



General Certificate of Education

History 4040

Specification A

Units **40401A**
 40401B
 40404A
 40404B

Report on the Examination

2010 examination – June series

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Unit 40401A and 40404A

General points

This was the first year of the new specification with the examination being taken by candidates in their first year of study and probably in year 10 of secondary education. The examination performed well with candidates of all ability levels having the opportunity to show their knowledge and understanding. Written expression was good throughout and candidates used the question paper / answer booklet to effect. The visual sources for question 1 (Surgery) were all in colour, each contained a lot of valuable information and as such were well used by all the candidates.

There were few rubric infringements although a few candidates did attempt the 2(a), and/or 4(a) question(s) and then decided that the (b) part questions for the following alternate question(s) were more to their liking and therefore wasted some time in then completing a further (a) part question. There was no evidence to suggest that any candidates ran out of time.

A significant number of candidates took the short course version of GCSE History A. This involved the completion of question 1 and one other question. Time to complete the paper was adjusted accordingly, and as with the full GCSE paper, there was no evidence that candidates were short of time and there were virtually no rubric infringements. Candidates performed well on question 1 and clearly had developed the skills needed in handling visual sources to answer the questions set. They generally had a good knowledge of surgery. All optional questions were attempted although questions 3 and 4 proved to be the most popular. Responses to question 5 were the weakest of all those attempted by short course candidates.

Section A: Surgery and anatomy

This section of the paper was tackled well by most candidates. Skills in drawing inferences from visual sources and then interpreting the evidence are well developed. This allowed candidates of all abilities to perform well.

Question 1(a)

This opening question provided candidates with the opportunity to begin the paper with a positive experience. Very few candidates simply selected details from the visual source. There were informed inferences from almost all, with many developing a complex answer which explained, for example, the need for speed in operations, the status of the surgeons in society, or developed responses from the minor details such as the quality of the tools, their position on the floor, and even the skeletons in the background. Many candidates analysed the background of the cartoon as well as at the main focus, the amputation.

Question 1(b)

The question focused on the different surgical knowledge suggested by Source B. However the instructions asked the candidates to use Source A as well alongside their own knowledge. Some candidates focused solely on Source B. It is a requirement of the mark scheme for candidates to give an informed inference from both sources to gain the top level. A small number of able candidates failed to revisit Source A and therefore passed up the opportunity to gain two extra marks.

The use of the sources was excellent. Candidates used the detailed ascription well, and many interrogated the visuals with detective-like precision. Observations included the nearness of the students in their everyday clothes, the anaesthetist on his box, Billroth's apron and the open sash window. The most able candidates were able to link key features of each operation, identifying similarities and differences to good effect.

Question 1(c)

Question 1(b) required the candidates to identify the differences in surgical knowledge with question 1(c) focusing on the reasons "why". Weaker candidates did tend to repeat large elements of their answers to 1(b) before then tackling the question set. Some built their answer around the different factors which impacted on all developments in medicine and used a formulaic approach which took little notice of the content of the sources.

The question invited reasoning centred on increased medical knowledge, technical developments of the industrial revolution such as in surgical tools and chemicals for anaesthetics, the ability of individuals such as Pasteur alongside the impact of medical training as illustrated by Theodor Billroth.

Question 1(d)

Source C provided a good *aide-memoire* for candidates showing a wide range of examples of modern surgery. The open-ended nature of this question provided the well prepared candidates, of which there were many, with an opportunity to show their depth of knowledge and understanding.

There were two main strategies used in answering this question. The chronological approach, which told the story of surgical development from pre-history through to keyhole surgery, was popular. This was usually well explained and occasionally evaluative. The more effective way forward was to identify key factors and in turn use them to explain the progress made. The role of the individual, the impact of science and/or technology, the importance of chemistry, growing communication skills, the positive impact of warfare, government and chance all featured.

The best answers demonstrated some evaluation. Candidates would either evaluate the relative importance of individual factors or would attempt to evaluate the impact of a range of factors at different times. The former tended to lead to responses which suggested that the individual was the key factor, with the latter suggesting that the combination of factors had the greatest impact in the 19th or 20th centuries.

Candidates tackled 1(a),(b),(c), and (d) well reflecting the hard work of centres in preparing them for the examination.

Section B: Disease and infection:

Question 2(a)

Question 2 was a slightly less popular choice than question 3 in Section B.

