

CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Moderators' report

HEALTH AND SOCIAL CARE



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2019 series

Version 1

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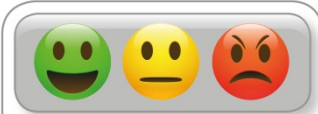
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Introduction

Our Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by our moderation team. These reports include a general commentary of accuracy of internal assessment judgements; identify good practice in relation to evidence collation and presentation and comments on the quality of centre assessment decisions against individual Learning Outcomes. This report also highlights areas where requirements have been misinterpreted and provides guidance to centre assessors on requirements for accessing higher mark bands. Where appropriate, the report will also signpost to other sources of information that centre assessors will find helpful.

Notes to Centres

There were a number of centres who had selected an invalid combination of units or had claimed the wrong units for a candidate that prevented overall qualifications results being issued. Please note that it is the responsibility of the centre to check that correct units have been entered for certification claims. OCR cannot guarantee that the issuing of results in these circumstances will meet deadlines for UCAS confirmation.

Sector update

Two key changes have occurred in relation to the Level 3 Technicals qualifications, both in relation to the examined units; firstly, an additional resit has been allowed, so candidates can have 2 further attempts at an examined unit if they wish to improve their result from the first attempt made. And secondly, a 'near pass' R grade has been introduced, which enables candidates who do not pass but achieve sufficient marks to gain some points for their examined unit outcome, which may mean that it is not necessary to resit the exam.

General overview/Introduction

The final resits for GCE Health and Social Care qualification came to an end this summer. As a consequence many centres launched the 2016 Cambridge Technical in September 2017/ September 2018. The qualification has now been running for three years and data will be available on how well Cambridge Technical 2016 performed early in the Autumn term.

The option to move up or down the size of qualification appeals to many centres, with many settling on delivering the Extended Certificate in the first year, with a view to completing a Diploma in the second year. Others looking for a single GCE replacement product began delivering the Certificate in the first year with a view to completing an Extended Certificate in the second year.

The need to complete externally assessed units, meant many centres delayed the delivery of moderated units, opting instead to deliver Unit 2 or Unit 3 in the first term. As a result very little evidence was available to moderate until May/June. Those centres also delivering 2012 Cambridge Technical used both moderation visits however some 2016 only centres, in their first year of delivery, opted for just one moderated visit within the academic year. All centres are entitled to two moderation visits within the course of the academic year however visits cover both Level 2 and Level 3 and 2012 and 2016 qualifications. Visits are on demand and centres are advised that where possible both should be utilised, as queries and concerns can also be dealt with at the same time.

Please note it is recommended that centres use both visits as often misconceptions are picked up on the first visit and can be corrected for the second visit. Also it was noted that many centres either re arranged or booked visits much later in the academic year, often very close to the deadline of June 30th. This should be avoided and a safety net of at least two weeks before the official deadline date be adhered to.

The extra resit opportunity and the near pass grade are continuing. Both were received well by centres last academic year.

It is important to mention the use of model assignments as these are available for mandatory moderated units only. The assessment methods suggested within each assignment are optional and a flexible approach should be taken by centres, allowing other methods to be used if more applicable to their candidates.

The majority of centres used Interchange correctly, submitting their grades approximately two weeks before the visit date. There were some incidences of centres submitting marks close to the visit day and assessors 'marking to the wire'. Again, this is to be avoided.

Annotation varied with many centres annotating throughout the portfolio and supporting the grade with a detailed URS.

Most common causes of centres not passing

It is essential that when putting together a programme of units, centres check the relevant handbook to make sure that the units they are planning on delivering are available at the size of qualification they have chosen.

There is limited choice of 30glh units, in total there are currently three and again not all are available for all sizes of qualification. If time and resources allow, centres have the option of delivering another 60glh unit instead of a 30glh unit, however only half the points will be used to make up the full qualification. To clarify, if a candidate achieved a PASS in a 60glh unit (equivalent to 14 points), then half of the points (7 points) would count towards the full qualification.

When completing evidence for coursework units there are three guiding principles:

- The command verb must be adhered to. The level and depth of command verb dictates the style/type of evidence which should be produced.
- The plural rule. Wherever a plural is used it should be interpreted as meaning 'at least two'.
- The application rule. Wherever the term 'environments' is used, application should be to 'at least two' environments.

