



HM Government

**T-LEVELS**

**T Level Technical  
Qualification in Healthcare  
Science  
603/7083/X**

Occupational specialism assessment (OSA)

**Optical Care Services**

All assignments

Provider Guide

# T Level Technical Qualification in Healthcare Science

## Occupational specialism assessment (OSA)

# Optical Care Services

## Provider Guide

All assignments

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# Introduction

This Optical Care Services occupational specialism (OS) is assessed synoptically with a suite of four assignments. The assignments require the student to independently apply an appropriate selection of knowledge, understanding, skills and techniques developed throughout the full course of study, in response to briefs or tasks, or as part of their industry placement. This will allow the student to demonstrate that they have met a level of threshold competence in the performance outcomes (POs) of the OS.

The assessment methods vary across the assignments to allow students to demonstrate the full range of knowledge and skills they have acquired throughout their learning and experience.

The assessments validly and reliably allow the student to be able to demonstrate, at the end of the qualification, the threshold competence gained in order to progress into employment or into higher education.

NCFE provides instructions for each of the assessments, and these **must** be followed by T Level providers.

Essential resources for each assessment, where applicable, **must** be purchased by the provider prior to the assessments taking place.

The synoptic assessment for this OS is graded pass, merit or distinction, and the final grade will contribute 54% of the overall technical qualification grade. Therefore, it is important that students have the opportunity to produce work of the highest standard they can. The assignments within this synoptic assessment are designed to allow the student to do this in a way that is occupationally authentic to the roles that they may take on in future employment.

## What is threshold competence?

'Threshold competence' is defined as a level of competence that:

- (a) signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment
- (b) is as close to full occupational competence as can be reasonably expected of a student studying the technical qualification in a college-based setting with a substantial industry placement
- (c) signifies that a student has achieved the level for a pass in relation to the relevant OS component.

## What is synoptic assessment?

A synoptic assessment is a form of assessment in which students are required to demonstrate that they can identify and use, in an integrated way, an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the technical area, relevant to the tasks.

Synoptic assessment is integral to high-quality technical qualifications to allow students to demonstrate a holistic understanding of the sector, making effective connections between different aspects of the subject content.

The assignments and tasks in this assessment are designed to be synoptic in a way that is as occupationally realistic as possible.

## How will students be assessed?

Students will be assessed against the following set of performance outcomes (POs) that describe what the student should be able to do:

Optical Care Services POs	
PO1	Provide optical care and advice including prescription interpretation, screening and dispensing to contribute to patient health and wellbeing
PO2	Provide spectacle collection, adjustments and repair services
PO3	Undertake retail activities to provide walk-in customers with a range of products and optical services

The synoptic assessment consists of four assignments covering the following areas:

1. observation of patient interactions
2. observation of pre-screening / screening skills with a patient
3. observation of spectacle dispensing, verification and collection, adjustments, and repair skills
4. extended written response assessment.

Assignments within this document are broken down into tasks where necessary. The assignments, tasks, and further guidance within this document clarify for tutors how the assignments are assessed and moderated / examined.

## Provider-appointed assessors

Each provider-appointed assessor should be qualified to the level of the qualification they are assessing or above and have been trained and standardised as per the requirements of the technical qualification.

## Mark allocation across assignments

Marks available for each assignment are detailed below.

Assignment		Marks	% Weightings
1	Observation of patient interactions	50	20%
2	Observation of pre-screening / screening skills with a patient	58	25%
3	Observation of spectacle dispensing, verification and collection, adjustments, and repair skills	123	35%
4	Extended written response assessment	80	20%
<b>Total</b>		<b>311 marks*</b>	<b>100%</b>

\*The raw marks will be scaled to ensure that the intended weightings of each assignment are met. The scaling factors for each assignment can be found in the Qualification Specification.

