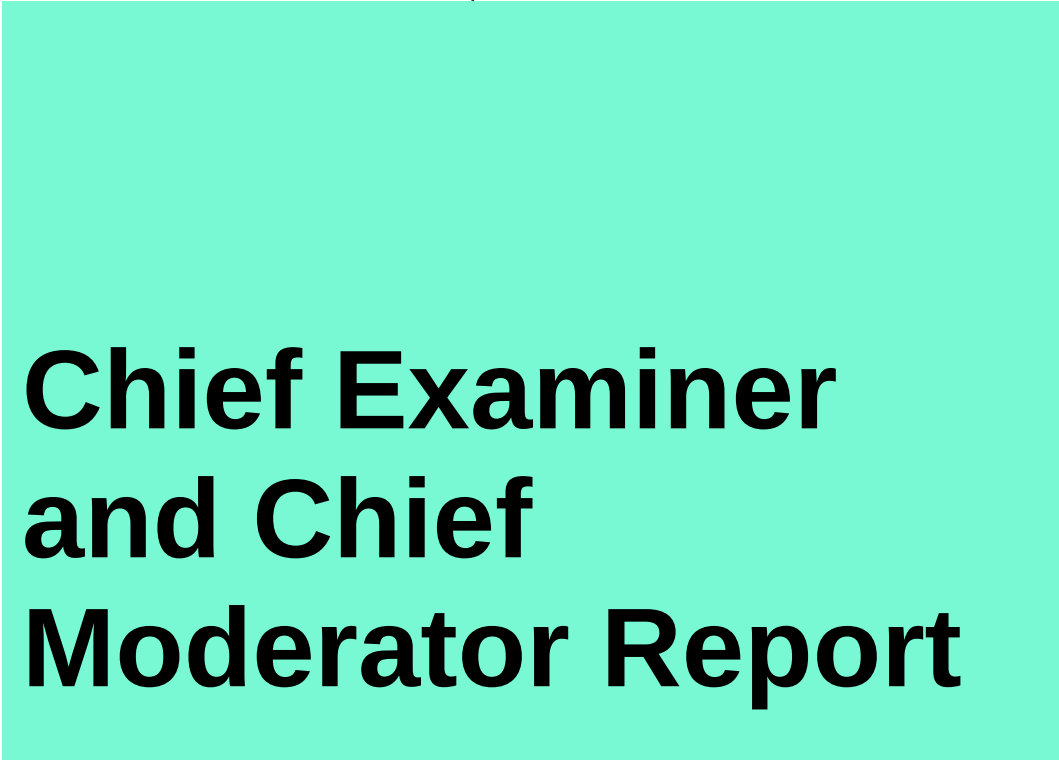




Chief Examiner and Chief Moderator Report

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

**Summer 2025 – occupational
specialism
Supporting the Therapy Teams**

Introduction

Summer 2025 – occupational specialism (OS) Supporting the Therapy Teams

Assessment dates: **10 March 2025 to 13 June 2025**

Paper number: **P002743, P002744 and P002745**

This report contains information in relation to the externally assessed component provided by the chief examiner and chief moderator, 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

Grade boundaries for the series are:

	Overall
Max	380
Distinction	292
Merit	204
Pass	116

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

For further detail on how raw marks are scaled and the aggregation of the OS element, 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

External Assessment

Overall, student achievement in this cohort and assessment series demonstrated significant improvement compared to previous years. This positive trend can be attributed to several factors, most notably the decision to revert Assignment 1 back to its previous format. Under this structure, students were required to follow the same patient throughout all four tasks, rather than working with four different patients. This change proved beneficial, as it enabled students to demonstrate continuity of care more effectively and showcase a deeper understanding of how to support a patient throughout their care and treatment within therapy support teams. Providers should note that maintaining this format is highly advantageous, as it allows students to draw on their knowledge across the full assessment and build a cohesive narrative of care.

The familiarity of both students and providers with the specification and assessment methods also contributed to stronger performance. Providers have clearly prepared students more effectively, resulting in candidates approaching tasks with increased confidence and competence. Overall, students performed significantly better across all assessments, with many demonstrating a solid grasp of the required knowledge and practical application.

As in previous series, there was a range of achievement observed. All students achieved marks across the banded descriptors, although patterns remained consistent with prior years: students generally found the evaluative and analytical tasks more challenging than descriptive or explanatory tasks. Providers should continue to support students in developing these higher-order skills through targeted teaching and practice, as they remain a common area of weakness.

A persistent issue noted was the tendency for some students to recreate the assessment proformas during their assessments, particularly in Assignment 1. Despite previous reminders and the availability of these proformas in both PDF and Word formats, some students spent valuable assessment time replicating these documents. This often resulted in incomplete sections and missed guidance, directly impacting their overall performance. Providers are strongly encouraged to reinforce the importance of using the proformas provided to avoid wasted time and ensure that students meet all aspects of the assessment criteria.

In terms of question completion, the majority of students answered all questions; however, there were still instances where sections were missed. Additionally, evidence of assessment fatigue was observed, with some students' responses becoming weaker towards the end of tasks. Providers should encourage students to use effective time management strategies to maintain the quality of their responses throughout.

In conclusion, this assessment series highlighted a marked improvement in outcomes, with the revised structure and increased familiarity with the assessments contributing to higher achievement. Continued focus on encouraging the use of the provided proformas, building evaluative and analytical skills, and supporting students in managing their time effectively will further enhance performance in future series.

Moderated Assessments

Assignment 2 is split into two sections: Supporting Healthcare Assignment 2 - Practical Activities Part 1, followed by Supporting the Therapy Teams Assignment 2 – Practical Activities Part 2. These assessments are internally assessed at provider premises through simulated performance. The provider

appoints their own assessors, then external moderation is carried out by NCFE-appointed moderators. Most students were well prepared for the assessments and in the best evidence providers ensured that all available equipment was available, and the standardised patients participating in the simulations were adequately briefed and prepared to play their role consistently.

Supporting Healthcare Assignment 2 Practical Activities – Part 1

The 2025 cohort have performed well in Assignment 2, and it is evident that many students have benefited from time in industry placement and from simulation opportunities organised by providers. Part 1 and 2 assessment scenarios are unseen by students. They need to attend prepared for anything. The students who scored higher were able to consider the task holistically and demonstrate not only the scenario-specific skills required in each task, but also interweave the appropriate underpinning skills required to be able to complete the scenario successfully and to a high quality.

Students who scored lower lacked consistency within their practice and did not always fully complete all parts of each scenario. Often communication skills with the patient or others involved, and poor or incomplete written documentation were factors impacting on the awarding of higher marks.

