

# **6004-30 Level 3 Advanced Technical Diploma in Complementary Therapies (540)**

**2016/17**

## **Qualification Report**

# Contents

Introduction.....	3
Qualification Grade Distribution.....	4
Theory Exam.....	5
Grade Boundaries .....	5
Chief Examiner Commentary .....	8
Synoptic Assignment.....	12
Grade Boundaries .....	13
Principal Moderator Commentary .....	13

# 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.

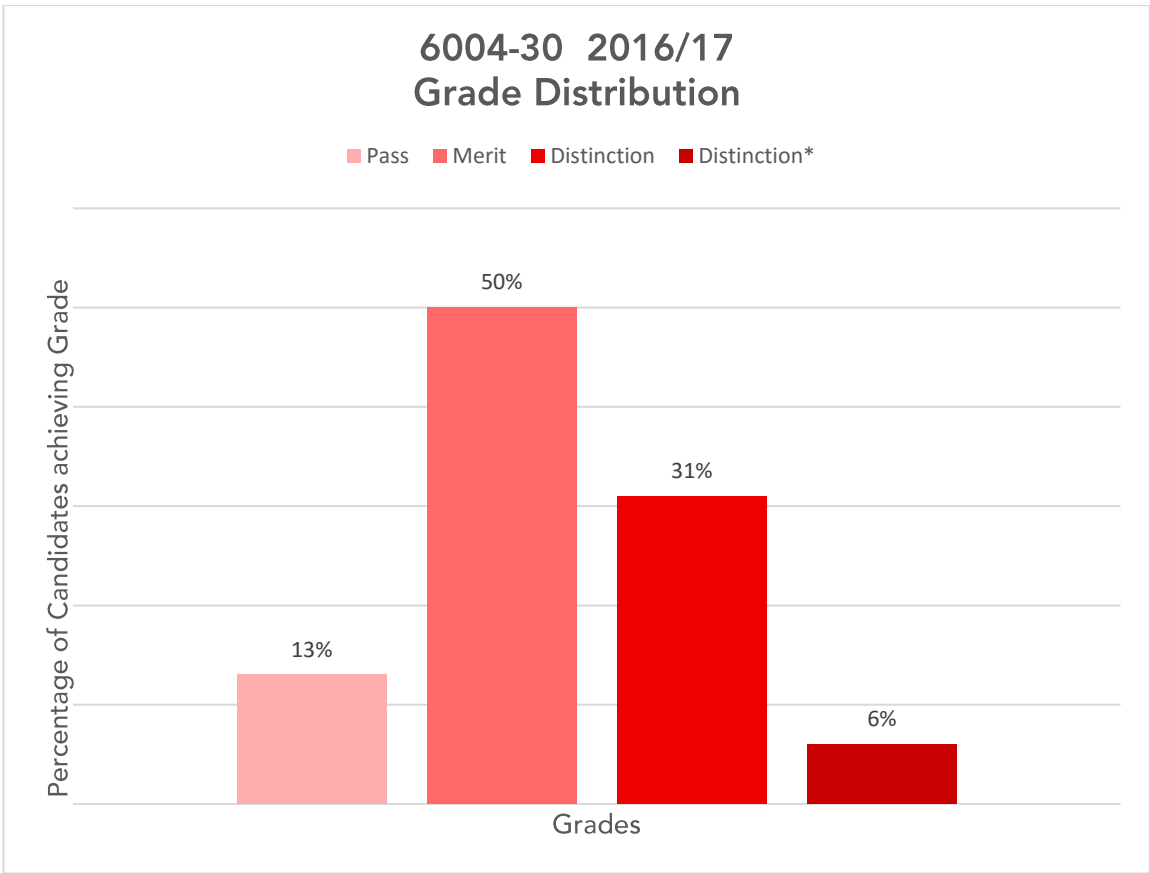
This report provides general commentary on candidate performance in both the synoptic assignment and theory exam. It highlights common themes in relation to the technical aspects explored within the assessment, giving areas of strengths and weakness demonstrated by the cohort of candidates who sat assessments 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;

- 6004-031 Level 3 Complementary Therapies - Synoptic assignment
- 6004-030/530 Level 3 Complementary Therapies - Theory exam (1)
- 6004-032/532 Level 3 Complementary Therapies - Theory exam (2)
  - April 2017
  - June 2017

