

Information & Communication Technology B

General Certificate of Secondary Education **GCSE 1995**

General Certificate of Secondary Education (Short Course) **GCSE 1095**

Combined Mark Schemes And Report on the Units

January 2006

1995/1095/MS/R/06J

OCR (Oxford, Cambridge and RSA Examinations) is a unitary awarding body, established by the University of Cambridge Local Examinations Syndicate and the RSA Examinations Board in January 1998. OCR provides a full range of GCSE, A level, GNVQ, Key Skills and other qualifications for schools and colleges in the United Kingdom, including those previously provided by MEG and OCEAC. It is also responsible for developing new syllabuses to meet national requirements and the needs of students and teachers.

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by Examiners. It does not indicate the details of the discussions which took place at an Examiners' meeting before marking commenced.

All Examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the Report on the Examination.

OCR will not enter into any discussion or correspondence in connection with this mark scheme.

© OCR 2006

Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annersley
NOTTINGHAM
NG15 0DL

Telephone: 0870 870 6622
Facsimile: 0870 870 6621
E-mail: publications@ocr.org.uk

CONTENTS

General Certificate of Secondary Education

Information and Communications Technology B (1995)

General Certificate of Secondary Education (Short Course)

Information and Communications Technology B (1095)

MARK SCHEME FOR THE UNITS

Unit	Content	Page
2380/01	Paper 2: Foundation	1
2380/02	Paper 2: Higher	7

REPORTS ON THE UNITS



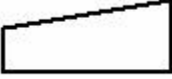
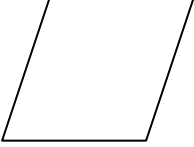

Unit	Content	Page
*	Chief Examiner's Report	16
2377/01 2377/02	Foundation Tier and Higher Tier	17
2378/2379	Coursework	18
2380/01	Paper 2 Foundation	24
2380/02	Paper 2 Higher	26
*	Grade Thresholds	28

Mark Scheme 2380/01
January 2006

1 (a)	Any field name 1 mark <ul style="list-style-type: none"> • patient number • title • surname • first name • address line 1 • address line 2 • postcode • blood type • doctor 	[1]
(b)	1 mark for indicating 'patient number'	[1]
(c)	1 mark for a unique identifier and 1 mark for what it is e.g. used to identify patient (1 mark).	[2]
(d)	1 mark for stating that there are two people with the same name.	[1]
(e)	1 mark for indicating whole line of record	[1]
(f)	1 mark for identifying passwords 1 mark for mentioning levels of access Eg they can use passwords (1 mark) to prevent unauthorised access by giving different staff different levels of access (1 mark).	[2]
2	1 mark for each correct tick. 1 mark deducted from the total for each additional mark over the 5 marks if all boxes ticked. concept keyboards are easier to clean concept keyboards only work with Macintosh computers concept keyboards are easier to use wearing gloves concept keyboards are much smaller than traditional keyboards concept keyboards are more difficult to use concept keyboards are more hygienic as they have no moving parts concept keyboards can be used in areas where there are fluids concept keyboards are ideal for large amounts of text input concept keyboards can have pictures on	[5]

3 (a)	1 mark for 279 or 69%	[1]
(b)	One mark for graph or type of graph e.g. <ul style="list-style-type: none"> • bar chart • pie chart 	[1]
(c)	No (only 9% have used the website) (1 mark) Do not accept number or % only.	[1]
(d)	1 mark for each point (up to two) and 1 mark for correct % or figure from chart e.g. <ul style="list-style-type: none"> • 53% (214) (1 mark) of patients would use it if it was easier (1 mark) • 69% (279) (1 mark) have Internet access at home (1 mark) • 91% (371) (1 mark) have not used Internet before for this reason (1 mark) 	[4]
4	<p>1 mark for each correct software stated – not brand names</p> <p>Software</p> <p>Task To send reminders to patients about appointments Software Word processor/ E Mail</p> <p>Task To develop a health centre website Software Web design software/ HTML editor/ web authoring software</p> <p>Task To record patient details Software Database</p> <p>Task To calculate the health centre's budget Software Spreadsheet</p> <p>Task To produce a health campaign poster Software DTP package/ publishing software</p> <p>Task To redesign the waiting room Software Graphics package/ CAD package/ drawing package</p>	[6]

5	<p>1 mark for each correct answer</p> <p>Answers for Use column must be related to Wordsworth Health Centre</p>	[8]
----------	--	-----

