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Principal Moderator Feedback

Summer 2015

Pearson Edexcel GCE in Health & Social Care (6946/01)

Unit 9: Investigating Disease

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General comments

There was little difference between this series and those in the past; fortunately rare diseases were not so common this year, although Ebola and giardiasis were seen.

It is still apparent that a large number of centres appear not to have access to, read or address any issues arising from the Principals' or Chief Examiner's reports as the same omissions or misinterpretations occur annually. Tutors need to request copies from the examination officers where they are available electronically.

Reports should be written in the learners' own words after the research has been carried out and not taken either in large chunks, endless quotes or extensive sections from published sources. Tutors generally are not observing the requirements for logs of assistance as detailed on pages 173-4 of the specification. Inaccuracies of content and QWC errors are left apparently undetected and moderators are unsure whether assessors have noticed these and incorporated them appropriately in their assessments.

A large number of centres are still using the assessment guidance both in delivery and assessment whereas they should be working to the assessment criteria grid referred to in the specification (page 174). Guidance is essentially just that and does not wholly reflect the criteria so that crucial parts can be omitted and others are not required e.g. MB3 guidance asks for 3 or 4 facts about the signs and symptoms of a disease whereas the criteria grid is more specific and asks for how signs and symptoms are produced and displayed. Assessment tools have been constructed and are to be admired but regrettably the guidance has been used rather than the criteria and centres are urged to change these. Some centres insist on following the headings of the "What you need to learn" section so that their learners produce enormous portfolios of 100-200 pages – this has never been required. Crisp, succinct reports addressing only the criteria of the appropriate band in sufficient detail is all that is required. AO3 is composed of several criteria but some centres add more which are not required so that learners have intolerable burdens.

Several moderators reported that assessor annotations were often poor or missing while other centres displayed excellent attention to this and provided detailed summaries of their findings for each learner.

Diseases were generally chosen well but not all had strategies for prevention. In view of the assessment criteria it is sensible to choose diseases which have a known cause, established treatment and a strategy for prevention. Information should be applied to the chosen diseases and generic information is not required. Only one form of a disease is required such as either Type I Diabetes mellitus or Type II. Collective groups of diseases such as Cancer or Heart Disease are not advised and one named type should be offered.

Assessment Objective 1

Although getting less in number some centres are still advising learners to commence the unit with long introductions of generic causes of disease often with exquisite imagery and all to no avail. There is no requirement or credit in the assessment grid for generic material which wastes the precious time of learners, assessors and moderators.

The biological bases of the diseases were generally well done but centres frequently omit the bodies' responses or believe incorrectly that the signs and symptoms will suffice. The learner might consider for example the development of immunity with a communicable disease, pain or soreness, effect on mobility, effect on mood or incapacity with non-communicable diseases. It could be useful to think of signs and symptoms as external features and body responses as internal changes. Listing signs and symptoms from a web site will limit work to mark band 1 (MB1); there must be attempts to explain how they are produced (2/3 depending on MB) such as pyrogen release to raise body temperature to combat micro-organisms and displayed (e.g. characteristics of a rash). Diagnoses here or in AO3 are rarely linked to changes wrought by the diseases as required and differentiation is still not understood by many centres. QWC is often not commented upon and thus probably not assessed.

Assessment Objective 2

Some centres are still confused between transmission (how a disease is spread), mortality rates and distribution. Centres should note that to allocate marks in Mark Band 2/3, the factors affecting distribution must be compared. When the two diseases are being compared for MB3 this should also include factors affecting the distribution. Comparisons when included are either good or very weak, some learners limiting this to the fact that one is communicable and one not. Diseases with a common thread (e.g. effect on respiratory function) such as Influenza and Cystic fibrosis often provide more scope for comparison for the learner.

Statistics of diseases common within the United Kingdom should not be from overseas. For example, measles statistics from the United States of America, Ethiopia or Kenya should not be used.

Assessment Objective 3

Centres are still providing international, national and local issues of support and/or treatment which are **not** required since the 2009 re-launched specification. Maps, distances, descriptions of facilities are not required.

Factors affecting treatment were limited in many portfolios and learners rarely differentiated or justified the provision. The majority of learners struggle with the roles of professional and voluntary support, comparisons of support with the chosen diseases and with diseases of a similar type (only one of each required for MB3). Research varied with the ability of the learner and repetition was common as internet web sites were trawled. Very little primary research was evident and when present consisted of a questionnaire to a former or current service user which was unused in the report. Improved primary research could be achieved by interviewing appropriate health personnel.

As in previous series, work-related issues were either employment-related or missing altogether. Employment-related evidence is difficult to relate to the impact on prevention, support and treatment needed in AO4. Broad issues such as access to specialist centres, staff or equipment, waiting lists, availability of medication, postcode lotteries etc. are far more useful. Every moderator complained about the poor quality or complete absence of information on work-related issues.

Assessment Objective 4

This objective needs to be strengthened in many centres. Independent thinking and the use of initiative are features of this objective and learners who can only take material directly from published sources omitting any individual input will not reach the Mark Band 3 level in this important objective. Assessors who are content to accept "internet-based" reports should not be stating that the work was authentic and independent as it clearly was not.

Evaluative skills are generally still weak and tutors need to develop these early in the programme as they are universal attributes. True preventative strategies are rare and learners still offer coping and management strategies together with healthy living advice which could apply to most conditions and people. Work-related issues are often ignored in this objective.

There was some excellent work received with initiative and higher order skills demonstrated but equally some poor reports were seen where diseases had just been "cut and pasted" with no attempt to demonstrate an ability to think.

The main way for most centres to improve further after careful choices of diseases is to advise learners to adhere closely to the assessment criteria (omitting the irrelevant material) and demonstrate the higher order skills of analysis, comparativeness and evaluation in their reports. These are skills that once acquired will provide a bedrock for higher education.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:
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