

# **Health and Social Care**

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

## **Report on the Units**

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**June 2009**

**H103/H303/MS/R/09**

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This report on the Examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the syllabus content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the Examination.

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## Chief Examiner's Report

**Please note: from September 2009 an updated version of the GCE Health & Social Care specification has to be used for delivery to both AS and A2 candidates.**

The performance with the AS and GCE Health & Social Care externally assessed units was very encouraging in this session. There were improvements in candidates overall achievements at AS level with some excellent results in unit F910. Unit F924 performed particularly well at A2. Detailed feedback on the performance of each of the externally assessed units, along with the Principal Examiner's advice for improvement, can be found in the individual unit's report later in this Report to Centres.

The quality of the work completed for the portfolio units continued to be detailed and informative, demonstrating thorough knowledge and understanding. F911 and F919 both performed particularly well. Some candidates have previously struggled with some of the requirements of F919 in particular. The most popular optional units were F915 and F922. Candidates' demonstrated thorough research and applied their understanding of the early years' sector and child development thoroughly. F914 and F918 seem to be less popular units, although the candidates who complete these units have also demonstrated an excellent level of understanding. The overall quality of portfolios and the achievement of the assessment criteria was good.

Many centres are obviously providing candidates with clear guidance to ensure all assessment criteria were met across all units. Representatives who have attended training sessions have applied the guidance provided by trainers and have effectively utilised the support materials made available to them.

Higher achieving candidates have demonstrated their ability to apply their knowledge and understanding to the assessment criteria for each unit. Their evidence is succinct and fulfils the requirements of the amplification criteria provided in the specification. A few centres do not appear to have referred to the amplification sections which has resulted in poor guidance to candidates and incomplete portfolios being presented for moderation; consequently, the assessment criteria have not been met and scaling may have been applied to ensure consistency of marking across all centres. It was pleasing to see a reduction in the number of centres requiring scaling during this session. Centres are advised to refer to the amplification sections of the specifications for each unit and also to use the Assessment Evidence Recording sheets provided by OCR when assessing portfolio work. Detailed guidance from the Principal Moderators relating to each portfolio unit can be found later in this report.

Accurate administration is very important to ensure moderators are able to confirm the assessment decisions made by assessors. Annotation of coursework should be used to indicate where assessment decisions have been made. Moderators should not have to remark the work; therefore, the support of centres is appreciated to ensure the process can be completed as efficiently as possible. Only the final versions of portfolios should be submitted, as the moderation process takes much longer where evidence is duplicated unnecessarily. Previous drafts/preparatory work are not required.

Extensive research materials, printed off internet pages and unreferenced work should not be included in portfolios as this does not contribute to the overall mark. Where candidates have carried out primary research it is only necessary to include one copy of a questionnaire in an appendix of the portfolio. Please do not send the learning aid for Unit 6 or 13 to the moderator – these are often bulky and difficult for moderators to store. Photographs of the aid/activity are perfectly acceptable as long as the child themselves cannot be identified.

## Report on the Units taken in June 2009

Internal standardisation should be completed before marks are submitted to OCR. Where more than one assessor is responsible for the same unit this is imperative to ensure consistency of marking across the whole cohort of candidates. Where there is evidence of rank order violations moderators will return work to the centre for reassessment. Fewer centres required this process to be implemented this session.

Past papers are an effective aid to support with revision for the tested units. Additional support material, including CD-Roms containing live exemplar portfolio work, is available from the OCR Publications department and via the OCR website ([www.ocr.org.uk](http://www.ocr.org.uk)) which contains useful revision guides for the tested units and strand exemplar for a range of portfolio units.

### Administration Guidance:

- Centres are advised that making provisional entries is essential – it is this information which generates the sending of Unit Recording Sheets to the centre.
- A Unit Recording Sheet (URS) **must** accompany each portfolio sent for moderation.
- Please ensure that the URS is fully completed, showing where candidate evidence has been rewarded; annotating candidates' work is also advisable. *Note: if the centre chooses to use the Assessment Evidence Recording sheets and uses this for annotation, a URS is still required – the centre need only write 'refer to AERS' in the comments column of the URS.*
- Complete the teacher mark column of the mark sheet (MS1) as well as shading in the lozenges, clearly checking that the Moderator's copy is clear to read.
- Avoid plastic wallets for individual pieces of work.
- All Candidates portfolios need to be kept in order. The use of treasury tags is a simple and effective way and also assists the moderation process.
- Check that the marks for each Strand have been added up correctly and all marks are out of 50.
- Send a signed CCS160 Centre Authentication Form (revised July 2005) one for each unit moderated.
- Avoid sending ring binders of work as these are heavy to post and bulky to send.
- Ensure that Internal Moderation is evident.
- Send work promptly once the Moderator is known to the Centre – when there are 10 candidates or fewer, send work with the MS1, please do not wait for the Moderator to make contact.

The senior examining/moderating team are looking forward to the next session where we will witness evidence from the revised specifications. The revisions have been made to improve the delivery and assessment of the units – we hope that you will be pleased to note that improvements have been made to aspects of the specification which candidates/deliverers, found problematic. Where the balance of mark distributions was not representative of the expectations of the candidates there has also been some transposing between assessment objectives. The document 'What's changed Sept 09' has been distributed on the Health and Social Care e-community to support the delivery of the new specifications.

## F910 Promoting Quality Care

### General Comments:

Many candidates performed well in this exam and were clearly well prepared. They used their time effectively and managed to answer the questions in the time allocated.

The quality of answers varied depending on the centre with some candidates not having the skills to tackle the levelled response questions. The use of technical language relevant to the unit is important to access the higher mark levels. It would be good practice to get candidates to produce a glossary of terms used throughout the unit that they should use within their answers. It is important that candidates do not just repeat answers to previous questions but really decode the question so that they answer exactly the question set. At times they can add information irrelevant to the question.

As with previous sessions there is still a problem with candidates that 'learn' previous mark schemes. Although it is useful for candidates to look at mark schemes they must realise that listing out all the knowledge does provide access to the higher mark levels. They need to learn to select two or three points and then develop their responses. Some candidates did this particularly well, especially in question 6, which allowed them to score very high marks.

