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Examiners' Report
June 2011

GCSE History 5HB01 1A

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Introduction

A total of 24,275 candidates sat this paper. Examiners saw much that was impressive and the overall feeling was that most candidates had found the paper accessible and that it offered them the chance to show what they knew, with relatively few answers left blank. This report highlights both strengths and weaknesses of the responses seen with the aim of providing feedback to teachers and helping them to prepare students for future examinations.

Candidates were clearly comfortable with the format of the new examination paper and generally seemed confident about the material covered. They should be aware of the key themes of ideas about the cause of disease, prevention and treatment and they should also realise that the questions on the extension studies can call on material from the core, and that within the extension unit part a and part b are not linked.

Question 1

Most students recognised the change in the treatment of minor illnesses, commenting on the shift from herbal to chemical remedies; the change from home-made or individually prepared remedies to shop bought / mass produced ones; the change from a remedy applied externally to one taken internally; or the change from treatment based on limited knowledge to treatment based on a scientific understanding of illness. They were therefore able to reach level 2. A few answers said the sources showed a shift to more effective treatment and this reflects the assumption seen in other questions that medieval medicine was ineffective – this was not always the case.

Answers deserving the full marks do not need to be long. Candidates who took extra sheets of paper here rarely changed their mark – either they had gained the full 4 marks within the allotted 12 lines, or their answer failed to address the question and additional detail and comment did not raise the quality of the answer. They should be reminded that this answer is based entirely on the sources and there are no marks available for additional own knowledge. Consequently, the inclusion of explanations or additional information does not gain marks but does waste time and can affect performance in later questions. Similarly, there is also little point in describing the sources or making inferences from a single source. The question is about using the 2 sources in combination to make an inference about change over time.

However, the quality of support they offered varied a great deal. Some students made explicit references to each source and also made comments explicitly identifying the nature of the change that had occurred; these cases obviously deserved the full 4 marks. Other answers were clearly based on the sources but made no reference to them or the explanation of change was vague. Some students simply said the sources showed differences in the treatment or juxtaposed comments about each source with the only indication of change being the use of words such as 'whereas' or 'however' and these were restricted to Level 1.

Some candidates also tried to develop this into a question about how much change had occurred or whether it was progress. This is a valid approach but they tended to write far too much for 4 marks and to bring in additional detail from their own knowledge; They should remember that question 1 always has a simple focus on identifying change based on using 2 sources in conjunction and comments identifying continuity are not relevant here.

The best answers began with an inference about change and then supported it by a reference to each source, rather than describing each source and only making the inference about change at the end.

- 1 What can you learn from Sources A and B about changes in the treatments people used for minor illnesses such as headaches?

Explain your answer, using these sources.

(4)

The remedy in source A ~~is~~ is ~~homemade~~ ~~whereas~~ a 'home remedy', whereas source B shows paracetamol which ~~was~~ 'were widely sold in shops'. This shows that the treatments used changed from homemade treatments to those produced by larger brands. Also, source A gives no exact measurements of ingredients, simply referring to 'an equal amount', whereas source B shows pills of a standardised size. This shows that people began to use mass-produced treatments in the twentieth century, as opposed to home remedies such as in source A.



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This uses details from each source to identify the change from home made remedies to mass produced and branded treatments and from a remedy based on approximate measures to one that was standardised.

1 What can you learn from Sources A and B about changes in the treatments people used for minor illnesses such as headaches?

Explain your answer, using these sources.

(4)

You can learn that medicine has come a long way
Since in modern times the medicine used is a tablet already
made whereas you would have to make your
own medicine in the middle ages



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Examiner Comments

This answer has a sense of change from home made remedy to a prepared tablet but the use of the sources is left implicit.

Question 2

There was a marked difference in performance between the 2 options here. Examiners commented that answers on the Four Humours were spread across all levels whereas answers on antibiotics tended to be either very good or very weak.

Candidates who chose to write about the 4 Humours could usually identify the 4 Humours and describe treatment based on that theory. Although some candidates were sidetracked into a discussion of Hippocrates or Galen, many candidates reached Level 3, and could usually talk about the lasting influence of the theory of the Four Humours, and therefore the treatments in use, especially the way that the Church's control over medical training perpetuated the ideas of Galen and therefore this theory. Some answers stressed the negative importance of the theory, pointing out the way it limited progress. The importance of the theory as a shift from a belief in supernatural causes of illness towards identifying observable symptoms and a belief in a physical or natural cause was also identified although this needed to be linked to treatment to gain high marks.

