HM Government

T-LEVELS

Chief Examiner Report

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

Autumn 2025 – Core Paper A and Core Paper B

NCFE CACHE

Introduction

Autumn 2025 – Core Paper A and Core Paper B

Assessment dates: Core Paper A 04 December 2025
Core Paper B 11 December 2025

Paper numbers: Core Paper A P002991 (paper-based) and P002990 (onscreen)
Core Paper B P002996 (paper-based) and P002993 (onscreen)

This report contains information in relation to the externally assessed component provided by the chief examiner, with an emphasis on the standard of student work within this assessment.

The report is written for providers, with the aim of highlighting how students have performed generally, as well as any areas where further development or guidance may be required to support preparation for future opportunities.

Key points:

- grade boundaries
- standard of student work
- responses to the external assessment questions
- administering the external assessment.

It is important to note that students should not sit the core examinations until they have received the relevant teaching of the qualification in relation to this component, and that both papers must be taken in any given series that a student sits the core examinations.

Grade boundaries

Raw mark grade boundaries for the series are:

	Overall	Notional boundaries	
		Paper A	Paper B
Max	234	116	118
A*	174	89	84
A	152	80	72
B	130	68	62
C	109	56	52
D	88	45	42
E	67	34	33

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

Students receive a grade for the core exam component as a whole, and although there are no official grades for the individual assessments in the core exam, it can be useful for students and tutors to see how the core exam grade was achieved. The grade boundaries given for each assessment are known as 'notional grade boundaries', as they are for illustrative purposes only. For further information on notional grade boundaries, please see our guide T Levels: Notional boundaries for the Core Exam assessments (Paper 1 and Paper 2) available on the qualification page on the NCFE website.

For further detail on how raw marks are converted to uniform mark scale (UMS), and the aggregation of the core component, please refer to the Qualification Specification.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our Regulations for the Conduct of External Assessment document.

Students must be given the resources to complete the assessment, and these are highlighted within the Qualification Specific Instructions for Delivery (QSID) document.

Standard of student work

Core Paper A

Overall, achievement across the cohort within this series was varied, with a clear range of performance demonstrated. The majority of students attempted all questions on the paper, which reflects a positive level of engagement and examination preparedness. However, there was some evidence of time management issues, as a number of students appeared to run out of time towards the end of the assessment, particularly on questions 31 and 32. This suggests that while students were generally willing to attempt the full paper, some would benefit from further practice in pacing their responses effectively across all sections.

A common trend identified across the cohort was in relation to one and two-mark questions. Although many students attempted these questions, a significant number provided multiple responses when the question clearly required only one example or one answer. In line with standard assessment practice and to ensure fairness and consistency for all students, examiners were only able to credit the first response provided. As a result, some students lost marks unnecessarily. Providers are therefore reminded to reinforce the importance of carefully reading command words and adhering strictly to the number of responses requested.

There was encouraging evidence that many providers had offered additional guidance and structured preparation for the extended-response questions (ERQs). The majority of responses to these questions were well structured, clearly organised, and contextualised effectively to the scenario provided. Students demonstrated improved use of exam technique in these sections, particularly in identifying the command verb and tailoring their responses accordingly. Those who applied effective exam techniques performed significantly better overall, as they were more likely to respond directly to the question requirements.

In terms of performance by section, outcomes were broadly in line with previous series. Students performed particularly well in Section D: person-centred care in the healthcare sector, where many were able to apply knowledge confidently and relate it to practice. In contrast, Section C: health and safety in the healthcare sector proved more challenging. This section requires accurate recall of key legislation and the ability to relate it appropriately to practice, and this remains an area where some students demonstrated gaps in secure knowledge and application.

Providers are reminded to emphasise the following points to students:

- Do not cross out extended responses. In several cases, students crossed out substantial sections of potentially creditworthy work, which cannot be marked once crossed out.
- There is no strict upper word limit for ERQs; students should ensure they develop their responses fully where appropriate.
- Provide only the number of responses requested in short-answer questions.
- Continue to practise time management strategies to ensure sufficient time is allocated to the final questions in the paper.