# 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

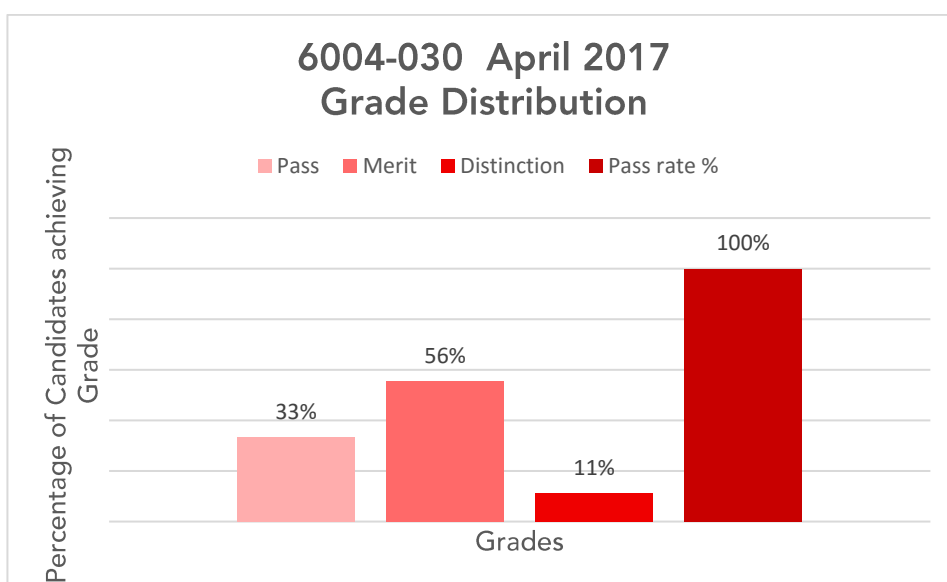
Series: April 2017

Assessment: 6004-030/530

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

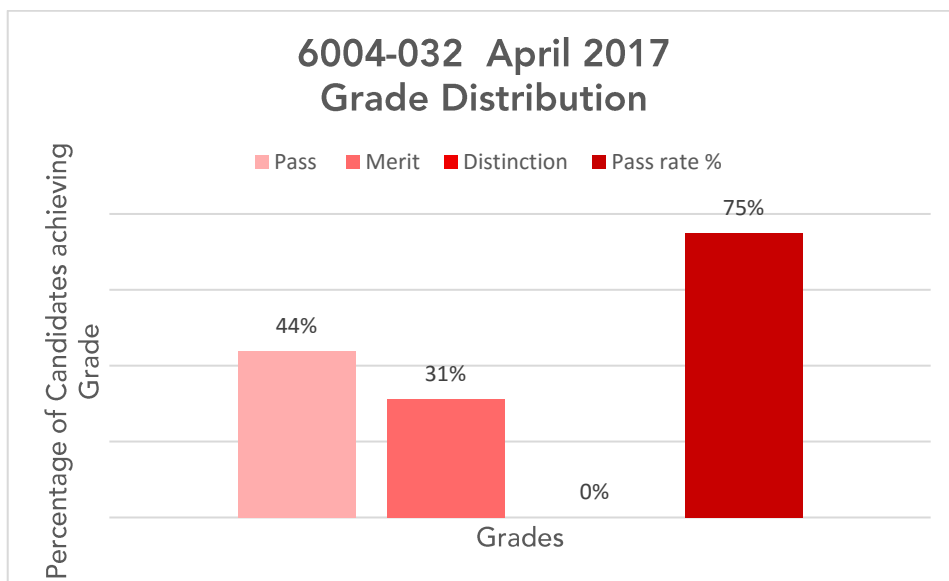
Total marks available	60
Pass mark	23
Merit mark	31
Distinction mark	40

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



<b>Total marks available</b>	<b>60</b>
Pass mark	27
Merit mark	35
Distinction mark	44

