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General Certificate of Education (A-level) Applied
June 2011

Health and Social Care HC03

(Specification 8621/8623/8626/8627/8629)

Unit 3: Health, Illness and Disease

Report on the Examination

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Unit 3: Health, Illness and Disease
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Candidates' work on this unit continues to improve with very few submitting incomplete portfolios.

Administration was generally good. A number of centres, however, submitted work after the deadline date of 15th May.

Assessor comments and annotation, when provided, assist the moderation process. For the vast majority of centres, the rank order of candidates as determined by the centres' assessment was upheld.

Questionnaire

Some candidates' questionnaires had introductory explanations or rationales included which gain no credit and should be omitted. The concepts of health and ill-health and the six factors were generally covered appropriately in the questionnaire items, but some concept items were of variable quality accuracy and detail.

The recommended number of respondents for the questionnaire is six to ten and candidates should be able to cover the necessary ground using 30-40 items. While there is no penalty for using more respondents and/or items, those candidates who did so, had considerably more data to handle. This increases the demand but does not add anything to the quality of the work.
Less-able candidates tended to employ predominantly closed items.

Collation of responses was generally done well. Analyses, however, were often lacking in depth, with candidates simply restating the collated data on an item-by-item basis. Candidates may find it useful to consider the collated data on a factor-by-factor basis to avoid the repetitive nature of the question-by-question approach. A respondent-by-respondent analysis is not required and gains no credit. More candidates had successfully explored the interrelationships of the collated data from the different factors' items and by linking together the collated data were able to achieve some analytical depth.

Candidates are able to see "patterns" in the collated data more clearly when bar and pie charts are used. Less-able candidates often chose to display their data in a large variety of styles, which is unnecessary. Where respondents all gave the same response to an item, there is no need or benefit in displaying this in a bar or pie chart.

Evaluation of the questionnaires was variable in quality, but many candidates demonstrated a sound understanding of the positive and negative features of their questionnaires and how these could be improved. The evaluation should include some consideration of accuracy and validity. Some candidates omitted an evaluation.

Candidates are not required to include all the completed copies of the questionnaires in their work. This is unnecessary, gains no credit but adds to postage costs. Candidates are only required to submit one blank version of the questionnaire.

Immunisation Report

This section continues to be the strongest of the three, but a continuing concern in both this section and the screening report section is plagiarism of website information. Where this occurs and when the work is unreferenced, it is judged to be malpractice. When referenced,

such work is of very little value. Downloading of information does not demonstrate understanding by the candidates concerned. Applying a "cosmetic" editing to the information to produce a part-verbatim downloaded version is also of very little value. Website information obtained in this way is very rarely in line with the assessment focus and as a result, the assessment requirements are often not met. What is required for assessment purposes is often lost in a mass of mainly irrelevant details. Candidates also tend to use technical terminology beyond their understanding.

All candidates are expected to use their own words to produce their reports and show that they understand the work. Moderators continue to be vigilant on this issue and will use Internet search engines to identify and verify where it occurs.

Candidates' understanding of active and passive immunity was generally sound, but, explanations by weaker candidates tended to be at a basic level. Candidates are encouraged to show more detailed understanding by considering the role of B-lymphocytes, plasma and memory cells in active immunity. There is no extra credit to be gained by providing more detailed accounts beyond this level of detail.

The majority of candidates gave appropriate details on the diseases listed in the specification with relatively few instances of the inclusion of other diseases, which gains no credit. There was still a tendency for some candidates to give additional details related to the named diseases which are not required for the assessment, e.g. treatments, ages for vaccinations and modes of transmission.

There is also a tendency for the focus of the consideration of immunisation versus non-immunisation to be translated into the advantages and disadvantages of immunisation. This is effectively a focus on only half of the issue, i.e. immunisation. Fortunately many candidates who used the incorrect heading did consider non-immunisation in their accounts. Centres are encouraged to use the correct heading and focus for this section of the work.

Screening Report

Introductory considerations on the value of screening, either as a general introduction or as three mini-introductions to the client group sections, continue to improve with a clear focus on the benefits of screening.

The assessment requirements are: how the test is performed, what is looked for as a positive or negative result for the named conditions and any underlying "science". This focus was "lost" in the work of some candidates, especially when the downloading of information had occurred. In other work it appeared to be due to a lack of understanding of the assessment requirements. Irrelevant information was commonly included. This greatly increased the bulk of the work for no added value. Some candidates tended to focus on the disorder rather than the test and/or failed to show the appropriate link between the test and the named disorder.

Candidates are not required to cover both amniocentesis and chorionic villus sampling in the ante-natal section and gain no additional credit for doing so. Candidates are, however, required to cover the use of one of these two tests for the disorders named in the specification, i.e. muscular dystrophy, haemophilia and sickle cell disorders. These tests were often confused with biochemical and/or blood tests for the three disorders.

Information on tests and disorders not named in the specification are not required and can gain no credit.

More able candidates tended to produce succinct reports to successfully meet the assessment requirements. The work of less-able candidates was sometimes vague and/or

incomplete in terms of the number of tests covered and/or in terms of the details included for individual tests. These candidates often drifted into consideration of irrelevant information, e.g. incidence statistics of the named disorders and/or the treatments available. This again suggests an over-reliance on downloaded information rather than the demonstration of sound understanding of the tests as required.

Grade boundaries

Grade boundaries and cumulative percentage grades are available on the AQA website at www.aqa.org.uk/over/stat.html