Overall, while achievement was mixed across the cohort, there were clear signs of improved exam technique and structured responses in ERQs. With continued focus on precision in short-answer responses, accurate recall of legislation, and effective time management, further improvements in attainment can be expected in future series.

Core Paper B

The quality of student work varied in this series. Students are advised to always try to answer all questions, in some cases students left many questions blank. Some student responses were very brief in the answers provided, this is evident when students use computers to submit their work rather than the exam paper provided; students seem to misjudge the space they have to provide answers and submit brief responses demonstrating only assessment objective (AO) 1, with little or no AO2 and AO3. Students who use computers instead of the exam paper often provide brief answers to the ERQs.

Responses to the external assessment questions

Core Paper A

Overall, students were able to attempt the majority of questions across Sections A, B, C and D, demonstrating good coverage of the paper. There was evidence that most students had been prepared across the full specification; however, performance varied between sections, with some consistent strengths and areas for development emerging.

Section A: working in the healthcare sector

Generally, students performed securely in Section A. Most were able to access the short-answer questions and demonstrated sound knowledge and understanding of key terminology and core concepts. The majority of students attempted all questions within this section. Where marks were lost, this was often due to students not fully aligning their response with the command word. For example, in questions requiring an explanation, some students provided a simple definition or brief identification without developing their answer sufficiently. In one- and two-mark questions, a recurring issue was students giving multiple responses where only one example was required. As only the first answer could be credited, this limited achievement unnecessarily. Providers should continue to emphasise precision and careful reading of the question stem.

Question 1: overall, students performed well on question 1, which asked them to state one of the key principles of ethical practice in the health sector. The majority of students made a positive start to their external assessment and successfully achieved the one mark available for this question. Responses demonstrated a general awareness of ethical principles, although the terminology used varied between students. Examiners accepted a range of valid answers, and credit was awarded for any other appropriate and relevant principle stated. This indicates that most students had a basic understanding of ethical practice within the health sector.

Question 2: performance on question 2 was mixed. Although most students attempted the question, responses were often varied and vague. Many students referred to health and safety, which did not directly answer the question. To gain the mark, students needed to state a clear purpose of professional codes of conduct, such as clarifying values and standards, outlining expected professional behaviour, defining roles and responsibilities, or promoting confidence in the organisation. Students should ensure they focus specifically on the purpose of codes of conduct rather than giving general statements about practice.

Question 3 (a): overall, students performed well on question 3 (a). The majority were able to state one valid reason why it is important to calibrate and test equipment in a health setting. Responses showed a good understanding of the importance of ensuring equipment is accurate and safe to use, particularly in supporting effective diagnosis and appropriate treatment of patients. This demonstrates that most students recognise the link between properly maintained equipment and quality patient care.

Question 3 (b): performance on question 3 (b) showed a range of responses. Many students were able to identify at least one appropriate action Natalie should take, meaning that a large proportion achieved at least one mark. Common valid responses included reporting the faulty equipment, removing it from use, following organisational procedures, or obtaining a working, calibrated monitor to ensure the patient's blood glucose could be checked safely. However, there was clear evidence that some students provided two separate actions rather than focusing on one action and fully explaining it. To access higher marks, students needed to select one appropriate action and elaborate on it, clearly linking it to patient safety and professional responsibility.

Question 4: overall, students performed well on question 4. Many provided clear and accurate explanations of one consequence of Nicola not following the standard operating procedures (SOPs). Responses were varied but commonly focused on the impact on the standard of patient care and the increased risk of harm to patients. Stronger answers clearly explained how failing to follow SOPs could lead to unsafe practice, errors in care, or potential harm, therefore demonstrating a good understanding of the importance of adhering to organisational procedures.

