

**3625-30 Level 3 Advanced
Technical Diploma in Health and
Care (540) / 3625-31 Level 3
Advanced Technical Extended
Diploma in Health and Care
(1080)**

2016/17

Qualification Report

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Introduction

This document has been prepared by the Chief Examiner and Principal Moderator; it is designed to be used as a feedback tool for centres in order to enhance teaching and preparation for assessment. It is advised that this document is referred to when planning delivery and when preparing candidates for City & Guilds Technical assessments.

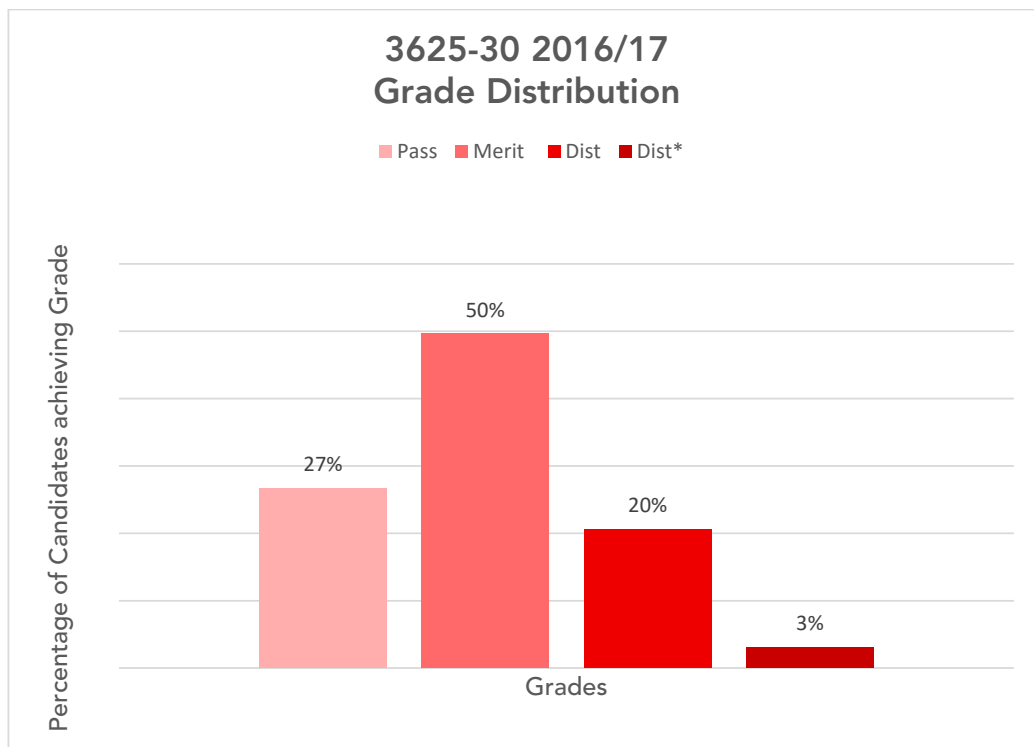
This report provides general commentary on candidate performance in both the synoptic assignment and theory exam. It highlights common themes in relation to the technical aspects explored within the assessment, giving areas of strengths and weakness demonstrated by the cohort of candidates who sat assessments in the 2017 academic year. It will explain aspects which caused difficulty and potentially why the difficulties arose.

The document provides commentary on the following assessments;

- 3625-030/530 Level 3 Health and Care - Theory exam
 - April 2017
 - June 2017
- 3625-031 Level 3 Health and Care – Synoptic Assignment

Qualification Grade Distribution

The grade distribution for this qualification during the 2016/2017 academic year is shown below;



Please note City & Guilds will only report qualification grades for candidates who have achieved all of the required assessment components, including Employer Involvement, optional units and any other centre assessed components as indicated within the Qualification Handbook.

