SUMMER 2017

HISTORY - DEVELOPMENT STUDY
CHANGES IN HEALTH AND MEDICINE, c.1345 TO THE PRESENT DAY
4383/02
INTRODUCTION

This marking scheme was used by WJEC for the 2017 examination. It was finalised after detailed discussion at examiners’ conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates’ responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners’ conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

NOTE ON THE QUALITY OF WRITTEN COMMUNICATION

Examiners are required to credit the quality of written communication for each candidate's performance on particular questions. These are the questions in Section B. There are no additional marks for the Quality of Written Communication, but examiners are expected to consider the following descriptions of performance when awarding levels to the work of candidates:

<table>
<thead>
<tr>
<th>Level 1</th>
<th>the text is generally legible; aspects of spelling, punctuation and grammar are clear; some information is presented in a suitable manner</th>
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<tbody>
<tr>
<td>Level 2</td>
<td>most of the text is legible; spelling, punctuation and grammar are used to make the meaning clear; information is presented in a suitable format.</td>
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<tr>
<td>Level 3</td>
<td>the text is legible; spelling, punctuation and grammar are sufficiently accurate to make meaning clear; relevant information is presented in a suitable format; uses an appropriate structure and style of writing; uses some specialist vocabulary</td>
</tr>
<tr>
<td>Level 4</td>
<td>the text is legible; spelling, punctuation and grammar are consistently accurate to make meaning clear; information is always presented in a suitable format; uses an appropriate structure and style of writing; uses specialist vocabulary accurately</td>
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**Question 1(a)**

<table>
<thead>
<tr>
<th>Target:</th>
<th>Recall and deployment of knowledge; understanding of key historical features</th>
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<tbody>
<tr>
<td>Mark allocation:</td>
<td>AO1</td>
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**Question:** Describe the theory of the Four Humours in the medieval period. [5]

Use 0 for incorrect or irrelevant answers.

**LEVEL 1** Generalised answer with a weak or implied point made. [1]

*E.g.*: The Four Humours was when the body was supposed to be divided into different liquids.

**LEVEL 2** A more detailed and accurate description. [2-3]

*E.g.*: Answers will refer to the Four Humours theory as being based on the idea that there were four liquids within the body—blood, phlegm, yellow bile and black bile. A person was thought to be ill if they had an imbalance of humours. They may be weaker on the basic explanation but instead give good detail about the associated treatments that were designed to get rid of excess humours e.g. by bleeding a patient. Credit reference to other treatments e.g. vomiting / purging of bile, ‘cupping’ (applying hot cups) etc.

**LEVEL 3** A fully detailed and accurate description. [4-5]

*E.g.*: Answers will combine the explanation and detail on two aspects present at Level 2 (balance & treatments) in one detailed and accurate description.
Question 1(b)

<table>
<thead>
<tr>
<th>Target:</th>
<th>Recall and deployment of knowledge; explanation of key concept; use of source material</th>
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<tbody>
<tr>
<td>Mark allocation:</td>
<td>AO1</td>
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Question: Explain why medical knowledge changed by the end of the seventeenth century. [7]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; paraphrases the sources; lacks focus on the set issue. [1-2]

E.g.: Source A shows that medieval medical knowledge was poor but Source B shows that Vesalius used dissection.

LEVEL 2 Accurate answer which begins to address the question. [3-5]

Answers worth 3 marks will use the sources and their own knowledge to mostly describe the set issue.

E.g.: Source A shows that medieval medical knowledge was very poor due to a lack of scientific proof Source B shows that Vesalius developed better understanding of the human body through dissection.

Answers worth 4 or 5 marks will use the sources and their own knowledge to begin to focus on the concept of change or development. (For 4 marks candidates will begin to focus on the concept of change; for 5 marks candidates will focus more clearly on the concept of change).

