

Examiners' Report

June 2025

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.

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. Examples from other countries cannot be rewarded.

In the extended answers, the stimulus points are usually intended to remind students 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. 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 2025. 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

This is now a two-part question, with a question asking for a key feature with some additional supporting knowledge of two topics from the specification. Extended knowledge is not needed but it is important that candidates know something about everything in the specification. This is so that they can add a further detail which will explain the feature or provide some context. They should make sure that the additional detail provided is linked to the key feature that has been identified.

Question 1a was about the fighting on the Western Front that led to a high number of injuries. Examiners felt that this was well answered by candidates. Many candidates identified shrapnel as their feature, which they were able to support with facts, such as 58% of all wounds were caused by shrapnel. Other candidates focused on the use of poisonous gases which caused injuries such as blistering of the skin. Other candidates identified weapons such as the machine gun or rifles which caused head injuries, blood loss or infection.

However, there were a number of candidates who were not able to distinguish between injuries caused by fighting on the Western Front and illnesses caused by the environmental conditions. Illnesses such as trench foot and trench fever are not injuries caused by the fighting and were therefore not rewardable.

Question 1b was about the use of blood transfusions on the Western Front. Examiners felt that this question was not answered quite as well as question 1a by the candidates. Lots of candidates were able to give examples of the improved blood storage techniques such as the use of sodium citrate to stop the blood clotting and citrate glucose which allowed blood to be stored in refrigerated conditions. There were also multiple references to the first blood bank before the Battle of Cambrai. Many candidates were also rewarded when they discussed the fact that the patient and donor needed to be present at the beginning of the war as blood could not be stored at this point. Both approaches were valid and rewarded.

Candidates are reminded to 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 full marks, and no further marks could be awarded. When 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.

- 1 (a) Describe **one** feature of the fighting on the Western Front that led to a high number of injuries.

(2)

~~On the~~ One feature ~~was~~ of fighting was that
On the battle of the Somme, Germans used gas attacks
~~which~~ ~~he~~ using, phosgene and mustard gas. This
lead to many gas poisoning, such as blindness.
Therefore it lead to a high number of injuries.

- (b) Describe **one** feature of the use of blood transfusions on the Western Front.

(2)

One feature of blood transfusions was that
sodium citrate was added to blood in 1915
so that it could be stored for 2 days, however
in 1916 citric nitrate was added so ~~it~~ blood could
be stored for 4 days. This meant that blood could be
used for longer.

(Total for Question 1 = 4 marks)



For both answers the candidate has provided a valid feature and some additional information about the features. Therefore, both part a and part b were awarded 2 marks each.



Once you have written a feature and some additional supporting information, you can stop and move on. On Question 1b the candidate has added information about storing the blood for 4 days. This is correct but the candidate has already achieved the two marks for the first part of their answer.

- 1 (a) Describe **one** feature of the fighting on the Western Front that led to a high number of injuries.

(2)
One feature of fighting which left many people injured was trench foot since it was only discovered during the war

- (b) Describe **one** feature of the use of blood transfusions on the Western Front.

(2)

One feature was that at war, blood transfusions made the people gain back all the blood they lost



The answer to question 1a is 0 marks because it is not a valid feature. The answer to question 1b is 1 mark because a valid feature has been provided (gain back the blood they lost) but additional support is not given.



Make sure the topic of the question has been accurately identified. In the case of question 1a, it was a feature of the fighting on the Western Front that led to a high number of injuries. Ensure candidates can differentiate between injuries and their causes and illnesses and their causes.

Question 2(a)

The Historic Environment has a focus on the process of history, considering the value of sources as evidence and the way an historian follows up an enquiry. 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 into the difficulties in caring for the wounded 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.

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 they focused on the number of badly wounded soldiers arriving and the fact some could only find space on the floor, suggesting that conditions were cramped and infection was likely to spread. They also suggested that it would be difficult for medical staff to treat the volume of patients. Similarly on Source B candidates suggested that the source was useful because it showed how hard it was to care for the injured soldiers due to the cold conditions which led to the spread of infection. Contextual knowledge was added to support the inferences being made, such as the Casualty Clearing Stations (CCS) and the base hospital being further down the evacuation chain from the frontline where serious wounds were taken, or the fact that the CCS could be set up in buildings such as schools or a series of tents away from the frontline to provide some safety.