## Assessment windows and dates

Assignment	Assessment type	Assessment window / date	Submission / moderation details
1	<b>20 minutes</b> single direct observation of skills internally marked by a provider-approved assessor, externally moderated remotely by NCFE		Evidence marked by provider and uploaded to NCFE Portal for moderation
2	<b>30 minutes</b> single direct observation of skills internally marked by a provider-approved assessor, externally moderated remotely by NCFE		Evidence marked by provider and uploaded to NCFE Portal for moderation
3	<b>1 hour 50 minutes</b> single direct observation of skills internally marked by a provider-approved assessor, externally moderated remotely by NCFE		Evidence marked by provider and uploaded to NCFE Portal for moderation
4	<b>2 hours</b> written assessment sat by students in the provider's centre, on a date and time set by NCFE, marked by NCFE		Evidence uploaded to NCFE Portal after assessment for marking by NCFE

All evidence created, generated and recorded for these assignments is subject to data protection rules, and information should be anonymised to protect the rights of individuals where relevant.

## Guidance for tutors

To support provider planning, this document gives an overview of:

- expectations for the basic set-up of the assessment area
- staffing requirements
- evidence / forms to be completed and submitted to NCFE for marking / moderation
- the process of marking and moderation through to release of results.

This document should be used alongside the Qualification Specification and live assessment materials (Assignment Briefs, Guidance for Tutors and Supporting Documents) once available. The live assessment materials contain the specific details of:

- setting up the assessment area
- use of supporting documents
- assessment delivery.

These documents will be released to providers in line with the Key Dates Schedule.

This occupational specialism (OS) assessment consists of:

- Assignment 1: observation of patient interactions
  - task 1: patient interaction 1
  - task 2: patient interaction 2
- Assignment 2: observation of pre-screening / screening skills with a patient
  - task 1: pre-screening / screening
- Assignment 3: observation of spectacle dispensing, verification and collection, adjustments, and repair skills
  - task 1: dispensing
  - task 2: verification and collection, adjustments
  - task 3: repairs
- Assignment 4: extended written response assessment
  - extended written response task 1: multifocal problem solving
  - extended written response task 2: components of prescriptions and types of vision
  - extended written response task 3: higher powered lenses
  - extended written response task 4: legislation.

All four assignments of this synoptic assessment **must** be completed for a student to achieve the T Level Technical Qualification in Healthcare Science with the Optical Care Services OS.

## Assessment administration

Assignments 1, 2, and 3 can be completed at any point within the assessment window.

The assessment window is in place to support providers to manage the administration of the assignments and associated evidence produced for submission to NCFE.

However, controls should be in place to ensure the integrity of the assessment and providers must carefully consider the following:

- assignments and tasks **should**, wherever possible, be completed in sequence
- assignment Briefs **should** be shared with students in sequence, **after** completion of the preceding tasks
- assignments **should** be scheduled at the same time across sites, where providers are part of a consortium with multiple sites
- assignments **should** be completed in the shortest timescale possible relative to the number of students, facilities or staffing capacity.

Assignment 4, a written assignment, **must** be completed on the date and time stipulated by NCFE.

## Remote moderation and the recording of observations

Assignments 1, 2 and 3 are internally marked by the provider, and externally moderated remotely by NCFE.

Moderators will review student evidence for each of the above assignments including the audio-visual recordings of each observation in order to carry out moderation activities. The moderator will make assessment judgements, including the allocation of marks for each assignment using the same methods as the provider.

NCFE will provide standardisation training materials for approved providers, to establish a consistent standard for the assessment per series. In each session, the same materials will be used by the providers and the moderation team, which will ensure the same standard is applied uniformly.

Record keeping is a vital factor when ensuring sufficient quality in provider marking. It is critically important that the assessor summarises what they have observed in relation to the criteria in the Observation Record Form. If there is no commentary present, or if it lacks sufficient detail, then there will effectively be no record of evidence to moderate. The provider would therefore be required to observe the student again.

