

# NCFE CACHE Level 3 Applied General Certificate in Health and Social Care (603/2914/2)

**Assessment code:** AGCHSC

**Paper number:** P001361

**Assessment date:** 27<sup>th</sup> January 2022

This report contains information in relation to the external assessment from the Chief Examiner, with an emphasis on the standard of learner work within this assessment window.

The aim is to highlight where learners generally perform well as well as any areas where further development may be required.

## Key points:

- Grade boundary and achievement Information
- Administering the external assessment
- Standard of learner work
- Task responses
- Regulations for the conduct of external assessment

It is important to note that learners should not sit the external assessment until they have taken part in the relevant teaching of the full qualification content.

## Grade boundary and achievement information

Grade boundaries represent the minimum raw mark required to achieve a certain grade. For example, if the grade boundary for the Pass grade is 25, a minimum raw mark of 25 is required to achieve a Pass.

| Grade                     | NYA | Pass | Merit | Distinction |
|---------------------------|-----|------|-------|-------------|
| Raw mark grade boundaries | 0   | 5    | 9     | 11          |

Below you will find the percentage of learners that achieved each grade.

| Grade         | NYA   | Pass | Merit | Distinction | Learners  | 29    |
|---------------|-------|------|-------|-------------|-----------|-------|
| % of learners | 62.96 | 7.40 | 18.51 | 11.11       | Pass Rate | 37.04 |

## Administering the external assessment

The external assessment is invigilated and must be conducted in line with our Regulations for the Conduct of External Assessment. Learners may require additional pre-release material in order to complete the tasks within the paper. These must be provided to learners in line with our Regulations.

Learners must be given the resources to carry out the tasks and these are highlighted within the Qualification Specific Instructions Document (QSID).

## Standard of learner work

The work varied across the candidates as a whole and within the three centres. This was due to the candidate's ability to understand and apply the demands of criteria particularly P3 and P4. Some centre candidates chose the same needs of an individual, legislation, health campaigns, etc., so were clearly prepped for the exam, but not I felt in applying these to the title. In so, candidates may have been restricted by this, as had they chosen their own, they may have chosen with easier application.

Overall, most candidates attempted the distinction grade criteria, even candidates who had submitted work below the 1,500-word count.

'Working in partnership' was a challenging area to apply to some of the criteria. When this was achieved it presented a well-developed understanding of the application of partnership working.

Misinterpretation of the P criteria was the key reason for so many NYA grades.

## Task responses

### P1

All candidates answered this accurately, many choosing to look at childhood.

### P2

All but one candidate provided answers which showed an awareness of monitoring of care with application to partnership working. Many candidates used a pregnancy.

### P3

Around half the candidates were able to describe how legislation/p&p safeguards with application to partnership working. This was by far the most challenging of the pass criteria. Where candidates were unable to do this, it was often due to not covering two pieces of legislation. There was generally good awareness of safeguarding in terms of legislation, but weak application to how this informs partnership working – either with other practitioners or service users.

### P4

This was another pass criteria that proved a challenge - candidates understood the role of health education campaigns but found it difficult to apply such campaigns to partnership working. A fair number

of candidates referred to partnership working not with practitioners working with other practitioner's and/or service users, but organisations, such as local health authorities working with other organisations such as the NHS, charities etc. Which did not address the focus of practitioners working in partnership – a major error in the interpretation of partnership working.

#### **P5**

Traceable quotes were clear within candidate's work.

#### **M1**

This criteria lends itself to the application of partnership working – candidates address this well

#### **M2**

Another criteria where the application to partnership working through care planning was an easier requirement than even some of the pass criteria. Practitioners working with other practitioners and service users to review/plan was clearly understood.

#### **M3**

This was the most challenging of the merit criteria, as reflection in about the practitioner's thoughts, so the application to partnership working did not come easy. Many candidates understood the value of reflection on improving practice but could not follow this through in terms of how this reflection could be use within partnership working, or how practitioners, could work together to reflect on their partnership work.

#### **M4**

Traceable quotes were clear within candidate's work.

The detail needed to award the merit criteria was often impacted by high word count in the pass criteria, which did not leave enough of the 1,500 words for engagement with the merits, and certainly not the distinction criteria.

#### **D1**

Most of the candidates from one centre referred to health education, but failed to mention practitioners, so terms like 'the health education would...' was used but with no reference to practitioners delivering the health education and working in partnership. When partnership working was mentioned there was not enough engagement to award the criteria. Often partnership working was just stating professionals who could work together e.g., GP, school nurse, teachers, rather than how they work together to deliver health education.

Some effective background research highlighting the area of lifestyle choices chosen, and the need for health education. Many selected adolescences as the life stage, and health education in terms of smoking, drugs and safe sex promoting within a school setting.

#### **D2**

Wider background reading was evident, but not achieving D1 impacted in the achievement of D2.

## Regulations for the conduct of external assessment

### Malpractice

There were 2 instances of malpractice in this assessment window. The Chief Examiner would like to take this opportunity to advise learners that instances of malpractice (for example, copying of work from another learner) will affect the outcome on the assessment.

### Maladministration

No maladministration was reported in this assessment window. The Chief Examiner would like to highlight the importance of adhering to the Regulations for the Conduct of External Assessment document in this respect.

**Chief Examiner:** Vickie Davis

**Date:** 17 March 2022