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

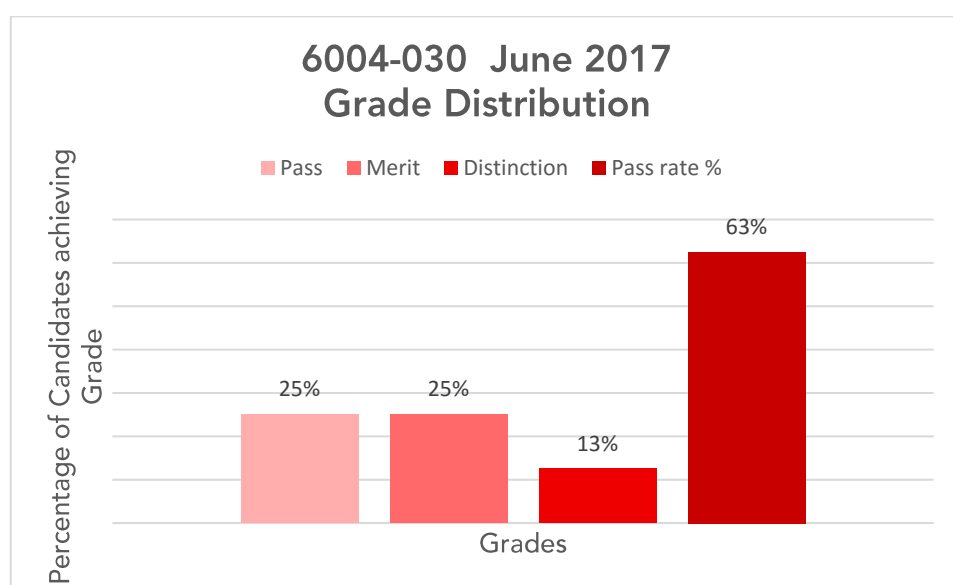


Series: June 2017  
Assessment: 6004-030/530

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

<b>Total marks available</b>	<b>60</b>
Pass mark	23
Merit mark	31
Distinction mark	40

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

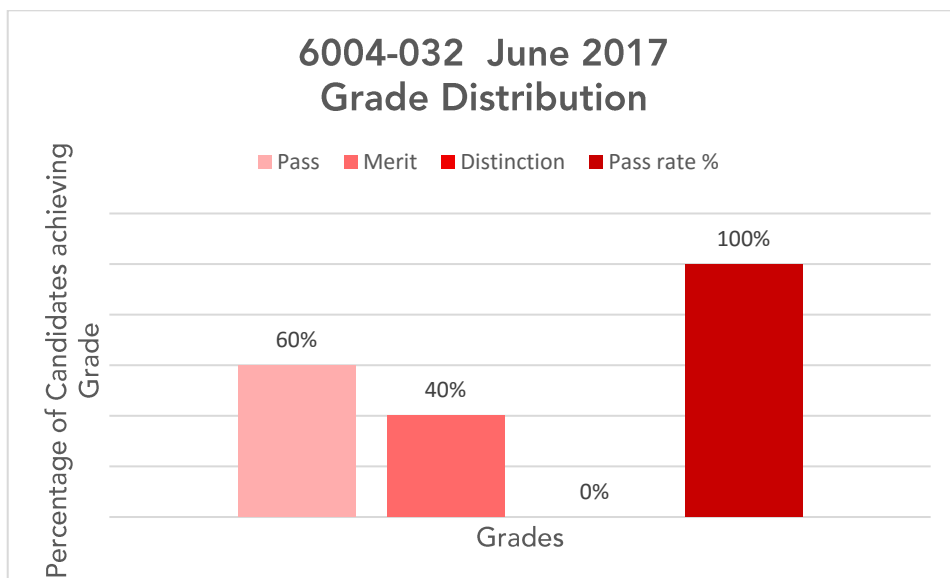


Assessment: 6004-032/532

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

<b>Total marks available</b>	<b>60</b>
Pass mark	27
Merit mark	35
Distinction mark	44

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



## Chief Examiner Commentary

6004-30-030/530 Level 3 Complementary Therapies - Theory exam (1)

6004-30-032/532 Level 3 Complementary Therapies - Theory exam (2)

### Series 1 – April 2017

#### 6004-030/530 Level 3 Complementary Therapies - Theory Exam (Anatomy and Physiology)

This was the first cohort of candidates to complete this written exam for the 6004-030 Level 3 Complementary Therapies - Theory Exam. It should be noted, that future exams will sample different topics and learning outcomes from the qualification so the commentary is related to the April 2017 examination only.

Overall the responses demonstrated lack of depth and breadth from unit 303 Knowledge of anatomy, physiology and pathology for complementary therapies. In order to have an opportunity to attain high marks, candidates should be exposed to the full range of topics in unit 303 using a variety of delivery methods from practical application to theory lessons, as well as encouraging independent and exam preparation. It would be beneficial to encourage candidates to produce study aids to particularly help with the learning of their muscles, pathologies and for spelling of key terminology.

