse was not identified correctly- it would be useful for us to know why, what did the student actually do?

Any discussion of the results with the patient should be recorded and if nothing was explained to them, they should say that.

c) Which areas of the Mark Scheme for the Practical Activity 1 are difficult to assess from the observer commentary, explain why?

If the video was corrupted and we were relying solely on the commentary it would be difficult to determine whether the equipment had been used appropriately for example was the BP cuff applied and positioned correctly, was the heart rate measured for a full 60 seconds, was the PPE donned and doffed correctly. Regarding the sharing of information, what was shared with the individual and was this accurate, were the next steps explained?

3. From the evidence available, suggest the band this student would achieve for each part of this activity and the overall mark.

Demonstration of knowledge and understanding of the clinical tasks.

The evidence suggests the student demonstrates satisfactory knowledge and understanding but it is only partially sustained throughout the task MB2.

Application of best practice.

There is reasonably effective application of the clinical tasks. For example, they perform the BP and weight measurement appropriately. They gain consent prior to carrying out each measurement. MB2

Use of equipment

There is sufficient use of equipment, sometimes applied with accuracy and precision. They maintain a sufficiently safe environment but there are some errors. MB2

Following, recording and reporting information.

The student has produced records which are minimally effective and not very clear. MB1

The student scored 7 overall for this activity. (2221)

## Activity 2 materials

This activity is based on Assignment 2- Practical Activity 2

Read the assessor's observation record, and the student written evidence for Assignment 2 Practical Activity 2.

Based on the evidence supplied, suggest the mark that you would give the student for each column in the scenario specific skills extended marking grid. For each section justify your answer and suggest what the student would need to do to further increase their score.

The answers below have the benefit also, of some evidence witnessed within the video which unfortunately we cannot show. Discuss whether your marks would change taking this into account?

### Practical activity 2

#### 1. Demonstration of knowledge and understanding of the clinical tasks.

Mark awarded /4

Justification:

How the score could be improved:

#### 2. Application of best practice agreed ways of working and regulations / legislation in relation to clinical tasks.

Mark awarded /4

Justification:

How the score could be improved:

**3. Use of equipment and / or materials and / or resources in relation to clinical tasks.**

**Mark awarded /4**

Justification:

How the score could be improved:

**4. Following, recording, reporting, and /or storing data and / or handling information in relation to clinical tasks.**

**Mark awarded /4**

Justification:

How the score could be improved:

**Total mark for the activity /16**

## Assessor record

Practical activity scenario 2	
<b>Scenario-specific skills</b> <ul style="list-style-type: none"> <li>• Demonstration of knowledge and understanding of the clinical tasks</li> <li>• Application of best practice, agreed ways of working and regulations/legislation in relation to clinical tasks</li> <li>• Use of equipment and/or materials and/or resources in relation to clinical tasks</li> <li>• Following, recording, reporting, and/or storing data and/or handling information in relation to clinical tasks</li> </ul>	<p>The student completed her risk assessment prior to going to the patient. The student then asked the additional member of staff to assist her, and then the student introduced both of them to the patient. The student confirmed with the patient that she wished to transfer and then informed the patient that they would be back after putting on their PPE. The student then talked the additional staff member through how to correctly wash their hands as per the WHO Guidelines the student then put on her PPE and returned to the patient. The student cleaned the equipment while chatting to the patient and putting her at ease. The student then moved the patient closer to make the transfer easier. The student then checked over the transfer belt before returning to the patient. The student then explained to both the patient and the other staff member the task, checking that everyone was happy and understood prior to commencing. Once they had stood the patient, the student ensured that the patient stood for a minute and asked if she felt dizzy. Once the student was happy with the patient, she asked the patient to move forward a couple of steps, then turn to face her and walk back a few steps. The student then asked the patient to reach out her hands and feel for the arms of the chair before putting her bottom out and looking down to her feet. Once the patient had done this the student instructed her to lower herself into the chair. Once the patient was in the chair the student confirmed that she was comfortable and if there was anything else the</p>
<b>Underpinning skills</b> <ul style="list-style-type: none"> <li>• Duty of care, candour, and person-centred care</li> <li>• Communication</li> <li>• Health and safety</li> </ul>	<p>patient needed. Throughout the process the student acted professionally, kind and caring ensuring the the patient was comfortable every step of the way. The student ensured that the patient understood and consented to each step. This shows that the student demonstrated person centred care good communication skills and an excellent duty of care.</p>