The majority of candidates answered this question by reference to Christianity and did well. It would be good examination practice if candidates were sure at the outset that they could

answer both parts of their chosen Section B and Section C questions. Part (b) required comparisons between Christianity and Islam and not all knew enough. It should also be noted that this question focused on 'disease and infection.' References to surgery were not valid in this section of the paper, and could only be rewarded if there was a strong link between the references made and the history of disease and infection.

Higher marks were awarded for an explanation which showed an understanding of the period in a broad context. The most able candidates wrote well about different periods, the Dark Ages and the Later Middle Ages and the impact of the church in local communities and in the larger monasteries.

Question 2(b)

Where candidates had less historical knowledge they tended to focus solely on the religion they had used to answer 2(a). This had the impact of limiting them to a top level 2 answer at best.

Many candidates were able to produce comparative responses which explained and evaluated both religions. Many able candidates had a good depth of knowledge on Islamic Medicine citing the work of Rhazes, Ibn Sina and Ibn an-Nafis and the impact of Baghdad as a centre of medical learning. Candidates centring their answers on Christianity make good links between religious attitudes and the effective elements of the medical work of the monasteries.

Question 3(a)

This question allowed candidates to focus on the role of the individual and those medical pioneers who made progress in the understanding of disease and infection. The question required candidates to "describe the work of" central characters in the history of medicine, and thereby gave candidates of all abilities the opportunity to show what they knew. This made 3(a) a popular question. Candidates showed a sound basic knowledge and the ability to 'tell the story'. The more able candidates described the work of either Edward Jenner or Alexander Fleming within the broader context of the period and were able to explain, within their narrative approach, the significance of their work - Jenner and the first effective vaccinations, the first of many, and Fleming as the pioneer of anti-biotic medicine.

Question 3(b)

Unlike some who responded to 2(a) the majority of candidates could follow on from 3(a) with a good response to 3(b), where the expectation was to produce a comparative response. The mark scheme allowed those who focused on a single pioneer to do so and still achieve a good level 2 mark. The most able candidates placed both the named individuals' achievements alongside the roles played by others e.g. Lady Mary Wortley Montagu's contribution was compared to that of Jenner himself, and the role of Florey and Chain was brought into responses on the contribution of Alexander Fleming.

Section C: Public Health.

Question 4(a)

Both historical periods were popular with candidates. The Roman period tended to produce the more detailed answers and was clearly very well known. Answers were usually placed within a broader context and clear links were made between Roman public health, the army and the Roman Government. Knowledge of the Middle Ages was frequently very good, although a small

minority of candidates confused public health in the 19th century with public health in the Middle Ages. Many were, however, able to contrast the quality of public health in the towns with that in rural areas and within monastic society.

Question 4(b)

Some candidates centred their answers on one period and made only a fleeting reference to the other. However many were able to produce well explained and evaluative answers on both periods.

The majority came to the judgement that the Roman period saw the greatest period of improvement to public health although some were able to make a case for improvements within the later Middle Ages by references to attempts to limit the effect of the Black Death. Some noted that the Romans had no greater understanding of the causes of poor public health than those in power during the Middle Ages.

Question 5(a)

This attracted some of the weakest answers as many candidates did not have a sound enough knowledge of either of the named developments. There was some confusion between the Liberal reforms and the Public Health Acts of the 19th century. Many only had a general knowledge of the National Health Service which simply reflected their own experience of the NHS at the end of the 20th/start of the 21st centuries. However those who did possess a good knowledge were able to tackle this question as well as those who selected question 4.

Question 5(b)

Performance on 5(b) tended to reflect performance on 5(a). Weaker candidates tended to focus exclusively on the achievements of the NHS. However, this tended to show a generalised knowledge of the NHS today without reference to its achievement since 1948. More able candidates were able to make evaluations which balanced the two, commenting on the targeted nature of the Liberal reforms, the old, the unemployed, children and mothers, against the NHS being a service for all irrespective of age or social class.

Unit 40404B: Media through Time

There were no entries for the full course paper 40401B but there was a small entry for this new short course alternative to Medicine. In many ways the performance on this option reflected the performance on the short course Medicine paper. Candidates performed well on question 1 and made good use of the visual sources. Candidates understood the key conceptual ideas behind the area of study as well as the focus of the individual questions. Many took a more chronological approach to 1(d) and as such key factors tended to be hidden within their responses. Candidates generally wrote well, although their knowledge tended to reflect an understanding of the contemporary Media. They were less certain on their knowledge of the history of Media in Sections B and C. Question 2 was the most popular with performance on 2(b) of a higher standard than 2(a).

Mark Ranges and Award of Grades

Grade boundaries and cumulative percentage grades are available on the [Results statistics](#) page of the AQA Website.