E.g.: The sources show why medical knowledge changed and improved by the end of the seventeenth century. Source A shows that medieval doctors were not able to get a good understanding of the body due to the control of dissection by the Church, and a lack of scientific proof for their ideas. Source B shows Vesalius used dissection to gain a better understanding of anatomy, and he published this in his book the Fabric of the Human Body in 1543. This understanding was developed and extended by significant individuals such as Harvey and his work on the circulation of blood in his book ‘On the Motion of the Heart and Blood in 1628’. Answers will begin to explain why this happened i.e. because of the increased acceptance and use of dissection, and improvements in artwork in the Renaissance and the advent of printing.
LEVEL 3

Answer addresses the question clearly.

[6-7]

Answers worth 6 marks will use both the sources and own knowledge to begin to explain the concept of change or development.

Answers worth 7 marks will clearly use both the sources and own knowledge to explain more fully the concept of change or development.

E.g.: Answers will refer to the sources to show why medical knowledge increased in this period. They show how, as in Source A, misunderstanding persisted due to the power of the Church in holding back doctors and also the lack of scientific proof for ideas. They will focus on the breakthrough made by Vesalius in his book The Fabric of the Human Body in 1543. This was the first comprehensive anatomy book ever released, and was spread around Europe due to printing. This is illustrated in Source B. They should mention how medical knowledge was extended during the seventeenth century, through the work of other significant individuals, in particular Harvey, whose work on blood circulation was a major step forward with huge implications. Answers must make reference to the work of Harvey, but also the advent of printing and high quality artwork to illustrate both these books. They should also look at the declining power of the Church and increased acceptance of dissection, as well as the attempts to use and disprove the work of ancient writers such as Galen.
Question 1(c)

Target: Recall and deployment of knowledge; analysis and evaluation of key historical concepts

Mark allocation: AO1 8 AO2 2 AO3 6

Question: Why was the work of Wilhelm Röntgen a turning point in the development of medical knowledge in the nineteenth and twentieth centuries? [8]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer, with weak or implied points made. [1-2]

E.g.: He discovered X-rays which allowed doctors to find out more about the human body.

LEVEL 2 Mostly descriptive answer; limited attempt at analysis of key issue; weak explanation seen. [3-4]

E.g.: Röntgen discovered X-rays when he was experimenting with cathode rays. He found that these rays passed through paper, wood, rubber and even human flesh, but not through bone or metal. He called these mysterious rays X-rays because he did not know what they were. However, he published his findings in 1895.

LEVEL 3 More detailed and accurate analysis of key issue with a clear attempt at explanation, not fully sustained. [5-6]

E.g.: Answers will improve upon the basic description offered for Level 2 by adding more detail and a stronger judgement i.e. Röntgen's discovery was an important turning-point in the development of medical knowledge. It showed a more detailed anatomy of the inside of the human body. His discovery caused great public excitement and it had an immediate impact on medicine. Within six months of publishing his finding, hospitals had installed X-ray machines. Answers may also mention the First World War: front line hospitals were equipped with X-ray machines and these enabled surgeons to remove bullets and shrapnel from wounded soldiers.

LEVEL 4 Detailed and accurate analysis of key issue providing a fully substantiated explanation. [7-8]

E.g.: Answers will address directly the idea of Röntgen’s work as a turning point in medical knowledge, mainly for diagnosis and as an aid to surgery. They must offer comprehensive detail and judgement on Röntgen’s discovery and the publication of his findings, and the reaction to them. We would expect to see reference to the use and development of X-ray machines in hospitals and, especially, the field hospitals of the First World War. At this level answers would need to show that Röntgen’s discovery provided a much clearer picture of the human body; it was such an important turning-point that it led to later scanning methods like ultrasound scanning and MRI.
QUESTION 2

Question 2(a)

<table>
<thead>
<tr>
<th>Question:</th>
<th>Describe the work of Edward Jenner.</th>
<th>[5]</th>
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<td>Use 0 for incorrect or irrelevant answers.</td>
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**LEVEL 1**