In a minority of cases standardised patients or assessors were not fully compliant with the provider brief. This occasionally restricted the opportunity for students to interact and demonstrate both scenario-specific skills and the underpinning skills relevant to patient-centred care. Supporting the Therapy Teams Assignment 2 – Practical Activities Part 2

Supporting the Therapy Teams Assignment 2 - Practical Activities Part 2

Students generally engaged well with the therapy-based scenarios and demonstrated respectful communication and basic practical competence. Most were able to complete core elements of each task, but the depth of clinical reasoning, individualisation, and documentation quality varied across the cohort. Common areas for development included limited use of SMART goals, missed opportunities to link tasks to individual needs or daily life, incomplete or rushed demonstrations and safety checks and variable quality of written documentation and follow-up planning.

Students would benefit from greater focus on clinical reasoning, person-centred goal setting, and connecting therapeutic tasks to real-world function and independence.

Evidence creation

External Assessment

Within this assessment series, students were required to produce a range of evidence including digital recordings, Microsoft Word documents, and the use of proformas. This variety of evidence types provided students with the opportunity to demonstrate a wide range of skills, from written communication and structured documentation to practical application through recorded interactions.

Overall, the quality of evidence submitted was good, with many students clearly understanding the assessment requirements. The use of the provided proformas proved particularly effective in enabling students to structure their responses appropriately. However, despite repeated guidance, a small number of students continued to recreate these proformas during their assessment. This practice remains problematic as it led to incomplete sections, omissions of required information, and wasted assessment time. Students who used the provided proformas as intended consistently produced more complete and higher-quality evidence. Providers must reinforce to students the importance of using the issued proformas to maximise their performance.

The quality of digital recordings varied significantly across the cohort. While many students submitted clear and well-structured recordings that met the assessment criteria, there were instances where background noise, interruptions, and incoherent responses negatively impacted the quality of evidence. Some recordings were completed later in the evening, suggesting fatigue, which may have further affected performance. Providers are reminded of the need to ensure that recordings are clear, free from background noise, and demonstrate a coherent delivery. Familiarity with the guidance set by NCFE is essential in supporting students to meet these standards. In some cases, providers enhanced recording quality by using microphones, which proved effective and is considered good practice.

Written evidence in Microsoft Word was generally strong, with many students demonstrating good organisation, appropriate terminology, and application of knowledge. However, the evaluative and analytical sections remain a challenge for some students and often lacked depth. Providers should continue to focus on helping students develop these higher-order skills and understand how to evidence them effectively in their written submissions.

In summary, the range of evidence produced was appropriate and enabled students to showcase a wide skill set. To further improve outcomes, providers should:

- ensure students use the supplied proformas without alteration
- reinforce the importance of clear, uninterrupted, and coherent digital recordings
- familiarise themselves fully with NCFE guidance on recording standards
- support students in strengthening the evaluative and analytical elements of their written work.

These measures will help sustain and build upon the improvements demonstrated in this assessment series.

Moderated Assessments

Supporting Healthcare Assignment 2 - Practical Activities Part 1

Assignment 2 relies on the evidence uploaded by each provider. It is essential that complete evidence for both parts 1 and 2 is uploaded to the evidence portal. Providers must also ensure all evidence for each student is retained as per the Provider Guide Instructions. In some cases, it may be appropriate to extend sampling and if this is the case moderators must be able to see all the evidence requested. The evidence checklists have been used and uploaded as required by some providers this year, but not by all. These are important to help identify any issues with evidence; for example, if a recording had to be stopped and restarted due to a camera malfunction, or if some evidence has been corrupted.

There was a lot more missing evidence this year which led to delays with the moderation process whilst we had to wait for action from providers. The checklists should be used by all providers and uploaded with your evidence. Evidence consists of the student assignment brief/evidence booklet, complete video recordings of all scenarios, an assessor narrative on the observation and justification for marks awarded, and the marks completed for scenario-specific skills and underpinning skills.

Page 4 of the assignment brief has a student submission form to complete, and this was left blank by some students. Please advise students in future that this page must be completed and signed as part of their evidence submission.

It is important to remind students that they should present themselves as if they were working in the care setting; we saw a range of clothing that would be inappropriate to wear if working in healthcare. They should be bare below the elbows and jewellery (bracelets etc) should be removed. Also, it is advised that long false nails are not worn as they constitute an infection risk and would not be allowed in clinical care. Hair should also be tied up.

Across the range of evidence, varying quality was seen. In the most comprehensive examples, all evidence was uploaded as required and each piece was labelled clearly; assignment brief evidence booklets were completed, scanned and uploaded. Video best practice included for each scenario: a complete recording with an introduction naming the student and provider; the five minutes reading time; the actual task simulation including handwashing, donning and doffing Personal Protective Equipment (PPE); communicating results and explaining them to the patient, depending on the task; notes completion; and finally the assessor asking the student 'can you confirm you have finished this task?'. The better assessor narratives were comprehensive and matched closely what could be seen in the video recordings.

Templates for the assessor observation of skills recording forms were provided and in most cases were used well. A minority of providers had attempted to replicate the awarding criteria within their narrative, which is not what is asked for within the Provider Guide. The use of some of the descriptors, such as basic, good, outstanding etc, does help the moderator understand where your marks have come from. The detail recreates the assessment, including specific examples of performance that will support the assessment decision or justify the outcome.

Less robust evidence included partial or missing recordings. It is not sufficient for students to announce they have previously washed their hands for a task where handwashing equipment has been supplied, we expect to see them doing this thoroughly and then using PPE if it is in the equipment list. Some recordings were obscured by the positioning of the camera; the student might have their back to it or be completing some of the tasks outside of the camera angle. The audio quality should be checked beforehand to ensure other assessments going on in nearby areas are not compromising the quality of the recording.

Written evidence required in the scenarios differs depending on the task. In general, this was an area where many students could have performed better, ensuring all areas requiring completion were completed to the standard that would be expected of them at this level in industry. Depending on the scenario it should be an accurate reflection of what care has been provided, what observations have been made, any deviations from the normal and appropriate actions taken. These documents should be of use to the ongoing care team.

Supporting the Therapy Teams Assignment 2 - Practical Activities Part 2

Moderation is based on a comprehensive review of a range of evidence generated during the practical activity scenarios. This includes audiovisual recordings of student performance, completed student documentation (such as patient notes, care plans, and safety checklists), assessor observation records and mark sheets, and any relevant written notes made by the student during the tasks. An evidence upload checklist is used to ensure all required materials are submitted, and JCQ-approved documentation is included for any students with agreed reasonable adjustments. This holistic approach ensures that each assessment is judged consistently, fairly, and in line with national standards.

Documentation in treatment plans were often incomplete or lacked rationale. In stronger cases, students recorded relevant lifestyle factors and linked advice to the patient's daily routine. In weaker examples, responses were brief and lacked structure.

Students generally used appropriate language and tone when discussing faults or completing written documentation. However, some entries on the equipment inspection form were overly brief, stating "faulty" or "not working" without specifying the issue. In stronger examples, students used professional terminology and clearly outlined both the fault and its potential impact on the resident's safety.

