

Moderators' report

CAMBRIDGE TECHNICALS LEVEL 3 (2016)

HEALTH AND SOCIAL CARE

**OCR Level 3 Cambridge Technical
in Health and Social Care**

Certificate: 05830

Extended Certificate: 05831

Foundation Diploma: 05832

Diploma: 05833

Extended Diploma: 05871

Summer 2025 series

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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 the 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 comment on the quality of centre assessment decisions against individual Learning Objectives. The 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 other sources of information that centre assessors will find helpful.

OCR completes moderation of centre-assessed work in order to quality assure the internal assessment judgements made by assessors within a centre. Where OCR cannot confirm the centre's grades, we may adjust them in order to align them to the national standard. Any adjustments to centre grades can be viewed on the Interchange claim once processed by the moderator. Centres should also refer to their individual centre report provided after moderation has been completed. In combination, these centre-specific documents and this overall report should help to support centres' internal assessment and moderation practice for future series.

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We have created online courses to build your confidence in delivering, marking and administering internal assessment for our qualifications. Courses are available for Cambridge Nationals, GCSE, A Level and Cambridge Technicals (2016).

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General overview

The L3 Cambridge Technical Health and Social Care qualification offers candidates either a one, two or three A Level equivalent qualification. September 2024 was the final time candidates could register on the Certificate, Extended Certificate or Foundation Diploma (05830-05832) course and receive funding. This September 2025, many candidates will return in Year 13, with a view to completing the Extended Certificate (05831) in the summer of 2026.

Both the Diploma and the Extended Diploma (05833, 05871) are funded and available to start teaching in September 2025 and many centres are continuing to offer these.

The Level 3 Alternative Academic Qualification - Cambridge Advanced National in Health and Social Care is available for first teaching from September 2025. Many centres are replacing the Cambridge Technical Extended Certificate with the Cambridge Advanced National in Health and Social Care.

For further clarity on funding, review dates and performance tables please refer to [this brochure](#).

Key point Diploma and Extended Diploma Health and Social Care

To be clear, both these qualifications (05833 and 05871) are available and funded for teaching September 2025.

Centres have a choice of either a face-to-face visit or a remote moderation for each of the two free moderation visits offered. Moderation visits are on demand and can be organised anytime throughout the academic year, up to and including 30th June. Moderators contact centres in the Autumn Term or as soon as possible after registering candidates on a specific qualification to organise these visits.

Key point: Three Guiding Principles

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

- The **command verb** must be considered when producing evidence. 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.

The following comments represent issues raised and evidence seen over the last academic year.

- Some centres continue to offer their candidates work experience and some practical demonstrations (Unit 5 P5 and Unit 12 P1 and 2) have been completed in these environments. Please note, work experience is not mandatory for any size qualification however it is encouraged where possible.
- Centres encourage application of knowledge through using a range of case studies that provide sufficient detail for candidates to think about not just the 'how' but the 'why'. Furthermore candidates have access to relevant TV programmes/documentaries, such as The Good Doctor, Call the Midwife, Emergency. This allows them to analyse context and person centred approaches in Unit 1 among other things.

- Centres facilitate good practice towards providing evidence of extra research, especially when completing an 'analyse' task. In order to back up reasoned comment, many candidates provide evidence of research or data. Many candidates provide a reference list after each task and some include citation within the script.
- There have been centres that have blended criteria to help candidates and where this has been well annotated it has been very successful. If however two criteria which contain two different command verbs are blended together, this can sometimes mean one of the two is not addressed in the body of the work. An example of this is Unit 1 P3 and M2, with P3 being an explain task focused on 3.1 of the teaching content and M2 being an analyse task, focused on 3.2.
- The use of criteria as headings has been useful to aid candidates to focus on the requirements of the grading criteria.

There are however some common problems/issues that have also been noted:

Misconception



- There is over production of evidence to address the command verb 'identify' with many centres offering a description. When the command verb is 'identify', candidates could present their evidence using a list, table or mind map. This over production of evidence also applies to outline command verbs. Furthermore 'describe' tasks should have less depth and content than 'explain' tasks.
- There is still a tendency for candidates to present the whole of the teaching content, when completing their evidence for their portfolios. The teaching content is there to guide what should be delivered by the teacher, and candidates should not use the teaching content as a tick list or check list of what to include as evidence.
- Confusion between the command verb 'analyse' and 'evaluate', with many offering positive and negatives only for analyse. Please refer to the command verb definition resource to seek clarification of all command verbs.