Generalised answer with a weak or implied point made. | [1] |
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<tr>
<td><em>E.g.: Edward Jenner made a vaccine for smallpox.</em></td>
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**LEVEL 2**

A more detailed and accurate description. | [2-3] |
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<tr>
<td><em>E.g.: Edward Jenner was a doctor in Gloucestershire who realised that people who had cowpox seemed immune from smallpox. He inoculated people (including 8 year old James Phipps) with cowpox and found that this did protect people from smallpox.</em></td>
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**LEVEL 3**

A fully detailed and accurate description. | [4-5] |
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<tr>
<td><em>E.g.: As Level 2 plus additional detail. Candidates may make reference to his submission of ideas to the Royal Society in 1798, the opposition to these ideas, and his subsequent publication of his book, which was widely read. Candidates should make reference at this level to the grant of £30,000 he was given to open a vaccination clinic in London. They may also mention that Jenner's work was so important that, by the turn of the century, his ideas were adopted in America and in France. We would expect to see reference to the British government making the vaccination against smallpox compulsory in 1852. They may add that smallpox diminished greatly and today is eradicated.</em></td>
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Question 2(b)

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<th>Target:</th>
<th>Recall and deployment of knowledge; explanation of key concept; use of source material</th>
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Question: Explain why the treatment and prevention of disease has changed from 1900 to the present day. [7]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; paraphrases the sources; lacks focus on the set issue. [1-2]

E.g.: Source A shows how infection was a big problem before penicillin.
Source B shows penicillin was used in World War Two to save lives.

LEVEL 2 Accurate answer which begins to address the question. [3-5]

Answers worth 3 marks will use the sources and their own knowledge to mostly describe the set issue.

E.g.: Source A shows how, before penicillin, doctors could not fight infections. Source B shows that penicillin made a big difference in the Second World War, saving many soldiers’ lives after its mass production.

Answers worth 4 or 5 marks will use the sources and their own knowledge to begin to focus on the concept of change or development. (For 4 marks candidates will begin to focus on the concept of change; for 5 marks candidates will focus more clearly on the concept of change).

E.g.: Answers will improve on the above to discuss the success of the discovery and development of penicillin, how it was known as the ‘wonder drug’, and how it is credited with saving many lives. They should show how difficult it was to treat infections before penicillin, as shown in Source A. They will contextualise with detail on how penicillin was discovered by Fleming, how he published his findings in 1928, and how Florey and Chain developed it for use. They should also mention mass production of penicillin in World War Two, illustrated in Source B.

LEVEL 3 Answer addresses the question clearly. [6-7]

Answers worth 6 marks will use both the sources and own knowledge to begin to explain the concept of change or development.

Answers worth 7 marks will clearly use both the sources and own knowledge to explain more fully the concept of change or development.

E.g.: Answers will show how new drugs, such as sulphonamides like Domagk’s Prontosil (1935) have been introduced and these have improved the treatment and prevention of disease. The most significant of these is penicillin, discovered by Fleming in 1928, and developed further in Oxford by Florey and Chain. Source A shows how infectious diseases could be fatal, before penicillin. Source B shows how penicillin was popularised and mass produced during World War Two. Candidates should mention how it became known as the ‘wonder drug’. Source B illustrates how many drugs are becoming ineffective in the modern world, and this means that new ways of treatment are being sought. Candidates could mention here that the availability of drugs through the NHS has helped spread the use of penicillin, and therefore improving treatment of disease. They could also refer to negative changes such as ineffective or even damaging drugs like Thalidomide.
Question 2(c)

Target: Recall and deployment of knowledge; analysis and evaluation of key historical concepts

Mark allocation: AO1 AO2 AO3

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Question: Why was the work of James Young Simpson important in the treatment of disease in the nineteenth century? [8]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer, with weak or implied points made. [1-2]

*E.g.: James Simpson discovered the anaesthetic chloroform.*

LEVEL 2 Mostly descriptive answer; limited attempt at analysis of key issue; weak explanation seen. [3-4]

