



Examiners' Report

June 2024

GCSE History 1HI0 11

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Introduction

Candidates had clearly been well prepared for this examination in terms of both knowledge of content and the skills required for this paper. Examiners noted many answers showed confident treatment of answers in both sections, the Historic Environment and the Thematic Study, and there seemed to be relatively few unfinished papers.

Nevertheless, many of the following comments are made every year and remain relevant. As a general point, centres should remember that the Thematic Study focuses on change and continuity over time and therefore a good sense of chronology is vital. Candidates should be familiar with the names given to the different periods in the specification and recognise the dates and key events involved in these chronological divisions. They also need a clear understanding of the key themes and the factors involved in the Thematic Study, as identified in the specification:

- Ideas about the cause of disease and illness.
- Approaches to prevention and treatment.
- Individuals and institutions (Church and government), science and technology, and attitudes in society.

It is also important to remember that this is a Thematic Study in British history. While many medical and scientific developments took place elsewhere the focus of this study is the impact of these developments on medicine in Britain.

In the extended answers, the stimulus points are usually intended to remind candidates to cover different aspects of content and the full timescale of the question. Candidates do not need to include these stimulus points in their answer but they do need to cover three aspects of content in order to show breadth in their answer and to access the higher marks.

A number of answers to these questions remained at Level 3, despite excellent knowledge, because they missed the focus of the question. The mark scheme's bullet point for Assessment Objective 2 (analysis) at Level 4 expects an analytical explanation, directed consistently at the conceptual focus of the question. Candidates who responded to the topic rather than the key idea were unlikely to achieve high marks. Those who did reach Level 4 realised that the topic provides the context but that there is a specific focus, which the analysis should address.

While the target for the 12-mark question is an explanation of causation, there is no expectation that causes will be prioritised or evaluated and no marks are available for such comments. However, in the 16-mark questions there is an additional element of judgement. Many candidates structured their answers in questions 5 and 6, to discuss points supporting the statement in the question, then points challenging the statement, before offering their judgement. In a number of answers, this resulted in a judgement that summed up the two sides, with the conclusion that the statement was 'somewhat true' or 'true to an extent'. This is a logical structure and can be very effective but for the higher marks, the criteria being applied need to be explained and the judgement needs to be consistent with the overall answer. In high scoring answers, the application of appropriate criteria included an explanation that some aspects had a longer lasting impact, more people were affected, a factor acted as a catalyst for other developments, and many high-scoring answers had a sense of evaluation running throughout the answer so that judgement was not just restricted to comments at the start and end of the answer.

GCSE History specification and assessment changes

This note is a reminder that minor changes are being made to the Pearson Edexcel GCSE History specification content and assessment model: assessment and language changes apply from the June 2025 exam series onwards, and content changes from the June 2026 exam series onwards.

We strongly recommend, if you haven't already, that you familiarise yourself with these changes in time for the start of the new academic year in September 2024. Some options are affected more than others, but all options are affected by the assessment changes.

Below is a link to the summary guidance document, which will help you to find all the specific information and guidance available to help you take on board these changes:

<https://qualifications.pearson.com/content/dam/pdf/GCSE/History/2016/Teaching-and-learning-materials/gcse-history-changes-for-2025-and-2026-summary-guidance.pdf>

If you have any queries, please contact Mark Battye, our History subject advisor, at TeachingHistory@pearson.com.

Question 1

Question 1 asked candidates to identify two key features of new techniques used in the treatment of wounds on the Western Front. Extended details are not needed here but candidates should be aware that this question can be set on anything named in the Historic Environment specification.

Candidates should identify two features and, in each case, add a further detail which provides some context. They should make sure that the additional detail provided is linked to the key feature that has been identified and also that different material is used in the two sections of the answer. Where candidates had written two sentences for each feature, it was easy for examiners to identify and reward the feature and the additional detail; if the answer consisted of just one sentence it was sometimes hard to distinguish whether additional detail had been provided. A maximum of two marks were rewardable to answers which listed four disconnected points of information.

Candidates should use the mark and the space in the answer booklet as a guide for the length of their answer. There were relatively few answers that continued beyond the lined space, but these were often wasting time as the answer had already scored the full 4 marks and no further marks could be awarded. Where the candidate was unsure about the answer, the additional comments were usually irrelevant. It was very rare for additional comments to gain any marks.

Most answers offered details about the Carrel-Dakin method, the Thomas Splint, the new developments in blood transfusions (eg portal blood transfusions kit) and blood storage (eg the blood banks, addition of sodium citrate to prevent the blood from clotting and addition of citrate glucose to allow for storage), debridement of wounds, plastic surgery techniques pioneered by Harold Gillies and new brain surgery techniques pioneered by Harvey Cushing. Those candidates who received full marks were able to focus on a feature and support it with additional knowledge.

There were a small portion of candidates that didn't fully understand or read the question carefully. These candidates were writing about treatments in general. This meant that they identified features of the evacuation chain or treatments that were not new to the Western Front, eg use of carbolic acid, anaesthetics and amputation. Another common mistake was candidates writing about preventions for illnesses caused by the trench environment such as whale oil which was used as prevention of trench foot. These answers do not link to new techniques used in the treatment of wounds and are therefore not relevant to this question and could not be rewarded. Therefore, it is an important reminder that candidates should read the question carefully before starting their answer. There were also a number of candidates who copied statements from Sources A & B as their answer to this question. These answers were also unrewardable.

Centres should note that the format of this question will be different next year as candidates will be asked to provide a key feature and supporting detail for each of two questions.

