GCSE MARKING SCHEME

SUMMER 2024

GCSE

HISTORY
UNIT 3: THEMATIC STUDY

3B. CHANGES IN HEALTH AND MEDICINE, c.1340 TO THE PRESENT DAY
3100UK0-1

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About this marking scheme

The purpose of this marking scheme is to provide teachers, learners, and other interested parties, with an understanding of the assessment criteria used to assess this specific assessment.

This marking scheme reflects the criteria by which this assessment was marked in a live series and was finalised following detailed discussion at an examiners' conference. A team of qualified examiners were trained specifically in the application of this marking scheme. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners. It may not be possible, or appropriate, to capture every variation that a candidate may present in their responses within this marking scheme. However, during the training conference, examiners were guided in using their professional judgement to credit alternative valid responses as instructed by the document, and through reviewing exemplar responses.

Without the benefit of participation in the examiners' conference, teachers, learners and other users, may have different views on certain matters of detail or interpretation. Therefore, it is strongly recommended that this marking scheme is used alongside other guidance, such as published exemplar materials or Guidance for Teaching. This marking scheme is final and will not be changed, unless in the event that a clear error is identified, as it reflects the criteria used to assess candidate responses during the live series.

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UNIT 3: THEMATIC STUDY

3B. CHANGES IN HEALTH AND MEDICINE, c.1340 TO THE PRESENT DAY

SUMMER 2024 MARK SCHEME

Instructions for examiners of GCSE History when applying the mark scheme

Positive marking

It should be remembered that learners are writing under examination conditions and credit should be given for what the learner writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

GCSE History mark schemes are presented in a common format as shown below:

This section indicates the assessment objective(s) targeted in the question

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	6			

Question: e.g**. Describe the work of Andreas Vesalius in the sixteenth century.** **[6]**

This is the question and its mark tariff.

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**4-6**
BAND 2	**Demonstrates knowledge to partially describes the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

This section contains the band descriptors which explain the principles that must be applied when marking each question. The examiner must apply this when applying the marking scheme to the response. The descriptor for the band provides a description of the performance level for that band. The band descriptor is aligned with the Assessment Objective(s) targeted in the question.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below.
Some of the issues to consider are:

- *Andreas Vesalius (1514-1564) was a groundbreaking figure in the history of medicine, particularly in the field of anatomy. His work revolutionized the understanding of the human body and laid the foundation for modern anatomical studies. Here's an overview of Vesalius's contributions:*
- *Vesalius's most significant work is his anatomical masterpiece, The Fabric of the Human Body (De humani corporis fabrica) published in 1543. In this work, he presented a comprehensive and detailed examination of human anatomy based on his own dissections and observations. He emphasized the importance of direct observation and hands-on dissection, challenging the authority of Galen, whose teachings had dominated anatomical knowledge for centuries.*

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- *Vesalius recognized the importance of accurate illustrations to accompany his anatomical descriptions. He collaborated with talented artists, including Jan van Calcar, to produce detailed and realistic anatomical drawings for his publications. These illustrations played a crucial role in helping to understanding and disseminating Vesalius's anatomical discoveries.*
- *Vesalius conducted public anatomical demonstrations, where he personally performed dissections to illustrate his findings. These demonstrations, held at the University of Padua where he taught anatomy, attracted widespread attention and contributed to the spreading of his groundbreaking insights into human anatomy.*
- *Vesalius's work challenged many long-held beliefs about human anatomy, particularly those derived from the writings of Galen. He corrected numerous errors and misconceptions that had existed for centuries, emphasizing the importance of empirical observation and scientific inquiry*
- *Andreas Vesalius's work revolutionized the study of human anatomy, challenging traditional beliefs and paving the way for a more accurate and scientific understanding of the human body. His contributions continue to inspire and inform medical research and education to this day.*

This section contains indicative content (see below under banded mark schemes Stage 2). It may be that the indicative content will be amended at the examiner's conference after actual scripts have been read. The indicative content is not prescriptive and includes some of the points a candidate might include in their response.

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Banded mark schemes

Banded mark schemes are divided so that each band has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks. Examiners should first read and annotate a learner's answer to pick out the evidence that is being assessed in that question. Once the annotation is complete, the mark scheme can be applied. This is done as a two stage process.

Banded mark schemes Stage 1 – Deciding on the band

When deciding on a band, the answer should be viewed holistically. Beginning at the lowest band, examiners should look at the learner's answer and check whether it matches the descriptor for that band. Examiners should look at the descriptor for that band and see if it matches the qualities shown in the learner's answer. If the descriptor at the lowest band is satisfied, examiners should move up to the next band and repeat this process for each band until the descriptor matches the answer.

