

GCE



Chief Examiner's Report
Health and Social Care
(Single and Double Award)

Summer Series 2017

Foreword

This booklet outlines the performance of candidates in all aspects of CCEA's General Certificate of Education (GCE) in Health and Social Care (Single and Double Award) for this series.

CCEA hopes that the Chief Examiner's and/or Principal Moderator's report(s) will be viewed as a helpful and constructive medium to further support teachers and the learning process.

This booklet forms part of the suite of support materials for the specification. Further materials are available from the specification's microsite on our website at www.ccea.org.uk.

Contents

Assessment Unit AS 1:	Promoting Quality Care	3
Assessment Unit AS 2:	Communication in Health, Social Care and Early Years Settings	5
Assessment Unit AS 3:	Health and Well-Being	9
Assessment Unit AS 4:	Safeguarding Children	11
Assessment Unit AS 5:	Adult Service Users	13
Assessment Unit AS 6:	Holistic Therapies	15
Assessment Unit AS 7:	Understanding The Physiology of Health and Illness	17
Contact details:		19

GCE HEALTH AND SOCIAL CARE (SINGLE AND DOUBLE AWARD)

Principal Moderator's Report

Assessment Unit AS 1 Promoting Quality Care

The quality of work produced for this unit varied. There was evidence of diligence by candidates and teachers. In some cases teacher annotation was detailed which contributed to accurate marking. The Harvard system was used by most candidates with varying degrees of success but a significant number of candidates still included detail such as the date accessed and the full web address in the body of the work. The level of guidance given to candidates was clearly indicated by a number of centres and the appropriate mark band awarded. It is imperative that the work produced for this unit is for the current specification. Candidates should include a short introduction to the unit in which they identify the setting on which they are basing their work. Names of the settings should not be used but may referred to a Care Home A or Primary School X. Work which exceeds the recommended word count by more than 10% cannot be awarded Mark Band 4. Candidates achieving Mark Band 4 must also work independently and meet the requirements for quality of written communication as stated in the assessment evidence grid.

Assessment Task A

The work produced for this task tended to be marked leniently. Candidates completing a competent or comprehensive discussion of how the three values of care may be applied must refer to specific members of staff in the setting. For example the manager, care assistant, activities co-ordinator, receptionist, teacher or classroom assistant. Many candidates produced generic work referring to the staff. A number of candidates did not address the three values of care listed in the specification whilst others showed a lack of understanding of the values in particular promoting anti-discriminatory practice. The eGuide produced for AS 3 Health and Well-Being includes useful information on anti-discriminatory practice. The impact on service users was completed more accurately.

Assessment Task B

The quality of work produced for this task varied. Some candidates had a clear understanding of the legislation and therefore were able to describe how it impacted on the setting. Other candidates lacked understanding of the legislation and as a result were unable to describe accurately the impact on the setting. A number of candidates chose legislation which was not included on the specification and as a result the work produced could not be given credit.

It is imperative that candidates choose legislation that is most likely to impact on the setting. For example, The Special Educational Needs and Disability (Northern Ireland) Order 2005 does not apply to private nurseries. Safeguarding Vulnerable Groups (Northern Ireland) Order 2007) (no reference to the vetting of staff) and The Children (Northern Ireland Order) 1995(no reference to the principles) were not clearly understood by a number of candidates. When The Human Rights Act 1998 was selected some candidates did not choose the most appropriate articles for the setting. Descriptions of the impact of the Disability Discrimination (Northern Ireland) Order 2006 tended to focus only on physical adjustments.

Assessment Task C

The standard of work produced for this task varied. A significant number of candidates clearly understood the health and safety legislation and completed a detailed discussion of the application in the setting. However a number of candidates had limited knowledge of the legislation in particular of COSHH and RIDDOR and the work produced was basic. Some candidates made incorrect statements. For example, the reporting of head lice, the testing of electrical equipment, temperature control of water and the reporting of trips in a playground when addressing RIDDOR. Other candidates referred to the use of safety scissors in an early years setting when considering COSHH.

