Chief Examiner Report

NCFE CACHE Level 3 Applied General Certificate in Health and Social Care

QN: 603/2914/2

Assessment code: AGCHSC

Paper number: P002772

Submission window: 24 April 2025 to 13 May 2025

Introduction

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

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

Key points:

- grade achievements
- administering the external assessment
- standard of learner work
- assessment structure
- use of word allocation
- criteria requirements and command verbs
- referencing of external assessment tasks
- assessment criteria (AC)
- regulations for the conduct of external assessment.

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

Grade achievements

Grade	NYA	P	M	D	Learners	58
% of learners	81.03	10.34	8.62	0.00	Pass rate	18.97%

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. Learners may require additional pre-release material in order to complete the tasks within the paper. These must be provided to learners in line with our regulations.

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

Standard of learner work

Candidates made a good attempt to engage with the pass and merit criteria and were often successful in doing so with the merit criteria. However, the challenges of applying the title within the pass criteria too often resulted in many NYA grades. Subsequently the overall standard of work reflected in a lower achievement rate, despite evidence of effort and attempted application.

Assessment structure

External assessment task title ‘A multi-disciplinary approach to health and social care’. The candidates followed the required assessment structure, addressing in turn all the pass criteria, followed by the merit and distinction.

Use of word allocation

The required 1500 words were used effectively by candidates. It was good to see no scripts with very limited word counts. The full word count was predominantly used for the pass and merit criteria, with very few candidates using the word count to address the distinction criteria. Only one candidate exceeded the word count by a significant number of words.

Criteria requirements and command verbs

Candidates found it challenging to apply to the pass criteria, particularly for the criteria P3 and P4 in relation to the title*: ‘A multi-disciplinary approach to health and social care’,* Candidates understanding of what constitutes a ‘multi-disciplinary approach’ tended to focus more on practitioners working together than across disciplines, although there is an overlap for example, different practitioners from different disciplines. This often-led responses to address criteria from a partnership perspective, which at times limited the response.

The command verb ‘discuss’ in the M3 criteria was generally effectively addressed. The command verb explain was a challenge in P4, but this was due more to the application of the title to the criteria, rather than the challenges of the command word. When ‘explain’ was required in M2 it was addressed with appropriate engagement. The few answers addressing the distinction criteria lacked the depth and engagement expected for analysis. The challenges were also exemplified by the application of the title to the criteria.

Referencing of external assessment tasks

Two traceable quotations were required for both P5 and M4. These quotes must support the pass and merit grade criteria. For D2 a demonstration of wider background reading through the use of traceable quotations is required.

Referencing of the traceable quotes were addressed with good success overall. While most candidates provided quotes that were clearly identifiable within their written work and were supported by a reference of the book or website source, some candidates provided quotes but with no reference source. Some provided a reference, but poor use of quotation marks, that did not clearly distinguish where the quote either started or ended.

A very small number of candidates gave the quotes together with referencing at the end of all the criteria. This made it difficult to link the relevance of the quote to the criteria; sometimes the relevance was not apparent. Some quotes formed a significant part of the criteria, subsequently not enough of the candidate’s knowledge and understanding was presented. This over-reliance on quotes, should not replace paraphrasing and the candidate's expression of their understanding.

The requirement for D2 did not present wider background reading. Candidates need a greater awareness of what would constitute ‘wider’ reading in terms of different sources used, rather than just ‘lots’ of quotes from a limited number of sources, or more sources that were not varied.

Assessment criteria (AC)

P1
For a small number of candidates this proved challenging, often due to their selection of the life stage. Some life stages lend themselves more easily to a multi-disciplinary approach, for example, older adulthood can result in a range of health issues and life transitions that can require contact with a range of practitioners from different disciplines.

Some candidates referred to events that could happen in a particular life stage, but that were uncommon. This was acceptable, if it was feasible and there was some link made from the life stage to individual development and different practitioners from different disciplines for example, abuse in childhood, specific effects on development, linked to a social worker, children psychologist, GP, health visitor, teacher.

