

**2005 HSC Notes from
the Marking Centre
Personal Development, Health
and Physical Education**

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Contents

Section I – Core..... 4
Section II..... 6

2005 HSC NOTES FROM THE MARKING CENTRE

Personal Development, Health and Physical Education

Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in PDHPE. It provides comments with regard to responses to the 2005 Higher School Certificate examination, indicating the quality of candidate responses and highlighting the relative strengths and weaknesses of the candidature in each section and each question.

It is essential for this document to be read in conjunction with the relevant syllabus, the 2005 Higher School Certificate examination, the marking guidelines and other support documents, which have been developed by the Board of Studies to assist in the teaching and learning of Personal Development, Health and Physical Education.

General Comments

In 2005, approximately 10 900 candidates presented for the PDHPE examination. Teachers and candidates should be aware that examiners may ask questions that address the syllabus outcomes in a manner that requires candidates to respond by integrating their knowledge, understanding and skills developed through studying the course. This reflects the fact that the knowledge, understanding and skills developed through the study of discrete sections should accumulate to a more comprehensive understanding than may be described in each section separately.

Section I – Core

Part A – Multiple Choice

Question	Correct Response
1	D
2	B
3	C
4	C
5	A
6	D
7	A
8	B
9	C
10	D

Question	Correct Response
11	A
12	C
13	A
14	D
15	D
16	B
17	C
18	D
19	A
20	B

Part B

Question 21 – Health Priorities in Australia

Overall, this question was accessible to most candidates and they were able to demonstrate a sound level of knowledge.

- (a) Candidates demonstrated a high level of knowledge of the differences that exist in health status between men and women. Most candidates were able to identify a number of differences such as those related to life expectancy, mortality and morbidity rates, levels of use of health services, willingness to have preventative health checks, attitudes to risk-taking and the presence of gender-specific or gender-dominant health conditions such as cervical, breast, testicular and prostate cancer.

High range responses identified what the differences were and also clearly accounted for the differences that exist. For example, ‘males are more likely to participate in risk-taking behaviour and work in high risk occupations and therefore have higher rates of injuries. This contributes to why men have a lower life expectancy than women.’

Many responses focused heavily on the differences in health status experienced by men and a number also identified health concerns specific to women. ‘Women currently have lower rates of lung cancer than men but this may change in the future as more women are smoking due to social reasons and as an appetite suppressant’. Other reasons identified as contributing to differences in female health status included those related to pregnancy such as post-natal depression, stress associated with balancing families and work, and mental health issues including eating disorders.

Mid-range responses tended to report on what the differences in health status are with only limited links to why they exist.

Low range responses identified basic differences in health status between men and women.

- (b) Candidates generally demonstrated a strong understanding of health promotion by describing the characteristics of both the individual lifestyle approach and the new public health approach. Candidates were also familiar with the notion of health priorities; however, many candidates framed their response in relation to ‘five health priority areas’ despite the change to the syllabus for 2005 that requires candidates to be aware of asthma as a health priority area.

High range responses were able to go beyond merely describing characteristics of the two approaches. They showed in detail the impact each has had on Australia’s health priorities. Examples included changing incidence and prevalence rates of mortality and morbidity, increased life expectancy and the development of more relevant and effective health promotion strategies.

Mid-range responses generally demonstrated an understanding of the two approaches to health promotion but made only limited links to the impact each has made in addressing Australia’s health priorities. For example, after describing each approach average responses tended to conclude by simply stating that the new public health approach is more effective than the individual lifestyle approach, without providing any supporting evidence or specific impacts.

Low range responses tended to provide a general discussion of health promotion or provide descriptions of specific health promotion initiatives without any relevant link to either the individual lifestyle or new public health approach to health promotion.

Many candidates used the five action areas of the Ottawa Charter as a framework by which they demonstrated how the new public health approach could be applied effectively through a range of health promotion initiatives. This approach was used validly by some candidates and enhanced the quality of their responses, while other candidates used it less effectively.

Question 22 – Factors Affecting Performance

- (a) The majority of candidates were able to identify the features of the FITT principle and give some examples of its application when planning an aerobic training program.

High range responses clearly described each characteristic of the FITT principle and were able to provide relevant examples of its application when planning aerobic training programs.

Mid-range responses were able to outline each of the characteristics of the FITT principle and provide an example of its application to a program.