*E.g.: James Simpson discovered the anaesthetic chloroform in 1847, while experimenting with different types of chemicals. Chloroform was a much safer anaesthetic than others used in surgery at the time, such as ether. It became popular in childbirth after Queen Victoria used it.*

LEVEL 3 More detailed and accurate analysis of key issue with a clear attempt at explanation, not fully sustained. [5-6]

*Answers will improve upon the basic description offered for Level 2 by adding more detail and a stronger explanation i.e. James Simpson was Professor of Midwifery at the University of Edinburgh. Whilst trying out different chemicals to find a safer anaesthetic, he came across chloroform. Unlike ether, which was flammable and made patients sick, chloroform was relatively safe. Following Simpson’s discovery it was possible to anaesthetise patients for longer in surgery, allowing more complex operations. Answers may also discuss Queen Victoria’s use of chloroform in childbirth and its subsequent popularity, or they could make reference to problems caused by longer operations - the so-called ‘Black Period’ of surgery.*

LEVEL 4 Detailed and accurate analysis of key issue providing a fully substantiated explanation. [7-8]

*E.g.: Answers will address directly the idea of Simpson’s discovery as important in medical treatment. They must offer comprehensive detail and explanation of Simpson’s discovery, popularisation and use of chloroform. Chloroform should be referred to as an improvement on ether, which was dangerously flammable and induced vomiting. We would expect to see reference to subsequent development in surgery, whereby longer, more complex operations were made possible, as well as the use of chloroform in childbirth, especially following Queen Victoria’s well-publicised experience. At this level, answers should show an appreciation of the negative effects of Simpson’s work i.e. the worsening of problems of infection and blood loss in surgery due to longer operations.*
QUESTION 3

Question 3(a)

| Target: Recall and deployment of knowledge; understanding of key historical features |
|-----------------|-----------------|-----------------|
| Mark allocation: | AO1 | AO2 | AO3 |
| 5               | 3    | 2    |      |

Question: Describe the work of Betsi Cadwaladr in the nineteenth century. [5]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer with a weak or implied point made. [1]

E.g.: Betsi Cadwaladr was a Welsh working class girl who went to the Crimea as a nurse.

LEVEL 2 A more detailed and accurate description. [2-3]

E.g.: Answers will refer to Cadwaladr as a nurse to wounded soldiers during the Crimean War. She worked at the same time as Florence Nightingale, but approached her work from a more patient-centred and less bureaucratic angle.

LEVEL 3 A fully detailed and accurate description. [4-5]

E.g.: Cadwaladr was born in Bala, North Wales, in 1789, one of 16 children. She qualified as a nurse late in life, after training at one of the London hospitals. She made her way to the Crimea, to help to nurse the wounded soldiers there. She showed that she would do anything to improve the quality of care for her patients. She strongly disliked the bureaucracy that Florence Nightingale had set up; this served to deprive the wounded of food, clothing and even bandages. Cadwaladr fought against this system and, when Florence Nightingale witnessed what she had achieved at Balaclava, she was won over by this approach. Answers may refer to her working in the Crimea until the war took its toll on her own health, suffering from cholera and dysentery.
Question 3(b)

Target: Recall and deployment of knowledge; explanation of key concept; use of source material

Mark allocation: AO1 7 AO2 2 AO3 3

Question: Explain why patient care improved in the twentieth century. [7]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; paraphrases the sources; lacks focus on the set issue. [1-2]

E.g.: Source A says doctors were expensive. Source B shows a hospital.

LEVEL 2 Accurate answer which begins to address the question. [3-5]

Answers worth 3 marks will use the sources and their own knowledge to mostly describe the set issue.

E.g.: Answers will refer to the cost of treatment in Source A as prohibitive to the care of patients in the early part of the century. They will also consider the range of services available to patients today, e.g. Source B and the Accident and Emergency section of hospitals. They will probably describe some of the services not featured in the sources.