Theory Exam

Grade Boundaries

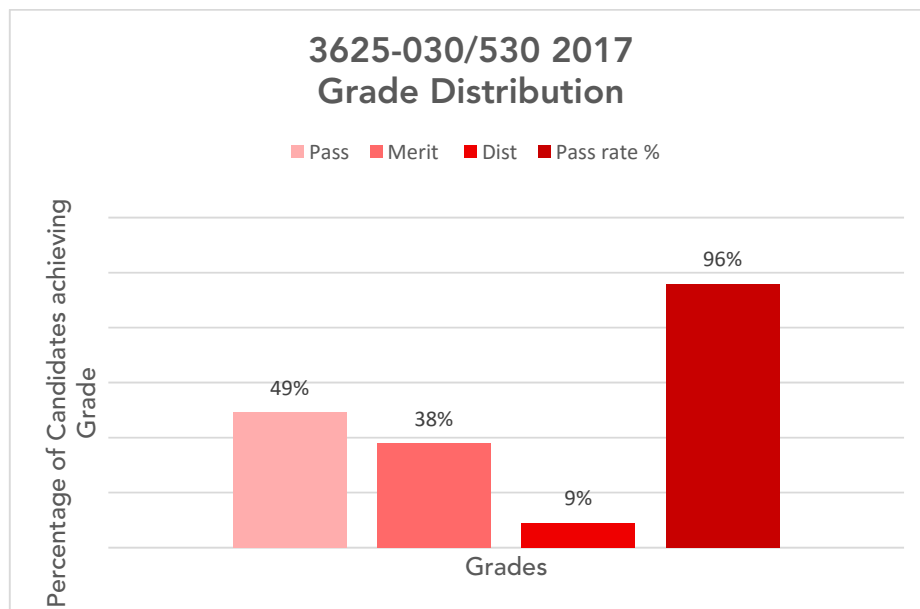
Assessment: 3625-030/530

Series: April 2017

Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Total marks available	60
Pass mark	23
Merit mark	33
Distinction mark	43

The graph below shows the distributions of grades and pass rate for this assessment;



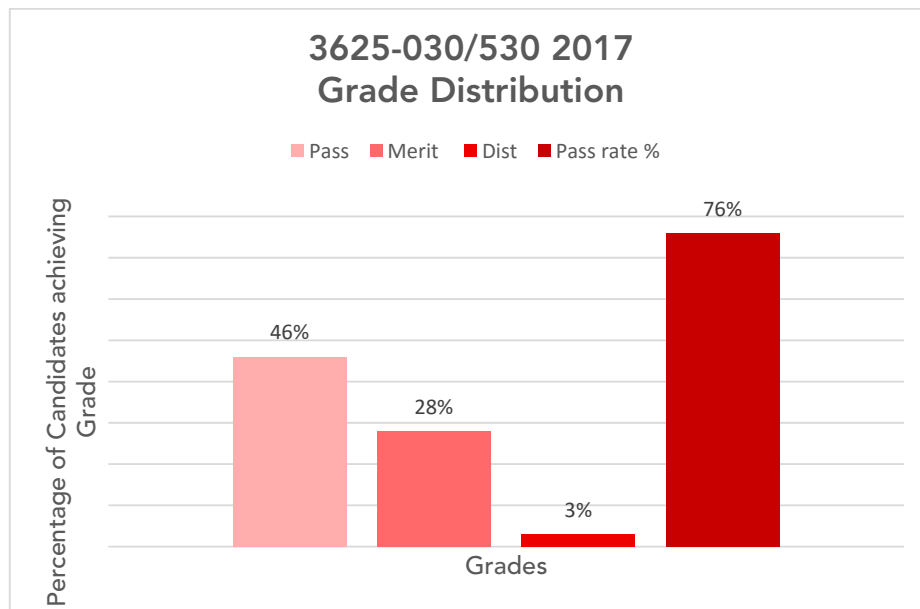
Assessment: 3625-030/530

Series: June 2017

Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Total marks available	60
Pass mark	21
Merit mark	30
Distinction mark	40

The graph below shows the distributions of grades and pass rate for this assessment;



Chief Examiner Commentary

3625-030/530 Level 3 Health and Care – Theory exam

Series 1 – April 2017

This is the first cohort of candidates to complete the test for the Level 3 Advanced Technical Diploma in Health and Care and Level 3 Advanced Technical Extended Diploma in Health and Care. It should be noted that future exams will sample different topics so this commentary relates to the April 2017 examination only.