Some answers remained at Level 2 because they described the theory or the treatment based on it without addressing the issue of importance. Other answers asserted that theory was not important because it was not a valid one, or suffered from a confused understanding of chronology and suggested that Galen worked during the Middle Ages, or that the theory of the Four Humours was developed by Vesalius, Harvey, Chadwick, Pasteur or Lister.

However, candidates choosing to write about antibiotics often found it difficult to explain their importance beyond the idea that they saved lives. Most answers focused on penicillin but often drifted into telling the story – there was little sense of the impact antibiotics had on disease, infection and as a breakthrough in research. Candidates obviously associate antibiotics with penicillin and this question then triggered the prepared response on penicillin, Fleming, Florey and Chain rather than an answer to the question set.

A small number of candidates discussed the development of magic bullets, writing about Salvarsan 606 and sulphonamides and showing that antibiotics were a major breakthrough since they offered an effective way of treating a range of illnesses for the first time but they did not always offer enough contextual detail to show the impact of this development. Many candidates tend to assume that as soon as Pasteur's germ theory was published, medicine became scientific and effective treatment became available; they fail to realise that even when vaccinations were being developed, treatment was still not possible and therefore they do not appreciate the significance of the development of antibiotics.

There were some valid comments made about the importance of antibiotics based on the fact that they were a scientific approach to treatment or that they could be mass produced but again there was little development of the situation before, which could support comments about their significance. However, it was very pleasing to see a small number of candidates mentioning later developments allowing penicillin to target different diseases, or the problem of MRSA and growing resistance to penicillin.

Meanwhile, large numbers of candidates failed to score any marks because they confused antibiotics with anaesthetics and antiseptics. Other answers could explain that penicillin helped prevent post-operative infection but could not develop the answer beyond this one example. Centres should perhaps remember that surgery is only relevant to Unit 1 when discussing it as a method of treatment, (mainly in the twentieth century) for example, pace makers, hip replacements, transplants etc.; 19th century developments in surgery, such as dealing with pain, infection and blood loss, are covered in Unit 3 and are not part of the specification for this paper. Other students appear to have been confused by the appearance of paracetamol in Source B and tried to show the importance of antibiotics as painkillers.

2 The boxes below show two approaches to treatment.

Choose **one** and explain its importance in medicine.

wrong so not majorly important

The Theory of the Four Humours. ✓

The use of antibiotics.

led to observation
cures not praying.
medical info for centuries. (9)

The theory of the four humours was ~~very~~ important because when it was brought out, many people believed in it as it seemed very logical. It was widely believed in and its importance grew because it was a theory doctors, ~~p~~ physicians, and everyday people diagnosed ~~&~~ treated illness for centuries. It was the main theory of the cause of disease from greek times, all the way up to 1860 when pasteur's germ theory was released. It also led to doctors using the tool of observation more because Hippocrates stressed the importance of observing patients, recording their symptoms ~~&~~ choosing the right cure. I think this makes the humours important as it led to doctors observing more.

But I still think they were very important for medicine, because it was the first step of enquiry, without which we would still believe today that god caused disease. Although it was wrong, it is still important because it led to the discovery of things that were right, and it steered people away from useless supernatural explanations.



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These extracts from an answer clearly show that the theory of the four Humours influenced treatment and medical training for over 1500. It also shows how it led to a new approach to understanding illness which was important even though the theory itself was actually invalid.

The approach to his treatment was uncertain as Fleming had been doing research before and left petri dishes open a few weeks which then grew into something he could make penicillin out of. This was down to luck that he was able to produce the antibiotic, however he was limited due to lack of knowledge on how to reproduce it again and could not explain how this had happened. This was very important discovery in medicine as it helped start the chain of events leading to produce it. However later on two scientists Florey and Chain used teamwork which was vital in developing the penicillin further by consolidating upon Fleming's previous work. This was extremely important ^{to medicine} because they discovered antibiotics.

