

# Chief Examiner Report

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

**Summer 2025 – Core Paper A and Core  
Paper B**

## Introduction

### Summer 25 – Core Paper A and Core Paper B

**Assessment dates: Core Paper A, 12 June 2025  
Core Paper B, 19 June 2025**

**Paper numbers: Core Paper A P002724 (paper-based) and P002726 (onscreen)  
Core Paper B P002988 (paper-based) and P002989 (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 exams 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 exams.

## Grade boundaries

Raw mark grade boundaries for the series are:

	Overall	Notional boundaries	
		Paper A	Paper B
<b>Max</b>	234	116	118
<b>A*</b>	174	89	84
<b>A</b>	152	80	72
<b>B</b>	130	68	62
<b>C</b>	109	56	52
<b>D</b>	88	45	42
<b>E</b>	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 teachers 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

The overall achievement for this assessment series was significantly higher than that of the previous series. A much larger percentage of students attempted all of the questions, which was encouraging to see. This suggests that students were better prepared for the assessment and had improved their exam technique. Many students achieved marks across all four sections of the paper, demonstrating a broad understanding of the specification content.

The mark scheme for this Core A assessment did not make it more or less difficult for candidates to achieve marks compared to the previous paper. The assessment and mark scheme followed the same format and structure as seen in previous assessment windows, maintaining a consistent approach across Sections A to D. These sections align directly with the elements in the specification, ensuring fairness and comparability over time.

The structure of the questions also remained the same, starting with lower-tariff 1- and 2-mark questions using command verbs such as *define* and *explain*, and then progressing to higher-tariff, banded-response questions with command verbs such as *assess* and *evaluate*. This scaffolding of difficulty supports student progression through each section and mirrors the cognitive demands seen in prior assessments.

In terms of accessibility, the mark scheme offered clear, achievable criteria for each question. For example, in Section A, candidates were asked to define roles within the healthcare sector and explain the responsibilities of healthcare professionals. The mark scheme allowed for a variety of accurate responses, enabling candidates to gain marks even where terminology differed slightly, provided the meaning was accurate and aligned with the specification.

While the scaffolded, extended responses in the higher-tariff questions remained more challenging for some students, it is evident that there has been an improvement in this area. Many candidates demonstrated increased confidence in writing and structuring their responses, reflecting the growing familiarity of both students and providers with the assessment processes.

However, one ongoing issue remains: some students continue to provide multiple responses to questions that explicitly ask for one or two answers. Providers should reinforce the importance of reading the question carefully and remind students that examiners will only mark the first response given. This approach ensures fairness and consistency across all candidates.

Overall, this series demonstrates positive progress, with improved student performance and a clearer understanding of the demands of the assessment. Providers should continue to build on this momentum by supporting students with exam technique, particularly in relation to higher-tariff questions and adhering to the instructions given in each question.

## Responses to the external assessment questions

### Core paper A

#### Section A – Working in the Healthcare Sector

In Section A, many students were able to accurately recall information relating to roles and responsibilities within the healthcare sector. Most demonstrated a clear understanding of the importance, benefits, and drawbacks of working within a multi-disciplinary team. However, there were gaps in knowledge when it came to applying this information effectively to sector-based scenarios. This limitation meant that many responses to the open-response questions were awarded Band 1 or Band 2 marks. Students who applied their exam techniques – such as highlighting what the question required and planning their answers before writing – produced well-structured responses and achieved Band 3 marks. Providers should continue to embed these strategies in preparation for assessments, as they have a significant impact on student outcomes.

#### Section B – Managing Personal Information and Data in the Healthcare Sector

Students generally performed well in Section B. Many were able to recall key pieces of legislation accurately and explain their application in context. There was also strong evidence that students understood the importance of research and the methods of data collection used in practice, with most able to discuss their relevance effectively. This section saw consistently high performance across the cohort, with a large proportion of students achieving higher marks. Providers should continue to encourage students to link legislation and data handling methods directly to practice, as this approach supports access to the higher bands.

#### Section C – Health and Safety in the Healthcare Sector

Section C continues to be one of the more challenging areas for students. This section required them to recall key health and safety legislation and link their knowledge to policies and procedures within given scenarios. While many students were able to name relevant legislation, some lost marks due to inaccuracies in their application to the scenarios. Marks were still awarded if dates were incorrect, but full marks required correct application and contextualisation. To achieve Band 3 marks, students needed to provide evidence of analysis and evaluation throughout their responses rather than simply describing policies. Providers should focus on developing students' ability to apply legislation in context and critically evaluate its impact to strengthen performance in this section.