Answers worth 4 or 5 marks will use the sources and their own knowledge to begin to focus on the concept of change or development. (For 4 marks candidates will begin to focus on the concept of change; for 5 marks candidates will focus more clearly on the concept of change).

E.g.: Answers will refer to the free treatment in source B, in contrast to the cost of the doctor in Source A. They should begin to describe the improvements in public health and patient care, specifically the establishment of the NHS in 1948 and the ‘cradle to the grave’ commitment. They should develop this by referring to specific developments, such as free prescriptions, glasses and dental treatment, as well as the ongoing improvements in the range of services for patients. These include provision of emergency services as in Source B.

LEVEL 3 Answer addresses the question clearly. [6-7]

Answers worth 6 marks will use both the sources and own knowledge to begin to explain the concept of change or development.

Answers worth 7 marks will clearly use both the sources and own knowledge to explain more fully the concept of change or development.

E.g.: At this level we would expect to see answers focused directly around the concept of improvement in patient care. There will be discussion of the setting up of the NHS in 1948 and the major breakthroughs that this brought in improving the general standard of people’s health. Source A shows the cost of obtaining treatment and care before the NHS, especially for poorer families. Source B is one example of the range of services available from the NHS; this could be supported by a mention of the development of services in later decades (e.g. transplants in the 1980s). Students may also make reference to the training and professionalism of doctors and nurses. Candidates should make reference to the public funding of health and its control by central government, bringing health care free at point of need to the population as a whole for the first time in history.
Question 3(c)

Target: Recall and deployment of knowledge; analysis and evaluation of key historical concepts

Mark allocation: AO1 8 AO2 2 AO3 6

Question: How significant was the work of Edwin Chadwick in improving public health in the nineteenth century? [8]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer, with weak or implied points made. [1-2]

E.g.: Chadwick tried to clean up cities to make them healthier.

LEVEL 2 Mostly descriptive answer; limited attempt at analysis of key issue; weak explanation seen. [3-4]

E.g.: Chadwick wrote a report in 1842, showing that disease resulted from dirty and unsanitary conditions. This proved to people that industrial towns had to be cleaned up and it led to the 1848 Public Health Act, which was a step forward in improving public health.

LEVEL 3 More detailed and accurate analysis of key issue with a clear attempt at explanation, not fully sustained. [5-6]

E.g.: Answers will add to the basic description offered at Level 2, commenting that he provided an inspiration for further work and legislation in this area, beginning in 1848 but also being added to in 1875.

LEVEL 4 Detailed and accurate analysis of key issue providing a fully substantiated explanation. [7-8]

E.g.: Answers will say that Chadwick’s work was a turning point because he was one of the first to show that disease thrived in a dirty environment. He was asked to investigate the condition of the poor in 1832, and this led to him becoming interested in sanitation. After 1831 there were successive outbreaks of cholera, followed by influenza and typhoid in 1838, and these epidemics led to Chadwick being asked to carry out a new enquiry into sanitation. In 1842, he published ‘The Sanitary Conditions of the Labouring Population’, to show the link between poor living conditions, and disease and life expectancy. This inspired the Public Health Act of 1848 and the establishment of the general Board of Health, of which Chadwick was the first director. After this Act, further measures followed, such as the 1875 (Second) Public Health Act, which introduced compulsory elements e.g. councils had to cover sewers. Answers at the very top level may point out that Chadwick’s work led, initially, only to permissive legislation, and hence the candidates may question the concept of a turning point.
Question 4

Target: Recall and deployment of knowledge; analysis of key concepts; quality of written communication

Mark allocation: AO1 15 AO2 4 AO3 8 SPG 3

Question: How far has medical knowledge developed from the Middle Ages to the present day? [12+3]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; basic response which offers little support. [1-3]

E.g.: Answers may refer to some new developments in medical knowledge in general terms, making the point that people have lived increasingly longer and healthier lives. Some vague associated points may be mentioned.