The sample of students to be remotely moderated will be selected by NCFE based on the JCQ sampling guidelines. It is vitally important that evidence is submitted to NCFE within **three working days** of the sampling plan being made available on the Portal.

Providers can find support on uploading digital evidence to the NCFE Portal using the Uploading Digital Evidence to the NCFE Portal document, located on the website within the Assessment Support section.

On results release day, the Final Moderation Report will be available on the Portal for providers to download. The T Level System User Guide (T Level) and Portal User Guide (V Cert (Technical Awards)) explains where this can be located.

## Final Moderation Report

This will be available to view on the Portal on results day and will highlight areas where the provider has performed well and areas for improvement. It will also include the mark used for each moderated component.

The mark used will be one of the following.

- Provider mark – confirms that the provider mark has been accepted for all students within the cohort. This means that the provider marks were within tolerance of the moderator's marks.
- Regressed mark – confirms that the regressed mark has been applied to all students in the cohort. This means that the provider marks were outside of tolerance and in a consistent way (that is, all marks are higher or lower than the moderator's marks).
- Moderator mark – confirms that the moderator mark has been applied to all students in the cohort. This means that the provider marks are outside of tolerance and in a consistent way; however, moderator marks are available for all students in the cohort. Alternatively, provider marks were outside of tolerance and in an inconsistent way (that is, some marks were higher, and some were lower than the moderator's mark and the provider mark could not reliably be adjusted so the moderator sampled all students in the cohort).

For further detailed guidance on the moderation process, please refer to our approach to moderation page on the NCFE website.

## Planning and recording forms

This Provider Guide includes the mandatory Final Mark Form that **must** be used by providers to capture final marking decisions for each of assignments 1, 2 and 3.

Additional mandatory forms that **must** be used to capture evidence will be provided in the Guidance for Tutors and Supporting Documents released prior to the assessment window opening. All forms and final marks **must** be submitted to NCFE by the submission deadline in the final year of the T Level qualification.

Observations for assessment **should not** take place until the provider is confident that the student will be able to show an appropriate level of achievement during the observation and **must** be scheduled into the appropriate window as set by NCFE.

All necessary forms are listed in the next section of this document, with guidance on their use.

## Observation Planning Form (appendix 1)

This form **must** be used to plan the observations the assessor will make for the student on each applicable assignment. This form will detail the date of the observations and the intended assignment to be observed.

This form **must** be shared with the student prior to the structured observations taking place.

## Observation Record Form

An Observation Record Form tailored to each task within the assignment will be available in the Guidance for Tutors and Supporting Documents upon its release to providers. This form **must** be used to make a narrative record of each observed assignment conducted by the assessor. Each observation form **must** be completed accurately. The observation narrative **must** be linked to the specific criteria in the form.

These forms **must** be completed after each observation as they will be submitted to NCFE as evidence.

## Final Mark Form (appendix 2)

This form **must** be completed after the observation to capture a final mark for the assignment.

There will be a deadline in the final year of each student's T Level qualification for these final marks to be submitted.

## Criteria assessor judgement guidance and assessment justification

Observation Record Forms **must** be used to capture a marking judgement for each criterion. Provider-appointed assessors **must** offer justification for their marking judgements, linking to the relevant evidence on the Observation Record Form.

## Standardisation of patients and practitioners

The practical skills assignments require specific roles to be filled as part of a role-play activity, which should not be the responsibility of the provider-appointed assessor or student. These roles **must** be fulfilled by provider staff. As part of the preparation for the delivery of these practical skills assignments, providers **must** ensure that those playing the roles of patients or practitioners are familiar with the specifics of the roles outlined in the assessment materials and any supporting documents, such as the Patient Health Form (actor script). The role of a standardised patient (SP) is to independently and accurately convey details of the patient's life in an appropriate and consistent manner.

NCFE recommends that providers research the principles of good practice in presenting simulated patients. There are a number of published texts and handbooks that explore good practice in this area of training, for example, Dudley, F. (2018) *The Simulated Patient Handbook* (1st ed.) CRC Press, available online.