Assessment Task D

The work produced for this task varied from basic to detailed. There was a tendency by a significant number of candidates to either describe the content of the two policies or to evaluate the actual policies. The focus is on evaluating the effectiveness of the policies in promoting quality care in the setting. A small number of candidates did this effectively and gained access to Mark Band 4.

Assessment Task E (i)

The standard of work produced for this task varied. Candidates need to research the example of poor practice carefully to ensure there is enough detail to complete a comprehensive summary and a detailed assessment of the impact in E (ii). A number of candidates selected an example with brief examples of poor practice which limited their work. The example of poor practice must be in a health, social care or early years setting. Whilst most candidates commented on validity there was a lack of understanding of the concept. As a result this was not well completed by a number of candidates.

Assessment Task E (ii)

Most candidates completed this task well by assessing the effects of the poor practice on the service user/s and two other groups. A small number of candidates assessed the effects on more than two other groups and therefore were unable to complete a detailed assessment. The effects on others were at times exaggerated and unrealistic.

Assessment Unit AS 2 Communication in Health, Social Care and Early Years Settings

The work of candidates and centres was produced to a very high standard and there was clear evidence of hard work by both teachers and candidates. The majority of centres met the agreed standards.

Overall the quality of the teachers' assessments was reasonably good with most centres assessing to within agreed standard. There were however, other centres which were lenient with their mark allocation particularly for those candidates being awarded the highest marks within their sample.

The health, social care and early year's settings chosen by centres that submitted this series, selected and observed a suitable range of appropriate care settings.

The quality of written communication must also be considered. In some centres teachers had corrected the spelling and grammar and yet awarded Mark Band 4. Spelling, grammar and punctuation should be of the highest standard to achieve Mark Band 4.

Work which exceeds the word limit by more than 10% in any assessment task cannot achieve Mark Band 4 for that task.

A short introduction is required to set the scene, only two or three lines is sufficient. Although the introduction does not contribute to the word count in Assessment A, some centres included an introduction of over half a page, which is totally unnecessary.

There is no need to introduce each assessment task, as this contributes to the word count of the assessment and is not mark worthy.

Assessment Task A

Four types of communication are listed in the specification (verbal, non-verbal, written and electronic) and candidates choose two. There are no definitions required for the two types of communication as part of Assessment A as this contributes to the word count. The additional words could be used to provide further detail of the types and purpose of communication. Some of the purposes require more detail to be deemed comprehensive for Mark Band 4 e.g. help clarify, notice boards. There are 14 marks for describing the two types of communication and explaining the purpose of each communication method. One or two lines explaining the purpose is not deemed comprehensive for Mark Band 4.

Candidates should be encouraged to use the key phrases from the specification to help explain the purpose of communication. For example, 'The purpose of this communication was to exchange information between the school and parents and provide all the necessary information about the trip to the farm. This gave parents an opportunity to exchange relevant information with the teacher. For example one parent stated that their child was very frightened of hens so the teacher was made aware of this before the trip.'

As per the teacher guidance candidates must be well prepared when accessing the chosen setting in order to collate the information required. The entire content of the unit will have to be taught before candidates visit the setting. If candidates, select a primary school (between primary 1 to primary 3) then the two different types of communication should not be similar. For example, in a centre all ten candidates in the sample are selecting circle time for verbal communication, posters for written communications etc. then the similarity of the work prevents Mark Band 4 being awarded.

Assessment Task B

In Assessment B candidates describe four factors that support effective communication in the setting on which they are basing their work. These factors are confidentiality, physical factors, emotional factors and practitioners' communication skills. Some centres continued to use the factors from the previous specification which impacted on the marks awarded.