Administration of Cambridge Technical Health and Social Care

Many teachers involved in the delivery of the qualification, seem to end up being responsible for entering candidates and building Interchange claims and Moderators are being asked for assistance with incorrect claims, late claims, inaccurate entries, etc. Making entries and claims should be the role of the examinations officer who have training available for this and support from OCR Customer Support Managers. Some centres have put claims in quite late do not plan their two free visits sufficiently in advance. This is important, as certain times of the academic year are very busy. Many centres want to have a visit right at the end of June. This does not always allow for any changes as candidates have already left centres.

There should be one claim per qualification and many centres have improved the way they build claims on Interchange. Correct staff initials on claims sometimes remains an issue. The correct assessor initials for each candidate for each unit should appear under the grade submitted on an Interchange claim. This allows the moderator to select their sample correctly, ensuring all assessors are represented in their sample.

Internal standardisation is a mandatory requirement for centres. Quite often records shown merely agree or not with the overall grade without giving evidence of specific criteria within the work. Where centres have only one teacher involved in delivery and assessment, any other L3 assessor can be asked to internally standardise. They are checking the standard rather than the accuracy of the content. Internal standardisation is important where more than one assessor is involved in delivery and assessment.

Key point: Internal Standardisation

Please refer to this [document](#) and make sure at least three candidates per assessor, per unit are recorded on internal standardisation documentation. This should be provided for the moderator either prior to or on the day of the visit.

The secure exchange platform remains difficult to use for some centres and as a consequence evidence is not uploaded in a systematic manner, so it can be difficult to navigate/moderate. When uploading work it is helpful to the moderator if one document clearly labelled is uploaded per candidate, rather than multiple folders or files.

Page numbering and annotation on the unit recording sheet is also useful as it allows the moderator to understand where the assessor believes the criteria have been met.

Model assignments are available for eight internally assessed units, covering both mandatory and some optional units. Model assignments are not mandatory however they are encouraged. Centres can adapt the version provided or write their own. There is an assignment checking service available via Teach Cambridge.

Training is also available for L3. Dates and courses can be found on Teach Cambridge however past events are also accessible.

Teach Cambridge is a secure website that provides you with access to resources and support for the subjects you teach. This includes secure materials, such as set assignments, examiners' reports, and exemplars, as well as online, on-demand training and many other teaching resources.

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Comments on individual units

Unit 1 Building positive relationships in health and social care

This unit is a 60 GLH unit and is mandatory for all qualification sizes.

P1 asks candidates to explain different types of relationships that can be built in health, social care or childcare 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. This task is often over produced as candidates cover all five types of relationship listed in the specification, rather than apply the plural rule.

Key point: P1

Top tip to aid moderation: Copy and paste the types of relationship being explained and embolden the environment being used for application. At least two types of relationship from 1.1 must be explained and applied to at least two health, social care or childcare (H/SC/CC) environments.

M1 candidates must make sure they address the command verb 'analyse' and use the teaching content to interpret the word 'context'.

Misconception M1

The word 'and' in the final part of the assessment criteria has caused some confusion. To clarify, at least two environments should be referred to; there is no need to cover all three sectors.

Candidates would benefit from watching a TV programme such as Ambulance or Casualty, to observe the role context plays in building positive relationships.

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.

Key point: Unit 1 Environments

In P1 and in fact all assessment criteria except P4 and P5, at least two environments must be referred to when producing evidence.

P3 requires candidates to explain at least two strategies to make sure of a person centred approach in health, social care or childcare environments. At least two strategies must be explained, many candidates explain all four strategies listed in the specification.

M2 is occasionally blended with P3 but good practice is to attempt this separately as the command verb is 'analyse'. Candidates would benefit from watching videos from the Social Care Institute of Excellence (SCIE) and observing strategies being put into action.

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. 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.

Key point : D1

D1 is a stand-alone task. Candidates must justify the use of reflective practice to make sure interactions build positive relationships in health, social care or childcare environments. There is no requirement to reflect further on their own interactions from P4 and P5 but instead to justify the use of the concept of reflective practice. Candidates can go off on a tangent in D1 writing at length about reflective practice without focusing on how it ensures interactions build positive relationships, in at least two environments.

Unit 5 Infection Control

This is a 60 GLH unit and is mandatory for Diploma and Extended Diploma qualifications.

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. This criteria had proved difficult for some candidates, the differences should be linked to the service users and it may therefore be helpful to have for example, a nursery environment and a residential care home environment.

Both P3 and P4 could be assessed through a poster, chart, booklet or power point presentation. Occasionally candidates focus on two infections for both P3 and P4 and describe the source of each infection and outline the ways each infection can be transmitted.