Question 5 (a): performance on question 5 (a) was varied. It was clear which students understood what an organisation's disciplinary policy is and were able to state an accurate purpose, such as addressing misconduct or setting out procedures for managing inappropriate behaviour. However, some students demonstrated limited understanding of the policy and its purpose. A number of responses were either too vague or incorrectly contextualised to health and safety legislation, rather than focusing specifically on the purpose of a disciplinary policy. Students should ensure they are clear on the distinct function of different organisational policies.

Question 5 (b): performance on question 5 (b) was mixed. Many students were able to state the general purpose of a grievance policy, such as raising concerns or making a complaint. However, a large number did not develop their response enough to achieve the full two marks. To gain full marks, students needed to explain how the policy would support Paul, for example, by ensuring his concern is formally investigated in a fair and confidential manner.

Queston 6 (a): performance on question 6 (a) was mixed. While many students attempted the question, a common response was continuing professional development (CPD). Although CPD is important and mandatory within the health sector to maintain and update skills and knowledge, it does not directly refer to an opportunity for progression. Stronger responses identified opportunities such as further education qualifications, apprenticeships, or specialist roles. Students should ensure they distinguish between maintaining professional competence and opportunities that actively support career progression.

Question 6 (b): the majority of students answered question 6 (b) well. Most were able to identify and explain a clear advantage of gaining a professional qualification through an apprenticeship programme.

Stronger responses explained benefits such as earning while learning, gaining practical experience alongside academic study, avoiding student debt, or developing relevant skills within a real working environment. Overall, students demonstrated a good understanding of how an apprenticeship could support Sarah's career progression.

Question 7: students performed well on question 7. Most were able to clearly explain one potential impact of the hoist not being serviced. Strong responses focused on the increased risk of equipment failure, which could result in injury to patients or staff, unsafe moving and handling practices, or a breach of health and safety regulations. Many students effectively linked the lack of servicing to risks to safety and quality of care, demonstrating a secure understanding of the importance of equipment maintenance in healthcare settings.

Question 8: overall, students performed well on question 8. Many responses were placed within band 2, demonstrating clear understanding of the potential impacts of Bob using a personal digital health monitor. Students were generally able to consider both positive and negative impacts, such as improved monitoring and early detection of high blood pressure, increased independence, and greater involvement in managing his own health, alongside potential drawbacks such as incorrect use, inaccurate readings, or increased anxiety. Some students provided excellent, well-developed evaluations and achieved full marks. These responses included balanced discussion, reasoned judgements, and clear conclusions about the overall impact on Bob's health and wellbeing, demonstrating strong evaluative skills.

Question 9: students' performance on question 9 was varied. The strongest responses clearly contextualised points to Vijay's audit findings and developed logical, coherent chains of reasoning about the impact on both patient care and the surgery. These students applied detailed knowledge of quality standards and quality management (assessment objective (AO) 2), and produced well-developed discussions with balanced judgements and supported conclusions (AO3), often accessing the higher mark bands and the quality of written communication (QWC) marks. Weaker responses tended to describe the issues in general terms without linking them back to the scenario or fully discussing the impact. For example, they often identified that missing maintenance SOPs, an unplugged vaccine fridge, and electronic stock control were important, but did not explore consequences such as increased risk of equipment failure affecting diagnosis / treatment, compromised vaccine effectiveness and patient safety, or how robust stock management could support continuity of care. Overall, students who anchored their discussion to the specific findings and reached reasoned conclusions performed significantly better than those who did not.

Section B: managing personal information and data in the healthcare sector

Performance in Section B was generally in line with expectations. Many students were able to apply knowledge to the scenario provided and demonstrated an emerging ability to link theory to practice. Stronger responses were those that clearly contextualised their answers rather than offering generic textbook knowledge. A common error was listing points without developing them in relation to the scenario. Where students embedded the context and used appropriate subject terminology, they were more likely to access higher mark bands. Providers should continue to reinforce the importance of application rather than description alone.

