HM Government

T-LEVELS

Chief Examiner Report

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

Autumn 2025 – employer set project (ESP) Supporting Healthcare

NCFE CACHE

Introduction

Autumn 2025 – employer set project (ESP) Supporting Healthcare

Assessment dates: **3 November 2025 to 14 November 2025**

Paper number: **P002997**

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 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 mark scale (UMS), and the aggregation of the core component, 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

Students in this exam series have demonstrated a good overall grasp of the Employer-Set Project, consistently showing that they understand the core purpose and requirements of the various tasks assigned. A notable strength across the group was the ability to maintain professional discipline regarding the assessment's logistical constraints, with most students staying within the allowed time frames. This level of organisation ensured that the project outputs were complete and well-structured.

A significant factor in the students' success was the research element of the assessment. Students benefitted from the opportunity to investigate their chosen case studies, using this phase to provide a solid evidence base for their work. While there was a natural range of achievement across the cohort, the higher-performing students stood out through their ability to synthesize their classroom-based knowledge with their independent research.

The strongest submissions came from those who could successfully adopt the persona of a healthcare practitioner. These students demonstrated a deep understanding of their professional role, applying the core competencies gained throughout the course to produce a consistently high standard of work. By treating the case study with the nuance required of a real-world health professional, these students were able to translate their academic learning into a high-quality, practical application.

Evidence creation

When producing evidence, for example, reports or care plans, there was a mix of success. Some students struggled to move past basic descriptions, sometimes missing the professional tone needed for health documentation. However, the standout students were those who really 'lived' the role of a healthcare practitioner. They did not just write as students; they wrote as professionals, using the right terminology and keeping the service user at the heart of their evidence.

There were some misunderstandings of what some tasks required, or the ways in which they should be presented, which restricted the marks awarded.

Providers should be mindful of the setting in which the audio / visual tasks are completed. Some recordings were completed in noisy rooms or areas where there was significant background noise. This not only disadvantages the student in terms of their ability to focus on the task but also makes examining the evidence much more challenging.

Responses to the external assessment tasks

Task 1: research

Task 1 required students to engage deeply with their chosen case study, using the allocated time to research and identify appropriate support mechanisms. The primary objective was to demonstrate a holistic understanding of the client's needs while maintaining a clear focus on the boundaries of their professional role. While many students embraced this task with a high degree of professionalism, the quality of the evidence produced varied significantly depending on how effectively the research time was utilised.
The most successful candidates treated the research phase as the foundation for their entire project. These students did not simply list generic support services; instead, they successfully synthesized their findings with the specific nuances of the case study.

High-performing students demonstrated a truly holistic approach looking beyond the immediate clinical needs to consider psychological, social, and practical factors affecting the client. These students also maintained a strong sense of their role as healthcare practitioners, ensuring that their proposed support plans were both realistic and within their scope of practice. Their work was characterised by a high standard of detail and a clear logical flow from the identified problem to the researched solution.

In contrast, a segment of the cohort struggled to use the research time effectively. This often resulted in work that was superficial or lacked specific relevance to the individual in the case study. Common pitfalls included:

- **generic recommendations:** providing 'one-size-fits-all' support options that did not account for the client's specific history or preferences
- **poor time management:** submissions that appeared rushed or incomplete, suggesting that the research phase was not structured efficiently
- **lack of holistic depth:** focusing solely on the physical symptoms or the primary diagnosis while ignoring the wider social determinants of health or the client's emotional well-being

Lower-achieving students often failed to link their research back to the core classroom knowledge, leading to support plans that felt disconnected from the practitioner's professional responsibilities.

To support future achievement, providers should encourage students to practice 'active research'. This involves not just finding information but evaluating its suitability for a specific persona. Emphasising the holistic model of care during delivery will help students look at the client as a whole person rather than a set of symptoms, which is essential for reaching the higher mark bands in Task 1.

Task 2 (a): role play

Task 2 (a) required candidates to step into the role of a healthcare professional to conduct an information-gathering interview with a client. The goal was to secure the necessary data to inform a comprehensive healthcare plan. Performance in this task was highly polarized, directly reflecting the level of preparation and the student's ability to demonstrate 'soft skills' alongside clinical understanding.

The highest-achieving students entered the role play with a clear, structured strategy. These candidates had prepared a range of open-ended questions designed to elicit detailed responses regarding the client's preferences, lifestyle, and goals.