Antibiotics was a break-through discovery that changed many lives forever and is still used today. Florey and Chain's discovery was a turning point in medicine and was so vital that they received funding from the government to help mass produce the drug to help fight infection in World War II. This could be seen as a luck because the war acted as a catalyst to mass produce the product. However it took skill from Florey and Chain to intensely research the drug and improve it from Fleming's. It has a high importance in medicine as it was the first type of medicine that internally fought infection which changed surgery and medicine for the better.

Without the use of technology in that era e.g. higher tech microscopes the discovery would not have been made & without the previous knowledge from Fleming the discovery would have taken extremely longer. Therefore the era was ^{a luck} for them as they needed all that to discover a major importance in medicine.



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This answer provides information about the discovery and development of penicillin but does not explain why the use of antibiotics was important.

Question 3

Although this was the less popular choice than question 4, examiners felt it was answered more successfully. Candidates seemed comfortable with this question and could confidently discuss various aspects of the Church's influence on medicine, with many recognising the need to weigh positive and negative aspects in order to make a judgement on 'how far' the Church's influence was positive. A few candidates did not treat the picture as stimulus material and tried to analyse it as a source.

The stimulus picture led many to explain the importance of the Church's role in caring for the sick although many assumed this was all done within the monasteries and convents and few explained the range of hospitals where care took place. Answers also pointed out that the Church offered care, not treatment, and that many hospitals actually turned away infectious cases. The Church's role in preserving knowledge and providing medical training was often balanced by comments about the negative effect of the continued influence of Galen and the disapproval of dissection. There was excellent own knowledge used to support these points, for example the case of Roger Bacon or the Church's resistance to accepting medical ideas from the Muslim world. Candidates also discussed the effect of religious explanations of illness, explaining how that inhibited a search for a natural explanation and therefore a cure, and why this led to a reliance on prayer and the actions of the flagellants during the Black Death.

Many very good answers addressed the whole timescale of the period and explained the challenges to the Church's control and its declining influence as a result of the Renaissance and Reformation and the work of individuals such as Vesalius and Harvey.

Where candidates failed to score highly despite good knowledge they either described aspects of the Church's influence without discussing its impact or became sidetracked into a discussion of the importance of Galen.

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

Although the Church had some positive roles in medicine from 1350-1750, it had very little positive influence.

The reason why I think the church did not much good for medicine and treatment in this time period is because it prevented developments and discoveries which could have improved people's lives dramatically. For example, the church prevented any dissections to be done on human bodies ~~that~~ throughout the time when it was dominant. It also encouraged the idea that Galen was the only doctor who was correct and pursuing any further experiments or discoveries was entirely pointless. Due to the fact that the church had so much influence on people's lives at the time, nobody dared to question the false knowledge that was being force-fed to them. Also the church's methods of treatment had little to no effect on those who were ill. Because of their religious beliefs they would encourage prayer to God for forgiveness and to heal them, as they thought that God and the Devil were the cause of disease. This obviously would not have helped the patients, except for possibly providing the 'placebo' effect for them. These actions were only due to lack of understanding of the cause of illness however.

It was not just the church which had lack of knowledge - ~~the~~ ~~was~~ though. Even trained doctors had no more idea than the monks, nuns and religious followers because they were taught about medicine from readings in Galen's books. The general public had no idea either because most medical books were held in monasteries with the monks and nuns.

On the other hand, there was some positivity from the church when it came to medicine. Because it was thought right to care for others, especially the elderly and the sick the church set up hospitals (although the earliest were not set up until at least the 12th century, and much later in Britain). These hospitals were not like those which we know today where you go, expecting to be cured, but were merely places where the elderly, ~~poor~~ and sick would go and would probably die there. Monks and nuns who worked there would provide care and make sure the patients were comfortable. They would pray for them and occasionally provide herbal remedies but that is the extent of their generosity.

So all in all, I think although the church did provide some hospitality to the ill which they otherwise would not have received, on the whole their role in medicine was a negative one. So their positive role was not a very big one at all.



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This answer provides a sustained analysis of the role of the Church, weighing the negative against the positive aspects in order to reach an overall judgement.