Low range responses were able to identify the characteristics of the FITT principle or provided some information about aerobic training programs.

- (b) The majority of candidates were able to identify a range of psychological strategies and link these to some aspect of performance.

Candidates were asked to make a judgement about the effectiveness of psychological strategies in motivating athletes and the management of anxiety. High range responses were able to provide an evaluation of a range of psychological strategies for both motivation and management of anxiety and clearly linked these to their effect on performance.

Mid-range responses discussed a number of psychological strategies that could be employed to manage anxiety and motivate athletes. Other average responses provided a summarised judgement after describing a range of psychological strategies.

Low range responses described or identified some psychological strategies used for motivation or the management of anxiety.

Section II

Question 23 – The Health of Young People

The majority of the candidates were able to identify the relevant syllabus areas that the question was drawn from and relate their statements with clear links and appropriate examples.

- (a) This question was answered well by the majority of candidates. Most responses clearly highlighted the candidates' understanding of the epidemiology of young people and their exposure to risk factors for degenerative disease, using numerous and relevant examples.

High range responses explained how the degree of exposure to risk factors varies amongst groups of young people depending on factors such as the level of education and the sense of impunity. Those candidates that addressed social determinants and linked them to risk factors

and diseases demonstrated a greater depth of understanding of the health of young people. Better responses used syllabus terminology, a range of appropriate and well-explained examples and presented them in a clear and logical way.

Mid-range responses listed the many risk factors and the degenerative diseases but the links to diseases were inferred or weak. The degree to which young people are exposed to risk factors was not detailed or clearly stated and fewer or less relevant examples were used. Syllabus terminology was not as evident.

Low range responses often listed a variety of risk factors but did not identify the implications of these risks for diseases that present later in life. Some responses failed to address diseases that present later in life. Weaker responses were brief, lacking in syllabus terminology, repetitive and general.

- (b) The majority of candidates were able to accurately identify one of six areas of concern stated in the syllabus and were able to draw out the relevant skills and actions and relate them to their chosen area of concern. However the question provided a wide variety of responses, indicating a significant number of candidates who had little or no knowledge of this syllabus option. These candidates addressed the question from their knowledge of the social determinants of health and the National Health Priority Areas studied in Core One.

High range responses clearly identified one of the six areas of concern mandated by the syllabus, as well as selecting and analysing only those skills and actions that were most relevant to the particular area of study, as well as relating the implications for young people in attaining better health. The provision of specific and relevant examples demonstrated a thorough understanding of the syllabus content. These candidates presented their responses in a clear and logical manner using relevant terminology.

Many mid-range responses used the Ottawa Charter to address the area of concern. This allowed them to discuss relevant skills and actions, but only in general terms. Other average responses addressed skills and actions, with minimal discussion and limited examples. They were unable to draw out the implications of the skills and actions to improve the health of young people.

Lower responses did not address specific areas of concern for young people's health mandated by the syllabus but focused on the National Health Priority Areas, in particular cardiovascular disease and cancer. Some weaker responses discussed only a sub-section of their area of concern such as illicit drugs. This is only one aspect of the area of concern of substance abuse. These candidates responded in a very general way and lacked syllabus terms and relevant examples.

Question 24 – Sport and Physical Activity in Australian Society

Most candidates identified appropriate syllabus areas that the question was drawn from, and justified their statements with relevant examples.

- (a) In general, candidates' responses were clear and used a variety of examples where political agendas became entangled with athletes' desire to represent Australia at international level.

High range responses demonstrated excellent knowledge of the syllabus and were able to sketch in general terms a variety of situations where Australia used sport for political purposes. Candidates drew upon their knowledge of Olympic boycotts such as the Moscow

Olympics and the invasion of Afghanistan by USSR. Australia's response to the Apartheid policies of South Africa was also a commonly cited example along with Cathy Freeman's individual political statement of carrying two flags at the Commonwealth and Olympic Games. Candidates also drew relevant links to sporting success and politicians' desire to be present at major sporting events in order to gain positive publicity. Some reference was made to the Sydney Olympics and the popular support given to the government for the long term infrastructure and improvements to sporting facilities. Some candidates identified the government's development of the Australian Institute of Sport as a result of Australia's poor performance at the Montreal Olympics in 1976.

Low range responses did not draw on specific syllabus content to answer the question and were unable to identify relevant examples. Many candidates tried to link politics with sponsorship or selection decisions at local club competitions. Politicians were mentioned without direct links to voter appeal.

