

Examiners' report

A LEVEL

PSYCHOLOGY

OCR Level 3 Advanced GCE in Psychology

H567

For first teaching in 2015

H567/03 Summer 2025 series

Contents

Introduction	3
Paper 3 series overview	4
Section A overview	5
Question 1	5
Question 2 (a)	5
Question 2 (b)	6
Question 3 (a)	7
Question 3 (b)	8
Question 3 (c)	8
Question 4*	9
Section B overview	13
Option 1 overview	14
Question 5 (a)*	14
Question 5 (b)*	14
Question 5 (c)*	15
Option 2 overview	16
Question 6 (a)*	16
Question 6 (b)*	17
Question 6 (c)*	17
Option 3 overview	18
Question 7 (a)*	18
Question 7 (b)*	18
Question 7 (c)*	19
Option 4 overview	20
Question 8 (a)*	20
Question 8 (b)*	21
Question 8 (c)*	21

Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates.

The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. A selection of candidate responses is also provided. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report.

A full copy of the question paper and the mark scheme can be downloaded from [Teach Cambridge](#).

Would you prefer a Word version?

Did you know that you can save this PDF as a Word file using Acrobat Professional?

Simply click on **File > Export to** and select **Microsoft Word**

(If you have opened this PDF in your browser you will need to save it first. Simply right click anywhere on the page and select **Save as . . .** to save the PDF. Then open the PDF in Acrobat Professional.)

If you do not have access to Acrobat Professional there are a number of **free** applications available that will also convert PDF to Word (search for PDF to Word converter).

Paper 3 series overview

Candidates seemed prepared for the content of the exam, with very few candidates citing incorrect key research, or misunderstanding the issues. Many candidates were able to get some credit in every question, showing a wide-ranging knowledge of the specification.

Where there was more than one way to answer a question, for example in Question 1 and Question 2 (a), any answer would be given credit for the correct information, however it had been interpreted. Most candidates knew something about the biochemical explanation and categorising disorders. Occasionally, errors of using genetic explanations or explanations of mental health meant the candidate did not gain marks.

Candidates seemed to find some of the questions challenging and maybe had not been prepared for some of the questions which were asked. The two main challenges were Question 3, relating reliability to findings (rather than research) and Question 4, the validity of definitions of abnormality. Candidates tended to want to use their pre-prepared answers to evaluate research studies, on these two questions, and often found themselves unable to do this effectively. This might be something for teachers to take note of going forward to make sure students are able to relate all of the evaluation issues and debates to all of the content on the specification.

However, it was pleasing that most candidates did know the features of valid and reliable research and were able to get marks. This was also the case for Question 6 (b), the features of science; again, these were generally well-known and understood but often not related effectively to the research cited.

Candidates who did well on this paper generally:	Candidates who did less well on this paper generally:
- answered every question with appropriate content - were able to use their knowledge in new situations such as validity in relation to definitions - suggested applications which were supported by psychological rationale and related to the scenario - used research effectively rather than dropping in names of researchers or irrelevant parts of the study.	- confused reliability and validity - suggested applications which were not appropriate to scenario - only named research to support a point rather than used the research effectively by referring to specific relevant features of the study - made one evaluation point with different research examples rather than a range of evaluation points.

Section A overview

Questions 1-3 had a variety of ways with which candidates would correctly answer. This meant that many candidates gained some credit for most of them. Question 3 was usually attempted, and some application of reliability to the answers was made. Question 4 was the least well-answered; candidates were not prepared for a validity question about anything other than research. However, the knowledge of definitions was usually good, although not creditworthy on its own.

Question 1

1 Outline the biochemical explanation of mental illness.

[5]

Most candidates could identify the impact of imbalance of serotonin and dopamine in relation to depression and Schizophrenia. Other ways to answer this included the understanding of synaptic transfer and the role of the neurotransmitter in maintaining stasis with reference to one example, such as serotonin and depression. However, it was unusual for a candidate to accurately explain the action of a neurotransmitter in maintaining stasis.

It is worth noting as the question states 'the' biochemical explanation not 'one' explanation candidates could briefly describe two explanations, and this tended to lead to higher marks (when done accurately). Many candidates got high marks for this question.