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. Examiners also noted that some candidates wrote a large amount of contextual knowledge. The majority of this knowledge, although accurate, was not needed. Candidates are reminded they only need to provide contextual knowledge to help assess the usefulness of the source content and/or provenance.

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 Source A was written in July 1916 to the events of the Battle of the Somme. Many candidates were able to confidently explain that the reason why the source focuses on being over-crowded, leading to limits in the care that could be provided, was due to the fact that there were 60,000 casualties on the first day of the Battle of the Somme. Some candidates even explained that the content of the source was not typical for finding out

about the general difficulties with caring for the wounded because the Battle of the Somme was such an extreme event.

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 and typicality of the source content.

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 difficulties in caring for the wounded on the Western Front?

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

(8)

Source A is useful ~~is~~ for an enquiry into the difficulties in caring for the wounded on the Western Front as it's from a dependable source being an army ~~chaplain~~ ^{chaplain}. What also makes the source reliable is how the year that the source was made was during the ~~the~~ battle of the Somme. John Walker, who ~~the~~ wrote the diary, speaks about how many soldiers have been wounded. The amount of soldiers wounded each day was around one thousand, this being way too much for the nurses to handle. John also states that they'd be lucky to have a spot in the hospital as it's way too cramped. This proves how difficult it was to care for the wounded as there was too many injured people and not enough nurses.

Source B is also a reliable source for an enquiry into the difficulties of caring for wounded soldiers as it is

Coming from a working nurse at the time of 1917, Vera states that she is getting barely any rest at all as she starts working at 3:30 am due to the drastic amount of soldiers coming in. The focus ~~is~~ is being put on the cold environment which makes it hard to care for the wounded yet this was a letter to her mother which means she could be leaving out some important information to not worry her mother, making the source less reliable.

In the Western front it was extremely hard to care for the wounded as there were many casualties and it takes time for each process to happen such as the stretcher bearers bringing the wounded to a safe area. Overall it was too much work for the nurses to help the wounded as the nurse to wounded ratio was too imbalanced.



Source A has a developed comment on the usefulness of the source content. The comment on the source provenance is underdeveloped. There is no contextual knowledge. In Source B the candidate has begun to develop the usefulness of the source provenance and a developed comment on the usefulness of the content. The candidate then adds some contextual knowledge, in a separate paragraph, to support the workload of the nurses referred to in the source. Overall, Source A mid L2 response + Source A full L2 response = high Level 2 mark.



Instead of making several points about the source content or provenance, make sure you cover all three strands of the Assessment Objective (source content, contextual knowledge and provenance) when evaluating the source utility.

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

How useful are Sources A and B for an enquiry into the difficulties in caring for the wounded on the Western Front?

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

(8)

In Source A, it says 'numbers are piling up'. From my own knowledge, I know that one of the main challenges of caring for the wounded on the Western Front was the sheer number of soldiers who were wounded. Due to the dangerous nature of the fighting during WWI, I know that shrapnel wounds, gun shot wounds and infections were some of the main injuries and illnesses treated on the Western Front. This is therefore useful because we can learn that one challenge of caring for the wounded was the number of soldiers. In the provenance of the source, we see that it is from July 1916 at the start of the Somme. This may make the source less useful to a historian wanting to gain an overview of difficulty in caring for the wounded across the entirety of WWI as the Battle of the Somme is recognised as the bloodiest battle with over 20,000 casualties on the first day. This makes the source less typical as the challenge of patient numbers was unusually severe at this time -

In source B, it says, 'the cold is terrible'. From my own knowledge, I know that the conditions of work for those treating the wounded on the Western front were difficult due to the poor weather and makeshift tents or buildings the medical bases were set up in. Therefore, the source is useful as we learn about the difficult conditions that those caring for the wounded worked in. In the Provenance, it says the origin of this source was from a nurse in December 1917. I know that in 1917 during the 3rd Battle of Ypres, the conditions were very severe and at Passchendaele, the rain and cold meant that men were drowning in mud. This however means that the source is less useful as the conditions were extreme so the description may not be an accurate reflection of the rest of the war, however, the source is reliable as it is from a first hand account of someone treating the wounded on the Western front.