Symbol	Name	Use	Device
	Magnetic Disk	To store data and software	Hard Drive
	Document or printed Output	To print out letters asking patients to attend for routine health checks	A printer
	Manual input	To type in the patients records	A keyboard
	Process	To show an action or activity e.g searching database for next appointment, who is seeing the doctor tomorrow etc	CPU/RAM/ALU
	Display	The receptionist would view the appointment database	A monitor/VDU

6 (a)	<p>2 marks for each way described. example answers:</p> <ul style="list-style-type: none"> • patients could be blackmailed (1 mark) due to personal information such as pregnancy, abortion etc being used against them (1 mark) • Information could be sold to advertisers (1 mark) who could then direct market medicines that are not correct (1 mark) • People could find it difficult to get insurance (1 mark) or loans if the data is obtained by commercial companies (1 mark) 	[4]
(b)	<p>1 mark for each principle e.g.</p> <ul style="list-style-type: none"> • Personal data shall be processed fairly and lawfully • Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes. • Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which it is processed. • Personal data shall be accurate and, where necessary, kept up to date. • Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes. • Personal data shall be processed in accordance with the rights of data subjects under the Act. Eg Individual's right to see their own data. • Appropriate technical and organisational measures shall be taken against unauthorized or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data. • All data must be held securely 	[4]
7	<p>4 marks, 1 mark for each advantage stated</p> <ul style="list-style-type: none"> • easier to administer/ use • easier to find records • take up less space than bulky paper records • don't deteriorate over time • easy to read • less chance of losing records/ back up available • a lot of work is duplicated for the purpose of different jobs. • this is very labour-intensive and has led to inaccuracies in patient records • easier to update/ input • more secure 	[4]

8	<p>Marks will be awarded for to a maximum of 9: Well laid out form with boxes/spaces to fill in (1) Additional marks to the maximum of 8 for the following components: Marks for surname (1) and given name (1) but these must be separate</p> <ul style="list-style-type: none"> • Mark for address (1) • Mark for postcode (1) • Mark for DOB (1) • Mark for gender/title (1) • Telephone number/email address (1) <p>Maximum of 6 marks for personal non-health related data Additional mark for any other essential field e.g. doctor (1), blood group (1), ethnicity (1), religion (1), National Health number (1), patient number (1), comments (1), previous doctor (1), previous address (1) 1 mark for a space for medical history</p>	[9]
		55