No credit was given for treatments.

Question 2 (a)

2

(a) Describe **one** way mental disorders can be categorised.

[4]

This was asking for how disorders were categorised not a description of the diagnostic tools. Identifying ICD/DSM or any other appropriate tool was a good way to start. DSM is the most common here, however ICD is mentioned too. A description of how the disorders were categorised, e.g. affective or psychotic; identification of individual disorders with those categories and specific symptoms related to the disorder all answered the question. Many candidates could gain high marks in this question.

Historical views, definitions of abnormality or explanations based on area, e.g. biological are not relevant here as disorders are categorised based on symptoms rather than explanations/causes of behaviour.

Question 2 (b)

- (b) Outline **one** problem a clinical psychologist might have when categorising mental disorders. Use an example of a mental disorder to support your answer. [4]

Typical responses considered bias, problems of self-report and symptoms which overlap two disorders. Most students used symptom overlap, but some fell short as they didn't elaborate on which symptoms overlapped for the disorders they named (or used incorrect examples of symptoms).

To gain full marks, there had to be reference to a specific named disorder.

The problem of out-of-date editions; not having details of symptoms, i.e. duration, were not given as this is not a problem of using the categorising tool. The duration would be available to practitioners in DSM/ICD.

Other responses that did not get marks are those that include references to labelling or giving wrong treatment (these are the consequences of wrong categorisation, not why there are problems with categorising disorders in the first place).

Also, suggestions that people show different symptoms or that they show some symptoms, but not all were not creditworthy, as this is why DSM/ICD have a list of symptoms and require only a certain amount of those to be present.

Question 3 (a)

- 3 As part of the key research by Rosenhan (1973), the pseudopatients approached members of staff within the hospitals with a polite request for relevant information. The table contains details of how hospital staff responded to these requests. The table also contains results from when a person approached members of teaching staff at a university with a similarly polite request for relevant information.

	Percentage of hospital staff in a psychiatric hospital doing each action (based on 1283 attempted interactions)	Percentage of teaching staff at a university doing each action (based on 14 attempted interactions)
Moves on, head averted	88	0
Makes eye contact	10	0
Pauses and chats	2	0
Stops and talks	0.5	100

- (a) Outline **one** conclusion that can be drawn from these findings.

[3]

Candidates struggled to get full marks for conclusions. Most candidates stated findings but do not make any inferences from them. A conclusion is an assumption based on the findings, so assumptions should be given, such as patients were not worth talking to, teachers were nicer, etc, then given a finding to support this from the data table. Just saying patients were less likely to be responded to is actually a finding summarised rather than quantified. If there was an attempt at a conclusion, the 3rd mark was often missed as there is no possible reason for the conclusion ('plausible speculation'). These included, e.g. teachers are less busy(!), doctors don't have training, or patients are seen as being inferior. Responses focusing on dehumanisation were not creditworthy, as conclusions have to be relevant to the results in the table, not the whole study. Rosenhan discussed dehumanisation of psychiatric patients, but he was referring to their whole experience in hospitals, not the fact that they were largely ignored when trying to make a request. Not responding to someone's questions is not enough evidence to suggest dehumanisation, as being ignored is not inhumane, just ill-mannered.

Question 3 (b)

(b) Outline **one** suggestion a psychologist might make about how these findings could be used. [3]

The most common responses were about training hospital staff, and these could gain full marks if they went on to identify what aspect of patient care they would be trained in, which would be some reference to interacting, responding positively, answering questions, taking time to talk, as the question asked for these findings to be used. This question was usually answered well.

Question 3 (c)

(c) Assess the reliability of these findings. [6]

This question was not very well-answered. It is worth noting how the question is asked. It is not asking for a discussion, so no evaluation is needed, this requires a 'this is reliable/this isn't reliable' approach. There are no marks given for linking to other issues/debates, and this often muddled the response.

Often there was a link to the large or small sample size but with no elaboration about why this would affect reliability. Responses needed to consider samples being large enough to not be influenced by anomalous data. The response was not given credit if the second point was the small sample was more likely to be influenced by anomalous data, as this is two sides of the same point. Unbalanced size being related to reliability also wasn't given credit, as it isn't.

