



Examiners' Report June 2022

GCSE History 1HIA 11

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications come from Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk.

Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus.



Giving you insight to inform next steps

ResultsPlus is Pearson's free online service giving instant and detailed analysis of your students' exam results.

- See students' scores for every exam question.
- Understand how your students' performance compares with class and national averages.
- Identify potential topics, skills and types of question where students may need to develop their learning further.

For more information on ResultsPlus, or to log in, visit www.edexcel.com/resultsplus. Your exams officer will be able to set up your ResultsPlus account in minutes via Edexcel Online.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk.

June 2022

Publications Code 1HIA_11_2206_ER

All the material in this publication is copyright

© Pearson Education Ltd 2022

Introduction

It was pleasing to see how well students responded to the examination paper and they had clearly been well-prepared in terms of both knowledge of content and the skills required for this paper. Students seemed confident on both sections, the Historic Environment and the Thematic Study, and there seemed to be relatively few unfinished papers.

As a general point, centres should remember that the Thematic Study focuses on change and continuity over time and therefore a good sense of chronology is vital. Students should be familiar with the names given to the different periods in the specification and recognise the dates and key events involved in these chronological divisions. They also need a clear understanding of the key themes and the factors involved in the Thematic Study, as identified in the specification:

- ideas about the cause of disease and illness
- approaches to prevention and treatment
- individuals and institutions (Church and government)
- science and technology
- attitudes in society.

It is also important to remember that this is a Thematic Study in British history. While many medical and scientific developments took place elsewhere the focus of this study is the impact of these developments on medicine in Britain.

In the extended answers, the stimulus points are usually intended to remind students to cover different aspects of content and the full timescale of the question. Students do not need to include these stimulus points in their answer, but they do need to cover three aspects of content in order to show breadth in their answer and to access the higher marks.

A number of answers to these questions remained at Level 3, despite excellent knowledge, because they missed the focus of the question. The mark scheme's bullet point for Assessment Objective 2 (analysis) at Level 4 expects an analytical explanation, directed consistently at the conceptual focus of the question. Students who responded to the topic rather than the key idea were unlikely to achieve high marks. Those who did reach Level 4 realised that the topic provides the context but that there is a specific focus, which the analysis should address.

While the target for the 12-mark question is an explanation of causation, there is no expectation that causes will be prioritised or evaluated and no marks are available for such comments. However, in the 16-mark questions there is an additional element of judgement. Many students structured their answers in questions 5 and 6, to discuss points supporting the statement in the question, then points challenging the statement, before offering their judgement. In a number of answers, this resulted in a judgement that summed up the two sides, with the conclusion that the statement was 'somewhat true' or 'true to an extent'. This is a logical structure and can be very effective but for the higher marks, the criteria being applied need to be explained and the judgement needs to be consistent with the overall answer. The application of appropriate criteria included an explanation that some aspects had a longer lasting impact, more people were affected, a factor acted as a catalyst for other developments etc. and many high-scoring answers had a sense of evaluation running throughout the answer so that judgement was not just restricted to comments at the start and end of the answer.

Question 1

Question 1 asked students to identify two key features of the underground hospital at Arras. Extended details are not needed here but students should be aware that this question can be set on anything named in the Historic Environment specification, and the answer should have a focus on the specific place named in the question.

Students should identify two features and, in each case, add a further detail which will explain the feature or provide some context. They should make sure that the additional detail provided is linked to the key feature that has been identified and also that different material is used in the two sections of the answer. When students had written two sentences for each feature, it was easy for examiners to identify and reward the feature and the additional detail; if the answer consisted of just one sentence it was sometimes hard to distinguish whether additional detail had been provided. Answers which listed four disconnected points of information were limited to a maximum of two marks.

Students should use the mark and the space in the answer booklet as a guide for the length of their answer. There were relatively few answers that continued beyond the lined space, but these were often wasting time as the answer had already scored the full 4 marks and no further marks could be awarded. Where the student was unsure about the answer, the additional comments were usually irrelevant. It was very rare for additional comments to gain any marks.

Most answers offered details about the space available at the underground hospital at Arras and that it was well equipped due to the fact that it had running water, electricity and operating theatres. The extended tunnels, the chalky nature of the terrain, space for 700 beds and its close proximity to the frontline were also knowledge provided by a large number of students. Those students who received full marks were able to focus on a feature and support it with additional knowledge.

Examiners reported that most students were able to give two valid features and therefore begin to access marks on this question. A large proportion of students were, however, unable to support their valid features with additional supporting knowledge limiting their score.

There were some blank answers, and a small portion of students didn't know about the underground hospital at Arras. These students either repeated parts of the question e.g. the hospital was underground or provided speculative answers such as being unsanitary or the final part of the evacuation chain. These answers were often weaker. Therefore, this is an important reminder that questions can be set on any part of the Historic Environment specification.

1 Describe **two** features of the underground hospital at Arras.

Feature 1

There was shelter so
that patients did not get
hurt while being
treated.

Feature 2

There was many
nurses on hand to
help everyone quickly



ResultsPlus
Examiner Comments

Two valid features are identified: shelter so people wouldn't get hurt and number of nurses. In each case there is no additional supporting information about the features provided.



ResultsPlus
Examiner Tip

Provide additional detail to each feature **in a separate sentence**.

1 Describe **two** features of the underground hospital at Arras.

Feature 1

It was well staffed and well equipped. For example, it had electricity and piped water.

