

CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Examiners' report

BUSINESS



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Unit 15 January 2020 series

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Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

You can now find the results awarded in 2018/19 for your Cambridge Technical subject area

As a centre approved to offer our Cambridge Technicals qualifications, we wanted to let you know we have now published the [results awarded](#) for 2018/19 Level 2 and 3 Cambridge Technicals (2016 suite). This information is helpful in allowing you to compare your centre achievements alongside national outcomes.

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ExamBuilder

Remember to keep your eye on ExamBuilder as we continue to update the bank of questions post exam series in line with our past paper policy. Therefore, you can be assured that new assessment material will continually be fed into ExamBuilder on an annual basis.

Online post series external feedback

Keep an eye out for updates on our post series feedback on Exams for Cambridge Technicals Webinars available in the autumn term.

Paper Unit 15 series overview

This series examiners have seen some excellent answers to the high tariff questions on the paper. Despite being a public sector organisation, the scenario has proved extremely accessible. The vast majority of candidates were able to give contextually accurate and comprehensive answers to most questions. The best scripts answered in context throughout. There has been a marked improvement in the ability of candidates to produce an action plan.

Candidates who did well on this paper demonstrated three particular strengths:

- a broad base of knowledge across the entire Specification (including McKinsey's 7-S model)
- the ability to answer all questions contextually
- the ability to weigh up arguments from the business' perspective

Candidates who did less well on this paper demonstrated three particular weaknesses:

- confusion between barriers to change and drivers to change
- answering a question with reference to the wrong resource (e.g. Resource 1, 2a or 2b)
- making vague statements about impacts, without making explicit the direction of the impact, be they positive or negative.

As always, the paper contained three high tariff extended response questions each carrying 16 marks. These questions were level of response marked: Level 1 knowledge (1 – 4 marks), Level 2 understanding (5 – 8 marks), Level 3 analysis (9 – 12) marks, Level 4 evaluation (13 -16 marks). Candidates needed to demonstrate the skills of analysis (Level 3) and evaluation (Level 4) to gain the highest marks. Evidence suggests that those candidates who took an 'issue by issue' approach (i.e. addressing issues one at a time, rather than attempting to answer holistically), scored most highly.

An analytical response must contain implications to the business or its stakeholders.

Analysis requires candidates to develop their answers to include impacts on the business (in this case a hospital) or its stakeholders.

Some of the most common examples evidence include impacts on costs, cash flow, funding, patient care, improved decision-making, productivity, labour turnover, absenteeism, service provision and reputation.

Phrases such as "this will impact on costs" or "this will affect the organisation's reputation" cannot be awarded because the direction of the impact is unclear. To gain marks for analysis, candidates need to make explicit the nature of the impact i.e. higher cost or lower cost, a better reputation or a worse reputation.

An evaluative response must contain a justified judgement.

Evaluation requires a reasoned decision that answers the question. For example whether patients or staff will be most affected by the development of the Mother and Baby Unit and why (Question 1d), a rationale of why the suggested action plan is particularly suitable (Question 2a), and a judgement on which are the most important issues the hospital needs to monitor and why (Question 2b).

Candidates should be encouraged to reach decisions and give detailed justification to support their argument using contextual information. While an accurate judgement that applies to most businesses would achieve a Level 4 mark, an answer which argues using the particular circumstances of the business, in this case a hospital, would be rewarded more highly.

An evaluative response must contain a justified judgement.

Answers which reach a decision but make no attempt at justifying that decision cannot be awarded a Level 4 mark.

Question 1 (a)

1 Refer to **Resource 1**.

(a) Identify **two** barriers to the proposed change at *Hope Hospital*.

1.....

 2.....

[2]

As mentioned in the series overview, Question 1 (i.e. 1a, 1b, 1c and 1d) should be answered with reference to Resource 1.

This question was testing candidates' understanding of barriers to change, by asking them to identify two barriers of change at Hope Hospital. All that the examiners required the candidate to do was to read through Resource 1 and locate two of the three barriers that had been given to them – high cost, lack of funds, staff resistance.

