



External Assessment Report 2012

Subject(s)	Mental Health Care
Level(s)	Higher

The statistics used in this report are pre-appeal.

This report provides information on the performance of candidates which it is hoped will be useful to teachers/lecturers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding. It would be helpful to read this report in conjunction with the published question papers and marking instructions for the examination.

Comments on candidate performance

General comments

The Mental Health Care Higher continues to be a popular choice for many centres, and this year there has been an improvement in the overall candidate attainment. This was the first year using new case studies, and all centres selected the Dementia option.

A number of centres estimated their candidates' performance much more accurately this year, which suggests that the introduction of new marking guidelines has benefited tutors/lecturers. However, some centres continue to over-estimate grades, and it was evident that a significant number of candidates were clearly not working at the standard required for SCQF level 6.

Centres are reminded to ensure that candidates are assessed under the assessment conditions stated in the Mental Health Care External Assessment document. One centre appeared to complete all sections under invigilated conditions. Also, some centres submitted candidate work that was incomplete and did not meet the minimum requirements of the course.

Centres should ensure that candidates adhere to the recommended word count for each stage. Candidates are advised to clearly state the word count for the work they have produced for each section. They should also be reminded that where too few words are given they miss opportunities for gaining marks, and where they significantly exceed the word count responses may not be clear, concise or focused on the important issues.

There continues to be little evidence of internal verification in centres where there is more than one tutor/lecturer or where this course is taught on more than one college campus.

This year there were fewer incidences of plagiarism, and candidates were referencing much better throughout their work.

Areas in which candidates performed well

In the development stage; needs were more clearly identified and clearer conclusions were drawn than in previous years.

Evaluations continue to improve.

Areas which candidates found demanding

Plan

Plans continue to be an issue for many candidates. Many find it difficult to distinguish between an aim and an objective, with some candidates using sources of reference and research methods as objectives.

In some instances candidates were allowed to continue with the project despite the fact that their plan was clearly unworkable.

Research Based Report

Identifying relevant pieces of legislation was an issue for a number of candidates. Many candidates omitted to describe how Care in the Community has developed since the Griffiths Report. Service provision in general was poor, with little application of the models of mental health. Candidates from one centre completed their own surveys with regards to public attitudes, and while the students may have benefited from the experience, it had no relevance to the project and candidates lost valuable marks.

Case Study Report

There was a general improvement in the needs section of the report. However, some candidates continue to want to meet the needs instead of identifying needs, and some only identified problems. Marks were also lost by candidates just re-telling the case study as a viewpoint, with little understanding of carers' stress or the role of a Community Psychiatric Nurse (CPN).

Conclusions and recommendations

Recommendations were poorly identified, with a lack of application from the underpinning units.

Evaluation

In some centres evaluations began with a complete recap of the case study, tending to say what they did rather than evaluating the effectiveness of each stage of the project and their own performance.

Advice to centres for preparation of future candidates

General

- ◆ The revised Higher PBNC Mental Health Care External Assessment document August 2012 should be used by all centres delivering this qualification in session 2012–13. Please note that minor amends have been made to the Grading and Marking Section of the Higher PBNC Mental Health Care External Assessment Document. This document contains the case studies that must be used to assess all candidates.

- ◆ Centres are reminded that new NABs for all the Mental Health Care Units were introduced in 2011–12 academic session, and should be used for all candidates registered with a May 2012 completion date and onwards. Please note that the old NABs have been removed.
- ◆ Centres should direct candidates appropriately by being familiar with the Arrangements, External Assessment Document project brief, and the External Assessment Report.
- ◆ Centres should ensure that no candidate proceeds to the development stage until they have produced a plan that is realistic and workable.
- ◆ Candidates should adhere to the recommended word count for each stage and should be advised to clearly state the word count for the work they have produced for each section. They should be reminded that where too few words are given, they miss opportunities for gaining marks; and where they significantly exceed the word count, responses will not be clear, concise or focused on the important issues.
- ◆ Tutors/lecturers estimating grades should be familiar with the content of the underpinning Units. They should estimate the grade based on accurate internal assessment of the project. (Refer to Table B on page 17 of the External Assessment Project Specification.)
- ◆ The 'Your Coursework' document should be made available to all candidates. Centres should ensure that all candidates fully understand SQA's rules on plagiarism.
- ◆ Centres should be mindful of 'the conditions of assessment' — not every section needs to be carried out under invigilated conditions.
- ◆ Centres should appropriately support and advise the candidates at the planning stage, and should ensure that they have the necessary guidance and support to complete the project.
- ◆ Centres should ensure that all sections of the project have been marked by the centre prior to submission. No ticks or comments should be made on the projects or marking scheme.
- ◆ Centres should ensure that the flyleaf for the project is completed correctly on both sides.
- ◆ Where the project is being delivered in more than one campus or by more than one tutor/lecturer, centres should ensure that internal verification takes place to ensure consistency.
- ◆ Candidates should be capable of working at SCQF level 6 before being entered for the qualification.