To improve documentation standards, provide exemplars and practice tasks to develop confidence in writing clear, structured, person-centred entries in care planning documentation. By embedding these elements into teaching and formative assessment, students will be better prepared to develop holistic, individualised exercise plans that support physical and psychological recovery.

Responses to the external assessment tasks

Assignment 1 – case study

Task 1: assessment of the patient / situation

For Assignment 1, Task 1, students were required to assess Tess's needs using the provided report template, incorporating the principles of patient-centred care. The task asked students to consider Tess's physical and emotional needs, assess risk factors affecting her mobility, and recommend preventative measures to avoid further injury.

While most students engaged with the task, there was a clear trend of responses lacking contextualisation to the given scenario. Many students approached the task by discussing Tess's wider needs in relation to her home environment rather than her current status as an inpatient on an acute hospital ward. This misinterpretation of the setting limited the relevance and depth of many responses. Providers should ensure that students fully understand how to adapt their knowledge to the specific context of the scenario, as this skill is crucial to meeting the assessment criteria. Knowledge and understanding of inpatient care were also inconsistent. Some students demonstrated a strong grasp of how holistic needs are addressed within a hospital setting, while others provided generic information or responses more appropriate to a community care context. Providers are advised to focus on strengthening students' understanding of holistic care within acute inpatient environments, including the specific procedures, routines, and multi-disciplinary team roles involved. This should be reinforced through teaching and scenario-based practice tasks.

In assessing risk factors, higher-performing students made clear links between Tess's diagnosis of dementia, her poor nutritional intake, incontinence, and the increased risks of falls and delayed recovery. Lower-performing students tended to list risk factors without analysing their significance in this context. Providers should encourage students to go beyond identifying risks, by explaining how and why these factors are relevant to the patient's condition and setting.

Recommendations for preventative measures varied widely in quality. Stronger responses provided specific, realistic, and setting-appropriate measures, such as implementing regular toileting schedules, monitoring fluid intake, and ensuring staff-assisted mobility using correct techniques. Weaker responses often offered generic advice or recommendations better suited to a home setting. Providers need to emphasise that recommendations should always be tailored to the individual patient and care environment described in the task.

Furthermore, many students used the report template effectively, enabling them to address all required points. However, some missed sections or provided incomplete responses, often due to misunderstanding the template structure. Providers should continue to promote correct use of the supplied templates and ensure students practise using them so they can structure their answers efficiently under assessment conditions.

By embedding these practices—contextualising to the care setting, strengthening knowledge of inpatient care, linking risks to outcomes, and providing specific, tailored recommendations—providers can help students produce more comprehensive, higher-quality responses in future assessments.

Task 2: goals / patient outcomes / planned outcomes

Assignment 1, Task 2 required students to complete a goal-setting template for Tess following her transfer to the rehabilitation ward. They were asked to use information from the scenario, the completed Barthel Index assessment, and set goals that would help Tess increase her independence with mobility and activities of daily living (ADLs). Students needed to outline two problem statements with two short-term patient-centred goals for each, explain the actions to meet these goals, identify potential barriers, and recommend ways to minimise risks in achieving them.

Overall, there were improvements in students' ability to create goals for the patient compared to previous series, indicating that providers have been reinforcing the principles of goal setting in their teaching. However, this task still proved challenging for many students, particularly in distinguishing between short-term and long-term goals. Providers should ensure that students clearly understand the difference between these types of goals and practise applying this understanding to specific scenarios.

A common strength was that most students attempted to provide goals that were patient-centred. The strongest responses were well-structured, demonstrated a clear understanding of Tess's current abilities, and directly linked the goals to her rehabilitation needs. These students effectively utilised the Barthel Index assessment and scenario information to make their goals realistic and achievable.

However, a significant proportion of students did not fully contextualise their responses to the rehabilitation setting, often reverting to general statements or measures that were more appropriate to community care or acute ward settings. Providers should emphasise that students must adapt their responses to the setting described, as this demonstrates their ability to apply theoretical knowledge in practice.

There was also confusion among some students regarding how to formulate short-term goals. Many goals lacked specificity or measurability, making them vague and less effective in demonstrating understanding of patient-centred care planning. Providers are encouraged to give students structured practice in writing SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals to strengthen this skill.

In terms of the other components of the task, such as explaining actions to meet the goals, identifying barriers, and recommending ways to minimise risks, the stronger responses integrated these elements seamlessly, showing clear links between the goals, actions, and risk management strategies. Weaker responses either failed to address all parts of the task or presented actions and barriers that were too generic. Providers should reinforce the importance of using all information provided in the assessment (e.g., the Barthel Index, scenario details) to inform specific, tailored responses.

It was also noted that some students did not make full use of the supporting documentation provided (e.g., the Barthel Index) and, as a result, their answers lacked depth or drifted off topic. Providers should encourage students to extract and apply key information from all sources provided in the assessment to ensure their responses remain focused and relevant.

By ensuring students can differentiate between short- and long-term goals, apply scenario information effectively, and create specific, measurable, and context appropriate goals, providers can help students strengthen their performance in this task and across future assessments.

Task 3: care / treatment / support

In Assignment 1, Task 3, students were required to complete a therapy treatment plan based on a scenario where Tess was preparing for discharge home with a package of care. This task focused on students' ability to evaluate the current home environment (using an occupational therapy (OT) visit report), identify risks, suggest suitable and justified actions, and evaluate the factors that could support or limit their recommendations.

Overall, the majority of students completed this task exceptionally well. It was clear that students had engaged with the scenario and supporting documentation, drawing on their comprehension skills to extract relevant details and apply them effectively. Many students demonstrated a strong understanding of person-centred planning and were able to make appropriate, realistic recommendations to support Tess's discharge.

Most students correctly identified environmental hazards and challenges within Tess's home, such as potential issues navigating stairs, kitchen accessibility, and bathroom safety. The strongest responses provided well-reasoned, evidence-based solutions that reflected not only the immediate risks but also Tess's long-term independence and safety.

A particular strength across many scripts was the ability to justify recommendations using clear rationale linked to Tess's condition, abilities, and support package. For example, students who recommended additional bathroom aids or adaptations often supported these suggestions by referencing Tess's intermittent incontinence, shoulder pain, or cognitive difficulties. This ability to link proposed actions with clinical reasoning reflects the type of professional thinking that this occupational specialism is designed to develop.

Where some students were less successful, it was usually due to a lack of depth in evaluating the factors that may support or limit their recommendations. In some cases, students identified barriers such as cost or limited mobility but did not fully explore their implications or offer strategies to mitigate them. Providers should ensure that students are given opportunities to develop their evaluative writing skills, particularly around assessing practical, social, and environmental factors that may influence patient care.

Another minor area for improvement observed in a small number of submissions was the use of generic or unrealistic recommendations, such as suggesting complex home modifications without clear justification or feasibility considerations. Providers are encouraged to reinforce the importance of realism, context, and patient-centred care planning, especially when suggesting interventions.