Some candidates gave a range of practitioners from different disciplines, but did not explain why, for example a child would require a child psychologist, social worker, paediatrician. Responses which only stated the childhood life stage would use these professionals was not enough engagement.

P2
Generally, candidates identified a health and social care practitioner and gave some reference to monitoring of care needs, but how this monitoring then linked to a multi-disciplinary approach was not clearly expressed. A midwife was a popular choice, as this provided lots of opportunities for monitoring to then be used to make referrals to different disciplines.

P3
Candidates found this difficult to apply to the multi-disciplinary approach, as they were required to apply safeguarding through the application of legislation, procedure or policy in reference to the multi-disciplinary approach and they must do this twice, with two pieces of legislation, policy or procedure.

Not all legislation, procedure or policy make links to the multi-disciplinary approach. Reference to legislation, policy or procedure that make specific requirements to share data to safeguard children and vulnerable adults was a popular response. Links to the police, social services education, healthcare were made. Some candidates took this route, but the descriptive detail provided was too brief to show enough understanding. Too many candidates selected legislation that was difficult to apply, such as The Equality Act, when it may not always be the most appropriate.

P4
Different disciplines generally do not play an active role in delivering specific health education campaigns. Therefore, when candidates wrote about disciplines coming together to directly deliver a health education campaign it did not have real-world application.

Clearly different disciplines can support a health education campaign message, for example a healthy eating campaign can result in an individual accessing a GP, diabetic nurse, pharmacist, dietician, dentist. Candidates who took this approach and provided some range in the disciplines of the practitioners stated, were credited. However, many candidates who took this approach only referred to one practitioner.

Poor choice of a health education campaign also limited the application, for example Act FAST, a campaign to raise awareness of stroke symptoms, would have limited application across disciplines, as different disciplines would only be involved when a stoke occurred for example, rehabilitation services, neurologist. Therefore, little relevance to the campaign's message which was focused on symptom awareness. Careful consideration of campaign and approach was needed to meet this criterion.

P5
Refer to section – referencing of external assessment tasks.

M1
Application of this criteria to the multi-disciplinary approach was generally addressed appropriately. Candidates were able to offer some discussion of two positive impacts of an advocate in providing a voice for an individual when engaging different practitioners involved in their care. Candidates often used an example of an individual with a specific care need, such as an individual with cancer, with reference to oncologists, nurses, rehabilitation practitioners, carers, social workers.

M2
Candidates appreciated that a range of practitioners can be involved in care planning. Strong responses used examples to show this process in supporting specific individual needs, although more generic responses were given and could also gain credit.

M3
Candidates understood the nature of reflective practice and how this supports effective practice. Some candidates struggled to develop this further with the application of reflective learning to a multi-disciplinary approach. When it was applied, candidates were able to consider how reflection supported a practitioner's role within a multi-disciplinary team, points made were however often simplistic but valid, often centred on improving communication and interactions. Discussion was somewhat underdeveloped.

Candidates who used specific examples within their response provided a more developed answer. Some candidates drifted into a more partnership working response, which was not necessarily incorrect, but care needed to be taken that some range of different practitioners sat within their response.

M4
Refer to section – referencing of external assessment tasks.

D1
There were few candidates who addressed the distinction criteria. In all cases analysis was too underdeveloped to award the criteria. Candidates attempting the distinction criteria need a greater awareness of the command verb ‘analyse’.

D2
Refer to section - referencing of external assessment tasks.

Regulations for the conduct of external assessment

Malpractice

There were zero instances of malpractice in this assessment window. The chief examiner would like to take this opportunity to advise learners that instances of malpractice (for example, copying of work from another learner or misuse of AI) will affect the outcome on the assessment.

Maladministration

There were zero instances of maladministration in this assessment window. The chief examiner would like to highlight the importance of adhering to the regulations for the conduct of external assessment document in this respect.

Chief examiner: Vickie Davis
Date: 28 July 2025