Question 10: overall, students responded well to question 10. The majority were able to state an accurate limitation of gaining information from a patient's medical history. Common valid responses included issues such as incomplete or outdated records, inaccurate information, or reliance on patient recall. Students generally demonstrated a clear understanding that medical histories may not always provide fully reliable or up-to-date information, which could impact decision-making in healthcare practice.

Question 11: performance on question 11 was strong. Most students demonstrated a clear understanding of the positive uses of social media within the health and social care sector. Common

accurate responses included raising awareness of health campaigns, sharing public health information, promoting services, or providing health education to a wider audience. Overall, students showed good awareness of how social media can be used constructively to support communication and engagement within the sector.

Question 12: students performed strongly on question 12. The majority were able to state a valid risk of using IT systems to retrieve patients' medication history. Common responses included risks such as data breaches, unauthorised access, system errors, or technical failures. Overall, students demonstrated a clear understanding of the potential confidentiality and security risks associated with using digital systems in healthcare settings.

Question 13: the majority of students recognised that this scenario was a safeguarding issue and correctly identified that the information should be shared to protect the child's welfare. Most were able to gain at least one mark for acknowledging the need to act in the child's best interests. However, not all students developed their responses sufficiently to achieve the full two marks. To access full marks, students needed to clearly explain why sharing the information with appropriate third parties (for example, safeguarding teams or social services) is necessary, such as to prevent harm, ensure the child's safety, and enable appropriate support and intervention. Stronger responses explicitly linked information sharing to safeguarding responsibilities and duty of care.

Question 14: performance on question 14 was mixed. A large percentage of students suggested that Barry could sit down and speak individually with each family attending the department. While this demonstrates some understanding of patient education, it is not always realistic or efficient within a busy A&E environment and would be extremely time-consuming. Stronger responses recognised the need to raise awareness on a broader scale, such as through posters, leaflets, social media campaigns, the hospital website, or working with local GP surgeries and community services to promote appropriate service use. To achieve full marks, students needed to explain how their chosen method would effectively educate parents and help reduce inappropriate attendance at A&E.

Question 15: overall, performance on question 15 was positive, with many students gaining marks. Most students were able to assess how abbreviations could both support and reduce the effectiveness of James' handover notes. Stronger responses considered the benefits of abbreviations in a busy ward, such as saving time and making notes quicker to complete, alongside the risks for a team with mixed experience, including misunderstandings, errors in care, and reduced clarity if abbreviations are unfamiliar or interpreted differently. The best answers reached reasoned judgements and clear conclusions about when abbreviations may be appropriate and when they could compromise safe, effective communication.

Question 16: performance on question 16 was strong overall, with some excellent responses. Many students demonstrated high levels of knowledge and understanding of relevant legislation and professional responsibilities, including reference to the Mental Capacity Act, confidentiality laws, and GDPR. Stronger responses applied this knowledge effectively to the scenario, clearly contextualising their points to Fatima's need to share sensitive mental health information. Students discussed considerations such as gaining informed consent (where appropriate), assessing capacity, sharing information on a need-to-know basis, ensuring data is accurate and secure, and balancing confidentiality with duty of care and safeguarding responsibilities. The best answers developed coherent chains of reasoning and reached balanced, well-supported conclusions about the lawful and ethical sharing of information to protect the patient's wellbeing while maintaining professional standards. These responses accessed the higher mark bands and demonstrated excellent application of knowledge.

Section C: health and safety in the healthcare sector

Section C proved to be the most challenging for the cohort, which is consistent with previous series. This section requires students to accurately recall key pieces of legislation and relate them appropriately to healthcare practice. While most students attempted the questions, responses often lacked precision in naming legislation correctly or explaining how it directly informed professional practice. In some instances, students referred broadly to 'health and safety laws' without identifying the specific Act required, which limited the marks available. Others were able to name legislation but did not clearly relate it to the scenario or practical responsibilities within a healthcare setting. Providers are advised to focus on strengthening students' confidence in recalling full legislative titles and, crucially, practising how to apply these accurately within contextual scenarios.

