

Examiners' Report January 2013

GCSE History 5HB01 1A

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Introduction

This was the last of the January modular examinations and was taken by 7013 candidates. There were a number of impressive answers and also a great deal of evidence that candidates had been well prepared for certain styles of question. Many answers demonstrated an understanding of how to structure an analytical answer, even if they did not always have the specific knowledge that would allow them to reach Level 3.

Candidates also recognised that change and continuity are a key theme in this Study in Development and made comments about progression and regression, although strong claims about 'huge changes' or 'great progress' again need to be supported by specific details. Interestingly candidates tend to see the Middle Ages as a period of regression and rarely consider whether it was a period of stagnation. They also tend to see the Church in a very negative fashion.

Several general points can be made that apply to all questions and are relevant in every session. This paper covers approximately 600 years and therefore candidates must have an understanding of the sequence of various periods and the names used for them. Vagueness has a significant effect on marks when candidates discuss cholera in the Middle Ages, the printing press as 'new' technology in the nineteenth century, or wise women making herbal remedies in the twentieth century. It can also lead to a failure to score marks if candidates think that 'since 1900' is the nineteenth century.

Examiners noted very limited knowledge on Elizabeth Garrett Anderson, Aneurin Bevan and alternative medicines. Apart from the extension studies, where a choice is possible, the entire specification should be studied. Any individual who is named in the specification should be well known but candidates should also be confident on ideas about the cause, prevention and treatment of disease, as well as the various factors involved in change and continuity.

Candidates should also be aware of the fact that the stimulus material can take various forms in Q3 and Q4 but will always be bullet points in part (b) of Q5 and Q6. This stimulus material is intended to alert the candidate to the need to cover the whole period in question, to look at a range of causes or effects, or to consider both change and continuity. There are no marks for paraphrasing the bullet points and it is not compulsory to use this material – indeed it is possible to gain full marks without doing so. Candidates should be ready to bring in additional ideas and details from their own knowledge.

Finally, candidates should make sure they analyse the question. It is highly unlikely that they will be able to use the same material in two separate questions and some knowledgeable answers failed to score highly because candidates produced a prepared answer on the topic rather than a focused response to the specific question. In particular, candidates need to understand that questions about role and impact require an analysis focused on effects and not just a description of what was done.

Question 1

Most candidates are clear about what is expected in answers to this question. They are usually able to identify a change that has taken place from the first source to the later one and they realise that they need to show which part of the sources helped them to identify that change. Most candidates also realise that descriptions of source content or use of own knowledge will not be rewarded in this question and that a lengthy answer here might impact on their performance in the more high-scoring answers later in the paper.

However, the focus of the question on the role of the authorities was often missed by candidates. A number of answers explained what change had taken place in treatment of disease or in medical understanding, using the sources to show a shift from isolation to treatment or from an emphasis on religious ideas towards a scientific approach. Unfortunately, such comments did not answer the question. Examiners always look to be positive and most candidates did make an inference about change but there were fewer answers than usual that received the full 4 marks. Candidates seem well prepared in terms of knowing what is expected in Q1 but they need to be reminded to check the question carefully and identify what change they are being asked to identify (comments about continuity are not relevant here).

The term 'authorities' is a key one in this specification. It applies in all periods as well as in both extension studies and candidates need to know that it can mean central or local government.

Answers that did look at the authorities often commented on their attitude, suggesting that in 1665 they didn't care about the sick or weren't prepared to visit them whereas in 1948 they were more caring and visited the hospital. Another common approach at Level 2 was to explain that the authorities had become more involved in health issues by 1948, as was shown by the government minister personally visiting a hospital. Good answers included comments about how the authorities in 1665 were giving orders relating to the treatment of the sick whereas in 1948 the government's role was one of support for the medical profession. The best answers explained that during the plague in 1665 it was the Mayor or local authority making provision to isolate the sick whereas in 1948 the government took on the responsibility of providing a national health service. Another excellent response was to explain the shift from a reactive policy to a specific epidemic to proactive measures about health.

Answers should explain what inference is being made about change: for example, identifying the nature or scale of change. Simply juxtaposing comments about the sources, with the occasional 'whereas' or 'however' inserted is not an analysis of change.



ResultsPlus
examiner tip

To reach Level 2, answers must use the sources to infer a change.

1 What can you learn from Sources A and B about changes in the role of the authorities in medicine?

Explain your answer, using these sources.

(4)

To begin with, we can see from Source A that supernatural causes for the plague were around and the ~~authorities~~ ^{authorities} was encouraging this. The red cross on the door shows that they would look to God for answers as ~~authorities~~ ^{authorities} aren't really helping them. In addition to this, the authorities are providing no help for people but leaving them to get on with it. An attitude of laissez-faire.

However, Source B shows that there has been a huge change in the role of authorities as they are caring and giving help to the sick rather than giving them ways to prevent it themselves. These sources show us that the authorities became much more involving in treating and caring for the sick.

(Total for Question 1 = 4 marks)



ResultsPlus
examiner comment

This answer has a clear focus on changes in the role of the authorities and makes explicit references to the sources. It is therefore Level 2.



ResultsPlus
examiner tip

Start by identifying the change that has occurred and then use the sources to explain how you made that inference.

Question 2

Q2 is always set on key people, events or themes from the specification. Both Florence Nightingale and Elizabeth Garrett Anderson are named in the specification yet there was a surprising lack of knowledge amongst some candidates and others failed to score highly because they did not analyse the question.