NCFE will also provide training on delivery to support consistency of delivery and provide series-specific guidance.

Members of staff who take on the role should ensure they have the appropriate level of subject knowledge to understand the nature and complexity of the role.

They will be expected to:

- access and apply information from the training provided by NCFE
- deeply engage with the patient's details (although standardised patients (SPs) / role players are permitted to have the appropriate notes with them to refer to during the practical activity scenario)
- remain in a specific patient character when responding to student questions
- play the role in a convincing but not melodramatic manner, being mindful of facial expression
- check that language used is appropriate for a typical patient (such as not overly medicalised)
- refrain from embellishing the condition or other medical considerations in a misleading way
- play the role consistently so that every student's experience will be the same
- repeat aspects that the student has not understood, being prepared to alter the wording slightly if they continue to fail to be understood but not radically, so not to advantage that student in comparison to other students
- avoid tips or prompts that make the assessment less challenging
- give information but only in response to appropriate prompting.

Where specific practitioner roles are required within the simulated interactions in the assignments, and where a combination of student performance and Mark Scheme allows, input may be needed during the observation of practical skills. Individuals playing these roles must be aware of when they would be expected to step in to support the student against specific steps or criteria. It is critical that students are given sufficient time to attempt or complete the relevant stage before either requesting further support from the practitioner or appropriate intervention being required as part of the process. Interventions can impact on the number of marks that can be awarded to students for each stage of a task. In some cases, inappropriate intervention may lead to students being awarded zero marks for specific criteria. An example of this would be when the level of support students require goes beyond the level stated in the lower bands.

The purpose of intervention is so that students are not disadvantaged from accessing marks further along the assessment by:

- completing an action that would prevent them from continuing with a process or procedure
- being prevented from completing an action when receiving support from the relevant practitioner in the workplace.

Additionally, if students appear to be causing a health and safety risk as a result of their actions, then the assessment **must** be stopped.

SPs / role players should use the information provided in the Patient Health Form (actor script), provided by NCFE in the Guidance for Tutors and Supporting Documents to inform their role play. These scripts **must not** be shared with students. Students will complete Patient Record Forms as part of assignments and the SPs / rôle players relying on the information provided to them in the script ensures a consistent approach across providers.

# Assignment-specific guidance – assignment 1: observation of patient interactions

## Available marks

The marks available for this assignment can be found underneath each brief and task information within the Assignment Brief. The maximum number of marks available for this assignment is 50.

## Equipment and resources

Please ensure all appropriate equipment and resources for assignment 1 are available as per the Qualification Specification resource requirements.

The assessment area **must** contain audiovisual recording equipment in order to record the student completing all tasks.

Providers should be careful and avoid the inclusion of other material not listed below that may already be present in the assessment area and act as a distraction for students.

Photographic equipment **must** also be available in order to capture images of:

- the equipment present in the assessment area
- the student's prepared work area.

For tasks 1 and 2, the assessment area should be set up as a simulated retail counter / office space to include:

- desktop computer / laptop
- a clock
- a telephone.

Additionally, there should be an area where the documents provided by NCFE can be placed for students to select and complete as appropriate to the assessment.

## Staffing requirements

Task 1:

- one provider-appointed assessor
- one standardised patient (SP)
- one 'optometrist' (role player).

Task 2:

- one provider-appointed assessor
- one SP.

## Assessment delivery guidance

Students **must**:

- be given sufficient time to read through the Assignment Brief prior to commencement of the assessment
- be directed to the assessment area where the assessor will read out the Assignment Brief and task information
- be made aware where the documents required to complete the task (provided by NCFE in the Guidance for Tutors and Supporting Documents) are located within the assessment area
- be given **5 minutes** to familiarise themselves with the assessment area and ask any questions necessary about the assessment area and / or resources available. This time does **not** count towards the total permitted time for the completion of tasks 1 and 2
- be made aware when the assessment will begin. Either the 5-minute preparation time will elapse, or the SP will be prompted to start the assessment
- be given **20 minutes** in total to complete assignment 1, comprised of:
  - **10 minutes** for task 1
  - **10 minutes** for task 2.