Candidates would benefit from practicing questions set by the centre to improve their technique in establishing the key components of the question. This should include both the verb being used along with highlighting the keys points being asked of the question. This will enable candidates to prepare a more succinct response and to avoid digressing away from the question being asked. When writing their response for questions which required understanding, candidates often missed opportunities to gain additional marks as they were providing incomplete sentences which inadequately demonstrated their understanding of the topic.

Many candidates defined the term extrinsic in relation to factors which affect the skin, but became confused when providing the detail required. Often extrinsic and intrinsic effects on the skin were poorly differentiated with candidates often discussing intrinsic factors within their

response instead. Candidates were able to provide key pieces of information but did not provide a structured response for example; giving a clear cause, but then neglecting to clearly provide what the effects would be or vice versa. An example of what was expected would be; over exposure to UV has an extrinsic effect on the skin causing the skin to prematurely age due to damage to the elastin and collagen in the skin.

For the question explaining common pathologies of the respiratory system and included laryngitis, pharyngitis and sinusitis, most candidates were able to state inflammation as a sign, however were unable to provide sufficient detail of the symptoms. Sinusitis was poorly defined with the location of the sinuses being stated instead. Marks were not awarded for inflammation of sinuses alone as this is not technically correct, with both infection and the term mucous membranes were being sought.

Where pathologies were being tested, a technique of providing a cause, signs and symptoms would have also assisted learners in demonstrating a more succinct understanding.

Candidates were expected to integrate their knowledge of both a sesamoid bone, tendons and movement of the knee joint. The patella is the largest example of a sesamoid bone, a bone which sits within a tendon. Very few candidates included this definition to start their explanation. Movement of the knee was included by many candidates but not correctly stating the correct range of movements of the knee. The majority of responses lacked inclusion of how the sesamoid bone actually assisted with knee movement, acting to stabilize the knee and act a pulley during movements. Many learners digressed to discussing joints in general and often not even related to the knee, such as a ball and socket joint.

Spelling and grammar are not specifically marked in these examinations, but it is worth noting that many technical terms were misspelt throughout the exam, improving spelling and the use of correct terminology can avoid any confusion or misunderstanding when providing their answers.

Centres are encouraged to ensure that they use the handbook to and cover all the qualification criteria during their teaching, and that candidates are aware of the extent of the knowledge they are required to attain prior to sitting their exam.

### 6004-032/532 Level 3 Complementary Therapies - Theory Exam

This was the first cohort of candidates to complete this written exam for the Level 3 Complementary Therapies - Theory Exam. It should be noted, that future exams will sample different topics and learning outcomes from the qualification excluding unit 303 Anatomy & Physiology so the commentary in the report is related to the April 2017 examination only.

The questions covered a broad range of topics across complementary therapies. It was apparent that candidates would benefit from being taught examination techniques and how to respond to the different verbs being asked in the question stems.

Candidates were struggling with questions where they were required to explain their understanding in a structured manner; the responses lacked depth and breadth. They often missed opportunities to gain additional marks as they provided incomplete sentences or one word responses which inadequately demonstrated understanding when the question required them to explain.

Many candidates were not specific in how they would adapt their massage to a 3 client scenario. The responses were very general and needed to be more specific in regards to movements which would be adapted and used; and also be specific to where these movements would be used eg name the muscles being worked on with appropriate technique.

The majority of candidates had a good understanding of reflexology warm up techniques, most explained about stroking, effleurage to warm area, solar plexis breathing and getting the client used to the therapists touch. Very few candidates mentioned the benefits of rotation, ankle rotation or stretching.

Few candidates explained the benefits of pressure point techniques for the question which focused on the effects of different techniques used within aromatherapy. The most popular response stated was 'clearing the energy pathways'.

For the question which referred to completing the record card following a body massage and it was apparent that many candidates had not read 'following' as the responses referred to pointers that are discussed prior to treatment eg checking for contra-indications, discussing treatment aims.

Many candidates provided brief responses when required to provide an explanation of the therapeutic effects of essential oils on the circulatory system, most candidates just stated one word answers eg hypotension, stimulating without any explanations.

Spelling and grammar are not specifically marked in these examinations, but it worth noting that many candidates were making many errors including misspelling of technical terminology.

**6004-032/532 Level 3 Complementary Therapies - Theory Exam**

Only a small number of candidates sat this paper and they performed well on the questions relating to units 301 and 302. The questions that required listed or stated responses were generally well answered.