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. Candidates are still producing extra, unnecessary written work as well as a witness statement. The witness statement should state clearly the two methods which were demonstrated. If photographic evidence is submitted, it should be annotated to let the reader understand what is being demonstrated.

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. Candidates can use any data, for example Covid figures, which would be ideal for the effectiveness of immunisation.

Misconception

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 make sure 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 9 Supporting people with learning disabilities

This is a 60 GLH optional unit.

P1 Candidates need to define the term learning disabilities. They can research organisations that support learning disabilities and seek definitions however they should also try and define the term themselves using their research. For P2 candidates must describe at least two types of learning disabilities and their causes. This task links to 1.2 and 1.3 of the teaching content.

P3, M1 and D1 can be linked together. Firstly for P3 candidates could present case studies of two individuals, each with a different learning disability. They then need to explain at least two difficulties which may be experienced by each individual. Leading on from this for M1 candidates assess the impact of the difficulties from P3 on each individual. Finally for D1 candidates analyse ways to overcome each difficulty experienced by the individuals.

P4 and P5 can be related to the case studies introduced at the beginning of P3. For P4 candidates must describe at least two services within the health and social care sector that can best support the needs of each case study. P4 is concerned with services whereas P5 is concerned with actual practitioners and the command verb for P5 is explain. Candidates should explain the role of at least two practitioners in supporting the individual in each case study.

Misconception

M2 requires candidates to evaluate the impact of person centred approaches on the quality of life of individuals with learning disabilities. An issue that has caused concern is that many candidates only consider the positive impact of person centred approaches but to achieve 'evaluate', both sides should be considered.

Unit 10 Nutrition for Health

This is a 30 GLH optional unit

P1 asks candidates to describe nutritional and diet guidelines. As a minimum, candidates should describe at least two nutritional guidelines and at least two diet guidelines. The teaching content identifies several of each. While good practice for P2 would be to cover macro and micro nutrients, candidates must describe the functions of at least two nutrients, rather than describe sources in the diet or deficiency diseases.

For M1 candidates must analyse at least two possible effects of poor nutrition for different individuals. This criteria lends itself to using two case studies. Candidates could use referencing to back up the possible effects. D1 states candidates need to evaluate the possible causes of poor nutrition for different individuals. It is accepted that it is difficult to evaluate possible positive causes of poor nutrition. Many candidates have used two case studies and explained at least two causes of poor nutrition for each. Causes could include lack of education, cost, availability, facilities available, family habits, etc.

Key point : P3

P3 Explain how nutritional requirements differ for individuals. An issue that has arisen with this criterion has been that candidates explain the nutritional requirements for individual A and again for individual B but do not explain how they differ which is the focus of this criterion.

P4 Candidates must explain at least two factors which influence nutritional health. Where candidates cover a wider range of factors, they often do not explain but instead describe, therefore not completing the task.

P5 and P6 are best based on the same individual. For P5 candidates must evaluate the diet and nutrition of a chosen individual. They may choose to do this by firstly recording what the individual eats and drinks, by interviewing the individual or by asking the individual to keep a food diary. From this, they must then go on to look at the positive and negative aspects of their diet. P6 requires candidates to develop a dietary plan to improve the nutritional health of an individual. The plan can be presented in a table or chart.

Misconception

M2 asks candidates to analyse the sustainability of a dietary plan for a chosen individual. The word sustainability sometimes gets replaced by candidates with suitability and the research and subsequent response does not meet the criterion. For sustainability of the dietary plan candidates should be focusing on how difficult or easy the plan will be to follow.

Unit 12 Promoting positive behaviour

This is a 60 GLH 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. This unit is optional at Diploma size and mandatory at Extended Diploma.

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 13 Sexual health, reproduction and early development stages

This is a 60 GLH unit. It has proven very popular with candidates. It has ten pass criteria, so attention must be paid to the command verbs and candidates must be careful not to over produce, where it is not required.

Key point : P1

P1 asks candidates to describe how at least two sexually transmitted infections could affect the health and wellbeing of the individual. The emphasis is on the effects on health and wellbeing and this may go beyond physical symptoms. There are several emotional and social effects and all areas should be described.

For P2 candidates should summarise ways in which an individual may be protected against unlawful and harmful sexual intercourse. Candidates should be guided by the teaching content but should also consider education, safety on nights out and keeping drinks safe. P3 requires candidates to explain how a range of methods of contraception protect against pregnancy. For this candidates must cover at least three methods of contraception and for each must explain how they protect. Sometimes candidates list many methods and provide one or two sentences on each, missing the depth required for the command verb.