In summary, this task showed a strong performance across the cohort. Most students were able to retrieve key information from the OT visit report and translate it into practical, appropriate care planning. Providers should continue to support students in refining their evaluative skills and encourage the development of recommendations that are holistic, patient-specific, and clearly justified.

Task 4: evaluation / monitoring effectiveness / clinical effectiveness

Assignment 1, Task 4 required students to write a report recommending whether Tess was ready for discharge from the follow-up service. This task assessed students' ability to evaluate her ongoing needs, use evidence from multiple case study documents (items A, C, E, and G), and justify recommendations for therapy teams, including any required ongoing care or referrals.

Student performance in this task was polarised, with responses generally falling into two clear groups: those who demonstrated excellent understanding and those who struggled significantly.

On the positive side, students who performed well showcased a fantastic grasp of the scenario and requirements of the task. These students were able to draw on the follow-up call log and other

supporting documentation to make a well-evidenced decision regarding Tess's readiness for discharge. Their reports reflected a strong ability to evaluate multiple factors, such as her mobility, continence, cognition, home environment, and the effectiveness of her current care package. They also provided clear, patient-centred justifications for their recommendations, often suggesting appropriate referrals or ongoing interventions where necessary.

However, a considerable number of students produced responses that were very basic, lacking depth in evaluation and justification. These weaker responses often repeated information from the call log without applying analytical thinking or failed to integrate the supporting evidence from the other case study documents. In some cases, students simply gave a conclusion without sufficiently evaluating the factors influencing the discharge decision.

This disparity in performance may reflect potential exam fatigue or poor time management, as Task 4 came at the end of the assessment and required students to sustain focus and analytical writing skills. Some students appeared to rush their responses, which resulted in missed opportunities to access the higher marks available for evaluation and justification.

Advice to providers:

- Ensure students are supported in developing sustained evaluative writing skills, enabling them to maintain quality responses across the whole assessment
- Encourage students to use all available evidence in their reasoning rather than relying solely on one source
- Reinforce the importance of justification in recommendations, as this is a key discriminator between basic and high-quality responses
- Prepare students for managing their time effectively during extended assessments to avoid a decline in performance in later tasks.

In conclusion, Task 4 demonstrated a clear divide in student achievement, with some learners excelling through comprehensive, evidence-based evaluations, while others produced limited responses. Providers should focus on strategies that build students' resilience, time management, and analytical application to strengthen outcomes across the whole assessment.

Assignment 1: overall

Overall, student performance in Assignment 1 was mixed, with clear strengths in some areas and notable gaps in others. The assignment required students to apply their knowledge to a series of scenario-based tasks that progressed through Tess's care journey, testing their ability to contextualise information, use patient-centred approaches, and make justified recommendations.

Many students demonstrated strong comprehension skills, particularly in Task 3, where the majority were able to identify risks, make realistic recommendations, and justify how these would improve Tess's safety and independence at home. There were excellent examples of work where students clearly understood the requirements of the tasks, applied theory effectively, and provided well-structured, evaluative responses. Some students also showcased a good grasp of patient-centred care, embedding this throughout their recommendations and goal setting.

However, there were also areas for development. A recurring issue across several tasks was the lack of contextualisation. For example, in Task 1 many students focused on Tess's home environment rather than her inpatient care needs, which limited their ability to fully meet the assessment criteria. In Task 2 there was confusion between short-term and long-term goals, with some students failing to use the information provided effectively, leading to responses that lacked relevance or depth. Task 4 revealed a clear divide in performance; while some students produced high-quality, evaluative reports, others

submitted very basic responses, suggesting potential exam fatigue or poor time management towards the end of the assessment.

Providers should continue to embed scenario-based practice to strengthen students' ability to contextualise responses. Teaching should place greater emphasis on clarifying the difference between short-term and long-term goals and linking these to rehabilitation and patient outcomes. Students should also be encouraged to use the resources and case study documents effectively, ensuring they do not overlook key information. Additionally, providers should support students in developing evaluative writing skills to help them move beyond description and achieve higher marks.

Assignment 1 highlighted that while many students can demonstrate good knowledge and understanding when applying themselves, there remain areas where stronger guidance and practice are needed. By addressing these areas, providers can help students consistently produce work that meets the higher-level criteria across all tasks.

Across Assignment 1, students demonstrated a range of abilities in English, maths, and digital skills, all of which had a noticeable impact on the quality of their responses.

Overall, students were able to communicate ideas, but there was significant variation in the accuracy, structure, and depth of responses. Many students used appropriate health and social care terminology; however, some responses were overly descriptive and lacked the required analysis. A common issue was the failure to fully contextualise answers to the given scenarios, which limited marks. For example, in Task 1, students frequently focused on Tess's home environment rather than her inpatient needs, and in Task 2, confusion between short-term and long-term goals often stemmed from unclear written expression. Providers should strengthen students' scenario-based writing by embedding more practice on structured report writing, encouraging evaluative responses, and ensuring students consistently use subject-specific terminology.

Although mathematical demands in Assignment 1 were limited, students were expected to interpret and apply numerical data, particularly from the Barthel Index in Task 2. Most students were able to read and use the data provided, but fewer were able to analyse how the scores informed care planning and goal setting. Providers should encourage students to link numerical data directly to patient care needs and outcomes. Regular practise with interpreting assessment tools and applying the results analytically will help improve this skill.

Digital skills varied across the cohort. While many students used the provided templates effectively, others recreated their own versions, which unnecessarily consumed assessment time and, in some cases, resulted in missing or incomplete sections. Providers should reinforce the importance of using the templates provided. These are designed to guide students and ensure they meet all assessment requirements efficiently, allowing them to focus on the quality and depth of their content rather than formatting.

Assignment 2

Practical activities

Part 1 Supporting Healthcare (Core)

Scenario 1: This task required the student to take the physiological measurements of a 58-year-old man attending for a 6-monthly diabetes check-up. They then had to record the consultation on the GP referral notes and report any concerns. The students were directed to measure weight, heart rate and blood pressure. Handwashing facilities and Personal Protective Equipment (PPE) were also expected to be used as they were on the equipment list for the scenario in the Provider Guide. Students who performed well demonstrated understanding of the need for infection prevention and control measures, washed their hands demonstrating an approved technique and donned and doffed PPE appropriately.

In general, students managed the taking of the physiological measurements well, demonstrating the appropriate technique and using equipment correctly. The higher marked students showed best practice by measuring the heart rate for a full 60 seconds and asking the individual to step on the scales twice rather than once. There were still some students who did not position the blood pressure (BP) cuff correctly or talked to the individual whilst measuring their BP, which could have impacted the accuracy of the measurement.

Providers issued the results of the scenario measurements in several ways. It is best practice to tell the student each measurement when they have finished the demonstration of each technique. It is not advisable for example to interrupt the student whilst they are measuring the heart rate and tell them the measurement to use, as it often interrupted their demonstration and it was therefore not evident, they would have continued for the full 60 seconds.