- ◆ Centres need to ensure that submitted work is legible, complete, stapled in sections, with all marking grids at the front, and submitted in SQA approved envelopes. The use of folders, treasury tags or poly pockets should be avoided.

Project-specific advice

Plan

- ◆ Candidates should be directed to clearly state aims and objectives. Research methods, sources and timescales should also be clearly identified.
- ◆ The plan should cover both the Research Based Report and the Case Study Report.
- ◆ Centres should offer appropriate guidance and support prior to and during the planning stage to ensure that candidates are adequately briefed to undertake the project.
- ◆ Candidates should not progress to the development stage of the project if their plan is clearly unworkable.

Research Based Report

- ◆ Candidates should focus on the development of care in the community during the last 25 years.
- ◆ Legislation should be up to date, and correctly identified and dated. It should also be relevant to the case study, eg Mental Health (Care and Treatment) (Scotland) Act 2003.
- ◆ When discussing legislation, candidates should highlight how it has impacted on the provision of mental health care.
- ◆ Candidates should include discussion of appropriate models of mental health care when considering changes to service provision.
- ◆ Candidates should avoid the use of their own surveys/questionnaires when looking at public attitudes.
- ◆ The contents of the Research Based Report should be clearly linked to the case study family.

Case Study Report

- ◆ Candidates must write in the first person as the son and the CPN or the husband and the CPN.
- ◆ Candidates should clearly state the needs of the individuals in the case study. No marks are given for ways of meeting need in this section.
- ◆ Candidates should be able to demonstrate knowledge and understanding from the underpinning Units in this section.

Conclusions and recommendations

- ◆ Candidates should make informed, reasonable and appropriate recommendations for the individuals based on the needs identified in the case study report.
- ◆ Candidates are expected to draw conclusions and make realistic recommendations. They should draw conclusions from both reports and make recommendations for the individuals in light of these.

Evaluation

Guidance should be given prior to commencing the evaluation on how to evaluate — not just summarise what candidates have done throughout the project.

Statistical information: update on Courses

Number of resulted entries in 2011	378
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Number of resulted entries in 2012	318
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Statistical information: Performance of candidates

Distribution of Course awards including grade boundaries

Distribution of Course awards	%	Cum. %	Number of candidates	Lowest mark
Maximum Mark 200				
A	-	-	-	-
B	-	-	-	-
C	-	-	-	-
D	-	-	-	-
No award	15.4%	100.0%	49	-

General commentary on grade boundaries

- ◆ While SQA aims to set examinations and create marking instructions which will allow a competent candidate to score a minimum of 50% of the available marks (the notional C boundary) and a well prepared, very competent candidate to score at least 70% of the available marks (the notional A boundary), it is very challenging to get the standard on target every year, in every subject at every level.
- ◆ Each year SQA therefore holds a grade boundary meeting for each subject at each level where it brings together all the information available (statistical and judgemental). The Principal Assessor and SQA Qualifications Manager meet with the relevant SQA Business Manager and Statistician to discuss the evidence and make decisions. The meetings are chaired by members of the management team at SQA.
- ◆ The grade boundaries can be adjusted downwards if there is evidence that the exam is more challenging than usual, allowing the pass rate to be unaffected by this circumstance.
- ◆ The grade boundaries can be adjusted upwards if there is evidence that the exam is less challenging than usual, allowing the pass rate to be unaffected by this circumstance.
- ◆ Where standards are comparable to previous years, similar grade boundaries are maintained.
- ◆ An exam paper at a particular level in a subject in one year tends to have a marginally different set of grade boundaries from exam papers in that subject at that level in other years. This is because the particular questions, and the mix of questions, are different. This is also the case for exams set in centres. If SQA has already altered a boundary in a particular year in, say, Higher Chemistry this does not mean that centres should necessarily alter boundaries in their prelim exam in Higher Chemistry. The two are not that closely related as they do not contain identical questions.
- ◆ SQA's main aim is to be fair to candidates across all subjects and all levels and maintain comparable standards across the years, even as arrangements evolve and change.