GCSE MARKING SCHEME

SUMMER 2022

GCSE

HISTORY
UNIT 3: THEMATIC STUDY

3B. CHANGES IN HEALTH AND MEDICINE, c.1340 TO THE PRESENT DAY
3100UK0-1

INTRODUCTION

This marking scheme was used by WJEC for the 2022 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.

MARK SCHEME SUMMER 2022

UNIT 3: THEMATIC STUDY
3B. CHANGES IN HEALTH AND MEDICINE, c.1340 TO THE PRESENT DAY

Instructions for examiners of GCSE History when applying the mark scheme

Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

GCSE History mark schemes are presented in a common format as shown below:

This section indicates the assessment objective(s) targeted in the question

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	6			

Question: e.g. **Describe the role of the Church and monasteries in patient care in the medieval period.** **[6]**

This is the question and its mark tariff.

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4-6**
BAND 2	**Demonstrates knowledge to partially describes the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

This section contains the band descriptors which explain the principles that must be applied when marking each question. The examiner must apply this when applying the marking scheme to the response. The descriptor for the band provides a description of the performance level for that band. The band descriptor is aligned with the Assessment Objective(s) targeted in the question.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *the Church played a major role in patient care in the medieval period. Caring for the sick was considered part of a Christian's religious duty, so the church provided hospital care;*
- *larger monasteries had infirmaries, eg Tintern and Valle Crucis. Though most monks had only basic medical knowledge, at the time they were probably the best qualified to do the work;*
- *there were over 1,000 "hospitals" in medieval England and Wales. However, only about 10% cared for the sick as modern hospitals do. Most just provided "hospitality", a place for the old and infirm to rest and recuperate, rather than attempt cures. They provided basic nursing, but not medical treatment, and thought that a patient's spiritual needs were as important as his medical health;*
- *certain people were excluded e.g. pregnant women, those with contagious diseases, cripples and the insane. It was felt that they would infect the others or distract them from prayer. Lepers were isolated in hospitals outside towns;*
- *the Church also funded the universities, where doctors trained.*

This section contains indicative content (see below under banded mark schemes Stage 2). It may be that the indicative content will be amended at the examiner's conference after actual scripts have been read. The indicative content is not prescriptive and includes some of the points a candidate might include in their response.

Banded mark schemes

Banded mark schemes are divided so that each band has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks. Examiners should first read and annotate a learner's answer to pick out the evidence that is being assessed in that question. Once the annotation is complete, the mark scheme can be applied. This is done as a two stage process.

Banded mark schemes Stage 1 – Deciding on the band

When deciding on a band, the answer should be viewed holistically. Beginning at the lowest band, examiners should look at the learner's answer and check whether it matches the descriptor for that band. Examiners should look at the descriptor for that band and see if it matches the qualities shown in the learner's answer. If the descriptor at the lowest band is satisfied, examiners should move up to the next band and repeat this process for each band until the descriptor matches the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the learner's response should be used to decide on the mark within the band. For instance if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content. Examiners should not seek to mark learners down as a result of small omissions in minor areas of an answer.

Banded mark schemes Stage 2 – Deciding on the mark

Once the band has been decided, examiners can then assign a mark. During standardising (marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, that is contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

MARK SCHEME

UNIT 3: THEMATIC STUDY

3B. CHANGES IN HEALTH AND MEDICINE, c.1340 TO THE PRESENT DAY

Question 1

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
4	**4**			

Award one mark for each correct response:

a. *buboes*

b. *Edward Jenner*

c. *Betsi (Elizabeth) Cadwaladr*

d. *heart transplant*

Question 2

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
4		**2**	2	

Question: **Use Sources A, B and C to identify one similarity and one difference in attempts to treat illness and disease over time. [4]**

Band descriptors and mark allocations

	AO2 2 marks		**AO3 2 marks**	
BAND 2	**Identifies clearly one similarity and one difference.**	**2**	**Uses the sources to identify both similarity and difference.**	**2**
BAND 1	**Identifies either one similarity or one difference.**	**1**	**Uses the sources to identify either similarity or difference**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

Similarities – B and C (also A) show medical staff working as a team; A and B show medical staff operating in everyday clothes; in B and C the patient is unconscious/under anaesthetic; in A and B the medical staff are all male.

