



# T Level Technical Qualification in Health

Employer set project (ESP)

## Core skills

Mark scheme

## T Level Technical Qualification in Health Employer set project (ESP)

# Core skills

## Mark scheme

## Contents

<b>Marking guidelines</b> .....	<b>3</b>
General guidelines .....	3
Marking instructions .....	3
<b>Task 1</b> .....	<b>5</b>
<b>Task 2 (a)</b> .....	<b>8</b>
<b>Task 2 (b)</b> .....	<b>11</b>
<b>Task 3 (b)</b> .....	<b>14</b>
<b>Task 4</b> .....	<b>19</b>
<b>Document information</b> .....	<b>21</b>

# Marking guidelines

## General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all students, who must receive the same treatment. You must mark the first student in exactly the same way as you mark the last.

The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.

Reward students positively giving credit for what they have shown, rather than what they might have omitted.

Utilise the whole mark range and always award full marks when the response merits them.

Be prepared to award zero marks if the student's response has no creditworthy material.

Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.

The marks awarded for each response should be clearly and legibly recorded.

If you are in any doubt about the application of the mark scheme, you must consult with your team leader or the chief examiner.

The indicative content is non-exhaustive and should be used as an illustrative guide and not used as an exemplar or checklist.

## Marking instructions

Extended response marking grids have been designed to award a student's response holistically and should follow a best-fit approach. The grids are broken down into bands, with each band having an associated descriptor indicating the performance at that band. You should determine the band before determining the mark.

When determining a band, you should use a bottom up approach. If the response meets all the descriptors in the lowest band, you should move to the next one, and so on, until the response matches the band descriptor. Remember to look at the overall quality of the response and reward students positively, rather than focussing on small omissions. If the response covers aspects at different bands, you should use a best-fit approach at this stage and use the available marks within the band to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives (AOs), so as not to over/under credit a response. Standardisation materials, marked by the chief examiner, will help you with determining a mark. You will be able to use exemplar student responses to compare to live responses, to decide if it is the same, better, or worse.

Allocation to the highest mark within a 5 mark band should be evidence that meets the criteria wholly. For 4 marks out of a total of 5, evidence may meet the criteria mostly and convincingly; for 3, the evidence is adequate to justify the band; for 2, the evidence may qualify for the band with some inconsistencies; for the lowest mark, the evidence may just be meeting the criteria. This is guidance and any approach will be confirmed in standardisation.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a student may produce. It is not a requirement either that students must cover all of the indicative content to be awarded full marks.

Table 1 shows which of the tasks (pieces of evidence) will be used as the basis of judgement for each of the AOs. Markers should review each of these pieces of evidence, using the indicative content to support an understanding of what they are expecting to make their judgement on, before placing the student in one of the bands.

**Table 1: AO marks and core skills by task**

Task	AO1	AO2	AO3	AO4	AO5	Marks per task	Core skills (CS)
Task 1	3	12	3	2		20	CS1.1, CS5.1, CS5.2
Task 2 (a)	3	12	3	2		20	CS1.2, CS2.1, CS2.2, CS2.3
Task 2 (b)	3	12	3	2		20	CS1.1, CS2.2, CS3.1
Task 3 (a)							CS2.1, CS2.2, CS2.3, CS3.1, CS3.2, CS4.1, CS6.1, CS6.2, CS6.3 *see note below
Task 3 (b)	3	8	3	2	4	20	CS2.1, CS2.2, CS2.3, CS3.2, CS4.2, CS6.1, CS6.2, CS6.3
Task 4		12			8	20	CS4.1, CS4.2
Total marks	12	56	12	8	12	100	
Total % of marks per AO	12%	56%	12%	8%	12%	100%	

\*Core skills demonstrated in task 3 (a) are credited in task 2 (b), task 3 (b) and task 4