Question 17: performance on question 17 was positive. A large percentage of students were able to correctly state one reason why good handwashing techniques are important in healthcare. Most responses appropriately referred to preventing the spread of infection, reducing cross-contamination, or protecting patients and staff from illness. This demonstrates a secure understanding of the importance of infection prevention and control in healthcare settings.

Question 18: performance on question 18 was weaker compared to many of the previous questions. A significant number of students struggled to accurately state the purpose of the Environmental Protection Act 1990. Many responses incorrectly contextualised their answers solely to the clinical environment, focusing on infection control or waste within healthcare settings, rather than recognising the broader purpose of the Act. To gain the mark, students needed to refer more generally to protecting the environment, controlling pollution, and regulating waste management. Students would benefit from revising key legislation and understanding its wider scope beyond healthcare-specific contexts.

Question 19: performance on question 19 was generally positive. Most students were able to state a valid purpose of the Resuscitation Council (UK), such as providing guidelines, training, or standards for resuscitation practice. However, a minority of responses were too vague. Some students simply wrote 'CPR' without clarifying that the organisation provides national guidance, training, and best practice recommendations for resuscitation in healthcare and community settings. To secure the mark, students needed to clearly state the organisation's purpose rather than just naming a resuscitation technique.

Question 20: overall, performance on question 20 was positive. The majority of students demonstrated a clear understanding of what continuing professional development (CPD) is and the purpose of regular health and safety updates. Most students were able to explain that staying up to date with training helps ensure safe practice, reduces the risk of injury to patients and staff, and ensures Jared is aware of current procedures, legislation, and best practice. Stronger responses clearly linked ongoing training to maintaining competence and delivering safe, effective care within a paediatric rehabilitation setting.

Question 21: performance on question 21 was strong. Students demonstrated a good understanding of infection prevention and control. Most were able to explain that disinfecting and cleaning the patient's room helps prevent the spread of infection, reduce cross-contamination, and protect the next patient from healthcare-associated infections. Stronger responses clearly linked cleaning procedures to maintaining a safe and hygienic environment within the healthcare setting.

Question 22: performance on question 22 was varied in terms of depth and quality of response. Students who achieved higher marks provided clear evaluation, effectively contextualising their answers to the scenario involving norovirus. These responses discussed how the correct use of PPE, alongside effective hand hygiene and safe disposal, reduces cross-contamination, protects other patients and staff, and limits outbreaks on the ward. Stronger answers developed coherent chains of reasoning and reached balanced conclusions about the overall importance of personal protective equipment (PPE), in infection control. In contrast, some students simply listed points about PPE without evaluating its

importance or linking their response clearly to norovirus and the ward setting. This lack of development and reasoning limited access to the higher mark bands.

Question 23: student responses to question 23 were varied. Those who achieved the higher marks addressed all aspects of the scenario and evaluated Melissa's actions in relation to her role and responsibilities as the allocated first aider. Stronger answers made clear, justified judgements about what Melissa did appropriately (for example, assessing the wound, reporting to the manager, and restocking) and what was inappropriate or unsafe (for example, lack of suitable supplies, not checking for other injuries, moving the casualty without full assessment, and giving conditional advice about A&E rather than following clearer escalation procedures where needed). These responses also reached balanced, well-supported conclusions and achieved the QWC marks through logical structure and clear reasoning.
In contrast, some students used bullet-point lists. While they often identified issues accurately, they did not elaborate or evaluate the impact of these actions, which limited coherent chains of reasoning and reduced access to the higher mark bands.