- (b) High range responses thoroughly analysed the relationship between media messages around gender stereotyping and the different images and language used by journalists to portray male and female athletes. Candidates also drew relevant conclusions regarding the construction of meanings about sexuality eg homophobia and sport. Some candidates successfully identified rule changes to suit the needs of the media eg one day cricket, and highlighted TV and print media's over-representation of mainstream sports. The quality of the critical analysis depended upon the candidates making clear links between the mass media and how it impacts on people's values, understanding and beliefs about sport.

Mid-range responses were able to highlight relevant examples that indicated the candidate's syllabus knowledge but their critical analysis was simplistic and lacked breadth. Candidates often focused on a particular syllabus point and would identify numerous examples about the same issue.

Low range responses lacked any form of critical analysis and often gave irrelevant examples. This indicated a shallow understanding of the option and the subsequent nature of the question.

Question 25 – Sports Medicine

Candidates, in general were able to respond to both parts of this question in some detail. In part (a) the majority of candidates were able to access 3-5 marks. However, some candidates misinterpreted the term 'barrier' and therefore these candidates were unable to access the top range. Part (b) challenged candidates to critically analyse ethical issues raised by the increased use of sports medicine for injury management. Some candidates addressed injury management in more detail rather than focusing on the ethical issues.

- (a) Candidates were able to outline the barriers to the use of protective equipment in sport, eg cost, restricting movement, availability, image and size. The high range responses were able to identify specific barriers to the use of protective equipment and provide sport-specific examples to explain the term 'barrier'. Mid-range responses either listed barriers to the use of protective equipment or identified various types of effective protective equipment with examples, eg eye goggles for squash players which protect against eye injuries. There were few low range responses and these mostly listed types of protective equipment.

- (b) The high range responses were either able to show depth or breadth of ethical issues relating to increased use of sports medicine for injury management. A number of implications were clearly linked to the ethical issues and were supported by relevant examples. The candidates with high range responses had a strong understanding of the syllabus content.

Mid-range responses lacked specific depth or detail and discussed the increased use of sports medicine and the implications for injury management. Many used the acronyms of RICER, HARM and TOTAPS to develop their response.

Low range responses identified or described injury management procedures such as RICER or TOTAPS or identified an ethical issue without discussion or drawing on implications.

Question 26 – Improving Performance

- (a) Candidates were able to outline a range of video analysis methods used by coaches to improve performance. Better responses provided specific sporting examples to illustrate how these methods of video analysis were used to improve performance. High range responses accurately outlined how coaches could employ the use of video analysis for individual athletes and/or team sporting events. Candidates provided sport-specific examples on the expected improved performance that resulted from the video analysis.

Mid-range responses tended to use general terms to identify the ways video can be employed. Candidates may or may not have included a weak example to illustrate the improved performance.

Low range responses tended to identify a use of video analysis or some relevant information without examples.

- (b) Most candidates experienced difficulty in critically analysing how athletes competing in similar events train to improve skill and performance. The majority of candidates described or discussed a variety of training methods used for improved skill or performance. These candidates also provided weaker examples of similarities and/or differences in similar sports, similar events or skill requirements. Many candidates were confused by the reference to similar events and the apparent intent of the question.

High range responses were able to thoroughly draw out how elite athletes competing in similar events train for improved skill and performance. Many, using a range of relevant examples, were able to accurately analyse the similarities and/or differences in training for the similar events and then provide links to how training will lead to improved performance.

Mid-range responses were generally able to discuss a range of training methods, skills or performance requirements without illustrating any similarities and/or differences in the training programs of similar events.

Low range responses identified or briefly outlined some relevant information on training to improve skill and performance. They were unable to analyse any similarities or differences in training or use relevant examples to demonstrate understanding.

Question 27 – Equity and Health

Whilst 321 candidates indicated that they had studied this option of the HSC course, 467 candidates chose to answer the question in the examination. As a result, some answers were based on only a limited understanding of the issues or drew upon knowledge from Core One. Many candidates' responses were based on general knowledge rather than the specific content detailed in this option.

- (a) Candidates who had studied the option indicated a clearer link to syllabus terminology and content.

The high range responses successfully outlined a number of initiatives and then showed the link between their example and the impact on the health of rural and remote communities. The responses were presented in a clear and logical manner.