# Task 1

Core skills (CS): CS1.1, CS5.1, CS5.2

Assessment objectives (AOs): AO1, AO2, AO3, AO4

Band	Mark	Descriptor
4	16–20	<p>The report:</p> <ul style="list-style-type: none"><li>• demonstrates a thorough, well-planned response with a clear and logical structure (AO1, AO4, CS5.1)</li><li>• is coherently written with accurate and relevant content and includes developed, meaningful and relevant references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2)</li><li>• uses relevant terminology consistently and throughout, with no more than minor errors (AO2, CS5.2)</li><li>• includes a wide range of relevant and appropriate resources including multiple accurate and relevant references to evidence-based practice, theory and policy (AO3, CS5.1, CS5.2)</li><li>• includes evidence of excellent application of written English skills (AO4)</li><li>• includes evidence of excellent application of mathematical skills through effective use of numerical details (AO4)</li></ul>
3	11–15	<p>The report:</p> <ul style="list-style-type: none"><li>• demonstrates a response with clear evidence of planning in a mostly logical structure (AO1, AO4, CS5.1)</li><li>• has content that is consistently relevant, although it may contain errors, and includes detailed, relevant and accurate references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2)</li><li>• uses relevant terminology, but not consistently and there may be errors (AO2, CS5.2)</li><li>• includes consistently relevant and appropriate resources including mostly correct and complete references to evidence-based practice, theory and policy (AO3, CS5.1, CS5.2)</li><li>• includes evidence of good application of written English skills (AO4)</li><li>• includes evidence of good application of mathematical skills through use of numerical details (AO4)</li></ul>

Band	Mark	Descriptor
2	6–10	<p>The report:</p> <ul style="list-style-type: none"> <li>• demonstrates a partial response with some evidence of planning and a structure that is mainly logical (AO1, AO4, CS5.1)</li> <li>• has some relevant content and contains some errors, includes moderate detail and identifies key points of the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2)</li> <li>• uses relevant terminology, but not always appropriately and sometimes with clear errors (AO2, CS5.2)</li> <li>• includes some relevant resources including attempts to include references to evidence-based practice, theory or policy (AO3, CS5.1, CS5.2)</li> <li>• includes evidence of reasonable application of written English skills (AO4)</li> <li>• includes evidence of reasonable application of mathematical skills through use of numerical details (AO4)</li> </ul>
1	1–5	<p>The report:</p> <ul style="list-style-type: none"> <li>• demonstrates a limited response with limited evidence of planning and an inconsistent structure (AO1, AO4, CS5.1)</li> <li>• has limited accurate or relevant content and contains significant errors and is limited in detail with superficial references to the chosen brief (AO1, AO2, CS1.1, CS5.1, CS5.2)</li> <li>• attempts to use relevant terminology, but it is seldom applied appropriately (AO2, CS5.2)</li> <li>• includes references to limited resources including limited attempts to include references to evidence-based practice, theory or policy (AO3, CS5.1, CS5.2)</li> <li>• includes evidence of weak application of written English skills (AO4)</li> <li>• includes evidence of weak application of mathematical skills (AO4)</li> </ul>
0	0	No creditable evidence.

## Indicative content

The report identifies/explains how to best support the (chosen) individual:

- identifies the individual's key needs:
  - adopts a holistic approach, considering the individual's physical, emotional, social, spiritual, intellectual and environmental needs
  - identifies the individual's goal
  - demonstrates relevant differentiation in communication techniques
  - support is tailored to individual's needs (for example, health conditions, long-term illness, pre-existing conditions)
  - identifies the individual's support network (for example, carers, care team and significant others)
  - records the needs and wishes of the individual's support network
  - support is identified with reference to the individual's circumstances (for example, local and/or national helplines, community and mental health services, support within schools, paediatric referral, local community support groups).

The report uses evidence to justify each point/recommendation:

- Personalisation Agenda (2012) to justify placing the individuals at the centre of their care
- communication barriers (for example, understanding, mental ill health)
- clinical expertise
- uses numerical and statistical skills to justify evidence (for example, percentages, graphs, tables, numerical statistics).

The report uses other appropriate and relevant sources for support and suggestions:

- references a range of sources (for example, the NHS website, Public Health England, Care Quality Commission (CQC), local and central government sources, local and national charities)
- makes links between independent sources
- identifies potential bias in results/findings (for example, outdated recommendations, lack of attention to equality and diversity, lack of inclusion, choice or autonomy)
- interprets data to draw individualised conclusions.

Accept all other relevant responses.

