

# **Examiners' Report**

## **June 2023**

**GCSE History 1HI0 11**

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June 2023

Publications Code 1HI0\_11\_2306\_ER

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## Introduction

It was pleasing to see how well candidates responded to the examination paper and they had clearly been well-prepared in terms of both knowledge of content and the skills required for this paper. Candidates seemed confident on both sections, the Historic Environment and the Thematic Study, and there seemed to be relatively few unfinished papers.

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. Students 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 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 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. Students 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 needs to be explained and the judgement needs to be consistent with the overall answer. 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 etc. 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/or end of the answer.

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## Question 1

Question 1 asked candidates to identify two key features of the problems involved in transporting wounded soldiers away from the battleground. Extended details are not needed here but students 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.

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.

Most answers offered details about the uneven terrain, the effects of the terrain on horse-drawn ambulances and motor ambulances, the shortage of stretcher bearers, the dangers of no-man's land for the stretcher bearers and the zig-zag pattern of the trench. Those candidates who received full marks were able to focus on a feature and support it with additional knowledge.

Examiners reported that the best answers were usually quite short. The candidate was able to identify a problem in one sentence and additional context in a second sentence. There was a proportion of candidates, however, who felt that they had to write as much detail as possible to support their feature. This is not necessary, and candidates should use the mark and the space in the answer booklet as a guide for the length of their answer. Examiners also noted that most candidates were able to give two valid features and therefore begin to access marks on this question.

There were a small portion of candidates that didn't fully understand or read the question carefully. These candidates were writing about transporting wounded soldiers rather than the problems with transporting wounded soldiers away from the battleground. These answers were often weaker, and it was difficult for the examiners to award the marks due to the lack of emphasis on the actual focus of the question. Another common mistake was candidates writing about the soil on the western front causing infections because of wounds. Although this fact is correct, it is not linked to problems of transporting the wounded soldiers away from the battleground and is therefore not relevant to this question. Therefore, it is an important reminder that candidates should read the question carefully before starting their answer.

### Feature 1

There are too many soldiers and there are not many nurses and people for transporting.

### Feature 2

The soldiers could die on the way so there has to be someone who is making sure the soldier stays alive.



**ResultsPlus**  
Examiner Comments

Feature 1 is a valid detail on problems involved in transporting wounded soldiers away from the battleground. Additional supporting evidence is not provided. Feature 2 is not a problem involved in transporting the wounded soldiers away from the battleground.



**ResultsPlus**  
Examiner Tip

Make sure the topic of the question has been accurately identified. In this case, it was problems involved in transporting wounded soldiers away from the battleground.

### Feature 1

One problem was the muddy terrain. Motor ambulances didn't operate well so horse-drawn carriages had to be used but with 6 horses instead of the usual two.

### Feature 2

Another problem was the stretcher bears were often under heavy fire when trying to transport soldiers. This meant they often had to wait to collect the soldiers at night, which could mean soldiers were often left injured for a while. The quicker they were <sup>created</sup> ~~created~~ the more likely they were to survive.

(Total for Question 1 = 4 marks)



**ResultsPlus**  
Examiner Comments

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



**ResultsPlus**  
Examiner Tip

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 the specific 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 new techniques being used on the Western Front to deal with injuries. The focus should be on assessing the usefulness of what is in the source rather than listing details which are not mentioned. Sources should not be dismissed because they do not cover every detail that might be helpful in an investigation and students should recognise that unreliable sources can be very useful. If the answer identifies omissions from the source as limitations on its usefulness, this should be linked to a consideration of the provenance, showing whether this is the result of lack of knowledge or a deliberate omission.

Candidates found the sources accessible and were confident in showing that the content of the sources were relevant for the enquiry and therefore useful. Examiners noted the majority of candidates attempted to analyse both sources. They also noted that at Level 2, developed comments were made about the usefulness of the content, for example on Source A students focused on the trial-and-error approach to brain surgery or many people were interested in the trials due to the crowd in the x-ray room, thus suggesting these new techniques were important to the survival of soldiers. Similarly on Source B candidates suggested that the source was useful because it showed a successful way of solving the problem of infection but also that it was not always successful. Contextual knowledge was added to support the inferences being made such as the procedures taking place at the CCS or base hospital as a result of the presence of x-rays, linking to the method of Harvey Cushing and the development of the Brodie helmet later in 1915, the use of a local anaesthetic to reduce brain swelling, the Carrel-Dakin method and the fact that infection of wounds was a significant cause of death often leading to gangrene.

However, some very good 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. Contextual knowledge should be relevant to the enquiry and used to assess the source, for example, to add detail about something mentioned in the source, to add weight to an aspect of the provenance, to place the source in a broader context, or to assess whether the source gave an accurate view or showed a typical situation.



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 the surgeon (author of source A) is writing in a diary and therefore the content of his diary is likely to be truthful as it was never intended to be shown to the public. 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.