LEVEL 2 Answers will demonstrate understanding of the period largely through description with some relevant historical knowledge deployed. [4-6]

Award 4 marks for some related facts; or superficial coverage; or weak references to issue of change.

Award 5-6 marks for answers based on issues in the scaffold only; partial coverage; a patchy overall outline with some reference to change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Candidates will make a weak response to the question set with little attempt to provide a judgement. There will be a reference to at least one period. They should note that medical knowledge has progressed a great deal from the ideas prevalent in the later middle ages, such as zodiac charts and the four humours, to more advanced ideas in the Renaissance period, particularly the work of Vesalius and Pare in anatomy and surgery respectively. They could also mention Harvey’s work on circulation of blood, which took medicine further forward.

LEVEL 3 Answers will demonstrate understanding of the period through description and explanation with relevant historical knowledge deployed. [7-9]

Award 7 marks for answers with more developed chronological grasp but with imbalanced coverage; some reference to change and continuity

Award 8 marks for a very good chronological coverage of whole period with good supporting detail and an attempt to address the issue of change and continuity.

Award 9 marks for a clear attempt to discuss the issue in a chronological context and to assess more fully the extent of change and continuity over most of the period. Candidates may begin to appreciate the differences in experience between groups.

E.g.: Answers should focus on the question set with supporting material from a range of periods. In addition to that mentioned at Level 2, we should see reference to aspects of knowledge such as the Germ Theory and the discovery of X-rays in the late nineteenth century. Twentieth century developments such as scanning and DNA / genetics would be good examples of the major developments seen in recent history. All of these have led to rapid and significant developments in medical knowledge and improved people’s health.
LEVEL 4

Answers will demonstrate understanding of the period through developed and well-substantiated explanations of the extent and process of change with relevant and accurate historical knowledge deployed.  

Award 10 marks for an effective overview of the main developments over the period with an obvious attempt to discuss issue of change and continuity; the answer must build on very good chronological coverage.  

Award 11-12 marks for a fully effective chronological overview of the main developments over the whole period with a sustained attempt to discuss extent of change and continuity; there will be recognition of the varying impact of change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Answers will provide a judgement on the issue of the extent of developments in medical knowledge in the period covered. Developments occurred slowly over time, but progressed at a much faster pace after the nineteenth century. Work such as Fleming’s has led to longer lives and better health. At this level, candidates should point out that we are still seeking cures for cancer and AIDS; there is the continued problem of hospital superbugs, MRSA and C-Difficile. They could also show how major steps forward in medical knowledge in the Renaissance period were not easy to translate to better health due to limited treatment options. Expect reference to medical knowledge that has been revolutionary, such as the Germ Theory and the discovery of DNA.

Examiners are expected to award marks for spelling, punctuation and the accurate use of grammar in this question.

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<tr>
<th>Level</th>
<th>Performance descriptions</th>
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<td>0</td>
<td>Candidates do not reach the threshold performance outlined in the performance description below.</td>
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<tr>
<td><strong>Threshold performance</strong> 1 mark</td>
<td>Candidates spell, punctuate and use the rules of grammar with reasonable accuracy in the context of the demands of the question. Any errors do not hinder meaning in the response. Where required, they use a limited range of specialist terms appropriately.</td>
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<tr>
<td><strong>Intermediate performance</strong> 2 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with considerable accuracy and general control of meaning in the context of the demands of the question. Where required, they use a good range of specialist terms with facility.</td>
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<tr>
<td><strong>High performance</strong> 3 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with consistent accuracy and effective control of meaning in the context of the demands of the question. Where required, they use a wide range of specialist terms adeptly and with precision.</td>
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Question 5

Target: Recall and deployment of knowledge; analysis of key concepts; quality of written communication

Mark allocation: AO1  AO2  AO3  SPG

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Question: Have changes in the prevention and treatment of disease always improved from the Middle Ages to the present day? [12+3]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; basic response which offers little support. [1-3]

E.g.: Answers may focus on methods used to prevent and treat disease that have not always been successful – many people have died of diseases since the middle ages. Some vague associated points may be mentioned.

