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General Certificate of Education

Health and Social Care 8621/8623/8626/8627/8629

HC03 Health, Illness and Disease

Report on the Examination

June 2010

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HC03 Health, Illness and Disease

Moderators were grateful for the work which had been treasury-tagged, rather than put into plastic wallets, which makes portfolios more difficult to handle. There were very few instances of candidates submitting incomplete work and overall candidates' performance in all three sections continues to improve. A number of centres submitted work after AQA's deadline date. Administration overall, however, was generally better in terms of candidate record forms being signed and centre declaration sheets included with the samples. Centre comments and annotations when provided, assisted the moderation process. For the majority of centres, the rank order of candidates as determined by the centres' assessment was upheld.

Questionnaires

Candidates generally included the concepts of health and ill-health and the six factors in the items of their questionnaires. These items, however, tended to be variable in terms of accuracy and detail.
The recommended number of respondents for the questionnaire is six to ten and candidates should be able to cover the necessary ground using 30-40 items. While there is no penalty for using more respondents and/or items, those candidates who did so had considerably more data to handle. This increases the demand, but does not add anything to the quality of the work. Most candidates used a suitable range of questionnaire items, but weaker candidates tended to employ predominantly closed items.

As previously, collation of responses was generally done well. Analyses however were often lacking in depth with some candidates simply restating the collated data on an item-by-item basis. A respondent-by-respondent consideration is not required and consequently gains no credit. It was pleasing to see that significantly more candidates had explored the interrelationships of the collated data from the different factors' items. By linking together the collated data, candidates were able to achieve some analytical depth.
The display of collated data using line graphs tended to be inappropriate. Candidates are able to see "patterns" more clearly when bar and pie charts are used. Weaker candidates often chose to display their data in a large variety of styles, which is unnecessary. Where respondents all gave the same response to an item, there is no need or benefit in displaying this in a bar or pie chart.

Evaluations of the questionnaires were variable in quality, but many candidates demonstrated a sound understanding of the positive and negative features of their questionnaires and how these could be improved. Some candidates omitted an evaluation entirely.
A number of candidates included all the completed copies of the questionnaires in their work. This is unnecessary and of no value. Candidates are required to submit one blank version of the questionnaire. Completed copies simply add to the bulk of the portfolio and increase postage costs.

Immunisation

A continuing concern in both this section and the section on screening is plagiarism of website information by some candidates. This is malpractice when the work is unreferenced and of very little value when referenced. This downloading of information does not demonstrate understanding by the candidates concerned. Applying a "cosmetic" editing to the information to produce a part-verbatim downloaded version is also of very little value. The information obtained in this way is very rarely in line with the assessment focus and as a result, the

assessment requirements are often not met and at best, lost in a mass of mainly irrelevant details. Candidates also tend to use technical terminology beyond their understanding.
All candidates are expected to use their own words to produce their reports and show that they understand the work. Moderators continue to be vigilant on this issue and use Internet search engines to identify where it occurs.

As in previous years, candidates' understanding of active and passive immunity was generally sound, but, the explanations by the weaker candidates tended to be at a very basic level. Candidates are encouraged to show their more detailed understanding by considering the role of B-lymphocytes, plasma and memory cells in active immunity. There is no extra credit to be gained by providing more detailed accounts beyond this level of detail.

The majority of candidates gave appropriate details on the diseases listed in the specification. There was still a tendency for some candidates to give additional details which are not required for assessment, e.g. treatments, ages for vaccinations and modes of transmission. Some candidates also included information on diseases not named in the specification. These are not required by the assessment and gain no credit. Examples of these included hepatitis B, polio, and yellow fever.

There is still a tendency for the focus of the consideration of immunisation versus non-immunisation to be translated into the advantages and disadvantages of immunisation. This is effectively a focus on only half of the issue, i.e. immunisation. Fortunately many candidates who used the incorrect heading did consider non-immunisation in their accounts.

Screening

The introductory considerations on the value of screening tended to be better this year with a clearer focus on the benefits of screening for the three client groups.
The assessment requirements as stated in the specification are: how the test is performed, what is looked for as a positive or negative result for the named conditions and any underlying "science". This focus tended to be "lost" in the work of some candidates. This was often due to downloaded information as mentioned previously, and on some occasions, due to a lack of understanding of the requirements by candidates. Irrelevant information was commonly included. This greatly increased the bulk of the work for no added value. Some candidates focussed on the disorder rather than the test and/or failed to show the appropriate link between the test and the named disorder.
Candidates are not required to cover both amniocentesis and chorionic villus sampling in the ante-natal section and gain no additional credit for doing so. Candidates are, however, required to cover the use of one of these two tests for the disorders named in the specification, i.e. muscular dystrophy, haemophilia and sickle cell disorders. These tests were often confused with biochemical and/or blood tests for the three disorders.
Information on tests and disorders not named in the specification are not required and can gain no credit. Common examples of tests irrelevant to the assessment included CH testing, AGPAR, ultrasound and nuchal fold testing. Common examples of disorders irrelevant to the assessment included Down's syndrome, Tay Sachs and Edwards's syndrome.

The more able candidates tended to produce fairly brief, but detailed reports to meet the assessment requirements. The work of weaker candidates was sometimes vague and/or incomplete in terms of the number of tests covered and/or in terms of the details included for individual tests. These candidates often provided relatively little of relevance and frequently drifted into discussion of irrelevant information, e.g. incidence statistics of the named disorders and/or the treatments available. This suggests an overreliance on downloaded information,

rather than demonstrating a sound understanding of the test techniques as required by the specification.

Grade boundaries

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