#### Section D – Person-Centred Care and Extended Responses

Section D is often an area where students perform well; however, there was evidence in this series that some students ran out of time or experienced exam fatigue, particularly with the final two questions, which some did not attempt. This impacted their overall marks. Support in managing assessment time more effectively would benefit future cohorts. Despite this, the quality of responses was high, with many students able to make strong links between theory and practice when answering questions related to person-centred care.

Across the paper, some students performed consistently well in achieving the Quality of Written Communication (QWC) marks. This aspect can make a significant difference to the overall grade, particularly as each of the four sections contains a 9-mark question. To boost performance in these questions, students need to:

- address all the information provided in the question rather than reiterating it
- apply each of their responses to the specific scenario evaluate each point made to demonstrate depth
- conclude their findings clearly to secure the full 3 QWC marks available.

## Advice to providers

- Reinforce the use of exam techniques such as highlighting command words and planning responses.
- Provide practice in applying knowledge to scenarios, particularly in Sections A and C.
- Support students in developing evaluation skills to access higher mark bands.
- Focus on time management strategies to reduce exam fatigue and ensure all questions are attempted.
- Continue to build on the positive trend of students linking theory to practice effectively.

Overall, the cohort demonstrated strong progress, with notable improvements in recall, application, and structured responses. With continued targeted support in the areas identified, future cohorts are well-positioned to achieve even higher outcomes.

## Section A: Working in the healthcare sector

### Question 1

Students were required to name one other type of organisational setting that provides healthcare. There was clear evidence that many students misunderstood the wording of the question, leading to incorrect responses. Providers should emphasise the importance of reading the question carefully and identifying the key command words. Examples students could have included were private healthcare, social care services, or private/non-profit organisations.

### Question 2

This question asked students to give two characteristics of primary care, and many found it difficult. Responses often lacked precision or included incorrect information. Providers should ensure students can confidently define and describe the distinguishing features of primary care, such as accessibility and being the first point of contact. Revision strategies should include comparing primary, secondary, and tertiary care to strengthen understanding.

### Question 3

Students were asked to explain one way an evidence-based trial can benefit the healthcare sector. A common mistake was focusing on benefits to patients rather than to the sector as required. Providers should train students to identify the exact focus of the question (for example, sector vs. patient) and apply their knowledge accordingly. Practicing exam questions with varied focuses will help develop this skill.

### Question 4

For this question, students needed to explain one potential impact of the building work on the activities of the physiotherapy unit. Achievement was strong, with most students providing accurate and relevant responses. Providers should continue to encourage the use of clear explanations and contextual links to the scenario to secure full marks.

## Question 5 (a)

Students demonstrated a good understanding of element 7 content by correctly defining the term 'standard operating procedure'. This was a well-answered question, indicating effective preparation in this area. Providers should maintain this level of focus in teaching definitions and their applications.

## Question 5 (b)

This question asked students to explain one reason why it is important for Ayesha to follow the standard operating procedure, with clear links to practice. Students generally responded well, showing they could apply theoretical knowledge to practice. To strengthen responses, providers should encourage students to always link back to the scenario with specific examples.

## Question 6 (a)

Students were asked to identify one reason why it is important to manage stock effectively. The majority answered correctly, demonstrating good understanding. Providers should continue reinforcing the significance of stock management and ensure students can apply this knowledge across different healthcare contexts.

## Question 6 (b)

This question required students to explain one impact of vaccines being stored incorrectly. Again, responses were strong, with most students correctly identifying the risks and impacts. Providers should keep encouraging the use of clear, scenario-based explanations to maximise marks.

## Question 7

Students needed to explain one benefit of effective multidisciplinary team (MDT) working in the care home. While over 50% achieved both marks, some students gave two separate reasons instead of explaining one as required, resulting in only one mark being awarded. Providers must reinforce the importance of following the command word and structuring answers correctly: one reason followed by an explanation.

## Question 8

Students were asked to assess the actions Jamiah should take in the scenario. Many missed the key detail that Jamiah had just completed his training, which impacted their responses. This highlights the importance of carefully reading and highlighting key information from case studies. Students who planned their answers and integrated this detail achieved higher marks. Providers should encourage annotation of case studies and planning before writing responses.

## Question 9

This final question required students to evaluate the effectiveness of a comprehensive job description and person specification in assisting employers such as the NHS to avoid liability. Achievement was in

the optimal range, indicating improved student performance on 9-mark questions. Providers should continue to focus on developing evaluation skills, ensuring students structure their responses with balanced arguments, application to the scenario, and a conclusion to secure all QWC marks.