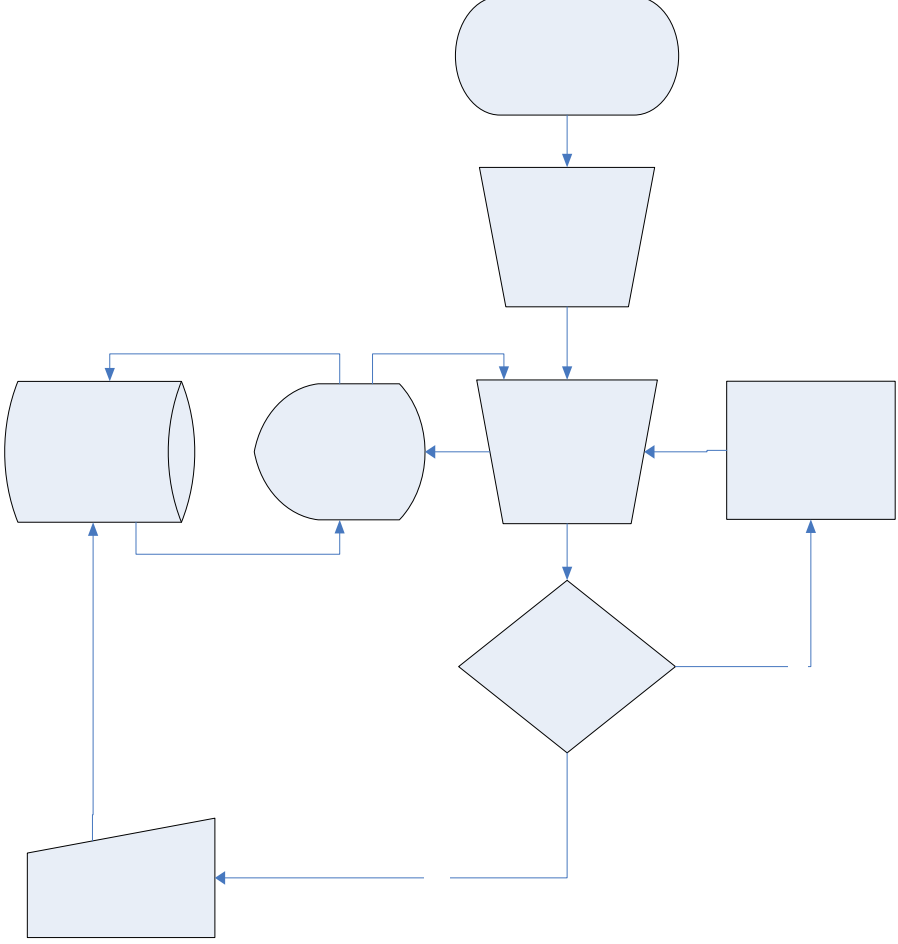
Mark Scheme 2380/02
January 2006

1	<p>1 mark for each correct software stated – not brand names</p> <p>Task To send reminders to patients about appointments Software Word processor Email Mail merge</p> <p>Task To develop a health centre website Software Web design software</p> <p>Task To record patient details Software Database NOT Spreadsheet</p> <p>Task To calculate the health centre's budget Software Spreadsheet</p> <p>Task To produce a health campaign poster Software DTP package / Graphics package</p> <p>Task To redesign the waiting room Software CAD software</p>	[6]
2 (a)	<p>2 marks for each way described, example answers:</p> <ul style="list-style-type: none"> • Patients could be blackmailed (1 mark) due to personal information such as pregnancy, abortion etc being used against them (1 mark) • Information could be sold to advertisers (1 mark) who could then direct market medicines that are not correct (1 mark) • People could find it difficult to get insurance or loans (1 mark) if the data is obtained by commercial companies (1 mark) 	[4]

(b)	<p>1 mark for each principle eg</p> <ul style="list-style-type: none"> • Personal data shall be processed fairly and lawfully • Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes • Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which it is processed • Personal data shall be accurate and, where necessary, kept up to date • Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes • Personal data shall be processed in accordance with the rights of data subjects under the Act • Appropriate technical and organisational measures shall be taken against unauthorized or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data • Can see data • Data transfer (only within certain countries) 	[4]
3 (a) (i)	1 mark for key point, i) 31 – 40 age group,	[1]
(ii)	<p>1 mark for each valid reason</p> <ul style="list-style-type: none"> • this group is more likely to have computers at home and • would be comfortable with using the Internet in this way • spare money for computer equipment • access at work • familiar with IT 	[2]
(b)	<p>1 mark for using graphs and charts (1) plus what they will be used for (1) and another mark for stating that more than one type of chart will need to be used. e.g. a pie chart (1 mark) as it will make the data easier to understand (1 mark)</p>	[2]
(c)	<p>1 mark for a valid reason e.g.</p> <ul style="list-style-type: none"> • No idea how the sample was chosen • No idea if balance between age groups <p>Most correct answers will refer to sampling</p>	[1]

(d)	<p>One mark for each benefit (4) maximum of 4. One mark for each drawback (4) maximum of 4. Remember the question is only worth 7 marks in total so 4 benefits and 4 drawbacks will be full marks (7).</p> <p>Benefits</p> <ul style="list-style-type: none"> • more patients would use service • most patients want the service • most patients have Internet access • fewer people in the surgery • shorter waiting times • more time for doctors to see patients • more responsibility to the patient <p>Drawbacks</p> <ul style="list-style-type: none"> • maintenance costs eating into patient care costs • set up costs • keeping up-to-date • possibility of hacking • may worry the patients (think they have diseases they do not have) • ICT expertise needed <p>If they have not got these full marks, additional marks can be awarded as follows:</p> <p>One additional mark for arriving at a conclusion or One mark contrasting a point e.g. most patients would use the service but this could lead to high web maintenance costs.</p>	[7]
4 (a)	1 mark for showing knowledge of patient number as a key field and one for relating to context. E.g. the patient number is a Key field (1 mark) this prevents more than one patient having the same number leading to incorrect medication. (1 mark)	[2]
(b)	<p>1 mark for reason one for expansion related to the health context e.g.</p> <ul style="list-style-type: none"> • It is vital that health centre records are kept up to date; (1 mark) if they are inaccurate patients could receive the wrong medication, (1 mark) • Vital that the correct patient is identified (1 mark) (1 mark) to send correct information and/or prescription 	[2]
(c)	<p>1 mark for:</p> <ul style="list-style-type: none"> • blood type • title • doctors 	[1]