Most centres described the relevant factors in the specification but it is important to say how the four factors support communication and this was not always accurate and detailed enough for Mark Band 4. The confidentiality factor was an issue as some candidates focussed on the old Unit 1 material and focussed on describing the locking of confidential information in cupboards and drawers. Some candidates seemed to confuse confidentiality with privacy. Candidates may focus on private meetings between parents and teacher in a school or family and GP in a medical practice. For example, a parent discloses information about a P3 child in a meeting with a class teacher. The parent would be reassured that the issue will be resolved and that the information disclosed by the parent will only be disclosed to the relevant Designated Teacher. The parent will feel assured as the information will only be disclosed to relevant staff 'on a need to know basis'. The teacher will follow the safeguarding procedures in the school which should be explained to show how the communication is to reassure both staff and parents etc. Other examples may include the link between the Designated Teacher and outside agencies such as social services and how the information discussed during a case conference is confidential and 'only on a need to know basis'. The minutes provide an accurate account of the meeting etc.

Assessment Task C

This task was quite well completed by many centres. There was a range of relevant specific barriers included accompanied by a wide range of strategies to overcome them. A range of barriers has been included, in the specification and candidates should select those relevant to the setting.

There is a concern in some centres about the familiarity of the barriers and the strategies used to overcome the barriers. The assessment task should include a range of different barriers and strategies even if choosing the same care setting. There is no need for general explanation of potential barriers but candidates should select the barriers most appropriate. Observations are not always needed for barriers and how they are overcome. The candidates may use secondary research for the care setting to support the description of potential barriers.

The candidates should focus on the service user within the setting rather than the environmental barriers within the classroom such as noise and temperature of the room etc. Environmental barriers would have come from the previous specification. The barriers may include children who have ADHD, autism, are partially sighted or who are absent from school due to illness. The barriers prevent the child from communicating and accessing the learning within the classroom. The numerous strategies used within the classroom by the school help to support the child with autism may include small group work, a quiet room, a visual timetable and strategies to deal with a meltdown in the classroom etc.

Assessment Task D

This task focuses on how members of one team in the chosen setting communicate and how this contributes to quality care for service users. Candidates need to select a team in the setting on which they are basing this unit and analyse how its members communicate with one another and how this contributes to quality care for services users. If there are several teams in the setting students should choose the team carefully to help ensure they are able to complete a detailed analysis. The assessment was completed with some success by most

centres, although it was often marked on the lenient side. Some candidates did not include links to the specific team or else selected a team which was a very large team, making it difficult when applying the whole team to specific communication examples and clear roles. The team should not involve the whole staff in a residential care home or whole staff in a primary school. A good example in the primary school may be the Special Needs Team or Safeguarding Team.

Communication methods were not always well described for work awarded Mark Band 4, and some centres described more good practice rather than specific detailed communication methods between the team. It is important the roles and communication used within the team are more specific e.g. who sends the letter home within the team, who leads the planning within the team, who organises the staff meeting week after week, who leads the staff handover, who organises the staff training etc.

Candidates identified relevant examples of the type of communication used within the team but the analysis was not always detailed for a top mark band. Some candidates were awarded a top Mark Band 3 by teachers when there was no clear link to 'a team' or how the team communicated. Therefore, the marking was lenient.

A few centres continue to discuss the needs of the clients from the previous specification and did not focus on how the communication within the teams contributes to quality care for the service users. Some centres are describing the advantages and disadvantages of communication which is not analysis required for this assessment.

There is no need for definitions of a team at the start of Assessment D as this contributes to the word count and adds nothing to the analysis required for the assessment.

Assessment Task E

In Task E the interaction must be well planned in advance and it may be with service users or staff members in the setting. For example it may be discussing a group activity with children in a playgroup or the job role with a care assistant in a nursing home or memories of early childhood with an older person in a day centre. Candidates should include a short introduction (2/3 lines) to the interaction including whom it took place with, where, when and the topic/s discussed. The selection of the interaction is important. Candidates who interacted with a young child in a nursery or primary school found it more difficult to clearly show the range of communication skills so therefore had difficulty evaluating their skills. It may be more appropriate for the one to one interaction to be carried out with a classroom teacher or teaching assistant to allow candidates to demonstrate their communication skills. The interaction should not be a question or answer session with a teacher or teaching assistant as the candidate may find it difficult to use a range of communication skills to evaluate.