LEVEL 2 Answers will demonstrate understanding of the period largely through description with some relevant historical knowledge deployed. [4-6]

Award 4 marks for some related facts; or superficial coverage; or weak references to issue of change.

Award 5-6 marks for answers based on issues in the scaffold only; partial coverage; a patchy overall outline with some reference to change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Candidates will make a weak response to the question set with little attempt to provide a judgement. There will be a reference to at least one period. Traditional treatments and remedies in the middle ages were not always successful. When Jenner discovered vaccination (1798), there was a lot of opposition to his methods. Similarly, Lister’s work with antiseptics also met with initial opposition. Yet both of these were huge improvements in time.

LEVEL 3 Answers will demonstrate understanding of the period through description and explanation with relevant historical knowledge deployed. [7-9]

Award 7 marks for answers with more developed chronological grasp but with imbalanced coverage; some reference to change and continuity

Award 8 marks for a very good chronological coverage of whole period with good supporting detail and an attempt to address the issue of change and continuity.

Award 9 marks for a clear attempt to discuss the issue in a chronological context and to assess more fully the extent of change and continuity over most of the period. Candidates may begin to appreciate the differences in experience between groups.

E.g.: there will be a judgement on the set question with supporting material from a range of periods. When Simpson experimented with the use of chloroform as an anaesthetic from 1847, he had his setbacks. Surgeons opposed it because it was a new and untested gas whereas it was eventually successful. Although penicillin had been discovered in the late nineteenth century, it took until 1928 for Fleming to prove its worth and then for it to be made commercially available, through mass production (1942).
LEVEL 4 Answers will demonstrate understanding of the period through developed and well-substantiated explanations of the extent and process of change with relevant and accurate historical knowledge deployed. [10-12]

Award 10 marks for an effective overview of the main developments over the period with an obvious attempt to discuss issue of change and continuity; the answer must build on very good chronological coverage.
Award 11-12 marks for a fully effective chronological overview of the main developments over the whole period with a sustained attempt to discuss extent of change and continuity; there will be recognition of the varying impact of change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Answers will provide a judgement on the issue of the extent of the success of medical treatments in the period covered. Many methods have been employed since 1345, evolving fastest since the nineteenth century. Methods used in the twentieth century have been increasingly successful, modern techniques such as transplant surgery showing how advanced and complex treatment has become. At this level, candidates should point out that we are still facing problems caused by ineffective treatments or those with unintended side effects e.g. Thalidomide.

Examiners are expected to award marks for spelling, punctuation and the accurate use of grammar in this question.

<table>
<thead>
<tr>
<th>Level</th>
<th>Performance descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Candidates do not reach the threshold performance outlined in the performance description below.</td>
</tr>
<tr>
<td>Threshold performance 1 mark</td>
<td>Candidates spell, punctuate and use the rules of grammar with reasonable accuracy in the context of the demands of the question. Any errors do not hinder meaning in the response. Where required, they use a limited range of specialist terms appropriately.</td>
</tr>
<tr>
<td>Intermediate performance 2 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with considerable accuracy and general control of meaning in the context of the demands of the question. Where required, they use a good range of specialist terms with facility.</td>
</tr>
<tr>
<td>High performance 3 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with consistent accuracy and effective control of meaning in the context of the demands of the question. Where required, they use a wide range of specialist terms adeptly and with precision.</td>
</tr>
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QUESTION 6

Question 6

Target: Recall and deployment of knowledge; analysis of key concepts; quality of written communication

Mark allocation: AO1 AO2 AO3 SPG

15 4 8 3

Question: Have developments in public health and patient care always improved life from the Middle Ages to the present day? [12+3]

Use 0 for incorrect or irrelevant answers.

LEVEL 1 Generalised answer; basic response which offers little support. [1-3]

E.g.: Answers may refer to developments in patient care and public health in more recent times. Some associated points may be mentioned.