Those questions that required an explained response lacked breadth and depth so marks were lost; often the responses were fairly general and not specific to the client descriptions given in the question, in particular the following examples:- explain specific aftercare to give a client following a body massage treatment who suffers from hyperlordosis, specific aftercare advice following reflexology on a client with a stiff vertebral column and blocked sinuses.

The integrated question was answered reasonably well although marks were lost on specifics such as justification of the chosen blends used, specific areas to work on, explaining reflexes to work on or areas to avoid.

**6004-030 Level 3 Complementary Therapies - Theory Exam (Anatomy and Physiology)**

The paper performed well and was of a standard both clearly at the appropriate level and similar in content, range and difficulty to the earlier paper taken in April 2017. The language was at the appropriate level and there should have been no problems for the candidates in understanding the questions.

The responses demonstrated an improvement on the April series, with some distinction level responses showing depth across the unit content. Some candidate were still struggling with breadth of their knowledge in their response and the appropriate use of technical terminology from unit 302.

It would be beneficial to encourage candidates to produce study aids to particularly help with the learning of their muscles, pathologies and for the use and spelling of key terminology to ensure this is being used in context.

Candidates would still benefit from learning skills in producing more succinct response to support the requirements of different types of question. When writing their response for questions which require understanding, candidates need to consistently ensure that they are adequately informing the examiner of the extent of their knowledge by using complete sentences. Providing more succinct response will enable candidates to fully utilize all opportunities to gain marks.

Candidates struggled when required to explain the catagen state of the hair growth cycle, most were unable to give enough detail of the changes that occur within this stage of hair growth to gain full marks. Common answers which did not gain marks were stating the other stages of the hair growth cycle.

Candidates struggled to recall the location of lymph nodes. Most candidates did correctly state the correct location of axillary nodes but struggled to correctly identify the correct location of the buccal (cheek) and mesenteric nodes (intestine/abdomen).

Throughout the paper it was evident that candidates struggled to interpret the level of response required of them by the command verbs. Often candidates would not be able to achieve full marks as they were unable to provide clear explanations of impact or considerations, instead

answers would merely identify what the question was asking, but did not go onto demonstrate any further understanding beyond this. Furthermore when candidates were asked to explain many lost marks as they only named what was asked for, but couldn't demonstrate further understanding by giving an explanation of what this was requested.

This second series was an improvement on the first series with a range of responses. Some candidates were achieving lower level distinction grades demonstrating a breadth to their understanding. There were still some areas of weak understanding but this was typically, (but not always) linked to the more obscure topic elements. Of the weaker candidates there was a lack of both understanding and depth to their responses, failing to achieve marks in areas of less complex recall knowledge. Of the more important topics, understanding of respiration and muscle action continues to be an aspect of weakness as does location and action of muscles listed in the specification. Descriptions of pathologies performs at a satisfactory level, more marks could be gained by candidates providing concise descriptions of the defining features of pathologies.

# Synoptic Assignment

## Grade Boundaries

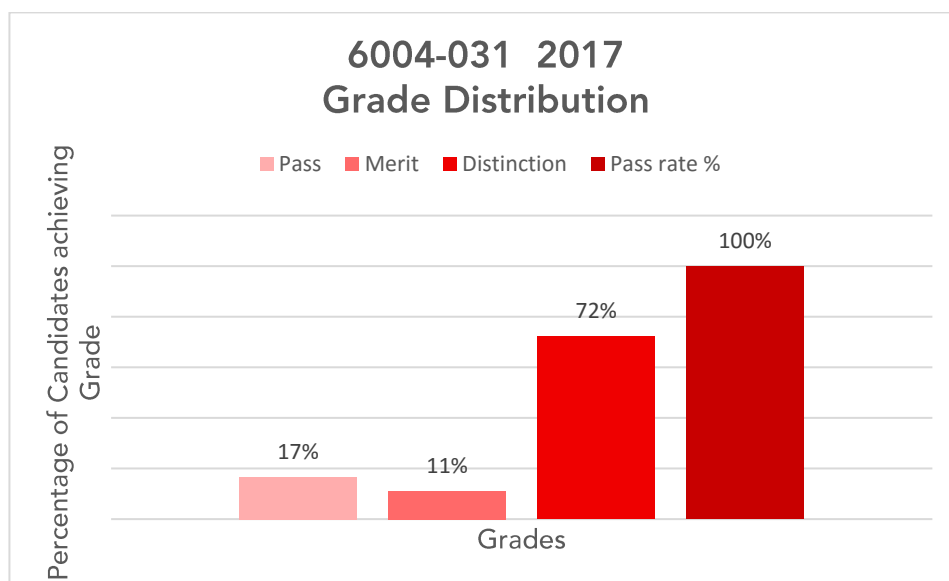
Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Assessment: 6004-031