Differences – In B (and A) the doctors are in everyday clothes, whereas in C they are in operating gowns, surgical gloves etc. In A the patient is conscious, in B (and C) he/she is unconscious/anaesthetized; in A the patient is upright, in B (and C) the patient is lying on an operating table; in A (and B) the medical staff are all male, whereas in C there are female staff as well.

Question 3

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	**6**			

Question: **Describe the role of the Church and monasteries in patient care in the medieval period. [6]**

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**5-6**
BAND 2	**Demonstrates knowledge to partially describe the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *the Church played a major role in patient care in the medieval period. Caring for the sick was considered part of a Christian's religious duty, so the Church provided hospital care;*
- *larger monasteries had infirmaries, e.g. Tintern and Valle Crucis. Though most monks had only basic medical knowledge, at the time they were probably the best qualified to do the work;*
- *there were over 1,000 "hospitals" in medieval England and Wales. However, only about 10% cared for the sick as modern hospitals do. Most just provided "hospitality", a place for the old and infirm to rest and recuperate, rather than attempt cures. They provided basic nursing, but not medical treatment, and thought that a patient's spiritual needs were as important as his medical health;*
- *certain people were excluded e.g. pregnant women, those with contagious diseases, cripples and the insane. It was felt that they would infect the others or distract them from prayer. Lepers were isolated in hospitals outside towns;*
- *the Church also funded the universities, where doctors trained.*

Question 4

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	**6**			

Question: **Describe government campaigns to improve public health in the early 21st century. [6]**

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**5-6**
BAND 2	**Demonstrates knowledge to partially describes the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *candidates may refer to some of the following:-*
- *as Britain has grown wealthier the diets of many people have become less healthy. Increasing obesity and diseases associated with it e.g. diabetes and heart disease has seen governments launch a variety of campaigns to improve public health. (Obesity costs an estimated £4 billion per year as well as 40,000 deaths). Various forms of media have been used – TV,radio, newspapers and social media – to get across its message;*
- *lack of fitness has been one area of concern. The changing nature of work means that we do not use up energy as much as in the past. Fitness campaigns include -"Walking for health" (10,000 steps per day); the 5 x 60 campaign in Welsh schools; free swimming etc by councils. Know Your Heart Age - accessed by nearly 1 million people – has encouraged people to exercise more and eat healthier food;*
- *healthy eating is another area encouraged by government - "Five a day" to eat more fruit and vegetables to reduce risk from cancer and heart disease. Change4life has encouraged people to reduce sugar intake - "the Eatwell guide";*
- *government has also issued guidelines on alcohol consumption – Change4life (and independent bodies like Drinkaware) aim to reduce alcohol consumption- "drink free days", Dry January etc. Also help for smokers to give up - Smokefree campaigns, "Stoptober, as well as bans on cigarette advertising and sponsorship;*
- *TV campaigns e.g. Stroke recognition; awareness campaigns e.g. men's health, organ donation week etc. have also been launched to raise awareness of issues and improve public health.*

Question 5

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12	**2**	**10**		

Question: **Explain why living conditions in Cardiff in the 19th century caused disease. [12]**

Band descriptors and mark allocations

	AO1 2 marks			**AO2 10 marks**	
			BAND 4	**Fully explains the issue with clear focus set within the appropriate historical context.**	**9-10**
			BAND 3	**Explains the issue set within the appropriate historical context.**	**6-8**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the issue with some reference to the appropriate historical context.**	**4-5**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the issue.**	**1-3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Cardiff grew rapidly during the 19th century, from just over 1,800 inhabitants in 1801 to over 154,000 by 1901, to become the largest town in Wales;*
- *however, because of a lack of planning and regulation, houses were often poorly built with the cheapest materials. Builders were more interested in profit than people's health. Many were back to back houses, poorly ventilated and damp, with no drainage or sewage and inadequate water supplies. Sewage and rubbish were dumped into the narrow streets or local streams. These streets and houses became breeding grounds for disease;*
- *in Stanley Street houses had only two rooms, with the privvies set in a small room next to the living room. These were emptied infrequently and the smell filled the houses;*
- *many poorer inhabitants took their water from the river, canal or docks. Cesspits sometimes leaked, contaminating the water supply and spreading diseases like Cholera and Typhoid;*
- *there was serious overcrowding. In 1858 the MoH reported that, in the poorest area 2,920 people lived in just 222 houses. In some streets an average of 21 people per house. (The 1851 census revealed that 17 Stanley Street had 54 inhabitants.)*
- *the combination of overcrowding, open sewers and contaminated water resulted in frequent oubreaks of disease e.g. Cholera in 1849, 1854 and1866. In the 1840s Cardiff's mortality rate was 30 per 1,000, well above the UK average of 20 per 1,000.*