Some answers stayed at Level 2 because they either focused on the source content or the provenance of the source. When considering provenance, generic comments about a source being a primary account or about the source being reliable because it was written in 1915, could be made without any reference to the individual source and therefore remained at Level 1. There were general assumptions about both sources not being useful for example, on Source B students assumed that the source was not useful because the author was a volunteer and not a medic. It is encouraged that candidates avoid these general assumptions.

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. Good 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, how representative the source is etc.

Although a judgement should be reached on the overall usefulness of each source, 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.

Source A ~~was~~ is quite useful. This is because it is a diary of a Surgeon that took part in the western front. It also shows different and new techniques being used such as a large wire nail as a magnet.

Source A is also useful as it shows new techniques being implemented from a head injury. As in the source the large wire nail that was used as a magnet took many ~~attempts~~ attempts to work.

Source B is quite useful as it is an account ~~during~~ that was written during the war. Gwynedd was also working at a General Hospital at the western front and he also describes what new ~~techn~~ techniques he had to use to treat infected wounds.

Source B is also ~~useful~~ useful as it talks about using new solutions how long it took to work and the effectiveness of it. Although it states that if the infection was very bad his new technique would not work.



**ResultsPlus**  
Examiner Comments

The answer to both Source A and Source B provides a developed comment on the usefulness of the source's content; the candidate however does not provide any contextual knowledge to support the comments of the source's usefulness. This is a mid-level 2 response.



**ResultsPlus**  
Examiner Tip

Try to include some contextual knowledge to support the comments on usefulness based on the source's content and/or provenance.

Source A's ~~original~~ name of being from the diary of a Surgeon on the Western front" makes it useful. This is because we can assume that its contents are the truth because it is a personal diary which is unlikely to contain lies because it was never intended to be shown to the public. Also the fact that it was written ~~by~~<sup>by</sup> a surgeon who is a highly trained and qualified professional, we are able to trust that the information given is largely accurate about how Dr Harvey Cushing's method of using Rogers to "extract a shell fragment from a soldier's ~~head~~ brain" was successful and this helps us to understand that medical developments were being used to reduce the mortality rate from brain injuries occurring because prior to this brain surgeons and wards were scarce because there were not any specialised and effective methods available to extract bullets and shrapnel from the brain prior to this. Also, Dr Harvey Cushing used local instead of general anaesthetic when performing his innovative brain surgeries to reduce the swelling on the brain and this increased the survival rate. However, a limitation of Source A could be that as a "diary", the contents may be impacted by the surgeon's feelings of triumph and "much emotion" as there is no information given about any possible risks of using this ~~method~~ method.



Additionally, Source B is not quite useful because the author was "a civilian volunteer, working in a general hospital". This means that we can assume she is part of the ~~only~~ <sup>few</sup> ~~ones~~ <sup>ones</sup> were female volunteers that provided professional nursing care, bandaged soldiers' wounds and even drove motor ambulances. This makes her "account" reliable because we can ~~trust~~ <sup>trust</sup> the contents to be an accurate representation of what she ~~underexperienced~~ <sup>underexperienced</sup> ~~seen~~ <sup>seen</sup> on a daily basis in a general hospital. ~~where~~ <sup>where</sup> which was ~~turns~~ <sup>turns</sup> down the chain of evacuation and usually ~~dealt~~ <sup>dealt</sup> with more severe wounds so it was equipped with operating theatres, x-ray machines and more to effectively treat soldiers. In Lloyd's account she is describing the Cole-Parker method which was a system of tubes that brought in an antiseptic "solution" to flow around the wounds. However, this method only lasted for 6 days and the source is also useful by telling us the limitations of this method in that it was "very painful" and that it wasn't truly effective so that ~~there~~ <sup>the</sup> men "died" and even had limbs amputated. <sup>which is</sup> This is also enhanced by how it tells us that this method greatly decreased infection which helps us to assume that it helped treat the soldiers' wounds quite well and ~~even~~ <sup>even</sup>. This source could be limited by the fact that it doesn't mention the specific type of wound that this method was used to treat.

Both sources' reliability is enhanced by how they are both from "1915" in the midst of the war. This means that they are likely to be accurate ~~and~~ <sup>and</sup> ~~of the~~ <sup>of the</sup> ~~events at the time~~ <sup>events at the time</sup>.



The analysis of both Source A and Source B reaches Level 3. The usefulness of the source's content, by taking into account the provenance and using contextual knowledge, is assessed. Criteria for judgement are also applied when assessing each source.



Try not to focus on the usefulness of the content and provenance separately. Link the content to the provenance and to 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 (new techniques being used on the Western Front to deal with injuries) 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 “several unsuccessful trials this morning to extract a shell fragment from a soldier’s brain”, “finally we decided to try using a large wire nail as a magnet” or “a little fragment of steel attached to the tip of the nail!”

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 when this became a common technique on the Western Front, or how successful was this technique at removing shrapnel, or how was the technique improved in the future, were the most popular questions to be proposed by candidates.