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

During the ~~15~~ fifteenth century, hospitals were very different to how they are today. The church controlled completely everything that happened there, who could go in and what was offered.

In the picture, you can see a picture of the Hôtel Dieu, which means God's building - just by the name you can already see that the church controls hospitals as it's called 'God's building'. You can also see that it doesn't look like a normal hospital with hospital beds and machinery. It's in fact set out more like a church, with pillars and statues of the gods. ~~As you can see, the nurses look more like monks, which suggests that it was a monastery rather than an actual hospital and the monks that let the sick into the monasteries would also let the infectious in, where a normal hospital would only let the sick in.~~ There are lots of nurses, that suggests ~~there~~ they care a lot about their patients. The nurses have offered the ill people a bed, sheets, clothing and food - This means the church ~~has~~ cared a lot about people as well as this they are praying, this indicates they still had no cures for certain problems, and instead ~~to~~ were praying for cures.



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Although this answer gives a good explanation of the Church's role in offering care for the sick, it does not discuss any other aspect.

Question 4

It was surprising to see that this question was more popular than question 3 since candidates often do not cope well with questions focusing on the twentieth century or on technology. Unfortunately, many candidates who chose this question failed to analyse it properly. Although they recognised the focus on technology, the question was about the period since 1900 and about treatment in hospitals, yet a large proportion of answers discussed Pasteur's use of the microscope or the invention of the printing press, the work of Florence Nightingale in hospitals, or discussed the role of technology in scientific research. Other candidates interpreted this question as one asking whether technology was more important than other factors in the development of medicine and discussed war, the role of the government, and individuals.

Good answers explained how machines can be used to perform the role of organs, for example in kidney dialysis or the use of pacemakers and life support machines. They also explained how technology can be used in radiotherapy and chemotherapy, the hypodermic needle and the ability to deliver a precisely measured dose of medicine, or the use of instruments such as endoscopes and the laser. The role of technology in making keyhole surgery was also explained. Although scans and monitors are not strictly part of treatment, many answers used them to explain how treatment can become more precise or respond more quickly. Others also talked about equipment in hospital making treatment easier, such as adjustable beds, electricity, computer records etc. There were also good answers on blood banks making transfusions possible and the hi-tech equipment needed for intensive care or neo-natal units, with some answers including the negative aspect of the rising costs of such care.

Some answers just listed examples of technology and could not relate them to treatment but a large number only seemed to have 2 examples to discuss, neither of which was very appropriate – mobile X-Ray machines used on the battlefields of the First World War to detect shrapnel and the role of technology in the mass production of penicillin.

For many students, science and technology are seen as indivisible. They need to become aware of the difference between them since this question did not reward answers about scientific research which was not linked to treatment. Too many students assume that gene therapy is currently used and that the breakthrough in understanding the structure of DNA has automatically led to the ability to cure genetic conditions.

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

The 20th Century has brought an incredible amount of new and groundbreaking medical technologies that have revolutionised the way in which a modern hospital is run and how much more treatment ~~are~~ is ~~available~~ available to the public.

Major discoveries is one of the factors which pushed hospital technology to become more advanced, for example Francis Crick discovering the double helix DNA in the early 1900's. This literally opened up hundreds of doors for science to explore and develop ~~and~~ as now we understood how our bodies are coded and this meant genetic disorders now could begin to start a journey into finding a cure. New technologies could be made to help this.

Another major discovery was that ~~gamma~~ radiation therapy could help to cure cancer, so new chemotherapy units could be built in hospitals to help save hundreds of lives.

The biggest factor of this period is war. War gave scientists the urgency push that was needed to make new technologies to help battlefield wounds. The most important discovery was penicillin by Fleming. This 'magic bullet' could now be used to help the hundreds of soldiers that would have died without it because of the dirty soil getting into wounds. In fact, 15% more men would have died on the D-Day landings if it wasn't for penicillin.

Other ~~discovery~~ discoveries such as x-rays transformed battlefield surgery. They developed the tray to be movable so the surgeons could take them from place to place and it meant also that they didn't need to go and search for any shrapnel, they could just find ~~it~~ it straight away which saved valuable time.



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This answer is typical of many that were seen in that it does not focus on treatment in hospitals.