The answer to both sources provides a judgement of the source'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 criteria of typicality and accuracy are used in the judgement. This is a high Level 3 response.



Link the content to the provenance and to contextual knowledge.

Question 2(b)

This question should be treated as a package linked to the enquiry that was identified in question 2a (difficulties in caring for the wounded on the Western Front) and the aim is for candidates to show that they understand how historians work. The first sub-question asks candidates to identify a detail from the source. This was most commonly done by quoting a phrase from the source. The most common details were "The cold is terrible", or "All the taps freeze, so we have to limit the amount of water given to patients", or "Any water split on the ground turns to ice in a few seconds".

Candidates then had to propose a question they would ask to follow up Source B 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 nurses cared for the wounded with limited supplies or what extra precautions did the nurses have to take to protect the wounded or how did nurses overcome the challenges of obtaining water were some of the more common questions to be proposed by candidates.

However, a lot of candidates failed to recognise the link with the broader enquiry of the difficulties in caring for the wounded on the Western Front. This led to candidates proposing questions such as "how many hours did the nurses work every day?" This failure to recognise the link to the broader enquiry impacted the marks available to these candidates for this question.

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 **again** noted that 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 might not answer the question about how nurses overcame the challenges of obtaining water. A more relevant source for this question might be diaries from nurses working at a base hospital in the winter months of 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.

(b) **Study Source B.**

How could you follow up Source B to find out more about the difficulties in caring for the wounded on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source B that I would follow up:

~~"The cold is terrible."~~

"Morning work (making beds, washing the patients, taking their temperatures giving them medicine) starts here at 3.30 am!"

Question I would ask:

~~How many soldiers~~

How many hours did nurses in hospitals work in a day caring for the soldiers?

What type of source I could use:

Hospital records of what times nurses came in and left work. Diary entries from nurses.

How this might help answer my question:

It will tell me how many hours the nurses worked.



A valid detail has been selected from Source B. The question proposed does not explicitly link to the wider enquiry about the difficulties in caring for the wounded 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-sections 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 wider enquiry of the question.

(b) **Study Source B.**

How could you follow up Source B to find out more about the difficulties in caring for the wounded on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source B that I would follow up:
Our Kettles, had heater bottles and sponges, are all frozen hard.
Question I would ask:
Did the hospital get any warmer so when the wounded go can get support with their injuries?
What type of source I could use:
An RAMC medical records from a base hospital.
How this might help answer my question:
In my reaction, how many brought extra blankets or more heaters into the hospital.



A valid detail has been selected from Source B. The question proposed is linked to both the wider enquiry about the difficulties in caring for the wounded and is linked to the detail selected. Therefore the question is valid. The source identified in sub-section 3 would not provide the answer to the question proposed and is therefore not rewardable. The explanation does not explain how the source would answer the question proposed so is also not rewardable, therefore, only sub-sections 1 and 2 were rewarded.



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

(b) **Study Source B.**

How could you follow up Source B to find out more about the difficulties in caring for the wounded on the Western Front?

In your answer, you must give the question you would ask and the type of source you could use.

Complete the table below.

(4)

Detail in Source B that I would follow up:

~~"limit the amount of water given to patients"~~

"kettles, hot water bottles and sponges are all frozen hard"

Question I would ask:

How did nurses ^{deal with} care for the wounded when supplies were of limited use in 1917?

What type of source I could use:

~~Diary~~ Diaries from nurses in 1917

How this might help answer my question:

It would tell us about the difficulties and give us an insight how they worked around the supplies.



A detail has been selected from Source B. The question proposed is linked to both the wider enquiry about the difficulties in caring for the wounded and to the detail picked out in sub-section 1. It is reasonable to suggest that a diary from a nurse in 1917 will show you how they cared for the wounded with limited supplies. Therefore, the source will provide an answer to the proposed question. Both sub-sections 3 and 4 are valid. Overall, all sub-sections are valid, and the answer received 4 marks.



In sub-section 4 remember to clearly explain what is likely to be written in your chosen source and how that information will help to answer your proposed question.