Section D: person-centred care in the healthcare sector

Section D was the strongest section in terms of overall student performance. Students generally demonstrated secure understanding of person-centred care and were able to apply concepts effectively to the scenario. Many responses to extended questions were well structured, logically organised and clearly contextualised. However, despite this strength, significant marks were lost due to time management issues. A number of students appeared to run out of time towards the end of the paper, which impacted the quality and development of responses in this section. Some extended responses lacked evaluation or conclusion because students were unable to fully complete their answers. Providers should continue to support students in practising timed responses to ensure they allocate sufficient time to high-mark questions. Additionally, as seen in previous series, some students crossed out extended responses, resulting in the loss of potentially creditworthy material. Students should be reminded not to cross out substantial sections of work, as these cannot be marked once removed.

Question 24: performance on question 24 was very clear-cut. Students either knew the definition of modern-day slavery and achieved the mark, or they did not. Those who were successful were able to accurately refer to exploitation, forced labour, coercion, human trafficking, or individuals being controlled for personal or financial gain. Others were unable to provide a clear definition, suggesting a need for further revision of key safeguarding terminology.

Question 25: performance on question 25 highlighted the importance of careful reading and exam technique. While many students were able to state an appropriate verbal sign of physical pain or discomfort, some did not fully read the question. A number of responses identified general signs of pain, but these were not verbal indicators as required. To achieve the mark, students needed to provide a spoken expression of pain, such as crying out, groaning, or stating that something hurts. This question demonstrated that close attention to command words and key terms is essential in securing marks.

Question 26 (a): performance on question 26 (a) was mixed. A number of students experienced difficulty with this question. Many responses referred to the multidisciplinary team (MDT), which was not credited as it is closely linked to multi-agency working already stated in the question. To achieve the mark, students needed to identify a different approach to supporting a person's health, comfort, and wellbeing, such as person-centred care, holistic care, or partnership working. This question highlighted the importance of carefully considering what the question is asking and avoiding repetition of the approach already given.

Question 26 (b): performance on question 26 (b) was strong, with some excellent responses. Many students demonstrated a clear and detailed understanding of a collaborative, multi-agency approach to care. Stronger responses explained how different professionals, such as physiotherapists, occupational

therapists, nurses, and social workers, working together would support Edith's recovery following hip surgery. Students effectively linked coordinated care to improved rehabilitation outcomes, reduced risk of complications, and enhanced overall health and wellbeing. Those who developed their explanation and clearly connected multi-agency working to positive outcomes for Edith achieved the full two marks.

Question 27: performance on question 27 was positive. Many students provided good responses, with the majority able to recall the 6Cs of nursing and relate them appropriately to the scenario. Stronger answers clearly identified a relevant value, such as compassion, care, or respect (linked to commitment or communication), and explained how asking a patient their preferred name and pronouns demonstrates person-centred practice, dignity, and inclusivity. Most students showed a secure understanding of how the 6Cs underpin professional behaviour in healthcare settings.

Question 28 (a): performance on question 28 (a) was generally positive. Students provided accurate and realistic responses, demonstrating an understanding of comprehension factors that may impact an individual with learning disabilities. Common valid answers included difficulties with understanding complex language, processing information, literacy levels, or communication barriers. Overall, students showed awareness of how comprehension can influence a person's ability to engage with and understand their care.

Question 28 (b): performance on question 28 (b) was mixed. Many students lost valuable marks because they tailored their responses to the role of the carer rather than focusing on the actions of the nurse, as required by the question. To achieve full marks, students needed to explain how the nurse could promote Hannah's self-care and independence, for example, by providing appropriate education and training on insulin administration, assessing her capacity and understanding, using accessible communication methods, or developing a gradual, supervised plan to build her confidence and competence. Stronger responses clearly centred on the nurse's professional role in empowering Hannah while ensuring her safety.

Question 29 (a): performance on question 29 (a) was clear-cut. Students either knew the full name of the organisation that holds the register for qualified dentists in the UK and achieved the mark, or they did not. Those who were successful correctly identified the General Dental Council. Others were unable to recall the full name, indicating a need for further revision of key professional regulatory bodies within the health sector.