Mid-range responses used general examples to support their answer. The link to the impact on the health of rural and remote communities was present, but in a limited manner.

Low range responses tended to identify the health of rural and remote communities with little or no link to the impact on their health.

- (b) The high range responses added a degree of depth and accuracy about a social justice framework, which in turn appropriately linked health inequities experienced by Aboriginal and Torres Strait Islanders. Responses included reference to strengthening individuals, strengthening communities, improved access to facilities and services and encouraging economic and cultural change.

Mid-range responses discussed how a social justice framework addressed health inequities impacting on the health of ATSI peoples. Candidates satisfactorily drew on syllabus terminology and referred to a social justice framework, providing limited examples.

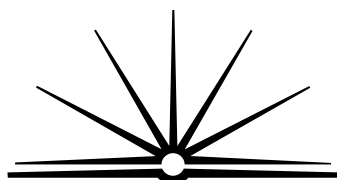
Low range responses very generally addressed aspects of a social justice framework, health inequities and factors affecting the health of ATSI.

Personal Development, Health and Physical Education

2005 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
Section I, Part A			
1	1	Health status of Australians	H2
2	1	Funding of health care in Australia (carer's prevention)	H4, H5
3	1	Nature of health care in Australia (range/types of facilities)	H5
4	1	Major health promotion initiatives	H5, H14, H15
5	1	Priority areas for action	H1, H2, H3
6	1	Major health promotion initiatives	H4
7	1	Funding of health care in Australia – health insurance	H5
8	1	Health status of Australians – current trends – groups experiencing health inequities: women Priority areas for actions – cancer – nature of the problem – extent of the problem – groups at risk	H3, H5, H14, H15
9	1	Funding for health care in Australia	H2, H16
10	1	Priority areas for Action CVD	H1, H5, H16
11	1	The basis of aerobic training	H8
12	1	Principles of training	H7, H8
13	1	The learning environment – feed back	H9
14	1	Balanced diet	H11
15	1	Physiological response to training	H7, H15
16	1	Skilled performers v. unskilled performers	H17
17	1	Physiological adaptations in response to aerobic training	H7, H8, H10
18	1	Energy systems	H7
19	1	Physiological adaptations in response to aerobic training	H7, H8, H16
20	1	Rates of skill acquisition	H9, H16

Question	Marks	Content	Syllabus outcomes
Section I, Part B			
21 (a)	7	Measuring health status Health status of Australians Groups experiencing health inequities Current trends	H2, H3, H14, H15, H16
21 (b)	13	Approaches to health promotion Characteristics of new public health Priority areas for action Major health promotion initiatives Actions to address Australia's health priorities	H4, H5, H15, H16
22 (a)	5	Application of FITT principle Types of training – aerobic	H7, H8
22 (b)	15	Motivation Anxiety Managing anxiety	H11, H16, H17
Section II			
23 (a)	5	– Epidemiology of the health of young people – Exposure to risk factors for degenerative disease	H2
23 (b)	15	Skills and actions to attain better health Areas of concern affecting the health of young people	H6, H15, H16
24 (a)	5	Politics and sport Government funding	H12
24 (b)	15	Sport and the mass media Deconstructing media messages Relationships between sport, gender and sexuality	H12, H16
25 (a)	5	Protective equipment	H8, H13
25 (b)	15	Ethical questions raised by sports medicine – Playing with injury – Use of drugs – Injury management procedures – Return to play	H8, H16, H17
26 (a)	5	Use of technology Data gathering and analysis	H8
26 (b)	15	Training for skill and improvement Training for strength, power and speed, endurance, and flexibility	H7, H8, H9, H16, H17
27 (a)	5	Initiatives that show promise Rural and remote communities	H5, H14
27 (b)	15	Social justice framework for addressing health inequities Factors influencing health of ATSI peoples	H3, H15, H16



B O A R D O F S T U D I E S
NEW SOUTH WALES

2005 HSC Personal Development, Health and Physical Education Marking Guidelines

Section I, Part B

Question 21 (a)

Outcomes assessed: H2, H3, H14, H15, H16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none">• Reports on reasons for the differences in health status of men and women with clear links to risk factors and determinants of health• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	6–7
<ul style="list-style-type: none">• Describes differences in the health status of men and women <p>OR</p> <ul style="list-style-type: none">• Outlines reasons for the differences in health status of men and women with links to risk factors and determinants of health• Includes examples• Presents ideas clearly	3–5
<ul style="list-style-type: none">• Identifies some relevant information about the health of men or women	1–2