### Comments on Individual Questions:

- 1(a) Most candidates could identify that this was an example of direct racial discrimination. Some still found it difficult to give an example, whether it was the one mentioned in the paper or one of their own. Candidates must know the difference between direct and indirect discrimination.
- 1(b) Well answered with most candidates scoring full marks.
- 1(c) The majority of candidates could identify relevant barriers but they did not always give an example that related to children from minority ethnic backgrounds. They must be able to apply the barriers to different groups of people.
- 1(d) Generally well answered.
- 2(a) Encouragingly more candidates were able to accurately identify the three care values and give appropriate examples of how care workers could apply them.
- 2(b) Candidates who identified two or three ways organisations could support their staff and really explained how these measures would increase the quality of care given gained marks in level 3. There was a tendency for candidates to list lots of ways but not really explain their points.
- 3(a) Well answered.
- 3(b) Well answered.
- 3(c) Candidates answered this question well and it was impressive to see how aware candidates were of the Children Act, especially the 2004 Act. Well answered with many candidates scoring marks in Levels 2 and 3. Good use of technical language was demonstrated by many candidates.

*Report on the Units taken in June 2009*

- 3(d) Poorly answered by candidates in most cases. They were unable to give benefits to both the service users and service providers. If they did they said things like 'it makes children feel safe and prevents all abuse'. These answers were not really appropriate as they are too simplistic.
- 4(a) Generally well answered but they did often repeat the same points.  
and  
(b)
- 4(c) Some candidates answered this question well, giving some excellent ways organisations can facilitate access for its service users. Again, too many candidates remained in Level 1 because they merely listed points rather than explained how they would help.
- 5(a) Many candidates misinterpreted what was being asked in this question and discussed the components (PIMET) of an Equal Opportunities policy rather than how organisations could monitor it.
- 5(b) A disappointing performance on the whole. Some candidates lost marks by discussing advertising rather than interviewing. Also, answers were very list like. Candidates need to explain why the way identified would help, for example a mixed interview panel helps to avoid bias as different perspectives and opinions are given.
- 6(a) Well answered.
- 6(b) Candidates did not relate this well to Karenza or started to evaluate the Act they had identified in question 6(a). They really needed to outline how she could use it as a source of redress and guidance.
- 6(c) There were some excellent answers given with candidates taking on board advice from previous reports. Candidates who discussed a few strengths and weaknesses and gave a conclusion gained level 3 marks. Candidates that listed lots of points but did not develop any remained in the lower levels.

## F913 Health & Safety in Care settings

The ability of candidates seemed similar to that of previous sessions. The vast majority of candidates attempted all questions and there was no evidence that candidates ran out of time to answer the paper.

It was apparent that many centres had made use of feedback from previous examination sessions and OCR training courses to address some of the more challenging aspects of the Unit.

- 1(a)(i), 1(b)(i), 2(b)(i) Names of legislation were identified correctly in the main, but still with a surprising number of candidates who had not learnt these straightforward facts.
- 1(a)(ii) The majority could identify substances governed by COSHH, but many gave imprecise descriptions of either handling or storing requirements. Imprecise answers such as 'people must be more careful' were not considered adequate. A number of candidates continue to offer soap, disinfectants and vague answers such as 'acids' in answer to this question. Lemon juice does not require COSHH regulations for its handling, yet it is an acid. Centres are recommended to guide candidates to learn examples that are precise and are likely to be found in a care setting.
- 1(b)(ii) Some candidates gave examples which did not quite meet the requirements for reporting under RIDDOR. If they describe a broken bone, they must either say which bone e.g. leg or arm, or state which broken bones do not fall within the remit of the legislation (fingers or toes).
- 1(c) Almost all candidates could identify information to be included in the report, but many could not give the accompanying explanation, simply restating the information in different words.
- 2(a) Most candidates could identify the information provided on each sign, but many could not state the type of sign. Answers to describe how risk is reduced were sometimes so simplistic that marks could not be awarded e.g. 'toxic sign warns people that the substance is poisonous and so is dangerous'.
- 2(b)(ii) Virtually all Candidates were able to list ways of preparing before moving and handling. Few gave any explanation to say reasons behind the actions.
- 3(a) Most candidates could identify three procedures or equipment to assist in evacuation, but fewer were able to give the accompanying explanation. A number of less able candidates gave features such as having an identified assembly point which does not assist in the evacuation itself.
- 3(b) Candidates could mostly identify difficulties in their chosen care setting, although less able candidates simply stated factors that would be present in any setting and did not identify anything that made the setting they were discussing difficult. Some candidates had little idea of what might be done and improvised, devising dangerous methods of evacuating service users. Those candidates who scored well showed sound knowledge of, for instance, zoned evacuation procedures in a hospital.
- 4(a) Answers to this question were mostly sound. Those who scored highly tended to structure their answers by considering one hazard at a time. Those who listed all the hazards, and then looked at stage two and finally stage three found it harder to demonstrate the linking of points necessary for a mark in the top band.

*Report on the Units taken in June 2009*

- 4(b) This question was answered poorly on the whole, with the majority of candidates simply making bald statements about the risk assessment process in general.
- 5(a) Most candidates could list how items of PPE reduce the risk of cross contamination, but few could demonstrate the reasons why this was effective.
- 5(b) Once again many candidates appeared to not know what was meant by standard precautions. A number included fire safety and security in their answers. The few who understood well gave coherent accounts that described in some detail the importance of these procedures.
- 6(a) This question was another which differentiated well between candidates. Most candidates were able to identify some security measures, although few were able to explain how they would be of benefit. Many made bald statements such as suggesting that having CCTV prevented any harm coming to service users.
- 6(b) Only a tiny minority of candidates were able to make a reasonable attempt at this question. A large number were not even able to give a simple list of what might be in such a policy. This would have at least given them marks in the lowest mark band.

## **F911, F912, F914, F915, F916 and F917**

### **General Comments**

The assessment of the candidates' work this examination session was varied and there were some movements of marks. Several centres had their work returned for a re-mark, as the rank orders of marks submitted were incorrect.