Question 3

It is important that candidates note whether the focus of this question is to identify a similarity or difference, the topic and the periods in the question. The best answers started with a statement of the overall similarity and then provided details from each period to support that comment. Details of the events or periods by themselves cannot score highly as such an answer is not meeting the AO2 strand of the mark scheme covering the analysis of the similarity. Alternatively, answers that gave a good explanation of the similarity between the Great Plague (1665) and the cholera epidemic (1854) sometimes forgot to provide supporting knowledge and understanding from both periods (AO1). In these cases, candidates also did not score full marks.

The most common similarity offered by candidates was, that in both periods people believed that the cause of illness was Miasma and then identified the use of sweet-smelling herbs as a prevention for the plague and the burning of tar to prevent the bad miasmas spreading during cholera. Other candidates focused on government action and supporting this with examples linked to the plague orders during the Great Plague and also the government building the sewers and bringing in the Second Public Health Act as a long-term action as a result of the cholera epidemic.

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 only stated a similarity and were unable to provide evidence from both time periods. Some candidates also wrote differences such as during the cholera epidemic, John Snow discovered the cause of the epidemic and took the handle off the Broad Street pump, but they didn't know the cause of the Great Plague in 1665. These answers were unrewardable as the question was about a similarity rather than a difference.

While many candidates scored the full four marks, a few wrote far too much. Such answers demonstrated excellent knowledge but 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 Great Plague in London (1665) was **similar** to the cholera epidemic in London (1854).

One way was that people believed it was spread by miasma. Miasma was the bad air that travelled causing disease. ~~At~~ many people sat in human waste to try and prevent it as they thought the smell of it would lure the miasma away. However in both (great plague and cholera) this didn't work and people ended up getting more sick.



The answer offers a valid similarity 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.



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

Answer Questions 3 and 4. Then answer EITHER Question 5 OR Question 6.

- 3 Explain **one** way in which the Great Plague in London (1665) was **similar** to the cholera epidemic in London (1854).

One way that the Great Plague and Cholera epidemic was similar was because they were both believed to be caused by miasma. In the ~~plague~~ Great ~~plague~~ Plague, prevention was done by carrying around bags of flowers to try and ward off bad smells. During the Cholera epidemic, people believed the bad smell from the ~~Thames~~ Thames caused the illness. ~~and so on~~



The answer offers a valid similarity between the two epidemics - Miasma. The candidate has supported this similarity with specific examples both the time periods in the question.



It is a good idea to state the similarity clearly at the start of the answer.

Question 4

Most candidates had good knowledge and understanding of Louis Pasteur, his discovery of Germ Theory and the changes that happened as a consequence.

The best answers took an analytical approach rather than a descriptive approach to the question. These candidates usually offered clear reasons why there were changes in medicine as a result of Pasteur's discovery. Most answers argued that Pasteur led to the discoveries by Robert Koch which in turn led to the development of vaccinations and treatments such as Paul Ehrlich's discovery of the magic bullet and or the discovery by Alexander Fleming of Penicillin. Many answers were also able to explain why Pasteur's work led to antiseptic and aseptic surgery which reduced the number of deaths in surgery. Some excellent answers were also able to explain why Pasteur's discovery validated the discoveries of Edward Jenner and John Snow. When there was explicit focus on the question throughout the answer, candidates were able to achieve Level 4 for Assessment Objective 2 (analysis).

A common misconception was Pasteur's work led to the work of Edward Jenner and his discovery of the Smallpox vaccination. Some candidates also explained how the work of Florence Nightingale was the result of Pasteur's discovery. For Assessment Objective 1 (knowledge and understanding), candidates need a clear understanding of the chronology of events.

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 changes to medicine that happened as a consequence of Germ Theory.

Answers at Level 1 were often generalised statements of change and were unable to provide supporting knowledge (AO1).

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 ^{vaccines} Pasteur's Germ Theory (1861) led to changes in medicine in the years c1861-present.

(12)

- Koch - Anthrax / 21 diseases / could make vaccines

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

- Cause - Miasma / Spontaneous Generation
- Koch's work identifying microbes
 - ↳ Stain / Photography
- antiseptic surgery

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

One of reason why Pasteur's Germ Theory led to changes in medicine in the years ^{1861 - the present day} ~~1861 - present~~ is because it changed ideas about the causes of disease. For example, people had believed that miasma was a ^{cause} ~~cause~~ of disease & since the Middle Ages. Pasteur proving ~~the~~ that germs existed changed people's ideas about the causes of disease, which allowed for new ~~the~~ treatments to be made. ~~The~~ This is why Pasteur's Theory led to changes in medicine in the years 1861-present.