The overall candidate performance was good. Most candidates attempted all questions and included relevant and specific examples to support their answers. However, some candidates repeated the question in their answer and did not give further information. A minority of candidates demonstrated a holistic application of knowledge drawn from a range of unit content.

Candidates demonstrated a good level of knowledge and understanding in the areas of

- infection control
- safeguarding procedures
- meeting individuals' needs
- interpersonal communication
- knowledge of current legislation.

Many candidates correctly answered both short and longer questions in the above named areas, showing reasoning and examples to illustrate their point. For example, questions on routes of infection, and prevention of the spread of infection were well answered with candidates demonstrating a sound knowledge of the topic. Many candidates offered examples to illustrate their understanding as part of their description and explanation.

Generally, candidates did not respond to command words correctly with many showing limited understanding of topics in their answers for 'explain' command words. This restricted the marks

awarded where the command word was not fully addressed in the answer. Similar responses were apparent for 'describe' questions where candidates only listed information instead of providing fuller answers. More marks can be achieved where candidates take note of the mark allocation for each question in order to determine the depth of response required. Candidates would benefit from practicing examination techniques.

Spelling and grammar are not specifically marked in these examinations but it is worth noting that key terminology was misspelt throughout the exam.

Many candidates did not demonstrate a good level of knowledge and understanding in the areas of

- genetic disorders
- learning disabilities
- equality and diversity
- cognitive impairments
- oppression and inclusion.

Answers to many of the above areas would indicate that candidates had not read and understood the focus of the question correctly. For example, when asked to indicate abusive behaviours many candidates listed effects or responses to the types of abuse rather than the behavioural action.

Extended response question

The extended response question requires an integrated response drawing on knowledge and understanding across the different units.

Many candidates had good knowledge of communication strategies, specialist support and equipment, and ways in which staff would support an individual. However, few candidates achieved higher marks as their responses did not reflect wider knowledge across the range of units. Few candidates included reference to legislation, codes of practice, organisational policies and procedures and sources of support for inclusion which restricted the grade awarded.

Series 2 – June 2017

This examination provided opportunity for the first cohort of candidates that did not achieve a minimum of a pass for the April examination series to have a second attempt to successfully complete the assessment. The examination also provided opportunity to improve candidates' grade achieved in the April sitting.

In general, candidate performance was good and not too dissimilar to the April examination sitting. Candidates did show some improvement in their knowledge of the command verbs and were able to offer answers to meet these more effectively. Candidates also showed slight improvement in recognising the depth of answer indicated by the marks awarded for each question and responded accordingly.

Candidates demonstrated good knowledge and understanding in the areas of

- potential career pathways
- consequences of discrimination
- examples of cognitive disorder
- support for individuals with learning difficulties
- perception based discrimination and relevant facts from the Equality Act 2010.

Many candidates correctly answered the short answer questions in the above named areas, showing good knowledge and examples where required.

Candidate responses on cultural differences and communication showed a focus on language and nonverbal communication barriers and allowed candidates to achieve some marks. Few candidates demonstrated knowledge of the wider context of cultural differences such as taboo subjects, different interpretations of the world and the conduct of the care professional and were able to access full marks.

Candidates were expected to provide an explanation of requirements for recording suspected abuse however, candidates instead provided the procedure to be followed, which limited marks awarded for their answer. Candidates showed a clear understanding of safeguarding procedures in relation to this question but many did not interpret the exam question fully to gain maximum marks.

Candidates did not demonstrate good knowledge and understanding in the areas of

- bacterial infection
- acquired cognitive impairments
- compliance in relation to a manager's role
- Care Quality Commission inspection ratings.

With regards to the above reference to bacterial infection, many candidates often described personal protective equipment procedures rather than the biological process. Most answers were too simplistic.