Florence Nightingale was the overwhelmingly more popular choice and the details of her work in the Crimea were well known, with candidates frequently including statistics on the death rate and pointing out that her emphasis on hygiene arose from a mistaken belief in miasma. Yet the question asked about her importance in the training of nurses. Her work in the Crimea gained her recognition but it was her work back in England, at St Thomas' Hospital and as the author of key texts on nursing, that had an impact on training. Many candidates gave narrative or unbalanced answers that only explained her importance in training nurses in a concluding paragraph. Some comments were based on a vague understanding of her importance but lacked the necessary accurate detail. For example, many low-level answers said that women were not allowed to become nurses before Nightingale and that she was the first nurse. Other answers claimed that she improved medical treatment, trained nurses in the Crimea, was a doctor, trained doctors, or worked during the First World War. A few answers focused more on changes to hospital design than on her role in training nurses.

Good comments on Nightingale explained her importance in setting up a training school for nurses and writing books that were translated into many languages, often naming 'Notes on Nursing', resulting in the professionalisation of nurses and having an influence that spread beyond this country. Other comments about her influence included the fact that she made nursing a respectable occupation, was consulted about the design of hospitals, gave evidence to parliament, met Queen Victoria and, in 1907, received the Order of Merit, although it was also noted by a small number of candidates that training of nurses was not made compulsory until the twentieth century.

Elizabeth Garrett Anderson was chosen far less often (approximately one-sixth of the answers) and candidates were often confused about the chronology of events. Answers were divided about her importance in relation to the training of doctors. Many pointed out that she paved the way for other women to train as a doctor but others commented on the fact that the Society of Apothecaries changed its rules after being forced to accept her, therefore her breakthrough into the medical profession was a personal success but closed the door for other women. Some answers explained that she had to go to Paris to receive a medical degree and even though the law was changed in 1876, attitudes were slow to change. However, a large number of answers simply asserted that she acted as an inspiration to the many women who wanted to become doctors and had an immediate effect, radically changing the position of women in medicine and in society, showing that 'women were just as good as men'.

Some candidates confused Garrett Anderson with Elizabeth Blackwell or Sophia Jex-Blake. A few candidates tried to compare the two women – they need to be clear that in Q2 the instructions are to choose **one** of the options. Other answers tried to make this a 'factors' question and used their chosen option as a springboard into a discussion of medicine during the nineteenth century and the way it was affected by key individuals, government, knowledge, technology, etc.

2 The boxes below show two women who were involved in changes in training during the nineteenth century.

Choose **one** and explain why she was important.

(9)

Florence Nightingale and the training of nurses.

Elizabeth Garrett Anderson and the training of doctors.

~~Florence Nightingale~~

Florence Nightingale was incredibly important in the training of nurses, as not only did she regulate their training, but she also increased the respect they received.

For example, when Nightingale went out to Crimea to work in the army hospital in Scutari, she cut the death rate from 42% to 2% through her insistence on cleanliness in the hospital. This was very important, as an order word reached Britain that she had done this they began to see that nurses had a very important role to play, not just in the care they provide, but also in stopping and enforcing hygiene for patients, as this could help them to live longer. Indirectly, Nightingale, therefore gained respect for nurses at this time, as that it began to move away from a time where women were too stupid to carry out operations, and therefore only useful in offering comfort, to a time where the nurses were seen as valuable professionals in medicine. This increasing respect encouraged other women to become nurses, increasing the popularity of the profession. This led to an increasing professionalisation in the training of nurses, which has continued until this day.

Furthermore, Nightingale wrote a book called 'Notes on Nursing' which was translated into eleven languages. This greatly developed ~~the~~ the training of nurses as now they were able to study from a detailed 800-page report on the standards of nursing. This not only helped to regulate training for nurses, but also standardise training so that each nurse learns in a similar way and therefore gives equal treatment to all patients. The regulation she aimed to put in place was also aided by the Nightingale School for Nursing, which was paid thanks to money raised by the British public. In this way, Nightingale ensured that nurses were properly trained, learning from books and also training in a school that was specifically set up for nurses.

Moreover, Nightingale's increasing respect and her new designs on hospitals showed people that nursing was a valid career option. As more and more were inspired by her work, they were encouraged to join the work which, combined with Nightingale's influence on training through in-depth study helped to regulate the training of nurses making it an increasingly professional and important job. ~~From 1860~~ ~~had to change to reflect this, so nurses would have to attend a~~ ~~school similar to Nightingale's in order to qualify, or perhaps the~~ ~~London school of medicine, which she founded.~~

In conclusion, Nightingale had a far-reaching impact, as she ~~also~~ founded the London School of Medicine, or the Nightingale

School for Nursing, where they would be trained by Nightingale's methods as recorded in her books and with an emphasis on cleanliness (as Nightingale thought disease was spread by microbes). ~~Greatly, she greatly inspired~~ (Total for Question 2 = 9 marks)
the starting of female nurses and also their training.



ResultsPlus
examiner comment

There is a good focus here on how the actions of Florence Nightingale affected the training and status of nurses.



ResultsPlus
examiner tip

Notice how the overall argument is stated at the beginning of the answer and how each detail is related back to the question. This is typical of a good Level 3 answer.

2 The boxes below show two women who were involved in changes in training during the nineteenth century.

Choose **one** and explain why she was important.

(9)

Florence Nightingale and the training of nurses.

Elizabeth Garrett Anderson and the training of doctors.