Another reason for why Pasteur's Germ Theory led to changes in medicine in the years 1861-present is Robert Koch. Pasteur and Koch's rivalry ~~then~~ improved many things about medicine. For example, Koch carried out an experiment where he injected anthrax into some mice but not others. This experiment led him to make many developments in medicine, as a direct result of Pasteur's ^{work} ~~work~~. Moreover, Koch managed to identify 21 diseases along with his ~~past~~ students as a result of Pasteur's ~~discoveries~~. This shows that Koch was key in making changes to medicine from 1861-present. Koch also helped by his methods of identifying microbes: he used different methods such as staining and taking photographs of the microbes. This ^{meant} ~~means~~ that more bacteria could now be identified which also helps lead to changes in medicine in the years 1861-present.



The answer reaches Level 2 for Assessment Objective 2 (analysis) and Assessment Objective 1 (knowledge and understanding). The candidate's knowledge and understanding on Robert Koch is stronger than demonstrated in paragraph 1. Overall, this answer resulted in a top Level 2 mark.



Make sure the details you include are used to support your analysis and explicitly linked to the question; don't just offer them as information.

- 4 Explain why Pasteur's Germ Theory (1861) led to changes in medicine in the years c1861–present.

(12)

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

- Koch's work identifying microbes
- antiseptic surgery → Lister

(Accurate Treatment)
Magic
Bullets

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

One reason Pasteur's Germ Theory 1861 led to changes in medicine in the years c1861–present is due to the work of Robert Koch. Louis Pasteur was a platform for Koch as his discovery of germs allowed Koch to link specific germs to specific diseases. This meant there now was an accurate cause of disease and diseases began being identified such for example Koch found the microbe which caused tuberculosis. To do this Koch used agar jelly and different microbes in order to learn how they grew and what they caused. This led to changes in medicine as diseases could be identified and different diseases had a specific cause so new treatments and preventions (that worked) could be found. Without Pasteur's Germ Theory, Koch's work in identifying microbes would have never happened.

A second reason Pasteur's Germ Theory led to changes in medicine in the years c1861–present was

because it led to the development of aseptic surgery. Due to the discovery of germs, Lister was able to create an antiseptic that killed germs so that infection rates in surgery would decrease. He created carbolic acid which was used as a spray to clean the air, sterilise equipment and clean wounds. This decreased death rates from infection massively. Furthermore, Pasteur's Germ Theory meant surgeons wore clean gown gowns during surgery as before the gowns were covered in body fluids (blood, pus etc.) as they believed it showed experience and success. This led to changes in medicine as surgery was safer and the problem of infection was ~~fixed~~ decreased.

~~Finally~~ A final reason Pasteur's germ theory led to changes in medicine in the years 1861-present was because it allowed accurate treatments to be discovered. Since people now knew what caused disease they could find a way to treat it. Ehrlich and Hata used chemicals to find a cure for Syphilis as they knew what caused it. This was a magic bullet called Salvarsan 606 which was the first successful magic bullet. I got its name as it was the 606th chemical mixture attempted. Additionally, Domagk created a

Second magic bullet called Protonosil which treated blood poisoning. It tested this on his dying daughter and it cured her. Pasteur's germ theory allowed for change in medicine as accurate ~~but~~ treatments could be created and knowledge increased.



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, which is wide-ranging. 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 examiners noted candidates were confidently able to write about medical knowledge in the Medieval period (c1250-c1500) and 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 medicine was mainly based on the Theory of the Four Humours using the continued use of treatments such as bleeding and purging, the role of Galen (Theory of the Opposites) and the role of the Catholic Church (supported Galen, controlled education & monopoly over books) to support their arguments. Candidates used a range of knowledge to disagree with the question. One approach was that people in the Medieval and Renaissance periods believed in other causes of illness such as God, who sent illness as a punishment and people would pray as a treatment and whipped themselves to prevent themselves from catching an illness. Some high achieving candidates noted that herbs and spices were used by the poorer members of society and it was only the rich that were treated by physicians using the four humours and therefore medicine was not based mainly on the Theory of the Four Humours. Other candidates took the approach that in the Renaissance, the church began to lose its influence leading to new ideas in medicine from Andrea Vesalius (anatomy), William Harvey (blood circulation), Thomas Sydenham (external factors causing illness) and the development of the printing press. All of these discoveries challenged the established ideas of Hippocrates and Galen and therefore by the end of the Renaissance, medicine was not mainly based on the Theory of the Four Humours. Either approach or a mixture of the two was valid. It should be noted that a common misconception by students was that because Hippocrates and Galen's ideas were challenged in the Renaissance, people immediately stopped using them but in the cause of the Theory of the Four Humours and Theory of the Opposites, there was nothing new to replace them with, so their ideas remained and continued to be used.