Feature 2

There was space for 700 stretchers to be used as beds and even a waiting room for the sick.



ResultsPlus
Examiner Comments

Two valid features are identified. The additional supporting information is clearly linked to the identified feature.



ResultsPlus
Examiner Tip

Use separate sentences to identify the feature and to provide additional information, so that the examiner can see why two marks should be awarded for each feature.

Question 2 (a)

The Historic Environment has a focus on the process of history, considering the value of sources as evidence and the way an historian follows up an enquiry, but it is nested within the context of the Thematic Study and therefore knowledge of the specific context is expected.

It is important to note that the question asks about the usefulness of the sources in relation to a specific enquiry, in this case, an enquiry into the problems of trench foot. The focus should be on assessing the usefulness of what is in the source rather than listing details which are not mentioned. Sources should not be dismissed because they do not cover every detail that might be helpful in an investigation and students should recognise that unreliable sources can be very useful. If the answer identifies omissions from the source as limitations on its usefulness, this should be linked to a consideration of the provenance, showing whether this is the result of lack of knowledge or a deliberate omission.

Students found the sources accessible and were confident in showing that the content of the sources was relevant for the enquiry and therefore useful. Examiners noted at Level 2, developed comments were made about the usefulness of the content, for example on Source A students focused on trench foot being a significant problem due to the large number of people being evacuated from the trenches. Similarly on Source B students were able to suggest that the source was useful and trench foot was still a problem because they were having foot inspections in 1918. Contextual knowledge was added to support the inferences being made such as the use of whale oil and, in extreme cases, trench foot led to amputation.

However, some very good answers could not access the higher marks because they did not include contextual knowledge. Contextual knowledge is mentioned at every level of the mark scheme and failure to include it limited a number of otherwise good answers. Students should recognise that it is not enough to repeat a detail from the source and assert that this can be confirmed from the student's own knowledge – some additional detail is needed as a demonstration of that own knowledge. Contextual knowledge should be relevant to the enquiry and used to assess the source, for example, to add detail about something mentioned in the source, to add weight to an aspect of the provenance, to place the source in a broader context, or to assess whether the source gave an accurate view or showed a typical situation.

At Level 3, students need to show the effect of the provenance on the usefulness of the source content, for example linking the fact that Captain Impey, the author of Source A, witnessed events and therefore was able to give first hand perspective of the trench conditions leading to trench foot and the preventions that were used. It should also be noted that at Level 3 contextual knowledge should be integrated into the process of reaching a judgement, not simply provided as information.

Some answers stayed at Level 2 because they either focused on the source content or the provenance of the source. When considering provenance, generic comments about a source being biased (with no explanation of how that bias could be detected or why it occurred) or about the source being reliable because it came from the time under investigation, could be made without any reference to the individual source and therefore remained at Level 1. There were general assumptions about both sources not being useful for example, because Source A was written in 1919 after the war, it was assumed that Captain Impey would have forgotten about events and thus the source was not useful. On Source B, students assumed that the source was not useful because it was a photo and therefore biased or staged.

The question asks 'how useful' the sources are, so a judgement should be made on the usefulness of the source's evidence for the specific enquiry. At the lower levels, answers identified information contained in the source that was presumed to be useful because it was relevant to the enquiry, listed limitations in the content coverage or asserted that a source was reliable because of the date it was produced or limited because it is biased. Good answers made clear the criteria being used to assess the usefulness for the enquiry of the sources, weighing the value of the content in the light of the provenance and the student's own knowledge. Various criteria could be used, for example accuracy of detail, reliability, the relevance of the source, the way it could be used by the historian, how representative the source is etc.

Although a judgement should be reached on the overall usefulness of each source, there is no requirement to compare the sources or to use them in combination and no marks are available for this. Students who focused on comparisons between the sources often failed to develop their judgement on each source properly; if this approach is used, it is important that the answer still comes to a judgement on each individual source.

Very few answers only considered one source, but it should be noted that every level of the mark scheme refers to 'sources' and therefore answers which do not consider both sources cannot access high marks. Additionally, examiners noted that Sources A and B were not treated equally, and students tended to put greater emphasis on Source A and its usefulness. This meant that a best-fit approach needed to be taken when awarding the mark for the answer.

2 (a) Study Sources A and B in the Sources Booklet.

How useful are Sources A and B for an enquiry into the problem of trench foot?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

I think source A shows a deeper analysis to the conditions of the trenches and how "200 men with trench foot had be evacuated from our section of the trenches." This is showing a vast number of people contracting this disease and a result of that, they have to leave to receive treatment.

They had a station where "two at a time, to rub each other's feet in grease. They would do that at least once a day." This is showing the amount of time, care and treatment went into these men and how they were still willing to fight if it wasn't too bad.

Source B is showing me the station where the medical officer comes round to check their ~~toes~~ feet, it's a thorough business checking all the toes for trench foot, I think source B is less useful because it has a picture of men getting their feet checked and it had a small summary but to me, it's just not useful enough.



The answer to Source A explains why the content of the source is useful; the student however does not provide any contextual knowledge to support the comments of the source's usefulness. This is a mid Level 2 response on this source.

The answer on Source B is simple comprehension of what can be seen in the source and then dismisses the usefulness of the nature of the source. This is a low Level 1 response on this source.

