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# **GCSE MARKING SCHEME**

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**SUMMER 2018**

**HISTORY**

**COMPONENT 2: THEMATIC PAPER**

**2F. Changes in Health and Medicine in Britain,  
c.500 to the present day**

**C100U60-1**

## **INTRODUCTION**

This marking scheme was used by WJEC for the 2018 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 2018

### 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:**

Mark allocation:	AO1(a)	AO2	AO3 (a)	AO4
5	5			

Question: e.g. **Describe the main causes of illness and disease in the medieval era.** [5]

##### **Band descriptors and mark allocations**

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

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 issue of poverty where poor food, malnutrition and inadequate housing combined to weaken people and make them more susceptible to illness and disease*
- *poor harvests and the actions of marauding soldiers led to food shortages which weakened people*
- *lack of fresh water supplies and the lack of sanitation caused the spread of illness and disease*
- *as armies grew in size the number of injuries in battle increased and wounds were poorly treated leading to disease and death*

*Credit reference to beliefs about the causes of illness such as divine intervention, the supernatural and the imbalance of the four humors.*

## **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 SUMMER 2018

### Component 2: THEMATIC PAPER

#### **2F. Changes in Health and Medicine in Britain, c.500 to the present day**

##### **Question 1**

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

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

##### **Band descriptors and mark allocations**

	AO2 2 marks		AO3(a) 2 marks	
<b>BAND 2</b>	<b>Identifies clearly one similarity and one difference.</b>	<b>2</b>	<b>Uses the sources to identify both similarity and difference.</b>	<b>2</b>
<b>BAND 1</b>	<b>Identifies either one similarity or one difference.</b>	<b>1</b>	<b>Uses the sources to identify either similarity or difference.</b>	<b>1</b>

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 show the application of medical knowledge to prevent the spread of disease  
C shows how contact with people spreads disease, A implies it.*

*Differences – A shows people using faith to be spared from disease  
B shows inoculation to prevent disease  
C shows knowledge of bacteriology.*

**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 public health and hygiene over time? [6]**

**Band descriptors and mark allocations**

	AO1(b) 2 marks	AO3 (a+b) 4 marks		
		<b>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.</b>	<b>3-4</b>	
<b>BAND 2</b>	<b>Demonstrates detailed understanding of the key feature in the question.</b>	<b>2</b>	<b>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.</b>	<b>2</b>
<b>BAND 1</b>	<b>Demonstrates some understanding of the key feature in the question.</b>	<b>1</b>	<b>Generalised answer which largely paraphrases the sources with little attempt at analysis and evaluation.</b>	<b>1</b>

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 because it is a mostly factual account which refers to the filthy state of rivers in the country. It was produced in 1388 at a time when plague was prevalent and when people in some areas were beginning to make the connection between waste disposal and the causes of disease;*
- *to assess the reliability of the authorship there should be reference to a parliamentary proclamation with the intention of reducing disease throughout the country and the reference to the huge fine which suggests how seriously the government viewed the issue;*
- *Source E is reliable to a degree. It comes from a Punch cartoon of 1858 and depicts death rowing up the Thames and links the filthy river with outbreaks of cholera which took the lives of many people;*
- *to assess the reliability of the authorship there should be reference to it being produced at the time of the 'Great Stink' which forced parliament to debate the need for a sewerage system in London. It is a satirical cartoon produced during the debate on public health and, as a cartoon, would exaggerate and dramatise events for effect and can be manipulated to reflect the views of the editor/readership.*

### Question 3

Mark allocation:	AO1 (a)	AO2	AO3	AO4
5	5			

Question: **Describe the main causes of illness and disease in the medieval period.** [5]

#### Band descriptors and mark allocations

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

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 issue of poverty where poor food, malnutrition and inadequate housing combined to weaken people and make them more susceptible to illness and disease;*
- *poor harvests and the actions of marauding soldiers led to food shortages which weakened people;*
- *lack of fresh water supplies and the lack of sanitation caused the spread of illness and disease;*
- *as armies grew in size the number of injuries in battle increased and wounds were poorly treated leading to disease and death.*

*Credit reference to beliefs about the causes of illness such as divine intervention, the supernatural and the imbalance of the four humors.*

**Question 4**

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

Question: **Explain why patient care improved in Britain in the 20<sup>th</sup> century.** [9]

**Band descriptors and mark allocations**

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

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 origins of the Welfare State and the view that government should take on the responsibility of caring for the sick and needy;*
- *welfare reforms introduced by the Liberal governments of 1906-14 e.g. the National Insurance Act (1911) which provided workers' sickness benefit and medical checks for those who contributed to the scheme;*
- *the Beveridge Report (1942) and the need to tackle the five "Giant Evils" with reference to the National Insurance Act (1946) and the National Health Service Act (1946);*
- *the establishment of the NHS as part of the post-war Labour social reforms with the aim of providing better health care for the nation; the vision of Aneurin Bevan to set up a free national health system that would provide care from 'the cradle to the grave'; the huge number of people who took advantage of the system was a reflection on how medically neglected Britain had been previously;*
- *later developments such as the building of new hospitals in the 1960s; Care in the community; the launch of NHS Direct (1998); the establishment of primary care trusts and the delivery of health care at local levels.*

**Question 5**

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

Question: **Outline how medical knowledge has advanced from c.500 to the present day.** [16+4]

**Band descriptors and mark allocations**

	AO1(a+b) 6 marks		AO2 10 marks	
<b>BAND 4</b>	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
<b>BAND 3</b>	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
<b>BAND 2</b>	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
<b>BAND 1</b>	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***

The process of change and continuity in the advance of medical knowledge will be explored through the creation of a balanced narrative covering the three historical eras in this theme.

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:

- *in the medieval era medical knowledge was limited and based on the idea of the four humours and the need for balance; the influence of alchemy and the search for the ‘Elixir of life’ and other links to science and medical knowledge and surgery; the belief in the powers of soothsayers; the establishment by the church of university schools of medicine;*
- *in the early modern era medical knowledge improved as a result of Renaissance thinking and the use of the printing press; advances in the 16<sup>th</sup> and 17<sup>th</sup> centuries with the contribution of Vesalius to anatomy, Pare and the treatment of wounds and Harvey and the circulation of blood which changed the way in which illnesses were understood;*

- *in the modern era progress was made as a result of increased knowledge of vaccination, anaesthetics and antiseptics; the work of Pasteur and Koch and improved knowledge of germ theory, the discovery of antibiotics which altered the way that people thought of disease; the development of scanning techniques which revolutionised the identification of illness and disease; the discovery of DNA and advances in genetic research which furthered understanding.*

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.

<b>Band</b>	<b>Marks</b>	<b>Performance descriptions</b>
<i>High</i>	4	<ul style="list-style-type: none"> <li>• Learners spell and punctuate with consistent accuracy</li> <li>• Learners use rules of grammar with effective control of meaning overall</li> <li>• Learners use a wide range of specialist terms as appropriate</li> </ul>
<i>Intermediate</i>	2-3	<ul style="list-style-type: none"> <li>• Learners spell and punctuate with considerable accuracy</li> <li>• Learners use rules of grammar with general control of meaning overall</li> <li>• Learners use a good range of specialist terms as appropriate</li> </ul>
<i>Threshold</i>	1	<ul style="list-style-type: none"> <li>• Learners spell and punctuate with reasonable accuracy</li> <li>• Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall</li> <li>• Learners use a limited range of specialist terms as appropriate</li> </ul>
	0	<ul style="list-style-type: none"> <li>• The learner writes nothing</li> <li>• The learner's response does not relate to the question</li> <li>• The learner's achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning</li> </ul>

**Question 6 (a)**

Mark allocation:	AO1 (a)	AO2	AO3	AO4
8	8			

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

**Band descriptors and mark allocations**

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

***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:

- *characteristics 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 isolated places on local moors; records of local fatalities were recorded in the church nearby.*

**Question 6 (b)**

Mark allocation:	AO1	AO2	AO3	AO4
12		12		

Question: (b) **Explain why events at Eyam during the Great Plague of 1665 were significant in changing attitudes towards the prevention of disease in the 17th century.** [12]

**Band descriptors and mark allocations**

	AO2 12 marks	
<b>BAND 4</b>	<b>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.</b>	<b>10-12</b>
<b>BAND 3</b>	<b>Offers a reasoned explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.</b>	<b>7-9</b>
<b>BAND 2</b>	<b>Offers some explanation and analysis of the historic site in showing changes in health and medicine set within the appropriate historical context.</b>	<b>4-6</b>
<b>BAND 1</b>	<b>Offers a generalised explanation and analysis of the historic site with limited reference to changes in health and medicine.</b>	<b>1-3</b>

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 showing that it was typical of many villages that played a major role in attempting to combat disease in the seventeenth century;*
- *the outbreak of plague in Eyam in 1665 which led to early attempts to tackle the disease and prevent 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;*
- *the ways in which the village of Eyam 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.*