## **Section B:** Managing personal information and data in the healthcare sector

### Question 10

Students did very well in this question, with over 90% correctly stating the purpose of the Data Protection Act 2018. They also demonstrated a strong understanding of its relevance to the healthcare sector. To maintain this high level of performance, students should continue revising key legislation and practicing how to apply these laws to real-world healthcare scenarios.

### Question 11

This question proved particularly challenging, as many students were unable to state the full term for the abbreviation 'Pro re nata (PRN)'. Most answered with the meaning "when required" rather than the correct term *Pro re nata*. While this shows an understanding of the concept, students need to ensure they also memorise the correct terminology. Using recall exercises, such as flashcards, may help reinforce both the full terms and their meanings.

### Question 12

Students performed well overall when asked to explain one reason why Sandra should share information with the midwifery service. However, some only achieved one mark because they gave two reasons instead of focusing on one and explaining it in detail. To secure full marks, students should carefully read the command word "explain one" and ensure they develop a single, fully explained point.

### Question 13 (a)

Over 60% of students successfully gave accurate examples, such as graphs, bar charts, and tables, to show how medical data might be presented. However, vague responses like "documents" or "presentations" were not credited. This highlights the importance of using specific and precise examples when answering such questions.

### Question 13 (b)

Students generally performed well when explaining the importance of Bruno's actions. Many linked their answers to patient recovery, treatments, and discharge, while others effectively referenced the accuracy of patient records and relevant legislation. Stronger responses applied these points clearly to the scenario, which is a skill all students should continue to develop to gain higher marks.

### Question 14

When asked to discuss the effectiveness of the hospital's data protection measures, achievement was within the optimal range. The strongest responses applied their answers directly to the case study, evaluated both strengths and weaknesses, and concluded with reasoned judgements. To achieve top marks, students should always link their discussion to the scenario and end with a clear, justified conclusion.

### Question 15

This evaluation question required students to determine which data collection method was most suitable for Zoe's cancer research. Most students achieved strong marks, demonstrating a good understanding of qualitative and quantitative research methods and their relevance to practice. Higher mark responses compared both options in depth, applied points to the scenario, and concluded with well-reasoned judgements. Students should continue to focus on developing their evaluation skills to reach the highest band of marks.

## **Section C:** Health and safety in the healthcare sector

### Question 16

Students were asked to give one example of good personal hygiene practice, and marks across the cohort were positive. Many correctly identified examples such as brushing teeth or showering. Examiners also accepted handwashing as a valid response because, although it is primarily an infection control measure, it is also considered personal hygiene when performed after using the bathroom or before eating. This question highlighted the importance of understanding how practices can overlap in different contexts.

### Question 17

This question, which required students to identify the health and safety regulation that protects employees and the public from radioactive substances, proved very difficult. Many students did not know the correct answer, *Ionising Radiation Regulations (2017)*. However, marks were still awarded to those who named the regulation correctly but provided an incorrect date. This shows that partial knowledge can still gain marks, but students should focus on learning both the names and dates of key regulations to secure full marks.

### Question 18

Students were asked to explain one technique Donna might use to support the wellbeing of a baby when administering medication via a needle and syringe. Many incorrectly focussed on the use of the needle rather than infection prevention and control measures or comfort techniques. Marks were awarded for responses that referred to soothing and comforting the baby, which aligns with good practice under Nursing and Midwifery Council (NMC) guidelines. This demonstrates that students need to read scenarios carefully and address all aspects of wellbeing, not just the clinical procedure.

### Question 19 (a)

This question required students to name the legislation that requires employers to assess and minimise risks involved in manual handling and moving people. The correct answer was the *Manual Handling Operations Regulations 1992*. Many students struggled with this, often giving inaccurate responses, but marks were still awarded where the regulation was correctly named, even if the date was missing or incorrect. Students should revise legislation thoroughly to ensure accuracy in both the title and the date.

### Question 19 (b)

Students were asked to explain one way Sergio's actions protected staff when he completed a risk assessment and ensured all staff were trained before using a new patient transfer board. Most students achieved good marks, but some tailored their responses to patient safety rather than staff protection,

resulting in lost marks. This highlights the importance of reading the question carefully and focusing on the specific group mentioned.