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 ideas linked to the question such as the Theory of the Four Humours, the Theory of the Opposites and the role of the Catholic Church in medicine, but left the link to the question as implicit.

Examiners noted that candidates had a secure knowledge on the different features of medicine during the Medieval and Renaissance periods. As a result, very few candidates wrote about medicine outside the time period of the question. Examiners also noted that the majority of answers were well structured, with students trying to provide a minimum of three aspects of content to answer the question.

In the years 42-150 - 1250-1700, medicine was still based on the four humors. Galen when his works were translated in 12 the 1200s was wildly popular with the people of the time. Hippocrates and Galen, two Greek physicians, whose ideas were wildly popular with the people of the time. This was because their theory of the four humors seemed logical and because the Church agreed with Galen's teachings as he believed in one God that gave humans all their blessings. Because the Church was very influential and controlled what works were repeated and people's beliefs. This led to Galen's four humors theory being ingrained into the public belief about disease, even when evidence suggested it was wrong. It was still used by physicians hundreds of years later even if they disagreed with it.

However, maybe ~~rather~~ a big part of medicine was herbal remedies for disease that came from apothecaries and monks!



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 relevant knowledge and understanding towards the question. The candidate only develops one aspect of content and therefore meets the demands for Assessment Object 1 (knowledge and understanding) at Mid-Level 2. The judgement is missing. Overall, this is therefore a mid-Level 2 response.



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

During the medieval and renaissance period there wasn't much challenge to Galen and Hippocrates's theory of the four humours. Therefore medicine was mainly based on balancing a patient's humours. However, there were some other ideas about the cause of disease, miasma and a punishment from god, which led to other methods of treating and preventing disease. Therefore I partially agree with the statement.

The main idea about the cause of disease in the years 1250-1700, was the theory of the four humours so medicine was mainly based on this theory. As Galen's idea, that different parts of the human body were important for different reasons, fit with the teachings of the church, god created humans deliberately and all parts of us have a purpose, it was hard to disagree with Galen. During the medieval period the church held a lot of power over medical teachings, so because they taught Galen's theory of balancing out the humours, most people ~~there~~ believed it and based medical ~~practices~~ practices on the theory. During the ~~renaissance~~ renaissance, the church lost their control and influence because of the reformation, so scientists began to challenge Galen's theory. However, most people still

used the theory of the four humours to base medicine on as there wasn't a new idea about the cause of disease or new methods to prevent and treat illness. ~~This~~ The fact that people refused to disbelieve in the theory of the four humours and opposites, because it was all their treatments were based on, shows how medicine was solely based on balancing a patient's humours. This is also shown as during the Black Death of 1348 and the Great Plague of 1665, people who caught the disease were using purging and bloodletting as treatments, which presents medicine as being heavily influenced by Galen's theory.

However, due to the influence of the church in the years 1250-1700, the idea that disease was a punishment from God was highly believed. Most people in these years were extremely religious and followed the church, meaning whatever the church said they believed. Due to this idea of the cause of disease, many treatments included praying and asking for forgiveness. This shows that medicine wasn't only based on the theory of the four humours and also contained some supernatural beliefs. Even after the decline in the church's power, the idea that repentance could heal the sick was still widely believed. Some scientists at the time too believed this idea as most people were religious and believed in God as being all-powerful, this meant that new ideas to base

medicine on weren't being developed so the idea of a supernatural cause ~~of~~ for disease still highly influenced medicine and medical ~~theory~~ theories.