However, some candidates failed to recognise the link with the broader enquiry of new techniques used on the Western Front to deal with injuries. This led to candidates proposing question such as how many soldiers died from brain injuries or who were the people in the x-ray room. 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 but if the explanation was not clear, or the suggested source would not contain information that would help answer the proposed question, then marks could not be awarded for either of these sub-questions.

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 the success rate of this new technique or the development of this new technique can be followed up through RAMC medical records from the Western Front or a medical journal (such as the Lancet) which details the technique and how it was used in the future.

Very few candidates wrote nothing or wrote about the wrong source but where this happened, these answers scored 0.

Detail in Source A that I would follow up:

"we decided to try using a large wire nail as a magnet"

Question I would ask:

how many soldiers died from sustained brain injuries?

What type of source I could use:

Army medical records ~~they show who survived and who died from it.~~

How this might help answer my question:

medical records can show who survived from these injuries and who did not.



A valid detail has been picked from the source. The question proposed is not a valid question about the overall enquiry “new techniques being used on the Western Front to deal with injuries” and therefore is not rewardable.



Make sure that the question that is proposed links to the broader enquiry as well as the detail in the source identified in sub-section 1.

Detail in Source A that I would follow up:

"Several unsuccessfull trials this morning to extract a shell fragment from a soldiers brain."

Question I would ask:

how long did it take for this treatment method to be implemented across the Western front

What type of source I could use:

Army medical records from the 29<sup>th</sup> of april 1915 up until November 1918

How this might help answer my question:

It will allow me to see types of injuries and how they were treated. This means I can see when Magnet treatments were used in other areas of the Western front.



A detail has been selected from Source A. The question proposed is linked to both the broader enquiry about new techniques being used on the Western Front to deal with injuries and to the detail picked out in sub-section 1.

It is reasonable to suggest that army medical records between April 1915 and November 1918 will show you when this treatment was used in other areas of the Western Front. Therefore, the source will provide an answer to the proposed question. Both sub-section 3 and 4 are valid.



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

### Question 3

In this question, candidates needed to explicitly identify a **similarity** in prevention of illness in the medieval period with the modern period. These periods are defined as c1250-c1500 and c1900-present in the specification. Once the similarity was identified it then needs to be supported with details taken from both periods. The most common similarities that were identified by candidates were quarantine and lifestyles / hygiene. Candidates supported their similarity by comparing the Black Death and Covid 19 quarantine restrictions. Others chose to use the fact that people with leprosy were kept away from society in the medieval period by carrying a bell or the use of 'leper houses'. Lifestyles were supported by the use of the *regimen sanitatis* with the 20<sup>th</sup> century lifestyle campaigns such as the 'change4life' campaign.

Examiners noted that the majority of candidates were able to identify the conceptual focus of the question and the time periods that they needed to write about and were therefore able to support their similarity and access Level 2 of the mark scheme. It was noted by examiners that some candidates only supported their similarity with specific evidence from one time period of the question which would limit their mark to 3. In these answers, it was mainly the modern period that lacked a specific supporting example. Candidates clearly understood the 'modern period' but assumed that it was relating to now and as a result didn't give enough detail to support their similarity.

Examiners did note that some candidates identified treatments or diagnosis as their similarity and were therefore unrewardable as they were not focused on prevention, which was the aspect of medicine being assessed. There were also some answers which used religion but were not always relevant. Another misconception was candidates mixing up the Black Death (1348) with the Great Plague (1665). The supporting example that was offered as a consequence was therefore not valid e.g. plague doctor and red cross on the door.

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 that carry more marks.

One way in which the ideas of prevention of illness in the medieval period were similar to the ideas about the prevention of illness in the modern period is that during the medieval period one prevention method was quarantining yourself. This was during the Black Death in 1348, when people that contracted the disease had to quarantine themselves in order to prevent other people from contracting the disease. Similarly, during the modern period in 1665, when the Great Plague occurred, many people ~~to~~ that were diagnosed had to quarantine themselves for days and stay away to prevent the transference of disease.

(Total for Question 3 = 4 marks)



**ResultsPlus**  
Examiner Comments

A generalised similarity is offered by the candidate. There is then an example to support the comment from one time period. This therefore fulfils the requirement of a Level 1 answer.



**ResultsPlus**  
Examiner Tip

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



One way in which ideas about the prevention of illness in the medieval period were similar to ~~ideas~~ that of the modern period, was the belief that having a healthy lifestyle prevented disease. In the medieval period, physicians would often encourage their patients to eat well and get exercise in, and used a copy of Regimen Sanitatis to educate them on it. Similarly, in the modern period, the government have made many healthy living campaigns for the public, like 1992's "Health of a Nation" campaign, which focused on heart disease, cancer, mental illness, HIV/AIDS and accidents.



**ResultsPlus**  
Examiner Comments

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



**ResultsPlus**  
Examiner Tip

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

## Question 4

Most candidates had good knowledge and understanding of access to medical care and treatment in the modern period. The modern period is defined as c1900-present in the specification. Candidates were most confident with evidence on the NHS and the role of General Practitioners (GPs). Many candidates also demonstrated a strong knowledge of the development and mass production of penicillin, the National Insurance Act of 1911, science and technology (e.g. x-rays, dialysis, chemotherapy and radiotherapy) as well as lifestyle campaigns.