#### Question 20

Achievement for this question, which required students to discuss the actions Abigail took to promote health and safety in relation to a faulty dental water jet, was within the optimal range. However, some students gave vague responses and failed to include reasoned judgements and conclusions. Higher marks were awarded to those who linked their discussion directly to the scenario, evaluated the actions taken, and ended with clear, justified conclusions.

#### Question 21

Students were asked to evaluate the impact of good handwashing techniques and personal hygiene in hospital settings, using appropriate legislation and guidelines. While marks were generally in the optimal range, only a minority achieved Band 3 marks. To reach the highest level, responses needed to be highly detailed, logical, and coherent, showing clear chains of reasoning with strong application to the scenario. This question reinforced the need for students to structure their answers effectively, incorporate legislation, and draw well-supported conclusions to achieve top marks.

### **Section D:** Person-centred care in the healthcare sector

#### Question 22

Students were asked to state one purpose of the *Personalisation Agenda 2012*. A high percentage of students answered this correctly, demonstrating an understanding of its relevance to person-centred care. This shows that students are confident in linking legislation to practical applications in care settings.

#### Question 23

This question required students to state one role of Ofsted. While many responses were accurate, some students gave vague answers such as “safeguarding”, which did not gain marks. Positive marks were awarded for specific responses such as regulating, inspecting, and auditing aspects of children’s services or educational settings. This highlights the importance of being precise in responses to earn full marks.

#### Question 24

When asked to state one purpose of the Information Commissioner’s Office, only a minority of students were awarded marks. This question proved challenging, suggesting that students need to strengthen their knowledge of regulatory bodies and their functions to improve outcomes on similar questions.

#### Question 25

Students were required to explain one way allowing a patient at risk of self-harm to spend time outside hospital grounds followed the concept of proportionality from a safeguarding perspective. While student performance was within the optimal range, many gave multiple answers rather than explaining one fully, which limited their marks to only one of the two available. This reinforces the need for students to focus on depth over breadth in explanation questions.

### Question 26

Students were asked to explain how GP signposting to other services would support Henry, who has a musculoskeletal condition and low mood. Performance was strong, with students demonstrating a good understanding of signposting and the importance of a holistic approach to care. This question allowed students to showcase how integrated support can improve both physical and emotional wellbeing.

### Question 27 (a)

When asked to state the meaning of the term “accountability”, the majority of students gave positive responses, showing they understood this fundamental concept in healthcare practice.

### Question 27 (b)

This question asked students to explain one action Sandro, working in safeguarding, should take under the Care Act 2014. There were evident gaps in knowledge regarding the safeguarding team’s role and its collaboration with the police and social services. While some students gained marks, others missed opportunities to link their responses to multi-agency working, showing this is an area needing further development.

### Question 28

Students were asked to state one risk to a person’s health caused by smoking. Most achieved marks with accurate responses, but vague answers such as “difficulty breathing” did not meet the standard for the mark. This underlines the need to use specific and medically accurate terms when answering health-related questions.

### Question 29

This question required students to explain how Amina’s GP could support her in stopping smoking. While many students gained marks, there was a recurring pattern of providing multiple answers instead of explaining one clearly. This limited the marks they could achieve, emphasising the importance of focusing on one strong, explained point in “explain” questions.

### Question 30

Students needed to explain the importance of a community nurse setting boundaries when a patient requested their personal phone number. Most students understood why boundaries are crucial and the implications of breaching them for both patient and nurse, leading to strong performance on this question.

### Question 31

Students were asked to discuss how Derek’s independence and self-care could be promoted following discharge after a hip operation. Marks dipped significantly, with many students not attempting the question or providing limited responses, often in bullet points. This suggests exam fatigue or time management issues impacted performance, as the question required extended discussion to achieve higher marks.

### Question 32

The final question required students to evaluate actions taken in response to an allegation of physical abuse in a nursing home. While overall performance was within the optimal range, there was clear evidence of students running out of time, leading to incomplete answers. Those who did well provided evaluative responses linking the investigation steps to safeguarding outcomes, while weaker answers lacked reasoning or conclusions.

## Core paper B

### Extended response questions

Overall, students did not appear to use additional knowledge in answering ERQs. Students very much focussed on the facts as presented in the scenario. This resulted in students missing many AO3 marks for analysis and evaluation. To achieve AO3, students need to analyse and evaluate information and issues related to contexts, concepts, theories and principles to make informed judgements or draw conclusions and address individual needs. Often there was no balance, no positive elements recognised or presented by the students in their answers.