The marks awarded were lenient by a number of centres as candidates did not always provide the necessary links to best practice. Some centres tended to award Mark Band 4 for evaluations that were competent rather than detailed and critical. It would be important to highlight that evidence of planning and evaluation evidence must be included in the Appendices rather than the body of the text. No marks are awarded for the planning and evaluation tools. A small number of centres included a transcript which is no longer required for this assessment task.

The improvements should link the skills discussed by the candidate to best practice in their care setting in for this task. This may involve a communication theory, advice from a Principal or care manager before the interaction took place, a theorist named in a textbook such as Heinemann etc. For example, if a student carried out a one-to-one interaction with a patient in a hospital and felt their body posture was not good, this may be a suggestion for improvement as the Royal College of Nursing claims communication is more effective if the

health care professional brings their face to the same level as the other person and does not tower above them. The improvements suggested were not always detailed for a Mark Band 4 or top Mark Band 3.

The evaluation must focus on the skills of the candidate and no marks are awarded for describing the activity carried out or evaluated, the planning of the activity, or the environment where the activity was carried out.

The Harvard referencing system should be used in Assessment E. The sourcing of a theorist needs to include the year e.g. Egan (2010).

For example:

Lamond, D (2000) The information content of the nurse change of shift report: a comparative study. *Journal of Advanced Nursing* 31 (4) 794-804

Team Working and Effectiveness in Health Care: Findings from the Health Care Team Effectiveness Project available on homepages.inf.ed.ac.uk/jeanc/DOH-glossy-brochure.pdf Accessed on 27/07/2016.

It is good practice in centres where more than two teachers are teaching Unit 2 to regularly monitor and standardise the candidates work.

The E-moderation documentation was completed accurately with only a small number of errors being detected (e.g. over the word count in work but 'within word count' selected on eCRS, also marks in Mark Band 3 being awarded despite level of support recorded as 'guidance' (Mark Band 2)).

A small number of teachers during this series recognised on the annotation of the statement that the work was competent for Mark Band 3 but still awarded a Mark Band 4.

Portfolio submissions are an opportunity to receive feedback on the standard of marking by the centre and should be utilised to give confidence to teachers who are delivering the unit.

A wide range of support materials are available on the CCEA Health and Social Care microsite.

Chief Examiner's Report

Assessment Unit AS 3 Health and Well-Being

Overview of Paper

Overall, this was a well-balanced paper, with a range of short and long response questions which catered for all levels of ability. Questions asked allowed students to demonstrate their knowledge and also stretched and challenged the more able candidates. All questions were straightforward in what they were asking the candidate to do and were very clearly worded. Candidates performed relatively well across all centres and most students made a good attempt to answer all the questions. Sufficient time was allocated for the completion of this paper.

Comments on Individual Questions

- Q1**
- (a)** This question was generally well answered.
 - (b)** Again, most candidates did well here and were able to pick up the two available marks.
 - (c)** This question was not very well answered by a lot of students. There seemed to be much confusion about the role of 'home care providers' and even greater lack of understanding about the role of 'holistic therapists'. Many candidates simply did not have the knowledge to be able to answer the question properly.
 - (d)**
 - (i)** Most candidates were able to fully define 'discrimination'.
 - (ii)** Only candidates who were able to relate their suggestions to ways 'a manager' can promote anti-discriminatory practice achieved full marks. Some candidates discussed the impact of poor practice and did not directly refer to anti-discriminatory practice, which again resulted in the loss of marks.
 - (iii)** A significant number of candidates achieved the full marks available by explaining three different ways anti-discriminatory practice can contribute towards the health and well-being of service users. Some candidates however, misinterpreted the question and explained the impact of 'discrimination' on service users.
- Q2**
- (a)** These definitions questions were well answered by the majority of students.
 - (b)** A significant number of candidates achieved full marks in this question.
 - (c)** Some candidates struggled to achieve two marks for each way as they provided only key phrases. Some candidates explained the impact on other aspects of health as opposed to the 'psychological' impact.
 - (d)** The question on Trusts was often poorly answered, with some candidates referring to residential homes, which was already discussed in the stimulus. Others included points pertaining to the Public Health Agency and to the Department of Health. A significant number of candidates were unable to achieve full marks as they used only key phrases instead of explaining ways that Trusts contribute to health and well-being.
 - (e)** Most candidates named an illness/disease associated with the ageing process, however some chose to write about illnesses such as Cystic Fibrosis which is not associated with ageing and therefore achieved no marks. Only a minority of candidates achieved three marks by focusing on the physical effects of their chosen disease, many identified other effects upon health and wellbeing.

