



General Certificate of Education

Health and Social Care 8621/8623

HC09 Complementary Therapies

Report on the Examination

2007 examination - June series

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HC09 Complementary Therapies

Principal Moderator's Report

One of the key educational aims of this unit is to give candidates practice in finding information and using critical and analytical skills to select, evaluate and present that information to produce a sound, interesting and unbiased guide.

Generally centres and candidates seem to have understood the task fairly well. Candidates who chose to write about three therapies in relation to one ill-health condition, such as neuralgia, tended to produce more coherent, better-focussed guides. Candidates who used headings and incorporated all the sections together for each therapy, produced a more 'readable' guide that gained high marks.

Some of the main problems revealed in candidates' work are outlined below.

1. The selection and discriminating use of published information

The guides produced by weaker and average candidates were often too much controlled and dominated by the sources of data they used. For example, some candidates included information not required by the specification, such as historical background to different therapies. Marginally-relevant information was sometimes presented virtually unedited, running the risk of being considered as plagiarism.

Sometimes the result was that candidates were diverted from the task set by the specification.

Aims and procedures were often described in vague outline only.

Since the most common and easily accessible sources of data are those produced by promoters of complementary and alternative therapies, the result was often a very biased account of therapies. Exaggerated statements about the effectiveness of some therapies were presented uncritically. In a few cases, candidates quoted advertising testimonials from satisfied clients as evidence to support statements about effectiveness. These candidates missed out on the opportunity to develop their critical and discriminatory skills.

Candidates should have the opportunity to practice discriminating between biased and neutral sources of information. Access to neutral sources, such as those mentioned in the Teachers' Guide, should also be facilitated.

2. Use of criteria for assessment

The most common omission was the failure to cover some of the criteria mentioned in the specification, most often about training, registration and quality control. Assessments of the effectiveness of therapies were also often omitted, or unsupported with reference to reliable sources.

Some higher-achieving candidates made appropriate comparisons between therapies, by stating whether or not they could cure or heal major diseases or injuries, whether their use was mainly palliative, or preventative, or whether their use was mainly directed towards producing feelings of comfort or well-being.

3. Utility as guides

A few candidates took the opportunity to design attractive, user-friendly guides. However, many produced rather conventional reports that did not seem relevant to the needs of the user. For example, some candidates presented very long, repetitive, dull and poorly-structured reports.

Some included technical terminology that the intended reader could not reasonably be expected to understand.

Other candidates structured material in a way that would be more useful to the reader, sometimes by using questions as headings, e.g. "What will happen at my first session?", "How much will it cost?" etc.

4. Absence of commentaries

The requirement to provide a commentary on the reliability of sources (including the interviewee) was the one most often ignored by candidates. Its purpose is partly to direct candidates' attention to the problem of reliability, and so to prevent or reduce incidence of the type of error described at point 1 above, thus preventing progression across the mark bands. Similarly, publicity material for the individual therapies was not always included.

5. Interview practice

Generally candidates tended to carry out rather brief and shallow structured interviews, using set questions and no follow-up questions. This was often a missed opportunity. Some candidates evidently used a questionnaire instead of an interview. The specification clearly states that an interview should be conducted. Interviews should be well-documented, for example, by stating what role the interviewee plays (e.g. as a client or a practitioner of one or more of the therapies), when and where the interview was conducted. Interviewees should be anonymous.