Many teachers took the time to annotate candidates' work, which made the moderation process run smoothly. Occasionally URS sheets were submitted with just the assessment objective mark highlighted and no commentary. When this happens, the moderator's role is made more difficult, as teacher comments often help the moderator to see why the teacher has allocated that number of marks.

Centres generally had guided their candidates well and there was evidence to show that they clearly understood the specification and were familiar with the structuring of units.

The majority of centres are now aware of the benefits of using the Assessment Evidence Recording Sheets (AERS) to help with the assessment of portfolios. It must be stressed that this is an optional aid to assessment and should not be used in the place of the Unit Recording Sheet (URS). The URS sheet is a compulsory document, which should be attached to each portfolio assessed.

When assessing coursework, it is essential that the amplification section of the unit specification be used to mark the work. The command words used in each mark band for each assessment objective indicate the depth and breadth of understanding required for the marks to be awarded. Best practice would be to use sub-headings lifted directly from the amplification.

Most Centres were co-operative and sent their work promptly when requested. Centres with 10 or fewer candidates entered, sent all their work once the Moderator was known to them. Due to when the moderation deadline of May 15th falls (near half term), it is greatly appreciated by moderators, when centres get their paperwork and coursework to the moderator promptly.

It should be noted by centres that the specification for H1/303 is changing as of September 2009 and whilst changes are minimal in some units, centres are advised to check their planned delivery against the updated units to ensure the amplification is covered.

### **F911 Communication in Care Settings**

The majority of centres now seem familiar with the specification and produce portfolios which are in logical order and closely follow the amplification. Occasionally centres discuss formal and informal communication and direct and indirect communication, there is no requirement to do this and no marks are allocated for this.

Candidates were able to describe the four different types of communication and give examples of how they could be used in different care settings.

Many candidates were able to give examples and discuss factors which inhibit/enhance communication, which included the application of the values of care. Factors which inhibit communication, can also be factors which enhance communication, for example, lighting, if poor can inhibit communication but if appropriate and adequate for the interaction can enhance communication

## *Report on the Units taken in June 2009*

As in previous sessions, candidates were able to describe theories of communication in isolation but were unable to show a level of understanding of the impact of the theory on communication between care workers and service users. Where this had been addressed by centres, it had been covered well.

Candidates must refer to the amplification for assessment objective four in order to include sufficient detail in their write up of their interaction.

Application of the care values during the interaction was poorly documented. For candidates to reach the middle mark band and beyond they must evaluate the interaction from their own and the service users/ care workers perspective.

### **F912 Promoting Good Health**

The majority of centres understood what is meant by the term 'two different perspectives'. Many centres used primary research techniques and gave a detailed explanation of what is meant by health and well-being from a service user and a service provider's perspective. Occasionally this section was overdone by centres and as well as covering the service user/service provider perspective, they also covered the five bullet points listed under 'perspectives of health' in the specification.

Candidates were able to demonstrate their understanding of the medical and social models of health however they did not always use the models to explain the responses of individuals to health and education advice. Many were unable to give reasons why individuals often fail to conform to the health education advice.

Assessment objective two was generally tackled well by candidates. The two key workers, their role, skills and qualities were clearly signposted'. It is important that the key workers selected have 'a major responsibility for promoting health'.

Candidates need only describe one preventative measure each key worker would apply. Explaining the reasons behind preventative measure being applied by each key worker is still proving difficult for students.

Candidates provided evidence of both primary and secondary research for assessment objective three.

Candidates should ensure that as part of AO3 they explain two ways in which individuals' quality of life is affected by ill-health. The majority of centres referenced AO3 or provided a bibliography. When no bibliography is produced, it is difficult to see what sources of information have been used to research factors.

In AO4 candidates should use the pre set criteria, to evaluate the effectiveness of the health education campaign. They should also include an evaluation of their own performance. It should be stressed that at present the health education campaign is worth seven marks, four for planning and three for evaluating its effectiveness. This was not always reflected in the amount of time candidates appeared to spend on it. Candidates can use an existing health education campaign, they do not have to produce their own campaign and materials.

### **F914 Caring for People with Additional Needs**

Numbers of entries this session were small compared to other units. Centres, who deliver and assess this unit, generally do so well and there is very little movement of marks. Three causes of additional need and the care management process were covered well.

### **F915 Working in Early Years care and Education**

This unit again proved very popular. Centres in general have little or no problem interpreting the specification.

An area of AO1, which could be strengthened, is the consideration of the purpose of each service described. Less time could be given to describing the size and layout of the service and more to what the role/ purpose of the early year provision is.

In AO3 candidates are required to give a detailed analysis of two strategies that could be used to aid learning in two different ways. Page 59 of the specification identifies both the ways and the strategies to be included.

It is important that candidates reference their sources of information within the body of the text and support this with a bibliography at the back of their portfolio evidence.

### **F916 Health as a Lifestyle Choice**

Some centres rely on Food Technology or PE teachers to deliver this unit and this is reflected in the evidence produced.

The same amount of emphasis needs to be given to the dietary evidence as the exercise section and vice versa.

Within AO1 candidates need to draw clear and accurate conclusions about the effects of exercise on daily living. Many centres overlooked this section or candidates submitted evidence, which lacked depth.

As in previous sessions, an area of AO2, which proved difficult for candidates, was the explaining of the dietary needs of the individual, including considering diverse background and specific dietary variation.

In order for a candidate to be able to suggest improvements and realistic changes to an individual's diet, information would first need to be gathered.

Candidates do not need to carry out a nutritional analysis of the individual's weekly diet as some candidates may not have access to the appropriate software

AO4 requires candidates to evaluate both the likely effects of the diet recommendations and the exercise plan. It was noted that this is still a weak area.

### **F917 Complimentary Therapies**

Many centres gave an overview of complementary therapies using the bullet points at the top of page 84 of the specification and then went into greater detail for the two they had selected.

It is important that one of the two complementary therapies studied is actually being used by the service user and that the other is appropriate for the service user.

A copy of the questions used to assess the suitability of the two complementary therapies, should be included in the portfolio.