Extended response question

Many candidates offered a well-structured and detailed answer to the extended response question which carried the highest number of marks within the paper. Candidates demonstrated breadth and depth of knowledge of autism, its signs and symptoms and ways in which an individual and their family could be supported. Some candidates gave accurate reference to sources of support and the legislation which governs practice.

Candidates clearly showed an improved exam technique in planning for an extended response. This was evident with planning notes to support the structure of the answer which allowed candidates to give a thorough and cohesive answer with excellent clarity of expression.

Synoptic Assignment

Grade Boundaries

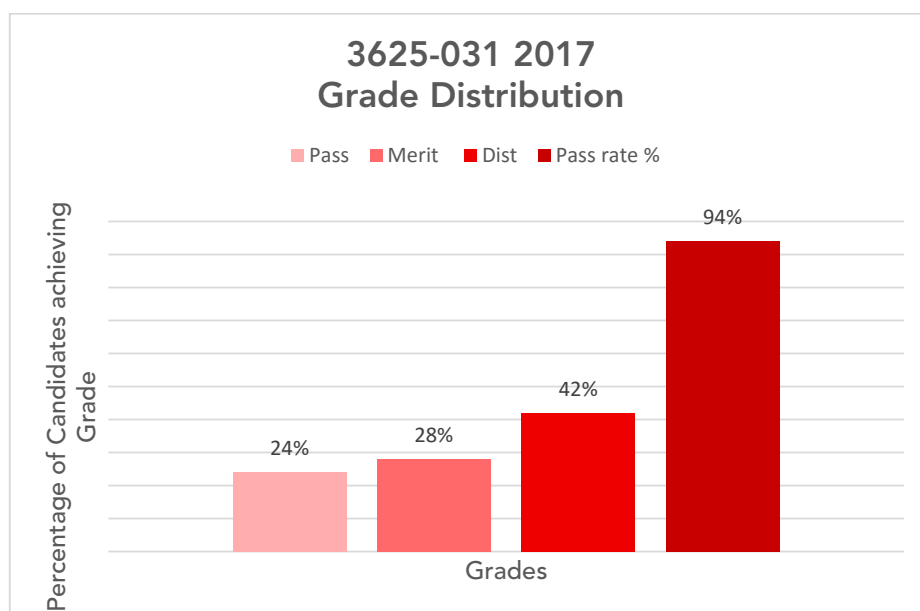
Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Assessment: 3625-031

Series: 2017

Total marks available	60
Pass mark	22
Merit mark	31
Distinction mark	40

The graph below shows the distributions of grades and pass rate for this assessment;



Principal Moderator Commentary

The synoptic assignment for the Health and Care technical qualification is designed to enable candidates to show their knowledge, understanding and skills which they have developed over the course of their learning. The synoptic assignment was fit for purpose and most candidates showed good recognition of the requirements of the tasks and completed the tasks well.

There were clear links made to the taught content which evidenced comprehensive coverage of the units. Many candidates showed that they recognised the requirements of each task and had made links to wider reading to back up their written responses, and had cited these correctly within their work.

Candidates that achieved higher marks showed a sound understanding of a holistic approach to person-centred care rather than just a medical model. These candidates also showed they could analyse the problems and issues within the case studies and showed depth within their

responses. This was also reflected within the professional discussions where reflection on the core care behaviours was insightful.

Those scoring lower marks found difficulty in producing work which showed the depth and breadth of understanding, although some of these candidates gained marks in their responses within the professional discussion. The recorded professional discussions really enabled the candidate voice to be heard and when these were not present the tutor notes did not always show the level and depth of the candidate's understanding and application of knowledge. This was difficult to moderate and it is strongly suggested that all centres record the discussions and upload the evidence in the future.

AO1 – Recall of knowledge

In general, candidates could bring together a range of facts relevant to health and care. All candidates achieved reasonable marks. Higher marks were awarded for knowledge covering topics linked to units across the qualification. This included making links to practice, legislation and regulation, roles and responsibilities, person-centred care, health and safety considerations, codes of conduct, core care behaviours and reflection theory. A few candidates made links to local care service drivers, challenging discriminatory practice, and wider health issues.