The record keeping did not always capture any recognition of the changes in the measurements from the previous visit, this is where the concerns should have been apparent. This connection was often missed by the lower marked students who failed to mention the trends and why they were concerning or make any links to the individual's health condition - diabetes.

Scenario 2: This was a moving and handling task where the student was working in a residential care home, and had to carry out a risk assessment, on the moving and handling of an elderly individual from a wheelchair to a chair. They then had to follow their own risk assessment and work with a second member of staff to move the individual safely. Following the transfer, they had to review their risk assessment form and make any amendments as necessary.

This task was challenging for some students, lower marked students sometimes carried out the transfer before making their risk assessments so had not read and followed the brief carefully. The opportunity to reflect on the risk assessment and make amendments was then compromised resulting in an incomplete task. Some carried out the transfer alone, so had not used the information clearly given within the brief that the individual required 2 people and a transfer belt to move safely. Their written documentation was poorly completed with a lack of detail.

The higher marked students followed the brief carefully, completed a detailed risk assessment usually involving the individual for their input, which would be best practice. They prepared themselves and their equipment, used the handwashing facilities and PPE appropriately and had a sound, safe working knowledge of how to use the handling belt correctly. They engaged with the second member of staff and directed them clearly in what they wanted them to do to support the transfer. Their risk assessments had detail and clear instructions for other staff when supporting this individual in the future.

Scenario 3: This task required the student to respond to a patient fall in hospital and deal with a blood spillage. The patient is confused and agitated, being verbally aggressive to the staff. They are found on the floor with an arm injury, bleeding. This task did prove to be quite challenging for several students but for a variety of different reasons. Provider compliance in some instances impacted the students' ability to demonstrate the clinical skills, knowledge and understanding. It is important that standardised patients and other staff members are prepared thoroughly and follow the Provider Guide instructions carefully. This then ensures that the approach, between students and across providers is consistent, and does not limit or impact student opportunity. Examples of this included the additional staff member not using the script and asking the student to apply first aid and move the patient back to bed before cleaning the blood spillage. First aid was not part of this assessment; there were no resources to be provided in the equipment list for this to be carried out and the additional member of staff should have taken control of the patient once they arrived on scene and instructed the student to clean the spillage.

A full blood spillages kit should be provided as per the equipment list, these usually contain items such as PPE, granules to solidify the spillage, a scoop and scraper, waste disposal bag, and cleaning

solution. In some cases, blue roll and spray only was provided which again limits the student's ability to demonstrate the use of a spillage kit. Moderators were instructed to award positively if the student used what they had been provided with, the best way they could, but again it demonstrates how it is so important to ensure that the Provider Guide instructions and provision of the correct equipment are crucial for the success of your students.

The higher marked students in this task performed excellent infection prevention and control measures. Washing their hands and donning and doffing PPE correctly. They demonstrated excellent duty of care placing the patient first. They summonsed help immediately on finding the patient and did not wait until they had washed their hands and applied their PPE which would delay first aid assessment and treatment. They tried to calm and reassure the patient using their communication skills well whilst waiting for the nurse to arrive. Once the nurse arrived, they then moved as instructed on to the cleaning up of the spillage and used each component of the spillages kit correctly. Documentation was detailed and clearly stated events and who did what.

Students who marked lower often did not summon help until after they had washed their hands and applied their PPE, they did not engage well with the patient or attempt to calm and reassure them, sometimes ignoring their repeated calls for help whilst washing their hands. There was a minority who assisted the patient back to bed themselves without the appropriate risk assessment being done by the nurse, overstepping the limitations of their role and a potential safeguarding issue. The use of the spillages kit was less confident and infection prevention and control measures were often inconsistent.

Supporting the Therapy Teams Assignment 2 – Practical Activities Part 2

Part 2B: Observed Practical Tasks – Supporting the Therapy Teams

This section of the Practical Activities Assignment required students to complete four observed tasks designed to reflect key responsibilities of a healthcare therapy support worker. The tasks focused on supporting individuals and therapy teams across a range of interventions, including the safe use of equipment, communication with individuals, and promoting person-centred care. Students were assessed on their ability to follow instructions, apply knowledge in practice, and maintain professional standards while working within the scope of their role. The practical tasks provided an opportunity to demonstrate core values, adaptability, and an understanding of the wider role of therapy support within multidisciplinary healthcare settings.

Scenario 1: Wheelchair Handover and Risk Assessment – Supporting Mobility for a Patient with Chronic Heart Disease. This practical activity required students to complete the handover of a wheelchair to Lesley, a patient with chronic heart disease, diabetes, and reduced mobility due to fatigue and breathlessness. The wheelchair was to be used for up to four hours daily to enable access to the community. Students were expected to demonstrate safe and appropriate use of the wheelchair, assess the patient's ability to use it, and complete the wheelchair handover checklist, using information provided in the patient notes. Key skills assessed included risk assessment, patient communication, person-centred practice, and health and safety awareness.

Most students approached the task with a respectful and supportive manner. They demonstrated an understanding of the basic safety and functional elements of the wheelchair and were generally able to guide the patient through a basic handover. Stronger students made efforts to adjust the chair to suit the patient's posture and communicated clearly throughout the assessment. However, several key areas of practice were frequently overlooked. Brakes were not always applied before asking the patient to sit, creating a potential safety risk. Footplates were not consistently removed or raised, which posed a risk of injury to the patient's legs, particularly concerning given the patient's history of diabetes and leg swelling. A few students recognised the potential for pressure damage or infection caused by poorly managed

contact between the footplates and fragile skin. In some instances, limited consideration was given to who would propel the wheelchair or how it would be transported, despite this being essential in long-term use. In some cases, students accepted or used a self-propelling wheelchair, which would not have been clinically appropriate given the patient's breathlessness and heart condition. Although this did not impact marking, as the provider guidance did not specify wheelchair type, it did indicate a lack of applied understanding of the patient's symptoms and physical limitations. Very few students discussed the psychological benefits of wheelchair provision (e.g. reduced isolation, improved independence), despite references to the patient's social withdrawal and emotional wellbeing in the background information. The wheelchair handover checklist was generally completed, but many responses lacked critical detail. Comments about comfort, fit, or patient feedback were often brief or absent. Some students also missed visual cues in the role play, such as the patient leaning to one side or expressing fatigue.

This task highlighted a need for stronger emphasis on manual handling, risk awareness, and infection prevention. Students often failed to link the patient's medical history, such as heart disease, diabetes, and leg swelling to practical risks when demonstrating and assessing wheelchair use. In real settings, this could result in skin breakdown, delayed healing, or more serious complications.

Additionally, students rarely checked or discussed transport and propulsion needs, which are essential in determining long-term suitability of the chair for community access.