A general note is some handwriting was very difficult to decipher; students must try to provide legible scripts

## Section A: Body systems 1

### Question 1

Sometimes student answers referred to Personal Protective Equipment (PPE) or condoms, not a biological physiological barrier. Quite a few students made references to hairs and nose hairs.

### Question 2

Answered well frequently.

### Question 3

Sometimes students did not give specific answers referring to the reasons for using the international system. Lots of references to making the measurements accurate.

### Question 4

Frequently students provided correct answers; sometimes students divided by 100, not 1000, thus not arriving at the correct answer.

### Question 5 (a)

This question received a very mixed response from students. Many answers gained one of the two points by mentioning one relevant gas in their answer. Some students appeared to not understand the term "Gas composition" and provided answers discussing reduced energy levels. Some students used the diagram to label to then construct an answer.

#### Question 5 (b)

Some students provided very vague answers about improving energy levels but failing to link more erythrocytes to increased oxygen and the effects of this step. Some students stated the drug can give the rider more energy as they will have more adrenaline. Some students appeared to not understand the gains of a performance enhancing drug and answered how the rider would be negatively affected.

#### Question 6

Many students gave detailed answers stating the benefits of a joint drug / physiotherapy regime for Gerald's wellbeing and his Rheumatoid arthritis. Many understood the effects of an autoimmune disease, and the benefits of physiotherapy and the medication named.

#### Question 7

Most students focussed their answer on the wound care and future screening, and very few students considered Jeff's age, and the emotional effects of having a testicle removed on his future fertility, or his perceived masculinity. This, and a lack of any benefits of early treatment meant some students did not achieve AO3 marks, that would have put them in the top mark, Band 3.

#### Question 8

Many students only discussed information from the case study, not applying any additional knowledge about wellbeing, or considering the age of children and the parental influences on their diets and exercise. Some students failed to mention any positive elements failing to achieve any AO3 marks.

#### Question 9

Frequently correct, short-answer question.

### **Section B: Body systems 2**

#### Question 10

Often answered correctly, all female hormones guessed by unsure students.

#### Question 11

This question elicited either exemplar answers or students did not recognise lipase breaks down fats, and stated lipase did not breakdown carbohydrates, or lipase is a protein produced by the body.

#### Question 12

Overall students frequently answered correctly. Students sometimes became confused with rate of death or morbid obesity.

#### Question 13

Students often attempted complex sums achieving only the first sum correctly, some students achieved full marks.

#### Question 14

This question required students to find two data points on a bar chart and subtract one from the other to give an answer. The answer was often correct; when it was not, students had created their own legends and not read the graph correctly, or the question, and used figures from men's and women's figures, thus doing the wrong sum from the beginning.

#### Question 15

Many students provided assessments of the GP's advice and did not mention a hormone or function / effect, some students explained the menstrual cycle. Many students focussed on conditions which may give the same symptoms.

#### Question 16

This was a 9-point Extended Response Question (ERQ); many students didn't mention surgery as an option for endometriosis or the benefits of any of the medications in the case study, limiting their ability to achieve AO3 marks, and a Band 3 answer.

#### Question 17

Students mainly considered the facts in the scenario and did not consider their wider learning and knowledge in formulating their answers. The psychological and physical impacts of a stoma bag not always considered, this impacted their ability to achieve Band 3 answers.

### **Section C: Body systems 3**

#### Question 18

Frequently correctly answered. Some answers were too vague by just the suggestion they boost the immune system, with no specific reference to the mechanism or role. Lots of unspecific answers that could apply to any part in the immune system.

#### Question 19

Many possible answers given, answered well.

#### Question 20

Many students did not correctly order all 4 micro-organisms, appearing to be confused by the different measurements.

#### Question 21

Frequently answered well. Many referred to damage from surgery also reducing absorption rate.

#### Question 22

Frequently answered well but focusing on Chronic Obstructive Pulmonary Disease (COPD) gained as a smoker. Many explained causes and treatment without discussing the accuracy of the original statement.

### Question 23

A 9-mark ERQ; many students mentioned running as being a harsh exercise, recognising the impact on Muscular Dystrophy. Many did not understand the progressive nature of MD and referred to recovery / improvement. Many students did not elaborate on the benefits of physiotherapy for building muscles, or the positive impact of a support group on emotional wellbeing, this impacted on them achieving Band 3 answers.

### Question 24

Some students answered very well, achieving high marks, but many achieved lower marks with missed opportunities to achieve AO2 marks, for example on Coronary Heart Disease (CHD) risk factors. Students demonstrated some good knowledge on medication actions. Stents were widely suggested as a treatment option, as were lifestyle changes.

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