Then there's incubators in 1990's kept premature babies alive and breathing. An intensive care unit is taking the place of your fragile ~~life~~ lifeless body and ~~almost~~ breathing for you (life support machines). In the 1940's NHS (National health support) everybody was treated equally and things like drugs were being used a lot and they were 'massively important' they would give you a precise and specific dose of medicine (antibiotics) which would get you better in no time and fight off your disease. Hospitals have become



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This extract from a high scoring answer shows some valid examples of technology being used in treatment.

Question 5 (a)

Answers here tended to be either very good or quite weak. A few candidates simply presented various actions as a list but many were very knowledgeable and explained a range of ways people tried to prevent the spread of disease, often based on their knowledge of actions during the Black Death. The use of prayer, pilgrimage and the actions of the flagellants were shown to be based on religious ideas about the cause of illness; smelling posies and burning rubbish were based on the idea of miasma; the use of bleeding and purging to keep the humours in balance was explained; and the isolation of sufferers, especially lepers, was explained with details offered such as lazar houses, quarantine and the leper's bell.

At the lower end, candidates did not focus on the question that was set. Answers describing Roman public health or medieval treatments could not be rewarded. Students who seemed to try to use the bullet points in 5b or even 6b to answer this question revealed their misunderstanding of chronology and many seemed to think cholera was a problem during the Middle Ages.

Question 5 (b)

Most candidates had good knowledge of Roman public health and many could also describe the situation during the Middle Ages but the coverage was often unbalanced and they could not always make links between the two periods or analyse continuity between them.

Reasons given to explain why Roman standards of public health were not maintained included a failure to maintain the structures, a lack of centralised government, pre-occupation with war and defence rather than the standard of living, and a lack of engineering expertise. Some students could also identify attempts made during the Middle Ages to improve public health and suggested that Roman standards did not collapse completely, describing public stews, private sanitation, the provision of water or toilets by private individuals and local councils, and good hygiene in religious houses. However, many did not recognise the bullet point about public toilets in Lincoln as an example of good public health during the Middle Ages and they assumed that wells were often sited deliberately close to cess pits. Indeed, a number of answers asserted that people during the Saxon period and the Middle Ages chose to be dirty and unhygienic.

The fact that the question did not have an end date meant that answers which extended beyond the scope of this extension unit were accepted (presumably students had been taught both extension units). However, these answers were often based on the bullet points for question 6b and assumed a direct line between the Roman withdrawal and the industrialisation of the nineteenth century, with little awareness of anything that happened in between. Other problems included a focus on whether medical knowledge was maintained into the Middle Ages and anachronistic views of the government at this time, assuming that it had the authority and funding to be more pro-active.

The reason the Roman could build so many great advancements in public health was because they had an extremely strong government that

((b) continued) had the power & organisation skills to put together large projects such as aqueducts & baths. They could raise funds in taxes & had free man power in the form of slaves. But the middle ages they had none of this. They had small, fragmented governments that could not raise many taxes or organise large public health projects, so public health regressed.

Romans also wanted to keep their armies fit for war, so public health was important to them. This was not the case in ^{the} middle ages. Romans also learnt new skills & gathered knowledge from all over their empire, especially the Greeks, but in the middle ages England was slightly cut off again. All the knowledge the Romans gathered was mostly lost in ~~modern~~ the middle ages, only some remained in monasteries, and they were so valuable they were chained to the walls.

But there was some change. Roman hospitals were built only for ^{wounded} ~~wounded~~ soldiers, but in ~~the~~ the middle ages monks & nuns ran hospitals for everybody. In Roman times fathers looked after the health of the family, in the middle ages this role switched to the mothers. Also people would've used the same herbal & spiritual remedies as they ~~or~~ did in Roman times, this was a form of continuity. People still prayed to gods, though they stopped sacrificing victims ~~at~~ ^{by} the middle ages.



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This extract shows a clear explanation of some of the reasons why public health declined but also points out that the period after the Romans left was not one of total regression.

