



## **General Certificate of Education**

# **Health and Social Care 8621/8623**

**HC03      Health, Illness and Disease**

# **Report on the Examination**

*2007 examination - June series*

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## **HC03 Health, Illness and Disease**

### **Principal Moderator's Report**

#### ***General Comments***

The standard of work on this unit in general was improved compared with the first series. There were very few instances of candidates submitting incomplete work. Moderators were grateful where the work was treasury-tagged rather than in plastic wallets which made access more difficult. It is important for centres to note that where there are more than ten candidates in a centre, only the marks should be submitted to enable the moderator to select the sample, rather than all the work being submitted. Centre comments and annotations proved useful in the moderation process. In the vast majority of cases the rank order of candidates as determined by the centres was upheld.

#### ***The Questionnaire***

Candidates are required to submit only one blank version of the questionnaire. Completed copies simply add to the bulk and increase postage costs. The recommended number of respondents is between six and ten. A number of centres had candidates who dealt with considerably more and consequently had that much more data to handle, which does not add to the quality of the work. It was pleasing that the vast majority of candidates covered all six factors in their work, but concepts of health and ill-health and the understanding of illness, disease and disorder especially were not covered by some centres. Most candidates produced suitable questionnaire items of open and closed nature in sufficient numbers i.e. approximately 30.

Collation of data was generally well done, but analysis less so. This was the pattern of the previous series. However, a significant number of candidates did explore interrelationships between the factors and the concepts by linking together responses from different areas of their questionnaire. The display of data in bar and pie charts was appropriate but some candidates inappropriately included line graphs.

Evaluations of the questionnaires were generally good with candidates again showing a sound understanding of the strengths and weaknesses of their questionnaires.

#### ***Report 1 Immunisation against disease***

Candidates' understanding of active and passive immunity was generally sound. The work of some candidates, however, was not entirely convincing as it appeared to be plagiarised from secondary sources and was submitted unreferenced as the candidates' own work.

The majority of candidates gave appropriate details on the diseases listed in the specification. There were instances, however, of candidates including information on other diseases outside the scope of the specification. These can gain no credit. The evaluation of immunisation versus non-immunisation and a consideration of side-effects of immunisation was generally well done but was either entirely or partially omitted by some candidates. This omission would generally reduce marks. Sources of information in this section were generally well referenced by the more able candidates.

### ***Report 2 Value of Screening***

More able candidates tended to produce detailed reports of how the screening tests are performed and the results interpreted. It is important to note that candidates do not need to cover both amniocentesis and chorionic villus sampling, but should cover the use of one of these for the ante-natal tests named in the specification and not confuse these with the blood tests listed. Evidence on Down's syndrome is not required by the specification. Tests outside those listed in the specification are not required. The work of weaker candidates was often unfocussed, providing information about tests not required by the assessment, e.g. statistical evidence on the incidence of the condition being tested and/or treatments.