One common cause of a grading criteria not passing was the command verb 'analyse'. The command verb definition of analyse is:

"Separate information into components and identify their characteristics.
Discuss the pros and cons of a topic or argument and make reasoned comment."

While this is correct, one way candidates could approach this is by backing up their evidence using primary/secondary sources of information. Analyse is a Level 3 command verb and it is expected that it would be approached using continuous prose rather than statements or bullet points. To this end when assessing analyse, candidates using a presentation, would generally submit additional notes, which provide the depth that analyse demands. Pros and cons alone would suggest the command verb 'evaluate' has been met. It is the expectation that candidates 'make reasoned comment' and by doing this back up what they are saying.

Common misconceptions

The majority of centres have delivered the teaching content as it appears in the specification. It should be noted that not all teaching content is reflected in the assessment grid. There is a significant difference between the amount of information that should be delivered to meet the teaching content and the evidence that needs producing to meet the assessment grid.

The teaching content guides what must be delivered by the teacher. If content follows an i.e. it must be covered/included. However any content that follows an e.g. is optional and can be adapted.

The grading criteria guides what a candidate must produce in order to achieve a pass, merit or distinction task. Often centres new to the qualification did not meet the standard on the first visit due to misconceptions and a lack of understanding of the requirements of the grading criteria.

Avoiding potential malpractice

Centres must take note of the JCQ guidelines re the quantity and content of centre feedback.

Assessors must not over direct candidates to produce specific evidence. Furthermore candidates should reference where evidence has been taken direct from the source, this includes diagrams.

Helpful resources

There are many helpful resources in the planning and teaching section of the website found at:

<https://www.ocr.org.uk/qualifications/cambridge-technicals/health-and-social-care-2016-suite/planning-and-teaching/>

The delivery guides are extremely helpful at breaking down the teaching content in one hour/ two hour slots and identifying relevant and interesting resources.

Advisory support call forms are available in the forms section of the subject specific website. Advisory calls can be requested and these have proved useful and informative to many centres.

Training events including webinars can be found in the CPD area of the website.

Additional comments

July 2018 saw the certification of the first two year cohort for Cambridge Technical 2016. Formal statistics showing overall qualification performance were released in Autumn 2018. Autumn 2019 is expected to build on the solid start that was made last year.

Training events have now been planned and dates released on the CPD Hub. The introduction of webinars should ease the pressure on those who cannot get teacher release. All three 'Making the Grade' face to face training dates were well attended and rated as excellent. OCR has more training dates on offer this year than last, please check the CPD Hub on OCR's web site for more details.

The assignment checker service has been used well in the last year. It is encouraging to see that centres are keen to create scenarios and context to address the assignment criteria.

Please note, not all assessment criteria for each unit will be referred to. There are nineteen coursework units in total. The four mandatory units (at different sizes of qualification) have been covered below.

Unit 1: Building positive relationships in health and social care

P1 asks candidates to explain different types of relationships that can be built in health, social care or child care environments. The command verb is explain, which requires detail covering the how and why. At least two types of relationship should be explained and at least two environments must be used. Candidates can use two health, social care or childcare environments from the same sector.

M1 requires candidates to analyse the role that context plays in different relationships in health, social care and child care environments. Again candidates must make sure they address the command verb 'analyse' and use the teaching content to interpret the word 'context'. The word 'and' in the final part of the assessment criteria has caused some confusion. To clarify, at least two environments should be covered; there is no need to cover three sectors.

For P2 candidates must explain factors that can influence the building of positive relationships in health, social care or child care environments. While the teaching content guides what factors must be delivered in the classroom, in terms of types and examples, candidates are required to explain at least two. 'At least two' means two examples of factors (e.g. eye contact and lighting) not the whole of the content for at least two types of factor, e.g. communication and cultural. Again as with P1 and in fact all assessment criteria except P4 and P5, at least two environments must be covered/used.

P3 requires candidates to explain strategies to make sure a person-centred approach in health, social care or child care environments. At least two strategies must be explained.

P4 and P5 are practical tasks which require the candidate to do something. Candidates must demonstrate effective communication skills in a one-to-one and group interaction to build a positive relationship in a health, social care or child care environment. Only one environment is required and many may choose to use interactions from work placement. Both interactions must be **effective** and therefore if a witness statement is used as the assessment method, there must be reference to this.

When candidates address M3 they must review the effectiveness of the communication skills used during both interactions rather than just the one-to-one or group.