There should be evidence of sound research practice and skills when collecting information to determine the views of the public and health care professionals. Candidates should refer to the amplification on page 91 when considering what to include in their analysis of the results between members of the public and healthcare professionals.

Candidates should give careful consideration as to how reliable, valid or biased their research is and suggest any improvements that could be made and further areas of possible research.

## F918 Caring for Older People

Candidates entered for the exam approached the questions positively and attempted to answer all questions. There was evidence of achievement across the full ability range with a significant proportion achieving success across all grades A – E.

Candidates had been prepared well for their assessment, demonstrating their ability to apply knowledge and understanding with confidence. Overall the use of the technical terminology has improved although several struggled to accurately spell technical vocabulary correctly. The literacy of the unit content is key to enabling candidates to successfully answer the questions and achieve successful results. Glossaries definitely support candidates when revising and preparing for their external assessment. Time was managed well during the exam with the majority of candidates completing the whole paper, attempting to answer all the questions and sub-questions.

There was again evidence of candidates not reading the question thoroughly before answering and consequently losing valuable marks. Repetition of the question or the question stem without actually giving a relevant answer is another area where candidates lose unnecessary marks. Candidates are still losing marks by not responding to the key verbs in questions, consequently not giving a response which meets the assessment requirements. This significantly limits their ability to access to the marks available. A revision exercise on the requirements of each key verb is useful to ensure that candidates write answers that meet the level of detail necessary to achieve explain, analyse, evaluate, discuss, assess, describe and identify.

The levels of responses given indicated that there had been sound revision completed with thorough understanding of key concepts of the unit and excellent application of knowledge in the higher scoring papers.

- 1(a) Generally well answered. Some candidates did not give economic responses and referred to social or emotional instead which did not score marks.
- 1(b) Candidates seemed to experience difficulty in providing information on both lifestyle and role changes, many gave one or the other. It is important for candidates to be able to link role changes to the lifestyle; changes experienced in retirement.
- 1(c) Effects were understood where candidates had given relevant role changes in 1(b).
- 2(a)(i) Answered well with accuracy, although a minority of candidates muddled their body systems up so did not score any mark.
- 2(a)(ii) Usually answered well, although some candidates did not give physical effects.
- 2(a)(iii) Candidates tended to list several coping strategies without giving any explanation of how or why they would help the service user to actually cope with the disorder.
- 2(b) Most candidates were able to identify three professional care workers who could provide support for an older person with a disorder of the digestive system. Some found it more difficult to explain how each could help. The explanation needed to link to coping with the disorder rather than just providing general roles and duties.
- 3(a)(i) Most candidates were able to identify a disorder of the nervous system.
- 3(a)(ii) Generally well answered with candidates identifying relevant social effects of the disorder and many were able to explain the effects given.

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- 3(b) Candidates gave good responses to identify reasons why an older person with a disorder of the nervous system could have low self-esteem. Few gave explanations that were not relevant demonstrating a lack of application of their knowledge.
- 3(c) Candidates seemed to find it difficult to fully analyse ways a care worker should promote equality and diversity when caring for an older person who has a disorder of the nervous system. Many gave descriptive answers which excluded them from higher level marks.
- 4(a) Well answered by the majority of candidates.
- 4(b) A significant number of candidates struggled to accurately give two functions of the heart - this is a key component of this unit.
- 4(c) The Carers Recognition and Services Act 1995 was not understood by some candidates who gave generic answers not worthy of marks. Higher grade candidates gave detailed, well applied answers. The focus should have been on the carer and not the service user to achieve higher level marks.
- 5(a) Confidentiality was understood well by candidates, however, they did not answer the question fully as there was often limited discussion evident.
- 5(b) A wide range of responses were given in relation to the Health Act with many candidates giving responses referring to the NHS and Community Care Act and some responses about the Mental Health Act. Candidates did not respond to the requirement of 'evaluate' and generally gave only strengths of the legislation.
- 6(a) Few candidates actually evaluated the possible effects on Stephen of losing his wife with many giving only negative effects. To score full marks a conclusion should have been drawn.
- 6(b) Candidates were able to clearly explain how care practitioners could provide support for Stephen; however, few referred to the types of community care services as asked for in the question. To obtain higher level marks it was essential to analyse the types of services, including references to the practitioners working within them and how they would support Stephen's needs following the death of his wife.

## **F919, F922, F923 and F925**

### **General Comments**

Portfolio work submitted this session demonstrated some areas of outstanding work, however there was also some work presented which did not meet the assessment criteria as presented in the specifications.

It was encouraging to see evidence of assessor attendance at training sessions and that the guidance given had been followed. It is highly recommended that a representative should be sent to training sessions to up-date their knowledge and understanding of the application of the assessment criteria.

The majority of centres presented portfolio work in a well organised manner which ensured the moderation process ran smoothly. More centres are devising and using their own case studies, although significant numbers continue to use those supplied by OCR, either of these options are perfectly acceptable.

Administration procedures are not always followed accurately. Common errors seen during this session included:

- Late arrival of MS1s and portfolios to the moderator which delayed the moderation process.
- Where there were 10 or less candidates entered, all portfolios not being sent with the MS1s. This helps the moderator considerably and ensures the moderation is completed efficiently.
- Portfolios being marked out of 100 instead of out of 50 as they should be.
- MS1s completed inaccurately or altered on the top copy but not on the moderator copy.
- URS sheets sent blank, not at all, with page referencing not completed, candidate numbers and centre numbers missed out, no assessor comments
- Portfolios sent loosely with nothing holding the pages together at all causing them to get muddled in transit.
- Portfolios muddled and presented in random order.
- CCS160s (Centre Authentication sheets) not being sent with the portfolio work

Annotation of coursework continues to vary considerably from centre to centre. Accurate annotation is very helpful to the moderators as it enables them to quickly and easily find where assessment decisions have been made and immediately locate the relevant evidence. Annotation should be used to provide feedback to candidates to ensure they are fulfilling the assessment requirements as fully as possible.