Question 29 (b): performance on question 29 (b) was strong, with some really good responses seen. Many students were able to clearly explain one role of the Nursing and Midwifery Council (NMC) in protecting public safety, such as setting standards of practice and conduct, maintaining a professional register, or investigating concerns and taking fitness to practise action where necessary. Stronger responses linked these roles directly to how they safeguard patients and uphold professional standards, enabling students to achieve the full two marks.

Question 30: performance on question 30 was strong. This cohort demonstrated very good knowledge of the Mental Capacity Act (2005) and the legislation surrounding capacity. Most students were able to explain that the Act provides a framework for assessing Nicole's capacity to make specific decisions and ensures that, if she lacks capacity, any decisions made on her behalf must be in her best interests. Stronger responses also referred to key principles such as presuming capacity, supporting individuals to make their own decisions where possible, and choosing the least restrictive option. Overall, students showed a secure and confident understanding of how the legislation supports safe and lawful decision-making in care.

Question 31: responses to question 31 were varied. There was evidence that some students were running out of time, with a number providing very brief answers or not attempting the question at all due to time constraints. Students who did answer generally produced good, solid responses. Stronger answers discussed typical infant care needs such as feeding and nutrition, safe sleep, hygiene,

immunisations, growth and developmental milestones, recognising signs of illness, and supporting parental wellbeing. The best responses linked these needs to the family's expressed anxiety and reached sensible conclusions about how Fern could reassure and guide the parents.

Question 32: responses to question 32 showed a similar pattern to the previous ERQ, with time constraints clearly affecting performance. Some students appeared to rush, and a number used bullet-pointed answers. While these often identified relevant ideas, they lacked the depth and development needed for higher marks and limited coherent chains of reasoning and QWC. However, a minority of students produced excellent responses. These students clearly linked David's schedule to the Personalisation Agenda 2012 and discussed how it supports a holistic approach by promoting choice, control, independence, and dignity. Stronger answers also considered how coordinated input from David, his partner, and carers can better meet his physical needs (activities of daily living (ADL)), emotional wellbeing (confidence and reduced anxiety), social needs (maintaining relationships and routine), and practical needs (consistent, person-centred support). These responses included well-justified points, balanced judgements, and clear conclusions, enabling access to the higher mark bands.

Overall advice to providers

- Reinforce careful reading of command words and the exact number of responses required.
- Support students in practising precise recall and contextual application of legislation.
- Continue structured preparation for ERQs, as this has had a positive impact.
- Emphasise time management strategies, particularly to protect performance in Section D.
- Encourage students to avoid crossing out extended responses and to develop answers fully where appropriate.

In summary, while students were able to attempt the majority of questions across all sections, achievement was strongest in Section D and weakest in Section C. With continued focus on legislative recall, contextual application and effective time management, further improvements in cohort performance can be achieved in future series.

Core Paper B

Section A: body systems 1

Question 1: a settler question frequently answered correctly.

Question 2: some students interpreted this question as dietary and answered with a food type, such as bread or potatoes, or named lipase.

Question 3: frequently students stated a definition of an enzyme, rather than the role of lipase as asked in the question.

Question 4: some students stated a wrong unit in their answer while providing the correct numbers. Some students arrived at a correct dose but did not times by two for the daily dose. Some students completed complex sums not arriving at the correct answer.

Question 5: many students did not relate their answer to the role of antirheumatic drugs suppressing the immune system and the benefits to her ability to continue knitting. Many students stated the drugs would have a relaxing effect on her muscles instead.

Question 6: performance on this question was varied, students often provided symptoms Sandy would experience because of her aortic valve not closing properly but did not provide the explanation of the symptoms.

Question 7: responses to this question frequently lacked the level of detail required to achieve high marks. Many students suggested hepatitis B was contracted via airborne transmission and failed to consider it can be spread via sexual transmission.

