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### **General Certificate of Education**

# Health and Social Care 8621/8623

**HC03** Health, Illness and Disease

# Report on the Examination

2008 examination – June series

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## HC03 HEALTH, ILLNESS AND DISEASE PRINCIPAL MODERATOR'S REPORT

It is pleasing to report that there were very few instances of candidates submitting incomplete work on this unit and that candidates' performance continues to improve.

As in previous series, moderators were grateful where the work was treasury tagged rather than in plastic wallets, which makes 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 for the moderator to select the sample.

Moderators were also grateful where centre comments and annotation were provided, as they assist in the moderation process significantly. In the vast majority of centres the rank order of candidates as determined by the centres was upheld.

#### The Questionnaire

Most candidates included concepts of health and ill-health and the six factors in the items used. It should be noted, however, that candidates are required to submit only one blank version of the questionnaire. Completed copies simply add to the bulk of the portfolio and increase postage costs with no benefit in terms of marks gained.

The recommended number of respondents for the questionnaire is between six and ten. Candidates who dealt with considerably more respondents had much more data to handle which makes the task more demanding and does not add to the quality of the work. Most candidates produced suitable questions which were open, closed and of a Likert nature. Generally, candidates needed approximately 30 or so items for adequate coverage. Additional items tended to be burdensome for collation and analysis.

Collation of data was generally done well, but analysis less so. This was the pattern of previous series.

More candidates explored the interrelationships between the factors in this series by linking responses from different areas of their questionnaire.

The display of data in bar and pie charts was appropriate, but some candidates included line graphs inappropriately.

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

#### Report 1 Immunisation against disease

As in previous series, the work of some candidates in this section was not entirely convincing as it appeared to be plagiarised from secondary sources. It tended to be submitted unreferenced and as the candidates' own work. Moderators have been instructed to use Internet searches to identify sources of such plagiarised material. Where this occurs the candidate can gain no credit.

Candidates' understanding of active and passive immunity was generally sound, but the explanations by some candidates tended to be at a basic level only. These candidates did not consider the role of B-lymphocytes, plasma and memory cells.

While the majority of candidates gave appropriate details on the diseases listed in the specification, there were instances of candidates including information on other diseases outside the scope of the specification. No credit can be given for this information.

The focus of the evaluation of immunisation versus non-immunisation should be maintained and not re-translated into the advantages and disadvantages of immunisation.

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

Some candidates covered both amniocentesis and chorionic villus sampling in the ante-natal section. This is not required.

However, candidates should cover the use of one of these for the disorders 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, e.g. APGAR.

More able candidates tended to produce detailed reports of how the screening tests are performed and the results interpreted.

The work of weaker candidates was often unfocussed, providing information about tests not required by the specification, e.g. statistical evidence on the incidence of the condition being tested and/or treatments.

This suggested that the candidates were down-loading information rather than demonstrating their understanding by meeting the specification requirements.

#### Grade boundaries

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