(d)	<p>1 mark for each type of validation mentioned up to two 1 mark for each reason given up to a maximum of 2 marks e.g.: 1 mark for range check plus expansion, 1 mark for presence check, 1 mark for relating each of these to the health centre, max 4 marks eg A range check (1 mark) is used to make sure data is inside a fixed set of values, (1 mark) for example, a date of birth is between 1900 and the present date. (1 mark) A presence check (1 mark) makes sure that a value has actually been entered, e.g. a patient's blood group. (1 mark) 2 marks for drawbacks one for stating drawback and one for reason e.g. lack of flexibility (1 mark) e.g. patient who changes gender (1 mark)</p>	[6]
(e)	<p>1 mark for each valid access point</p> <p>Receptionist Reception staff do not have access to the confidential medical information (1 mark) held by the doctor, but they do need access to information such as name, address, DOB, age. (1 mark) Read only information (1 mark) unless specifically authorised to change specific data. (1 mark)</p> <p>GP's GP's will have more access (1 mark) to confidential information about prescriptions and medical advice given. (1 mark) They will also be able to input more data. (1 mark)</p>	[4]
5	<p>To gain marks the candidate must complete the chart with the appropriate input and output devices. Devices repeated must but must be specific eg thermistor not just sensor.</p> <p>To capture medical data from a barcode Input: scanner/barcode reader Output: Screen / visual display / alarm not printer</p> <p>To electronically log a patient's temperature over time Input: thermistor /temperature sensor / heat sensor Output: printer/ plotter</p> <p>To automatically monitor the number of patients entering and exiting the waiting room. Input: pressure pad / light sensor (light beam) electronic switch Output: display counter /screen / LCD</p> <p>To sound an alarm if the surgery is entered illegally at night. Input: pressure pad, vibration sensor, light sensor, infra-red, PIR, switches (described), motion sensor Output: bell, light, buzzes, siren (any audible), telephone</p>	[8]

6	<p>Marks: 1 mark each for any three stages in correct order max 3 1 mark for indicating the database 1 mark for a feedback loop 1 mark for decision 2 marks for any 2 appropriate flow chart symbols e.g.</p> 	[8]
7	<p>1 mark for each point</p> <ul style="list-style-type: none"> • must have firewalls • must be backed-up regularly • must have virus protection • must be stored in a secure place • must have data protection measures • must have password protection • must have secure method of transferring files eg encryption • must be limited to approved users • should be different levels of access • must be quick and easy for staff to retrieve patient information • validation • verification • read-only 	[8]

8	<p>Risk Action to reduce risk</p> <p>Eye strain from staring at monitor</p> <ul style="list-style-type: none"> • fit a screen filter • light the area well • keep the screen at a distance • take regular breaks • use flicker free monitors • use flat screen (LCD) monitor • adjust the colour and brightness of the monitor correctly • use large screens • carry out regular eye checks <p>Back strain</p> <ul style="list-style-type: none"> • use proper computer chair • sit at the computer correctly • take regular exercise • stand and walk around regularly • use a foot rest • back rest <p>Repetitive Strain Injury (RSI)</p> <ul style="list-style-type: none"> • Use ergonomically designed keyboard • use a wrist rest • position the keyboard correctly • do finger stretching exercises <p>1 mark for each valid point up to 2 in each box</p>	[6]
9	<p>1 mark for each valid point up to maximum of 5 marks if no drawbacks shown. To gain a point the candidate must refer to the chart and weighting given Must have benefits and drawbacks related to the health centre.</p> <p>E.g. As they are a health centre I would make security the main issue and select provider B as this has the best security. (1 mark) The speed of the service (1 mark) is poor at 4, but I do not believe speed (1 mark) would be a major problem to the user of the health centre site. The data size at 4 is also low (1 mark) compared to all of the other providers, but the health centre is unlikely to want space consuming files (1 mark) like video. Ease of use is average (1 mark) and technical help is poor (1 mark) compared to other providers, this could cause a problem. The cost of my chosen provider is high (1 mark) compared to the other providers, but security comes at a price. (1 mark)</p> <p>Up to one mark for conclusion.</p>	[8]
		80

Report on the Units January 2006

Chief Examiner's Report

The examination papers allowed candidates to demonstrate their ability in this subject, and the questions catered for a differentiation in the level of the candidate's ability. The levels of achievement in this examination were wide ranging, but only a limited number of candidates achieved very high marks. In the majority of cases, candidates attempted to answer every question, but some questions were answered far better than others.

Candidates did not always read the questions carefully in order to understand what is required in the answer. For example, in 2380/02, question 5, candidates referred to a general use of each symbol used in the flow chart, rather than relating it to the case study, Wordsworth Health Centre.