Those candidates with a sound understanding of the concept of a barrier to change did well on this question, gaining full marks.

It should be noted that barriers to change will always be negative, therefore the answer that examiners are looking for are also negative. Answers such as 'funds' could not be awarded because the barrier is a 'lack of funds'. Other vague answers, for example 'staff attitudes', 'stakeholder resistance' and 'cost' could not be awarded.

Those candidates who did not score on this question, invariably, appeared to confuse barriers to change with drivers to change. Candidates need to have a secure knowledge of both concepts and be able to distinguish between the two.

	<p>AfL</p>	<p>Centres are advised to give candidates plenty of practice distinguishing between barriers and drivers. The difference could be reinforced on a frequent basis as part of lesson starter or plenary activities. A short scenario containing both barriers and drivers could be projected and candidates asked to make a list of each.</p>
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Question 1 (b)

(b) Explain two external drivers of change at *Hope Hospital*.

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[6]

This question tested candidate understanding of drivers of change, in particular external drivers of change. Again, candidates were required to locate two of these from Resource 1. Most candidates were able to do so. Few, if any candidates confused external and internal drivers. The most popular correct answers were the increasing birth rate and the increasing migrant population, scoring 2 of the available 6 marks.

To gain the rest of the marks the candidate needed to explain the link between the drivers identified and the need to expand the hospital. For example, an increasing birth rate (1), increases demand for maternity services (1), meaning the hospital needs to expand to accommodate more pregnant women (1).

	AfL	An 'explain' question requires more than a mere statement. Centres are advised to encourage candidates to take note of the mark allocation for the question in order to determine how much detail to give in their answer.
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Question 1 (c)

- (c) Identify and explain **one** soft and **one** hard element of McKinsey's 7-S model of change management that could be used to support the development of the new Mother and Baby Unit at *Hope Hospital*.

Soft Element

Explanation

.....

.....

Hard Element.....

Explanation

.....

.....

[4]

This question tested candidates' understanding of change management theory, in this case McKinsey's 7-S model. Those who appeared to be familiar with McKinsey's model tended to score at least half marks on this question. Of those who did less well, invariably the mistake was to confuse the soft and hard elements i.e. suggesting 'shared values' was a hard element and 'systems' a soft element.

Despite there only being three change management theories on the Specification it was evident, from the number of blank responses, that some candidates were unfamiliar with McKinsey's model.

	<p>AfL</p>	<p>Centres are advised to make sure that they give sufficient time to all areas of the Specification. This is particularly important for the change management theories because, without specific knowledge, it would be virtually impossible to gain any marks on questions which target this area of the Specification.</p>
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Question 1 (d)

- (d) *Hope Hospital's* new Mother and Baby Unit will have short-term and long-term implications for stakeholders.

Evaluate which of the following stakeholder groups will be affected most by the proposed development of the new Mother and Baby Unit:

- staff
- patients.

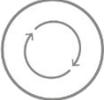
[16]

This is the first of three 16-mark questions on the paper. All of the 16-mark questions are level of response marked.

This question required candidates to consider how staff and patients would be affected by the development of the Mother and Baby Unit. For example, the building work would create dust. This is a Level 1 response. To move through Levels 2 and 3 candidates needed to suggest the impact, in this example of the dust, on patients and staff. Therefore, an answer which suggested that the dust might cause breathing difficulties in the pregnant women, increasing the workload of the staff would enter Level 3 and gain a minimum of 9 marks.

Having achieved Level 3, the candidate needed to move on from their analytical points to make a decision as to whether the staff or patients would be most affected. The effects could be positive or negative, long term or short term and there were many judgements that could be made. In order to be awarded a Level 4 mark, this decision needed to be justified. While it was pleasing to see an attempt at a conclusion, those which simply concluded that staff (or patients) would be most affected (without any supporting argument) could not be awarded a Level 4 mark; a valid reason is required.

It should also be noted that there was no right or wrong answer to this question, it is possible to argue that either party would be most affected, so long as the justification supports this decision.