1 Describe two features of the new techniques used in the treatment of wounds on the Western Front.

Feature 1

One feature of the new techniques used in the treatment of wounds on the western front was stretcher bearers. These were people who brought stretchers onto No Man's Land to help the wounded. They carried simple medical equipment, such as bandages.

Feature 2

Another feature of techniques used was the Thomas splint. This was used on soldiers whose broken or fractured bones would pierce their skin. It ensured that the bone could ~~not~~ heal and increased the survival rate from below 20% to 80%.



ResultsPlus
Examiner Comments

Feature 1 is not a valid feature about the new techniques used in the treatment of wounds and is therefore not rewardable. Feature 2 is a valid new technique used in the treatment of wounds and additional supporting evidence is provided.



ResultsPlus
Examiner Tip

Make sure the topic of the question has been accurately identified. In this case, it was new techniques used in the treatment of wounds on the Western Front.

1 Describe **two** features of the new techniques used in the treatment of wounds on the Western Front.

Feature 1

One feature of new techniques used to treat wounds is the Carrel-Dakin method. This was using a sterile saline solution on infected wounds to kill any bacteria. It ~~was~~ effect only lasted 6 hours and it had to be made only when required.

Feature 2

Another feature was the development of blood transfusion. Due to the amount of wounded requiring blood on the Western front, sodium citrate was used to store blood, and those losing lots of blood due to open wounds were treated with this stored blood to prevent blood loss.



Two valid features are identified. The additional supporting information is clearly linked to the identified feature in both cases.



Use separate sentences to identify the feature and to provide additional information, so that the examiner can distinguish between the two.

Question 2 (a)

The Historic Environment has a focus on the process of history, considering the value of sources as evidence and the way a historian follows up an enquiry, but it is nested within the context of the Thematic Study and therefore knowledge of both the specific and the general context is expected.

It is important to note that the question asks about the usefulness of the sources in relation to a specific enquiry, in this case, an enquiry about the work of medical staff in the Casualty Clearing Stations (CCS) on the Western Front. The focus should be on assessing the usefulness of what is in the source rather than listing details which are not mentioned, and sources should not be dismissed because they do not cover every detail that might be helpful in an investigation. candidates should also recognise that unreliable sources can be very useful.

The question asks 'how useful' the sources are, so a judgement should be made on the usefulness of the source's evidence for the specific enquiry. At the lower levels, answers identified information contained in the source that was presumed to be useful because it was relevant to the enquiry, or they listed limitations in the content coverage.

Examiners felt that the sources were accessible, and candidates were confident in showing that the content of the sources was relevant for the enquiry and therefore useful. Examiners noted the majority of candidates attempted to analyse both sources. They noted that at Level 2, developed comments were made about the usefulness of the content, for example on Source A candidates focused on the senior nurse working "night after night" or by "cleaning and bandaging" the wounds, thus suggesting that the nurses had to work hard and was useful for showing the treatments used at the CCS. Similarly on Source B candidates suggested that the source was useful because it showed how tiring the work was and the systems used to deal with the large number of patients. Contextual knowledge was added to support the inferences being made such as the CCS being further down the evacuation chain from the frontline where serious wounds were taken, or the large number of casualties at the CCS being due to the battles in 1917 such as Arras and Cambrai.

Some very good Level 2 answers could not access the higher marks because they did not include contextual knowledge. Contextual knowledge is mentioned at every level of the mark scheme and failure to include it impacted a number of otherwise good answers. Candidates should also recognise that it is not enough to repeat a detail from the source and assert that this can be confirmed from the candidate's own knowledge – some additional detail is needed as a demonstration of that own knowledge.

Some answers also stayed at Level 2 because they either focused on the source content or the provenance of the source. Some candidates made general assumptions about both sources not being useful: for example, on Source B candidates assumed that the source was not useful as Effie Garden was interviewed in 1986 and had forgotten everything or she might have exaggerated how bad the war was. It is encouraged that candidates avoid these general assumptions.

At Level 3, candidates need to show the effect of the provenance on the usefulness of the source content, for example linking the fact that May Tilton (author of source A) is an eyewitness to the events and a senior nurse and therefore the events that she is describing are likely to be typical of the work in a CCS. Her account is also likely to be truthful as it was written after the war and there is no need to worry about censorship or morale of people in Britain. This is possibly why she describes the serious leg injury to the soldier who then died. It should also be noted that, at Level 3, contextual knowledge should be integrated into the process of reaching a judgement, not simply provided as information. Good Level 3 answers made clear the criteria being used to assess the usefulness of the sources for the enquiry, for example accuracy of detail, reliability, the relevance of the source, the way it could be used by the historian, and how representative the source is.

There is no requirement to compare the sources or to use them in combination and no marks are available for this. candidates who focused on comparisons between the sources often failed to develop their judgement on each source properly; if this approach is used, it is important that the answer still comes to a judgement on each individual source.

Very few answers only considered one source, but it should be noted that every level of the mark scheme refers to 'sources' and therefore answers which do not consider both sources cannot access high marks.

2 (a) Study Sources A and B in the Sources Booklet.

How useful are Sources A and B for an enquiry into the work of medical staff in the Casualty Clearing Stations (CCS) on the Western Front?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

I think Source A is useful to learning about the work of medical staff in CCS in 1917 as May Tilton thoroughly describes her time as a nurse. The quote 'praised their endurance and strength of will' tells me that everyone had a hard job in the war medical staff and soldiers and that they all had to persevere. The quote 'he died before the next morning' also suggests to me that the job was brutal having to speak to so many soldiers who then would die in front of you from incurable diseases.