The examination does not reward candidates who give trade names as answers, generic software titles are required e.g. using Excel instead of spreadsheet would not gain any marks. In general, the marks achieved by candidates would have significantly improved by using the generic software titles instead of trade names.

In general the coursework units' standard of marking and internal standardization by Centres for January 2006 was of a high calibre, although a number of issues mentioned later in the report did arise. Before posting the coursework sample to moderators, Centres are reminded to double check that the mark on the MS1 is the same as the mark allocated to the candidate on the Front Cover of the coursework portfolios.

Report on the Units taken in January 2006

2377 – Foundation Tier and Higher Tier

Candidates generally performed well and the papers produced a good distribution of marks. Performances by candidates were in line with expectations.

Report On Coursework Component for ICT B Syllabus 2378

General Comments

Candidates following this course were guided to submit coursework based on a Health Centre in line with the guidance provided at INSET.

The vast majority of Centres followed either the Wage Slip scenario or one of the sample assignments linked to advertisements found in the 'Approved Specification'.

Most Centres had taken more notice of the 2nd paragraph of 7.1, Marking Criteria for Internally Assessed Work on page 40. "Each successive statement builds upon the previous statement and candidates must have completed the lower statement before they can be awarded the next mark range."

In general, the standard of marking and internal standardisation by Centres for January 2006 was of a high calibre, although a number of issues did arise: -

Annotation

Most Centres used the Front Cover Assessment Sheets giving the page numbers where evidence could be found. This helped with cross-referencing and aided the moderation process.

Some Centres gave extra annotation within the coursework portfolios, and this was greatly appreciated by the moderating team. Some annotation or indication where tutors are allocating marks benefits both the candidate and the moderator.

Although annotation is not essential, its use is greatly appreciated and aids the moderation teams and is an example of best practice.

Arithmetic errors

A small number of Centres had different marks on the MS1 form (the form sent to OCR to record candidate's marks, and the form used by moderators to select their sample), to the mark on the Cover Sheet of the candidates work.

In a minority of cases, when adding up the marks on the Cover Sheets, that mark did not match the mark in the Total column. In other words a minority of Centres gave us 3 different marks for one candidate. This slows down the moderation and must be addressed for the summer examination period.

Before posting the coursework sample to moderators, Centres are reminded to double check that the mark on the MS1 is the same as the mark allocated to the candidate on the Front Cover of the coursework portfolios.

MS1s

When completing the MS1s, Centres need to ensure that the intended mark is clear on the copy sent to the moderator.

Quite often Centres had written on the MS1 while resting on other pages, making the whole MS1 impossible to read, or they had not put sufficient pressure on to ensure that the moderator's copy was clear enough to request a fair sample. Again this slowed down the moderation process.

Marking Criteria

A small number of Centres had not used the OCR published marking criteria on pages 40 – 43 of the approved specification. Centres should not make up their own mark schemes, as this could harm their candidates' results.

Communication Mark

Most candidates should be gaining at least one mark for the communication mark. Some Centres were being too harsh and awarding zero marks for candidates who should have been given some credit.

Assessment Objective 1

Choosing and Describing Applications

Candidates performed well, the level of evidence for this section is getting better with every session.

Using Hardware & Using Software

Again the level of evidence suggested some very good teaching and learning, most candidates reached the higher mark threshold.

Inputting Data

Most candidates were in the 2/3 mark threshold. Candidates still need give more evidence as to how their designed system reduces the possibility of data errors. Although there is now evidence of this being put right.

System Output

Depending on the assignment chosen, not all candidates were able to describe alternative outputs or the benefits and drawbacks of each.

Assessment Objective 2

Analysis

Possibly the most important aspect of coursework. Candidates who performed well here tended to perform well throughout the Unit. When done well, candidates maintained their focus and knew exactly what they were designing and why.

Design, Implementation, Testing

Centres should remember that the lower order marks relate to the Analysis and the candidates ability to identify and complete their ICT system.

Most candidates performed well, but to secure the highest marks candidates should annotate their own work giving reasons as to why changes have been made, why some designs have been retained and others discarded.

Some Centres were very generous in awarding marks for AO2b without any of the above evidence. These Centres often had their marks adjusted.

Evaluation, Application and Effects

This was still the weakest aspect of coursework. Candidates did not compare ICT with other methods, or justify when and why using ICT is more appropriate.

Documentation.

This could be improved by stating who the User Guide is aimed at. That will then focus the candidates into the type and detail of guide needed. E.g. is it for the worker, client or patient.