Series: 2017

<b>Total marks available</b>	<b>60</b>
Pass mark	24
Merit mark	33
Distinction mark	42

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



## Principal Moderator Commentary

The assignment brief provided was sufficient to explain the areas in which the candidate should research and the areas on which they should report, comment and perform various practical tasks. The outcomes of the set tasks varied from excellent to limited and the marks awarded by the centres reflected this.

Task 2 was a true reflection of real working practices where the candidate may not know their client and be required to create a suitable treatment plan to meet the client's needs. This gave candidates the opportunity to showcase their skills and bring everything together. The variety of practical treatments carried out gave the candidates a taste of real working environment.

High achieving candidates showed consistency throughout the synoptic assessment and this was reflected in marks allocated across the assessment objectives. The higher level candidates

worked fluently without prompts meeting the needs of the client; planning the treatments with appropriate blends and applying appropriate techniques. Those in the lower band showed hesitation and treatments carried out were not flowing and slightly disjointed. Candidates were better at recalling AO1 information rather than providing the higher level of understanding AO2.

In terms of AOs:

- AO1- In task 1 candidates in band 1 and 2 created a brief business plan with omissions and lack of breadth. The candidates in higher band 2 and 3 demonstrated a thorough detailed and accurate business plan. In task 2 candidates in bands 1 and lower band 2 demonstrated basic knowledge of treatments carried out but little evidence of specific advice and recommendations. Candidates at the higher band demonstrated good knowledge of treatment benefits and recommendations.
- AO2- There was evidence of a range of understanding – within task 1 candidates showed some understanding in the creation of a suitable business plan some candidates demonstrated breadth of understanding. Within task 2 candidates demonstrated adaptation of treatments to meet the needs of the client's objectives, understanding of the reflexes of the feet, benefits of massage techniques and choice of blend linking to the client's needs. The higher level candidates were consistent with their explanations and justified adaptations. Most markers asked additional questions to confirm understanding and most included responses to these oral questions.
- AO3- Most candidates demonstrated that this was their strongest area at gaining marks demonstrating the application of their skills on the treatments performed taking into account client comfort and well-being. Candidates demonstrated health, safety and hygiene procedures throughout. The candidates in the higher band 2 and band 3 demonstrated highly effective techniques and confidently applied with rhythm and flow throughout.
- AO4- Within this AO in task 2 many candidates brought it all together holistically applying appropriate blends, identifying reflex points that needed extra attention and adapting massage techniques during the treatment. Time management throughout demonstrated organisational skills. Within task 1 the business plan demonstrated problem solving and evaluation skills.
- AO5- The majority of candidates demonstrated attention to the client's needs and carried out self reflection on the treatments carried out. The candidates generally completed treatments in a logical sequence and generally accurate.
- AO6 – The candidates in band 1 and lower band 2 demonstrated limited evidence of research, those in the higher band showed detail and a range of research sources.
- AO8- The majority of candidates used suitable and effective communication skills throughout the practical task when carrying out the treatments many of them confidently used technical terminology.

The best practice with task 1 were those that did not use a pre-prepared business plan as this gave scope to create a tailored format and did not restrict the higher level candidates. Those that used a pre-prepared business plan outline gave prompts to the candidates on what information would be required within the business plan.

Best practice observed where the markers used the practical observation feedback sheets and made detailed and justified commentary based on what they saw during each stage of the assessment and made clear reference to the AO's and the band descriptors. The information

contained on the practical observation feedback sheet was used along with the treatment plans, candidate evaluation, client feedback and business plan to complete very detailed centre record form. Many moderators commented that centres used treatment plans which were very detailed and leading, this supported the lower level candidates but limited the higher level candidates from showcasing their skills.

In most cases marking was within tolerance and agreed by the moderator, where the centre were out of tolerance it appeared to be around AO4 bringing it all together, AO5 attending to detail. Throughout the AO's the range of candidates fell within all the bands.

For the preparation of the working salon, some centres required the candidates to gather all the necessary leads and attachments eg body EMS and this took time setting the equipment up and getting ready to use whereas in a salon the machines would be set up ready on trolleys.