Question 6

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12	**2**	**10**		

Question: **How significant was the work of Louis Pasteur and Robert Koch in improving medical knowledge in the 19th century? [12]**

Band descriptors and mark allocations

	AO1 2 marks			**AO2 10 marks**	
			BAND 4	**Fully explains the significance of the issue with clear focus set within the appropriate historical context.**	**9-10**
			BAND 3	**Explains the significance of the issue set within the appropriate historical context.**	**6-8**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the significance of the issue with some reference to the appropriate historical context.**	**4-5**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the significance of the issue.**	**1-3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *the work of Louis Pasteur and Robert Koch was significant as it completely revolutionized the idea of what caused disease. Before Pasteur it was believed that miasmas, an imbalance of the humours etc.caused disease. However, Pasteur's Germ Theory proved that bacteria were the cause and that by killing them you could prevent disease;*
- *his initial work was focused on what turned beer and milk sour. In 1879, he then discovered a vaccine for chicken cholera. He found that when the germ was exposed to air it weakened, and that injecting this weakened germ into chickens prevented them from catching the disease. This was the first new vaccine since Jenner's use of cowpox, but this time Pasteur understood why the vaccine was effective;*

- *Koch took the work on to its next phase and showed the link between bacteria and human disease. In doing so, he created the science of bacteriology. He identified the bacteria which caused anthrax, TB (1882) and Cholera (1883). Koch was very thorough. To isolate individual bacteria, he transferred them through 20 generations of mice until he was satisfied that he had the right germ. He also developed a medium for growing bacteria and a way of staining them so that they could be seen more easily. With his team he isolated the bacteria which caused diptheria, typhoid, pneumonia, plague and tetanus. Koch's success spurred Pasteur into action again and in the 1880s he developed vaccines for anthrax and rabies.*
- *in the 1880s and 1890s, therefore, rapid progress was made in identifying the bacteria that caused disease and in developing vaccines, which saved millions of lives. Pasteur and Koch also left behind a new generation – Emile Roux (Pupil of Pasteur), Emil von Behring and Paul Ehrlich (pupils of Koch) who continued their work. Governments across Europe put money into medical research to find cures.*

Question 7

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*	*SPaG*
20	**6**	**10**			**4**

Question: **To what extent have the causes of illness and disease remained the same over time? [16+4]**

Band descriptors and mark allocations

	AO1 6 marks		**AO2 10 marks**	
BAND 4	**Demonstrates very detailed knowledge and understanding of the key issue in the question including clear and detailed references to the Welsh context.**	**5-6**	**Fully analyses the importance of the key issue. There will be a clear analysis of the extent of change set within the appropriate historical context.**	**8-10**
BAND 3	**Demonstrates detailed knowledge and understanding of the key issue in the question including clear references to the Welsh context.**	**3-4**	**Partially analyses the key issue along with a consideration of the extent of change in the historical context.**	**5-7**
BAND 2	**Demonstrates some knowledge and understanding of the key issue in the question.**	**2**	**Basic analysis while considering the extent of change.**	**3-4**
BAND 1	**Generalised answer displaying basic knowledge and understanding of the key issue in the question.**	**1**	**Offers a generalised response with little analysis of the extent of change.**	**1-2**

Use 0 for incorrect or irrelevant answers.