AO3

A number of candidates did not attempt this AO. Those candidates, who did, attempted this in various ways. Some had tried to meet the criteria within other reports, whereas some gave this a discrete section within the coursework. Moderators reported that those Centres who tried the former found annotation more difficult to follow.

If candidates identified the person/people who would benefit from their system, then again this focuses the candidate to meet the marking criteria.

AO4

Again those candidates who scored well on “the use of ICT in the wider world” did so using a discrete section of coursework.

Report On Coursework Component for ICT B Syllabus 2379

General Comments

Candidates following this course were advised to submit coursework based on a Health Centre – most used the guidance as provided during OCR INSET.

Most candidates designed a multimedia presentation, either an interactive website or self-diagnosis Power Point for their Health Centre.

Centres had taken notice of the 2nd paragraph of 7.1, Marking Criteria for Internally Assessed Work on page 40. “Each successive statement builds upon the previous statement and candidates must have completed the lower statement before they can be awarded the next mark range.”

Annotation

Most Centres used the Assessment Sheets giving the page numbers where evidence could be found. This helped with cross-referencing and aided the moderation process.

Some Centres gave extra annotation within the coursework portfolios, and this was greatly appreciated by the moderating team. Some annotation or indication where tutors are allocating marks benefits both the candidate and the moderator.

Although annotation is not essential, its use is greatly appreciated and aids the moderation teams and is an example of best practice.

Arithmetic errors

A small number of Centres had different marks on the MS1 form (the form sent to OCR to record candidates marks, and the form used by moderators to select their sample), and then a different mark on the Cover Sheet of the candidates work.

Also, when adding up the marks on the Cover Sheets, marks did not always match the mark in the Total column.

A significant number of Centres gave us 3 different marks for one candidate. This slowed the moderation period this year.

Before posting the coursework sample to moderators, Centres are reminded to double check that the mark on the MS1 is the same as the mark allocated to the candidate on the Front Cover of the coursework portfolios.

MS1s

When completing the MS1s, Centres need to ensure that the intended mark is clear on the copy sent to the moderator.

Some Centres had written on the MS1 while resting on other pages, making the whole MS1 impossible to read.

Report on the Units taken in January 2006

A significant number of Centres had not used the OCR mark scheme and/or Cover Sheet. Centres must not make up their own mark schemes.

Centres are reminded to send their MS1 to moderator by the May deadline, then send the coursework promptly.

Centres are asked to avoid sending coursework in separate plastic folders, as they are very slippery and difficult to deal with.

Digital Submission

Not many Centres submitted work on disk. I would encourage Centres to submit work digitally next year.

Submitting the same work for 2378 & 2379

Although it is possible for candidates to submit one portfolio for both 2378 & 2389, candidates **MUST** identify where the extension task begins.

The full portfolio can be assessed for the 2378 mark, but only the extension task can be assessed for the 2379 mark. Therefore it is possible for these candidates to get different marks for 2378 & 2379.

If the extension task is not clearly identified then the whole of the portfolio will be assessed as 2378 only.

Producing A System

Moderators look for a complete working system, and Centres should be encouraged to send in digital evidence of websites rather than paper based portfolios. It is becoming apparent that some Centres are producing more and more reports. Moderators look at work using the marking criteria not volume of work.

Centres should be encouraging their candidates to show more flair in their design and working system.

Assessment Objective 1

Choosing and Describing Applications

In the main candidates performed well. Although only a few candidates commented in detail on the benefits and drawbacks of a selection of different types of hardware and software that could have been used, for the 4/5 mark threshold.

Using Hardware & Using Software

Again candidates performed well, although some candidates did not describe the benefits and drawbacks of their chosen hardware very well.

Inputting Data & System Output

Candidates linked these sections together and provided some excellent evidence.

Overall the performance at AO1 level was greatly improved from the summer session.

Assessment Objective 2

Analysis

Candidates who performed well here tended to perform well throughout the coursework. When done well, candidates maintained their focus and knew exactly what they were designing and why. Overall those candidates who scored highly had put in a lot of work into this section. Probably more than the 5 marks merited but candidates benefited in the final mark.

Design, Implementation, Testing

Most candidates performed well, but to secure the highest marks candidates should annotate their own work giving reasons as to why changes have been made, why some designs have been retained and others discarded.

Some Centres were very generous in awarding marks for AO2b without any of the above evidence. These Centres were more likely to fall outside of tolerance and have their marks adjusted.

Evaluation, Application and Effects

This was the weakest aspect of coursework. Candidates did not compare ICT with other methods, or justify when and why using ICT is more appropriate.

Documentation.

Candidates performed well here; there was some good evidence of testing and refining user guides.