Replicability was given although this is a test for reliability rather than improving reliability. This maintains consistency across the series as we have done this previously. Candidates had to refer to the questions in the table, rather than features of Rosenhan's study such as the reliability of diagnosis or patients' symptoms.

Inter-rater reliability is only a feature if more than one researcher is looking at exactly the same situation. As this wasn't done in this study, it couldn't be given credit.

Same questions, same approach (polite) was given credit as increasing the reliability of the findings as these are in the stimulus material.

Question 4*

4* Discuss the validity of definitions of abnormality.

[10]

This was a challenge for candidates. Many understood the terms face, ecological, population validity, etc but then had to relate these to definitions of abnormality. This required some consideration of how they were related.

The question asked candidates to discuss the validity, and this should be the main focus with definitions of abnormality to support the point. Therefore, elaboration should be related to the feature of validity not the definition.

Taking a subjective versus objective approach would have helped candidates, and if they had substituted the word accuracy (in their head) every time they wrote validity, and checked that it made sense, this could have enabled them to write a more relevant response.

Suggesting that low population validity was a feature of deviation from social norms was not usually made relevant, as, realistically, it is more valid as it accurately reflects that society, therefore is valid within the society where it is being used. The problem arises if someone moves from another culture when their diagnosis may not be valid in the new culture, or a practitioner from another culture might diagnose incorrectly due to their own cultural bias.

Statistical infrequency was more valid as quantitative, and this was often the strongest link made. It was also the easiest one to elaborate on with ideas of why it isn't valid, i.e. positive traits/skills being infrequent. Evaluation of the validity of IQ tests was an example of how the focus diverts from the definitions.

Other examples include failure to function adequately and deviation from ideal mental health with concepts such as self-actualisation being difficult to accurately identify due to their subjectivity. Candidates referring to failure to function adequately often referred to not having job, but more successful responses then linked the accuracy of this subjective judgement to people in situations where they didn't need a job.

When elaborating on points, it is a better idea for the candidates to use actual examples from mental health rather than focusing on, for example, other features of a culture. Reference to tattoos, wearing shorts on the beach etc didn't really elaborate on the issue of abnormality in terms of mental health.

Assessment for learning



Candidates need to be able to evaluate all the content on the specification. It is not only research, but theories, techniques, definitions and explanations. They need to be prepared to use their knowledge to answer questions rather than prepare formulaic responses.

Exemplar 1

4		One definition of abnormality is deviation from social norms, meaning behaviour that is considered atypical of that society marks one individual as abnormal. This definition can be seen as having high external validity, because

4	it is unique to the society it is observed in, and does not measure an individual as abnormal when they come from a culture where that behaviour is considered typical. Therefore, it is not ethnocentric and has high external population validity, presuming the individual's own society is the lens used to observe their behaviour. Concurrent validity, however, is low due to varied behaviours across cultures. Maladaptiveness, the idea that behaviour is abnormal when it impedes ability to contribute to daily functions, can be seen as subjective, based on self-report, and therefore bears little internal validity. The point at which a behaviour, e.g. insomnia, becomes maladaptive could be subjectively determined differently by different psychologists. Finally, statistical infrequency as defining abnormality can is potentially highly valid, due to the objective nature of statistical analysis. Abnormality defined as behaviour that occurs least frequently in a population is particularly valid for observable behaviours, providing a sufficient sample is used. For behaviours that rely on self-report, such as auditory hallucinations, social desirability may affect answers, results, and therefore the validity of the statistics gained lowers.
---	---

The focus of this exemplar is on validity and the supporting of the points is made with reference to definitions. The first point identifies the issue of validity in terms of accurately measuring abnormality within a culture. The elaboration about population validity is better than giving examples of behaviours seen as abnormal in some cultures and not in others.

The second point of maladaptiveness (failure to function adequately) also considers the validity of self-report, showing the focus in the response on validity with the maladaptiveness illustrating it. Statistical analysis is linked to the objectivity of using observable (quantifiable) behaviours.