The best answers were able to explain why the developments in the modern period improved access to care and treatment. Many candidates referred to the NHS providing free treatment and services such as A&E, as well as maternity care. The fact that these services were free made it easier for people to seek medical attention when needed and therefore it is more accessible. Many candidates also explained that General Practitioners made care and treatment more accessible because they were local to where people lived, provided prescriptions for minor illness but also provided access to specialist care by referring patients to hospitals. When there was explicit focus on the question throughout the answer, students were able to achieve Level 4 for Assessment Objective 2 (analysis).

Some candidates were prevented from achieving the highest level because they did not read the question carefully. Candidates need to be able to deploy their knowledge linked to the time period of the question set. In terms of Assessment Objective 1 (knowledge and understanding), some candidates used the hospital's stimulus point to focus on Florence Nightingale's work in the Crimean War, which was outside the modern period. In some cases, candidates compared church hospitals from the medieval period to the NHS. 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 how hospitals or treatment changed 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, while some answers that were very detailed and had excellent knowledge of the NHS and treatments in the modern period, did not develop the analysis of causation.

The ~~Three~~ main reasons why access to medical care and treatments improved in the modern period was the NHS, the government and hospitals, and technology

The most important reason was the NHS. The NHS started in 1948 and is a free medical service. This meant even the poorer people could afford medical treatment. At first people had to pay for prescription because of how expensive the NHS was for the government. They also had adverts and posters telling people to visit the hospital, which lifted the embarrassment of visiting.

The second most important reason was the government. After a very laissez-faire attitude the government started helping out with medical treatments and care.

They created compulsory vaccinations and helped public health campaigns which promoted diets, exercise and a healthier approach to lifestyle. They also banned ~~smoke~~ cigarette adverts, smoking for under 18 and smoking in public place or in a car with children in 2007. The government helped fund penicillin trials <sup>by Florey and chain</sup> which led to them being mass produced.

The third most important reason was hospitals. Florence Nightengale made nursing a respectable job and now midwives were being seen as a medical service. This meant a lot more people wanted to help and become nurses, midwives and doctors. Hospitals were also now ~~hygienic~~ hygienic and sterile and university ~~p~~ trained doctors would carry out treatments.

<sup>the fourth most important reason was</sup>  
Finally, <sup>^</sup>technology had improved in the modern day period. ~~no~~ Magic bullets, and key hole surgery and



chemotherapy and radiotherapy were being used. Chemotherapy and radiotherapy helps reduce the size of cancer in patient. key-hole surgery means the patient can receive surgery without a large incision, which reduces chance of infection. Magic bullets target a specific illness in the body. All these technologies helped treatments and ~~care~~ medical care.



**ResultsPlus**  
Examiner Comments

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 mostly accurate, but it is not wide ranging so reaches Level 3. There are three valid aspects of content: the NHS, the role of the government in public health and treatments.

A best fit approach meant that the answer was awarded a low level 3 mark.



**ResultsPlus**  
Examiner Tip

This question is asking why change happened so focus on the reasons for change, don't just describe the change.

One reason why access to medical care and treatment improved in the modern period was because of the Government. The Government helped to fund lots of new hospitals with the best technology and care facilities. <sup>to speed up treatment</sup> The Government began the Nation Health Service (NHS) which has General Practitioners (GPs) with skilled doctors who treat patients to their best ability. The Government also invests in ~~medicine in order to~~ antiseptic, and anaesthetic to make treatment more hygienic and pleasant for both patients and doctors. This shows the Government ~~was~~ <sup>are</sup> a reason why access to medical care and treatment in the modern period improved as they invest and fund ~~all facilities and~~ everything that is necessary to make treatment quicker, easier and more accessible.

Another reason why access to medical care and treatment in the modern period improved was because of Education. Education allows for Doctors to receive full training in order to treat patients to their best ability. Schools have become more accessible to everyone meaning more people are becoming doctors, surgeons and nurses which allows for more patients to be treated. Students carry out live dissections.

and experiments which allows the students to practise and learn so their treatment on patients is as effective as possible. This shows education is a reason why access to medical care and treatment improved in the modern period as it provides practise and knowledge to training doctors to maximise their treatment skills.

Another reason why access to medical care and treatment improved in the modern period ~~was~~ is because of discoveries. The 2001 human genome project allowed scientists to see what each type of DNA is and find ways to use that to help treatment. The discovery of the internet meant that information can be spread worldwide more easily so medical care and treatment can be constantly monitored and improved. Transplants allow for death rates to decrease as organs can be replaced. This shows discoveries improved access to medical care and treatment in the modern period as ~~operations~~ <sup>procedures</sup> can be performed more easily and accurately.





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 the government, accessibility of doctors training and new treatments. As three aspects of content has been provided, a mark in the top level can be awarded.

Overall, this answer resulted in a Level 4 mark.



