

MARK SCHEME

Component 2: THEMATIC PAPER

2F. Changes in Health and Medicine in Britain, c.500 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(a)	AO2	AO3 (a)	AO4
5	5			

Question: e.g. **Describe the development and use of scanning techniques in the twentieth century.** [5]

This is the question and its mark tariff.

Band descriptors and mark allocations

AO1(a) 5 marks		
BAND 3	Offers detailed knowledge to fully describe the issue set within the appropriate historical context.	4-5
BAND 2	Offers knowledge to partially describes the issue.	2-3
BAND 1	Offers a weak, generalised description of the issue.	1

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 development and use of scanning techniques can be described with reference to several historical features:*
- *the development of x-rays began with Rontgen in the early twentieth century;*
- *the technique gave the advantage of seeing deep into the body rather than using exploratory surgery;*
- *the use of scanning techniques then developed through the twentieth century': expect reference to the use of radiotherapy; the use of x-rays for diagnosing disease e.g. tuberculosis ; portable x-ray machines ;*
- *the development of ultrasound in the 1950s;*
- *as the twentieth century neared its end, scanning techniques became even more sophisticated; credit references to Positron Emission Tomography (PET) which helped in the detection of cancer, brain disease and heart problems, Computerised Axial Scanning (CAT) used to pinpoint tumours and direct radiotherapy, and Magnetic Resonance Imaging (MRI) used to detect brain and spinal chord abnormalities in the 1970s.*

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**Component 2: THEMATIC PAPER****2F. Changes in Health and Medicine in Britain, c.500 to the present day****Question 1**

<i>Mark allocation:</i>	<i>AO1</i>	<i>AO2</i>	<i>AO3(a)</i>	<i>AO4</i>
4		2	2	

Question: **Use Sources A, B and C above to identify one similarity and one difference in living conditions over time. [4]**

Band descriptors and mark allocations

	AO2 2 marks		AO3(a) 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 - A and B show crowded/ cramped housing; A and B show insanitary conditions

Differences - C shows better planning/more spacious semi-detached houses whereas B shows cramped housing; C shows a cleaner environment/safer with children playing whereas A shows insanitary conditions; A shows a row of connected houses whereas C shows semi-detached housing

Question 2

Mark allocation:	AO1 (b)	AO2	AO3 (a+b)	AO4
6	2		4	

Question: **Which of the two sources is the more reliable to an historian studying developments in patient care over time?** **[6]**

Band descriptors and mark allocations

	AO1(b) 2 marks		AO3 (a+b) 4 marks	
			Fully analyses and evaluates the reliability of both sources. There will be analysis of the content and authorship of both sources, producing a clear, well substantiated judgement set within the appropriate historical context.	3-4
BAND 2	Demonstrates detailed understanding of the key feature in the question.	2	Partial attempt to analyse and evaluate the reliability of both sources. There will be some consideration of the content and authorship of both sources with an attempt to reach a judgement set within the appropriate historical context.	2
BAND 1	Demonstrates some understanding of the key feature in the question.	1	Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.	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:

- *Source D is reliable to an historian for several reasons: it is from a national newspaper published in August 1910; it was produced to celebrate Florence Nightingale's achievements and to commemorate her death; as such it is likely to be biased; it refers to her as the 'angel of the Crimea' and to her role in making nursing a respectable and professional occupation; these are factual references which increase the reliability of the source;*
- *to assess the reliability of the authorship there should be reference to the reliability of features in newspapers and whether articles and tributes such as this are guilty of exaggeration and focus on the positive.*
- *Source E is reliable to an historian for several reasons: it is from an interview with a nurse in 1948 and is therefore from the time; it describes the euphoria of a young nurse at the moment that the NHS was launched with its ambitious, long-term plan to transform healthcare; it backs up the view that treatment should be made available to all, regardless of the ability to pay;*
- *to assess the reliability of the authorship there should be reference to the nurse being caught up in the atmosphere of the time, her junior status and to the journalist's role and motive in reporting the event at this time.*