Verbal communication was generally appropriate. Most students used a friendly and respectful tone when speaking to the patient and attempted to explain procedures. However, some instructions were rushed or unclear, particularly around posture and safety, a few students used overly informal phrasing when addressing risk or comfort (e.g. "you'll be fine" or "just pop in there"), which lacked professional tone. Written entries on the checklist were often limited to basic "yes/no" responses without any additional justification or clinical reasoning in the comment section.

To improve performance in future series, providers are advised to focus on the emphasising safe transfer techniques, reinforce the importance of using brakes, removing footplates, and positioning the patient safely before transfers. Link clinical history to equipment selection: Support students to consider whether a manual or self-propelling wheelchair is appropriate based on symptoms like breathlessness, fatigue, and cardiovascular risk. Look to promote whole-person assessment, encourage students to think beyond the equipment, considering propulsion needs, transport options, and the psychosocial impact of equipment use. Look to strengthen documentation skills, teach students to provide justification and rationale in written assessments, particularly in comment sections where clinical reasoning should be evident. Use realistic case discussions, including role plays or problem-solving tasks that involve matching equipment types to clinical conditions, and exploring risks associated with inappropriate equipment provision

By embedding clinical reasoning alongside practical skills, students will develop a more holistic understanding of how to support therapy teams and promote safe, effective use of mobility aids in practice.

Scenario 2: Supporting a Home-Based Exercise Plan – Back Pain Management with Simon. This task required students to support Simon, a 45-year-old patient living with chronic lower back pain following a car accident. Students were asked to work in line with a physiotherapist-led back care treatment plan to help Simon set up a self-directed exercise routine. They were expected to discuss achievable goals, explore factors that might affect motivation and wellbeing, and complete the back care treatment plan (Item D) using the supporting information in Item C: patient notes. Key areas assessed included communication, person-centred care, planning, and clinical reasoning.

Most students demonstrated a supportive and professional approach during the session. Many engaged Simon in general conversation and acknowledged his ongoing back pain. Some students discussed the importance of building routine and suggested realistic adjustments to his daily activities. Students who

performed well encouraged Simon to reflect on his preferred time of day for exercise and suggested ways to improve motivation, asked appropriate questions about Simon's wellbeing and the impact of pain on his social and family life. They provided suggestions beyond back care exercises, such as incorporating walking or swimming to promote holistic wellbeing and completed the back care treatment plan with achievable, relevant goals and a clear summary of advice.

However, several common weaknesses were observed across the cohort. Many students did not demonstrate the exercises or ask Simon to try them, missing the opportunity to assess understanding and technique. Goals were often too vague or process-based (e.g. "exercise three times a week") rather than specific, measurable, and tailored to Simon's situation. Students often failed to explore Simon's living and working environment, such as the fact that he sleeps on the sofa and avoids using the cluttered home office, despite this being crucial to understanding postural habits and exercise suitability. There was limited attention paid to psychological wellbeing and emotional barriers to exercise, even though Simon expressed frustration and guilt about his limitations, particularly around seeing his children.

Documentation in the treatment plan was often incomplete or lacked rationale. In stronger cases, students recorded relevant lifestyle factors and linked advice to the patient's daily routine. In weaker examples, responses were brief and lacked structure.

Most students showed an understanding of person-centred care in their tone and approach. However, the lack of practical demonstration or physical guidance on exercise technique meant that safety considerations, such as proper posture or movement control were not consistently addressed. Additionally, failure to explore Simon's home setup meant risks associated with exercising in unsuitable environments were often overlooked.

Students generally used a polite and supportive tone. Most verbal communication was clear, although some lacked structure when delivering advice. Written entries in the back care treatment plan were often limited in detail or overly general, occasionally contained informal language not appropriate for documentation and rarely included specific actions or follow-up advice to support long-term engagement.

To improve performance in future series, providers are encouraged to focus on ensuring students understand the importance of exercise demonstration, reinforce the need to model exercises and check patient understanding, particularly where home practice is expected. To develop SMART goal setting skills, supporting students in writing meaningful goals that are specific, measurable, and relevant to the individual's lifestyle and condition. Encourage deeper exploration of lifestyle factors, help students recognise the value of asking about home environment, workspace setup, and exercise barriers (e.g. cluttered office, sedentary routines). Integrate psychological wellbeing: Reinforce the importance of addressing frustration, guilt, or low motivation and linking these to realistic, supportive advice. Improve documentation standards: Provide exemplars and practice tasks to develop confidence in writing clear, structured, person-centred entries in care planning documentation. By embedding these elements into teaching and formative assessment, students will be better prepared to develop holistic, individualised exercise plans that support physical and psychological recovery.

Scenario 3: Equipment Safety Checks – Preparing for a Resident's Return to a Nursing Home. This scenario required students to carry out safety checks on three pieces of equipment in preparation for the return of a resident following a hospital admission due to a fall. Students were asked to inspect bed rails, bed rail cushions, and a toilet frame, and to document their findings using the equipment inspection form. The activity aimed to assess students' understanding of equipment safety, fault identification, and the implications for patient wellbeing. Students were also expected to apply person-centred thinking and communicate the importance of safety in maintaining independence and preventing harm.

The majority of students performed well in this task. Most were able to identify the obvious fault with the bed rails, complete the safety checks for each item, and correctly document their findings. Many demonstrated a structured approach and showed confidence in handling equipment safely. However, a number of students rushed through the checks, missing opportunities to fully explain the purpose of each safety check, the impact of faulty or incorrectly adjusted equipment on resident safety and comfort and the need to adjust equipment, such as the toilet frame height, to suit the future user's needs.

In particular, some students checked only one leg of the toilet frame for adjustability or wear, rather than all four. Others did not turn the toilet frame upside down to inspect the ferrules, which are crucial for stability and grip and a few students noted the fault in the bed rails but failed to document why it was a concern or how it could affect the resident, missing an opportunity to demonstrate clinical reasoning.

Stronger responses included clear justifications, such as referencing risks of entrapment, falls, or instability, and linked faults to specific safety concerns for vulnerable individuals.

Most students handled equipment appropriately and demonstrated a basic awareness of infection prevention (e.g. commenting on cleanliness or visible wear). However, few extended their thinking to include how each item would be used by the specific resident, or how incorrect adjustment could lead to discomfort, poor posture, or increased risk of injury.

Students generally used appropriate language and tone when discussing faults or completing written documentation. However, some entries on the equipment inspection form were overly brief, stating "faulty" or "not working" without specifying the issue. In stronger examples, students used professional terminology and clearly outlined both the fault and its potential impact on the resident's safety.