Elizabeth Garrett Anderson was a significant role model for all women. This was because Elizabeth fought to be a doctor, she went to court and fought for her right as a woman. This took a lot of courage and determination from her. Soon, she was allowed to study in university and get a degree to become a professional doctor. This act made Anderson an inspiration for women everywhere. After this, there was a large amount of women wanting to become a doctor.

This ~~act~~ act made Elizabeth Garrett Anderson famous and this act however big or small it was, was particularly important because she showed not only women but men too that ~~women~~ females are just as good as males and that ~~they~~ whatever the men can do, the women could do it better.

Once many women graduated from university as a doctor, the universities found that ~~the~~ ^{the} women were graduating with a lot higher and better results than all the men were.

~~This is why~~ That was why she was important, because she helped many women across the country believe in themselves and that they can be anything they want to be if they worked incredibly hard and fought for it like she did.



ResultsPlus
examiner comment

This answer has the understanding that Garrett Anderson faced difficulties in her attempt to train as a doctor and that her qualification was a breakthrough in medical training. There is enough to move the answer into Level 2. However, there are few specific details offered in support of the comments and the claims are overstated, so it stays at the bottom of the level.

Question 3

Candidates know the basic story of Jenner and smallpox vaccination in great detail but there are several aspects that remain hazy. Many confused the early eighteenth century use of inoculation or variolation with Jenner's vaccination, or assumed that Pasteur used Jenner's technique to develop more vaccines. There were also many who were confused between smallpox and cowpox. This precision in knowledge and understanding is expected at Level 3 and meant that a number of candidates, who knew the details of Jenner's work, could not really evaluate its impact because they did not fully understand what came before or afterwards. Similarly, there were cases where candidates provided detail about the work of Pasteur and Koch that could have been relevant to this question but they failed to explain the link.

Confused chronology created other problems since many thought there was a short time scale between Jenner's discovery and Pasteur's work on vaccines or that Pasteur pre-dated Jenner; others thought the Church still controlled medical training.

Most answers asserted that Jenner had a huge impact and saved thousands of lives. However, many candidates did give some assessment of the limitations on the importance of Jenner's vaccination by explaining that there was opposition to vaccination, that Jenner could not explain how his technique worked or that this link between cowpox and smallpox was unique. Yet relatively few used this knowledge to create a measured assessment, often stating that Jenner's technique had a massive/dramatic/radical/huge impact, without considering that vaccination was not enforced until 1872. It was also surprising how many declared that the Anti-Vaccine Society helped to spread Jenner's vaccination.

Candidates should be reminded that it is not necessary to use the stimulus material in the question to achieve high marks and they should be discouraged from trying to use material that is unfamiliar to them.

In every question there are always candidates who want to reproduce their prepared answer. In this case, candidates produced answers about the factors affecting Jenner's work, often discussing the role of the government and mistakenly asserting that the government had funded his research.

A number of candidates also assessed the impact of Jenner's work, on the assumption that it was treatment or a cure for smallpox – it is essential that candidates can differentiate between prevention and treatment. Other answers provided a narrative about the work of Pasteur and Koch without linking it to the question.

Nevertheless, there were some outstanding answers, which considered both positive and negative aspects and the short- and long-term impact of Jenner's work. These candidates had a clear understanding of the question and were able to shape their knowledge appropriately.

Indicate which question you are answering by marking a cross in the box ☒.
If you change your mind, put a line through the box ☒
and then indicate your new question with a cross ☒.

Chosen Question Number: Question 3 ☒ Question 4 ☒

Edward Jenner's discovery of vaccination was a momentous decision for the prevention of infectious diseases.

This led to many others going on to discover vaccinations for other deadly diseases.

On the one hand people may argue that Jenner's observation of the way those who had suffered cowpox did not go on to suffer smallpox, was statistically a very important period of time.

Furthermore it was Jenner that inspired Louis Pasteur in 1879 to find a vaccination from a weakened dose of a shot solution for chicken cholera a disease that was proving seemingly difficult to endure. Pasteur also found a vaccination for Rabies in 1885.

Similarly, the Government introduced the act that made vaccination compulsory, this was in 1852 and ^{five} seven years later it was confirmed that smallpox had been eradicated in Britain. This was mainly down to the Royal

Jennerian Society that was set up in 1802 and helped to vaccinate over 1000 Britains

However, on the other hand there were many that weren't pleased with the impact Jenner's vaccination was having on society and these were doctors that had been inoculating people for money but because the vaccination was affordable for ~~lower~~^{all} masses of society citizens stopped going to doctors. This was considered the main reason why the Anti-Vaccine Society was set up in 1802.

Many may also agree that vaccination was good but even there were more issues that needed to be addressed as prevention of cholera was not put in place until the early 20th century and it was issues about other more challenging diseases that needed to be addressed. Therefore Jenner's development of vaccination did not make much of an impact.

Personally I believe that Edward Jenner's development of vaccination made a significant impact on the British society's prevention of infectious diseases as he initiated him many more

would have suffered from infections that did not start out as life threatening but died due to by the lack of money for treatment. But by developing vaccinations many went on to discover vaccinations for other diseases by reading his work.



ResultsPlus
examiner comment

This answer shows the significance of Jenner's work while also showing the limitations of his discovery – the opposition from other doctors and the fact that it only applied to smallpox and there was still no effective prevention of diseases like cholera. There is also the understanding that Pasteur's vaccinations were not directly linked to Jenner's technique.