Question 21 (b)

Outcomes assessed: H4, H5, H15, H16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Shows in a detailed manner, the impact of the ‘individual lifestyle’ and ‘new public health’ approaches in addressing Australia’s health priorities, making reference to differences AND/OR similarities • Demonstrates an understanding of ‘individual lifestyle’ and ‘new public health’ approaches in relation to health promotion • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	11–13
<ul style="list-style-type: none"> • Shows the impact of the ‘individual lifestyle’ and ‘new public health’ approaches in addressing Australia’s health priorities, making reference to differences AND/OR similarities • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	8–10
<ul style="list-style-type: none"> • Describes characteristics of both the ‘individual lifestyle’ and ‘new public health’ approaches <p>OR</p> <ul style="list-style-type: none"> • Describes the impact of either the ‘individual lifestyle’ OR ‘new public health’ approaches on Australia’s health priority areas • Supports answer with relevant examples 	5–7
<ul style="list-style-type: none"> • Outlines characteristics of the ‘individual lifestyle’ OR ‘new public health’ approaches <p>OR</p> <ul style="list-style-type: none"> • Outlines a health promotion initiative <p>OR</p> <ul style="list-style-type: none"> • Provides some relevant information about health promotion 	1–4

Question 22 (a)*Outcomes assessed: H7, H8***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Provides characteristics and features of the FITT principle in relation to aerobic training programs• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Outlines how the FITT principle can be used in aerobic training programs OR <ul style="list-style-type: none">• Provides characteristics and features of the FITT principle OR <ul style="list-style-type: none">• Designs an aerobic training program	3–4
<ul style="list-style-type: none">• Identifies some aspects of the FITT principle OR <ul style="list-style-type: none">• Identifies some relevant information about training	1–2

Question 22 (b)

Outcomes assessed: H11, H16, H17

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Makes a judgement about a range of psychological strategies used to motivate athletes and manage anxiety, supported by relevant reasons • Demonstrates an understanding of the relationship between motivation, anxiety and managing anxiety • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Discusses how psychological strategies can be used to motivate athletes and manage anxiety <p>OR</p> <ul style="list-style-type: none"> • Determines the value of a range of psychological strategies used to manage anxiety or motivate athletes • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Describes some psychological strategies used to motivate athletes and manage anxiety <p>OR</p> <ul style="list-style-type: none"> • Discusses how psychological strategies can be used to motivate athletes or reduce anxiety • Supports answer with some examples 	7–9
<ul style="list-style-type: none"> • Outlines some psychological strategies that may be used by athletes <p>OR</p> <ul style="list-style-type: none"> • Outlines how motivation and anxiety affect performance 	4–6
<ul style="list-style-type: none"> • Provides some relevant information about psychology and performance 	1–3

Section II

Question 23 (a)

Outcomes assessed: H2

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms the degree to which young people are exposed to risk factors for diseases that present in later life• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Identifies how young people are exposed to risk factors for diseases that present in later life• Uses examples to illustrate answer	3–4
<ul style="list-style-type: none">• Provides some relevant information about young people and/or risk factors for diseases that present in later life	1–2

Question 23(b)
Outcomes assessed: H6, H15, H16
MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Identifies an area of concern and accurately draws out a range of relevant skills and actions • Relates in a detailed way the implications of the skills and actions for assisting young people to attain better health • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Identifies an area of concern and draws out relevant skills and actions • Relates the implications of the skills and actions for assisting young people to attain better health • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Identifies an area of concern and discusses the skills and actions that assist young people to attain better health • Uses examples to illustrate answer • Presents ideas clearly 	7–9
<ul style="list-style-type: none"> • Describes skills and actions that assist young people to attain better health OR <ul style="list-style-type: none"> • Describes an area of concern with some reference to attaining better health 	4–6
<ul style="list-style-type: none"> • Identifies some information about skills and actions that assist young people to attain better health. OR <ul style="list-style-type: none"> • Identifies some relevant information about an area of concern 	1–3

Question 24(a)*Outcomes assessed: H12***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms how sport has been used for political purposes in Australia.• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Identifies how sport has been used for political purposes in Australia• Provides examples to illustrate answer	3–4
<ul style="list-style-type: none">• Identifies some relevant information about politics and sport	1–2