AO3

Candidates attempted this in various ways. Some tried to meet the criteria within other reports, whereas some gave this a discrete section within the coursework. Moderators reported that those Centres who tried the former not only found the annotation more difficult to follow, but in some cases the Centre had not given the candidate their full credit.

Candidates need to link their discussion of AO3 to their task; some are too generic to score in the top range. If candidates identified the person/people who would benefit from their system, then this focuses the candidate to meet the marking criteria.

AO4

Those candidates who scored well on “the use of ICT in the wider world” did so using a discrete section of coursework.

2380/01 Foundation

Question number Comments on Individual Questions

- 1 (a) This question was generally well answered.
 (b) Many candidates gave the correct answer.
 (c) Those candidates who had thoroughly learnt and understood the concept of a key field answered this question well. However there were many candidates who gave confused and unclear answers.
 (d) This question was not well answered. By looking carefully at the records in the table, candidates would have realised that the problem concerned duplicated names.
 (e) A surprisingly large number of candidates got the wrong answer for this question, by circling a particular field rather than the whole record.
 (f) The majority of candidates achieved one mark for using passwords but a very small minority achieved the second mark.
- 2 This question was very poorly answered. The large majority of candidates could only give two or three correct answers
- 3 (a) Well answered.
 (b) This question was not well answered, with very few relating the question to graphical display e.g. pie chart, bar chart etc.
 (c) Generally well answered, although a significant minority did not achieve the mark just by putting a numerical answer.
 (d) A variety of marks gained for this question, with very few gaining four marks. Some candidates did not relate their answers to the table, thus gaining no marks. Those who did relate their answers to the table did not always use the numerical values in the table to support their descriptive answer, thus losing the opportunity for four marks.
- 4 This question was not well answered. A very large majority of candidates submitted trade names as their answers, even though the instructions on the front of the examination paper and in the question instructed the candidates not to use trade names.
- 5 This question was very poorly answered. Only a very small percentage of candidates gained any marks for the use of the symbols. The question needed to be answered in the context of the case study, Wordsworth Health Centre. Display – to show the receptionist the appointments for that day. The majority of the devices listed by the candidates gained one mark each, but few achieved a mark for the process device
- 6 (a) This question was not well answered. Far too generalised answers, such as other people can look at it, were given by the majority of candidates. The question requires a more precise answer on the way it could be misused.

Report on the Units taken in January 2006

(b) A surprising number of candidates did not achieve marks on this question. The question referred to the Data Protection Act and the required answers relate to the principles of the Act, not the candidate's interpretation of those principles in this case study.

7 Generally a well answered question, with most candidates gaining at least three marks.

8 The majority of candidates achieved good marks on this question and were able to provide a set of personal data which needed to be collected, and sufficient other data in order to obtain maximum marks. A large minority of candidates did not produce a suitable form for each patient, but provided a data collection form consisting of columns which would allow a number of patients' details to be collected at the same time. The mark for the form was not awarded in these cases.

2380/02 Higher

Question number	Comments on Individual Questions
1	For many candidates this easy question appeared very hard. Very few candidates got 6/6 as they could not identify what software to use in each context. Of the 6 contexts least correct answer was CAD for redesigning the room. Many candidates also seemed uncertain what software is used to create websites. A worrying number of candidates, still use brand names instead of generic types of software.
2	(a) Generally most candidates achieved half marks for this question, giving basic detail but no enhancement. The best answers related to data that might be held in a health centre. References to credit card fraud are hardly appropriate! Where 2 marks are awarded in a question, candidates must expand on their answers to gain the second mark. Very few candidates achieved the second mark, simply stating a misuse. (b) The majority of candidates answered the question well.
3	(ai) Generally well answered. Most candidates came up with the correct age group. (aii) Generally well answered although many candidates referred to the age and infirmity of people at 31-40 as the reason for needing medical information. (b) Generally answered well, candidates mentioning bar and pie charts. (c) Mixed answers depending on Centre, either whole Centre tended to do well or whole Centre answered question poorly. Relatively few appreciated the relevance of sampling (d) Generally answered in line with how candidate answered questions in rest of paper. To gain high marks candidates needed to relate the answer to an analysis of the chart. Too many general answers were given.
4	(a) Either whole centres tended to answer the question well or the whole centre answered not so well. Most candidates achieved 1 mark. Key field was certainly not a familiar expression. (b) Most candidates achieved 1 mark for this section. Again candidates did not expand upon their answer and this was needed for the second mark. (c) Not all candidates appreciated that “existence check” referred to a field with a list of values. Many candidates answered Patient number, surname, and address line 1 as wrong answers – mainly patient number. About half of candidates answered the question correctly. (d) Examples of validation types were given by many candidates, though few could describe their limitations. Several could not distinguish between validation and verification. The better candidate answered the question appropriately listing different validation methods and explaining them. Many described a drawback. Few, however, related the question appropriately to the health centre. Very few candidates were able to give descriptions worthy of full credit (e) Generally well answered – most candidates scored 3 marks, with many scoring 2 or 4. Where candidates failed to achieve the marks this was as a result of failing to relate answers to the health centre.