ResultsPlus
examiner tip

Notice that there is little description of what Jenner did and the detail that is included is used to support the comments about impact or effects of Jenner's work, which is the focus of the question. This approach prevents the candidate wasting time on a description of Jenner's experiments but also means that the answer is much stronger because the focus on the question is clear from the beginning. This is a good Level 3 answer.

Indicate which question you are answering by marking a cross in the box ☒.

If you change your mind, put a line through the box ☒
and then indicate your new question with a cross ☒.

Chosen Question Number: Question 3 ☒ Question 4 ☒

On the one hand Jenner was the starting point in the prevention of infectious disease. Jenner's work provided a breakthrough in medicine as his development of the smallpox vaccination prevented that in the years 1802-04, the Royal Jennerian Society vaccinated over 12,000 people, and preventing them from getting the disease. Jenner's work was the start of discoveries into the prevention of disease.

On the other hand, Jenner's work was a bit down to chance more than ~~disc~~ and so he did not know how the vaccine worked and so could not develop his work further to create vaccines for other infectious diseases and so therefore he may not have some may argue that his work didn't have such a huge impact. In 1885 Louis Pasteur, a rival of Jenner's looked at Jenner's work and tried to understand how it worked so that vaccines could be created for other infectious diseases. Pasteur was successful and went on to develop a vaccine against rabies.

overall, personally I felt that Jenner was hugely important in the development of vaccinations against infectious disease as he made the first breakthrough even though he did not understand it this may have been ~~caused~~ by due to the lack of funding and technology of his time that were later on developed and used.



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examiner comment

This answer understands that Jenner's work was a significant breakthrough in the fight against infectious diseases. It also recognises that lack of understanding provided a basis for criticism and limited its impact. Therefore this is a Level 3 answer. However, it does not offer much additional detail to support the comment and the suggestion of a direct link to Pasteur's work is invalid, so it stays at the lower end of the level.

Question 4

This topic is part of the specification and therefore a question should not be unexpected yet it appeared to be an unfamiliar area for most candidates. The bullet points highlighted the reliance on home remedies in the early twentieth century as a result of poverty and limited access to medical professionals, the distrust of science after the problems associated with thalidomide and the interest in alternative approaches to medicine such as acupuncture. Although over 900 candidates answered this question, very few could add anything to the bullet points. Some did not seem to understand the point of the question and simply discussed different treatments, the establishment of the NHS or private medicine. Furthermore, many made anachronistic comments about religion holding back progress in medicine or discussed the role of women in producing herbal remedies.

Most candidates made general comments about the problems of not being able to afford effective treatment. However, few were able to go beyond the bullet point and use their knowledge of the situation in the early twentieth century to explain that the 1911 National Insurance Act still did not make provision for workers' dependants – therefore the difficulty in accessing and paying for medical treatment forced many to rely on home remedies. Some answers did discuss the use of patent medicines and also contained good detail on thalidomide. However, they could not make use of this in relation to the question and most candidates did not recognise the significance of the bullet point about acupuncture, failing to explain either the interest in the medicine of other cultures or the fact that it was more widely available once it was provided through the NHS.

The occasional answer that reached Level 3 seemed to be based on personal knowledge and covered homeopathy, holistic medicine, interest in other cultures and ethical objections to drug testing on animals. Conclusions included the comments:

'A lot of people have chosen alternative medicines ... as they find them a lot cheaper, healthier, better for the body and quick to gain access to.'

'The reason why many people today still use alternative medicine is a mixture of economic, moral and cultural factors as well as mistrust of public health services and exposure to more forms of medicine.'

Indicate which question you are answering by marking a cross .
If you change your mind, put a line through the box
and then indicate your new question with a cross .

Chosen Question Number: Question 3 Question 4

^{Some} Many people have chosen to use alternative medicines such as herbal remedies and acupuncture ^{due} to the increasing number of reports ^{of deaths and} side effects ^{of} drugs ^{that had been} ~~used~~ prescribed by doctors had happened. An example of this is the thalidomide drug in the 1960s that was meant to prevent early morning sickness for pregnant women ^{in fact} but, horribly disfigured the baby as a side effect of the drug ~~more~~ therefore ruining many people's trust in new drugs of which ^{was} ~~is~~ already sensitive for the majority of society. Another reason ~~other~~ people ~~take~~ took other approaches to cure was the cost, the NHS did not come into place until 1948 meaning ~~that~~ before then, gaining access to a doctor of training was expensive and the drugs available at the time were even more so, not many people in the 1900 were wealthy so the idea of cheap alternative cures was unquestionably the better option for much of society. Some people including up to the

present day believe drugs over the counter or prescribed are often unethical and immoral this is due to the parts of animals used in some drugs and the testing on animals ~~some~~^{most} scientists use to test their drug ~~processes~~ although this is a more modern approach to why some people take other options due to our ease of gaining drugs and medication through the NHS.



ResultsPlus
examiner comment

There is good knowledge here of the effects of thalidomide and how those problems affected attitudes towards scientific medicine. Although this answer is mainly based on the bullet points, their significance has been understood and they have been used to support a point, not simply described. There is also some discussion of ethical concerns over the use of animals to test new drugs.

These are valid reasons why people used alternative medicine and the answer therefore reaches Level 3. Contextual knowledge about the situation in the early twentieth century is well used, meaning that this gains the upper mid mark in the level.



ResultsPlus
examiner tip

The candidate has included an additional point from their own knowledge and not used the bullet point about acupuncture. It is not necessary to use the stimulus material and candidates should not attempt to do so unless they understand why it is relevant to the question.