## Task 2 (a)

Core skills (CS): CS1.2, CS2.1, CS2.2, CS2.3

Assessment objectives (AOs): AO1, AO2, AO3, AO4

Band	Mark	Descriptor
4	16–20	<p>The student's performance:</p> <ul style="list-style-type: none"> <li>• demonstrates an excellent understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1)</li> <li>• shows an excellent understanding of communication approaches, including verbal and non-verbal communication, adapting them skilfully to meet the needs of the individual (AO3, AO4, CS2.1, CS2.3)</li> <li>• demonstrates an excellent understanding of their role in the team and its scope in relation to the care planning process and shows detailed knowledge of the principles of collaborative working and the roles within a multidisciplinary team (AO2, AO3, CS2.2, CS2.3)</li> <li>• demonstrates excellent preparation skills informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3)</li> <li>• demonstrates an excellent ability to succinctly present information (AO4, CS2.2, CS2.3)</li> <li>• includes evidence of excellent application of written English skills (AO4)</li> </ul>
3	11–15	<p>The student's performance:</p> <ul style="list-style-type: none"> <li>• demonstrates a good understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1)</li> <li>• shows a good understanding of communication approaches, including verbal and non-verbal communication, adapting them appropriately to meet the needs of the individual (AO3, AO4, CS2.1, CS2.3)</li> <li>• demonstrates a good understanding of their role in the team and its scope in relation to the care planning process and shows detailed knowledge of the principles of collaborative working and the roles within a multidisciplinary team (AO2, AO3, CS2.2, CS2.3)</li> <li>• demonstrates good preparation skills informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3)</li> <li>• demonstrates a good ability to present information covering the majority of relevant points (AO4, CS2.2, CS2.3)</li> <li>• includes evidence of good application of written English skills (AO4)</li> </ul>

Band	Mark	Descriptor
2	6–10	<p>The student's performance:</p> <ul style="list-style-type: none"> <li>• demonstrates a moderate understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1)</li> <li>• shows a moderate understanding of communication approaches, including some demonstration of verbal and non-verbal communication, that occasionally meets the needs of the individual (AO3, AO4, CS2.1, CS2.3)</li> <li>• demonstrates a moderately effective understanding of their role in the team and sometimes misapplies its scope in relation to the care planning process, collaborative working and the roles within a multidisciplinary team (AO2, AO3, CS2.2, CS2.3)</li> <li>• demonstrates satisfactory preparation skills occasionally informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3)</li> <li>• demonstrates an ability to present information covering some relevant points (AO4, CS2.2, CS2.3)</li> <li>• includes evidence of reasonable application of written English skills (AO4)</li> </ul>
1	1–5	<p>The student's performance:</p> <ul style="list-style-type: none"> <li>• demonstrates limited understanding and application of the holistic approach to ascertain the individual's care needs, support and goals (AO2, CS1.2, CS2.1)</li> <li>• shows a limited understanding of communication approaches, including limited demonstration of verbal and non-verbal communication, that occasionally meets the needs of the individual (AO3, AO4, CS2.1, CS2.3)</li> <li>• demonstrates a limited understanding of their role in the team and frequently misunderstands or misapplies its scope in relation to the care planning process, collaborative working and the roles within a multidisciplinary team (AO2, AO3, CS2.2, CS2.3)</li> <li>• demonstrates limited preparation skills occasionally informed by evidence-based practice to conduct the role play discussion with the individual (AO1, CS1.2, CS2.1, CS2.2, CS2.3)</li> <li>• demonstrates a limited ability to present information covering few relevant points (AO4, CS2.2, CS2.3)</li> <li>• includes evidence of weak application of written English skills (AO4)</li> </ul>
0	0	No creditable evidence.

## Indicative content

The preparation/plan/research for discussion for the chosen individual:

- gathers information/research from the brief of the chosen individual to be able to ask further questions
- contributes to a healthcare plan that identifies the chosen individual's needs from the brief (for example, physical requirements, likes and needs)
- evidences English skills.

The role play discussion with the chosen individual:

- adapts communication techniques with the chosen individual to meet their needs and adapts to potential barriers (for example, preferred communication, explanation of ongoing care needs, tone, body language)
- identifies individual needs through open questions (for example, what support is required, health concerns, goals, needs)
- explores choices and options of the chosen individual (for example, establishes what is important, what their goals are, looking at short and long-term plans)
- shows consideration for the individual's current and future needs, goals and wants (for example, risk assessments and safeguarding issues)
- adapts techniques with the chosen individual to show respect, compassion and sensitivity towards the individual's equality and diversity, human rights and dignity (for example, knocking before entering, asking questions and acknowledging their answers and emotions, confidentiality and ability, gaining consent for information to be shared with family)
- identifies clear and agreed expectations with the individual (for example, professional boundaries, referral routes, next meeting dates, information sharing).

Accept all other relevant responses.