By using an open-ended questioning technique, these students gathered rich, qualitative data that allowed for a truly person-centred plan. Furthermore, these sessions were marked by a high degree of:

- **empathy and professionalism:** candidates maintained appropriate body language, active listening, and a supportive tone
- **knowledge integration:** they displayed a confident grasp of the client's specific condition, allowing them to answer the client's questions accurately and suggest relevant support options on the spot
- **confidence:** a natural flow was achieved, making the interaction feel like a genuine clinical consultation rather than a scripted assessment

Conversely, a number of students struggled to meet the professional standard required for this task. Key areas of weakness included:

- **closed questioning:** many students relied heavily on 'yes / no' questions. This limited the information gathered and resulted in thin, underdeveloped healthcare plans in subsequent tasks
- **lack of preparation:** some candidates appeared visibly unprepared, leading to long pauses or a lack of direction. In several cases, students seemed disinterested, which negatively impacted the 'professionalism' marks within the mark scheme
- **knowledge gaps:** a significant barrier for lower-achieving students was a lack of clinical knowledge regarding the client's condition. This meant they were unable to provide meaningful advice or react dynamically when the client asked for information or support

To improve performance in task 2a, providers should focus on simulated practice that emphasises the transition from 'gathering facts' to 'building a rapport'. Students should be encouraged to move away from checklists and toward a conversational style that uses 'Who, What, Where, Why and How' questions. Mock role plays should also focus on 'unscripted' moments to assess whether students have sufficient knowledge of the case study's medical and social conditions to respond in real-time.

Task 2 (b): healthcare plan

This task required candidates to effectively use information from their research and the preceding role play to create a formal healthcare plan. The quality of these plans varied considerably, largely dictated by the student's ability to move beyond a generic 'checklist' approach and toward a document that reflected the specific, individualised needs of the service user.

The most successful plans were characterised by their holistic and person-centred nature. High-achieving candidates produced well-considered plans that went beyond basic care requirements by including:

- **professional networking:** identifying and naming specific, appropriate practitioners (for example, Occupational Therapists, Dieticians, or Specialist Nurses) rather than simply referring to 'medical staff'
- **user preferences:** explicitly accounting for the client's personal wants, needs, and specific circumstances, ensuring the plan felt tailored to the individual rather than the condition
- **justified timelines:** these students provided clear timeframes for interventions and reviews. Crucially, they offered a professional justification for these dates, demonstrating an understanding of the clinical or social reasons why a review at that specific interval was necessary

A significant number of candidates struggled to produce a document that functioned as a professional plan. Common weaknesses observed included:

- **list-based submissions:** rather than a cohesive plan, some students produced generic lists of actions that lacked detail and did not account for the client's unique personal circumstances
- **omission of review cycles:** a recurring issue was the complete absence of timeframes. Where dates were included, they were often arbitrary and lacked any rationale, suggesting a lack of understanding regarding the vital role of the review stage in the care cycle
- **lack of professional reasoning:** lower-achieving students failed to explain why certain support was suggested, resulting in a plan that felt disconnected from the information gathered in the previous tasks

Providers should emphasise the 'Plan-Do-Review' cycle in their teaching, highlighting that a healthcare plan is a living document that requires constant reassessment. Students should be encouraged to practice writing justifications for every intervention they suggest.

Task 3 (b): presentation

Task 3 (b) required candidates to discuss and present their healthcare plan to a senior colleague, with a specific focus on evaluating the feedback they had received and explaining how that feedback would be used to improve the plan. This task assessed the students' ability to engage in professional reflection and demonstrate 'receptive practice'. Performance in this task was often limited by a misunderstanding of the target audience and the core objective of the presentation.

The most successful candidates recognised that a senior colleague requires a high-level, professional briefing rather than a summary of basic facts. These students achieved high marks by:

- **focusing on evolution:** they clearly identified specific pieces of feedback (whether from peers or tutors) and explained exactly how their care plan would be modified to improve outcomes
- **targeted content:** they avoided wasting time on basic case study details, assuming a baseline of professional knowledge in their audience, and instead focused on the rationale for changes
- **professional delivery:** they used the presentation to justify their decision-making, showing a mature understanding of how professional feedback enhances the quality of person-centred care

A significant number of students failed to access the higher mark bands due to a 'descriptive' rather than 'evaluative' approach. Common issues included:

- **redundant reporting:** many students spent much of their presentation summarising the client's condition and basic case study facts. As a senior colleague would already be familiar with these basics, this content added little value and reduced the time available for critical analysis
- **ignoring the feedback loop:** a recurring weakness was the failure to address the feedback received on the care plan. Some students only mentioned feedback briefly, while others omitted it entirely, focusing instead on a general 'walkthrough' of their client
- **limited improvement strategies:** even when feedback was mentioned, lower-achieving students often struggled to explain how they would practically apply it to improve the plan, leading to vague or superficial conclusions

To support future success, providers should place a heavy emphasis on the 'Professional Dialogue' aspect of the T Level. Students need to practice presenting to different audiences – distinguishing between how they would speak to a client versus a senior manager.

Encouraging the use of a reflective model can help students structure their presentations. Teachers should encourage students to use a 'Feedback-Action-Impact' framework:

1. **feedback:** what was I told?
2. **action:** what specific change will I make to the plan?
3. **impact:** how will this change better support the client?

Task 4: reflection

Task 4 serves as the final component of the employer set project, requiring students to look back on the project in its entirety. The objective is to evaluate their own performance, identify personal strengths and weaknesses, and demonstrate how this experience will inform their future practice as a healthcare professional. While some students provided insightful, honest critiques, many others struggled to move beyond a simple narrative of the tasks they had completed.

The strongest reflections were characterised by a high degree of self-awareness and professional honesty. These students did not simply say they 'did well'; instead, they provided an accurate account of their journey through each task. Key features of high-scoring work included:

- **critical self-analysis:** students identified specific moments where they felt confident (for example, during the research phase) and balanced this with an honest appraisal of where they struggled (for example, maintaining a professional tone during the role play)
- **execution vs. understanding:** they were able to distinguish between understanding what a task required and their ability to execute it under assessment conditions
- **future application:** the most successful candidates clearly explained how this reflection would support their future learning and professional development, showing a mature understanding of reflection as a tool for continuous improvement

A significant number of candidates failed to access the higher mark bands because they treated the task as a 'recap' rather than a 'reflection'. Common issues included:

- **task summaries:** many students merely described what task 1, 2, or 3 asked them to do. This descriptive approach provides no evidence of self-evaluation and therefore limits the marks available
- **superficial content:** some reflections were overly brief or lacked honesty, with students claiming everything 'went well' without providing evidence or identifying any areas for growth
- **missing the 'why':** a recurring weakness was the failure to explain why reflection is important in a healthcare setting. These students did not link their current performance to their future goals, missing the opportunity to show 'professional readiness'

To improve performance in task 4, it is recommended that providers introduce students to formal reflective frameworks early in the course.

Teachers should encourage students to use 'I' statements and focus on their feelings and skills rather than the instructions of the brief. A useful classroom exercise is 'The 3 Ws':

1. **what?** (what did I do?)
2. **so what?** (how did it go and what did I learn about myself?)
3. **now what?** (how will I change my approach next time?)

English skills

The employer set project provides a platform for students to demonstrate their ability to communicate technical information clearly and professionally. While many students showcased a high level of literacy that complemented their clinical knowledge, there was some disparity in the quality of written work across the cohort. A high frequency of errors in some submissions suggests a lack of proofreading and a misunderstanding of the importance of professional documentation.

The most successful candidates treated every task – from research notes to the final healthcare plan – as a professional document. Their work was characterised by:

- **technical accuracy:** correct use of complex clinical terminology and the ability to spell specific medical conditions or practitioner roles accurately.
- **structured communication:** the use of clear headings, logical paragraphing, and a formal tone that would be appropriate for a multi-disciplinary healthcare team
- **meticulous proofreading:** these scripts were largely free of spelling, punctuation, and grammar errors, ensuring that the student's ideas were communicated without the reader being distracted by avoidable mistakes

In contrast, a notable portion of the cohort saw their marks limited by poor English skills. Recurring issues included:

- **frequent spelling, punctuation and grammar errors:** numerous spelling and grammar mistakes were present, particularly with common homophones and specialised vocabulary. In some cases, these errors made the care instructions or research findings difficult to interpret
- **failure to proofread:** many scripts contained ‘drafting errors’ – such as incomplete sentences or repeated words – which could have been easily corrected had the student allocated time at the end of each task to review their work
- **informal tone:** some students used colloquialisms or overly casual language, which is inappropriate for a T Level assessment designed to simulate a professional workplace

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