Source B is an important source to show the work of medical staff in 1917. Effie Garden talks about her time as a nurse. She talks about how the nurses used 'teams' in the CCS to help treat soldiers faster so they could get on the battlefield again. She also talks about how she had to 'remove shrapnel' and deal with 'minor wounds' which was correct as an emergency treatment would be in the

Base hospitals were they had several beds to perform treatment on the more serious infection. The CCs was were the FANY worked who were voluntary nurses who didn't have much experience but were able to treat minor wounds and ingurgs. Whereas the Base hospital was for the RAMC who used were more professionally trained doctors who had to perform emergency treatment.



ResultsPlus
Examiner Comments

The answer to both Source A and Source B provides a developed comment on the usefulness of the source's content and provides contextual knowledge to support the comments of the source's usefulness. This is a high Level 2 response.



ResultsPlus
Examiner Tip

Try to include a judgement on the usefulness of the sources based on all three strands of the Assessment Objective (source content, contextual knowledge and provenance).

2 (a) Study Sources A and B in the Sources Booklet.

How useful are Sources A and B for an enquiry into the work of medical staff in the Casualty Clearing Stations (CCS) on the Western Front?

Explain your answer, using Sources A and B and your knowledge of the historical context.

(8)

Source A is useful because it suggests that the work of medical staff in the CCS was dangerous. It says in the text "A big shell came over the CCS ... killed ~~to~~ fourteen gunners who were nearby". Source A is useful because it also suggests that medical staff weren't just there to treat the wounded but to mentally assist them. I know this as it says "We comforted them, praised their courage". Source A is useful as it agrees with my own knowledge, I know that the FANY based in CCS and would be there to give not just medical treatment, but make them feel like they were doing a good job by saying positive things to encourage the wounded. Source A is useful as it was ~~based~~ on a ~~senior~~ nurses wrote from a senior nurse, who would have been an eye witness to the work of medical staff in CCS, and it was from ~~her~~ their experiences in 1917 which was when many battles were happening, such as Battle of Cambria

so this would show typical work of Medical Staff. However it's usefulness is limited as it was published in 1933, so perhaps they may have forgotten things and their experience is vivid.

Source B is useful because it suggests that medical staff worked together. I can infer this as it says "We worked in teams". Source B is also useful as it suggests that the work of medical staff was tiring. I can infer this as it says "worked from one o'clock in the morning until five o'clock in the evening". Source B is useful as it agrees with my own knowledge. I know that medical staff would have to work very long shifts as during 1917, there was Third Battle of Ypres and Battle of Cambria so there would have been many injured soldiers needing treatment. Source B is useful as it was written from a nurse in a CCS in 1917, so they would have had first hand witnessed the work of medical staff. However the source is limited ^{in usefulness} as it was from an interview, so they may have been exaggerating the work for the interview, and it was taken in 1986 which many years after the war so their memory may be less clear.



There is a judgement of source A's utility based on how the provenance affects the usefulness of the content and contextual knowledge is used in the process of interpreting the source. The criterion of typicality is used in the judgement.

The judgement of Source B also reaches Level 3 but is weaker in examining how the source's provenance affects the usefulness of the source content.

Overall, this is a mid-level 3 response.



Try not to focus on the usefulness of the content and provenance separately. Link the content to the provenance and the contextual knowledge to judge the overall usefulness of the source.

Question 2 (b)

This question should be treated as a package linked to the enquiry that was identified in question 2a (the work of medical staff in the Casualty Clearing Station (CCS) on the Western Front) and the aim is for candidates to show that they understand how historians work. The first sub-question simply asks them to identify a detail from the source – this was most commonly done by quoting a phrase from the source. The most common details were “we worked night after night”, or “we cleaned and bandaged the wounded”, or “He had a frightfully smashed up leg that fell to bits...”.

candidates then had to propose a question they would ask to follow up Source A in relation to the overall enquiry. Consequently, the proposed question should be broader than following up a very specific person or event in the source and it should not be a question they would ask the author of the source. Questions about how many hours the medical staff worked at the CCS, or what treatments were available at the CCS or how many wounded were treated each day were the most popular questions to be proposed by candidates.

However, some candidates failed to recognise the link with the broader enquiry of the work of medical staff in the Casualty Clearing Station (CCS) on the Western Front. This led to candidates proposing questions such as what caused the soldier’s leg injury? This failure to recognise the link to the broader enquiry impacted the marks available to these candidates for this question, since it also affected the source they suggested that would help with their enquiry.

While it is recognised that candidates cannot have detailed knowledge of all possible sources, the specification states that candidates should be aware of the types of sources available and the nature of the information they contain. Answers such as ‘medical records’ or ‘diaries’ are too generalised to be rewarded. In some cases, where a generalised source was named in sub-question three, a mark could be awarded because the explanation in the final sub-question made it clear what sort of information might be located in those records and how that information would help the historian with the overall enquiry. Examiners noted that some candidates were rote learning RAMC medical records as the source for sub-question three, however this source is not always relevant and will not always contain the information that would help answer the proposed question. For example, RAMC medical records would not answer the question how many hours did the medical staff work at the CCS. A more relevant source for this question might be a diary from medical personnel working at a CCS during World War One.

candidates should be showing an awareness of appropriate sources that already exist for the historian to consult. This means that answers suggesting they would carry out an interview were not rewarded. They also need to be clear that they should suggest a contemporary source of the period in question – history books, the Internet, documentaries, were all unsuitable answers. Instead, it would be more appropriate if they tried to think about the sources consulted by the producers of history books, Internet articles or documentaries.