# Assignment-specific guidance – assignment 2: observation of pre-screening / screening skills with a patient

## Available marks

The marks available for this assignment can be found underneath each brief and task information within the Assignment Brief. The maximum number of marks available for this assignment is 58.

## Equipment and resources

Please ensure all appropriate equipment and resources for assignment 2 are available as per the Qualification Specification resource requirements.

Providers **must** ensure optical machines are clean and meet high standards of hygiene throughout the assessment / between each patient.

The assessment area **must** contain audio-visual recording equipment in order to record the student completing all tasks.

Providers should be careful and avoid the inclusion of other material not listed below that may already be present in the assessment area and act as a distraction for students.

Photographic equipment **must** also be available in order to capture images of:

- the equipment present in the assessment area
- the student's prepared work area.

The assessment area should be set up as a pre-screening area to include:

- table
- computer / laptop, keyboard, mouse
- patient chair (**must** be adjustable)
- disposable sanitising wipes
- hypoallergenic tissues
- hand gel
- green waste bin
- general waste bin.

Additionally, there should be an area where the documents provided by NCFE can be placed for students to select and complete as appropriate to the assessment.

## Staffing requirements

- One provider-appointed assessor.
- One standardised patient (SP).
- One 'optometrist' (role player).

## Assessment delivery guidance

Students must:

- be given sufficient time to read through the Assignment Brief prior to commencement of the assessment
- be directed to the assessment area where the assessor will read out the Assignment Brief and task information
- be made aware where the documents required to complete the task (provided by NCFE in the Guidance for Tutors and Supporting Documents) are located within the assessment area
- be given **5 minutes** to familiarise themselves with the assessment area and ask any questions necessary about the assessment area and / or resources available. This time does not count towards the total permitted time for the completion of the assignment
- be made aware when the assessment will begin. Either the 5-minute preparation time will elapse, or the SP will be prompted to start the assessment
- be given **30 minutes** in total to complete assignment 2.

# Assignment-specific guidance – assignment 3: observation of spectacle dispensing, verification and collection, adjustments, and repair skills

## Available marks

The marks available for this assignment can be found underneath each brief and task information within the Assignment Brief. The maximum number of marks available for this assignment is 123.

## Equipment and resources

Please ensure all appropriate equipment and resources for assignment 3 are available as per the Qualification Specification resource requirements.

The assessment area **must** contain audio-visual recording equipment in order to record the student completing all tasks.

Providers **must** ensure optical machines are clean and meet high standards of hygiene throughout the assessment / between each patient.

Providers should be careful and avoid the inclusion of other material not listed below that may already be present in the assessment area and act as a distraction for students.

Photographic equipment **must** also be available in order to capture images of:

- the equipment present in the assessment area
- the student's prepared work area.

The assessment area should be set up as a simulated dispensing area, to include:

- display equipment – at least 4 frame bars to display the 40 frames (minimum)
- approximately 40 frames in a range of styles, sizes and colours – to include plastic, metal, supra and full frames, traditional male, female, unisex and contemporary styles displayed in a realistic manner, grouped as male / female / unisex and contemporary styles
- lens demonstration aids
- a range of lenses
- a desk with two chairs – one for the SP and one for the student
- mirrors
- marking up pen, frame ruler and pupilometer.

Task 2 will additionally require a simulated adjustment area with a full range of adjustment tools to include:

- automatic focimeter
- copy of BS tolerances (BS EN ISO 21987:2017)
- hand sanitiser
- lens cleaning products

- frame heater
- pliers: double nylon jaw pliers, angling pliers, snipe nose pliers, cutter pliers, nose pad pliers and axis pliers
- screwdrivers: range of sizes, cross and flat heads
- file
- frames for adjustments.