Since the answer as a whole meets one element of the Level 2 mark scheme, this response is marked as a low Level 2.



Try to write about both sources equally and consider the usefulness of both the sources' content and provenance.

2 (a) Study Sources A and B in the Sources Booklet.

How useful are Sources A and B for an enquiry into the problem of trench foot?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

Source A is useful because it says "The Battalion lived in mud and water" and also ^{"200 men with trench foot had to be evacuated from our section of the trench"} ~~"the trenches were wet and cold"~~ which tells us the causes of and problem of trench foot. The provenance of the source makes it useful because ~~because~~ it was written by a WWI Captain Tempy of the Royal Sussex regiment meaning that he's a reliable source, as he had faced first-hand the problems of trench foot first-hand perspective. This is shown when it says "rub each other's feet with grease. They would do this at least once a day" meaning he knew the soldiers duty routine to counteract the problems of trench foot. However, the provenance of the source ~~make~~ limits it because its purpose is to inform us of the problem of trench foot, but it ~~doesn't~~ doesn't mention any suitable conditions ~~to which~~ such as the fact's cell drying or the horrible cases of amputating the legs. This is shown in "Trench foot was a new illness and it was vitally important to provide dry socks for the troops" which doesn't give a medical point of view of what trench foot does to the soldiers health. When he ~~conclude~~ says ~~to them~~ "Trench foot was a new illness and it was vitally important to provide dry socks for the troops", I know this to be true as ~~many~~ the battle terrain was almost always waterlogged and muddy which was the cause of trench foot. To counteract soldiers had to change ~~socks~~ to dry socks at least once a day and change their boots.

Source B is useful because it shows a medical officer checking the soldiers feet and many soldiers in line to do so. The provenance of the source makes it useful as it ^{purpose} clearly shows that trench foot was a problem that medical officers had to carry out foot inspection on the soldiers and the fact that many soldiers being inspected further supports that it was a significant problem in the trenches. This is evidently shown by the fact that there is an officer checking and inspecting soldiers feet. However the provenance of the source limits it because it's a photograph of only one specific event and scene which means that we wouldn't know about the conditions of different trenches but only this specific one. This is clearly shown by how there is only one trench and a couple of soldiers compared to other trenches who had many more. When the source shows a medical officers inspecting feet, I know that to be true as trench foot was a serious disease which would render a soldier unable to fight meaning they would have to do constant frequent inspection to prevent any soldiers getting it and not being able to fight.



ResultsPlus
Examiner Comments

The analysis of both Source A & Source B reaches Level 3. The student assesses the usefulness of the source's content, by taking into account the provenance and using contextual knowledge in the process of interpreting the sources usefulness. Criteria for judgement are also applied when assessing each source.



Try not to focus on the usefulness of the content and provenance separately. Link the content to the provenance and to contextual knowledge to judge the usefulness of the source.

Question 2 (b)

This question should be treated as a package linked to the enquiry that was identified in question 2a (problem of trench foot) and the aim is for students to show that they understand how historians work. The first sub-question simply asks them to identify a detail from the source – this was most commonly done by quoting a phrase from the source. The most common details were “Altogether about 200 men with trench foot had to be evacuated”, “The trenches were wet and cold” or “...to rub each other’s feet with grease.” Students should be aware that a detail from the provenance cannot be rewarded.

Students then had to propose a question they would ask to follow up Source A in relation to the overall enquiry. Consequently, the proposed question should be broader than following up a very specific person or event in the source and it should not be a question they would ask the author of the source. Questions about how many people were evacuated with trench foot throughout the war or what treatment a soldier received were the most popular questions to be proposed by students. However, some students failed to recognise the link with the broader enquiry of the problems of trench foot. This led to students proposing questions such as how or where the soldiers were evacuated to, if the conditions in the trenches were rectified, or how many soldiers were in the battalion. This failure to recognise the link to the broader enquiry limited the marks available to these students for this question, since it also affected the source they suggested that would help with their enquiry.

While it is recognised that students cannot have detailed knowledge of all possible sources, the specification states that students should be aware of the types of sources available and the nature of the information they contain. Answers such as ‘medical records’ or ‘diaries’ are too generalised to be rewarded. In some cases, where a generalised source was named in sub-question three, a mark could be awarded because the explanation in the final sub-question made it clear what sort of information might be located in those records and how that information would help the historian with the overall enquiry but if the explanation was not clear, or the suggested source **would not contain information that would help answer the proposed question**, then marks could not be awarded for either of these sub-questions.

Students should be showing an awareness of appropriate sources that already exist for the historian to consult. This means that answers suggesting they would carry out an interview were not rewarded. They also need to be clear that they should suggest a source from the period in question – history books, the internet, documentaries were all unsuitable answers. Instead, it would be more appropriate if they tried to think about the sources consulted by the producers of history books, internet articles or documentaries.

When multiple suggestions had been given to a sub-question, it was often counter-productive. Offering more than one detail or question meant that the follow-up sections were not clearly linked, while offering multiple sources meant that the explanation in the final section was usually invalid.

Successful answers treated the questions as a package and thought about the follow-up question and the source to be consulted before writing the answer to the first sub-question. In general, the simple approach was most effective, for example, questions about the number of soldiers getting trench foot or the effectiveness of the preventions could be followed up through analysis of RAMC medical records or diaries of soldiers who fought in the trenches on the Western Front.