AO2 – Understanding of concepts, theories and processes

Most candidates made casual key links to legislation, person-centred approaches and health and safety issues. Some showed understanding of topics such as safeguarding, core care behaviours, risk assessment and reflective practice. Responses within the professional discussion also reflected this point. Higher scoring candidates differed from those above by making stronger links, the clarity of points raised reflected a deeper and more reflective approach. In the discussion these candidates could relate their knowledge to practical examples from their placement experience. This was shown by the inclusion of theories and models of reflective practice, concepts of care values and behaviours, principles of person-centred care and the application of policy to situations (eg safeguarding and serious case reviews).

AO3 – Application of practical/technical skills

This synoptic assignment did not require candidates to be observed undertaking a practical task. Most candidates demonstrated some practical skills by their reflections on health and care practice and core care behaviours and values within their professional discussion. Higher scoring candidates were able to communicate their information and reflections in greater depth and this was seen clearly within the recorded professional discussions. All candidates completed the professional discussion but some with more prompting from the assessor/tutor than others and this was reflected in the marking. Candidates also demonstrated their ability to communicate verbally and in writing by completing the whole assessment.

AO4 – Bringing it all together – coherence of the whole subject

Many candidates gave acceptable reasoning in their evaluations showing their ability to link the scenarios with each task. All candidates showed that they could apply knowledge and understanding to particular situations identified within the case studies thus showing varying levels of coherence across the qualification within the responses. The higher scoring candidates at AO1 and AO2 did especially well in this AO and were able to show evaluation of their learning. These candidates could analyse practice and reflect at considerable depth. They could identify the impact of interventions on the person cited within the case study. Candidates could also explain this level of understanding within their professional discussions justifying approaches taken, identifying possible contingencies, reflecting on their own strength and weaknesses and evaluating their own personal development.

AO5 – Attention to detail/perfecting

Many candidates were able to meet the specific requirements of the task. Where marks were lost it was clear that candidates had not fully covered the tasks especially around making links to

person-centred approaches, key legislation and knowledge of the specific topic ie safeguarding. In the professional discussion some candidates were clearly very nervous and required some prompting from assessors to enable them to focus on the topics. The higher scoring candidates were focused in their written and spoken responses and had clearly prepared to meet the specific requirements. Some candidates gave detailed and focused responses which showed extended knowledge and understanding of the links to practice.

AO6 – Identify and use knowledge from other sources - research

Most candidate responses showed clear evidence of reading around the topics and research using a range of sources from the internet and from their work setting. Most candidates cited sources clearly in their written responses. Where this has not happened feedback has been provided to the centres so that future cohorts can be properly guided. A few candidates lost marks because they did not show evidence of this in their responses which were limited.

The higher scoring candidate showed they had used a wider range of source material. Their responses reflected this especially in terms of evaluating the impact on person-centred care, health and safety and safeguarding.

Feedback has been provided to centres on the use of current examples of serious case reviews as candidates were consistently referring to examples from several years ago such as Victoria Climbié and Baby P. This indicated that candidates had been guided to these examples rather than more recent ones.

AO8 – Communication/presentation/documentation

Few candidates lost marks for poor structure and lack of coherence. Candidates with identified learning support needs had been provided for effectively during the case study writing process. Higher scoring candidates presented their work accurately. These candidates had strong assignment and report writing skills so that the presentation of their work aided effective communication of information and it was easy to follow the coherence of arguments. Most of these candidates also showed the ability to express themselves competently in the professional discussions.

In all cases candidate authenticity sheets were submitted and there were no cases of plagiarism identified. The overall advice to Centres for 2017/18 is to try and include recorded discussions for the professional discussion as there was a clear difference for moderators between discussions recorded and those where markers had included their own notes of the candidate responses. If a recording is not uploaded then the tutor notes of the candidate responses should be almost 'verbatim', but this had not always happened. In some discussions, candidates were clearly reading from prepared notes which is not good practice and is noted as such in the guidance.