LEVEL 2 Answers will demonstrate understanding of the period largely through description with some relevant historical knowledge deployed. [4-6]

Award 4 marks for some related facts; or superficial coverage; or weak references to issue of change. Award 5-6 marks for answers based on issues in the scaffold only; partial coverage; a patchy overall outline with some reference to change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Candidates will make a weak response to the question set with little attempt to provide a judgement. There will be a reference to at least one period. Until modern times, governments did not consider that they could or should provide health care for all. Care had been provided by the Church and by hospitals which dated back to medieval times. Methods of combating the plague were haphazard and were left to individual towns to deal with; patient care was ineffective, with no trained nurses. Public health was a matter for individual communities.
LEVEL 3

Answers will demonstrate understanding of the period through description and explanation with relevant historical knowledge deployed.

Award 7 marks for answers with more developed chronological grasp but with imbalanced coverage; some reference to change and continuity

Award 8 marks for a very good chronological coverage of whole period with good supporting detail and an attempt to address the issue of change and continuity.

Award 9 marks for a clear attempt to discuss the named issue in a chronological context and to assess more fully the extent of change and continuity over most of the period. Candidates may begin to appreciate the differences in experience between groups.

E.g.: There will be a judgement on the question set with supporting material from a range of periods. Developments in health care for the general population became necessary with the increasing industrialisation of Britain. Chadwick’s work in the nineteenth century improved public health and Florence Nightingale’s work in the same century improved patient care. However, it was not until the establishment of the NHS in the late 1940s that the government became fully involved in care. The establishment of the NHS after the Second World War had an unprecedented effect on standards of patient care and public health. This has meant that developments then continuously improved, from attempts to provide healthier housing and cleaner air in the 1950s right through to the provision of ‘Care in the Community’ in the late twentieth century. There will, however, be little reference to variations between periods.
LEVEL 4

Answers will demonstrate understanding of the period through developed and well-substantiated explanations of the extent and process of change with relevant and accurate historical knowledge deployed.

Award 10 marks for an effective overview of the main developments over the period with an obvious attempt to discuss issue of change and continuity; the answer must build on very good chronological coverage.

Award 11-12 marks for a fully effective chronological overview of the main developments over the whole period with a sustained attempt to discuss extent of change and continuity; there will be recognition of the varying impact of change. Award the higher mark for the degree of understanding of change and continuity over the period.

E.g.: Answers will provide a judgement on the issue of extent of improvement. Developments in public health were very slow; there was much opposition to its provision until the later nineteenth century. Since then, developments have helped to improve life. We have now come to accept that government should be in charge of public health provision. Developments in patient care have occurred much more swiftly since the mid nineteenth century. Today, there is more palliative care and more end-of-life nursing done at home than in hospitals, allowing patients the choice of dying with care and dignity at home. However, despite the developments and the improvements, waiting lists continue to be long in some respects and there is the fear of hospital infection - MRSA and C. Difficile. The ambulance service in Wales has received much criticism. Accident and emergency services have come under enormous pressure due to excessive demand. In these respects, developments have not always meant improvements in life, or are at least qualified improvements.

Examiners are expected to award marks for spelling, punctuation and the accurate use of grammar in this question.

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<td>1 mark</td>
<td>Candidates spell, punctuate and use the rules of grammar with reasonable accuracy in the context of the demands of the question. Any errors do not hinder meaning in the response. Where required, they use a limited range of specialist terms appropriately.</td>
</tr>
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<td>Intermediate performance</td>
<td></td>
</tr>
<tr>
<td>2 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with considerable accuracy and general control of meaning in the context of the demands of the question. Where required, they use a good range of specialist terms with facility.</td>
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<tr>
<td>High performance</td>
<td></td>
</tr>
<tr>
<td>3 marks</td>
<td>Candidates spell, punctuate and use the rules of grammar with consistent accuracy and effective control of meaning in the context of the demands of the question. Where required, they use a wide range of specialist terms adeptly and with precision.</td>
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