Centres should remind candidates that the inclusion of extensive research materials, printed off internet pages and unreferenced work does not improve their overall grade. Only one completed copy of a questionnaire should be included in the appendix of any portfolio.

The learning aids for Unit 13 should not be sent to the moderators - they do not have the space to store these and often they are damaged or pieces lost which is disappointing for candidates.

Please assist your moderator by meeting the publicised deadline dates.

## **F919 Unit 10 Care practice and provision**

Centres generally approached the unit with confidence.

AO1: Candidates effectively used local demographic data and linked these to the planning and organisation of local services, however remember only two different demographic factors are required –It is recommended that the demographic factors used here link to the provision of the types of services discussed within the candidates' portfolio to ensure candidates are able to show their understanding of the relevance of the data. The stages in local planning must be covered fully to gain mark band 3. Candidates need to demonstrate their understanding of how each stage is carried out within their local area. The role of local stakeholders must be explicitly linked to the planning and organisation of services. Monitoring and review were often omitted completely. National local and internal organisation of services should be included wherever possible in order to meet the assessment criteria. A diagram is useful as a starting point, however alone this does not meet the assessment criteria.

AO2: Case studies were used well and the majority of candidates gave an introduction which explained the needs of their case study relating these to PIES. Two relevant services to meet the needs of the case study were usually included; however, a few continue to refer only to the practitioners and some consequently only covering one service because of this. Candidates were generally able to explain how the two practitioners could meet the needs of their chosen service user. The information provided on the approaches used by the two practitioners varied in detail. There is no requirement for candidates to cover all of the approaches; one for each service is sufficient. Generic coverage of the approaches is not appropriate. Candidates demonstrated sound understanding of what a multi-disciplinary team is. They often do so generically though and tend to miss the point of explaining how they actually work together. Benefits the service user was not covered well – more detail is required here and links should be made to meeting the identified needs of the individual.

AO3: Candidates usually selected appropriate primary and secondary research techniques to investigate quality assurance mechanisms used by their two chosen services. Reasons were included to justify the research techniques chosen. Analysis of how the data collected is actually used to improve the quality of provision should be included, not simply giving a straightforward description of what the quality assurance mechanism is or how it is carried out.

AO4: Candidates selected a relevant national policy or piece of legislation. There was improved evidence of linking this to their chosen services. Candidates gave limited evaluation of the effects of the chosen legislation on care practice and provision within the chosen service. Remember though, the analysis should relate to two different perspectives i.e. the service, service user and service provider/practitioners.

## **F922 Unit 13 Child Development**

This was certainly the most popular optional unit entered for moderation this session.

Please note: the child used for the case study for this unit should be at least eight years old. There was evidence of babies of 6 months old being used which obviously limits the level of detail the candidates are able to include in their portfolio and consequently their overall levels of achievement.

AO1: Candidates usually described three different patterns for each area of development (physical growth, physical development, intellectual – including language and cognitive, and social and emotional) covering the time period between birth and eight years of age. Although physical growth remains a weak area as they often miss this out altogether. Charts can be used to define the milestones within each pattern; however, without extended writing these do not

meet the requirements above mark band 1. The candidates must show that they understand the progression from one milestone to the next from birth to eight years to achieve higher marks.

AO2: Factors chosen must be those that are actually affecting the development of the chosen child– generic information about all of the factors is not relevant. Candidates must demonstrate their application of knowledge and understanding to their chosen child. Comparison of the child's development should cover all areas of development and from birth to eight years – incomplete comparisons will affect the marks awarded. Completion of comparison charts is acceptable, however there does need to be some form of extended writing as well to explain the variations from the norms.

AO3: Use of three different sources needs to be explicit by including a recognised referencing style (eg Harvard) and referencing their sources within the main body of the text. Centres should encourage candidates to research two 'theories of play' (this does not have to be 'theorists'). These theories can be taken from the bullets in the specification, although care should be taken to avoid repetition eg categories of play and types of play are very similar.

AO4: The learning aid or activity should be challenging for the child and designed to link directly to an aspect of their case study's development. Trialling of the learning aid can be carried out with a child other than the case study who is at the age for which the aid is intended. Plans should include an outline of the methods to be used, resources needed and also accurate timescales for making and using the learning aid or carrying out the activity. There were some superb learning aids produced – please do not send these to the moderator – a picture is perfectly acceptable. The evaluation of the effectiveness of the learning aid should include reference to the performance of the learning aid or activity together with analysis of how the learning aid or activity could benefit the child studied. Recommendations for improvements to the learning aid or activity need to be realistic and informative.

### **F923 Unit 14 Mental Health Issues**

AO1: Three different mental health illnesses were usually explained well. References to the actual types of mental illness were often missed with the specific condition taking precedence. A few candidates used two examples of the same type which should be avoided. A short introduction to the type is recommended before stating the example to be used and then progressing onto the possible causes, symptoms and resultant health needs.

AO2: The use of case studies is improving and there is a great deal of sensitivity being applied. Many centres are developing some excellent case studies of their own Centres must ensure that candidates maintain confidentiality throughout the evidence presented. The effects of mental illness were generally applied well to their chosen service user and most included references to PIES. Long and short term effects in day-to-day situations must be explicitly covered. Candidates should refer to effects not only on the service user but family, friends and wider society as well.

AO3: Preventative/coping strategies should be analysed explicitly in relation to those which their chosen individual could use, they do not actually have to be using them at the time. The strengths and weaknesses of each of each of the strategies should be included when explaining why they are appropriate for the service user. The two services chosen should be relevant to providing support for the service user and must be explicitly linked to their individual need. Generic information does not fully demonstrate the candidate's capability. Legislation should be relevant to the service user could be the Mental Health Act, Mental Capacity Act, NHS and Community Care Act or possibly National Standards Frameworks. It is recognised that there have been recent changes to legislation and examples of the new legislation can be used.

AO4: The concepts/definitions of mental health could be included as the introduction to the unit to ensure candidates fully understand this aspect of the unit. This area tends to be completed

exceptionally well or in a very limited manner. Where centres have approached this from an historical perspective, it is obvious that the level of understanding amongst the candidates is greatly improved.