To further improve performance in future series, providers should consider reinforcing the purpose behind each safety check to ensure students understand why each part of the equipment is inspected and what risks arise from wear, poor fit, or faulty function. They should promote full and systematic inspection, emphasise the need to check *all adjustable parts* (e.g. every leg on a toilet frame) and hidden components (e.g. ferrules underneath). Support students to explain how issues with equipment may affect mobility, dignity, safety, and comfort, especially in frail or recently discharged individuals. Model best practice documentation, provide examples that show clear, concise notes with reasoning, so students learn to record findings in a meaningful, professional way. Need to encourage person-centred thinking, help students consider how each piece of equipment must be adjusted and prepared in line with individual needs, rather than simply confirming it is functional. By developing a more thorough, reflective approach to safety checks, students will be better prepared to contribute to safe discharge planning, equipment provision, and therapeutic environments.

Scenario 4: Supporting Everyday Communication – Dysarthria Management with Pamela. This task required students to support Pamela, a 62-year-old woman recovering from a stroke and experiencing flaccid dysarthria, which affects her speech clarity. Pamela had been discharged home and was seeking to rebuild her confidence and communication skills to regain independence, particularly with everyday tasks like shopping. Students were asked to trial exercises from the dysarthria treatment plan (Item G), identify Pamela's current issues, establish goals, provide environmental adaptations, suggest integration of exercises into activities of daily living (ADLs), and complete the treatment plan. The task assessed therapeutic support skills, communication, goal-setting, and person-centred planning.

Most students demonstrated a calm and supportive approach when working with Pamela and engaged appropriately in verbal communication. Some students successfully built rapport and encouraged participation in the exercises. Stronger students used clear instructions, provided reassurance, and allowed Pamela time to respond. They demonstrated and then mirrored the exercises alongside the patient, helping reduce embarrassment and promote confidence. Identified communication barriers and suggested relevant adaptations (e.g. quiet environments, face-to-face communication, avoiding being rushed). Tailored suggested activities to Pamela's lifestyle and goals, such as practising speech when shopping or asking for directions.

Several common gaps in performance were observed, students did not always identify all of Pamela's issues, particularly her emotional responses (e.g. embarrassment, isolation, or avoidance of social situations) and her desire to regain independence following her husband's return to work. SMART goals were rarely used, and some students set overly broad goals (e.g. "improve speech" or "do exercises every day") without specificity or clear relevance to Pamela's ADLs. Prosody training was often misunderstood, with some students unable to clearly explain or model emotional tone changes in speech or skipping the activity altogether. Few students linked the session to Pamela's goal of increasing independence, such as being able to shop alone, or connected the exercises to real-world activities. A review appointment or plans for follow-up were rarely discussed, missing an opportunity to support ongoing progress and motivation. The treatment plan (Item G) was often completed, but in weaker responses, it lacked detail, individualisation, or clear reasoning behind selected exercises and goals.

Most students were respectful and attentive, but several missed opportunities to support Pamela's emotional safety. Not mirroring the exercises or failing to give adequate reassurance during performance contributed to increased discomfort and reluctance from the patient. Stronger students picked up on Pamela's cues (e.g. hesitation or fatigue) and adjusted the pace of the session accordingly.

Students generally used appropriate tone and language when interacting with Pamela. However, some instructions were unclear or delivered too quickly, a few students used informal or overly casual phrasing (e.g. "just give it a go" or "don't worry about how it sounds"). Written entries in the treatment plan varied in clarity, with stronger responses offering structured goals and relevant ADL links, while weaker ones included incomplete or vague advice.

To strengthen performance in future series, providers are encouraged to focus on teaching active demonstration and mirroring techniques, reinforce the importance of students modelling exercises alongside the patient to promote engagement and reduce self-consciousness. Support SMART goal setting, ensuring students understand how to set clear, specific, and achievable communication goals linked to real-life situations. Clarify prosody training, provide practical examples and role-play exercises that show students how to vary tone and emotion in speech. Link therapy tasks to functional independence, encouraging students to explore the patient's lifestyle, motivations, and context, and to tailor interventions accordingly. Promote review and continuity: Help students develop the habit of

discussing follow-up sessions, review plans, or ongoing progress checks to support long-term outcomes. Improve written documentation by providing exemplars of complete, clear, person-centred treatment plans that integrate reasoning and ADL relevance. By embedding these elements into teaching, students will be better equipped to deliver supportive, individualised therapy interventions that promote recovery and confidence in communication.

Assignment 3 – Professional discussion

Theme 1: therapeutic environment, equipment and resources

Question 1

For Assignment 3, Question 1, the professional discussion allowed students to draw upon their own learning, work placement experiences, and previous practical assessments. Most students were able to make clear links between these experiences and the assessment criteria, particularly when explaining the importance of maintaining and monitoring equipment, kit, and devices. Students who provided specific examples from their placement settings or classroom-based learning demonstrated a stronger understanding and were able to justify their points more effectively.

In Part B, while many students gave appropriate responses describing the implications of incorrect equipment use or lack of authorisation, some answers were limited by being too generalised. Stronger responses clearly identified potential risks, such as harm to the patient, breaches of safety protocols, or legal and professional consequences, and explained why adherence to procedures is critical in a health and social care setting.

It was evident that assessment nerves played a part in the initial responses, with some students giving brief or hesitant answers at the start of the discussion. However, as the assessment progressed, most students became more confident, and their performance improved noticeably. Providers should continue to prepare students for professional discussions by offering opportunities to practise verbal responses in a structured setting, focusing on using examples to back up explanations. Encouraging students to rehearse their answers and reflect on their own experiences in advance would also help them to settle more quickly and demonstrate their full potential.

Question 2

For Assignment 3, Question 2, which focused on assessing and maintaining an environment for therapeutic support tasks or interventions, this section proved to be very challenging for the majority of students. Only a limited number of students demonstrated responses that reached Band 4, which requires a highly detailed explanation and an excellent level of discussion supported by a wide range of examples from their own learning and experiences.

Many students provided basic descriptions of what they might look for when assessing an environment, but these lacked depth and often failed to link clearly to therapy support tasks or interventions. Common weaker responses listed generic health and safety considerations without contextualising these to therapeutic practice or to their own scope of practice. Similarly, when discussing how to monitor and maintain the environment, many answers lacked examples and did not demonstrate the comprehensive understanding required to achieve higher marks.

Students who performed well in this question were those who were able to draw directly on significant pieces of learning from the classroom and practical experiences from their placements. These students provided detailed explanations of appropriate actions, identified specific risks, and justified how they would ensure the environment remained suitable throughout an intervention. They also demonstrated a very high level of skill in connecting their knowledge to practice, offering realistic examples of behaviours and actions within their role.

Providers should be aware that this area requires targeted support. Students need more structured opportunities to practise applying environmental assessment principles to therapy-specific contexts. Embedding scenario-based discussions and reflective tasks into teaching will help students develop the ability to link theory to practice. Additionally, providers should encourage students to use their placement experiences more effectively by keeping reflective logs, which they can then draw upon when asked to provide examples during professional discussions.

