Moderators' Report/ Principal Moderator Feedback

Summer 2014

Pearson Edexcel GCE in Health and Social Care (6946)

Unit 9: Investigating Disease

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General comments

Overall there was not much difference between this series and those in the past although there was once again a tendency to investigate some rare or unusual diseases such as the plague, Ebola and the DiGeorge syndrome which cause difficulties for the learners.

A large number of centres appear not to have access to, read or address any issues arising from the principal's or chief examiner's reports as the same points have to be made again and again. Tutors need to request copies from the examination officers where they are available electronically.

Reports should be written in the student's own words after the research has been carried out and not taken either in large chunks or wholesale from published sources. Tutors generally are not observing the requirements for logs of assistance as detailed on pages 173-4 of the specification. Inaccuracies of content and QWC errors are left apparently undetected and moderators are unsure whether assessors have noticed these.

A large number of centres are using the assessment guidance both in delivery and assessment and not the assessment criteria grid referred to in the specification (page 174). Guidance is essentially just that and does not wholly reflect the criteria so that crucial parts can be omitted and others are not required. Some centres insist on following the headings of the "What you need to learn" section so that their candidates produce enormous portfolios of 100-200 pages –this has never been required. Crisp, succinct reports addressing only the criteria of the appropriate band in sufficient detail is all that is required. For example, HIV is a popular choice for a communicable disease and information on myths, public perception, Stephen Fry's and Princess Diana's interests are not required and gain no credit and some may argue that less focus and organisation is shown with adding irrelevant material. AO3 is composed of several criteria but some centres add several more which are not required so that learners have intolerable burdens.

Some moderators reported that assessor annotations were often poor or missing while other centres displayed excellent attention to this and provided detailed summaries of their findings for each learner.

Diseases were generally chosen well but not all had strategies for prevention. In view of the assessment criteria it is sensible to choose diseases which have a known cause, established treatment and a strategy for prevention. Information should be applied to the chosen diseases and generic information is not required. Only one form of a disease is required such as either Type I Diabetes mellitus or Type II. Collective groups of diseases such as food poisoning are not advised and one named type should be offered.

Assessment Objective 1

Although less in number overall, too many centres are still advising learners to start this unit with long introductions of generic causes of disease often with exquisite imagery and all to no avail. There is no requirement in the assessment grid for generic material which wastes the precious time of studenst, assessors and moderators.

The biological bases of the diseases were generally well done but centres frequently omit the bodies' responses or believe incorrectly that the signs and symptoms will suffice. The learner might consider for example the development of immunity with a communicable disease, pain or soreness, effect on mobility, effect on mood or incapacity etc. Listing signs and symptoms from a web site will limit work to mark band 1 (MB1); there must be attempts to explain how they are produced (2/3 depending on MB) such as pyrogen release to raise body temperature to combat micro-organisms and displayed (e.g. characteristics of a rash). Diagnoses here or in AO3 are rarely linked to changes wrought by the diseases and differentiation is still not understood by many centres. QWC is often not commented upon and thus probably not assessed.

Assessment Objective 2.

Some centres are still confused between transmission and distribution and also mortality rates. The latter may not indicate how prevalent the disease is in a community. Chicken pox, for example can be distributed widely but has a low mortality rate, other diseases can have a high mortality rate and a low distribution pattern. Centres should note that to allocate marks in Mark Band 2/3, the factors affecting distribution must be compared. Comparisons when included are either good or very weak. Statistics of diseases common within the United Kingdom should not be from overseas. For example, measles statistics from the United States of America, Ethiopia or Kenya are not required. Diseases with a common thread (e.g. effect on respiratory function) such as Influenza and Cystic fibrosis often provide more scope for the learner.

Assessment Objective 3

Centres are still providing international, national and local issues of support and/or treatment which are **not** required since the 2009 re-launched specification. Maps, distances, descriptions of facilities are not required. Factors affecting treatment were limited in many portfolios and learners rarely
differentiated or justified the provision. The majority of learners struggle with the roles of professional and voluntary support, comparisons of support and with diseases of a similar type (only one of each required). Research varied with the ability of the learner and repetition was common as internet web sites were trawled. Very little primary research was evident.

As in previous series, work-related issues were either employment-related

or missing. Employment-related evidence is difficult to relate to the impact on prevention, support and treatment. Broad issues such as access to specialist centres, staff or equipment, availability of medication, postcode lotteries etc are far more useful.

Assessment Objective 4

This objective needs to be strengthened in many centres. Independent thinking and the use of initiative are features of this objective and learners who can only take material directly from published sources omitting any individual input will
not reach the Mark Band 3 level in this important objective. Assessors who are content to accept “internet-based” reports should not be stating that the work was authentic and independent as it clearly was not.

Evaluative skills are generally still weak and tutors need to develop these early in the programme as they are universal attributes. True preventative strategies are rare and learners still offer coping and management strategies together with healthy living advice which could apply to most conditions and people. Work-related issues are often ignored in this objective.

There was some excellent work received with initiative and higher order skills demonstrated but equally some poor reports were seen where diseases had just been “cut and pasted” with no attempt to demonstrate ability to think.

The main way for most centres to improve further is to advise students to adhere closely to the assessment criteria (omitting the irrelevant material) and demonstrate the higher order skills of analysis, comparativeness and evaluation in their reports.

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