Positive and negative effects of the two examples of the media's portrayal of people with mental-health needs were clearly understood. Recommendations for improvements were realistic showing a thorough understanding of the main issues associated with the way the media can influence attitudes.

## **F925 Unit 16 Research Methods in Health and Social Care**

There were some excellent examples of research projects seen during this session.

AO1: The purposes of research were understood; with good examples used to highlight the differences. A small number of centres misinterpreted this aspect and linked the purposes directly to the chosen research project rather than the generic evidence which is required. Research methods were clearly understood with the majority of candidates considering the strengths and weaknesses of those chosen. It is recommended to include one secondary and two primary methods for this section of their portfolio.

The rationale for the chosen research area varied, some were excellent whereas others lacked depth. The specifications and 'Guidance from an Expert' clearly outline what is expected. Clear justification of why their chosen topic warrants being researched is required. Their rationale must clearly outline the aims and/or objectives of their chosen research. An understanding of the differences between aims and objectives should be established before the candidates complete this aspect of their coursework.

AO2: Ethical issues must explicitly be linked to the candidate's own research area, this is not meant to be a generic explanation. Possible sources of error and bias should be those which they recognise could occur in their own research. Application could include references to the participants, the researcher, the area of research or any other relevant issues.

AO3: Candidates must explicitly show that they have used three different sources to carry out their research. There should be a bibliography included and also referencing within the text. Questionnaires count as one source only as do websites. A balance of primary and secondary sources was generally included, questionnaires and interviews were popular combined with internet and media/literature searches. Justification of the chosen research methods should be given here, not in AO1 – this is a reflection of why the chosen research methods were chosen. These should link explicitly to their actual research project. The evidence should include reasons why the methods chosen were suitable for their particular research project and may include reasons why certain methods were rejected.

Presentation of findings clearly demonstrated excellent use of ICT, however graphs and charts often take over the portfolio and are not referred to in the analysis of findings. Candidates should group together their analysis of findings in relation to the original aims and objectives to ensure the analysis is directly related to these. Conclusions must be drawn from their findings.

AO4: Candidates often omitted using their predetermined aims and/or objectives when evaluating the success of their research project. The success of the research is reliant on these being met rather than the actual quality of the findings. There continues to be confusion between the terms of Validity, Reliability and Representativeness. Candidates must be able to differentiate between these key terms in order for them to be applied accurately. Recommendations for improvements and continuation of the research varied in quality.

## F920 Understanding Human Behaviour

Candidates showed a good understanding of all aspects of this unit and were able to present answers which in the main demonstrated sound understanding of the issues raised. There were few papers where candidates had not attempted all questions. The majority of candidates completed the paper in the time available although it was evident that some answers to the last question were rushed. Candidates continue to demonstrate improvement in their ability to apply theoretical perspectives to practical health and social care situations; however, a surprisingly high number of candidates used examples based on residential care in question 1c rather than day care as required. In most questions, to be able to access the higher mark levels, answers must be 'balanced', meaning that candidates should be able to develop their answers beyond the somewhat simplistic responses that are often given portraying very stereotypical views, which in this paper, were particularly of older people, or people on low incomes. For example, in question 4b candidates could be reminded that there are many opportunities for families to access free facilities such as libraries, museums, parks, etc, but the limiting factors may be parental time or the cost or availability of transport. The use of homework clubs at schools could be suggested where quiet space for studying at home is limited. Candidates should also be aware that low income could be the result of a number of circumstances and that impacts of unemployment, disability, low paid employment or a single parent receiving benefits may be different, particularly in understanding the balances of time and money (eg time rich/money poor or vice versa).

- 1(a) The majority of candidates identified Maslow, although there were more Rogers responses than in the past.
- 1(b) Candidates seemed to focus on issues of self esteem with the majority mentioning fear of crime or being attacked by young people. There were only isolated examples of candidates identifying problems caused by failing hearing or eyesight, linked to practical activities such as crossing the road. Concerns about being able to find toilets were appropriately mentioned by a few and the need to be able to sit down to rest and worries about falling were appropriately linked to mobility problems.
- 1(c) Candidates were generally able to describe an appropriate theory, although candidates should be reminded to use appropriate language when applying theory to a practical situation - rather than saying that the first level of Maslow's hierarchy says that 'food, warmth, shelter and sex' must be provided, it would be more relevant for candidates to say that people at the day centre should be given a drink, perhaps a cup of tea or coffee when they arrive, lunch is normally provided and the day care is held in a comfortable room which is kept at the right temperature, this will therefore help to meet a clients physiological needs. Candidates who used Rogers' theory were generally able to give appropriate examples of conditions of worth and unconditional positive regard which were well related to older people in day care.
- 2(a) The majority of candidates identified Bandura, with Tajfel and Latane also being named.
- 2(b) Most candidates were able to appropriately summarise two features of the theory named, although many using Latane found it difficult to give more information than that 'people behave like sheep'.
- 2(c) There were some excellent answers in which candidates clearly understood the links between social learning theory, self concept and adolescence, giving appropriate examples demonstrating the particular importance to adolescents of the way in which they 'match up' to their peers or role models resulting in their copying behaviour/fashion/appearance etc and the ways in which their self-concept is affected by

feedback from others. However, many candidates found it difficult to address the three factors together. The focus of this question should have enabled candidates using Tajfel or Latane to draw in appropriate examples of their experimental work to support their answers. Some candidates using Bandura spent too much time explaining the Bobo doll experiment making few links with the focus of the question.

