

Principal Moderator's Report January 2010

GCE

GCE Health & Social Care - Unit 9 (6946)

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6946/01: Investigating Disease

General comments

Many centres submitted their samples after the deadline date as a result of school closures due to the inclement weather. Two centres were extremely late. Page references and assessment objective annotations were present on the majority of samples and some centres included excellent assessment summaries which were very helpful. There are still some centres that do not use the recommended guidance for the location of evidence and either leave the work blank or tick points which are not helpful to the moderation process. Internal standardisation across units and teachers seems to be declining and this often resulted in different unit values within a centre. In some centres, internal standardisation proved to be not rigorous enough. There was a decline in unusual diseases this year which is pleasing to note. Rare conditions often lead to lower achievement due to difficulties in finding adequate information to match the assessment criteria.

Centres should note that long generic introductions detailing agents of disease and types of disease are not credit-worthy and therefore not required.

The majority of moderator reports again condemned the use of large numbers of web sites from which material has been extracted in a wholesale manner and/or the extensive use of quotations from such material. The unit specifies that to achieve mark band 2 and 3, the learner must demonstrate the use of initiative and independent thinking. Using material fairly exclusively from published sources counters this and moderators will be alert to this in future. It is vital that centres monitor the wholesale use of published material in this way. Centres are asked to reinforce their guidance that the reports should be in the learners' own words. The quality of written communication is now a requirement for assessment in both examinable and coursework units.

Assessment Objective 1

The biological basis of the disease is often skimmed and only contains the name of the infective organism and a synopsis of the non-communicable disease. This should contain more detail about the organism and tissues affected by the specific disease process. The bodies' response to the disease has been synonymous with signs and symptoms in some reports. This should contain more about the immune response, changes in blood or other body fluids and body parts affected. Some centres have used complications of the disease to respond to this criterion, but this alone is not sufficient. Centres should note that a list of signs and symptoms is only adequate for mark band 1. Production and display of signs and symptoms are necessary for the higher mark bands. The number of signs and symptoms is not enough to justify higher mark bands. For mark band 3, there must be an overt reference to the relation of the changes as a result of the disease to methods of diagnoses. The majority of centres ignore the need to differentiate the disease from others of similar signs and symptoms in relation to diagnoses. This is usually the best strand of the unit.

Assessment Objective 2

This objective involves causes and distribution of the chosen diseases. Some centres are confusing distribution with methods of transmission. Learners are required to identify factors affecting causes and distribution and compare these in mark band 2. Factors might include gender, race, geographical region, climate, age and lifestyle amongst others. In mark band 3, a comparison of the chosen diseases is required and centres must take care that if a chart or table is used this must not be a vertical summary of the diseases. A true comparison would be for example, cystic fibrosis is a genetic disease whereas measles is not a genetic disease.

Assessment Objective 3

When a choice is inappropriate, this is where the omissions begin to show and centres are advised to encourage learners to research whether their choice can lead to the higher mark bands by investigating the information to address these and also AO4 requirements before arriving at a final decision. Factors affecting the outcome of treatments for both diseases are required. Treatments must be described and for mark band 3 a comparison of local and national treatments with justifiable reasons for differences in provision. Differences in provision are also needed for mark band 2. Roles of professional and voluntary support are required with the addition of a comparison of support for the chosen diseases and with at least one disease of a similar type. This is often omitted by learners yet marks given are in mark band 3. Information must be drawn from different types of sources and it is generally accepted that primary research is recommended for A2 units. Work-related issues and problems can be broadly addressed but must be present and centres should advise learners to make these explicit probably using sub-headings. Analysis should be substantial in this objective and was often sparse or lacking altogether.

Assessment Objective 4

Evaluation generally remains weak and learners need practice in developing their skills. It is not sufficient to state strategies for prevention, their strengths and weaknesses should be teased out. This is another area which provides evidence for independent thinking and initiative for higher mark bands. One/two/three reasons why strategies are not always successful are required across the mark bands. Finally, suggestions as to how the work-related issues impact on prevention, support and treatment are required; as most reports ignore work-related issues in AO3 there is generally no evidence to support this area.

In conclusion, it must be stated that some learners had worked incredibly hard and produced well-presented, accurate and detailed reports while others had apparently given two accounts of chosen diseases with one weak comparison chart. Centres frequently gave high marks in the four strands without the criteria being met. To achieve mark band 3, all criteria must be present and evidenced clearly. It is important that the learners' own words are used and sources referenced appropriately either in the text or as the report concludes. A minority of centres are insisting on referencing appropriately and their reports appear very professional. Primary research is omitted from most reports.

Grade Boundaries

Internally assessed units

6946: Investigating Disease

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	50	45	40	35	30
Uniform boundary mark	100	80	70	60	50	40

Notes

Maximum Mark (Raw): the mark corresponding to the sum total of the marks shown on the mark scheme.

Boundary mark: the minimum mark required by a candidate to qualify for a given grade.

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