



Report from the chief examiner and chief moderator

**T Level Technical Qualification in
Health (Level 3)
(603/7066/X)**

**Summer 2023 – Occupational
Specialism Supporting the Therapy
Teams**

Chief examiner and chief moderator report

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Assessment dates: 20 March 20223 – 16 June 2023

Paper number: P002002, P001989, P002003 & P002004

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

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

Key points:

- grade boundaries
- standard of student work
- evidence creation
- responses to the assessment tasks
- administering the external assessment

It is important to note that students should not sit this external assessment until they have received the relevant teaching of the qualification in relation to this component.

Grade boundaries

Grade boundaries for the series are:

	Overall
Max	380
Distinction	294
Merit	205
Pass	116

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

For further detail on how raw marks are scaled and the aggregation of the occupational specialist element, please refer to the qualification specification.

Standard of student work

External Assessment

This is the first assessment in wave 3 of the T Level series and it was fantastic to see the range of skills and knowledge that the students have developed over their 2 years of study. Student achievement across the cohort was high and the integrated approach to the assessments enabled the examining team to assess the personal and professional development of the students in a holistic manner.

It was clear that many of the students were well equipped for their assessments; both academically and professionally and there were some notable examples of good practice evident throughout the assessments. The classroom-based learning alongside the student's work placement commitments have adequately prepared many students for future studies and positive career destinations within the healthcare sector.

Most students attempted all questions on all assessments. It is good practice, and I would highly recommend that students approach the tasks in a chronological order as the scenarios provided run concurrently to one another and follow the patient through their rehabilitation/recovery process. Students need to ensure that they consistently contextualise their contributions to the patient and the therapy team considering the patient's holistic needs and the importance of the relevant policies and procedures in practice.

Moderated assignments

The practical activity assignment (PAA) 2, is internally assessed within the industry placement by provider appointed assessors and externally moderated by NCFE appointed moderators.

It should be noted that this is the first awarding year for this T Level, and as such, there were some challenges faced due to the nature of the assessment. As the assessment takes place within the providers, the guidelines supplied were interpreted in different ways, for example, some providers did not video-evidence handwashing but instead gave a witness statement to say it had been carried out and whether it followed the correct protocols. We will be able to ensure a more standardised approach next year considering what we have learnt during this first awarding year. However, most students were well prepared for the assessment and subsequent moderation process.

The 2021 cohort have overall performed well in this assignment and all scenarios were attempted. The students' approach to the PAA ranged from confident to anxious. There were some providers where the students' performance was generally more confident and, in these cases, the PAA evidence supplied showed that all of the guidelines provided had been fully understood.

In the Supporting the Therapy Team OS there were 4 scenarios to show the students' application of skills and knowledge. The scenarios enabled the student to plan sufficiently to ensure that the specified criteria could be assessed. Students made effective use of planning in most cases, to show how each of the criterion could be covered. In the best examples the students took full responsibility for the assessment planning and were able to link this to the relevant knowledge and hence optimise patient outcomes.

There was, however, a pattern of failing to name, date and sign paperwork for the PAA, so this needs to be highlighted to the providers, and the importance of legible handwriting that can be understood by other professionals when reviewing the patients notes.

The core skills of handwashing, sanitisation and personal protective equipment (PPE) donning and doffing were not always followed or even carried out within the PAA, again this can be rectified for the next cohort by reminding the providers to highlight to the students the importance of following through core skills into all practice.

Another area that needs to be addressed is the supplying of written information to support the students' therapeutic interventions within the scenarios. Such as, an appointment card detailing their next appointment, a copy of the plan made with the patient, supplying relevant leaflets to support the patient and encourage self-care.

Evidence creation

External assessment

Providers should ensure that all assessment materials and pro-formas released by NCFE are converted into a MS Word document prior to the assessment taking place. There was evidence of some students using valuable assessment time re-creating these documents to complete the assessment task. Providers should also ensure that students submit their evidence on one document only to ensure examiners can find the content with ease, all additional documents must be clearly labelled with the student's name, student number and the task in which it relates to. An example of this was in assignment 1 whereby students were required to complete 4 separate tasks; some providers submitted 4 briefs for this, however, there is a pro-forma for each of these in the brief provided. Any supporting pro-formas such as in the professional discussion should also be submitted.

For assessments requiring recorded evidence, providers should ensure that the scenario or discussion is video recorded to promote a fair and consistent approach to assessment. Video recordings should capture the student, any staff members present and the immediate surroundings. Providers should ensure that these recordings are uploaded as MP4 files to allow ease of access to the assessment team. Please be mindful of any background noise and that the microphone is of an excellent quality and not obstructed.