Examiners noted that the two main misconceptions by students were: firstly, in sub-question 2 where the question proposed did not focus on the broader enquiry of the problem of trench foot. Secondly, in sub-question 3 the selection of an appropriate source which was too general. Where students were able to pick an appropriate source, examiners noted that students often went on to get 4 marks.

Very few students wrote nothing or wrote about the wrong source but where this happened, these answers scored 0.

Detail in Source A that I would follow up:

200 men were evacuated.

Question I would ask:

How many ~~too~~ many traps were in the section

What type of source I could use:

Military records for that area of the trenches

How this might help answer my question:

It will give the amount of traps in each ~~batallion~~ battalion.



A valid detail has been picked from the source. The question proposed is not a valid question about the overall enquiry "the problem of trench foot" and therefore is not rewardable.



Make sure that the question that is proposed links to the broader enquiry as well as the detail in the source identified in sub-section 1.

Detail in Source A that I would follow up:

"Altogether about 200 men with trench foot had to be evacuated from our section of the trenches."

Question I would ask:

How many soldiers altogether during World War One were sent to hospital due to developing trench foot?

What type of source I could use:

To find this out I could use Medical records of soldiers, who were sent to hospital during World War One.

How this might help answer my question:

This will help to answer my question because the medical records will tell me what issue all the soldiers had and why they were sent to hospital.



ResultsPlus
Examiner Comments

A detail has been selected from Source A. The question proposed is linked to both the broader enquiry of the problem of trench foot and also to the detail picked out in sub-section 1.

It is reasonable to suggest that medical records for soldiers sent to hospital in WW1 will show you how many soldiers were sent to hospital for trench foot. Therefore, the source will provide an answer to the proposed question.



ResultsPlus
Examiner Tip

Make sure that the source that you identify is specific and will reasonably contain the information that you want to find out about.

Question 3

In this question, students needed to explicitly identify a **similarity** in preventing the spread of infectious diseases in the period c1500-c1700 with the period c1700-c1900. Once the similarity was identified it then needed to be supported with details taken from both periods. The most common similarities that were identified were purifying the air due to the belief in miasma in both periods, government interventions and the use of quarantine.

The most common supporting detail from the period c1500-c1700 included the use of sweet-smelling herbs and locking people in their homes and placing a red cross on the front door. The supporting detail used for the period c1700-c1900 was more wide-ranging for example, Florence Nightingale and the use of ventilation, improvements in cleanliness due to the Second Public Health Act or the building of sewers and quarantine due to the spread of cholera.

Supporting detail about the use of flagellants or vaccinations were not credited. This was because flagellants were a medieval prevention and therefore not valid for the time period of this question. Vaccinations were used from c1700-c1900 onwards but not in c1500-c1700 and therefore are not a valid similarity.

Examiners did note that some students had difficulty identifying the correct time period in the question. c1500-c1700 was often confused for the medieval period. Another misconception was that religion was a significant factor throughout the period c1700-c1900. In reality, the power of the church had lessened and, as a result, many people believed miasma was the main cause of illness (until later developments such as Germ Theory).

It is important to note that the focus of this question is to identify a similarity; detail by itself cannot score highly. In some cases, the supporting information was unbalanced, describing the situation in one period and simply stating that it was similar in the other period. It was mainly the period c1700-c1900 that lacked a specific supporting example.

While many students scored the full four marks, some wrote far too much. Such answers demonstrated excellent knowledge in support of a valid comparison, but it could not be rewarded beyond four marks and possibly the time taken here affected the completion of the longer answers which carried more marks.

3 Explain **one** way in which attempts to prevent the spread of infectious diseases in the period c1500–c1700 were similar to attempts to prevent the spread of infectious diseases in the period c1700–c1900.

They used isolation a lot to prevent people from coming in contact with someone who had an infectious disease. They would lock people in their homes and put a red cross on their door warning other people that people in that house were infected.



A generalised similarity is offered by the student. There is then an example to support the comment from one time period. This therefore fulfils the requirement of a Level 1 answer.



Make sure that a specific example is provided from both the time periods to support the similarity that has been identified.

- 3 Explain **one** way in which attempts to prevent the spread of infectious diseases in the period c1500–c1700 were similar to attempts to prevent the spread of infectious diseases in the period c1700–c1900.

During the Great Plague of 1665, prevention methods largely surrounded the miasma theory and so people would clean excretion off of the streets and use birds for ventilation. Similarly, in ~~1850~~ ¹⁸⁵⁴ Nightingale reduced the spread of infectious disease ~~at the Crimean war front~~ as it aimed to ~~tip cleanliness~~ at the Crimean war front due to the miasma theory as she implemented a ventilation system and increased cleanliness which therefore reduced spread of infectious disease and therefore shows the similarity between the two time periods due to prevention of ~~miasma~~ ^{miasma} infectious disease which spread by miasma. (Total for Question 3 = 4 marks)



ResultsPlus
Examiner Comments

The answer offers a valid similarity between the two periods. The student has identified ventilation due to the belief in miasma for why the preventions were similar. They have supported this similarity with specific examples of ventilation e.g. use of birds for ventilation and Florence Nightingale's ventilation in hospitals to reduce the spread of infectious disease.



ResultsPlus
Examiner Tip

Make sure that the evidence identified from both periods supports the similarity.