Question 8: in the first ERQ of the paper, some students provided detailed answers that evaluated the treatment recommendations made by the consultant, considering inhalers, steroids, and a pulmonary rehab group. Some students answered with information about the symptoms of chronic obstructive pulmonary disease (COPD). More frequently, students gave answers focusing on the effects of COPD on Brian's wellbeing, sometimes detailing the number of cigarettes he had smoked over a lifetime. Students appeared not to recognise the short- and long-term effects of inhalers, the effect of steroids in reducing inflammation, and the positive impact this would have on his breathing. Many students did state Brian should have been encouraged to give up smoking and stated the positive effect this would have on his wellbeing.

Question 9: this question asked students to evaluate a health professionals' response in raising awareness of a sexual health campaign. This was frequently answered well by students, many provided details about the benefits of Lina's plans to engage migrant women in a weekly drop in session, the benefits of leaflets in many languages, and the ability to take information home. Stronger answers from students provided an evaluation of the possible benefits and shortcomings of the effects of her sex education campaign.

Section B: body systems 2

Question 10: this question was sometimes left blank, as students seemed unsure of the description of metaphase.

Question 11: this question had four marks available, which students could achieve by showing their calculations. Some students calculated the daily dose with correct working out shown. Some students failed to make the last calculation to show the daily dose, thus missing a mark. Some students made every mathematical calculation with the numbers provided but did not arrive at a correct dose or achieve any points.

Question 12: many students correctly named other components of the endocrine system. Some students were not specific about the part of an organ, naming kidneys rather than the adrenal glands. Some students appeared to guess and named a variety of different organs.

Question 13: some students identified surgery and a stoma as a treatment option; this was awarded as a suitable response. Many students correctly explained the purpose of immunosuppressants and how they would benefit David. Some students merely stated he should be given painkillers, without explaining a treatment option.

Question 14: many students correctly identified mitochondria, while some named other cell organelles. Some appeared to confuse cellular respiration with gaseous exchange.

Question 15: this is a two-mark question about the impact of the removal of Sara's pancreas and why she may need to adapt her diet. Frequently, students did not consider the role of the pancreas in chemical digestion. In particular, enzymes and their role in facilitating the absorption of nutrients were often omitted.

Question 16: Students sometimes failed to mention the benefit of the treatment options for Robert and the effect of the benefit. Stronger responses showed students discussing all three recommendations, providing benefits to the patient.

Question 17: some students failed to evaluate the dermatologist's recommendations, instead only stating the effects of eczema. Stronger responses explained how eczema affected Zoe's wellbeing and how the suggested medication impacted it.

Question 18: many students recognised that the consultant would recommend other treatments before a bone marrow transplant. Very few recognised the risks of an invasive bone marrow transplant on Elana's immune system or the risk of graft-versus-host disease.

Section C: body systems 3

Question 19: frequently, this question was incorrect.

Question 20: this question was often left blank. Some students provided an exact definition of half-life, while others appeared to guess.

Question 21: many students answered 'white blood cells' or 'platelets'. Frequently, incorrect answers were given; some students answered with epithelial cells, perhaps missing 'flattened shape' in the question.

Question 22: some students appeared to confuse coronary heart disease (CHD) with symptoms of COPD, focusing on breathlessness and explaining lung damage.

Question 23: frequently, students related answers to thyroxine but failed to note 'low levels' in their answers. Some students left the question unanswered. Sometimes detailed answers were provided, naming the hormone and the impact of hormone levels.

Question 24: some students demonstrated their knowledge of kidney disease, including the impact of frequent dialysis on daily living and the possible effects of donor kidney rejection. Some students focused on the emotional impact, frequently highlighting the effect of low self-esteem due to scarring after surgery. Successful answers stated the positive impacts of avoiding frequent dialysis and the potential anxieties associated with rejection.

Question 25: some students answered only with knowledge of the in vitro fertilisation (IVF) process, without focusing on the recommendation to reduce the dose of follicle-stimulating hormone (FSH), its possible impact on the number of eggs harvested, and the subsequent effect on the number of fertilised embryos available for transfer.

Question 26: some students provided details about the process of the immune response without considering all relevant information or the validity of their explanations.

Document information