Providers should ensure that they adhere to NCFE guidelines. An example of this is within the professional discussion; providers must only ask the question prompts provided in the provider delivery guide.

Providers that utilised the questions provided performed better than those who did not.

Moderated assessment

For the PAA the evidence required included a student declaration form, the assessment document detailing the scenarios requiring the student to fill in relevant data for some of the scenarios, a student assessment document to be filled in by the provider assessors and then 4 digital recordings, one for each scenario.

This year, being the first awarding year, presented many challenges with the creation of this evidence.

The majority of the written evidence was uploaded so that it could be moderated, it was noted that some provider's student assessment documents were not detailed enough and did not give a rationale as to why a student had or had not been awarded marks. There was a mixture of typed and handwritten student assessment documents, the typed evidence being easiest to moderate. Some of the assessment documents did not reflect the evidence that was presented in the digital format. For example, the written document would state that the student introduced themselves and gained consent but then this had not happened in the actual video of the scenario. It appeared that copy and pasting of text had perhaps led to such errors rather than any deliberate misinformation.

Digital files were not named and titled correctly leading to duplication and omission when being uploaded from the centres.

A lot of evidence was missing from nearly every provider and had to be chased numerous times. This led to a delay in the moderation process.

There was also missing evidence that could not be provided such as corrupted videos, or poorly presented evidence such as videos with no sound. As this was the first year of awarding missing evidence was marked in line with other evidence supplied for the student.

Responses to the assignments

Assignment 1

Most students attempted all questions during their assessments. In assignment 1, there was a strong start for many of the students who effectively addressed Sebastian's physical, psychological and emotional needs. Some good recommendations were made regarding Sebastian's needs, but students were required to establish goals important to the patient and to create a rehabilitation plan that encompasses his nursing and medical needs with reference to the roles and responsibilities of the various professionals required during his assessment and rehabilitation. Students were also required to discuss the activities that should be undertaken with Sebastian as a new patient to assess his needs and support his rehabilitation. The quality of the responses overall was excellent with many students discussing Sebastian's holistic needs and the importance of the care values in delivering patient-centred care.

Question 2 proved to be more challenging, however, this could be due to the student not reading the question correctly. Students were required to identify 3 goals for Sebastian to focus on and explain 2 actions for each goal that can be taken to work towards that goal and the equipment and/or strategies that may be required. Some students performed well and again considered Sebastian's holistic needs, demonstrating a fantastic understanding of therapy support and equipment. However, some students did not follow the task guidance accurately with little/no relevance to the professionals within the multi-disciplinary team.

Question 3 was the most difficult of all whereby students were required to write a series of recommendations to the physiotherapist in relation to the support and treatment required for Sebastian in relation to his rehabilitation. Many students did not possess a sufficient understanding of the role and responsibilities of a physiotherapist and the potential exercises and equipment that may be used within a therapy session. Many students were able to retrieve the relevant information from the Modified Rivermead Mobility Index but were not able to contextualise this information to Sebastian and his rehabilitation.

Most students performed well when answering question 4 in assignment 1 however, there was evidence of some students having insufficient time in which to complete this, therefore, I feel that timely assessments set by the provider would assist students in their time management skills to prepare for future cohorts and assessments. Many students utilised the stimulus materials well in evaluating the effectiveness of the multi-disciplinary teams' interventions to assist Sebastian's recovery, however, students should ensure that their recommendations are justified, contextualised and consider Sebastian's holistic health and wellbeing.

Assignment 1 – English, Maths and Digital Skills

Students should ensure that they are using the relevant terminology where appropriate, an example of this is when referring to specific equipment or techniques to effectively demonstrate their knowledge and understanding.

Providers need to ensure that they are converting all documentation where necessary prior to the assessment taking place. There was evidence of some students using valuable assessment time to recreate the pro-formas provided.

Assignment 2

Practical activities Part 1 Supporting Healthcare

Scenario 1

This scenario focused on responding to an incident or emergency, and infection prevention and control. The task was completed quite well by most students. There were, however, differences in approach depending on the materials made available by the provider. Within some providers bespoke spillages kits were used with everything in them whereas within other providers all relevant equipment was provided as separate

items. Where students did well, they assessed the situation, collected, and took all required equipment to the site of the spillage and used it effectively. The recordings showed students demonstrating effective handwashing procedures fully and the correct order of application and removal of required PPE was evident. Some students though found this aspect challenging, either not demonstrating effective techniques for handwashing, often rushing through this part of the task or stating to the camera that they had already washed their hands. Some returned repeatedly to the 'clean area' with contaminated hands and some provider assessors did not recognise basic errors in infection control techniques. In the higher-marked evidence, there was excellent communication throughout and the task was completed with a patient-centred approach. The communication within the written documentation was also comprehensive with a dated and signed entry clearly stating what had happened and what actions had been taken. There should have been reference to the patient vomiting, that it was provoked by coughing, that it had been cleaned up following infection control procedures and that it would be reported to the senior staff in charge. The patient's comfort and wellbeing at the end of the scenario should have been addressed and commented on in the written records. This ensures the written record is useful for staff providing care later. Best practice would also be for the student to print their name after their signature and add their designation for accountability purposes.