Question 5(a)

Candidates are always knowledgeable about Roman public health and there were detailed descriptions of aqueducts, sewers and public baths, which easily reached Level 2. Examiners also noted that some candidates had excellent knowledge of specific facilities in Britain. This was often supported by an explanation of the Roman's belief in miasma and their understanding that health and hygiene were linked.

Although many answers did not mention the role of the government in funding and organising the construction of these facilities, which was necessary for Level 3, a number did explain how the government used the army to build the infrastructure for public health. There was also a small number who made a clear distinction between the level of facilities provided for the army and those accessible to the public. Unfortunately, a small number of candidates merely wrote about Roman medicine, often focusing on Galen, which could not be rewarded.

Question 5(b)

Many candidates who answer questions on this extension study have limited knowledge of what happened between 410AD and c1350. They know that Roman structures decayed but they have little understanding of the nature of society and the standard of medicine in the Anglo-Saxon and Norman periods. Medical training is also a lesser known area of the specification; for example, very few could name the *Ars Medicinae* and only a couple could name the medical school at Salerno or a university (Padua was the most commonly named). The combination of these two problems meant that many answers to this question jumped from Galen to the Church's control of medical training during the Middle Ages. Possibly because they had few comments to make about change and continuity in the period, a number of candidates went beyond the Middle Ages to discuss changes during the Renaissance; others wrote more generally about medicine and treatment.

Where answers did focus on the question, those who relied on the stimulus material tended to stay at Level 2, offering more detail based around the prompts. Where candidates could form their own argument and use the stimulus material as support, they usually reached Levels 3 and 4. Continuity was usually well explained with candidates able to show that there was little change in medical knowledge, usually discussing the continuing importance of Galen and the role of the Church in perpetuating his theories. A few answers also mentioned Islamic medicine and discussed the limited influence these developments had on medical training. However, the shift from a system where people could just set themselves up as doctors, or the apprentice system of training with a doctor, to the requirement of a degree and then the establishment of a medical degree, was less well explained.

Indicate which question you are answering by marking a cross .
If you change your mind, put a line through the box
and then indicate your new question with a cross .

Chosen Question Number: Question 5 Question 6

(a) To begin, the Roman government had an important idea: ~~keep~~ keeping people healthy during the Roman period, & they repeated successful remedies and tried to prevent the spread of disease through the use of Public Health schemes, which were made available for everyone.

For example, although the Roman government saw little importance in encouraging the search for the causes of disease, ~~they~~ ^{as Roman} would try lots of combinations of prayers, charms, and natural remedies, such as herbs and roots, and repeat those that worked. In this way, the government encouraged ~~that~~ ^{new} people to see recognise the link between health and hygiene and ~~started~~ act on it, for example by not building houses near swamps and marshes.

Furthermore, the great Roman government was very important as it made central decisions, organised a workforce and issued taxes to pay for Public Health Schemes to be put in place. For example, the Romans built baths which spread across their empire. These baths were cheap enough for most to use, so even the poor could enjoy a dip in the baths. Here, they would exercise, increase fitness and, which improves the ability to fight off disease, clean themselves, and use a natural way to wipe the dirt dirt off their skin. In this way, all members of the public were able to keep clean and although they didn't

((a) continued) understandably, therefore, keep the sewers clean and remain healthy.

Also, the Roman government introduced water supply networks and aqueducts; not only in Rome but all over the Empire. In this way, people in towns were granted access to clean water and could live in a clean environment, where sewage did not run down through the streets. Therefore, the government not only kept towns clean through the removal of rubbish, but their vast Public Health Systems also enabled people to get access to clean fresh water, meaning that disease is less likely to spread, ^{for} example, diseases spread through contact with insects, or sewage, or waterborne diseases.

Initially, the government encouraged good hospital care for their army, as they needed them to conquer conquer more land for their Empire, and also they also saw the link between health and hygiene. However, the best care, treatment, physician and surgeons were only available for the army, and not ordinary people, who may have received lesser care, although this emphasis on good hospital care did mean that some were healthier, for example, soldiers in the Roman army who had their wounds treated.

In conclusion, the Roman government had an important role in funding and making decisions about how to keep people healthy, for example through Public Health schemes, but without the army and communicating these ideas couldn't have spread or plans put into action. Their role was important.

((b) continued) The Church opened medical schools in Europe in the 12th century, although the first was in Salerno in the 10th century. Here, too it is clear to see that medical training changed because the church placed an emphasis on studying and witnessing dissections for themselves, because as ~~times~~ ^{requests} grew and the economy improved, a greater emphasis was placed on learning. However, medical training had ^{only} still changed relatively little, and even though medical training at a university was encouraged, it was still based on Galen's ideas, and therefore ~~the~~ ^{its} treatment or cure could not change.

However, around a century later, in the 13th century, the professionalism of doctors greatly improved. Although in the past training had been advised but not strictly enforced, by the thirteenth century, doctors had to have a medical degree. This meant that doctors were forced to train and complete many years of study, which helped to ensure that they had a thorough knowledge of the body, its systems, and medicine and could therefore treat patients effectively, for example using the method of clinical observation that was encouraged by Hippocrates. So, towards the end of the Middle Ages, medicine became increasingly professional as medical schools opened, the requirement for a medical degree was put in place, as well as the requirement for a physician to be a member of one of the three main societies for medicine around this time.