(f) Candidates who achieved high marks here were those who began by clearly identifying 'needs' of the elderly residents and then made realistic suggestions as to how these could be met by staff in 'Waterview'. This gave their answers structure and helped to ensure that most of the key points were included. Those who did less well gave 'ways' that would not be applicable to a nursing home and in some cases candidates gave good 'ways' but didn't actually mention the 'need'.

- Q3**
- (a)** This was a straightforward question, which candidates either clearly knew, or clearly didn't know.
- (b)** **(i)&** A few centres are still choosing to write about DOE 'Road Traffic' campaigns
(ii) and the 'FAST' campaign, instead of Health Promotion campaigns. Most candidates had a fairly good understanding of how campaigns get their message across.
(iii) Overall, this question was answered very well.
- (c)** Some candidates deviated from the question and discussed the impact of geographical location instead of housing. On the whole this question was fairly well answered.
- (d)** This question was generally very well answered with many candidates achieving full marks. Those who did not achieve full marks provided key phrases with no explanation.
- (e)** This question was the least well answered on the paper, however it allowed for differentiated ability to be measured. Some candidates made no reference to social class throughout, while others made exaggerated points. Some candidates wrote 'list-like' responses and often didn't include any specific detail or analysis of the affects on health and wellbeing. Many concentrated on the impact of income, geographical location, etc. without linking back to social class. Quality of written communication also prevented many from accessing Level 3.

Principal Moderator's Report

Assessment Unit AS 4 Safeguarding Children

It is considered good practice in this unit to include a brief introduction to identify the age of child and the appropriate care setting under consideration. This should not be considered as part of Task A.

It must be noted that referencing throughout the body of work should use the Harvard system. This was not always accurately completed. Sources such as Wikipedia should not be used.

End references must be submitted at the end of the completed assessment again using the Harvard system. Some centres did this after every assessment task which is not needed.

To access Mark Band 4 it is essential that the quality of written communication is excellent. The marking criteria states that candidates working in Mark Band 4 can successfully select and use the most appropriate form and style of writing. If this is not evident in the candidate's work Mark Band 4 should not be awarded. Some work was adjusted in this series as the QWC did not match the assessment criteria.

Assessment Task A

It is important that the description of the physical, intellectual, emotional and social developmental norms incorporates milestones accurate for the area of development under consideration. There was some confusion regarding physical and social milestones. Milestones must be clearly linked to the chosen age. Candidates who discussed milestones that were not relevant to the chosen age could not access Mark Band 4. Merging of the social and emotional milestones is not seen as good practice as it limits the discussion in these areas. Some candidates linked their description to observations that they had completed which are no longer required in the revised specification.

Assessment Task B

It is seen as good practice to complete the analysis using paragraphed responses on the chosen strategy. Use of PIES rather than strategies limits the depth of analysis in this task.

It is vital that clear and age appropriate strategies are selected by candidates that are relevant to the chosen setting and age of the child and that all obvious areas of PIES related to the strategy are included in the analysis. This was not always seen.

Assessment Task C

The focus of this assessment task must be on the application of the theory in the chosen setting. Teacher guidance states that it is important that candidates focus on how the theories could influence the practice. As such description of the theory should be minimal. There is no need to include a discussion of the theorist experiments such as the Bobo doll or rats experiments. Where this was evident in the work sampled in this series candidates' work could not be regarded as Mark Band 4. Candidates who discuss only one theory cannot access Mark Band 3 or 4.