When multiple suggestions had been given to a sub-question, it was often counter productive. Offering more than one detail or question meant that the follow-up sections were not clearly linked, while offering multiple sources meant that the explanation in the final section was usually invalid.

Successful answers treated the questions as a package and thought about the follow-up question and the source to be consulted before writing the answer to the first sub-question. In general, the simple approach was most effective, for example, questions about medical treatments provided at the CCS could be followed up through RAMC medical records from the Western Front or a medical journal (such as *The Lancet*) which details the treatments used.

Complete the table below.

(4)

Detail in Source A that I would follow up:

"He had a frightfully smashed up leg that fell to bits as we lifted him from the stretcher."

Question I would ask:

What weapons were used to create this much damage?

What type of source I could use:

Medical records from CCS

Soldiers diaries from when they were recovering.

~~Germany~~ Army weapon records during WWI

How this might help answer my question:

This can help answer my question because I will be able to find out how weapons were deadly and what soldiers used against each other.



A valid detail has been selected from Source A. The question proposed does not link to the wider enquiry about the work of the medical staff at the Casualty Clearing Station and is therefore not rewardable.

The sources proposed in sub-section 3 and the explanation in sub-section 4 all link to the question, which is not valid. Therefore, sub-section 3 and 4 are not rewardable.

Overall, only sub-section 1 is valid, and this answer received a score of 1 mark.



Make sure the follow up question is related to the enquiry in the question.

Complete the table below.

(4)

Detail in Source A that I would follow up:

~~Did medical staff perform surgeries as well as~~
"We cleaned and
bondaged the wounded"

Question I would ask:

Did nurses perform simple surgeries
as well as dressing wounds?

What type of source I could use:

Diary from a nurse working in
a Casualty Clearing station in
1917.

How this might help answer my question:

Might explain the day to day
life of nurses working on the
western front and describe every
role they took on.



A detail has been selected from Source A. The question proposed is linked to both the broader enquiry about the work of the medical staff at the Casualty Clearing Station and to the detail picked out in sub-section 1.

It is reasonable to suggest that a diary from a nurse working at the Casualty Clearing Station in 1917 will show if nurses performed simple surgeries. Therefore, the source will provide an answer to the proposed question. Both sub-section 3 and 4 are valid.

Overall, all sub-sections are valid and the answer received 4 marks.



Make sure that the source that you identify will reasonably contain the information that you want to find out about.

Question 3

In this question, candidates needed to explicitly identify a difference in the treatment of infectious diseases in the medieval period (c1250-c1500) with the modern period (c1900-present). Once the difference was identified it then needs to be supported with details taken from both periods. The most common difference that was identified by candidates was supernatural treatments in the medieval period such as prayer, as God had sent illnesses, compared to scientific treatments in the modern period such as antibiotics. Other candidates chose to use the fact that people with leprosy were kept away from society in the medieval period whereas people suffering from an infectious disease in the modern period are not turned away from the NHS but kept in separate isolation wards or advised to quarantine.

Examiners did note that not all candidates were able to identify examples that accurately answered the question. Most of these responses stayed in Level 1 as they were unable to explain a difference between the two time periods. Many candidates identified vaccinations in the modern period which are a prevention rather than a treatment and this was therefore unrewardable. Some candidates also wrote about treatments for cancer such as chemotherapy but this too was unrewardable as the question was about treatments for infectious diseases.

While many candidates scored the full four marks, some wrote far too much. Such answers demonstrated excellent knowledge in support of a valid comparison but it could not be rewarded beyond four marks and possibly the time taken here affected the completion of the longer answers which carried more marks.

3 Explain **one** way in which the treatment of infectious diseases in the medieval period (c1250–c1500) was **different** from the treatment of infectious diseases in the modern period (c1900–present).

one way the treatment of infectious diseases is different in the medieval period to the modern period is that in the medieval period people would often pray to treat disease, whereas in the modern period people would use antibiotics as a treatment for infectious disease.



ResultsPlus
Examiner Comments

The answer offers a valid difference between the two periods. There is no additional evidence to support the comparison made. Therefore, this response fulfils the requirement for a Level 1 answer.



ResultsPlus
Examiner Tip

Make sure that a specific example is provided from **both** the time periods to support the difference that has been identified.

3 Explain **one** way in which the treatment of infectious diseases in the medieval period (c1250–c1500) was **different** from the treatment of infectious diseases in the modern period (c1900–present).

to The different

There was a different ~~betw~~^{of} infectious diseases in medieval period and modern period because the causes they believe in medieval period, people mostly believe is supernatural causes as which ~~mostly~~^{mainly} is ~~god punishment~~^{cause by god.}, therefore the main treatment is to pray. However, in the modern period, people has find out that germ is the mainly ~~causes~~^{causes} of infectious diseases and because of the increase of the ~~tech~~^{technology} level, therefore the treatment of them is antibiotics.



ResultsPlus
Examiner Comments

The answer offers a valid difference between the two periods. They have supported this difference with specific examples of treatments from both the time periods in the question.



ResultsPlus
Examiner Tip

It is a good idea to state the difference at the start of the answer and then provide supporting detail from each period.

Question 4

Most candidates had good knowledge and understanding of medicine in the medieval period (c1250-c1500) and why there was little change.