Question 4

Most students had good knowledge and understanding of surgery in the years c1800-present. They were particularly confident with the knowledge from the 19th century on the developments of anaesthetic and antiseptics. A wide variety of evidence was used for the 20th century including the developments of blood transfusions, keyhole surgery, robotic surgery and plastic surgery. Typical answers developed both the stimulus points and were able to provide a third aspect of content. Examiners noted that students had a good grasp of the knowledge needed to do well on this question.

The best answers were able to explain explicitly why the developments in both centuries caused attitudes towards surgery to change. Many students referred to the developments as allowing surgery to be accepted or allowed for positive attitudes or made surgery safe. When there was explicit focus on the question throughout the answer, students were able to achieve Level 4 for Assessment Objective 2 (analysis).

Some students were prevented from achieving the highest level because they did not read the question carefully and focused their analysis (Assessment Objective 2) on why surgery changed rather than an explicit focus on changing attitudes to surgery. Also, some students only provided 2 aspects of content and therefore their answers could not be deemed as wide-ranging or precisely selected for Assessment Objective 1 (knowledge and understanding). Answers at Level 2 often described changes and left the link to the question as implicit. Answers at Level 1 were often generalised statements of change.

There were common misconceptions particularly linked to high-tech surgery. Students often linked high-tech to chemotherapy and radiotherapy; both are treatments and are not linked to surgery and therefore are not valid. Also, students discussed CT scans and MRI scans which are diagnosis of illness rather than surgery and also not valid. Florence Nightingale was commonly a third aspect of content that students wanted to discuss. However, many focused on her role in improving hygiene and training and again didn't have an explicit link to surgery. Florence Nightingale is more appropriately linked to hospitals and hospital care. Students need to be able to accurately identify the theme in the question (e.g. surgery or cause of illness or treatment) and deploy their knowledge appropriately.

It was pleasing to see that a number of answers were awarded full marks and it was noticeable that many of these were relatively concise. These students had understood the focus on explaining causation and provided enough detail to support their explanation without becoming descriptive while some answers that were very detailed and had excellent knowledge of anaesthetics and antiseptics, did not develop the analysis of causation.

Attitudes towards Surgery changed in the period 1800-present day due to the discoveries and treatments found to make surgery easier with a higher survival rate.

The first major breakthrough in the ~~attitude~~ treatment and preventative methods of surgery came by James Simpson, who discovered chloroform, the first anaesthetic, in 1847. This made the patient unconscious, without being able to feel pain. This was great for doctors and nurses to use as it meant they could perform more dangerous operations without the patients waking up or ~~free~~ dying from the shock of pain. This changed how surgery was seen as by the public and it also allowed for more operations to be done, changing the attitude before 1847, where surgery was seen as painful and deadly.

The second major discovery was made by Joseph Lister, in which he discovered antiseptics. Lister did this by using Carbolic acid, which would be used as hand sanitiser for doctors and it would be put on all ~~tools~~ medical tools and tissues to stop infection of the patient during or after surgery. The main killer of surgery apart from blood loss was infection, so when this was used on patients during surgery, the death rate went to almost zero. This shows that the antiseptic was highly successful and it helped save many lives, deeming surgery to be much safer than before, changing how surgery used to be perceived.



ResultsPlus
Examiner Comments

This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. There is a clear focus at the end of each paragraph on why surgery changed and why attitudes changed. The analysis of Simpson is not fully developed. For example, the answer states that public opinion changed without fully explaining why Simpson's discovery of chloroform changed opinions.

The knowledge and understanding (AO1) is mostly accurate but it is not wide-ranging so is Level 3. As there are only 2 aspects of content, access to the top of the level (and Level 4) is not accessible.

Therefore AO2 is Level 3; AO1 is mid Level 3 so mid Level 3 – 8 marks were awarded.



Make sure that you provide a range of knowledge e.g. covering both 19th and 20th century to be considered as wide-ranging for Level 4.

During the 19th century, there were three main problems regarding surgery: pain, bloodloss and infection. Infection was a particularly troublesome issue throughout ~~the~~ the industrial era, leading into the modern. This was the case until Joseph Lister started using carbolic acid to clean hands, equipment, bandages and even the air. Germ Theory was not yet fully believed, however Lister read Pasteur's work and ~~started using~~ even credited him for Lister's discovery. Antiseptics brought death-by-infection rates down tremendously which meant that people were more forthcoming towards taking the risk with surgery.

Anaesthetics were a work in progress during the mid-late 19th century in regards to pain. Nitrous oxide was initially used, however dosage was difficult to control as a gas, leading to people waking up during surgery. Ether was next to be utilised, however many patients became sick after use; this ended up causing more damage than help. Finally, James

Simpson discovered chloroform - a sweet smelling anaesthetic which proved to have the fewest risks. Dosage was easier to control as a liquid. The discovery of chloroform meant surgeons could be more precise with their work and longer operations could be performed. However, a massive issue with the initial use of anaesthetics, was that longer operations meant a higher risk of infection, as dirty clothes and equipment was still very common. ^{Nevertheless,} With pain no longer an issue people were more prepared for surgery.

~~The first large successful use of blood~~
~~transfusions~~ which helped with the stigma surrounding the practice.

The first large-scale, successful use of blood transfusions occurred in the First World War at Cambrai. Blood groups had been discovered, so soldiers who had lost a lot of blood due to injury or surgery could have that blood replaced. The tube-catheter technique was used, where the donor had to be present and their blood was directly transferred. This was clean and efficient and saved thousands of lives, not just after during World War One but afterwards. Blood transfusions revolutionised surgery, as blood loss was no longer an issue. With all three problems resolved, people developed a healthy, safe attitude

towards surgery.