## Student written evidence

### Item C: risk assessment form

Hazards List what could cause harm.	Who might be harmed and what might the harm be List who could be harmed and in what way.	Control measures Explain how you will minimise these risks.	Further actions
wheelchair / chair moving during transfer	Patient could be harmed. - if the chair or wheelchair moves while the patient is leaning on it they may fall causing injuries.	- make sure the brakes are on during the transfer	- ask for extra help and support to go behind the chair and hold it steady.
obstructions	Patient and staff could be harmed. - if anything is laying around on the floor staff may trip on them causing injuries and the wheels on wheelchair can jam causing pain and injury.	- make sure the area is clear of obstructions.	- if there are repeated obstructions, they must be reported.
damaged transfer belt	Patient and staff could be harmed. - it will be uncomfortable for patient and they may fall causing injury and staff may jolt and also be injured.	- check the transfer belt before using it.	- change the belt if needed and report the damaged belt.

TRAINING MATERIAL

## Activity 2 answers

### Practical Activity 2

1. **Demonstration of knowledge and understanding of the clinical tasks.**  
Mark awarded 3 /4

#### Justification

Knowledge and understanding MB 3 good knowledge and understanding largely sustained. Completes the risk assessment before starting the practical part of the task (correct understanding of the task). Washes hands before approaching the patient demonstrates understanding of Ayliffe technique. Says she will ask for support from another member of staff before seeing the patient. Checks extra staff can support. Explains the need to wash hands first and apply PPE. Uses the wheelchair appropriately and fits the handling belt correctly. Starts off the manoeuvre correctly using a two person assist however once patient is standing directs the supporter to move and stand behind the chair leaving her the only one holding onto the patient- at this point she is unaware that the patient is at risk of falling so not demonstrating best understanding.

#### How the score could be improved:

The student should ensure they follow the appropriate moving and handling techniques to always maintain safety.

2. **Application of best practice agreed ways of working and regulations / legislation in relation to clinical tasks.**

Mark awarded 3/4

#### Justification:

Application of best practice MB 3 effective application of clinical tasks, sometimes in line with best practice. The student knocked before entering- respected dignity. She then introduced herself to the patient first and her support person. Then explains she needs to prepare herself and equipment. Washed hands and applied PPE but in the incorrect order should be apron then gloves when donning and the opposite when doffing. Moved the wheelchair closer to the chair but could be positioned better perpendicularly to the chair. Uses the handling belt appropriately when standing the patient up but technique not best practice once standing as she directs the second staff member to let go and to move behind the chair. Checks comfort of patient. Removes the belt and cleans it. Removes PPE incorrectly, disposes of it in the correct bin. Washes hands.

#### How the score could be improved:

The student should ensure they don and doff PPE correctly. The wheelchair should be positioned perpendicularly to the chair for best practice; this reduces the movement required by the patient. Both members of staff should retain a grip on the handling belt until the patient is safely seated.

3. **Use of equipment and / or materials and / or resources in relation to clinical tasks.**

Mark awarded 3 /4

**Justification:**

Equipment and resources MB 3 proficient use of equipment, usually applied with accuracy and precision. Student washes hands correctly following Ayliffe technique, disposes of waste in the appropriate bin and uses PPE as and when required, donning and doffing though in the incorrect order. Checks the handling belt and says she is checking it for damage and cleanliness. Sits patient forward to position the belt. Moves wheelchair closer to the chair- still could be closer so not best practice. Checks brakes are on, moves footrests out of the way. Technique using handling belt is not best practice, not the best support to the patient especially when standing and helper is directed to go stand behind the chair and let go of the belt.