D1 is very much a stand-alone task. Candidates must justify the use of reflective practice to make sure interactions build positive relationships in health, social care or child care environments. There is no requirement to reflect further on their own interactions but instead to justify the use of the concept of reflective practice in at least two environments.

Unit 5: Infection Control

P1 relates to 1.1 and 1.2 of the teaching content and all common terms should be described. P2 asks candidates to explain how risks associated with poor infection control are different for different health and social care environments. At least two risks should be explained and there should be application to at least two environments.

P4 asks candidates to outline the ways in which infection can be transmitted from one body to another. While the command verb is 'to outline', much of the information in 2.1 of the teaching content should be covered.

Candidates need to demonstrate at least two methods used to prevent the spread of infection in order to address P5. This could be evidenced through the use of witness statements.

In P7 candidates are asked to explain the purpose of protective clothing in controlling the spread of infection. The emphasis should be on the purpose of the protective clothing rather than naming different types of protective clothing.

Good practice would be to use statistical evidence to back up D1, analyse the effectiveness of immunisation in controlling infection.

P8 requires candidates to state a range of methods of monitoring to ensure adequate cleaning. The command verb lends itself to poster or leaflet work. However, candidates must focus in on the term 'methods of monitoring' rather than 'methods of cleaning'.

There have been some queries over the following two criteria: P10 Explain the importance of following policies and procedures to ensure effective infection control and M4 Explain the purpose of policies and procedures in promoting good standards of infection control. Guidance has been to merge the two criteria together as one task and to make sure that when explaining the purpose of policies and procedures, reference is also made to the importance.

Unit 12: Promote positive behaviour

As stated previously this unit is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification.

P1, P2 and P4 are all practical tasks where candidates need to demonstrate skills. Each could be evidenced through the use of witness statements or video evidence.

M1 and M2 both require the candidate to 'assess' and that requires candidates to form an opinion or provide a judgement. The command verb assess is usually addressed through continuous prose.

M3 and D1 ask the candidate to evaluate and this in turn means both sides should be presented, whether that is advantages and disadvantages or strengths and weaknesses. A conclusion would be expected.

When producing evidence to address P5, describe legislation related to promoting positive behaviour, the content should relate to 4.1 of the teaching content. At least two pieces of legislation should be described.

Unit 14: The impact of long-term physiological conditions

As stated previously this unit is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification.

P1 requires candidates to summarise types of long-term physiological conditions. The teaching content identifies five different types and all should be covered as a summary is asked for.

P2, P3 and M1 could be blended together in one task. The information provided in the teaching content 1.2, 1.3 and 1.4 should form the basis of the evidence. Candidates could select at least two long-term physiological conditions for this and may continue to use the same conditions for P4, P6 and P7.

P5 requires candidates to describe two possible ways of monitoring a long-term physical condition. Please note, this is one condition only and the emphasis is on 'ways of monitoring', as outlined in 2.2 of the teaching content.

Candidates could use a case study or a blog as the basis for M2: analyse the impact of current monitoring and treatment of long-term physiological conditions on an individual's life. The impact can extend beyond the physical impact and consider other areas of PIES (physical, intellectual, emotional and social).

When completing evidence for P8 candidates should describe services that best support the needs of two individual's, each who has a long-term physiological condition. M3 however focuses on one individual and one long-term physiological condition. Candidates must analyse local service provision available for an individual with a long-term physiological condition.

Learning objective 4 requires candidates to know about end of life care. P11 asks candidates to describe at least two strategies and at least two frameworks available to support individuals in the terminal stages of long-term physiological conditions. This assessment criteria relates to 4.1 and 4.2 of the teaching content.

Other popular units which moderators are seeing regularly are Unit 13 Sexual Health and Unit 17 Supporting People with Mental Health Conditions. Please note some units have more P, M and D criteria than others, even though they may have the same guided learning hours (GLH). It is very important to follow the command verbs, as these dictate the style and depth of evidence required. In Unit 13 for example, P5 and P9 are both identify and therefore mind maps or posters would suffice, whereas P10 is an explain and this requires extensive written evidence to address the grading criteria fully.

In Unit 17, P2 and P3 use the command verb suggest. It has proved difficult to quantify the command verb suggest and so further guidance has been provided in the assessment guidance at the end of each unit. Centres should be aware that at any time throughout the academic year, they can email their assigned moderator and seek clarification on command verbs/grading criteria. Centres cannot send live work to visiting moderators to check however.

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