Scenario 2

This scenario required students to assist with comfort and wellbeing, assist with clinical tasks and undertake a range of physiological measurements. The same challenges were seen as above with a minority of students not washing their hands properly or using PPE effectively. Again, this was not always picked up by provider assessors. There was a wide range of marks awarded across the cohort. Those students typically who performed better used the equipment confidently and correctly, followed appropriate procedures and maintained excellent communications with the patient throughout. They considered the patient's comfort and wellbeing, adjusted the bed, used the right arm instead of the left, provided blankets and offered a drink. Students who achieved lower marks often did some of these things but not consistently throughout the task. They also struggled to recognise the subtle signs of deterioration in physiological measurements and the implications this could have for the patient. A minority of students failed to handover to the senior member of staff as required in the scenario brief or did so in a way that did not demonstrate their underpinning knowledge and understanding of the measurements they had just taken. Many missed out the advice regarding nutrition, hydration and fluid input/output. Where students scored lower the written documentation often had multiple errors or omissions in the entries made. The section at the bottom of the form for recommendations of frequency of monitoring, whether escalation was required and initials for accountability was often left blank.

Scenario 3

This scenario involved the collection, measurement and recording of a urine sample. This task proved challenging for a lot of students. Where students scored lower, we saw the same issues as above regarding failures to demonstrate handwashing and infection prevention and control procedures. The fluid balance chart was often incomplete, patient identifiers were not filled in, no dates and incorrect measurements logged, or measurements logged against the incorrect time. Many students calculated the fluid balance totals at the bottom of the form, which was not a requirement of the task, the chart runs for 24 hours and was only started at 01.00 according to the scenario brief. The students who scored higher, however, identified that the patient was currently in a negative fluid balance, either with a mental calculation or making a calculation at the side of the chart. They then also communicated this effectively to the patient and explained how the patient should try to increase their fluid intake, and offered a drink, recording this appropriately on the chart if accepted.

Practical activities Part 2

Scenario 1

In this scenario the student is required to support and promote the individual with skills for everyday living, use tools to measure and record the progress that the individual is making, analyse and evaluate against outcomes. They need to provide advice and support in line with care plans and in consultation with the therapy team other professionals. The student had 5 minutes to read the brief and then 15 minutes to engage with the patient to complete the task.

The patient has a history of substance misuse problems and needed help with day-to-day tasks and their issues such as, weight gain, loss of interest in exercise, reduction in mobility, and co-operative impairment. The student was expected to fill out a therapy outcome measure template (TOMS form).

In general this form was filled out incorrectly and often the date was omitted. Sometimes the correct process was not carried out with the individual, so therefore the form was lacking the correct information.

In this particular scenario the students were sat at one desk and the individual at another. This needs to be reviewed as it did not encourage the student to be fully aware of the safety and safeguarding of the individual whose mobility was already compromised as the student was sitting behind the desk. There were a number of students that did not get up to help and support the individual to ensure that they did not fall whilst completing the task. This needs to be addressed in the future by our guidance to providers ensuring that the layout of the room does not inhibit the students' performance.

Scenario 2

In this activity, the student was required to assess risk and fit therapeutic equipment for an individual, and demonstrate how to use this equipment to meet the individual's needs. The student had 5 minutes to read through the brief and then 15 minutes to engage with the patient to complete the task.

For this task the main challenge facing the students was efficiency in altering the height of the crutches and the Zimmer frame. Each item was done individually more often than not, with the patient left standing, which again could be deemed putting the patient at risk of falling. Good practice would dictate one measurement taken and the patient being offered a seat once again whilst the other items were adjusted to the same height.

In this task, the students worked well with checking all the equipment for safety and integrity, ensuring there was no damage and fully explaining to the patient what they were doing and why.

Another area for growth would be the improvement of sanitization of the equipment. In a lot of cases, the equipment, although being cleaned prior to being adjusted, the adjustment then took place by putting the item of equipment on the floor hence compromising its sanitisation.