The best answers took an analytical approach rather than a descriptive approach to the question. These candidates usually offered clear reasons why there was little change using factors such as attitudes of the public, the power of the church, education and the lack of technology. Many candidates supported these factors with knowledge such as some herbal remedies working and therefore there was no reason to seek a change in treatment. Galen's ideas were mentioned, linked to the anatomy and the Theory of the Opposites, and being supported by the church these meant that people did not seek new discoveries as they were afraid of challenging God. Many candidates also explained that due to the church controlling education and controlling the writing of books this meant doctors were unable to challenge established ideas. When there was explicit focus on the question throughout the answer, candidates were able to achieve Level 4 for Assessment Objective 2 (analysis).

Some candidates were prevented from achieving the highest level because they did not deploy their knowledge linked to the time period of the question set. In terms of Assessment Objective 1 (knowledge and understanding), some candidates developed the monastery hospitals stimulus point by focusing on the work of Florence Nightingale in the 19th Century. Candidates also wrote about monastery hospitals being unclean and then linked that to Germ Theory which is in the 19th Century. A number of candidates also seemed to think that Galen was making his discoveries during the medieval period.

Also, some candidates only provided two aspects of content and therefore their answers could not be deemed as wide ranging or precisely selected for Assessment Objective 1 (knowledge and understanding). Answers at Level 2 often described the Theory of the Opposites or monastery hospitals and left the link to the question as implicit. Answers at Level 1 were often generalised statements of change.

For answers that were awarded full marks, it was noticeable that many of these were relatively concise. These candidates had understood the focus on explaining causation and provided enough detail to support their explanation without becoming descriptive.

4 Explain why there was little change in medicine in England during the medieval period (c1250–c1500).

(12)

You **may** use the following in your answer:

- Galen
- monastery hospitals

You **must** also use information of your own.

~~There~~ One reason why there was little change in medicine in England was the work of Galen. Galen, ~~was~~ although proven wrong later on, was revered in England, especially by the church because his work suggested that there is a creator, which lines up with the Church's religious views. One of the reasons his work was not challenged is because people did not dare to challenge him as if they did, they would be seen as challenging the church also.

Another reason medicine had little change ~~over~~ in England was the Church. In ~~medieval~~ medieval times, the Church had a vice-like grip on everything in the country. For example, libraries were ~~a~~ heavily controlled, so if you wanted to educate yourself, then it would only be the stuff the Church wanted you to know. They also capitalised on the lack of willingness from the public to challenge their ideas as nobody wanted to oppose the church because so many were

heavily religious.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 2. There is organisation of the material throughout the answer, but the explanation demonstrates an implicit link to the conceptual focus of the question.

The Assessment Objective 1 (knowledge and understanding) is at level 2 as it demonstrates some knowledge and understanding of the period.

Overall, a mark at the top of Level 2 can be awarded as there is no longer a cap in this level for answers that only include two aspects of content.



Before writing your answer try to think about the factors that are causing the changing or lack of change. This will help ensure an answer is more focused on causation (Assessment Objective 2).

One reason there was little change in medicine during the medieval period was because of the physician Galen. Galen's ~~was~~ theories and discoveries were widely accepted and respected due to them linking to Christianity and the Bible. This is a result of the strong religious society that ~~was~~ ^{was} constantly influenced by the church. Some of Galen's theories include the male anatomy has one less rib than the female, this is based on the Genesis story where God created woman from a man's rib; another is the theory of opposites, for example if you have a fever cold, wrap up in warm clothing and sweat it out. The consequence of Galen's work being accepted, is that anyone who goes against church beliefs will receive judgement and rejection, meaning it is hard to argue against Galen's work.

Another reason there was little change during this time is because of monastery hospitals.

In the medieval period, hospitals were run by the church ~~desert~~ as a result of the strong influence ~~these~~ these hospitals were not helping advance medicine given that they didn't cure sick people, they cared for them by giving food, shelter, a bed and prayer. This would have led to ~~the~~ spread in disease since they were unhygienic, often shared beds and were not receiving accurate treatment, demonstrating why little change was made in medieval medicine. Since there was no doctors or physicians, monks and nurses - who ran the hospitals - would not have made any discoveries or theories since given that they are not medical professionals.

A third reason there was little change in medieval medicine ~~is~~ was the lack of technology and resources. This meant that without equipment such as the printing press which wasn't made until the renaissance, the church's ~~influence~~ ^{influence} ~~influence~~ was still preventing any developments as they were the ones who hand wrote the books, leading to no improvements in medicine given that physicians only had other physicians work, such as Galen and Hippocrates, to base their medicine on. Having the printing press ~~was~~ would helped as it didn't require the church's authority.



The answer reaches Level 4 for Assessment Objective 2 (analysis). It has a clear line of reasoning and an explicit link to the conceptual focus of the question which is sustained throughout the question.

Assessment Objective 1 (knowledge and understanding) also reaches Level 4. There is accurate and relevant supporting knowledge on the role of Galen, monastery hospitals (except about hygiene levels) and the lack of technology in the medieval period. As three aspects of content has been provided, the answer is wide-ranging so a mark in the top level can be awarded.

Overall, this answer resulted in a top Level 4 mark.



Make sure that each paragraph explicitly links to the question that has been asked.

Question 5

This was a popular question, and most candidates were confidently able to write about medical knowledge in the Renaissance period (c1500-c1700).