## Task 2 (b)

Core skills (CS): CS1.1, CS2.2, CS3.1

Assessment objectives (AOs): AO1, AO2, AO3, AO4

Band	Mark	Descriptor
4	16–20	<p>The healthcare plan demonstrates:</p> <ul style="list-style-type: none"> <li>• well-considered, coherent and relevant healthcare planning linked to person-centred care (AO1, AO2, AO3, CS1.1)</li> <li>• highly justified rationale for recommendations that considers information contained within the brief, links to evidence-based practice, and references the individual's goals (AO1, AO2, AO3, AO4, CS1.1, CS2.2)</li> <li>• high level of relevant detail that considers own role in relation to the other roles within the multidisciplinary team and identifies a key worker (AO2, AO3, CS3.1)</li> <li>• justified selection of resources and/or techniques (AO3, CS2.2)</li> <li>• well-considered time frames for plan and reviews with justification (AO1, CS1.1)</li> <li>• highly detailed risk analysis with reference to key safeguarding concerns, risks and control measures (AO2, AO3, CS1.1)</li> <li>• evidence of excellent application of written English skills (AO4)</li> </ul>
3	11–15	<p>The healthcare plan demonstrates:</p> <ul style="list-style-type: none"> <li>• healthcare planning that evidences clear and relevant links to person-centred care (AO1, AO2, AO3, CS1.1)</li> <li>• clear rationale for recommendations that references information contained within the brief and references the individual's goals, with some links to evidence-based practice (AO1, AO2, AO3, AO4 CS1.1, CS2.2)</li> <li>• mostly relevant detail that considers own role in relation to the other roles within the multidisciplinary team and identifies a key worker (AO2, AO3, CS3.1)</li> <li>• well-considered time frames for plan and reviews (AO1, CS1.1)</li> <li>• detailed risk analysis with reference to key safeguarding concerns, risks and control measures (AO2, AO3, CS1.1)</li> <li>• evidence of good application of written English skills (AO4)</li> </ul>

Band	Mark	Descriptor
2	6–10	<p>The healthcare plan demonstrates:</p> <ul style="list-style-type: none"> <li>• healthcare planning that includes mostly relevant links to person-centred care (AO1, AO2, AO3, CS1.1)</li> <li>• recommendations that reference information contained within the brief and the individual's goals and identifies adequate links to evidence-based practice (AO1, AO2, AO3, AO4 CS1.1, CS2.2)</li> <li>• consideration of own role in relation to other roles within the multidisciplinary team (AO2, AO3, CS3.1)</li> <li>• outlined time frames for plan and reviews with moderate detail (AO1, CS1.1)</li> <li>• moderate detail in risk analysis with reference to key safeguarding concerns (AO2, AO3, CS1.1)</li> <li>• evidence of reasonable application of written English skills (AO4)</li> </ul>
1	1–5	<p>The healthcare plan demonstrates:</p> <ul style="list-style-type: none"> <li>• healthcare planning that shows awareness of considering person-centred care that may be misapplied (AO1, AO2, AO3, CS1.1)</li> <li>• recommendations that reference information contained within the brief and the individual's goals which is considered but limited (AO1, AO2, AO3, AO4 CS1.1, CS2.2)</li> <li>• consideration has been made to scope of own role (AO2, AO3, CS3.1)</li> <li>• outlined time frames for plan (AO1, CS1.1)</li> <li>• limited detail in risk analysis with limited reference to safeguarding concerns (AO2, AO3, CS1.1)</li> <li>• evidence of weak application of written English skills (AO4)</li> </ul>
0	0	No creditable evidence.

## Indicative content

- the healthcare plan should identify/explain all person-centred care concepts (including care, support and treatment)
- completes a healthcare plan for the chosen individual (for example, identifies their care and support needs)
- assesses individual needs and documents them (for example, physical, emotional, social, cultural/spiritual)
- adapts/responds to the individual's situation/concern (for example, strategies to help with daily tasks, counselling, pregnancy options, meet individual's goals)
- completes risk assessment or safeguarding needs for the individual (for example, risk of falls, relapse prevention – needs to match chosen individual)
- identifies external support – who will be involved (for example, Lenn – medical assessment, midwifery support; Antonio – multidisciplinary team support; Natalia – ongoing nursing care and monitoring, physiotherapy; Tianu – psychiatric assessment, CBT counsellor; Lou – assessment, advice and guidance)
- documents information on the healthcare plan using agreed conventions (for example, clear language and terminology, personal information)
- communicates the ongoing information from the healthcare plan (for example, review dates, future assessments, key workers, primary contacts)
- demonstrates own responsibilities within the healthcare plan and role (for example, task or actions they are accountable for) and uses evidence to justify each point/recommendation/suggestion:
  - records compliance to any relevant health and safety procedures
  - records their role/work as part of a team (for example, delegating tasks, asking and responding to questions, recording and reporting)
- identifies roles and responsibilities of other key workers in the individual's care requirement.