Assessment Task D (i)

It is essential that sources are identified for this assessment task in the body of the work and that the word count is clearly highlighted. Behavioural indicators should be included in the discussion for each type of abuse. It is vital that candidates carefully consider the layout and format of this task to ensure that each type of abuse and indicator can be clearly discussed as this was not always the case. Where the layout caused confusion Mark Band 4 was inappropriate.

Assessment Task D (ii)

The focus of this task is to discuss the safeguarding responsibilities of the range of staff in the chosen setting as described in the Child Protection and Whistle Blowing policy. Clear responsibilities of each type of staff must be highlighted in order to achieve credit. This was not always seen as some candidates merely discussed the policy without highlighting responsibilities. The word count for this task should not be merged with D (i) and should be clearly highlighted.

Assessment Task E

Candidates must select the three factors from the examples provided in the specification. The focus of this analysis must be on how the factor could increase the risk of abuse. It is essential that all candidates use two different sources in the analysis of each factor to achieve Mark Band 3 and 4. There was evidence of sweeping statements in this assessment task, candidates must ensure that they use their sources carefully and include analysis in their own words of how their chosen factor can increase the risk of abuse. It is not enough to include sources which show how the factor contributes to abuse without analysis in the candidate's own words. This was an issue in this series.

Chief Examiner's Report

Assessment Unit AS 5 Adult Service Users

The paper was accessible to candidates. Top candidates demonstrated a good knowledge of the specification and were able to apply their understanding to the scenarios and questions on the paper.

- Q1**
- (a)** Candidates were able to define the terms 'empowerment' and 'adults in need of protection'. Students need to be careful to write a clear definition and not just phrases that are not clearly linked together to provide a definition.
 - (b)** Most candidates were able to describe how the three stages of the care planning cycle could be implemented in the support process.
 - (c)** The majority of candidates were able to name the two other stages of the care planning cycle.
 - (d)** The majority of candidates described how the stated needs could be met by support workers for individuals with a learning disability in supported accommodation. However a small number did not apply to either the service user group or to the setting.
 - (e)** This part of the question was poorly answered by a significant number of candidates. Some candidates showed limited knowledge of the policy and gave answers that could apply to any policy. Also there were two parts of this question, i.e. the content and how it promotes high standard of care. Answers also had to be relevant to the service user group, for example service users with learning disabilities would be very unlikely to know the organization has a whistle blowing policy or how it maintains high standards.
 - (f)** Most candidates were able to name two other policies.
 - (g)** The vast majority of candidates demonstrated a good knowledge of the difficulties families may experience when caring for a loved one with learning disabilities. It should be noted this question was about families, not the person.
- Q2**
- (a)** This part of the question was very well answered by most of the candidates as they could name a voluntary organisation. A small number stated a service they provided rather than the name of the organisation.
 - (b)** Most candidates demonstrated a good knowledge of ways a voluntary organisation may be funded, however candidates must keep the focus on explaining the method of funding and not describing the voluntary organisation.
 - (c)** Most candidates demonstrated a good knowledge of ways the psychiatrist could support the named service user. Candidates should note this is a three mark question so it is important they describe in enough detail to get full marks.
 - (d)** This aspect of the question was well answered by a number of candidates and showed a good understanding of the way an advocate might support a named service user.
 - (e)** Candidates demonstrated a good knowledge of the advantages and disadvantages of receiving care from a voluntary provider, however some candidates did not discuss each advantage or disadvantage, mainly stating them, so limiting the marks they could be awarded.
 - (f)** This part of the question was generally well answered by most candidates, although some provided answers that were not relevant to the private sector therefore could not access the marks.

- Q3**
- (a)** This part of the question was generally poorly answered as a significant number of candidates focused on direct payments rather than ways the Act supports the carer.
 - (b)** Candidates answered this question well, but tended to keep their discussion of points short so not demonstrating the competency required to achieve top marks.
 - (c)** Most candidates were able to list two factors that reflect the need for change in the Transforming Your Care document.
 - (d)** This aspect of the question was poorly answered as few were able to explain the term integrated care partnerships.
 - (e)** This final part of Question 3 was generally well answered with most candidates demonstrating a good knowledge of ways a home care worker may support a service user in their own home.