Question 24(b)*Outcomes assessed: H12, H16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Thoroughly draws out and relates in a detailed way, the implications of the mass media's contribution to people's understanding, values and beliefs about sport• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	13–15
<ul style="list-style-type: none">• Draws out and relates the implications of the mass media's contribution to people's understanding, values and beliefs about sport• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses how the mass media contribute to people's understanding, values and beliefs about sport• Provides relevant examples to illustrate answer	7–9
<ul style="list-style-type: none">• Describes ways in which the mass media contribute to people's understanding, values and beliefs about sport	4–6
<ul style="list-style-type: none">• Identifies some relevant information about the mass media, people and sport	1–3

Question 25(a)*Outcomes assessed: H8, H13***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms, barriers to the use of protective equipment in sport• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Identifies barriers to the use of protective equipment in sport OR <ul style="list-style-type: none">• Identifies features of effective protective equipment• Provides examples to illustrate answer	3–4
<ul style="list-style-type: none">• Identifies some relevant information about protective equipment	1–2

Question 25(b)*Outcomes assessed: H8, H16, H17***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Thoroughly draws out ethical issues raised by the increased use of sports medicine for injury management• Relates in a detailed way the implications of ethical issues• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	13–15
<ul style="list-style-type: none">• Draws out ethical issues raised by the increased use of sports medicine for injury management• Relates the implications of ethical issues• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses the increased use of sports medicine and the implications for injury management• May have links to ethical issues• Provides relevant examples to illustrate answer	7–9
<ul style="list-style-type: none">• Describes some issues raised by the increased use of sports medicine for injury management <p>OR</p> <ul style="list-style-type: none">• Describes the increased use of sports medicine for injury management• Provides examples to illustrate answer	4–6
<ul style="list-style-type: none">• Identifies some relevant information about sports medicine	1–3

Question 26(a)*Outcomes assessed: H8***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms, how coaches can use video analysis to improve the performance of athletes• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Identifies how coaches can use video analysis to improve the performance of athletes• Provides examples to illustrate answer	3–4
<ul style="list-style-type: none">• Identifies some relevant information about coaches or video analysis	1–2

Question 26(b)

Outcomes assessed: H7, H8, H9, H16, H17

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Thoroughly draws out how elite athletes competing in similar events train for improved skill and performance • Relates in a detailed way, the similarities and/or differences in training due to the specific needs of the athlete • Provides relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Draws out how elite athletes competing in similar events train for improved skill and performance • Relates the similarities and/or differences in training due to the specific needs of the athlete • Provides relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Discusses how athletes train for improved skill and/or performance OR <ul style="list-style-type: none"> • Provides examples to illustrate answer 	7–9
<ul style="list-style-type: none"> • Describes how athletes train for improved skill and/or performance OR <ul style="list-style-type: none"> • Provides weak examples 	4–6
<ul style="list-style-type: none"> • Identifies some relevant information about how athletes train for improved skill or performance 	1–3

Question 27(a)*Outcomes assessed: H5, H14***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Sketches in general terms, promising health promotion initiatives for people living in rural and remote communities• Provides relevant examples to illustrate answer• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Identifies promising health promotion initiatives for people living in rural and remote communities• Provides examples to illustrate answer	3–4
<ul style="list-style-type: none">• Identifies some relevant information about health promotion initiatives for people living in rural and remote communities.	1–2

Question 27(b)

Outcomes assessed: H3, H15, H16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Accurately draws out and relates in a detailed way, how a social justice framework for addressing health inequities impacts on the health of ATSI peoples • Provides relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Draws out and relates how a social justice framework for addressing health inequities impacts on the health of ATSI peoples • Provides relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Discusses how a social justice framework for addressing health inequities impacts on the health of ATSI peoples • Provides examples to illustrate answer 	7–9
<ul style="list-style-type: none"> • Describes the social justice framework for addressing health inequities OR <ul style="list-style-type: none"> • Describes factors that create health inequities OR <ul style="list-style-type: none"> • Describes factors that affect the health of ATSI peoples 	4–6
<ul style="list-style-type: none"> • Identifies some information about a social justice framework OR <ul style="list-style-type: none"> • Identifies some information about health inequities OR <ul style="list-style-type: none"> • Identifies some relevant information about the health of ATSI peoples 	1–3