



General Certificate of Education

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

HC09 Complementary Therapies

Report on the Examination

June 2010

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HC09 Complementary Therapies

There was an improvement in the work produced for this unit, with some candidate scoring some very high marks. Some centres had clearly guided candidates in the requirements of the specification, and it was pleasing to see that most had adopted the AQA tick lists and therefore fully met the requirements for this unit. Some centres' marking was still out of tolerance but the extent of over marking and under marking was greatly reduced.

It was very evident from the work moderated that some candidates had thoroughly enjoyed researching and producing the guide for this unit and this was in turn reflected in the marks achieved. Some centres need help in assessing the suitability of some therapies, as some candidates were disadvantaged by ill advised 'therapies'. The portfolio advisors should be contacted if there is any doubt as to the suitability of any 'therapy' for clarification.

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.

The main observations 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.

Some candidates are still 'glossing over' the aims and procedures. These must be provided in detail so the 'well educated reader' would be left in no doubt to exactly what would happen at a therapy session.

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.

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

Still 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. The majority of candidates are now covering all the criteria very comprehensively, which in turn enables access to the higher mark band in A01 and A02.

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

More candidates took the opportunity to design attractive, user-friendly guides, which was very pleasing to note, and one candidate produced such a professional piece it appeared as a published magazine. However, some still 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. With the use of sub-headings, candidates are making the guides more readable and also ensuring that all the criteria are accessed.

4. Absence of commentaries

The requirement to provide a commentary on the reliability of sources (including the interviewee) is still being ignored by some 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. More centres are now including publicity material for the individual therapies. It is a specific requirement for A03 and only a handful of candidates were disadvantaged by not including this material. Material from individual practitioners must be included. Candidates should have collected these and used them as part of their research, but some are still including it as an ‘add on’. It has been noted that many individual therapists are using the Internet to promote/publicise themselves, making it very difficult for candidates to collect copies of the therapist's publicity. It is acceptable to include downloaded publicity leaflets from the individual therapist's website, to meet the necessary requirements.

5. Interview practice

The purpose of the interview is to gather opinions/data. The information gleaned at the interview should be used within the body of the report to substantiate any points raised. 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.

Grade boundaries

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