Section B overview

Part a

This section showed a much higher level of correct key research being described in part a. This was nice to see as it is a shame when candidates write about the wrong study. To gain full marks, the outline of the study needed to include more than one feature, so any from aim/background/hypothesis; sample/sampling technique; procedure/IV-DV/design; results. Generally, a good outline would have at least three of these with one or two elaborated.

The second part, 'to what extent does it show ...' is exactly what we have asked before, 'what does it tell us about...', 'explain what it tells us...'. The wording gave a flexible way of answering, as candidates could also consider that the extent is not totally clear cut, as there are some occasions when the conclusion cannot be applied.

Part b

This was generally done well in terms of identifying features of the evaluation point, attempting to use supporting research and in some cases elaborating on the point made.

In many cases, a common mistake across all options was the research referred to as support for the point made was often ineffective. For example, 'research is standardised as Hall and Player kept the procedure the same'. This was not creditworthy as supporting evidence, as we have no idea what was specifically kept the same (e.g. all received the same £50 note), and if the name was removed it could be true for any study.

However, each question also had its own challenges.

Part c

The strategies in this application question were usually relevant; sometimes they were a direct copy from the study, which often limited ideas. There has to be some element of psychological rationale to using the strategy and reference to the scenario in the question.

Option 1 overview

This topic was mainly correctly answered, and the reliability of the research was based on features relating to reliability of research. Suggestions in part c sometimes didn't have much relevance to the scenario of development of perception; most activities could be made relevant, but this was not always explained by candidates.

Question 5 (a)*

OPTION 1

Child psychology

5

(a)* Outline the key research by Gibson and Walk (1960) **and** use it to show the extent to which depth can be perceived by infants. **[10]**

The responses to this question often gained full AO1 marks for the outline of the research. There is much detail for candidates to use here.

The application of the extent to which depth can be perceived by infants opened up the opportunity to write about humans and animals. Candidates could summarise the conclusion about depth perception and also consider how we don't know if it is innate, developed over the first few months of life or how it could be an interaction. Reference to the findings of animals could also contribute to our understanding of depth perception, either as a stand-alone conclusion or to support points made about infants. However, many candidates assumed depth perception in all humans and animals was innate which is not really what the study shows.

Question 5 (b)*

(b)* Discuss the reliability of research into perceptual development.

[15]

Features of reliability were usually correctly identified. However, the research was not always used to illustrate the points made. Standardisation related to Blakemore and Cooper needed to include the detail of what was standardised. Just mentioning the kittens in the cylinder is not enough to get marks for supporting the point made. The idea of same experience for both kittens and a clearly identified procedure was needed to illustrate standardised research.

Even when relevant points are made (e.g. small sample size), they are then explained in terms of validity (i.e. not representative), rather than reliability (i.e. therefore anomalies can make results less consistent).

Question 5 (c)*

(c)* Nina is the manager of a pre-school playgroup for children aged 2–5 years. She is concerned that young children have too much 'screen time' (i.e. playing on electronic devices) so wants to use play to aid their development.

Outline at least one play strategy a psychologist might suggest to Nina to use with the children at her playgroup to help develop their perception. **[10]**

The suggestions here ranged from SIT to specific games. More successful responses showed what aspect of the development of perception the activity would relate to. Shape sorters for form/shape constancy, throwing balls into different hoops related to depth perception. There were lots of good ideas. Less helpful play strategies were reducing screen time (what aspect of perceptual development would this relate to?) or parenting advice not related to play.

Option 2 overview

This question was answered by almost all candidates. For part a, the study has lots of detail for candidates to choose for their outline, so candidates were able to get full marks. The second part was slightly less well done; there was some confusion about what was found. Part b tended to lose focus on features of science and often drifted into validity and/or reliability. Part c was again well done, candidates knew about this (possibly an interesting topic) and could make appropriate suggestions.

Question 6 (a)*

OPTION 2

Criminal psychology

6

(a)* Outline the key research by Hall and Player (2008) **and** use it to show the extent to which bias affects the collection and processing of forensic evidence. [10]

Most candidates identified the correct study, although there was sometimes confusion with Dror's research. There was enough detail for candidates to achieve full marks. However, if candidates simply rewrote the question, this was not enough to gain credit for the aim.