For M1 candidates must analyse approaches that could be taken to promote sexual health. This task is separate to P2 and focuses on the promotion of sexual health rather than protection. D1 however does follow on from P2 and requires candidates to evaluate the effectiveness of legislation in protecting the individual against unlawful and harmful intercourse. Fundamentally they are answering the question 'Does legislation work?' Yes or no? Hopefully points made here can be researched and backed up.

P4 and M2 have a common thread. P4 asks candidates to explain the process of conception and M2 to assess at least two ways in which individuals can make sure a healthy conception takes place. P5 and P9 are both identify tasks and evidence could take the form of a mind map. P5 is to identify disabilities which occur in utero. Candidates should be careful not to over produce evidence. A mind map or poster is sufficient. For P6 candidates should describe at least two factors that affect the health of the foetus.

For P7 candidates must describe the stages of gestation. P8 requires candidates to explain the birth process. Candidates should pay particular attention to the three stages of labour and pain relief. This task is an explain task and it is a good idea to use continuous prose and avoid power points for this task. P9 links to M3 and could be combined. P9 can also be evidenced through a mind map and candidates should identify support available to post-natal mothers. M3 could follow on from this and candidates could assess the importance of post-natal care of the mother. The emphasis should be on the mother.

P10 is a lengthier piece of evidence and should cover all areas of development. Candidates must explain the expected pattern of development of the baby in its first year of life. Many candidates break down the first year of life into segments: 0-3 months, 3-6 months, 6-9 months and 9-12 months and explain physical, intellectual, emotional and social (PIES) development. This could then link on to M4, explain positive and negative factors influencing development in the first year of life.

D2 should be separate from P9 and M3 as it focuses on the baby rather than the mother. Candidates must analyse at least two ways in which health and social care services could influence the care and development of the baby in its first year of life.

Unit 14 The impact of long term physiological conditions

This is a 60 GLH 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.

Misconception

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 of whom 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.

Unit 17 Supporting people with mental health conditions

This is a 60 GLH optional unit. It has proved very popular with candidates and assessors.

P1 asks candidates to describe concepts, types, causes and effects of mental health conditions

Key point : P1

One approach to P1 that enables candidates to succeed is to consider the concepts of mental health separately to the rest of the criterion. Following on from this, candidates can then focus on two mental health conditions (MHC) and describe the types, causes and effects of each. After the introduction to the concepts of mental health, many focus on two case studies, one for each MHC they intend to follow throughout the unit.

P2 and M1 could be linked together in one task however P2 requires a description and M1 a comparison. For each MHC used in P1 candidates can describe treatments that can best support the individuals. Following on from this in M1 candidates must compare the use of treatments for different mental health conditions. A comparison would include similarities and differences.

Similarly P3 and M2 could be linked together. For P3 candidates are asked to describe services within the health and social care sector that can best support the needs of individuals with MHC. Following on from this M2 then asks candidates to compare how different support services benefit individuals with MHC.

P3 and M2 focus on services whereas D1 concentrates on professionals. It would follow that the professionals in D1 come from the services in P3 and M2. D1 states 'analyse the potential impact of the care and support received from professionals in different services'.

Finally P4 requires candidates to summarise how legislation can be used to support individuals with MHC. Relevant legislation is identified in the teaching content.

Unit 24 Public health

This is a 30 GLH optional unit.

P1 has been approached in many different ways, from the use of a timeline to the use of key historical legislation and public health events. Candidates must summarise the origins of public health policy and legislation.

Misconception

There has been some confusion about the differences between P2, P3 and M1, P2 requires candidates to explain the role of at least two organisations and of at least two practitioners from the organisations (one from each), in promoting health. P3 requires candidates to explain at least two strategies used to promote public health (from the teaching content). M1 brings P2 and P3 together and requires candidates to explain how organisations and practitioners work together on strategies to promote public health. This might be best approached through the use of two public health promotions, e.g. Covid 19 restrictions or the smoking ban. Candidates could identify and explain the strategy used and then who is involved in promoting it.

D1 asks candidates to analyse the effectiveness of different public health strategies. Detailed work has been presented for this task, backed up with charts and statistics. Candidates have used the vaccination strategy to look at the reduction in the uptake of diseases such as smallpox.

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Online courses

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What are our online courses?

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- see examples of student work with commentary and feedback from OCR moderators
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- receive instant feedback and guidance on your marking and standardisation skills
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- the assessment objectives and marking criteria for the NEA units
- examples of student work with commentary and feedback for the NEA units
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