Question 6 (a)

This question also seemed to polarise student responses. At Level 3, answers showed a wide range of ways that the government has tried to prevent ill health, including: vaccination campaigns to protect against diseases such as polio, TB, MMR, and cervical cancer; laws about pollution and housing; screening programmes available on the NHS; educational campaigns against specific illness such as swine flu or AIDS; anti-smoking campaigns including health warnings, advertisements and high taxation; and healthy living campaigns such as '5 a day' and 'Catch it, Kill it, Bin it'. Answers covering several examples usually showed a range of different ways that the government took action and the changing nature or expansion of the government role although occasionally a list of actions was given with little comment.

Unfortunately, many students failed to score either because they wrote about the NHS offering treatment or they assumed the date 1948 referred to the nineteenth century and wrote about the 1848 Public Health Act. Other answers were focused on the reforms of the early twentieth century, which again could not be rewarded. This extension unit regularly asks about public health in the nineteenth and twentieth centuries and every time students lose marks because their understanding of chronology is faulty.

Question 6 (b)

This topic was well known and students wrote confidently, and it was a delight for examiners to see the range of own knowledge that was incorporated into the answers. In addition to the bullet points in the question, candidates wrote about Chadwick, Snow, Farr, the Great Stink, Bazalgette, the Public Health Acts, the work of Booth, Rowntree and the difference between the permissive Public Health Act of 1848 and the mandatory one of 1875 (although few details were given on what changes actually occurred).

In many cases a direct link was made to government action, although sometimes the explanation simply consisted of the assertion that 'this made the government take action'. However, candidates were less confident on explaining how various factors interacted. Sometimes this was the result of faulty chronology – Chadwick was apparently inspired by Pasteur, Snow knew about Pasteur's germ theory, and the poor health of recruits in the Boer War led to the 1875 Public Health Act. However, events such as the Great Stink or the extension of the franchise were used to show why parliament became prepared to change its attitude of laissez-faire although many students assumed this was inevitable as soon as Pasteur's theory was published. Little mention was made of the example set by local government action.

Answers which described each factor without explaining how it led to change were marked at Level 2, and where each factor was treated separately the answer tended to remain at Level 3; to reach Level 4 an explanation of the interaction of factors or prioritisation of factors was needed.

There were some misconceptions, especially around the bullet point about the increased population of Manchester – some students saw this as evidence of improved public health rather than a reason for increased problems.

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) During 1948 the NHS was set up on Monday 5th July. The NHS was a major turning point in treatment for the ill as the care received in the NHS was based upon the Beveridge ~~of~~ report of 1942 which flagged up the problems the poor in Britain faced. The NHS costs the UK government billions of pounds a year due to treatments, therefore the NHS have a big emphasis on prevention rather than cure.

During 1952, Jonas Salk discovered a vaccine against polio. This was very important because the government were becoming more involved in people's public health, so they made certain vaccinations compulsory so that diseases were less likely to spread.

Also in 1956, government in the UK passed a Clean Air Act which meant a reduction in air pollution from factories, and water pollution. This was good because it meant that if people were inhaling clean air then they would

((a) continued) have less chest problems. Also, if people were drinking cleaner water then there would be no more cholera epidemics.

In 1962, the Royal Society of Apothecaries wanted a ban on all tobacco advertising, however this didn't happen for many years after because the government didn't pass a new law. Also in 1971, doctors called for all packets of cigarettes to carry a health warning as smoking is very dangerous and it costs the NHS a lot of money. However, governments wouldn't ban tobacco as the government makes money from tobacco sales. The most recent way in which Scottish governments have tried to stop smoking is by banning it in public areas in 2006, England and Wales followed a year later.

Another major campaign was set up in the 1980s about AIDS. The campaign was called "Don't die from ignorance". AIDS was and still is a major killer in the UK and world wide.



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This answer shows a range of ways in which government action aimed to prevent illness.

(b) The government took action to improve public health in the ~~19th~~ nineteenth century for many reasons which were both beneficial to them, as well as the members of the public.

During the years of 1750-1850 the population of major cities such as Manchester increased by 222,000 people which as a result creates huge health risks. Due to the large amount of people in a certain area where living conditions were poor, disease was spread easily from person to person. This is evident as most of these people shared perhaps one or two toilets and they all shared the same water supply which was polluted by the waste made by these toilets and as a result of this, in 1831, the first outbreaks of Cholera occurred in Britain.