The answer reaches Level 4 for Assessment Objective 2 (analysis), with a sustained focus on the question throughout.

Assessment Objective 1 (knowledge and understanding) is also Level 4. There is accurate and relevant supporting knowledge on James Simpson and Chloroform, Joseph Lister and antiseptics and blood transfusions.

As the answer covers 3 aspects of content, full marks can be accessed.



Make sure that each paragraph explicitly links to the question that has been asked.

Question 5

Answers on this question showed good knowledge and understanding of the work of physicians in medieval England. The best answers were able to evaluate the work of physicians. They recognised that although physicians were trained, their training was based on the ideas of Galen and Hippocrates and the care and treatments physicians provided was therefore flawed. They supported this judgement with the knowledge that Galen's understanding of the human body was flawed and Hippocrates approach to medicine was based on the Four Humours. Some students also recognised that physicians often diagnosed illness, using astrology and urine charts, but didn't treat illness. Many also understood that physicians were only available to the rich due to their cost. Therefore, these students were able to evaluate that the role of physicians was seen as important in the medieval period, but they were not the most significant in treatment for the majority of people.

A significant number of students provided knowledge and understanding of the work of barber surgeons, apothecaries and 'wise women' as alternative individuals who provided care and treatment between c1250-c1500. Students were able to give accurate examples of the treatments that they provided and understood that they were significant for the poorer members of society because they didn't cost as much as a physician. Women in the family were able to treat most illnesses and were accessible to their family free of charge. Students had good knowledge of the treatments provided by apothecaries and wise women. They were able to provide specific herbal remedies such as Theriaca, showing precisely selected knowledge.

Some students were prevented from achieving the highest level because they did not read the question carefully and focused their analysis (Assessment Objective 2) on the treatments that were provided rather than explicitly focusing on the individual providing the care and treatment. Some students also identified the role of the Church but often did not score highly as they did not focus on the individuals providing the care and treatment for example, monks and nuns and instead wrote about the Church stifling education and medical development in this period.

Many knowledgeable answers remained at Level 3 as students were unable to sustain their link towards the question explicitly. This then led to their judgement having some justification. Answers at Level 2 often described treatments or the role of individuals and left the link to the question as implicit. Answers at Level 1 were often generalised statements about the physician or herbal remedies.

In the years c1250-c1500, I disagree that the physician was the most important person providing care and treatment.

One reason for this is because the church ~~had~~ still had domination over education and they taught galen. Not many physicians were around as ~~the~~ medical training was very expensive. ~~so~~ ~~barbers~~ Many people believe had it was a punishment from god therefore as treatment they would go to church and pray themselves, or use flagellants (whip themselves)

Another reason for this is the use of herbal remedies. Many believed it was Miasma which is bad air/smells, so herbal remedies would clear the bad air/smells.

Barber surgeons had no training, they carried out: basic surgery, blood letting and dentistry. If people were ill you are most likely to be treated by a barber surgeon.

However on the other hand physicians did have more Medical training and knowledge, but because of the church they were taught Galen.

This meant they believed in the 4 humours; an imbalance of : phlegm, blood, black bile and yellow bile would make you ill.

In conclusion I disagree that physicians were the most important in care and treatment as barber surgeons were more likely to treat the ill or people believed the supernatural.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 2. The student recognises you would “mostly likely be treated by a barber surgeon” but the link to the question is implicit. Throughout the answer there is limited analysis and an unsustainable link towards the conceptual focus of the question. The student’s performance on Assessment Objective 2 was the weakest so mid Level 2 was awarded.

The student offers some knowledge of barber surgeons i.e. a lack of training and carrying out basic surgery and physicians i.e. their medical training was based on Galen but due to this training they were expensive to see. There is a brief acknowledgement of treatments based on God being the cause of illness. The paragraph on miasma is more about prevention than treatment and care. Therefore, this is Level 2 for Assessment Objective 1 (knowledge and understanding).

Judgement is asserted with little explanation so Level 2.

Assessment Objective 2 (analysis) mid Level 2 + Assessment Objective 1 (knowledge and understanding) Level 2 + Judgement Level 2 produces an overall mark of 7.



Make sure that the knowledge focuses on the theme in the question. Therefore, students need to be able to differentiate between treatments, preventions and causes.

I partially agree with the statement as during the Medieval period physicians were the only medical professionals to receive formal medical training allowing them to have a greater understanding of the human body as well as the leading treatments of the time. However, the church controlled all leading medical universities at the time and therefore greatly limited the progression of medicine and knowledge of these physicians. Furthermore, although towards the end of the medieval period in 1440 the printing press was invented by Johannes Gutenberg the printing of books was still controlled by the church and physicians were discouraged from completing their own experiments and ^{coming up with} hypotheses especially those that clashed with the views of the church and the ideas of Hippocrates and Galen's ^{such as the} theory of the Four Humours. This meant that whilst physicians were important and widely respected with administering medical care and treatment they were not the most effective and were held back by the church and public attitudes of the time.