As the time had, although the method of training

(b) continued) changed drastically, ~~the training itself~~ changed very little. Medical training was still based on Galen's and Hippocrates' ideas, on uses as supernatural causes of disease and the application of herbal remedies. Training did, however, change a little as the Church encouraged the belief that God caused disease, which meant that ~~research~~ ^{looked} wasn't ~~needed~~ ^{needed}, and also the introduction of ^{astrology} astrology, (for example, advising a headmaster ~~was~~ ^{was} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~13th~~ ^{13th} century), or uroscopy (the study of urine). So, ~~on~~ ~~the~~ ~~extent~~ ~~of~~ ~~medical~~ ~~training~~ ~~only~~ ~~changed~~ ~~very~~ ~~slightly~~, ~~as~~ ~~through~~ ~~the~~ ~~Baroque~~ ~~Renaissance~~ ~~period~~ ~~and~~ ~~the~~ ~~Middle~~ ~~Ages~~, ~~treatment~~ ~~was~~ ~~based~~ ~~on~~ ~~Galen's~~ ~~ideas~~, ~~although~~ ~~astrology~~ ~~and~~ ~~uroscopy~~ ~~were~~ ~~added~~ ~~to~~ ~~medical~~ ~~training~~ ~~during~~ ~~this~~ ~~period~~, ~~as~~ ~~new~~ ~~ideas~~ ~~were~~ ~~linked~~ ~~to~~ ~~Galen's~~ ~~old~~ ~~ones~~.

In conclusion, medical training itself changed only very slightly throughout this period, as people did not understand what caused disease, and besides the Church suppressed the search for new cures anyway, which meant that medical training could not change accordingly, or in order to reflect ~~that~~ ~~any~~ ~~change~~ ~~in~~ ~~the~~ ~~causes~~ ~~of~~ ~~disease~~ ~~or~~ ~~treatment~~ (of which there were few, or even none). Medical training, however, did become increasingly practical, and gradually, physicians were required to ^{study} ~~train~~ at a university for many years and, belong to a society, for example the Society of Apothecaries, and eventually gain a medical degree. Overall change was very slow, but most of it took place towards the end of the Middle Ages when an increasing reliance on natural remedies and less on supernatural, ~~the~~ ~~gradual~~ ~~decline~~ ~~of~~ ~~the~~ ~~Church~~ ~~and~~ ~~a~~ ~~growing~~ ~~need~~ ~~for~~ ~~learning~~ ~~spurred~~ ~~on~~ ~~a~~ ~~more~~ ~~practical~~ ~~approach~~ ~~to~~ ~~medical~~ ~~training~~.

TOTAL FOR PAPER = 53 MARKS



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This is an excellent answer that gained full marks. Part (a) is clearly Level 3 because it has a good focus on the role played by the government in public health rather than simply describing public health.

Part (b) covers the whole period, including the early Middle Ages, and weighs continuity in knowledge against change in the requirement for qualifications. Despite some minor errors in detail, there is good understanding and an approach that is both analytical and evaluative, meaning it is Level 4.

SPaG: Specialised terms are used and spelled correctly, e.g 'qualified physician', 'professionalism', 'clinical observation', 'Hippocrates' and 'supernatural'. The meaning is clearly expressed with only minor errors, and punctuation is accurate, with brackets and apostrophes used correctly.

(b) Medical training for nurses and doctors didn't change a great great deal as the middle ages came about. The Romans still believed the four humours to be responsible for ~~the~~ people becoming ill. So most medical training was based on Galen's ideas. ~~However~~ ~~medical~~ and Galen's theory of opposites.

Hippocrates an ancient Greek leading doctor also had an impact on medical training in the ~~middle ag~~ 1340s. He invented the idea of the four humours and created the idea of clinical observation. This was a process whereby doctors would note a patient's symptoms and ask them ~~to~~ how the illness has changed. The doctor would then predict what was going to happen and if the predictions were correct a cure ~~could~~ ^{would} then be given. Many of Hippocrates books were the source for doctors. Nobody had to be trained to open up a medical practice as nobody took responsibility.

When the first European medical school opened in the 10th century many works were based on Galen's theories. Also just stepping into the middle Ages some monasteries became universities and offered a medical training course under the programme of "Arts" that included learning about rhetoric, anatomy and geometry. However this course took ten year years, so not many doctors took this course.

In the 12th century a new course was established where teaching was based on a new set of notes known as "The arts of medicine".

Medical training that did take place, was normally

((b) continued) Done in Alexandria in Egypt as dissections of bodies could be done here.

Doctors around this time were often not respected as many of the ~~roman~~ doctors in Rome were greeks and the Romans felt that they were taking advantage of them. When Galens theories were published ~~is~~ many doctors hated him because he was arrogant and said some of their ideas were wrong.

At the time when the ~~romans~~ Romans started to leave Britain the church began to take over. And in the middle Ages they had full power of education and medical training. They rejected new ideas and refused to improve medical training as they believed illness only to be temporary as heaven was the main aim. Because of this they didn't feel the need to update doctor and nurses medical training or GP's knowledge.



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This is Level 3 because it has good knowledge of developments in medical training. However, continuity is not explicitly discussed and there is also little sense of evaluation of the extent or significance of change and continuity, so it cannot reach Level 4.

SPaG: The candidate's meaning is clear and some specialist terms are used and spelled correctly, e.g 'Hippocrates', 'clinical observation' and 'rhetoric'. However, there are errors in spelling, punctuation and grammar, including errors with capitalisation.



ResultsPlus
examiner tip

Five minutes spent planning this answer could have moved it up a level. With better organisation, this answer could have been Level 4 as the candidate clearly has a good understanding of the issue but has failed to address the question of how much medical training changed.