Theme 2: assist overall care and needs to ensure comfort and wellbeing

Question 3

For Assignment 3, Question 3, which focused on recognising signs of pain and discomfort and reflecting on the provision of person-centred care, all students were able to provide responses, demonstrating at least a basic understanding of the topic. Many students drew effectively on their experiences from work placement settings and the practical tasks completed in Assignment 2B, which supported their ability to describe actions taken when recognising pain and discomfort.

The strongest responses came from students who went beyond simply describing what they would do. These students were able to reflect on their actions and link them to relevant theories, clearly demonstrating how their approach would improve patient outcomes. For example, some students successfully connected their responses to principles of person-centred care, highlighting how recognising and responding appropriately to pain contributes to the individual's dignity, autonomy, and overall wellbeing.

Weaker responses tended to be descriptive without deeper reflection. These students often missed the opportunity to justify their actions or link them to theory, resulting in limited marks.

Providers should continue to encourage students to use their practical experiences as evidence in their answers while also reinforcing the importance of integrating theoretical knowledge. Building in more classroom activities that explicitly connect theory to real-world practice, as well as encouraging reflective practice during placements, would help students develop the analytical skills needed to strengthen responses in this area.

Question 4

For Assignment 3, the professional discussion question on responding to incidents or emergencies and the importance of escalating concerns revealed clear differences in student performance. Some students demonstrated an excellent understanding, offering highly relevant examples from their own experiences to support their reflections. These stronger responses showed that students could not only describe what actions they would take within the scope of their role but also explain why these actions were appropriate, linking their reasoning to good practice guidelines.

Conversely, a number of responses were very basic, lacking the depth of explanation and reflection required to achieve higher marks. These students often described what they would do in an incident but failed to contextualise their actions or provide evidence of understanding why escalation procedures are critical to maintaining safety and professional standards.

It was encouraging to see that many providers are supporting their students more effectively by utilising the questions provided in the guidance notes. There is clear evidence that where these prompts were used, students' responses were more structured, reflective, and aligned to assessment criteria. Providers are encouraged to continue embedding these guidance questions into preparation sessions, as they appear to make a significant difference to both the quality of student responses and overall outcomes.

Theme 3: assist with the therapy support process**Question 5**

For Assignment 3, the professional discussion question on implementing the therapy support process and techniques to avoid relapses highlighted mixed performance across the cohort. In Part A, most students performed well, as they were able to draw effectively on their own learning, work placement experiences, and previous practical assessments. Many gave clear examples of situations where they had implemented or would implement therapy support processes to improve or maintain skills for everyday living. These responses often included detailed descriptions of their actions, showing good understanding of how therapy support interventions contribute to patient outcomes.

However, Part B of the question proved to be more challenging. While students could often identify techniques to avoid relapses, many struggled to explain these techniques in depth or link them back to the therapy support process. A common issue was the tendency to list strategies without providing the required context or rationale for their use. Stronger responses included well-justified examples, linking to specific techniques learned in class or observed during placement, and demonstrated an understanding of how these techniques could be applied in practice to prevent relapse.

Providers should encourage students to strengthen their ability to move beyond description to explanation and justification, particularly in questions that require application of knowledge to practice. Embedding opportunities for students to practice reflective and analytical thinking—rather than solely descriptive responses—would help improve outcomes in this area.

Question 6

Question 6 of the professional discussion in Assignment 3 proved to be the most challenging aspect of the assessment, with a clear divide in student performance. Some students were able to respond effectively to both Part A and Part B, drawing on relevant experiences from their work placements and classroom learning. These stronger responses demonstrated a sound understanding of group dynamics and provided clear examples of how non-verbal cues were interpreted and responded to within the scope of their role. Students who performed well also successfully evaluated both the benefits and challenges of supporting individuals to engage in the community or access activities, linking these considerations to treatment goals with insight and clarity.

Conversely, a significant proportion of students struggled with this question, particularly in articulating their understanding of group dynamics and applying this to real-world scenarios. Many responses lacked depth, and some students were unable to move beyond very basic descriptions. In Part B, weaker answers often failed to provide a balanced evaluation, with students either listing benefits without discussing challenges, or vice versa.

This variation in performance may be partially attributed to exam fatigue, as this question was positioned at the end of the assessment. Students who had used their full 60 minutes appeared to have exhausted their focus, which impacted the quality of their answers. Providers are encouraged to support students in developing strategies to manage time effectively during assessments and to practise sustaining the same level of detail and reflection throughout all sections. Additionally, embedding more teaching on group dynamics and encouraging students to critically evaluate scenarios from their experiences could help improve outcomes on this type of question in future assessments.

Assignment 3: overall

Overall, student performance in Assignment 3 showed a wide range of outcomes, reflecting both strong preparation and areas where further development is needed. Many learners demonstrated good use of

their work placement experiences, classroom learning, and practical tasks from previous assignments to support their responses. This was particularly evident in questions that required reflection on real-life scenarios, where students were able to make meaningful links between theory and practice.

However, there was a clear variation in how confidently students approached the professional discussion. Some learners performed exceptionally well, providing highly detailed and evaluative answers supported by relevant examples, which aligned with the highest performance bands. These students showcased strong understanding, critical thinking, and the ability to apply their knowledge to the scenarios presented.

Conversely, other students gave basic or limited responses, often lacking depth or failing to provide sufficient examples to meet the higher-level descriptors. This was particularly noticeable in the later questions, where exam fatigue appeared to affect performance, especially for those who had utilised the full 60 minutes. The final questions saw a clear divide between those who maintained focus and depth throughout and those whose responses became less developed.

It was encouraging to see evidence that providers are using the guidance questions more effectively to support learners in preparing for the assessment. Where providers had embedded these preparation strategies well, students were more confident, structured, and reflective in their answers. Continuing to strengthen this support, particularly around the more challenging questions and sustaining performance across the whole assessment, will help improve outcomes further.

Across Assignment 3, students demonstrated varying levels of English, maths, and digital skills, which influenced their overall performance. In terms of English, many students were able to articulate their ideas clearly, particularly when drawing on their own learning and practical experiences. Stronger responses made effective use of subject-specific terminology and were well-structured, while weaker answers often lacked coherence, with limited explanation or justification, especially in the more evaluative sections of the discussion.

Mathematical skills were not a major focus in this assignment, but where the integration of numerical reasoning or risk considerations could have been included, only a small number of students demonstrated this effectively. Although maths was not central to the task, there is still scope to build students' confidence in embedding basic numerical elements where appropriate.

Digital skills varied across the cohort. While many students successfully engaged with the digital format of the professional discussion, there were noticeable differences in the quality of digital recordings submitted. Some recordings were clear and well-presented, whereas others were impacted by poor sound quality, which affected how responses were interpreted. Additionally, providers should continue to encourage learners to use the templates provided rather than creating their own, as recreating formats consumed valuable assessment time and sometimes detracted from the content of their responses. Strengthening students' confidence in using digital tools effectively—including ensuring high-quality audio recordings—will support improved outcomes in future assessments.

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