The second part was slightly less well done; there was some confusion about what was found. The perceived impact of the emotional context would tell us that to some extent analysts were affected, however the actual findings showed that there was no difference. Some candidates took the participants as being experts and suggested that we could only say there was no impact in the case of professionals. Some candidates suggested that emotional context did bias the analysts' judgements which was not found and therefore was not given.

Question 6 (b)*

(b)* Discuss to what extent research into the collection and processing of forensic evidence is scientific.

[15]

Many candidates did not seem aware that in an essay on psychology as a science they need to refer to the features of science. Therefore, many discussed reliability and validity and even generalisability. Where they correctly used a feature, they weren't always skilled at explaining the link between the feature and science. For example, for cause-and-effect, candidates would discuss control of extraneous variables but not the manipulation of the independent variable, so responses were not making a clear point. Some students kept making the same point, e.g. standardisation but using different studies as an example, but a point can only be given once.

A common misconception was that ethics can impact on the scientific nature of research. It doesn't, as there are plenty of unethical scientific studies.

The use of research effectively was relevant in this question, with features such as objective data being cited but only supported by reference to Hall and Player collecting objective data. It needs to be specific to that study.

One consistent reason for losing marks, however, was focusing on the techniques of collecting and processing forensic evidence, rather than research. Some candidates gained only 2 marks for knowledge of the features of science. They could not get marks for research or elaboration, as they only referred to techniques of analysis. Often the elaboration was a development of validity or reliability and not of the psychology as a science, which would be unlikely to gain credit.

Candidates (and centres) need to be aware that the use of scientific equipment is not in itself a feature of scientific research. Again, this was seen many times, and candidates would only get marks if they referred to the objective or quantifiable nature of the data collected or the standardisation of process.

Question 6 (c)*

(c)* From a crime scene, the police recover different examples of forensic evidence including fingerprints and a handwritten note. Experts will analyse the forensic evidence to help the police identify a suspect.

Outline at least one strategy a psychologist might suggest to the experts to reduce bias in the collection and processing of forensic evidence.

[10]

This was generally answered well with a range of techniques, usually focusing on ACE-V or LSU. The amount of detail for each suggestion varied, and this is where marks were determined. However, detailed descriptions of training, i.e. where (named venue), who (specific numbers and areas), timings (hours, days, frequency), how many comfort breaks, etc tended to drift from the topic of what they were going to be trained in, i.e. awareness of bias, so were not creditworthy. There also has to be some link to the context, for example, reference to the handwritten note.

Option 3 overview

This option was answered well by most candidates. The study is one which is straightforward and there is enough detail in the sample and results for candidates to have plenty to write about. When it came to part b, the issue of usefulness did limit many candidates to practical applications in various guises, therefore limiting their marks. The suggestions in part c were not always applicable to the scenario, often referring to new builds.

Question 7 (a)*

OPTION 3

Environmental psychology

7

(a)* Outline the key research by Ulrich (1984) **and** use it to show the extent to which the view through a window may influence recovery from surgery. **[10]**

Ulrich's study was outlined in sufficient detail for full AO1 marks to be given in most cases. There was little in the way of confusion with other key research, and candidates showed good understanding. The extent to which a window may influence recovery was also addressed well, making good use of the aspects of recovery which were impacted and overall conclusion as to the benefits of the rural view.

Question 7 (b)*

(b)* Discuss the usefulness of research into the psychological effects of the built environment. **[15]**

The issue with this question was that many candidates couldn't think beyond the obvious uses of practical applications. This then led to several pieces of research, mostly relevant, being used to illustrate a practical application. Rural views, windows, cul-de-sacs, etc., but this limited the marks as they were all addressing the same positive evaluation point. Other responses went beyond this occasionally into strategies or policy development but then had little evidence to support them. The development of future research to explore the topic more is also a use, but if mentioned it tended to be a very limited point made.