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

## Question 5

Question 5 on this paper contained an incorrect date. One of the stimulus points for the question, Sydenham's *Observationes Medicae*, was incorrectly stated as 1576 rather than 1676. This meant that in terms of turning points in the period c1500-c1700, the stimulus point placed Sydenham chronologically between Vesalius and Harvey, when the chronology should be Vesalius, Harvey, then Sydenham.

As a result of an analysis of students' scripts, it was decided that both the correct chronology and the given chronology would be treated as valid when rewarding responses. Many candidates were found to be simply copying out the date of Sydenham's book as a point of fact and not 'using' it in their answer and it was decided that this should be treated as 'correct'. This question is marked using a generic levels-based mark scheme which did not need to be amended.

Examiners noted that a substantial number of answers to this question were answered to a high standard. The majority of students answered this question using an approach which discussed Sydenham and other factors to decide the turning point. Other common key turning points discussed were the work of Vesalius and Harvey, the work of the Royal Society, the effect of the invention of the printing press and the effects of the Reformation. Alternatively, a number of students took a yes and no approach to this question. They discussed reasons why Sydenham was a turning point due to his work leading to a change in diagnosis and identification of illness, and the reasons why Sydenham was not the turning point, e.g. candidates noted that during the Great Plague of London (1665) people still used the treatments and prevention linked to longstanding ideas for the cause of illness, such as, miasma, God or the imbalance of the Four Humours.

The best responses sustained their explanation throughout their answer. 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.) An example is where students understood that Sydenham was a turning point for diagnosis, as he encouraged doctors to observe the symptoms of illness and as a result identified the difference between scarlet fever and measles. Some also evaluated the fact that Vesalius and Harvey both improved the knowledge of anatomy and physiology, and this was taught in universities by the end of the Renaissance. Some candidates were able to judge that none of these discoveries were possible without the Reformation which allowed individuals such as Sydenham, Vesalius and Harvey to experiment, and question, established ideas and, as a result, was the main turning point.

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 Sydenham, Vesalius and Harvey left the link to the question as implicit.

Some examiners noted that there were some candidates who didn't know about Thomas Sydenham, while other students only offered generalised statements about the second stimulus point, Four Humours. These answers often remained in Level 1. There were also a number of responses that believed Hippocrates and Galen were in the Renaissance and made their discoveries, e.g. Four Humours, during the Renaissance. Therefore, it is important to ensure students have a firm understanding of how each individual fits into each of the time periods. There were also a number of students who mixed up the work of Sydenham and Vesalius.

Examiners explicitly noticed that the majority of candidates who answered this question were not hindered by the misprinting of the date of Thomas Sydenham's book.

On one hand, the work of Thomas Sydenham can be seen as the key turning point of medicine in the Renaissance period as he completely changed the idea of how to treat illness. Sydenham did not believe <sup>in treating diseases by</sup> ~~in~~ the books of Hippocrates and Galen as he instead diagnosed illnesses based on each individual ~~symptom~~.

~~to say~~ This was an effective way of treating disease and so his patients recovered.

He published his findings in his book called *Observationes Medicae* in 1576, which gave detailed information on <sup>how</sup> ~~that~~ people should diagnose illness by. Furthermore Sydenham identified that scarlet fever and ~~measles~~ measles were two separate diseases which which was influential as people could now ~~recover~~ recover better from being treated correctly.

On the other hand it could be seen that new technological advances was the ~~most~~ key turning point of the Renaissance period. This was where Gutenberg designed the printing press which enabled books to be copied

much faster than they were previously able to. Scientists could now share their work with each other quickly as they didn't have to be produced by hand. It also ~~also~~ decreased the control ~~over~~ of the Church as they could no longer decide what was produced and what was not. People were now openly criticising the Church and further discoveries in medicine were discovered. Scientists could test each other's theories and build on them to produce more precise and accurate theories in medicine.

Moreover, Alternatively, it could be seen that the developments of the Royal Society was the turning point of medicine. Their aim was to explain ~~what~~ medicine in more secular terms and have more rational ideas about the causes of disease. Its motto was 'Nullius in verba' which means 'I take nobody's word for it' implying that everyone should test everyone else's theories. The Royal Society was ~~created~~ received its Charter from Charles II which gave it credibility and more people were willing to donate to further fund its research. Scientists were able to communicate much faster and develop new theories and share them with each other which furthered their understanding of medicine.



Moreover, it could be decided that the decrease in the power of the Church was the ~~most~~ turning point of medicine. The Church initially controlled directions, what people physicians could study and what people believed. People were so scared of the threat of hell they did not go against the Church. However due to Galen's theories being proven wrong ~~and~~ ~~and~~ ~~and~~ people the church had less influence and dissections became legitimized which enabled further advancements in science. People began to do more experiments and not believe the traditional ideas which led to further new discoveries like the liver did not produce blood which Galen had previously said.