Question 6 (a)

Bevan is a named individual in this extension study and it is interesting that some candidates recognised Bevan in Source B for Q1 but the majority of answers here showed very little knowledge of what he did. Many candidates confused Bevan with Beveridge and some apparently believed Bevan was a woman – possibly arising from a misunderstanding of the reference in the question to him as Health Secretary.

The situation in the early twentieth century and the reasons behind the creation of the NHS were often well known but included limited knowledge of Bevan and discussed his resignation after prescription charges were introduced rather than his role in the establishment of the NHS. Some answers were simply descriptions of the NHS and some candidates confused the NHS with National Insurance.

The best answers could explain how Bevan dealt with opposition from doctors who were reluctant to lose their fees from private patients and a few linked his drive for the establishment of the NHS to his poor background and belief in socialism.

Question 6(b)

Nineteenth-century public health seems to be a favourite topic for many candidates. They can confidently discuss living conditions, cholera and the Public Health Acts. Laissez-faire, Chadwick's personality, Snow's work and the development of the germ theory, the Great Stink and Bazalgette's sewer system, and the changes to the franchise, were all mentioned.

However, this question approached the topic from an unusual angle and candidates needed to manipulate their knowledge to respond to this specific question. Many spent far too long describing the problems rather than the reasons why it was difficult for the authorities to take action. Other responses consisted of a prepared answer on nineteenth-century public health, the factors involved in change or the role of government in public health.

Candidates who relied entirely on the bullet points sometimes found it difficult to use the information about local authorities but many commented on the problems caused by the fact that the 1848 Public Health Act was permissive, not mandatory, or that a proper understanding of disease and public health did not develop until after Pasteur's germ theory. Laissez-faire was known but usually limited to an explanation that the government was reluctant to take action. There was little discussion of public attitudes towards government interference (for example, the 'Dirty Party') or reluctance to pay local rates.

A number of answers offered several reasons why action was delayed but did not show how these reasons interacted.

Below is an excellent answer.

Indicate which question you are answering by marking a cross in the box .
If you change your mind, put a line through the box
and then indicate your new question with a cross .

Chosen Question Number: Question 5 Question 6

(a) Before Beveran, many disagreed with the NHS as doctors would be paid much less to do government work ~~as~~ as currently, they were only paid privately so had high salaries. Beveran proposed that in addition to working for the government, doctors could also work privately, which provided an alternative solution for those able to afford private health care and therefore ~~made~~ left more resources for the poor as well as a reason to make doctors agree with the decision. This showed his quality of teamwork, as the Beveridge report had been published six years previously in 1942, recommending an NHS be made, so he worked with this to move the government away from the previously 1830s attitude of laissez-faire. ~~£~~ He managed to make the government propose the NHS officially in 1946, ~~and~~ he began what turned into a system which took care of people 'from cradle to the grave' and went on

((a) continued) to make many campaigns, such as against smoking, making public health more concerned with preventative rather than ^{only} curative measures, making the citizens of Britain healthier than they had ever been before.

(b) PLAN: • ~~laissez-faire~~ Attitude - laissez-faire
 • ~~Opposition of individuals~~ - voting 1857 - 'interfering'
 - Chadwick - ~~sanitation~~ - 1st health act
 • ~~Lack of understanding and technology~~ = germ theory only
 - Snow cholera - sewer system 1861

Firstly, attitude prevented authorities from improving public health before 1875. The government in the 1830s had a 'laissez-faire' attitude, believing it was not their problem to improve public health as they thought it was people's own fault that they were poor and sick while many of the poor didn't want the government to 'interfere' as at the end of the 18th century, people had been outraged when the smallpox vaccination was made compulsory. An example of this attitude is the four cholera epidemics which killed ~~thousands~~ 10,000 in Britain before 1875 and yet the government did nothing to improve ^{public} health until it affected them with the Great Stink of 1858. Therefore, the first public health act of 1848 did little to help the people, as ^{the} government wasn't voted for by the working class until 1857 in the city, so there was no push to make them help. The

((b) continued) first public health act didn't force towns to do anything, and as people of higher status were opposed to it, the national board of health was disbanded in 1854.

A second reason was the ^{opposition} ~~attitude~~ of individuals. Chadwick put together a report on the terrible living conditions of the poor ^{in 1842} and Farr collected data on death rates in 1837 - proving that those in poor living conditions died young ~~as~~ while Chadwick proved that people were poor as they were too ill to work and yet, newspapers accused him of trying to force people to make Britain clean. As there was so much opposition to them, the government could not have supported them and improved public health or they'd have lost votes. Only a ~~Next, was the lack of understand and few technology,~~ towns listened to Chadwick and lined pipes with pottery to stop dirt getting into the water.

Next was the lack of understanding and technology. It was in 1865 that Snow proved the link between water and cholera and yet there was another epidemic. This was because ^{even} Snow himself did not understand the science of this. Pasteur

((b) continued) had only discovered the germ theory in 1851, so the idea hadn't yet spread so many still believed in 'miasma' - that disease was carried by bad air, not germs or water. This meant that the government didn't see a need to improve public health as they didn't link it to disease. As for technology, Bazalgette took many years to build the sewer system, beginning after the Great Stink but not finishing until ~~around~~ much later.

In conclusion, while opposition of individuals and the lack of understanding did contribute to the authorities lack of public health before 1875, I believe that the largest reason for it not improving was attitude. The government didn't care about the working class and so did nothing to improve their health, including listening to new technology, theories and individuals.