Report on the Units taken in January 2006

- 5 Generally well answered question majority of candidates scored 5 or 6 marks. Many lost marks for only saying sensor for the input. There was a general vagueness over the nature and use of sensors.
- 6 Candidates seemed to have a poor overall knowledge. It was very easy to score marks on this question. The majority of candidates have just copied out the statements in order and added a few flow chart symbols, so achieving at least some marks. Most attempts were either quite reasonable or hopelessly inadequate. It would appear that some centres send their candidates into the exam room with a flowchart stencil and no other preparation. Candidates should understand feedback loops and questions and should understand how ICT is used in the context given e.g. a database is needed in the flowchart.
- 7 Generally well answered question with most candidates achieving at least half marks. Many repeated themselves, stating the same answer more than once. This question generally attracted at least five good answers and a few tenuous offerings or repetitions. Unfortunately some candidates did not read the question and the odd data protection act principle slipped in every now and then some candidates simply listing all the data protection act principals.
- 8 Well answered for monitor and chair, less well answered for RSI. Many candidates ignored instruction not to repeat the answer. RSI was the least understood of the risks. This was shown in their answers, which suggested the following could help RSI: - the use of a blind fold, typing at a slower speed, using a laptop, correct position of monitors etc. . A few candidates seem to regard frequent breaks as a panacea for everything.
- 9 The best comment that can be made about the answers to this question is READ THE QUESTION! Lots of good answers making valid comparisons, but never mentioning the health centre anywhere. Many candidates failed to connect the features of the service provider with the specific needs of the health centre. A few did not recognise the difference between a website and a patient records system. The majority of candidates answered the question fairly well, explaining several of the features. Many missed marks for drawbacks or tended to write "easy to use" for the easy to use section description.

**General Certificate of Secondary Education
ICT B (1095/1995)
January 2006 Assessment Session**

Unit Threshold Marks

Unit		Maximum Mark	a*	a	b	c	d	e	f	g	u
2377F	Raw	40				37	32	27	23	19	0
	UMS	55				48	40	32	24	16	0
2377H	Raw	40	39	35	31	27	22				0
	UMS	80		64	56	48	40				0
2378	Raw	64	59	50	41	33	27	22	17	12	0
	UMS	120		96	84	72	60	48	36	24	0
2379	Raw	64	59	50	41	33	27	22	17	12	0
	UMS	120		96	84	72	60	48	36	24	0
2380F	Raw	55				29	23	17	12	7	0
	UMS	55				48	40	32	24	16	0
2380H	Raw	80	60	52	44	36	27				0
	UMS	80		64	56	48	40				0

Specification Aggregation Results

Overall threshold marks in UMS (i.e. after conversion of raw marks to uniform marks)

	Maximum Mark	A*	A	B	C	D	E	F	G	U
1095	200	180	160	140	120	100	80	60	40	0

	Maximum Mark	A*	A	B	C	D	E	F	G	U
1995	400	360	320	280	240	200	160	120	80	0

Report on the Units taken in January 2006

The cumulative percentage of candidates awarded each grade was as follows:

	A*	A	B	C	D	E	F	G	U	Total No. of Cands
1095	5.0	21.5	45.2	69.8	86.2	93.5	98.3	99.7	100	550
1995	0.0	9.0	39.7	81.6	92.7	97.0	100	100	100	55

For a description of how UMS marks are calculated see;
www.ocr.org.uk/OCR/WebSite/docroot/understand/ums.jsp

Statistics are correct at the time of publication

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Information Bureau

(General Qualifications)

Telephone: 01223 553998

Facsimile: 01223 552627

Email: helpdesk@ocr.org.uk

www.ocr.org.uk

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

Oxford Cambridge and RSA Examinations
is a Company Limited by Guarantee
Registered in England
Registered Office; 1 Hills Road, Cambridge, CB1 2EU
Registered Company Number: 3484466
OCR is an exempt Charity

OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553

© OCR 2006