Overall I think the decrease in the power of the Church is the most convincing argument as to why there was a turning point in medicine. Although Sydenham's methods of diagnosis were hybrid due to the decrease in the power of the Church more directions could be carried out hence furthering their understanding of anatomy. People began to believe less in the religious ideas for the causes

of disease and looked for more rational ones. Without the decrease in the power of the Church people would still be terrified of the threat of hell and eternal punishment and there would be no advances in medicine.



**ResultsPlus**  
Examiner Comments

This answer demonstrates the most common approach candidates took to answering this question: The factors approach.

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 answer discusses Sydenham and other factors; the printing press, the Royal Society and the decrease in the church's power. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer also reaches Level 4. There is a clear judgement reached which is substantiated throughout the answer so again meets the requirements for Level 4.

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



**ResultsPlus**  
Examiner Tip

There is no requirement to write an introduction as this answer demonstrates. If you do provide an introduction, make your argument clear and sustain that focus throughout the answer.



I partially agree with the statement 'Thomas Sydenham was the key turning point in medicine between years c1500 - c1700'. Even though, Sydenham was the reason the <sup>four</sup> humours <sup>theory</sup> was ~~not~~ left, he still didn't produce any change within treatments.

One reason why Sydenham's ~~work~~ work was a key turning point was because he drove medicine away from the diagnosis and treatment of the ~~the~~ four humours which was believed for ~~years~~ hundreds of years. Sydenham discovered that the four humours was not a correct or accurate way to diagnose or treat someone from an illness. This was because he wrote in his scientific approach how doctors should diagnose a disease not from the patient's symptoms but from common symptoms of the disease. This was a step closer to the real explanation for disease as it is not caused due to an imbalance of blood, puss or bile. This meant more physicians now diagnosed their patients through the patient's symptoms e.g. cold, cough which they could take note of and get a step closer to the real explanation of why the patient is feeling this way.

However, this could be opposed with the idea that even though Sydenham was able to prove that Hippocrates teaching of the four humours was wrong, it didn't mean it drove physicians away from still using it to diagnose patients. For example, in the renaissance, physicians still used the four humours theory to treat their patients as well as diagnosing them.

This was because Sydenham's discovery did not provide an alternative ~~strong~~ strategy to cure patients. Even though, he proved it was wrong physicians didn't have any other explanation for why patients were ill. ~~this didn't~~ This means that Sydenham's discovery wasn't that big of an impact as it was only until ~~then~~ Vesalius's and Harvey's discovery on the circulation of the blood that people began to use alternative, useful treatments.

Another reason why Sydenham's work could be a key turning point was due to his publishing of the book, 'Observationes medicae'. As the printing press had just been invented many scientists had the opportunity to release their own theories to ~~the~~ the world. For example, Vesalius's book was printed 450 times, ~~and~~ this meant the same price of writing with exactly the same illustrations could be drawn without mistakes. This also meant his idea of the scientific approach could be spread quicker and faster. As his idea spread, it made other scientists inspire to do the same and find or develop new ideas. This caused a big turning point in medicine as his message spread quicker and more scientists were inspired.

In conclusion, ~~Sydenham~~ Sydenham's work was a turning point to a certain extent. He was definitely a factor, along with other scientists, to the slow development and journey to the real answer in science but his work didn't create a volta in the work of medicine.



This answer demonstrates another common approach candidates took to answering this question: The yes/no approach.

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 answer discusses Sydenham as a turning point, the continuation of the Four Humours (so Sydenham is not a turning point) and another factor; the printing press. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer also reaches level 4. There is a clear judgement reached which is substantiated throughout the answer so again meets the requirements for Level 4.

Please note that, at the end of the second main paragraph, the candidate seems to suggest that Sydenham's work came before that of Vesalius and Harvey. Due to misprinting the date of Sydenham's book as being published in 1576 (rather than 1676) we accept that this candidate might have been confused. Therefore, in this instance we are allowing the fact that Sydenham's work could have led to the work of William Harvey but not that of Andreas Vesalius.

Again, this answer meets the demands of all three strands of the mark scheme the response fully meets the demands for Level 4 and was therefore awarded full marks.



A good way to ensure you continually focus on the conceptual focus of the questions is to briefly plan your answer before beginning.



I agree with the statement that the work of Thomas Sydenham was the key turning <sup>Point</sup> in medicine in the 1500-1700's, as ~~at~~ his ~~work~~ way of working inspired other individuals like Vesalius to try and discover new things about the human body. However it can be argued that it was the new technology which was the turning point in medicine like the printing press.

I agree with the statement that 'the work of Sydenham was the key turning point in medicine in the 1500-1700' because he said to observe the patients symptoms to before trying to treat them. which led to him finding out that everyone doesn't have their own diseases and that <sup>the symptoms</sup> diseases can be grouped. <sup>to predict one disease</sup> He was a very well respected doctor in 1660's and 1670's and was also known as the English Hippocrates. ~~He~~ He encouraged physicians to base their work on their observations which ~~in~~ ~~inspired~~ led to a lot of new ~~discoveries~~ discoveries from other individuals like Vesalius and Harvey.

Furthermore, I agree with the & statement that 'the work of Sydenham was the key turning point in medicine

in the years 1500 - 1700'. This is because he inspired people like Vesalius to chase their work on observations.