A more straightforward way to illustrate usefulness is to consider how the research is less (or more) useful based on its strengths or weaknesses. A limited sample (and they probably all are in some way) would reduce the usefulness as it couldn't be generalised to other groups (which should be specified), or it may lack ecological validity in either task or setting. A strength such as control of extraneous variables would increase the usefulness as it is more likely to be higher in validity.

Question 7 (c)*

(c)* Sam has the job of converting an office block into apartments for people to live in. The office block is in the town centre and is twelve storeys high. Sam wants to design apartments that will improve the health/wellbeing of the people choosing to live there.

Outline at least one strategy a psychologist might suggest for how Sam can design apartments that will improve the health/wellbeing of the people choosing to live there. **[10]**

Suggestions were wide-ranging but often had limited relevance to the scenario given. Sam was converting an existing office block, not designing from scratch. So, putting the building in a rural setting or in a cul-de-sac, while accurate, was not relevant. Suggestions to reduce the height, again, while possible in a town centre (maybe) were also unlikely to get much credit, as it was not really practical.

Many candidates used suggestions about green spaces both within the apartments, i.e. balconies, and outside in the immediate surroundings sometimes combining this effectively with walkability.

Suggestions were based on a range of studies from this option, using research from environmental stressors and personal space in addition to the built environment. Plus, occasionally from the criminal psychology section such as defensible space. These could all be used effectively and if they were given, candidates needed to remember that the ultimate outcome was meant to be to increase health and wellbeing, not cognitive performance or less crime.

Option 4 overview

The key research is a study which candidates tend to know something about, but confusion about the results can mean there were errors in judgement about what it tells us. Candidates used background research to support their evaluation in section b and even more strongly in section c where the range of suggestions was appropriate to the scenario and often directly linked to the situation of the Year 6 teacher.

Question 8 (a)*

OPTION 4

Sport and exercise psychology

8

(a)* Outline the key research by Lewis et al (2014) **and** use it to show the extent to which dance can improve mental health. [10]

Lewis's study was well-known by candidates and usually detailed in the outline. There were some common errors in the results as to what Lewis actually measured, and this reduced the marks and also impacted the second part of the question about the extent to which dance can improve mental health. Candidates struggled with results, often focusing on depression, which did not reach significance. If the candidate wrote about the wrong behaviour or emotion being measured, this would mean they could be incorrect in their assumption about how it improved mental health.

Also, there was a lot of focus on background concepts (distraction hypothesis, endorphin hypothesis, etc.) rather than the study itself.

Assessment for learning



Asking students to draw up a clear table with results separated into participants with Parkinsons Disease/controls and separate findings for POMs/BRUMs subscales (e.g. vigour-activity) might help clarify this for students.

Question 8 (b)*

(b)* Discuss the validity of research into exercise and mental health.

[15]

The responses to this question allowed candidates to use their knowledge of validity of research, and most did cover three features of research related to validity, although enough candidates related it to reliability to show there was still confusion among candidates about the two.

It is important that candidates elaborate on points, for example what they mean by *controls*, and how this will improve validity, not just assume examiners know what they know about it. Once the point has been made, the research then needs to be applied effectively with the appropriate part of the research being used to illustrate the point. The analysis of the point, i.e. comparisons, linking to other issues, the answer to the so what question, (so what if it lacks ecological validity?) must go beyond *this means it's not reflective of real-life situations*. That is just telling examiners what ecological validity is, so candidates often didn't get the higher analytical skill marks for comments they had made.

Question 8 (c)*

(c)* Amit is a primary school teacher with a class of children in Year 6 (aged 10–11 years). The children will soon be taking tests, and Amit wants to get them doing something that will improve their mental health. The school is near open countryside.

Outline at least one strategy a psychologist might suggest to Amit for how exercise could be used to improve the mental health of the school pupils.

[10]

Responses to this question were often detailed and linked to the scenario. Details from studies such as Lewis gave detailed descriptions of dance classes, when, what, who, etc. Candidates' own experiences of school enabled them to write about outside PE lessons, weekly runs, rounders matches and many other activities which enabled Year 6 children to benefit from exercise and reduce their stress. These were often supported by research evidence. Some details, such as the size of the football pitches or how many teachers would take their phones with them, were superfluous.