Task 3 will additionally require:

- frames for repairs
- metal frame
- plastic frame
- range of nose pads appropriate to the frame for repair
- screw sizer
- range of screw types and sizes
- cleaning cloth and solutions.

Additionally, there should be an area where the documents provided by NCFE can be placed for students to select and complete as appropriate to the assessment.

## Staffing requirements

- One provider-appointed assessor.
- One standardised patient (SP).
- One 'optometrist' (role player).

## Assessment delivery guidance

Each task **must** be introduced separately, completed in full, and attempted sequentially.

Students should:

- be given sufficient time to read through the Assignment Brief prior to commencement of the assessment
- be directed to the assessment area where the assessor will read out the Assignment Brief and task information
- be made aware where the documents required to complete the task (provided by NCFE in the Guidance for Tutors and Supporting Documents) are located within the assessment area
- be given **5 minutes** to familiarise themselves with the assessment area and ask any questions necessary about the assessment area and / or resources available. This time does not count towards the total permitted time for the completion of the assignment
- be made aware when the assessment will begin. Either the 5-minute preparation time will elapse, or the SP will be prompted to start the assessment by entering the assessment area
- not be expected to make / not be assessed on making any spectacle adjustments in tasks 1 or 2 (a) and should **only** follow the standard process for taking measurements and confirming fit
- be given **1 hour 50 minutes** in total to complete assignment 3:

- **30 minutes** for task 1
- **30 minutes** for task 2 (a)
- **20 minutes** for task 2 (b)
- **15 minutes** for task 3 (a)
- **15 minutes** for task 3 (b).

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# Assignment-specific guidance – assignment 4: extended written response assessment

## Available marks

The marks available for this assignment can be found underneath each brief and task information within the Assignment Brief. The maximum number of marks available for this assignment is 80.

## Equipment and resources

Students **must** have access to the appropriate resources required to complete the extended written response assessment. These include the following:

- laptop / desktop computer
- word processing software (for example, Microsoft Word).

All students' scripts **must** be submitted to NCFE for marking.

All assessment material **must** be securely stored prior to submission.

## Staffing requirements

- one provider-appointed invigilator.

## Assessment delivery guidance

Students **must**:

- complete the extended written response assessment independently and under supervised conditions
- be provided with the Assignment Brief, which includes scenarios, information and resources to support the completion of the assignment
- be made aware when the assessment will begin
- complete the assignment within **2 hours**.

Students and tutors are required to sign declarations of authenticity to confirm that the work is their / the student's own. The declaration forms can be found on the NCFE website. This is to ensure authenticity and to prevent potential malpractice and maladministration. Students **must** be made aware of the importance of this declaration and the impact this could have on their overall grade if the evidence was found not to be the students' own work.

# Appendix 1: Observation Planning Form

T Level Technical Qualification in Healthcare Science

Optical Care Services

Student name	Student number	Assessor name	Observation date and time	Assignment to be observed

## Appendix 2: Final Mark Form

<b>T Level Technical Qualification in Healthcare Science</b>
<b>Optical Care Services</b>

<b>Student name:</b>		<b>Assessor name:</b>	
<b>Student number:</b>		<b>Provider name:</b>	

<b>Assignment</b>	<b>Final mark</b>
<b>Assignment 1:</b> observation of patient interactions	
<b>Assignment 2:</b> observation of pre-screening / screening skills with a patient	
<b>Assignment 3:</b> observation of spectacle dispensing, verification and collection, adjustments, and repair skills	
<b>Total mark:</b>	

<b>Student name (PRINT):</b>		<b>Assessor name (PRINT):</b>	
<b>Student signature:</b>		<b>Assessor signature:</b>	
<b>Date:</b>		<b>Date:</b>	

## Change history record

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v1.0	First published version	20 April 2026	30 April 2026

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## Document information

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