Question 3

Mark allocation:	AO1 (a)	A02	A03	A04
5	5			

Question: **Describe the development and use of scanning techniques in the twentieth century.** **[5]**

Band descriptors and mark allocations

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

- *the development and use of scanning techniques can be described with reference to several historical features:*
- *the development of x-rays began with Rontgen in the early twentieth century;*
- *the technique gave the advantage of seeing deep into the body rather than using exploratory surgery;*
- *the use of scanning techniques then developed through the twentieth century' : expect reference to the use of radiotherapy; the use of x-rays for diagnosing disease e.g. tuberculosis ; portable x-ray machines ;*
- *the development of ultrasound in the 1950s;*
- *as the twentieth century neared its end, scanning techniques became even more sophisticated; credit references to Positron Emission Tomography (PET) which helped in the detection of cancer, brain disease and heart problems, Computerised Axial Scanning (CAT) used to pinpoint tumours and direct radiotherapy, and Magnetic Resonance Imaging (MRI) used to detect brain and spinal chord abnormalities in the 1970s.*

Question 4

Mark allocation:	AO1 (a+b)	AO2	AO3	AO4
9	2	7		

Question: **Explain why developments in vaccination were important in the prevention of illness and disease in the nineteenth and twentieth centuries.** **[9]**

Band descriptors and mark allocations

	AO1(a+b) 2 marks			AO2 7 marks	
			BAND 3	Fully explains the issue with clear focus set within the appropriate historical context.	5-7
BAND 2	Demonstrates detailed knowledge and understanding of the key features in the question.	2	BAND 2	Partially explains the issue within the appropriate historical context.	3-4
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.	1-2

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:

- *developments in vaccination were important in the prevention of illness and disease in the 19th and 20th centuries;*
- *early attempts were made to vaccinate against the disease of smallpox; expect reference to the pioneering work of Edward Jenner in the early nineteenth century;*
- *later follow up development was carried out by Pasteur in immunization in the 1870s and 1880s and led to a vaccine for rabies;*
- *development of large-scale vaccines in the twentieth century was a great advance in combating devastating diseases such as pertussis, diphtheria, tetanus, polio and MMR;*
- *vaccines were vital in preventing illnesses such as influenza and hepatitis A and B in the later 20th century.*

Question 5

<i>Mark allocation:</i>	<i>AO1 (a+b)</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>	<i>SPaG</i>
20	6	10			4

Question: **Outline how attempts to treat illness and disease have changed from c.500 to the present day. [16+4]**

Band descriptors and mark allocations

	AO1(a+b) 6 marks		AO2 10 marks	
BAND 4	Demonstrates very detailed knowledge and understanding of the key issue in the question.	5-6	Provides a fully detailed, logically structured and well organised narrative account. Demonstrates a secure chronological grasp and clear awareness of the process of change.	8-10
BAND 3	Demonstrates detailed knowledge and understanding of the key issue in the question.	3-4	Provides a detailed and structured narrative account. Demonstrates chronological grasp and awareness of the process of change.	5-7
BAND 2	Demonstrates some knowledge and understanding of the key issue in the question.	2	Provides a partial narrative account. Demonstrates some chronological grasp and some awareness of the process of change.	3-4
BAND 1	Generalised answer displaying basic knowledge and understanding of the key issue in the question.	1	Provides a basic narrative account. Demonstrates limited chronological grasp and limited awareness of the process of change.	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 process of change in attempts to treat illness and disease will be explored through the creation of a narrative covering the three historical eras in this theme. Answers will demonstrate structured and well organised narrative accounts of the major changes in attempts to treat illness and disease across the whole period covered;*
- *in relation to the medieval era candidates may stress that most attempts to treat illness and disease were based on traditional remedies; these will include herbal medicines and the use of leeches; there may be reference to barber surgeons as an early form of surgery; there may also be reference to these methods as being largely ineffective in general;*
- *in the early modern era candidates may stress that traditional remedies continued to be used to treat illness and disease; however, there should be reference to the increasing use of science to improve medical knowledge and to trial and use different kinds of cures; these however were limited in their success and disease and low life expectancy continued to be problems;*

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- candidates will show that the real beginning of change in the attempts to treat illness and disease is seen in the nineteenth century; expect reference to the pioneering work of Lister in antiseptics and Simpson in anaesthetics, both of which were major turning points in the narrative of attempts to treat illness and disease;
- candidates will then show that the narrative increases its pace in the twentieth century; expect reference to Marie Curie and the use of radiation; the roles of Fleming, Florey and Chain in the development of antibiotics; developments in transplant surgery and modern advances in cancer treatment and surgery; candidates should stress that the pace of change in the twenty-first century continues to quicken leading to more and more techniques that have been successful in treating disease and illness.

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 terms 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
<i>High</i>	4	<ul style="list-style-type: none"> • 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
<i>Intermediate</i>	2-3	<ul style="list-style-type: none"> • 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
<i>Threshold</i>	1	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Question 6 (a)

<i>Mark allocation:</i>	AO1 (a)	AO2	AO3	AO4
8	8			

Question: **(a) Describe two main features of the Great Plague in Eyam in 1665. [8]**

Band descriptors and mark allocations

AO1(a) 8 marks		
BAND 3	Offers detailed knowledge to fully describe two main features of the historic site set within its appropriate historical context.	6-8
BAND 2	Offers some knowledge to describe two main features of the historic site set within its historical context.	3-5
BAND 1	Offers a generalised description with limited knowledge of two main features of the historic site.	1-2

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Any two of the following features could be described:

- *aspects of the disease associated with the historic site of Eyam: the village in rural Derbyshire saw its first signs of the Plague in early 1665. The village's historic links with London was thought to be the main cause as the infection was transported in a flea-ridden bundle of cloth. The death toll in 1665 was very heavy with over 260 deaths out of a total of 350 inhabitants;*
- *the response of people to the plague in the historic site of Eyam: people turned to church ministers for leadership and protection; the village was quarantined and church services held in isolation; families buried their own dead;*
- *buildings in the historic site of Eyam associated with the plague: people used plague stones soaked in vinegar to mark the village boundaries; burials were in very isolated places on local moors; records of local fatalities were recorded in the nearby church.*

Question 6 (b)

Mark allocation:	AO1	AO2	AO3	AO4
12		12		

Question: **(b) Explain why the environment of Eyam during the Great Plague was significant in showing changes in attempts to combat disease in the seventeenth century.** **[12]**

Band descriptors and mark allocations

	AO2 12 marks	
BAND 4	Offers a sophisticated and reasoned explanation and analysis of the historic site and its relationship with historic events and developments. The answer fully addresses the position of the historic site in showing changes in health and medicine set within the appropriate historical context.	10-12
BAND 3	Offers a reasoned explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.	7-9
BAND 2	Offers some explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.	4-6
BAND 1	Offers a generalised explanation and analysis of the historic site with limited reference to changes in health and medicine.	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:

- *analysis of the historic site of Eyam in 1665 shows that it was typical of many villages that played a major role in the attempts to combat disease in the seventeenth century;*
- *the outbreak of plague in Eyam in 1665 led to early attempts to tackle the disease and future outbreaks. These included ordering families to dispose of their own dead in order to prevent the spread of the disease;*
- *the outbreak of the plague in Eyam also led to the use of plague stones that were significant because they warned people not to enter the village thus inhibiting the spread of the disease;*
- *putting the village in quarantine was also a new method of attempting to combat the spread of the disease. This was significant because it was a new method and presaged later strategies for preventing the spread of disease;*
- *care was also taken with the supply of food to the village to prevent contamination of the food supply;*
- *Church services were relocated to avoid close contact with plague victims;*
- *in these ways the village of Eyam during the Great Plague of 1665 was significant in showing new methods of combating disease in the seventeenth century. It was also significant in anticipating later methods of preventing the spread of disease.*