With the well-being of the working class being severely affected, so too was the industry within Britain so its economy began to worsen affecting the Government as a result. This then started to influence the way the Government thought about public health and in 1875, due to much hard work and persuasion by a man named Edwin Chadwick, the first Public Health Act was published.



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The student understands the problem of poor public health and offers a reason why the government took action but the answer does not develop this point with details of what the government did and cannot explain the role of Chadwick.

((b) continued) his ideas fully. However, once John Snow proved a link between ~~the~~ dirty water and cholera, a public health act was carried out in 1848 - 6 years after Chadwick's report! However, the ~~the~~ public health act didn't force local councils to provide fresh water and remove sewage; it was only suggested. It took two more cholera epidemics in 1853 and 1858 for the government to pass another public health act, making it compulsory for councils to provide clean water, sewage removal, and a national health council to be set up.

((b) continued) However, it wasn't until 1858 that politicians became majorly interested in public health because of the Great Stink. The Great Stink was due to the amount of sewage being dumped into the river Thames, which caused a putrid smell near the houses of parliament. Due to this, ^{the} government paid for Joseph Bazalgette's design of the sewage system for London which was 1100 miles long, and connected all of the streets together.



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These extracts show the understanding that factors acted in combination to prompt government action.

Paper Summary

Examination technique is a key element affecting the achievement of candidates. Practising examination questions in timed conditions is crucial and many students clearly had their plan worked out as examiners often saw notes about timing written next to the question. The extension question carries a total of 25 marks – half of the total available for the whole paper. Part b of the extension question is the most heavily weighted and the only one to be marked on 4 levels – it is vital that candidates leave themselves enough time to answer this properly. Therefore candidates who write excessively on question 1 are limiting their chances of a high total. In the same way, question 2 and part a of the extension question usually have quite a narrow focus and do not require the same breadth of coverage that is required for question 3 / 4 or part b of the extension question. Practising in timed conditions is also an important way of ensuring candidates can write legibly throughout the whole paper: neatness is far less important than clarity and there seemed to be an increase this year of answers where handwriting was extremely difficult to read.

The second key element of successful examination technique is the ability to analyse the question and plan an answer which focuses on that precise question rather than an answer which provides information on that topic. Too often candidates lost marks by launching into a prepared answer which was not relevant for this question. This could be seen particularly in question 4 where many wrote about technology in the nineteenth century, or question 6a where answers described the work of the NHS. Even when candidates began their answer with 'In this essay I am going to explain ...' they often simply wrote all they knew on a topic. Far better as an introduction, is an outline of their overall response.

Examiners commented how often candidates lost marks through insecure chronology. Unit 1 is a Study in Development and the focus is on change and continuity over time. Relatively few questions need knowledge of specific dates and events but most questions require candidates to place events in context and discuss contemporary events or talk about the preceding or succeeding situation. It is also essential that candidates recognise and sequence terms such as medieval, Renaissance, and nineteenth century as well as key dates.

Questions 3, 4 and part b of the extension questions all include stimulus material; in questions 3 and 4 this can take the form of prose, an illustration or bullet points but in questions 5b and 6b it will always be bullet points. However, candidates should not assume the stimulus material is all they need to write a good answer and it is highly unlikely that the bullet points or stimulus material in one question will help them in another. The material is there to remind them to cover a range of aspects or the full timescale of the question but they must have enough understanding to see its relevance and enough knowledge to make use of it. It is not essential to include all the bullet points and if students do not understand what one bullet point means, they should ignore it. However, the best answers usually go beyond the bullet points and bring in additional details to supplement their explanation or to identify a new factor.

Nevertheless, the difference between Level 2 and Level 3 is not the amount of detail included but the use made of it. Level 3 requires analysis and therefore a few moments identifying the different aspects to be covered can help students to produce a structured response instead of one which is one long paragraph containing facts apparently scattered

