

# Moderators' Report/ Principal Moderator Feedback

June 2011

GCE Health & Social Care (6946)  
Unit 9 - Investigating Disease

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## **General Comments**

There was a mixed response from moderators for this series, with some experiencing centres with appropriate choices of communicable and non-communicable diseases while others commented on the inappropriateness of choices. It seems that some centres have taken notice of both centre and national reports and adjusted accordingly while others have not. Several moderators still report on rare diseases being chosen which have no known cause and no recognised preventative strategies. Centres are advised to ask learners to research these aspects in particular before making a final decision.

Lengthy generic introductions on health or causative organisms are not required; the learner may proceed immediately to the chosen diseases. Reasons for choice are also not necessary.

Direct copying from publication sources, including the internet, is still too common; learners should be carrying out their research and then using their own words to construct the report. All images should be sourced and referencing included at the end of the report. It is not necessary to include print-out copies of information or leaflets. Primary sources of research, which are highly recommended, should be included.

The use of international websites should be discouraged; one moderator commented on a report on breast cancer which used a Ugandan website. Although not specifically stated, centres should encourage the choice of diseases prevalent in the United Kingdom in order to successfully access strategies for prevention, support and treatment. A common error is to quote immunisation for chickenpox as a strategy because the learner has been using a website from North America.

Tutors are advised to supervise scripts on a regular basis.

Focus and organisation could be improved as some learners were adding sections as they came across the information without thought for a reader, assessor or moderator.

Moderators report that some centres are using the outdated specifications and using assessment guidance for assessing rather than the assessment criteria.

## **Assessment Objective 1**

The biological basis of the two diseases seems to vary with the learners' abilities – some are excellent while others are extremely brief and lacking important details. Signs and symptoms are mainly listed as learners dependent on the internet cannot say how they are produced and displayed therefore limiting to MB1. Differentiation from diseases with similar signs and symptoms is still weak and linking diagnoses to the changes wrought by the disease is not made explicit in the majority of reports. Learners should be able to adapt material they have researched to the assessment criteria. Many learners do not appreciate the differences between signs and symptoms and the bodies' response to disease. These would be more

“internal” effects such as blood chemistry changes, immune responses or X-ray changes for example.

### **Assessment Objective 2**

Distribution is still being confused with transmission although there was an improvement in this area. Factors affecting distribution might be offered but few learners compare these whether they are working in MB2 or 3. Using sub-headings is very useful here for clarity. Causes are satisfactory but comparisons tend to be very superficial and frequently do not include the factors affecting distribution as previously mentioned.

### **Assessment Objective 3**

Many centres are struggling to consider local and national issues for this objective and are unaware that this has been removed in the new specification. Factors affecting the outcome of the diseases are generally well done. However, few centres compare the support available either with the two chosen or with at least one other disease of a similar type i.e. communicable or non-communicable thus limiting the work to MB2. For learners in MB2, differentiation remains an issue and seems to be poorly understood (see AO1). Treatment is well described but justification for differences in provision is usually ignored. When work-related issues are discussed, which is seldom, they are nearly always employment-related. This provides a weak opportunity for discussing the impact in AO4 and centres are once again reminded that the issues can be treated very broadly. Issues can be related to availability of specialist health professionals, equipment, medication or support.

Support continues to be lists of agencies and organisations whereas more interesting material would be drawn from using professional sources such as palliative care, physiotherapy etc. Learners should briefly describe the role of the individual/s providing the support.

Research continues to be mainly web-based with very little primary research carried out which is regrettable. The requirement for different types of resources is often ignored; four or more websites does not offer more than one type of resource.

### **Assessment Objective 4**

The impact of work-related issues is poor with many learners ignoring this requirement despite the inclusion in all three mark bands. Learners with appropriate disease choices described strategies for prevention but overall failed to provide their strengths and weaknesses in evaluation. Learners need to practice evaluative skills more thoroughly.

Independent thinking and the use of initiative is weak, learners must be released from endless trawling of the internet to be able to address all criteria thus demonstrating their reasoning ability.

Some centres have really grasped the requirements for this unit and are able to encourage learners to submit excellent reports. Several centres are assessing their learners too leniently and not giving sufficient attention to the criteria but overall, there were pleasing results.

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