- 3 The majority of candidates used autism and tourette's syndrome to answer this question and many tended to give very stereotyped answers which were not necessarily directly applicable to the condition being described, such as intellectual development being affected by missing school because of frequent hospital visits. A number of candidates used cystic fibrosis as an example and gave detailed answers showing high levels of understanding of the condition, including the effects on the digestive system, here it was appropriate to refer to the amount of time spent at hospital or undergoing treatment. Candidates who only referred to the breathing difficulties resulting from CF often went on to say that this would prevent exercise being taken and so lead to obesity, which is unlikely in view of the difficulties in absorbing nutrients experienced by most people with CF. To access the higher marks candidates needed to provide some 'balance' in their answers, perhaps by referring to the development of strong relationships between family members or belonging to 'support groups'. For people with conditions such as CF, a greater awareness of the condition, relationships with therapists, a determination to make the most of life could also be appropriate. Candidates should be reminded that if the question is expressed as a plural (in this case genetic conditions/traits) two examples should be given.
- 4(a) The majority of candidates identified appropriate environmental factors.
- 4(b) A number of candidates gave extreme examples of the effects of living in poverty, including the likelihood of contracting typhoid, diphtheria and polio as well as the risk of starvation. Candidates should be careful when referring to the effects of income on being able to access health services and education. The cost or availability of transport for frequent or routine hospital visits may be an issue but it is inappropriate to say that people on low incomes would be 'unable to pay for treatment' where it is available within the NHS. The fact that children may have to go to their local state school rather than paying for private education does not mean that they will not be educated or even not get a good education. To access the higher marks again a 'balanced' response is required, perhaps referring to the stress and long working hours or time away from home for parents which come with high income jobs, or the use of libraries, parks, museums, school homework clubs etc for children with fewer facilities at home.
- 5 The majority of candidates showed a good understanding of the requirements of this question and were able to make links between the theory and the behaviour of older people in residential care, recognising that having an understanding of the theory would help care workers to respond to residents as individuals, rather than expecting all older people to act the same way simply because of their age. A number of candidates inappropriately suggested that care workers could carry out psychoanalysis on the residents, without referring to the need for specialist training. Candidates gaining the higher marks were able to give appropriate examples of behaviour linked to specific aspects of theory and to make appropriate suggestions of ways in which the care worker could respond in practical terms, such as respecting an individual's need to have objects in their room kept in the same place.

## F921 Anatomy & Physiology in Practice

### General Comments

Questions were based on the six systems that were required to be studied in the unit outline and the associated underpinning knowledge. The majority of questions required candidates to 'apply' their knowledge and were not based on straight 'recall' of knowledge. Short-answer questions and diagrams were used to help stimulate candidate response and increase accessibility.

Some candidates failed to read the question stem with accuracy, however most candidates completed all of the questions. In a small number of cases the legibility of some papers, poor spelling and poor grammar made marking more difficult. Poor scientific spellings again appeared to be a problem for many candidates.

The general standard of answer was reasonably focused across the paper. Responses were found to be less accurate in questions that required an explanation; here a noticeable number of candidates provided only descriptions. Only a few candidates failed to provide a correct dysfunction for the named body system and the diagrams relating to the body systems were answered well by most candidates. Poor examination technique when formulating their answers was also a problem for a number of candidates who on occasion failed to express themselves, using incomplete sentences and weak explanations.

Question 2b attracted poor responses from many candidates. Here the candidates had a tendency to give weak descriptions of the process of carbon dioxide and oxygen exchange in the lungs. Many focused only on the mechanical process and not the gaseous exchange.

In question 5 a number of candidates demonstrated difficulty in understanding what was required from this question. Many did not describe their chosen dysfunction comprehensively and concentrated on the lifestyle changes. This in turn limited the amount of marks that they could access.

In the higher level questions (2c & 5) the candidates were asked to explain or assess, providing the opportunity for candidates to give detailed and reasoned answers in order to demonstrate the depth and breadth of their knowledge of the subject.

Knowledge was required for five of the six systems that related to structure, function, dysfunction, diagnosis and treatment of the system and the chosen dysfunction. In the usual way candidates were also asked to either describe, explain or assess the effects on the individual or the system. Candidates generally wrote in a coherent manner, giving facts connected to the question, but often using vague comments such as 'things', 'serious effect', 'help in their treatment' and often repeated the question stem in their answer.

Centres could help to improve candidate performance by:

- helping candidates to improve the way they approach the command verbs 'explain', 'describe' and 'assess'.
- practising questions that require explanations before they reach the controlled conditions of the examination.
- improving the techniques used by candidates when answering the question, for example, sentence construction and accurate spelling.

- making sure candidates are familiar and know the meaning of technical terminology used within the unit and the underpinning knowledge.

Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a failure to read the question stem with accuracy. Lack of clarity of expression occasionally contributed to a lower mark. Successful answers and good practice were reflected in responses that were factually accurate and successfully applied to the question. Candidates were not penalised for poor spelling and grammatical inaccuracies unless they were obtrusive.

### **Comments on Individual Questions**

- 1(a) This question was generally well answered, a noticeable number of candidates were unable to identify the rectum.
- 1(b) Again generally answered well with many candidates giving suitable descriptions of the functions of the stomach, pancreas and duodenum. The weakest area of response from candidates was the pancreas who often confused this organ with the gall bladder.
- 1c Candidates gave reasonable descriptions of the treatment of their chosen dysfunction. When describing simple generic pharmaceutical treatments they often had difficulty remembering their names and floundered with the spellings.
- 2a The component parts of the respiratory system were poorly identified by many candidates. The biggest problem area was knowing the difference between the bronchus and bronchioles.
- 2b This question attracted poor responses from many candidates. Here the candidates had a tendency to give weak descriptions of the process of carbon dioxide and oxygen exchange in the lungs. Many focused only on the mechanical process and not the gaseous exchange. Many new the route and muscular processes but the overall lack of accurate knowledge of this process limited their mark.
- 2c In this question the candidates often provided descriptions and not explanations therefore giving limited reasoning in their answers. For example candidates would describe the fact that the dysfunction made the individual breathless but then failed to explain why this occurred. This often limited answers and made them superficial in content.
- 3a Almost all of the candidates were able to identify a dysfunction of the musculo-skeletal system. Those that did not picked a dysfunction from another system and then went on to incorrectly answer questions 3b & 3c.
- 3b The majority of candidates were able to give a full description of how their chosen dysfunction could be diagnosed and treated. Descriptions were generally accurate but often contained poor spelling. A good variety of dysfunctions were covered by candidates with some very impressive descriptions of treatments provided by a number of candidates. Those who scored high marks followed a logical process in describing the treatment and accurately described the generic or specific drugs used or the interventive procedures used in the treatment.
- 3c Again the majority of the candidates provided good responses to this question covering a wide range of effects that could occur from their chosen dysfunction. Where candidates did not do well it was because they used PIES effects and did not link them to a specific component of a person's lifestyle or activity.