On the other hand, I somewhat disagree

that physicians were the most important person ^{in providing care and treatment} in providing care and treatment during the medieval period as they were only accessible ~~to~~ to the few who were rich enough to pay for their services. Apothecaries who provided herbal remedies were much more widely available and used by the general public. In addition, whilst apothecaries had no formal medical training, most were aware of the theory of Four Humours and would provide herbal remedies based off of these, such as ~~those that would induce~~ laxatives to remove an excess of black bile in someone suffering from Sanguine illness ^(an excess of black bile). Since apothecaries were the most widely used accessible form of treatment and care it could be argued that they are more important than physicians who treated a few rich and important individuals although this was likely not the view common throughout the Medieval period in which physicians were highly regarded.

Moreover, I believe physicians were ~~more~~ more important in administering ~~other~~ forms of care and treatment than other sources such as hospitals and barber surgeons who did more harm than good ~~to~~ during the medieval era. Hospitals were also ^{run} by the church often ran

out of monasteries by monks or nuns. There was very little treatment and medical care provided here as it was believed illness was caused by God as a punishment for sin or a test of faith which left praying and fasting as the only treatments which would have been self-administered. These hospitals were far less effective in treating disease than physicians and were very rarely used.

In conclusion, whilst I believe physicians played an important role in providing medical care in treatment and were viewed as the most important medical professional during the Medieval period, I somewhat disagree due to the role of apothecaries and their increased accessibility to the general population.



The answer reaches Level 4 for Assessment Objective 2 (analysis), offering a line of reasoning and consistent analysis. The student considers the importance of the physicians' training and how it held them back. They analyse the accessibility of the physician in comparison to an apothecary and that of hospitals (with care provided by monks and nuns).

There is good knowledge on physicians, apothecaries and the role of monks and nuns in hospitals. The knowledge provided is precisely selected and covers 3 aspects of content. This answer displays Level 4 qualities of Assessment Objective 1 (knowledge and understanding).

The student has made judgements throughout the answer and valid criteria are applied. The conclusion justifies why physicians were seen as the most important in the medieval period. However, the student believes apothecaries are more significant and has referred back to the valid criteria to justify this conclusion.

This answer has met all the demands of the Level 4 mark scheme and received the full 16 marks.



Plan your answer before you start. This will help you to identify your line of reasoning and enable you to identify valid criteria to use for your judgement.

Question 6

This was a popular question, and most students knew about the work of Louis Pasteur and Germ Theory as well as the second stimulus point of DNA.

Answers on this question showed good knowledge of the causes of illness throughout the 19th and 20th centuries. The best answers were able to evaluate the work of Louis Pasteur. They recognised the importance of his work particularly in proving the work of others, such as John Snow and cholera. They also recognised that Pasteur's work was built upon by Robert Koch. A large number of students were able to describe the technique he used to stain the germs and the identification of different germs such as TB and cholera. Some students judged Louis Pasteur to be more significant as his work was the basis of future developments, thus recognising the long-term importance of his discovery; while others judged that Robert Koch was more significant as his discovery led to preventions and treatment.

Students know the importance of the discovery of DNA. They were able to give specific inherited illness that were understood as a result of DNA analysis, for example, Down Syndrome and Cystic Fibrosis. Many students were also able to develop the importance of the discovery as they understood that it led to the Human Genome Project and that some people choose to have preventative surgery such as the double mastectomy to remove the likelihood of breast cancer if you carry the BRCA1 or BRCA2 gene. Some students were then able to judge the significance of this discovery against the discovery of Louis Pasteur, often coming to the conclusion that Louis Pasteur was more significant as everyone was exposed to communicable illness caused by germs but not all people had illness caused by their DNA.

Most students were able to identify three aspects of content: Louis Pasteur, Robert Koch, DNA, 20th century lifestyles and the work of John Snow and his discovery that Cholera was carried in dirty water. Some students were unable to come up with a third accurate aspect of content linked to the cause of illness. These students often identified Penicillin, the Magic Bullet and the work of Florence Nightingale as important for the cause of illness. These answers were unable to get out of Level 3 as they only had two rewardable aspects of content to be marked.

Many knowledgeable answers remained at Level 3 as they were able to analyse the importance of each discovery in isolation but were unable to evaluate the most significant. Answers at Level 2 often described Louis Pasteur's discovery of Germ Theory and the discovery of DNA. Answers at Level 1 were often generalised statements about Germ Theory or DNA.

I agree to an extent on the statement that Pasteur's work was the most significant development in understanding causes of illness. Firstly, Pasteur published his germ theory in 1861. This was so significant because it allowed doctors around the world to understand that microbes didn't spontaneously ~~deco~~ generate at the site of decay, for microbes caused decay and disease. This development helped surgery become a lot more safe as instruments could be cleaned with anti-septics therefore decreasing infection rate due to surgery. Germ theory also gave an explanation for the use of vaccinations, which would allow for Edward Jenner's smallpox vaccine to become widely accepted. This would then lead to the smallpox being eradicated in late 1900's. Furthermore, Pasteur allowed for water to be cleaned as he worked with a brewery and informed them by saying water can be cleaned by boiling up and killing germs.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. The student recognises the significance of Pasteur's work as it "allowed doctors around the world to understand that microbes didn't spontaneously generate" and also the developments linked to it.

The student offers accurate and relevant knowledge of Louis Pasteur & Germ Theory and the discovery of DNA. However, it is not always developed so low Level 3 awarded for Assessment Objective 1 (knowledge and understanding)

Judgement is stated but its justification is insecure so Level 2.