Examiners noted that a substantial number of responses to this question were answered to a high standard. The best responses sustained their explanation throughout their answer (Assessment Objective 2). Candidates argued that there was significant progress in knowledge using William Harvey (circulation of the blood), Andreas Vesalius (anatomical drawings), Thomas Sydenham (observation of patients), the printing press (books) and the Royal Society (scientific experimentation and discussion) to support their arguments. Those who used knowledge of Harvey and Vesalius argued that they were significant because of their new knowledge about the human body, but also that they proved mistakes in Galen's work allowing doctors to have more accurate knowledge about the human body. Those who used Sydenham argued that doctors were encouraged to spend more time with their patients and were able to treat the illness, not the symptoms. Those who used their knowledge of the Printing Press compared it with the handwritten books of monks during the medieval period and argued that books allowed the new ideas to spread more easily and quickly, benefitting those at university studying medicine. Those candidates who used their knowledge of the Royal Society argued that these scientific experiments and debates allowed a growth of more accurate knowledge and understanding of medicine and encouraged further experimentation. Candidates disagreed with the statement using their knowledge of the Great Plague in 1665 and the theory of Miasma. Candidates argued that during this epidemic there was a continuation of old ideas about the cause of illness and the treatments used during the Black Death in 1348 and that this proves there was not significant progress in medical knowledge.

Some of the best responses stated their judgement and valid criteria in their introduction which was then referred back to throughout their answer and in their conclusion. (Although it should be noted that a conclusion is not necessary if an overall judgement in relation to the criteria is clearly shown in the extended answer.)

Many knowledgeable answers remained at Level 3 as candidates were unable to sustain their link towards the question explicitly, which then led to their judgement having only some justification. Answers at Level 2 often described the work of Harvey, Vesalius and the events of the Great Plague but left the link to the question as implicit.

There were also a number of responses that wrote outside the time period of the question eg. Jenner, Lister, Pasteur, Nightingale and Snow. Therefore, it is important to ensure candidates have a firm understanding of where each individual fits into the history of medicine. They need to be able to accurately select the knowledge needed to answer the question given.

I agree, to some extent, that there was significant progress in medical knowledge in England during the Renaissance period (c1500-c1700). Firstly, I agree as the printing press was created, which helped many people publish their ideas on how to cure diseases/illness and what the causes of things were. The printing press also helped to make significant progress in medical knowledge, as it wasn't controlled by the Church, so there was various copies of medical ideas published.

Secondly, there was significant progress in medical knowledge in England during the Renaissance period (c1500-c1700), as William Harvey discovered that the heart is an organ that pumps blood around the body. This was a vital finding, as people before this didn't know what the heart's function was.

Another reason ~~is~~ why there was significant progress in medical knowledge in England during the Renaissance period (c1500-c1700) was

because of The Great Plague in 1665, as it encouraged more and more people to go out for themselves to try and find cures/treatments for The Great Plague in 1665. We also know that people wore Plague Doctors facial coverings to stop breathing in 'bad air', as they believed that miasma caused disease in 1665, which is bad air/bad smells. Lastly, we also know that people were strictly told to isolate if they had or didn't have the plague. People with the plague were literally locked in their homes to reduce the risk of it spreading even further.

In conclusion, I personally agree that there was significant progress in medical knowledge in England during the Renaissance period (c1500-1700).



This response meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 2. There is limited analysis throughout the answer with only implicit links to the question.

The response shows some knowledge and understanding of the period and therefore meets the demands for Assessment Objective 1 (knowledge and understanding) also at Level 2.

A conclusion is given which asserts a judgement, so is also Level 2.

For all three strands of the mark scheme the response fully meets the demands for Level 2 and was therefore awarded top of the level.



Try to explicitly link each paragraph to the conceptual focus of the question.

Chosen question number: Question 5

Question 6

I mostly agree that there was significant progress in medical knowledge in the Renaissance period because of the printing press and the work of Harvey and Vesalius. However, the Great Plague shows that realistically, there was little progress at all.

I mostly agree with the statement because the printing press caused significant progress in medical knowledge in this period. By the 1500s, the printing press was widely available across Europe. It allowed people to quickly, and ~~cheaply~~^{cheaply}, print books containing medical knowledge and ideas. This caused significant progress in medical knowledge because these books containing medical knowledge were able to spread vastly and easily across the globe - meaning they were used to teach new doctors in training. I mostly agree with the statement because this printing press allowed medical knowledge to be spread without the influence of the Church - who would only approve of Galen's books. The printing press caused progress in knowledge

in the short term because these ideas were able to spread between doctors in the time period, who could advance on each others work. In the long term, it caused significant progress because all sorts of medical knowledge was being circulated, anyone could buy these books and learn new medical knowledge, and be inspired to make their own theories.

Furthermore, I mostly agree with the statement because the work of Harvey and Vesalius caused rapid progress in medical knowledge in the Renaissance Period. Harvey was a doctor who used the new invention of a water pump, to discover that the heart pumps blood around the body - therefore discovering the circulatory system.

Vesalius built on Harvey's work by using public ^{dissections} ~~dissections~~ to prove Galen wrong, and teach people about anatomy. I mostly agree that there was significant progress in the Renaissance Period because Harvey and Vesalius taught doctors and ~~er~~ anyone in the general public that there was faults in Galen's work and spread their new ideas. This caused progress in medical knowledge in the short term because medicine was now being moved away from the

Church, and was based on factual medical knowledge that anyone could see by attending public dissections. Additionally, Vesalius published a book of his findings 'The Fabric of the Human body' allowing his ideas to spread further. In the long term, Harvey and Vesalius caused rapid progress in medical knowledge as people stopped trusting the Church and Galen, and started discovering and understanding human anatomy and factua medical knowledge themselves.