*Report on the Units taken in June 2009*

- 4a This question was generally well answered, a noticeable number of candidates were unable to identify the fimbria or fimbriated end of the fallopian tube.
- 4b This question was generally well answered with most candidates providing two correct functions of the ovaries.
- 4c This question was generally answered well with many candidates giving suitable meanings for the terms 'menstrual cycle', 'fertilisation' and pregnancy. The weakest area of response from candidates was in providing a suitable meaning for the term 'pregnancy'. Candidates often included functions of the other two terms in their answer.
- 4d The majority of candidates were fully able to provide many values of the use of ultrasound and answers provided were often comprehensive in this area. Very few candidates could adequately describe the principles by which ultrasound works. Using high frequency sound waves, a gel on the abdomen as an acoustic couple and the fact that it was non-invasive, totally escaped the knowledge of many candidates.
- 5a In this question a number of candidates' demonstrated difficulty in understanding what was required from this question. Many failed to describe their chosen dysfunction comprehensively and concentrated on the lifestyle changes. This in turn limited the amount of marks that they could access. There was also a tendency for candidates to describe the treatment of cardiac dysfunction, which was not asked for and often detracted from their answer. Assessments occasionally became descriptions and therefore lacked positive effects of the changes in lifestyle.

## F924 Social Trends

The overall performance by candidates was an improvement upon the last two sessions. This was particularly evident in the questions on research techniques. Fewer candidates are making basic errors with regard to fundamental issues relating to quantitative and qualitative research. Most candidates are able to apply their understanding to the situations given in the questions. This seems to have been taught more successfully this year.

Candidates are using the allocated time successfully and showing evidence of more planning in their responses. However some continue to write overlong answers to the shorter questions which require bullet like responses.

There were some encouraging answers which made use of local data particularly with regard to the question on Surestart. However more candidates should be encouraged to use current issues both on a national and local scale as there is so much in the media on many of the topics in the specification. The pre release material should be used as a catalyst for candidates to explore issues and controversies of relevance.

The two areas that proved most difficult were the question on gender and education which produced a large number of generic common sense responses about why girls work harder than boys without looking specifically at the research that is available on this key topic. Secondly the question on family diversity produced responses which largely described families today without addressing the issue of extent and the reasons for the changes that have taken place. It would be useful to provide candidates with some basic social science explanations which are readily available in a wide range of texts and websites.

- 1(a) Generally answered very well.
  - (b) As above with most candidates referring to issues linked to the 'credit crunch'.
  - (c) A number of excellent responses with most able to show a sound understanding of participant observation as a research tool.
- 2 See above general comments. Too many candidates wasted time by writing about boys underachieving rather than focusing upon the changes within society and the education system which have enabled girls to break from their traditional gender role.
- 3(a) This question was answered extremely well with many candidates showing a real understanding of the role of SureStart.
  - (b) Most candidates were able to refer to higher fertility rates and the desire to give all children an early opportunity to develop a wide range of skills prior to compulsory schooling.
  - (c) Generally answered quite well but many answers lacked depth and discussion of the problems of widening nursery education.
  - (d) Candidates were more aware of the process of research but many failed to plan their response which led to repetition and a lack of coherence. Referring to piloting the questions before discussing the types of questions and sampling was evidence of this incoherence.
- 4(a) Answered well.
  - (b) Surprisingly there were very few good responses with some candidates failing to attempt the question whilst others did not look at 'practical' ways the data could be used.
  - (c) A small number of good answers which assessed usefulness by reference to weaknesses of quantitative data and alternatives such as informal interviews. Most candidates tended to list points relating to large scale research.

*Report on the Units taken in June 2009*

- 5 See general comments above. The main weaknesses were the lack of discussion of 'extent' and ignoring the term 'recent years'. Too many candidates tended to suggest that the nuclear family no longer plays a role in society rather than pointing out that it still remains the preferred choice for most people and is still experienced by many at some stage in their life.

# Grade Thresholds

Advanced GCE Health and Social Care (Double Award) (H703)

Advanced GCE Health and Social Care (H503)

Advanced Subsidiary GCE Health and Social Care (Double Award) (H303)

Advanced Subsidiary GCE Health and Social Care (H103)

June 2009 Examination Series

## Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	80	70	61	52	43	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	81	71	61	51	42	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	83	74	65	56	47	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	77	68	59	51	43	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	75	66	58	50	42	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	80	72	64	57	50	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0

## Specification Aggregation Results

Overall threshold marks in UMS (ie after conversion of raw marks to uniform marks)

### AS Single Award (H103)

	Maximum Mark	A	B	C	D	E	U
<b>H103</b>	300	240	210	180	150	120	0
<b>% in grade</b>		8.5	26.5	50.0	72.6	88.2	100

3017 candidates aggregated this series

### AS Double Award (H303)

H303	AA	AB	BB	BC	CC	CD	DD	DE	EE
<b>UMS (max 600)</b>	480	450	420	390	360	330	300	270	240
<b>% in grade</b>	5.3	10.6	19.2	29.5	42.0	55.7	67.9	79.7	87.9

1308 candidates aggregated this series

### GCE Single Award (H503)

	Maximum Mark	A	B	C	D	E	U
<b>H503</b>	600	480	420	360	300	240	0
<b>% in grade</b>		9.0	30.8	61.2	84.3	96.1	100

2076 candidates aggregated this series

### GCE Double Award (H703)

H703	AA	AB	BB	BC	CC	CD	DD	DE	EE	U
Max 1200	960	900	840	780	720	660	600	540	480	0
<b>% in grade</b>	3.7	9.5	20.7	35.5	51.2	66.6	80.0	90.1	96.8	100

1375 candidates aggregated this series

For a description of how UMS marks are calculated see:  
[http://www.ocr.org.uk/learners/ums\\_results.html](http://www.ocr.org.uk/learners/ums_results.html)

Statistics are correct at the time of publication.

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