Try to include a third aspect of content linked to the theme of the question.

I somewhat agree with the statement, due to Pasteur's work in germs. In 1861, Louis Pasteur published his theory on germs, in which he stated that microbes, were in fact the cause of disease, he found this out through experimenting with fermentation and decay. Although facing heavy opposition, as his work contradicted the ideology of spontaneous generation (of germs were a product of disease and decay), his work was still heavily significant because it led to vast advances, doctors such as Robert Koch indeed took inspiration from Louis, and was able to produce vaccines. Furthermore his work led to doctors such as James Lister in applying it in their work, finding out that germs also caused infection. Louis Pasteur was important in the development of causes of illness, because although it took time, he did discover the cause. For all medical knowledge, moreover helped people understand the causes, so therefore read them to develop effective prevention methods, such as antiseptic surgery to prevent infection.

However, even though, Pasteur's work was greatly essential in understanding causes of illness, modern day understanding in causes of illness ^{could be seen as} is ~~now~~ more significant.

The Discovery of DNA ~~in~~ after WW2, helped make great advances in medicine. Scientists had now found that not all illness and disease was caused by germs, but that disease could in fact be genetic, meaning it could be passed down, genetically, and people could develop because it was coded in their DNA, these ~~were~~ ^{were} illnesses such as Cystic Fibrosis or sometimes even cancer. This was important because it meant Doctors now had to find new ways to prevent diseases ~~and~~ and it revolutionised treatment, in medicine, genetic screening was now an effective method used to check if people had any genetic diseases to later prevent it.

This was significant because understanding DNA was also a cause of illness, changed the way Doctors viewed things, and vast changes were made in approaching illness as they now focused on prevention rather than treatment, it also led to great research projects such as the genome project.

A final reason I also ^{somewhat} agree with the statement, is due to the work of Robert Koch.

Robert Koch was the first doctor to take in Pasteur's ideas on germ theory and use it to discover different bacteriums caused specific and different diseases. His method of growing bacteria and dying it to identify it was wildly significant because the method is still used present day, and it was all originally inspired by Pasteur's ~~germ~~ ^{germ} work.

~~was inspired~~ Robert Koch was significant in understanding the causes of illness, as he lead ~~to~~ Pasteur's work area further and made it popular, meaning people could now start changing approaches to treatment. Robert in fact discovered the vaccine for Anthrax in sheep 1876, leading on his work, and that of Pasteur's. This shows Pasteur's work to be the most significant because if he hadn't published his finding Koch's discovery never would have happened and ^{the progress in} development and cause of disease would have been slowed down significantly.

In conclusion, I overall do believe Pasteur's work was significant in the understanding of causes of disease. Despite the fact the discovery of DNA causing disease led to great projects such as the genome project and great prevention methods such as genetic screening, the basic understanding of disease is germs, and if Pasteur hadn't have discovered or published his theory in 1861, many advancement in surgery, such as cleaning / sterilisation would not have occurred, our present day knowledge would be backwards.

Pasteur is therefore significant because he allowed and led to many other significant discoveries, such as vaccines and antiseptic surgeries.



The answer reaches Level 4 for Assessment Objective 2 (analysis), offering a line of reasoning and consistent analysis. It is supported by wide-ranging knowledge and covers 3 aspects of content. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches Level 4. The conclusion makes use of explicit criteria but as this is just hit upon in the conclusion, a low Level 4 is awarded.

Assessment Objective 2 (analysis) Level 4 + Assessment Objective 1 (knowledge and understanding) Level 4 + Judgement low Level 4 producing an overall mark of 15.



Establish your valid criteria at the beginning of your answer and refer back to the valid criteria throughout your answer. This will help to reach and justify your overall judgement.

Paper Summary

Examiners commented that there were a number of impressive answers where students seemed well-prepared and demonstrated excellent knowledge being deployed to support thoughtful analysis and evaluation. In particular, students seemed well prepared for the 12 – and 16-mark questions, with most answers having a clear structure and good use of specialist terms.

Examiners reported that a poor standard of handwriting made a number of answers difficult to mark and exacerbated the difficulty in understanding a badly-expressed answer. Also a failure to structure answers in paragraphs made it difficult for the examiner to identify a line of reasoning and to check whether three different aspects have been covered.

If extra paper is taken, students should state clearly in the answer space for the question that it has been continued and where the rest of the answer had been written; this should be on an additional sheet **rather than elsewhere in the paper** and should be clearly labelled. However, in many cases where additional paper had been taken, the marks had already been attained within the space provided rather than on the extra paper and students should be discouraged from assuming that lengthy answers will automatically score highly. Indeed, students taking extra paper often ran out of time on the final, high mark question and therefore disadvantaged themselves.

Where there has been weaker performance, the following points can be made:

- Students need a secure understanding of the chronological periods and terms used in the specification as well as the term 'century'.
- Students need to understand the themes within the specification such as the cause of illness, prevention of illness, treatment of illness or hospital care.
- A number of answers failed to reach the highest level because they were not focused on the specific question being asked or did not deploy precise detail.
- It is not necessary to use the question's stimulus points and students should not attempt to do so if they do not recognise them; however, students should aim to cover three aspects of content.
- While there was good knowledge of some topics, students cannot rely on knowing just a few key topics and hoping to use that information whatever question is asked.

Grade boundaries

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

<https://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html>