A lot of the students did demonstrate to the individual how to use the equipment, but there were also a fair amount that did not do this. There were also instances of compromised patient safety where the individual was left standing whilst an item of equipment was removed from their hands and they were nowhere near a chair to be able to sit down; this was raised as a safeguarding issue.

Scenario 3

In this scenario the student was required to assess and prepare the therapeutic environment and equipment for undertaking a therapy support session. The student had 5 minutes to read through the brief and then a further 25 minutes to complete the task.

The students generally performed this activity fairly well. There was no patient interaction within this task, which perhaps led to a more confident completion of the brief.

The students had to sanitise all the equipment and ensure that the room was readily prepared for patients coming in. The students were able to explain why they were carrying out all the tests to ensure that the equipment was safe to use, what exactly they were looking at and making sure that everything could be adjusted and that there was no damage. Overall this was done effectively and the reporting back to the members of the team upon the completion of the task was completed well.

One area that needed to be improved upon was the sanitization of the equipment, as in some cases only one wipe was used for nearly everything whereas one wipe should be used for each individual piece of

equipment and then one for each piece of furniture that is to be used. There were a couple of instances where larger items of furniture were not moved following the correct manual handling protocols.

Scenario 4

In this practical activity the student was required to assist with therapeutic tasks and interventions using therapy techniques so that individuals could meet their optimal potential. The student had 5 minutes to read through the brief and then a further 20 minutes to engage with the individual to complete the task.

The student was working with a therapist who was providing care at the surgery and the student was meeting with a female patient who had been going to these art therapy sessions. The students were required to undertake a discussion with the patient and provide relative, relevant advice about the next steps in relation to art therapy interventions. The student had to complete a patient session plan to inform the future art therapy interventions.

The majority of students were able to complete this task successfully. However, a common theme was omitting the date from the patient session plan. The patient session plan was generally completed correctly with the correct information. In a relatively few cases the students failed to build rapport with the individual but on the whole patient engagement was optimal.

It was encouraging to see the students' application of their knowledge and skills to improve the patient's outcome by identifying their issues, goals and helping to develop an ongoing plan for the future.

Assignment 3

Most students attempted all questions during their assessments. In assignment 3, there was a strong start for many of the students who effectively described the different skills and abilities of members of the team in providing therapeutic care. The minority of students answered this collectively that did not effectively answer the assessment question, which is an additional reminder for students to read and plan their responses with accuracy. Most students were able to identify a specific health condition and how the distinct roles within the therapy team can meet their holistic needs to promote their health and wellbeing.

Question 2 proved to be more challenging, some students did not understand the terminology used within the assessment question with many encountering difficulties in reflecting on their learning and experiences and how this would impact on their future practice. I would recommend that providers utilise the glossary of terms provided by NCFE to enhance the students' knowledge and understanding of professional vocabulary.

Question 3 was answered effectively by most students although more focus needs to be made on communication strategies with other professionals and organisations and not solely the patient. More emphasis needs to be made on the outcomes for the patient, standard of care and the organisation.

Question 4 was slightly challenging for some; students need to ensure that their responses are explicit and reflect the question being asked. Most students could describe how therapy support can assist patients to develop and maintain skills for daily living but did not stipulate what these were. This was mirrored in part B when discussing techniques to improve their lifestyle-related health behaviours. Most students were able to provide a broad range of examples but did not discuss their chosen lifestyle-related behaviours.

Question 5 was vague for most students whereby students had to reflect on a situation where they have been involved in or observed the support of an individual in the context of delivering therapeutic care. I understand that there are limitations as to what a student can physically do whilst in placement but students should be encouraged to reflect on previous assessments, classroom-based learning, enrichment activities, role-play activities and their supporting roles in placement.

Question 6 proved to be one of the most difficult of questions. Some students answered this well, but others did not understand the context of the question, which was to reflect on their professional development over the duration of their qualification. Students were required to discuss their next steps in their chosen therapy profession and the reasons why they did or did not want to pursue a career within the sector. Students were required to draw on their research, university experience days, work placement, applications and subjective experiences to explain the reasons for what they have chosen as their next steps and why.

Assignment 3 – English, Maths and Digital Skills

Students should ensure that they are using the relevant terminology where appropriate, an example of this is when referring to specific equipment or techniques to effectively demonstrate their knowledge and understanding.

Providers need to ensure that they are converting all documentation where necessary prior to the assessment taking place. There was evidence of some students using valuable assessment time to recreate the proformas provided.

It is good practice to allow the student to have a copy of the assignment brief and their notes during the professional discussion.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#).

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