Accept all other relevant responses.

## Task 3 (b)

Core skills (CS): CS2.1, CS2.2, CS2.3, CS3.2, CS4.2, CS6.1, CS6.2, CS6.3

Assessment objectives (AOs): AO1, AO2, AO3, AO4, AO5

Band	Mark	Descriptor
4	16–20	<p>The presentation demonstrates:</p> <ul style="list-style-type: none"><li>• high level of preparation of key points and other content evident in relation to the task (AO1, CS6.1)</li><li>• excellent use of digital resources (AO3, AO4, CS6.1)</li><li>• high level of presenting skills and meaningful contribution to the discussion (AO2, AO3, CS6.2, CS6.3)</li><li>• high level of communication skills including consistently strong evidence of appropriate body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3)</li><li>• highly detailed and relevant reflection on the key points within the report, role play and healthcare plan (AO2, AO3, CS3.2, CS4.2)</li><li>• clearly articulated justification of selected strategies and techniques to help and support the individual within the healthcare plan (AO3, CS3.2)</li><li>• consistently accurate and relevant references to the brief and evidence-based practice (AO2, AO3)</li><li>• highly developed ability to reflect on and apply feedback, including a well-considered and well-reasoned response to feedback (AO2, CS3.2, CS4.2)</li><li>• well-considered, informed and well-reasoned responses to the tutor's questions (AO2, CS4.2)</li><li>• evidence of excellent application of written English skills (AO4)</li></ul>

Band	Mark	Descriptor
3	11–15	<p>The presentation demonstrates:</p> <ul style="list-style-type: none"> <li>• good level of preparation and good coverage of key points and other content evident in relation to the task (AO1, CS6.1)</li> <li>• good use of digital resources (AO3, AO4, CS6.1)</li> <li>• confident presenting skills and good contribution to the discussion (AO2, AO3, CS6.2, CS6.3)</li> <li>• good level of communication skills including attention to body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3)</li> <li>• good level of detail and relevant reflection on the key points within the report, role play and healthcare plan (AO2, AO3, CS3.2, CS4.2)</li> <li>• comprehensive justification of selected strategies and techniques to help and support the individual within the healthcare plan (AO3, CS3.2)</li> <li>• mostly accurate and relevant references to the brief and evidence-based practice (AO2, AO3)</li> <li>• developed ability to reflect on and apply feedback, including a considered and reasonable response to feedback (AO2, CS3.2, CS4.2)</li> <li>• considered, informed and reasonable responses to the tutor’s questions (AO2, CS4.2)</li> <li>• evidence of good application of written English skills (AO4)</li> </ul>

Band	Mark	Descriptor
2	6–10	<p>The presentation demonstrates:</p> <ul style="list-style-type: none"> <li>• effective and consistently relevant key points (AO1, CS6.1)</li> <li>• use of digital resources (AO3, AO4, CS6.1)</li> <li>• clear presenting skills and generally good contributions to the discussion (AO2, AO3, CS6.2, CS6.3)</li> <li>• evidence of application of appropriate body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3)</li> <li>• relevant reflection on the key points within the report, role play and healthcare plan which is mostly accurate (AO2, AO3, CS3.2, CS4.2)</li> <li>• mostly accurate justification of selected strategies and techniques to help and support the individual within the healthcare plan (AO3, CS3.2)</li> <li>• generally accurate and relevant references to the brief and evidence-based practice (AO2, AO3)</li> <li>• simple reflection on and application of feedback, including a reasonable response to feedback (AO2, CS3.2, CS4.2)</li> <li>• simple and reasonable responses to the tutor’s questions, with attempts at evidencing some knowledge and understanding (AO2, CS4.2)</li> <li>• evidence of reasonable application of written English skills (AO4)</li> </ul>

