

Moderators' Report/
Principal Moderator Feedback

January 2013

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

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Publications Code UA034205

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General Comments

This A2 unit investigates one communicable and one non-communicable disease to specified assessment criteria within four assessment objectives. The learner is required to demonstrate and apply knowledge and understanding, and use comparative, analytical and evaluative skills in the production of a report using their own words.

It is important to repeat that the assessment evidence and assessment criteria grid should be the benchmarks for writing assignment briefs, guiding learners and assessing reports prior to submission for moderation. Centre assessors and internal verifiers should not be using assessment guidance for these purposes. Centres in general are still being lenient when assessing reports.

Moderators report on the extensive use of material taken directly from published sources with or without references and centres are reminded that learners should carry out their research and produce independent reports. Higher education establishments are particularly vigilant in this regard. Very few centres are critical in this matter and appear to disregard the need to assess the quality of written communication in selected objectives.

Diseases were generally chosen well but not all had strategies for prevention. In view of the assessment criteria it is sensible to choose diseases which have a known cause, established treatment and a strategy for prevention. Information should be applied to the chosen diseases and generic information is not required. Only one form of a disease is required such as either Type I Diabetes mellitus or Type II. Collective groups of diseases such as food poisoning are not advised and one named type should be offered.

Focus and organisation is still an issue with significant numbers of reports. While tutors are able to perform formative and summative assessments over a period of time the moderators have one opportunity to moderate the work. Organisation into assessment objectives with appropriate headings are recommended to ensure evidence can be located easily. Lengthy introductions into generic aspects of disease gain no credit.

Assessment by centres in general was generous due to some mark band criteria not being met and annotation was often omitted although ticks were abundant. The latter are often distracting and can obscure words. Annotation is preferred and summaries are always welcome. Learners should be able to pinpoint their own evidence by using relevant sub-headings or direct reference. It should not be the role of the assessor to explain how the learner's text meets the evidence which is usually the case.

Assessment Objective 1

While biological bases are generally adequate, centres still credit lists of signs and symptoms in Mark Band 3 disregarding the requirement to explain how they are produced and displayed. The bodies' responses are often weak and learners do not link the methods of diagnoses to the changes wrought by the diseases. Differentiation from diseases with similar signs and symptoms remains poor and learners omit to state how the final

clinical diagnosis between similar diseases is made. The quality of written communication applies to this objective but is frequently ignored by assessors. Some centres allowed all learners to research the same pair of diseases, this is permitted only when a centre has a large entry.

Assessment Objective 2

Factors affecting distribution were either covered well or ignored. Centres should note that to allocate marks in Mark Band 2/3, a comparison of these factors must be included. Comparisons when included are either good or very weak. Some centres are still confusing transmission with distribution. Statistics of diseases common within the United Kingdom should not be from overseas. For example, measles statistics from the United States of America or Kenya are not required.

Assessment Objective 3

Centres are still providing local and national issues of support and/or treatment which are not required since the 2009 re-launched specification.

Factors affecting treatment were limited in many portfolios and they rarely differentiated or justified the provision. The majority of learners struggle with the roles of professional and voluntary support, comparisons of support and with diseases of a similar type (only one of each required). Research varied with the ability of the learner and repetition was common as internet web sites were trawled. Very little primary research was evident.

As in previous series, work-related issues were either employment-related or missing. Employment-related evidence is difficult to relate to the impact on prevention, support and treatment. Broad issues such as access to specialist centres, staff or equipment, availability of medication, postcode lotteries etc are far more useful.

Assessment Objective 4

Some preventative strategies were described but were mainly management or coping strategies which were also highly credited by assessors. The emphasis is on the choice of disease here. Where correct strategies were present, they were hardly ever evaluated and this remains very weak. The impact of work-related issues was mainly ignored. This objective needs to be strengthened in many centres. Independent thinking and the use of initiative are features of this objective and learners who can only take material directly from published sources omitting any individual input will not reach the Mark Band 3 level in this important objective. Learners need training in evaluative skills early on in the programme in order to develop and enhance these skills in the A2 units and not be tied to information from published sources.

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Order Code UA034205 January 2013

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