Finally, during the years 1250-1700 miasma was a widely accepted and believed cause of disease, that stated that dirty and smelly air caused illness. This belief was used in many medical ideas for treatment and prevention, as most people during these years ~~& could~~ couldn't afford to be treated by a physician. Due to this, most people went to apothecaries for remedies, which usually included herbs and spices to ward off 'evil' smells. Apothecaries' medicine was based on the theory of miasma and this theory influenced medical ideas all throughout the medieval and renaissance period. This theory was used during the Great Plague as many fires were made to keep streets clean and keep away bad smells. The continuous use of this theory and the influence over medicine it had, shows how medicine wasn't only based on the theory of the four humours.

Overall, ~~the~~ ~~in~~ I partially agree that medicine was mainly based on the theory of the four humours as this theory was extremely influential and was used ~~as~~ in medicine for a long time. However, I disagree with the statement as medicine wasn't mainly based on the

theory, as other theories such as miasma and supernatural theories too influenced medicine in the years 1250-1700.



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. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches level 4. There is a clear judgement reached which is substantiated throughout the answer so again meets the requirements for Level 4. Overall, this is a high-Level 4 response.



The best answers have a sense of evaluation running throughout the analysis.

Question 6

This was a less popular question with candidates. The focus of the question was on the role of the government as the most important **factor** in improving care and treatment **in hospitals**.

The best responses sustained their explanation throughout their answer (Assessment Objective 2). These candidates were able to argue that the government was the most important factor in improving care and treatment, as they made treatments available through the NHS, free of charge and accessible. Candidates then argued that individuals were another important factor in improving care and treatment in hospitals using Florence Nightingale (pavilion style hospitals and isolation wards) who improved care in hospitals, James Simpson (chloroform), Joseph Lister (carbolic acid) and Alexander Fleming (discovery of penicillin) who improved the treatments that were available within hospitals.

Candidates also disagreed with the question by using science and technology as another factor that improved treatment in hospitals. Here, they provided example such as keyhole surgery as well as chemotherapy and radiotherapy. Some candidates were able to judge that treatments discovered were made free of charge on the NHS by the government and this accessibility of treatments by the government was more significant.

A common error was that candidates focused on the role of the government in general, rather than the role of the government in improving care and treatment **in hospitals**. This resulted in candidates writing about the government's role in public health such as the Second Public Health Act, 1875 and their role in vaccination programmes. These were not rewardable due to their lack of focus on the question. It is important for candidates to remember that they 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. An example is where candidates focused on the role of the government but failed to identify another **factor** that affected care and treatment in hospitals. Answers at Level 2 often described medical discoveries by individuals and/or described the establishment of the NHS. Answers at Level 1 were often generalised statements about the NHS without any specific knowledge.

I agree that the role of the Government was the most important factor in improving care in hospitals for example, the creation of the NHS, as it had a long term impact as it's still used today in modern medicine

~~for example, the NHS was~~
In 1875, the Government issued the public health act ~~which~~ which allowed for a new sewage system, and compulsory fresh water for the people. This was issued after John snow discovered cholera via broad street pump which was later proved by Louis pasteur's germ theory of 1861. This helped to improve care as it showed the Government taking an interest whereas in the medieval period, it was decided by the church.

However, the work of Florence Nightingale could be argued as most important. In 1859 Florence had designed the pavilion hospitals which were often characterised by having large open spaces, windows for light and ventilation and wipeable tiles which were easy to clean. In contrast, renaissance hospitals had wooden floors which were porous and trapped bacteria. In 1859, Florence had written notes known as 'Nightingale's notes on nursing', this was useful as it allowed nurses to be trained based on her knowledge. It even led to Nightingale opening a school in 1860 which solely focused on educating more nurses. This was the first time in history that nursing became a respectable profession. This had a long term impact in society as today, in modern medicine the style of the pavilion hospital has influenced hospital designs.

In 1948, the Government had established the National Health Service (NHS), which was free and armed with NHS trained doctors and nurses. This dramatic change helped many people as the poorer people in society had ^{previously} been unable to access healthcare due to financial instability but now were able to access it due to it being free. However, wait times were exponentially high to begin with due to ^{people} needing medical care. This had a long term and widespread impact as the role of the NHS is available to everyone, regardless of class division in society and it's still used today to treat people.