Candidates must remember to link their suggestion back to how this would achieve the impact required in the question, going further than repeating the wording of the question.

Supporting you

Teach Cambridge

Make sure you visit our secure website [Teach Cambridge](#) to find the full range of resources and support for the subjects you teach. This includes secure materials such as set assignments and exemplars, online and on-demand training.

Don't have access? If your school or college teaches any OCR qualifications, please contact your exams officer. You can [forward them this link](#) to help get you started.

Reviews of marking

If any of your students' results are not as expected, you may wish to consider one of our post-results services. For full information about the options available visit the [OCR website](#).

Access to Scripts

We've made it easier for Exams Officers to download copies of your candidates' completed papers or 'scripts'. Your centre can use these scripts to decide whether to request a review of marking and to support teaching and learning.

Our free, on-demand service, Access to Scripts is available via our single sign-on service, My Cambridge. Step-by-step instructions are on our [website](#).

Keep up-to-date

We send a monthly bulletin to tell you about important updates. You can also sign up for your subject specific updates. If you haven't already, [sign up here](#).

OCR Professional Development

Attend one of our popular professional development courses to hear directly from a senior assessor or drop in to a Q&A session. Most of our courses are delivered live via an online platform, so you can attend from any location.

Please find details for all our courses for your subject on **Teach Cambridge**. You'll also find links to our online courses on NEA marking and support.

Signed up for ExamBuilder?

ExamBuilder is the exam paper builder platform for a range of our qualifications. [Find out more](#).

Free for all OCR centres with an Interchange account, it allows unlimited users per centre. We require an [Interchange](#) username to verify your centre's users for ExamBuilder.

If you do not have an Interchange account, please contact your centre administrator (usually the Exams Officer) to request a username.

Once you have an Interchange username, use the form on [this page](#) to sign up for ExamBuilder, or ask an existing user at your centre to create an ExamBuilder account for you.

Active Results

Review students' exam performance with our free online results analysis tool. It is available for all GCSEs, AS and A Levels and Cambridge Nationals (examined units only).

[Find out more](#).

Tell us what you think

Your feedback plays an important role in how we develop, market, support and resource qualifications now and into the future. We want you and your students to enjoy and get the best out of our qualifications and resources, but to do that we need your honest opinions to tell us whether we're on the right track or not.

You can email your thoughts to resources.feedback@ocr.org.uk or visit our [feedback page](#) to learn more about how you can help us improve our resources.



Designing and testing in [collaboration with you](#) and your students



Helping young people develop an [ethical view of the world](#)



Equality, diversity, inclusion and belonging (EDIB) are [part of everything we do](#)

Contact the team at:

☎ 01223 553998

🖥 ocr.org.uk

To stay up to date with all the relevant news about our qualifications, register for email updates at ocr.org.uk/updates

Visit our Online Support Centre at support.ocr.org.uk



OCR is part of Cambridge University Press & Assessment, a department of the University of Cambridge.

OCR is a Company Limited by Guarantee and an exempt charity. Registered in England. Registered office: The Triangle Building, Shaftesbury Road, Cambridge, CB2 8EA. Registered company number: 3484466.

We operate academic and vocational qualifications regulated by Ofqual, Qualifications Wales and CCEA as listed in their qualifications registers.

We are committed to providing a fully accessible experience across all our products, platforms, and websites. Find out more about our [accessibility standards](#).

© OCR 2025. All rights reserved. We retain the copyright on all our publications. However, our registered centres are permitted to copy and distribute our material for their own internal use, in line with any specific restrictions detailed in the publication. Find out more about our [copyright policies](#).

We update our publications regularly so please check you have the most up-to-date version.

We cannot be held responsible for the persistence or accuracy of URLs for external or third-party internet websites referred to in this publication and do not guarantee that any content on such websites is, or will remain, accurate or appropriate.

When we update our specifications, you'll see a new version number and a summary of the changes. While we do our best to reflect these changes in all associated resources on [Teach Cambridge](#), if you notice any discrepancies, please refer to the latest specification on our website and [let us know](#).

Our resources do not represent any teaching method we expect you to use. We cannot be held responsible for any errors or omissions in our resources.