However, I partly disagree with the statement because of the Great Plague. In 1665, ~~there~~ there was the great plague, which was similar to the Black Death in the Medieval Period. Although, there was lots of progress ~~on~~ in the Renaissance Period, the people did not know what caused this disease, so turned back to their beliefs about what caused the Black Death - religion and God. The people turned back to their old ways at this point in the time period, and believed that God had sent the disease as a ~~punishment~~ punishment. This shows that there was little to no progress in the Renaissance period as ~~at~~ near the end of this time period, the people went back to believing

their irrational ~~their~~ theories about the cause of disease, based on no medical knowledge at all - demonstrating the little to no progress made.

To conclude, I ~~now~~ mostly agree with the statement because although the Great Plague caused people to turn back to their old ways, there was significant progress in medical knowledge made by Harvey and Vesalius, and the printing press - which cannot be discredited because of the setback ~~an~~ caused by the Great Plague.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 4. The answer offers a line of reasoning throughout which is consistently directed at the conceptual focus of the question. The analysis is supported by wide-ranging and precisely selected knowledge. The knowledge is slightly weaker on the Printing Press. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches low Level 4. There is a clear judgement reached which is substantiated throughout the answer so again meets the requirements for Level 4.

Overall, Assessment Objective 2 (analysis) Level 4 + Assessment Objective 1 (knowledge and understanding) low Level 4 + Judgement Level 4 producing an overall mark of 15.



Include precise examples in each paragraph to support your analysis (A02).

Question 6

This question was slightly more popular than question 5. Most candidates were confidently able to write about the role of key individuals in the prevention of illness in the years c1700-present.

Examiners noted that a substantial number of responses to this question were answered to a high standard. The best responses sustained their explanation throughout their answer (Assessment Objective 2). candidates argued that individuals made significant progress in the prevention of illness using Edward Jenner (smallpox vaccination), John Snow (cholera as a waterborne disease), Florence Nightingale (cleanliness and pavilion style hospitals), and Joseph Lister (antiseptics) to support their arguments. Those who used knowledge of Edward Jenner argued he was significant in making the first vaccination, irradiated smallpox and inspired people like Louis Pasteur and Robert Koch to make other vaccinations (using a different method). Those who used their knowledge of John Snow argued he was significant for preventing cholera by taking the handle off the Broad Street water pump but also in the long term by encouraging the implementation of the Second Public Health Act. Candidates disagreed with the statement by assessing the role of the government. Candidates argued that the government was significant as they made vaccinations compulsory or their role in discouraging smoking or encouraging health lifestyles through campaigns such as Change4Life thus preventing obesity related illness. Some candidates also disagreed by assessing the role of research groups (teamwork) such as Watson and Crick and their discovery of inherited diseases as a result of Rosalind Franklin photographing a strand of DNA. They argued this led to preventions for those people with the BRCA1 and BRCA2 gene such as a double mastectomy, and the removal of the breast tissue.

Examiners noted that only a minority of candidates failed to go beyond the stimulus material. However, there was evidence of candidates selecting individuals that did not link to prevention of illness, eg. Alexander Fleming's discovery of Penicillin or Simpson's discovery of anaesthetics using chloroform. It is important to remember that candidates need to be able to select the correct knowledge for the conceptual focus of the question.

Many knowledgeable answers remained at Level 3, as they were unable to consistently focus on the conceptual focus of the question. Answers at Level 2 often described the medical discoveries by individuals. Answers at Level 1 were often generalised statements about vaccinations or problems associated with smoking without any specific knowledge.

I agree with this statement since it
Edward Jenner discovered that people that
~~with~~ had
a cowpox were immune to smallpox. This led
to the very first vaccination in 1789 which was
a massive moment in medical history since people
could prevent themselves from getting certain
diseases. ~~It was~~ ~~vaccinated~~ ~~against~~ ~~them~~ by
getting a vaccination for it.

I agree again since the work of John
was very important. John Snow removed the
handle of the Broad Street pump in 1854 and so
no one could get water. The ~~the~~ large unknown
death rate started to decrease since people
weren't able to access this water which showed
that this disease was water-borne and was
cholera. A sewage system was built after
and so the water was ~~fresh~~ ~~fresh~~ again. ~~showing~~
This shows ~~John Snow's~~ ^{individuals} importance since
without John Snow a ~~more~~ more people would have
died.

I also disagree with this statement since the work of ~~comptons~~ ^{comptons} were very important into the prevention of illness. After smoking had been discovered to be linked to cancer in 1950, ~~comptons~~ ^{comptons} campaigns were set up to stop smoking and the legal ~~age~~ ^{age} to smoke had been changed from 16 to 18. This was very important since it ~~stopped~~ ^{prevented} a lot of people from smoking and ~~not~~ ^{not} developing ~~cancer~~ cancer.

~~I also disagree since in 1861 the Alexander Fleming ^{was} accidentally discovered penicillin but ~~that~~ it didn't become important until Florey and Chain started to produce ~~it~~ ^{it}. This shows that his work was not the most~~

I also disagree since in 1948 the NHS was founded and helped so many people. ~~The~~ The National Health Service is still in use today, starting NHS hospitals and is free for anyone. Starting these hospitals with doctors and nurses working incredibly hard as much as possible help people with vaccinations and medicine that will prevent

from disease illness, ~~this~~ ^{and} this is much more important than individuals work.

In conclusion I agree where discovery of cholera and vaccinations are what more important than campaigns.



