



## **General Certificate of Education**

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

**HC05      Nutrition and Dietetics**

# **Report on the Examination**

*2007 examination - June series*

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Set and published by the Assessment and Qualifications Alliance.

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## HC05

### **General Comments**

This paper generated a good range of candidate performance with very few scripts on low marks and a significant number of high marks. This builds on the pattern of previous papers, and all questions proved accessible to the vast majority. As in previous series, the more able candidates provided detailed technical answers while those of lower ability tended to offer vague and repetitive responses.

### **Question 1**

(a) This was generally answered well by the majority of candidates who understood the effects on health of eating a diet which is high in monosaccharide and disaccharide sugars and low in amino acids.

(b) This section proved challenging for some candidates who often offered carbohydrate foods rather than those with significant amino acid content.

(c) Most candidates were able to gain two or three of the four marks available by referring to oxygen, carbon and/or hydrogen. Candidates who offered only the symbols for these elements gained only one mark for all three. As might be expected, naming examples of monosaccharide and disaccharide sugars proved challenging for a significant number of candidates.

### **Question 2**

(a) The majority of candidates recognised that the daily intake was too low for iron and Vitamin A. A significant number of candidates considered the energy intake to be excessive even though it is very close to the dietary reference value (DRV) for a female aged 55-74. This led to some errors in the second part of the question. However, most recognised the risk of anaemia from the low iron content, but poor night vision, cell structure damage and/or reduced resistance to infection from low Vitamin A were less well known.

(b) This was generally answered well with the majority of candidates making suitable suggestions of named foods to improve the diet.

(c) This section was very well answered by the vast majority.

### **Question 3**

(a) Knowledge of food additives was generally very sound with most candidates being able to give examples of different types and appropriate reasons why they are used.

(b) The majority of candidates found the implications of a Jewish diet more accessible than the problems caused by coeliac disease. Weaker candidates tended to confuse the Jewish diet with that of Muslims and/or Hindus.

**Question 4**

(a) Most candidates accessed at least two of the four marks available in part (i), recognising the relative number of incidents, i.e. very few instances of the use of dirty cutlery and crockery, but many examples of unclean food preparation work surfaces. Part (ii) of this question proved more challenging with relatively few candidates able to offer suggestions for the different number of incidents of poor practice, e.g. people can see if cutlery is dirty, but cannot see food preparation surfaces.

(b) This produced many correct answers as candidates successfully identified different client groups at high risk from poor food hygiene and food storage practices.

(c) Most candidates scored at least half marks by recognising the risks associated with uncovered long hair when preparing food and how rings can trap microbes which can be transferred to food. Fewer candidates gained all three marks relating to defrosting frozen foods. Most gained marks for realising the cooking would not take place at the correct temperature, but they often failed to gain the marks relating to killing microbes and increased cooking time.