Vesalius was born ~~on~~ in 1514 and died in the year 1584. He observed as well dissected on human bodies to ~~it~~ make new discoveries and this led to him finding over 20 mistakes in Galen's work. He also wrote the book on the ~~fabric~~ ~~galenic~~ fabric of the human body in 1548 which gave people a better understanding of the human body and how it works.

However it can be argued that it was not ~~Galien~~ Galen's work which was the key turning point in medicine but new technology like the ~~press~~ printing press which was invented in 1440. Even though it was developed at the end of the medieval period, it was more widely used in the Renaissance period. ~~It is not~~ This meant new books didn't have to be hand written by monks but could be produced at a large scale more quickly. This meant now the new discoveries were being passed ~~around~~ around more quickly and more known than before. If there was no printing press the new findings of people would not have been able to be further developed and that would hinder the ~~the~~ most development of medicine and



medical understanding.

~~Overall~~ Overall, ~~it~~ I still agree with the statement that 'the work of Sydenham was the key turning point in medicine' as it set the case of modern day medical understanding that the ~~the~~ diseases in the human body are shared and not everyone has their own diseases.



This answer shows how a very small number of candidates were confused by the chronology provided for them in the question but were not disadvantaged by this and could achieve all levels of the mark scheme. This answer is confused and incorrectly places Sydenham before Vesalius and Harvey. Chronologically, Vesalius came before Sydenham and as a result it is not rewardable to say that Sydenham's work led to the work of Vesalius. However, as Sydenham was misplaced as coming before Harvey it is rewardable, in this instance, that Sydenham influenced Harvey to make his discovery, through the use of observation and/or research.

This answer meets the demands of the mark scheme for Assessment Objective 2 (analysis) at Level 3. The answer offers a line of reasoning which is mainly directed at the conceptual focus of the question. The analysis is supported by wide-ranging and precisely selected knowledge. The answer discusses Sydenham as a turning point, Vesalius, and the printing press. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches Level 4. A judgement is reached but with some justification so meets the requirements for Level 3.

This answer is therefore a best-fit answer. They have met the demands for Level 3 for all three stands of the mark scheme but the knowledge and understanding is better, so pushed the answer into the bottom of Level 4.



Be clear about the conceptual focus of the question – in this case the question focused on whether Thomas Sydenham was the turning point in medicine in the years c1500-c1700.

## Question 6

This was a popular question, and most candidates were confidently able to write about the medical discoveries in the years c1700-c1900.

The best answers were able to evaluate the impact of medical developments on people's opinions e.g. Edward Jenner's discovery of the smallpox vaccination and the fact the government eventually enforced the vaccination, with a subsequent fall in the death rate from smallpox, made the public have a positive opinion of this development and they were more likely to get the vaccination. Some students also said that not everyone had a positive opinion of the vaccination, and this was supported by the anti-vaccination society's campaign and inoculators losing work. Similarly, James Simpson's discovery of chloroform was accepted and used by society because of Queen Victoria's use of it during childbirth. Also, there was opposition and less acceptance by the public and other surgeons of this discovery after the death of Hannah Greener and the resulting 'Black Period' in surgery. Some candidates were also able to judge that these discoveries did show that attitudes in society improved but in the long term, rather than immediately.

Most candidates were able to identify three aspects of content: Edward Jenner and the smallpox vaccination, Louis Pasteur's germ theory and his subsequent discovery of the chicken cholera vaccination, John Snow and the Broad Street pump, the work of James Simpson and Joseph Lister, the Second Public Health Act and the work by Florence Nightingale in improving hospitals were the most common aspects of content used by candidates.

Examiners noted that only a minority of candidates failed to go beyond the stimulus material. However, there was evidence of candidates selecting evidence from outside the time period of the question which was not awardable. There were examples of students writing about Alexander Fleming's discovery of Penicillin or even the work of Vesalius and Harvey. It is important to remember that candidates need to be able to select the correct knowledge for the time period stated in the question.

Many knowledgeable answers remained at Level 3, as they were unable to consistently focus on the conceptual focus of the question. It was noted by examiners that some students slipped into talking about medical progress rather than the effect that it had on people's attitudes. Answers at Level 2 often described the medical discoveries. Answers at Level 1 were often generalised statements about vaccinations or infectious disease without any specific knowledge.

I agree however with the statement 'people's attitudes about medicine, in the years 1700 - 1900, became increasingly positive.' I agree with this statement because of new theories, discoveries and technology such as germ theory, vaccinations and the invention of the microscope.

One reason why I agree with this statement however is because of the discovery of germ theory. This was discovered by Louis Pasteur when he left a petri dish out and returned to find it filled with bacteria. He then published a book on his findings which led to ~~Robert~~ Robert Koch to improve upon his theory. The discovery of germs also led to the invention of the ~~microscope~~ electron microscope in the early 1700s and this magnified objects that were filled with germs and made these germs visible.

