



Cambridge Technicals

Health and Social Care

Level 3 Cambridge Technical Health and Social Care
Certificate/Extended Certificate/Foundation Diploma/Diploma/Extended
Diploma - **05830-05833, 05871 (2016 suite)**

OCR Report to Centres September 2017

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

This report on the examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the specification content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the examination.

OCR will not enter into any discussion or correspondence in connection with this report.

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CONTENTS

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OCR REPORT TO CENTRES

Content	Page
Level 3 Cambridge Technical in Health and Social Care (2016 suite).....	4
1 Overview:	4
2 General Comments	4
3 Comments on Individual Units.....	5
4 Sector Update	7

Level 3 Cambridge Technical in Health and Social Care (2016 suite)

1 Overview:

A substantial number of centres began delivering the 2016 Cambridge Technical in September 2016, some opting to switch from 2012 Cambridge Technical, others looking for an alternative to GCE qualifications. The option to move up or down the size of qualification appealed 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 introduction of 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 2017. Those centres also delivering 2012 Cambridge Technical used both moderation visits however some 2016 only centres 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.

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 learners.

2 General Comments

The majority of centres have attempted to complete Unit 1: Building positive relationships, no matter what size qualification they had opted to do. At Certificate level, Unit 1 is the only moderated unit. At Extended Certificate level, Unit 1 plus two optional units are moderated.

Unit 5: Infection Control is a mandatory moderated unit for all Diploma size qualifications. There was limited evidence seen of this unit.

Unit 12: Promoting Positive Behaviour and Unit 14: The impact of long-term physiological conditions are the synoptic units and also mandatory at different sizes of qualification. Please note Unit 12 is not an option for those completing the Foundation Diploma (540glh) only.

It is essential that when putting together a programme of units, centres check the relevant handbook to ensure 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 learner achieved a PASS in a 60glh unit (equivalent to 14 points), then half of the points (7 points) would count towards the full qualification.

OCR Report to Centres – September 2017

Learners have performed well in moderated units and a wide range of assessment evidence has been seen in the few units seen by visiting moderators. 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.

3 Comments on Individual Units

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 learners 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. Learners can use two health, social care or childcare environments from the same sector.

M1 requires learners to analyse the role that context plays in different relationships in health, social care and child care environments. Again learners must ensure 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 learners must explain factors that can influence the building of positive relationships in health, social care or child care environments. Whilst the teaching content guides what factors must be delivered in the classroom, in terms of types and examples, learners 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 eg 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 learners to explain strategies to ensure 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 learner to do something. Learners 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 learners address M3 they must review the effectiveness of the communication skills used during both interactions rather than just the one to one or group.

OCR Report to Centres – September 2017

D1 is very much a stand-alone task. Learners must justify the use of reflective practice to ensure 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.

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 learners 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 learners 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.

Learners 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 learners 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 learners to state a range of methods of monitoring to ensure adequate cleaning. The command verb lends itself to poster or leaflet work however learners 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 ensure 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 learners need to demonstrate skills. Each could be evidenced through the use of witness statements or video evidence.

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

M3 and D1 ask the learner 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 learners 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. Learners 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 learners 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.

Learners 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 learners 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. Learners must analyse local service provision available for an individual with a long-term physiological condition.

Learning objective 4 requires learners 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.

4 Sector Update

Towards the end of the academic year, some exemplar material was gathered in for specific units. In November 2017 this exemplar, along with commentary will be available on the OCR website. Please note exemplar will not cover full units but instead cover specific learning objectives (LO's) within each unit.

Furthermore dates have been released for CPD training and these sessions are already available for centres to book on to. Whilst advisory visits are no longer face to face, centres can request a telephone advisory call, if certain criteria are met. Further details are available on OCR's website.

It is worth noting that once candidates are registered onto a specific course, a visiting moderator will be allocated. The visiting moderator is happy to answer queries via e mail but is unable to 'check' the quality/ appropriateness of live material prior to a visit.

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