Band	Mark	Descriptor
1	1–5	<p>The presentation demonstrates:</p> <ul style="list-style-type: none"> <li>• limited coverage of relevant points (AO1, CS6.1)</li> <li>• evidence of limited digital resources (AO3, AO4, CS6.1)</li> <li>• generally coherent presenting skills that offer limited relevant contributions to the discussion (AO2, AO3, CS6.2, CS6.3)</li> <li>• limited evidence of application of appropriate body language, tone, pace, eye contact and rapport with audience (AO3, CS2.1, CS2.2, CS2.3)</li> <li>• an attempt of relevant reflections on the key points of the report, role play and healthcare plan which lacks focus (AO2, AO3, CS3.2, CS4.2)</li> <li>• attempted justification of strategies and techniques to help and support the individual within the healthcare plan which may lack accuracy (AO3, CS3.2)</li> <li>• limited accurate and relevant references to the brief or evidence-based practice (AO2, AO3)</li> <li>• partially reasoned reflections on and applications of feedback, including acknowledgement of feedback (AO2, CS3.2, CS4.2)</li> <li>• simple and reasonable responses to the tutor’s questions, evidencing attempts at limited knowledge and understanding (AO2, CS4.2)</li> <li>• evidence of weak application of written English skills (AO4)</li> </ul>
0	0	No creditable evidence.

## Indicative content

- presents information and findings in a range of formats (for example, PowerPoint slides, summary sheets, handouts, images, data, multimedia, tables, graphs, annotations)
- demonstrates digital competence through the use of presentation software
- summarises key points from research (for example, secondary data and primary/secondary sources)
- presents key points from role play discussion for chosen individual and their support (such as examples of questions used, approach to individual and support person, support needs, goals, key personnel, strategies)
- relevant proposals for changes in the healthcare plan which have a direct link to the feedback
- adapts presentation style to meet the needs of the audience (for example, language and terminology)
- openly answers questions about the healthcare plan
- demonstrates appropriate communication skills when presenting (for example, pace, tone, body language, good use of eye contact)
- clarifies information throughout the presentation at appropriate points
- actively listens to feedback from panel
- demonstrates understanding of the principles of team working, collaborative working and common goals.

Accept all other relevant responses.

## Task 4

Core skills (CS): CS4.1, CS4.2

Assessment objectives (AOs): AO2, AO5

Band	Mark	Descriptor
4	16–20	<p>The reflective account demonstrates:</p> <ul style="list-style-type: none"> <li>• a clear, well-reasoned account of performance (AO2, AO5, CS4.1, CS4.2)</li> <li>• strong evidence-based reflection with comprehensive evaluation (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflection that comprehensively justifies own practices (AO5, CS4.2)</li> </ul>
3	11–15	<p>The reflective account demonstrates:</p> <ul style="list-style-type: none"> <li>• a reasoned account of performance (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflections that refer to evidence with appropriate evaluation (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflection that consistently justifies own practices (AO5, CS4.2)</li> </ul>
2	6–10	<p>The reflective account demonstrates:</p> <ul style="list-style-type: none"> <li>• an inconsistently clear or reasonable account of performance (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflections that include adequate references to evidence, demonstrating moderate evaluation (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflection that partially justifies own practices (AO5, CS4.2)</li> </ul>
1	1–5	<p>The reflective account demonstrates:</p> <ul style="list-style-type: none"> <li>• a limited account of performance (AO2, AO5, CS4.1, CS4.2)</li> <li>• attempts to link relevant reflection with evidence which are tenuous, and evaluation is limited (AO2, AO5, CS4.1, CS4.2)</li> <li>• reflection that inconsistently justifies own practices (AO5, CS4.2)</li> </ul>
0	0	No creditable evidence.

## Indicative content

- reflects against own practices and records from experiences (for example, what went well, what could be improved, further developments)
- outlines reflections and experiences that include the approach taken (for example, approach to the role play, case study and how to improve own knowledge)
- considers own performance against tasks and objectives (for example, strengths and limitations)
- identifies conclusions taken from the tasks/experience
- identifies areas for improvement (for example, communication skills, working as part of a team, understanding the healthcare plan process, understanding person-centred care)
- demonstrates understanding of the key principles of research skills
- demonstrates ability to carry out a detailed investigation into a specific problem
- selects appropriate sources of secondary and primary data and extracts information
- demonstrates ability to draw conclusions and make recommendations, such as future improvements
- uses evaluation skills and draws conclusions.

Accept all other relevant responses.

## Document information

All the material in this publication is © NCFE.

'T-LEVELS' is a registered trade mark of the Department for Education.

'T Level' is a registered trade mark of the Institute for Apprenticeships and Technical Education.

'Institute for Apprenticeships & Technical Education' and logo are registered trade marks of the Institute for Apprenticeships and Technical Education.

Owner: Head of Assessment Design.