Another reason why I agree with this statement is because of John Snow's discovery of cholera in 1848. He discovered this ~~to~~ through the use of a water pump that was providing dirty water which was making people ill. Then John Snow was able to

prove to the people of London that the Latin supply was contaminated and was making people sick. ~~Other people~~ This then led to the Latin supply being cleaned out and people were no longer being injured with cholera.

Another reason why I agree with this statement is because of the invention of vaccinations. A vaccine is when a small or dead pathogen is injected into the body so the body can build an immunity to it. This was first discovered by Edward Jenner who created a vaccine to small pox. He did this by using cow blood from a cow with small pox and injected it into people with small pox and this built up an immunity to it. Louis Pasteur also has been able to create a few vaccines.

In conclusion, the years 1700-1900 increased the people's attitudes to medicine. This is because of new inventions and new diseases being discovered.





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 Object 1 (knowledge and understanding) also at Level 2. The candidate has gone beyond the stimulus material so can reach the top of the level.

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.



Rather than describing what you know, try to explicitly link it to the conceptual focus of the question. In this case, how did the discovery help to improve people's attitudes or how didn't it help to improve people's attitudes.

I strongly agree that ~~the work of indivi~~ people's attitudes about medicine in the Industrial period became increasingly positive because the work of key individuals sparked an era of change. However, attitudes also didn't change due to the fact that people were slow to accept ideas and stuck to tradition instead.

There was great progress in ~~people p~~ people's positive attitudes toward medicine because of the progress in preventions. Edward Jenner invented the vaccine in 1798 and named it vaccinations due to the Latin word 'cow' being vacca. He discovered that milkmaids who contracted cowpox never obtained smallpox. As such, Jenner experimented on a young boy named James Phipps and saw that after being given ~~smallpox~~ cowpox, he never got cowpox. Additionally, progress in preventions also originated from John Snow. John Snow had discovered that in 1854, cholera was being spread due to bad water. He mapped out the deaths and saw that the Broad Street Pump was the main cause of cholera and thus

removed it, leading to a rapid decrease in deaths. The Public Health Act 1875 also made it compulsory to appoint medical officers and sanitary inspectors. This shows why attitudes became positive because people realised that advancements in medicine could decrease illness and thus morale improved.

There was also great progress<sup>in attitudes</sup> due to the progress in treatments. In 1867, Joseph Lister ~~found the~~ discovered the antiseptic. Antiseptics allowed longer, more complex operations were possible due to the decrease in contraction of diseases. This helped in amputations. Antiseptics ensured cleanliness when in surgery and operations. Moreover, treatments also progressed due to the work of James Simpson. James Simpson discovered that chloroform could be used as an effective anaesthetic. This made childbirth operations less painful because the patient would be put to sleep and endure less pain. This shows why attitudes became positive because there were less complications and pain during treatment, meaning people weren't scared to turn to medicine and get treated.



However, there also wasn't positive attitudes towards medicine in the Renaissance because of most people being slow to accept new ideas and some of the failures of medicine. This is especially apparent in ~~Joseph~~ James Simpson, despite the discovery of chloroform. It was found that having too much chloroform as an anaesthetic could actually lead to death. In fact, after the installation of chloroform, there was a period of time where the deaths in surgery were also rising. This is known as the Black Age of surgery and medicine. Moreover, people were also slow to accept new ideas such as Louis Pasteur's germ theory where he had to do several experiments in order to prove his theory right and get his ideas to other people. In fact, Florence Nightingale, another key individual who managed to decrease the death rate in the Crimean war by 40% to 20% was slow to accept Louis Pasteur's germ theory. Essentially, she told her nurses to not focus on theories and focus on the cleanliness of the hospital. This still worked and shows why positive attitudes towards medicine did get better. Contrastingly, this shows why people's attitudes towards surgery became negative because deaths were still apparent and some of the population were

slow to accept new ideas and discoveries.

Ultimately, I still strongly agree that people's attitudes became positive because the progress in medicine, ~~causes~~ understanding, preventions and treatments showed people that traditional ideas were wrong as we know today and thus people's health can improve.



**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 and covers 3 aspects of content. Therefore, for Assessment Objective 1 (knowledge and understanding) this answer reaches Level 4. The conclusion summarises the argument that has been made but there is judgement throughout the answer, which makes reference to valid criteria such as people being slow to accept new ideas. Therefore, the response also meets the criteria for Level 4 in the judgement provided.

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 were 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.

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 answers failed to reach the highest level because they were not focused on the specific question being asked or did not precisely select accurate and relevant information.
- 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.

If extra paper is taken, candidates should state clearly in the answer space for the question that it has been continued and where the rest of the answer had been written; this should be on an additional sheet rather than elsewhere in the paper and 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 students should be discouraged from assuming that lengthy answers will automatically score highly. Indeed, students taking extra paper often ran out of time on the final, higher value question and, therefore, candidates disadvantaged themselves.

Examiners reported that a poor standard of handwriting made a number of answers difficult to mark and exacerbated the difficulty in understanding the reasoning of the 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.

## **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>

