



**General Certificate of Education**

**Health and Social Care  
8626/8629**

**HC14      Diagnosis and Treatment**

**Report on the Examination**

*January 2010*

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*Dr Michael Cresswell Director General.*

## **HC14: Diagnosis and Treatment**

It is pleasing to report some very good scripts and a wide range of candidate marks on this paper. Higher-ability candidates were able to apply technical terminology accurately and produce coherent, well-reasoned responses but weaker candidates tended to produce answers lacking relevant detail, sometimes confused and with less accurate and/or extensive use of technical terminology.

### **Question 1**

The majority of candidates' answers in part (a)(i) were successful in explaining how the GP would be helped by Nikke describing her medical problem and being asked questions. In part (a)(ii) most outlined the use of a database for symptoms and possible causes, but fewer candidates included the use of the computer to access Nikke's medical records. Taking temperature methodology was answered well for the majority of candidates in part (b)(i), but in part (b)(ii) weaker candidates tended not to link raised body temperature with infection. Most candidates gained full marks in part (c) by successfully suggesting three common methods of physical examination, but were generally more challenged in part (d) when outlining different ways a blood sample could be used to provide information on Nikke's medical problem.

### **Question 2**

Less able candidates restricted their answers in part (a)(i) to simple more/less and/or most/least comparisons, while the more able candidates generally considered more complex numerical manipulations, recognising points of similarity and significant difference between the sites of cancer and/or the two regions.

In part (a)(ii) candidates often gained marks for suggesting differences in age profiles, lifestyles and/or the environment in the two regions but fewer suggested differences in population size. Weaker candidates often gave confused accounts when describing and discussing how radiotherapy can be used to treat cancer but there many accurate and detailed accounts which gained high marks.

### **Question 3**

Part (a) of this question was very well answered by the majority of candidates. Most gained one of the two marks in part (a)(i) by outlining a non-prescription drug as one sold "over the counter".

Far fewer candidates gained a second mark by adding additional information, e.g. a drug not as strong as a prescription drug or safe for purchase without medical supervision.

Many candidates were able to gain full marks in parts (a)(ii), (a)(iii) and (a)(v), but part (b) was generally more challenging. While there were significant numbers of good answers in part (b), the weakest responses confused MRI with other techniques which employ ionising radiation.

Other fairly common errors included the suggestion that the strong pulse of radio waves caused realignment of hydrogen atoms in the body and that the electromagnet rotates around the body in order to obtain the image.

#### **Question 4**

Transplant surgery was generally well understood, but some candidates suggested that matching blood groups would enable a sufficient “match” to be made between donor and recipient.

Most candidates gained marks for an example of an aseptic technique and by explaining the microbe-free practice needed for surgery, but fewer candidates explained the susceptibility of an open wound to infection.

Some weaker candidates confused local and general anaesthesia, but most gained marks for a suitable example and by explaining numbing of an area of the body without loss of consciousness.

Far fewer candidates explained the use of the anaesthetic drug/chemical to block nerve pathways in order to numb the area of the body. Many responses to part (b) were restricted to less than half marks as candidates offered only positive points in favour of giving patients choice in the treatment of disease and dysfunction. There were few answers dealing with negative aspects such as the inappropriateness of patient choice against professional advice or the influence on patient choice of current medication and/or non-professionals such as family or friends.

#### **Grade boundaries**

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