	<p>AfL</p>	<p>Centres are advised to reinforce to candidates that all 'evaluate' questions, indeed all 16-mark questions on this paper, required a judgement to be made. The easiest way to achieve this is to sum up the arguments at the end of the answer and support the argument with some valid justification that answers the question. It can be helpful to encourage candidates to re-read the wording of the question at this stage, i.e. before beginning their summing up, as this can help to focus their judgement.</p>
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Question 2 (a)

2 Refer to **Resource 2**.

(a) The Hygiene Report on the new Mother and Baby Unit raises several issues.

Recommend an action plan to address the issues raised in **Resource 2a: Summary of Hygiene Report**.

Justify your recommendations.

[16]

This question required candidates to produce and justify an action plan for the hospital to deal with the specific issues outlined in Resource 2a. Some very good answers were seen to this question. It became evident that the best answers generally followed a step by step approach. For example, the candidate would identify an issue e.g. dirty toilets (Level 1), suggest a solution, say a training course on toilet cleaning (Level 2), leading to an impact on the hospital, say, an improved reputation or higher costs (Level 3). The answer would then move on to another issue and do the same i.e. provide a solution and suggest the impact on the hospital of dealing with this issue. Once, say three steps had been analysed, the candidate would then justify the strengths of their action plan or say why it was particularly appropriate to Hope Hospital at this time (Level 4).

Candidates who scored less well on this question tended to make one of two mistakes. By far the most common of these two mistakes was to identify the issues but never suggest actions/solutions. An action plan requires suggestions (preferably practical) on how to deal with the issues. Those who identified the issues but did not suggest how these issues could be dealt with, limited themselves to Level 1 i.e. 4 marks out of an available 16 marks. The other mistake, albeit far less common, was to produce an action plan but one that dealt with the issues in Resource 2b (or occasionally the issues in Resource 1) instead of in Resource 2a: Summary of Hygiene Report.

	<p>Misconception</p>	<p>There appears to be a common misconception among candidates that an action plan is a discussion of <u>why</u> certain issues need to be dealt with, this is not the case. An action plan should discuss <u>how</u> certain issues should be dealt with. An action plan, at its heart, should include actions which the business could take to deal with the issues that it is facing.</p>
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Question 2 (b)

(b) Three months later the CQC Report raises further issues.

Using the information in **Resource 2b: Summary of CQC Report**, recommend to the board of directors which are the most important issues to monitor, to further improve the new Mother and Baby Unit.

Justify your view.

[16]

This question required candidates to recommend to the directors which of the issues outlined in Resource 2b were the most important to monitor. Some very good answers were seen to this question. These very good answers tended to be clearly presented, issue by issue. For example, the candidate would identify an issue e.g. low levels of staff satisfaction (Level 1) which could lead to staff being careless and making more mistakes (Level 2), fixing this would have a positive impact on patient care and the reputation of the hospital (Level 3). The answer would then move on to another issue and do the same i.e. suggest why the issue was a cause for concern and the benefit to the hospital of monitoring the issue. Once, say three issues had been analysed, the candidate would then select one (or more) of the issues to be the most important and justify why that is the case (Level 4). Those candidates who gave a contextual justification, for example referring to importance of medical care or the limited nature of government funding, were liberally awarded at Level 4.

Most candidates managed to score at least half marks on this question. Moving beyond Level 2 appeared to be the stumbling block here. A Level 3 response needs to be analytical, in this case suggesting the benefit to the hospital of monitoring/dealing with the issues. The most common Level 3 comments included improved reputation, lower costs, avoiding negative publicity, improved cashflow, improved patient care and being able to treat more patients (i.e. improved quality and quantity of output).

	<p>Misconception</p>	<p>A common misconception is that a 'recommend' question does not need an overall judgement or conclusion. A 'recommend' question does need a judgement or conclusion. Centres are advised to encourage candidates to always include a justified judgement for their recommendations. The easiest way to do this is to select one of the suggestions and explain why it is more important than the other suggestions.</p>
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