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This is an excellent answer from a candidate. In part (a) the candidate shows how Bevan addressed the lack of support from the doctors and therefore his key role in establishing the NHS. This makes the answer Level 3.

In part (b) there is an analytical approach, clearly identifying several factors: public attitudes, opposition from individuals, lack of understanding and problems with technology. The conclusion has a clear line of argument which evaluates the various reasons for the lack of progress before 1875 and this sustained focus on the question and sense of argument throughout the essay makes this a Level 4 answer.

SPaG: The meaning is clearly expressed and despite the long paragraph on the first page, the answer is clearly structured. Specialised terms are used and spelled correctly, e.g 'government', 'authorities', 'epidemic', 'miasma' and 'technology'. Punctuation is accurate, with the correct use of apostrophes and inverted commas.

(b) The local authorities found it difficult to improve the public health in the nineteenth century before 1875 for a few reasons. One reason was cholera.

In 1831 cholera reached England for the first time. It affected about $\frac{1}{3}$ of the population. ~~This~~ At this time the public didn't know how to dispose of ~~human~~ waste or ~~properly~~ ^{properly} clean themselves so once you caught ~~the~~ cholera it was near enough certain death. Cholera came around for the 2nd time in 1848. This time round it wasn't so bad. Although still the government didn't know the cause properly. ~~This~~ ~~meant~~ ~~that~~ ~~there~~ ~~wasn't~~ ~~much~~ ~~they~~ ~~could~~ ~~do~~ ~~to~~ ~~prevent~~ ~~public~~ ~~health~~. ^{improve} Thus meant that there wasn't much they could do to ~~prevent~~ ^{improve} public health.

In the mid 1800's John Snow was investigating the link between dirty water and cholera. He mapped out the position of the water pumps and where people had died

((b) continued) from cholera. He took the handle off the pump where there was the most deaths so those people had to use other water pumps and the number of deaths dropped dramatically.

The government had a lot of opposition from the general public in the 1800's because of the laissez-faire attitude. Many people thought that the government and local authorities shouldn't interfere with the lives of ordinary people. This led to the authorities having to step back and not help the public. This led to no or very little improvement of public health.

Also at this time there was no waste removal or street cleaners. So rubbish would be put out on the street or human waste would be put on the street and left there. This was because the authorities couldn't afford it. In 1848 and 1872 local councils borrowed £11

((b) continued) million to improve public health services. So the government and Authorities found it had to improve public health.

Overall in the nineteenth century there was set backs such as the ^{2 main} Cholera outbreaks in 1831 and 1848 and the ~~too~~ laissez-faire attitude which ~~stopped~~ the authorities made it difficult for the authorities to improve public health before 1875.



ResultsPlus
examiner comment

This answer has valid detail but the approach lacks focus. The answer describes the situation in the nineteenth century, the work of John Snow and the problems faced by the government. However, this information is not clearly related to the question and the comment that the government had to 'step back and not help the public' suggests a lack of contextual understanding even though the reference to a 'laissez-faire' attitude is correct. The attempt to focus on reasons why so little was done allows the answer to edge into Level 3 but it is not an explicit enough focus to go beyond the bottom of the level.

SPaG: The spelling and use of specialised terms are largely correct ('government', 'cholera', 'authorities') although laissez-faire is spelt incorrectly. Basic punctuation is accurate in the use of full stops and commas and also apostrophes in 'wasn't' and 'shouldn't' but incorrect in 'the 1800's'. The meaning is usually clear even if not precisely expressed.

Summary

- As always, there was a wide range of answers. The best were truly impressive, demonstrating good understanding of the concepts involved and supported by precise and wide-ranging knowledge. At the other extreme, candidates had frequently grasped certain key ideas and details but could not fit them into an overall framework of change and continuity over 600 years, so that details were often anachronistic or vague.
- In addition to the candidate's knowledge and understanding, two aspects of examination technique have a significant impact on the marks: analysing the question and understanding its overall focus and time scale often make the difference between Level 2 and Level 3. At Level 2, many answers respond to the topic and consist simply of information, often based on any stimulus material that is provided; at Level 3, answers respond to the specific question and then select and deploy information in order to construct a focused answer. Examiners comment that they often see a plan included with the best answers.
- The final point is about the use of the stimulus material and especially the bullet points in Q5(b) and Q6(b). These are always factual pieces of information and candidates who take them at face value tend to produce additional detail but the answers remain essentially descriptive and Level 2. Candidates who think about what sort of cause/what aspect of continuity/what nature of change/what extent of impact is being illustrated by these factual examples are more likely to produce a Level 3 analytical response and also more likely to draw on appropriate own knowledge to develop their argument.

- **Spelling, punctuation and grammar**

The decline in handwriting over the last few years is understandable given the increasing use of computers to present work but there have been a sizeable number of answers where handwriting was difficult to read from the very first question and not simply at the end of the examination. When marks are being awarded for spelling, punctuation and grammar, it is important that examiners can identify capital letters, commas, full stops and apostrophes, and correct spelling.

Spelling was often reasonably accurate although certain terms such as 'laissez-faire' challenged candidates and 'definitely' is often misspelt as 'defiantly'.

Basic punctuation was usually accurate but apostrophes were frequently placed incorrectly and there were some very long sentences that lacked punctuation. A surprising number of candidates did not use capital letters for names.

The most common grammar mistakes were 'must of' and 'he done' but there were also a lot of casual and vernacular expressions such as 'majorly'.

Although handwriting is not assessed, candidates do need to make the letters in words and their use of punctuation clear.

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