Overall the quality of responses on this paper was to a good standard. Candidates demonstrated a good knowledge of the specification. It was mainly in the longer questions wherein candidates found it difficult to access higher marks as they tended to provide short responses rather than detailing their points and thus showing competency in their answers.

Principal Moderator's Report

Assessment Unit AS 6 Holistic Therapies

The quality of work produced for this unit was overall sound. There was evidence of diligence by candidates and teachers. In most cases teacher annotation was detailed which contributed to accurate marking. The work was referenced using the Harvard system with varying degrees of success but a significant number of candidates still included detail such as the date accessed and the full web address in the body of the work. The level of guidance given to candidates was clearly indicated by a number of centres and the appropriate mark band awarded. It is imperative that the work produced for this unit is for the current specification. Candidates achieving mark band 4 must work independently and meet the requirements for quality of written communication as stated in the assessment evidence grid.

Assessment Task A

The standard of work produced for this task was good. There was a tendency for the top candidates to be marked with a degree of leniency. In some centres all candidates did the same three holistic therapies and yet all were recorded as working independently with many achieving Mark Band 4. In other centres a wide range of therapies were researched and described which is good practice. There is still a tendency to include irrelevant detail which limits the amount of detail candidates produce on the four required aspects of a brief history, uses, description and safety aspects.

Assessment Task B

The standard of work produced for this task varied. It should be noted that lifestyle changes were acceptable for this year only. A number of candidates included lengthy introductions on the chosen condition detailing the symptoms which was unnecessary. Other candidates did not address the range of treatments available for the condition whilst others included very lengthy descriptions of three holistic therapies including detail on cost and side effects. Candidates achieving Mark Band 4 should address all the available medical treatments and no more than three holistic therapies. For some conditions a comprehensive description of one holistic therapy may be sufficient. Candidates are not expected to include equal amounts of information on medical treatments and holistic therapies as there is often a wider range of medical treatments available.

Assessment Task C

This standard of work produced for this task was disappointing as few candidates completed a comparative analysis. A significant number of candidates described the cost, availability, side effects and duration of the various treatments with little comparison. Candidates achieving the top mark bands must complete a detailed and critical comparative analysis.

Assessment Task D (i)

A significant number of candidates completed this task well and clearly identified their sources whilst others made statements with little reference to the source.

Assessment Task D (ii)

Most candidates completed this task to a high standard by researching and clearly referencing a wide range of secondary and primary sources. A small number of candidates included too much irrelevant detail from their primary sources such as cost and availability. The focus of this task is the effectiveness of holistic therapies.

Assessment Task E

There was some very pleasing work produced for this task with evidence of research on the benefits of holistic therapies for service users. However a number of candidates included too much irrelevant detail on the care setting such as staffing, budget and accommodation. This information cannot be given credit and it reduces the number of words available to complete the task. In some cases the detail on the therapies was general and not clearly applied to the setting. For example little reference to the aromatherapy oils used in a hospice or to the use of gentle movements in massage as the service users may be very ill or in pain. A number of candidates attempted to address the physical, intellectual, emotional and social benefits of holistic therapies to service users in the setting. In some cases this worked well but in others the work was contrived. Candidates do not need to address the benefits using these terms but it may be beneficial to do so in some cases. Where candidates assessed the benefits of each therapy individually, the work tended to become repetitive. It is also acceptable to complete an in-depth and holistic assessment following the description of the therapies used.

Chief Examiner's Report

Assessment Unit AS 7 Understanding The Physiology of Health and Illness

The performance of candidates varied. The standard ranged across all boundaries. The paper was successful in allowing candidates of all abilities to respond positively. There was no evidence that candidates did not have time to finish the paper. Most candidates attempted all questions.