ResultsPlus
Examiner Comments

This response meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. This means that the analysis is mainly directed at the conceptual focus of the question. The paragraph on John Snow is the strongest for this strand.

The response shows good knowledge and understanding of the period and therefore meets the demands for Assessment Objective 1 (knowledge and understanding) also at Level 3.

A conclusion is given which asserts a judgement, so is Level 2.

Overall, Assessment Objective 2 (analysis) Level 3 + Assessment Objective 1 (knowledge and understanding) Level 3 + Judgement Level 2 producing an overall mark of 11.



ResultsPlus
Examiner Tip

Explicitly link your knowledge and understanding to the conceptual focus of the question.

Chosen question number: **Question 5** **Question 6**

on one hand, the role of individuals was the most important factor in the prevention of illness because of Edward Jenner. In 1796, Jenner developed the vaccination for smallpox by carrying out experiments and hypothesising. His vigorous methods led to his development of vaccinations. This was important for the prevention of illness as smallpox was a deadly disease which killed so many people. In 1853, the smallpox vaccination was made compulsory by the government, which led to the eradication of smallpox in England. Furthermore, he set the baseline for other vaccines to be developed, for example, in 1883, Robert Koch developed the vaccine for anthrax and later went on to develop vaccines for malaria and tuberculosis. This was all because of Edward Jenner's initial work, so therefore individuals was the most important factor.

on the other hand, the role of the government was the most important factor in the prevention of illness. During the modern period, the government has begun to use public health campaigns, promoting healthy lifestyle choices like exercising regularly, not smoking and not drinking excessive amounts of alcohol. This has ~~worked in~~ taken place, for example, by printing graphic images of people who have been detrimentally affected by smoking on

cigarette packages, to warn people of the consequences of smoking. In addition, in 1848 and 1875, the government introduced the public health acts. These worked to improve public health by improving the quality of the country's infrastructure and safety, for example by implementing more effective sewage systems and appointing health ministers in every county. This meant that the quality of life improved, which in turn prevented illness, therefore the government was the most important factor.

Finally, the role of individuals was the most important ~~at~~ in preventing illness in 1700-present. An individual who was important for this was Joseph Lister, who developed antiseptic. In 1847, Joseph Lister discovered the importance of sterilising medical equipment and operating rooms, to prevent infection during surgery. ~~to~~ He used carbolic spray to do this, and he noticed the death rate in surgery significantly drop, as open wounds were not becoming infected by dirty tools and surfaces. This was important as not only did it prevent illness, but also changed some people's attitudes towards surgery, as fewer deaths were occurring. Other hospitals noticed this development and also began to use carbolic spray to sterilise, which massively ~~reduced~~ reduced illness, infection and death rates in the 19th century, therefore the role of Lister as an individual was the most important factor in the prevention of illness.

In conclusion, I believe that the roles of individuals was the most important factor in preventing illness, as they inspired further developments as time went on. For example, Lister was inspired to discover sterilisation as he read Louis Pasteur's germ theory, and Louis Pasteur and Robert Koch were inspired by Edward Jenner's vaccination. All individuals were connected and had got it from others' ideas, leading to the prevention of illness being so advanced in the modern day.



ResultsPlus
Examiner Comments

The answer reaches Level 4 for Assessment Objective 2 (analysis), offering a line of reasoning and consistent analysis. It is supported by wide-ranging knowledge, covering the whole date range of the question. There are also three aspects of content covered. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches Level 4. There is an overall judgement, which is sustained throughout the answer, explaining how the work of one individual built on the work of others. The judgement is therefore also awarded Level 4.

For all three strands of the mark scheme, the response fully meets the demands for Level 4 and was therefore awarded top of the level.



ResultsPlus
Examiner Tip

Make a judgement throughout your answer linked to valid criteria established.

Paper Summary

Examiners commented that there was a number of impressive answers where candidates seemed well prepared and demonstrated excellent knowledge being deployed to support thoughtful analysis and evaluation. In particular, candidates seemed well prepared for the 12- and 16-mark questions, with most answers having a clear structure and good use of specialist terms.

Examiners reported that a poor standard of handwriting made a number of answers difficult to mark and exacerbated the difficulty in understanding a badly expressed answer. Also, a failure to structure answers in paragraphs made it difficult for the examiner to identify a line of reasoning and to check whether three different aspects have been covered.

If extra paper is taken, candidates should state clearly in the answer space for the question that it has been continued on separate paper and this should be clearly labelled. However, in many cases where additional paper had been taken, the marks had already been attained within the space provided rather than on the extra paper and candidates should be discouraged from assuming that lengthy answers will automatically score highly. Indeed, candidates taking extra paper sometimes ran out of time on the final, high mark question and therefore disadvantaged themselves.

Where there has been weaker performance, the following points can be made:

- Candidates need a secure understanding of the chronological periods and terms used in the specification such as the terms 'century', 'modern period', etc.
- Candidates need to understand the themes within the specification such as the cause of illness, prevention of illness, treatment of illness or access to care.
- A number of knowledgeable answers failed to reach the highest level because they were not focused on the specific question being asked or did not deploy precise detail.
- It is not necessary to use the question's stimulus points and candidates should not attempt to do so if they do not recognise them; however, candidates should aim to cover three aspects of content.
- While there was good knowledge of some topics, candidates cannot rely on knowing just a few key topics and hoping to use that information whatever question is asked.

Grade boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:

<https://qualifications.pearson.com/en/support/support-topics/results-certification/grade-boundaries.html>