**How the score could be improved:**

The student could ensure that any equipment used is used correctly and follows applicable policies and procedures when demonstrating this.

4. **Following, recording, reporting, and /or storing data and / or handling information in relation to clinical tasks.**

**Mark awarded 3 /4**

**Justification:**

Reporting and recording MB 3 There are relevant potential risks and appropriate control measures listed. Some are person centred for this patient. Signature, name and date added.

**How the score could be improved:**

Could be more detail in the control measures column.

**Total mark for the activity 12 /16**

## Activity 3 materials

Read through the Mark Scheme and indicative content for Assignment 2, practical activity 3. (Pg 27-39 in the Tutor Guide) Suggest what you could observe from a student to award a mark within the given bands below for each area identified.

- 1. Practical activity 3 – Demonstration of knowledge and understanding of the clinical tasks.**

Student achieving band 4

- 2. Practical activity 3 – Application of best practice agreed ways of working and regulations / legislation in relation to clinical tasks.**

Student achieving band 2

3. **Practical activity 3 – Use of equipment and / or materials and / or resources in relation to clinical tasks.**

Student achieving band 3

4. **Practical activity 3 – Following, recording, reporting, and /or storing data and / or handling information in relation to clinical tasks.**

Student achieving band 1

## Activity 3 answers

**Note: Other responses that match the grading descriptors can also be appropriate and this is not a definitive checklist, but only suggestions of what could be witnessed.**

### 1. Practical activity 3 – Demonstration of knowledge and understanding of the clinical tasks.

Student achieving band 4

- The student will respond immediately to the situation showing they understand the need to call for help immediately. This shows they recognise their scope of practice and role limitations. They follow the nurse's instructions without overstepping their boundaries.
- They will demonstrate effective skills in assessing the situation.
- They demonstrate knowledge of infection prevention and control measures as well as health and safety legislation and policy.
- They demonstrate knowledge of the correct use of a spillages kit.
- They know how to use effective communication skills to diffuse challenging behaviour.
- Their documentation demonstrates understanding of the importance of record keeping after such an incident, and has the appropriate information recorded.

### 2. Practical activity 3 – Application of best practice agreed ways of working and regulations / legislation in relation to clinical tasks.

Student achieving band 2

- Best practice is not always demonstrated for example they might use an approved technique for example Ayeliffe technique when washing their hands before carrying out the task but fail to wash them after the scenario.
- They could wash their hands and apply PPE before approaching and assessing the situation which would result in a delay of appropriate care, and the patient is left on the floor without reassurance and support.
- There might be an awareness of the need for infection prevention and control, but their actions might be inconsistent at times for example using a clinical waste bag but carrying waste across the room on a scoop rather than having the bag close to them on the floor.
- Communication might be good initially but then the student becomes focussed on the cleaning task and fails to respond to the patient's calls / shouting.

**3. Practical activity 3 – Use of equipment and / or materials and / or resources in relation to clinical tasks.**

Student achieving band 3

- The student uses handwashing facilities correctly along with correct disposal of waste.
- The environment is kept generally safe
- Appropriate PPE is chosen and donned correctly but doffed in the incorrect order.
- The spillages kit is identified and the components used proficiently in the correct order and with competence
- The extra member of staff is called and used within the scenario at the appropriate time. Communication with them is good.

**4. Practical activity 3 – Following, recording, reporting, and /or storing data and / or handling information in relation to clinical tasks.**

Student achieving band 1

- The student could have documented that the patient was found on the floor but not described the injury to the arm.
- They might have failed to explain that the nurse was summoned to carry out a risk assessment and deal with the injury.
- They could note that the spillage was cleaned up but made no reference to the use of the spillages kit or the infection prevention and control policy.
- They might sign the records only with their forename and may not have printed their name and designation. Date and time could be added.
- There might be no reference to the challenging behaviour demonstrated by the patient.
- The records are of minimal use to future care givers