This question requires candidates to draw upon the Welsh context in their responses. This is assessed in AO1 and candidates who do not draw upon the Welsh context cannot be awarded band 3 or band 4 marks for this assessment objective. Candidates who do not draw upon the Welsh context may, however, be awarded band 3 or band 4 marks for AO2, for an appropriately detailed analysis of the key issue.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *during the Middle Ages candidates may take the view that there were a number of causes of disease. Poverty was probably the main cause, with most peasants just about surviving from one year to the next. With poverty went malnutrition, especially in time of famine. Living and working conditions also contributed to early death – poor housing and hard manual labour. Other factors included war and childbirth. Towns were particularly unhealthy. There were no sewage systems or supplies of fresh water. Garbage and human waste were thrown into the streets. Disease was rife. There were periodic attempts at improvement e.g. during the Great Plague of 1665-6, but these had no lasting impact. Medical knowledge, particularly of the causes of disease, was also limited and may even have contributed to death e.g. bleeding of patients who were already weak;*

- *in the industrial period candidates may consider that many of the causes of illness and disease remained the same. Though the country had become wealthier, poverty remained a problem. Famines were less frequent but periodic food shortages hit the poor hardest. The mass migration of people to new industrial towns led to over-crowding. Living conditions for working families deteriorated and life expectancy in industrial towns probably fell. In the poorest areas diseases like Typhus and TB were endemic. New diseases like Cholera and Typhoid also spread quickly. The government's "laissez faire" ideas also hindered improvement. The new industries also caused diseases e.g. lung diseases in coal miners and slate quarrymen. Until Pasteur's discovery of germs knowledge of what caused disease remained limited. Though many people suspected there was a link between poor living conditions and disease, it was not until Pasteur's discovery of germs that the link was proven;*
- *by the end of the 19th century, however, knowledge of the causes of disease and illness had improved considerably. Improvements under the Public Health Acts, vaccination and better personal hygiene had helped to combat illness and disease. However, many problems remained. Poverty was still an issue and poor living and working conditions existed in many areas;*
- *candidates may observe that the 20th century saw some change in the causes of disease. Increased prosperity, the creation of the Welfare State and the NHS has helped reduce poverty, though pockets still remain. (life expectancy in the poorer areas is still lower than in more affluent districts.) Medical knowledge has improved and many diseases can now be prevented by vaccination. However, viral diseases remain a challenge to scientists, particularly influenza – (Spanish flu 1918-20) – and a more mobile population means that they can spread easily;*
- *candidates may take the view that the most common causes of disease in the late 20th and early 21st centuries can be attributed to lifestyle choices. Poor diets (often linked to obesity), lack of exercise, smoking and alcohol are all major causes of illness, and often lead to premature death from heart disease, stroke, cancer etc. Complacency is another factor – some parents don't have children vaccinated because they think that diseases like measles and mumps are no longer a threat;*
- *to access AO1 Bands 3 and 4 candidates will need to make reference to the Welsh context e.g. Wales is one of the poorer areas of Britain so has tended to have lower life expectancy; though medieval Welsh towns e.g.Carmarthen and Denbigh were small they were still unhealthy places and suffered both during the Black Death and the Great Plague; during the Industrial Revolution Welsh industrial towns had some of the worst living and working conditions in Britain (Merthyr's mortality rate was the third highest in Britain). Industrial diseases in the 19th and 20th centuries e.g. among coal miners and slate quarrymen; in the early 20th century poor living conditions in Wales meant that the 5 counties with the highest death rates from TB were all Welsh; today rates of lifestyle diseases e.g. heart disease tend to be higher in Wales than in England; or any other relevant Welsh national or local references.*

After awarding a band and a mark for the response, apply the performance descriptors for spelling, punctuation and the accurate use of grammar (SPaG) and specialist language that follow.

In applying these performance descriptors:
- learners may only receive SPaG marks for responses that are in the context of the demands of the question; that is, where learners have made a genuine attempt to answer the question
- the allocation of SPaG marks should take into account the level of the qualification.

Band	Marks	Performance descriptions
High	4	• Learners spell and punctuate with consistent accuracy • Learners use rules of grammar with effective control of meaning overall • Learners use a wide range of specialist terms as appropriate
Intermediate	2-3	• Learners spell and punctuate with considerable accuracy • Learners use rules of grammar with general control of meaning overall • Learners use a good range of specialist terms as appropriate
Threshold	1	• Learners spell and punctuate with reasonable accuracy • Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall • Learners use a limited range of specialist terms as appropriate
	0	• The learner writes nothing • The learner's response does not relate to the question • The learner's achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning