



GCSE MARKING SCHEME

SUMMER 2019

GCSE (NEW)

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 2019 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 2019

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

<i>Mark allocation:</i>	AO1	AO2	AO3	AO4
6	6			

Question: e.g. **Describe the work of William Harvey.** **[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.	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.

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:

- *Harvey discovered the principle of the circulation of the blood through the body;*
- *before Harvey doctors accepted Galen's idea that new blood was manufactured by the liver to replace blood that had been burned up by the muscles. Harvey dissected animals and carried out experiments to build up a detailed knowledge of the working of the cardio-vascular system (the heart and blood vessels). This led him to reject Galen's ideas;*
- *many doctors disagreed with Harvey's ideas. However, he became physician to James I (and later to Charles I). Both kings were interested in science and encouraged Harvey's research;*
- *in 1628 he published "An Anatomical Account of the Motion of the Heart and Blood in Animals". In this book he proved that the heart acted like a pump and was responsible for recirculating the blood around the body.*

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

<i>Mark allocation:</i>	<i>AO1</i>	<i>AO2</i>	<i>AO3</i>	<i>AO4</i>
4	4			

Award one mark for each correct response:

- a. *black death/plague/bubonic plague*
- b. *anaesthetic*
- c. *X-rays*
- d. *NHS/National Health Service*

Question 2

<i>Mark allocation:</i>	AO1	AO2	AO3	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 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 show vaccination/inoculation; A and B show a doctor in a one to one relationship with a patient.

Differences – A shows a doctor removing blood from a patient, whereas B (and C) show a doctor (nurse) injecting into the arm. A (and B) show individual treatment whereas C shows a mass vaccination; B shows Jenner merely scratching the skin, C shows an injection into the arm.

Question 3

Mark allocation:	AO1	AO2	AO3	AO4
6	6			

Question: **Describe the work of William Harvey.** **[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:

- *Harvey discovered the principle of the circulation of the blood through the body;*
- *before Harvey doctors accepted Galen's idea that new blood was manufactured by the liver to replace blood that had been burned up by the muscles. Harvey dissected animals and carried out experiments to build up a detailed knowledge of the working of the cardio-vascular system (the heart and blood vessels). This led him to reject Galen's ideas;*
- *many doctors disagreed with Harvey's ideas. However, he became physician to James I (and later to Charles I). Both kings were interested in science and encouraged Harvey's research;*
- *in 1628 he published "An Anatomical Account of the Motion of the Heart and Blood in Animals". In this book he proved that the heart acted like a pump and was responsible for recirculating the blood around the body.*

Question 4

Mark allocation:	AO1	AO2	AO3	AO4
6	6			

Question: **Describe attempts to improve health in Cardiff in the late 19th 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:

- *Cardiff grew rapidly during the 19th century and outbreaks of disease were not uncommon e.g. Cholera in 1849, 1854 and 1866. The Rammell Report (1850) highlighted the problems e.g. poor water supply, lack of sewers, poor housing etc;*
- *the Public Health Act (1848) gave towns the right to set up local Boards of Health to improve conditions. A petition from the people of Cardiff persuaded Cardiff Corporation (town council) to set up its local Health Board. It appointed Dr Henry James Paine as Medical Officer of Health for Cardiff in 1853 (a position he occupied until 1889);*
- *Paine helped drive through a number of improvements - working with Cardiff Waterworks Company to provide clean water and build a new sewage system (which reduced the threat from Cholera); converting HMS Hamadryad into a hospital ship to isolate and treat sailors with infectious diseases; inoculating people against smallpox; and getting by-laws passed to stop rubbish being tipped into the Taff;*
- *Cardiff Corporation also did its bit; taking control of the water supply in 1879 and building extra reservoirs; building a new hospital in 1883 (enlarged in 1894) which became known as the Cardiff Infirmary; building public baths so that poorer inhabitants could afford to bathe; and opening new cemeteries on the edge of town;*
- *The Public Health Act (1875) made public health the responsibility of local councils. By that time, however, Cardiff had made many improvements independently. By the end of the century the death rate in Cardiff had fallen considerably, with its infant mortality rate one of the lowest for a town its size in the UK.*

Question 5

Mark allocation:	AO1	AO2	AO3	AO4
12	2	10		

Question: **Explain why Florence Nightingale was important in improving patient care in the 19th century.** [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:

- *against her family's wishes she studied as a nurse. In 1854, when war broke out against Russia, she went to the Crimea to care for wounded soldiers;*
- *conditions in army hospitals were appalling but she changed them for the better. Beds were spaced apart and clean air was allowed to circulate; strict hygiene rules were enforced, e.g. patients were washed and bedding was changed regularly. In just six months the death rate fell significantly;*
- *press coverage in Britain not only made Florence Nightingale famous but also highlighted the need for hospital reform. She returned to Britain in 1856 and set about improving patient care;*
- *she set up the first training school for nurses. Instead of being just cleaners and minders nurses were trained to be an essential part of patient care She published a book, "Notes for Nursing" which was a bestseller. She was consulted about the designs of new hospitals which she said should include "the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of diets";*
- *Florence Nightingale had made nursing a respectable profession and had also brought about significant improvements in patient care in hospitals.*

Question 6

Mark allocation:	AO1	AO2	AO3	AO4
12	2	10		

Question: **How significant was the work of Alexander Fleming in the development of antibiotics in the 20th 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:

- *Fleming's discovery of penicillin was a significant medical breakthrough. It was the first effective antibiotic. Cures for serious illnesses were now possible even if the patient had the disease;*
- *Penicillin had been discovered during the 19th. century, but it was Fleming in 1928 who first realized its great importance. During WWI he realised that antiseptics could not prevent all infection, especially in deep wounds. He decided to try to find something that could kill the bacteria which caused infections like septicaemia;*
- *in 1928 Fleming noticed that bacteria he had grown were being killed by a mould - penicillin. He used the word "antibiotic" to describe penicillin. However, Fleming did not have the money or facilities to continue his research;*
- *in the 1930s Ernst Chain and Howard Florey, continued the work. In 1939, with the start of war, they were given extra government funding. The problem was in producing enough penicillin. In 1941 they tested it on a human and, though he died when the penicillin ran out, it was obvious that it was effective;*
- *in 1941 the USA entered the war and the American government gave \$80,000,000 to research. By 1943 penicillin was being mass produced. In 1945 it was estimated that the US army was giving two million doses per month. In the 1940s and 1950s other antibiotics followed penicillin;*
- *Fleming was significant because he made the initial discovery, though it was left to others (Florey and Chain) to test it on humans and the USA to mass produce it.*

Question 7

<i>Mark allocation:</i>	AO1	AO2	AO3	AO4	SPaG
20	6	10			4

Question: **Have attempts to improve public health and welfare always been effective 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 variations in the level/degree/extent rate of improvement 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 variations in the level/degree/extent of improvement factors 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 variations in the level/degree/extent of improvement.	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 variations in the level/degree/extent of improvement.	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 standards of public health were poor, particularly in towns (probably worse than during the Roman period). There were no sewage systems or supplies of fresh water. Garbage and human waste were thrown into the streets. Disease was rife. In the later Middle Ages there was a growing awareness of the importance of hygiene. Some towns attempted to improve public health e.g. providing latrines and bath houses, but this had little impact. A lack of money and ignorance of the real causes of disease hampered attempts to improve public health. The 17th and 18th centuries saw periodic attempts at improvement e.g. during the Great Plague of 1665-6, but these had no lasting impact;*

- *in the industrial revolution candidates may consider that public health worsened. 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. The government's "laissez faire" ideas also hindered improvement;*
- *in the 1840s candidates may note that attitudes began to change following Edwin Chadwick's report. It shocked public opinion. The Public Health Act 1848 (the first legislation on health issues) gave local authorities the power to improve public health in their area. However, as it was not compulsory, it was a weak attempt at improving public health, as few councils made use of the powers. Noticeable improvements came only after the Public Health Act, 1875, forced councils to carry out changes e.g. clean water supplies, proper drainage and sewage systems. Other laws also helped improve public health in the later 19th century e.g. slum clearance, new houses;*
- *candidates may consider that the 20th century saw greater improvement and more rapid change in people's health than ever before. The Liberal governments 1906-14 abandoned "laissez-faire" ideas and decided that the state did have a role to play in improving public health e.g. school meals, school medical inspection. After WWI for the first time, new houses were built with electricity, running water, bathrooms, indoor toilets etc. By 1939 over 1,000,000 council houses had been built across the UK;*
- *candidates may take the view that effective improvements continued after WWII The Labour government built another 1,000,000 council houses; the Clean Air Acts of 1956 and 1968 aimed to reduce air pollution from coal fires; more recently laws have been passed to reduce emissions from greenhouse gases. There have been campaigns to promote healthier lifestyles e.g. giving up smoking (Smoke free), eating healthily (5-a-day) and taking exercise (Walking for health), personal hygiene e.g. regular brushing of teeth, checking for nits etc., as a way to better health. Life expectancy has risen more rapidly than in any previous century, from just under 50 in 1900 to over 80 today;*
- *to access AO1 Bands 3 and 4 candidates will need to make reference to the Welsh context e.g. by-laws in towns like Kenfig ordering inhabitants to keep clean pavements in front of their houses or risk fines; the unhealthy living conditions of towns like Merthyr (highlighted by Sir Henry de la Beche); cholera outbreaks in Welsh towns e.g. Cardiff and the creation of local Boards of Health e.g. in Swansea and Aberdare; the building of modern council housing after World War II e.g. Cwmbran new town in the 1950s, 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
<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