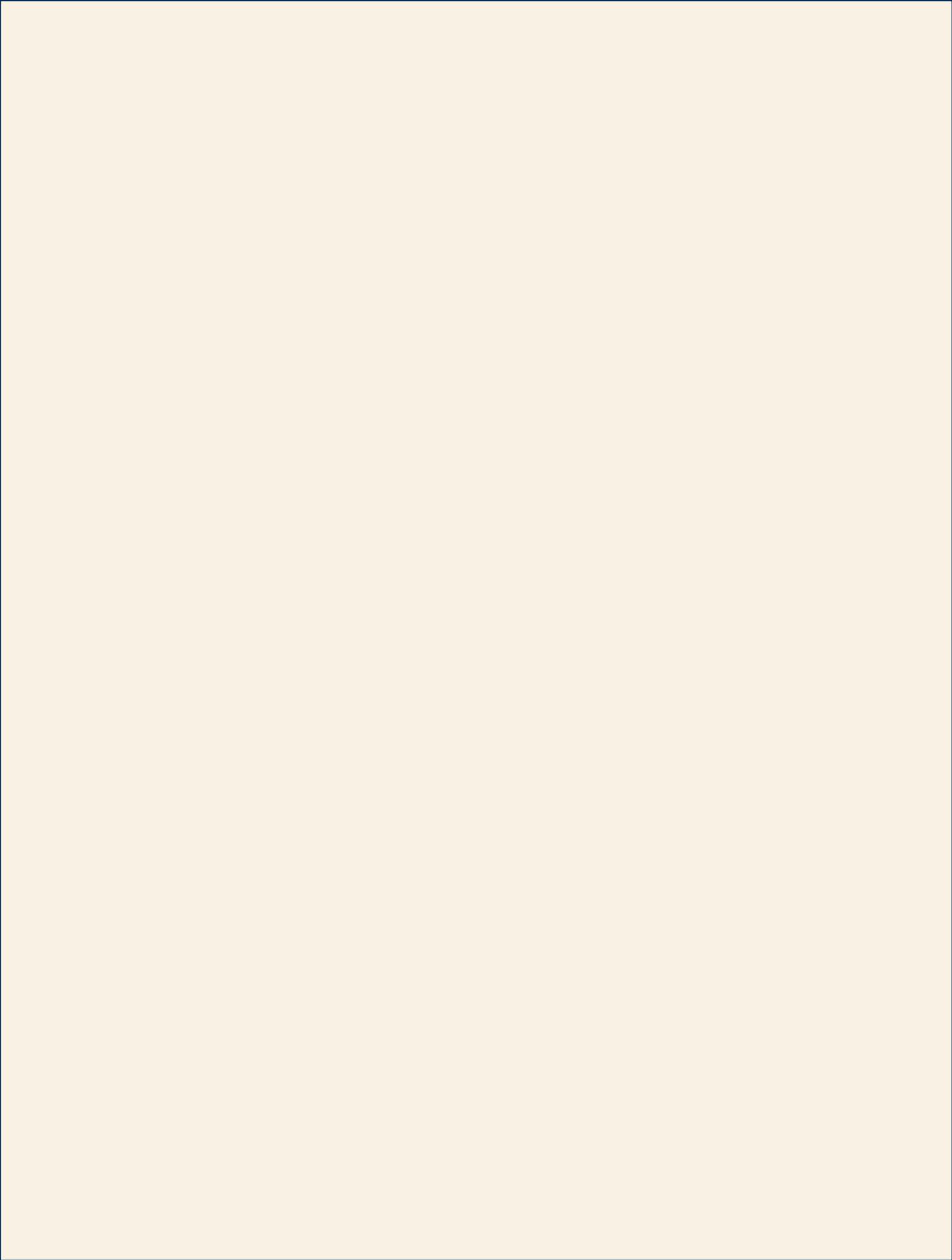
at random. Planning and analysis is also very important for Level 4 in the extension question. Part b questions will normally ask for some kind of evaluation, such as identifying the most important reason. It does not require a substantially different answer from a Level 3 response but it does need the analysis to be sustained over more than one point being made and prioritisation or evaluation to be explained in the conclusion even if it does not run throughout the answer. However, candidates should note that a conclusion which simply sums up what has already been said ('In conclusion we can see ...') is not the same as evaluating the importance of different reasons.

Marks are included within part b of the extension question for the Quality of Written Communication. There have been few examples of textspeak but the usual problems of 'would of' and misspelling of key words such as disease, hygiene, remedy, parliament or government can mean that ideas are not communicated clearly.

Grade Boundaries

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