Overall, the role of the Government was the most important factor for care as the methods are still used today, whereas Florence Nightingale didn't have much of an impact although her methods were used to train other nurses.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at low Level 3. There is some focus towards the conceptual focus of the question. For Assessment Objective 1 (knowledge and understanding) this answer reaches level 3 as there is good knowledge and understanding. There are two valid aspects of content. There is some justification for the judgement in the opening and concluding paragraphs so reaches Low Level 3. Overall, this is a low mid-Level 3 response.



Check the focus of the question as well as the topic, so that you can make sure the detail you include is relevant.

I agree that the role of the government was the most important reason for improved medical care and treatment in hospitals because of the creation of the NHS in 1948 however there are also other factors like Nightingale's Notes on Nursing and new Technology.

One reason I agree that the role of the government was the most important reason for improved medical care in hospitals was because of the creation of the NHS in 1948. This is important because it meant that anyone had access to treatment in a hospital for free. Additionally, the NHS also introduced vaccination campaigns for polio, HPV, MMR, Diphtheria and many other diseases while also offering 14 free vaccinations. ~~It is also important because~~ This led to change in medical care in hospitals because the government had been able to set up a free health service for anyone who needed it. It also led to improved medical care in hospitals because as many diseases were treated by NHS in hospitals, they needed to keep them clean to reduce

the risk of infection in surgery. This is the most important reason because the NHS was able to reduce the amount of people having to go to hospital for certain diseases. Furthermore the fact that people who smoked cost the NHS ~~cost~~ around £9000 per person resulted in the smoking ban of 2007 as it also caused lung cancer which was expensive to treat. This meant it is the most important reason because the NHS managed to prevent some diseases altogether and also improved whilst also improving conditions in hospitals.

One reason I could disagree that the role of the government led to change in hospital treatment is because of Florence Nightingale. She was a nurse during the Crimean war and noticed that hospitals were in really bad conditions which is why she thought people couldn't recover as easily from disease. She wrote ~~the~~ her findings in a book she called Nightingale's notes on Nursing in 1859. This led to improved medical care in hospitals as she inspired other women to also become nurses as before there wasn't a very good stereotype of nurses because of Sarah Campbell but because of Nightingale, nurses had a better reputation. This did lead to change

and but wasn't the most important reason because even though her findings and ~~best~~ did lead to improved conditions and less infection in hospitals, it didn't help massively until Lister's discovery of carbolic acid and aseptic surgery. I think the NHS is more important as the money for them was funded by tax money and the government meaning it was the government that ~~lead~~ led to improvements in hospital conditions.

Another reason for improved medical care in hospitals is the introduction of new technology. The new machines included the electron microscope which ~~was~~ was discovered in 1931 and was available for people to buy in 1939. Also x-ray machines, MRI scanners, dialysis machines, insulin pumps and many more. This led to improved ^{care} conditions in hospitals because it meant that more people were able to have their illnesses diagnosed and treated more easily and also were able to have surgery done in ~~a~~ better conditions for free. This led to improved care in hospitals because people were able to get surgery done for example keyhole surgery and robotic surgery as a result of the new technology. However, the NHS is still more important as even though these machines helped, the NHS

paid for them to run, therefore the NHS is more important as they are the reason these new technological discoveries were even used.

This meant the NHS was the most important reason for improved medical care in hospitals because it provided new technology along with good vaccines and a clean environment for surgery. Even though Nightingale and new technology did help, the NHS was what really changed medical care and treatment.



This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. There is explanation towards the question which is generally sustained towards the conceptual focus of the question. For Assessment Objective 1 (knowledge and understanding) this answer reaches level 3 as there is good knowledge and understanding. The paragraph on technology has the best examples. A02 Judgement is L4. The student has come to a clear sustained judgement with criteria applied throughout the answer. The judgement pushes this answer into level 4. Overall, this is a low Level 4 response.



The best answers have a sense of evaluation running throughout the analysis.

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 8 mark source question and the 12 and 16 mark questions, with most answers having a clear structure and good use of specialist terms.

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.

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.

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 as well as how the term 'century' is used, for example the nineteenth century refers to dates within the period 1800-1899.
- 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.
- Candidates need to understand the factors within the specification such as the role of the government, individuals, science and technology and attitudes within society.
- 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 to support the analysis.
- 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

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