- Q1**
- (a)**
- (i)** The majority of candidates were able to identify the RER, Mitochondria and cell membrane however a few candidates confused the nucleolus with the nucleus.
- (ii)** This question posed some difficulties to some candidates who were unable to make the link between production of ribosomes in the nucleolus and the use of those on the RER.
- (iii)** Most candidates gained one mark in this question for stating that mitochondria produced energy by respiration. However, few candidates gained the second mark because they failed to state that energy is needed for the muscle to contract.
- (b)**
- (i)** Most candidates correctly identified the motor neurone.
- (ii)** Only a few candidates gained full marks in this question. Many candidates stated the function of a motor neurone rather than the function of the specialisation.
- (iii)** the majority of candidates explained fully what a reflex reaction is.
- (c)**
- (i)** The majority of candidates were able to correctly identify the neurons pictured. However, some candidates confused the order.
- (ii)** Some candidates displayed an excellent knowledge of how a nerve impulse travels from a sensory neurone to an association neurone. Consequently, these candidates achieved marks at Level 3. However, there were candidates who either did not attempt the question at all or gave answers which were incorrect.
- (d)**
- (i)** Only a few candidates answered this question correctly. It is vital that candidates know the difference between the terms psychological and physiological cause so that these questions can be answered correctly.
- (ii)** The change in structure of this question allowed most candidates to attempt the question. However, very few candidates achieved marks in the Level 3 mark band mainly because candidates failed to recognise that MS is a progressive disease therefore in the short term Ben may be able to return to work. However, in the long term, Ben will most likely have to find another job that does not require quick reflexes. Very few candidates stated that, in time, Ben would find it difficult to control his co-ordination and therefore may have to stop playing golf. The relationship section was generally well answered and this area is where the candidates achieved most marks.
- Q2**
- (a)** Most candidates correctly linked the tissue to its function.
- (b)** Only a few candidates could identify the names of the muscles shown. Some candidates had the correct labels but in the wrong order.

- (c) (i) Only a few candidates were able to identify the blood components.
- (ii) Very few candidates achieved full marks in this question. Many candidates stated that the lymphocyte produced antibodies but very few said that the antibodies caused the microorganisms to agglutinate.
- (d) (i) Very few candidates achieved full marks in this question. The majority of candidates stated that bile emulsified fats but failed to state that this was to give a larger surface area for enzymes to act upon.
- (ii) Few candidates could explain the role of the liver in deamination.
- (e) The majority of candidates gained two marks out of the possible three marks in this question. The majority of candidates failed to state that either infection or NSAIDs causes the stomach to produce excess acid.
- (f) The majority of candidates could describe how the ileum was adapted for absorption.
- Q3** (a) (i) Most candidates were able to identify the glands correctly.
- (ii) Very few candidates could describe the effect of ADH on the kidney and urine output.
- (b) Some candidates displayed an excellent knowledge of how blood glucose is controlled both directly and several hours after a meal. However, some candidates were confused between the terms “glucagon and glycogen” which meant they were unable to achieve marks within the Level 3 mark band.
- (c) This question was either clearly understood by candidates or not at all. It is important that candidates know the difference between “physiological” cause and “psychological” cause. Some candidates had stated that Type 1 diabetes was genetic/inherited from parents.
- (d) Most candidates recognised the impact of diabetes on an individuals diet.
- (e) (i) Those candidates who understood the term physiological were able to describe that an ischemic stroke was caused by a blockage which prevents blood getting to tissues which subsequently die.
- (ii) The vast majority of candidates were able to assess the impact of stroke on income but less so on diet, e.g. avoid salt as this can raise blood pressure or avoid fatty foods and these can increase his risk of another stroke. The majority of candidates stated that Paul would have to give up work and therefore lose income. However, very few candidates acknowledged that he would be entitled to sick pay.
- (f) The majority of candidates displayed a good knowledge of the causes of dehydration however the potential impact was less well answered. Candidates should be able to link that the impact will depend upon the level of dehydration, those candidates who achieved in the top mark band were able to do this.

Contact details

The following information provides contact details for key staff members:

- **Specification Support Officer: Nola Fitzsimons**
(telephone: (028) 9026 1200, extension: 2235, email: nfitzsimons@ccea.org.uk)
- **Officer with Subject Responsibility: Paul Wright**
(telephone: (028) 9026 1200, extension: 2207, email: pwright@ccea.org.uk)