If an answer covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the learner's response should be used to decide on the mark within the band. For instance if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content. Examiners should not seek to mark learners down as a result of small omissions in minor areas of an answer.

Banded mark schemes Stage 2 – Deciding on the mark

Once the band has been decided, examiners can then assign a mark. During standardising (marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a learner's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

Indicative content is also provided for banded mark schemes. Indicative content is not exhaustive, and any other valid points must be credited. In order to reach the highest bands of the mark scheme a learner need not cover all of the points mentioned in the indicative content but must meet the requirements of the highest mark band.

Where a response is not creditworthy, that is contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

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UNIT 3: THEMATIC STUDY

3B. CHANGES IN CHANGES IN HEALTH AND MEDICINE c.1340 TO THE PRESENT DAY

Question 1

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
4	**4**			

Award one mark for each correct response:

a. *humours*

b. *blood*

c. *penicillin*

d. *Aneurin Bevan*

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Question 2

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
4		**2**	**2**	

Question: **Use Sources A, B and C to identify one similarity and one difference in developments in patient care over time. [4]**

Band descriptors and mark allocations

	AO2 2 marks			**AO3 2 marks**	
BAND 2	**Identifies clearly one similarity and one difference.**	**2**	**BAND 2**	**Uses the sources to identify both similarity and difference.**	**2**
BAND 1	**Identifies either one similarity or one difference.**	**1**	**BAND 1**	**Uses the sources to identify either similarity or difference**	**1**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

Similarities – B and C (also A) show female nurses/medical staff at work; B and C show medical staff/nurses wearing uniform; B and C show wards which are very clean/spacious/light and airy; in B and C patients have their own beds.

Differences – In A there are beds with two patients in them, whereas in B and C patients have their own beds. In A the hospital/ward is cramped, but in B (and C) wards are more spacious; In A the ward/hospital is part of a monastery/nunnery, but in B (and C) it is in a purpose built hospital; in A there are nuns acting as nurses, in B (and C) there are trained medical staff/nurses: in A and B there are female staff only, but in C there are male staff as well; A implies that they are using the power of religion/prayer to cure patients, whereas B and C imply a reliance solely on medicine.

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Question 3

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	**6**			

Question: **Describe the work of Andreas Vesalius in the sixteenth century. [6]**

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**5-6**
BAND 2	**Demonstrates knowledge to partially describe the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Andreas Vesalius (1514-1564) was a groundbreaking figure in the history of medicine, particularly in the field of anatomy. His work revolutionized the understanding of the human body and laid the foundation for modern anatomical studies. Here's an overview of Vesalius's contributions:*
- *Vesalius's most significant work is his anatomical masterpiece, The Fabric of the Human Body (De humani corporis fabrica) published in 1543. In this work, he presented a comprehensive and detailed examination of human anatomy based on his own dissections and observations. He emphasized the importance of direct observation and hands-on dissection, challenging the authority of Galen, whose teachings had dominated anatomical knowledge for centuries.*
- *Vesalius recognized the importance of accurate illustrations to accompany his anatomical descriptions. He collaborated with talented artists, including Jan van Calcar, to produce detailed and realistic anatomical drawings for his publications. These illustrations played a crucial role in helping to understanding and disseminating Vesalius's anatomical discoveries.*
- *Vesalius conducted public anatomical demonstrations, where he personally performed dissections to illustrate his findings. These demonstrations, held at the University of Padua where he taught anatomy, attracted widespread attention and contributed to the spreading of his groundbreaking insights into human anatomy.*
- *Vesalius's work challenged many long-held beliefs about human anatomy, particularly those derived from the writings of Galen. He corrected numerous errors and misconceptions that had existed for centuries, emphasizing the importance of empirical observation and scientific inquiry*
- *Andreas Vesalius's work revolutionized the study of human anatomy, challenging traditional beliefs and paving the way for a more accurate and scientific understanding of the human body. His contributions continue to inspire and inform medical research and education to this day.*

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Question 4

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
6	**6**			

Question: **Describe the outbreaks of cholera and typhoid in Cardiff in the nineteenth century.** **[6]**

Band descriptors and mark allocations

	AO1 6 marks	
BAND 3	**Demonstrates detailed knowledge to fully describe the issue set within the appropriate historical context.**	**5-6**
BAND 2	**Demonstrates knowledge to partially describes the issue.**	**3-4**
BAND 1	**Demonstrates limited knowledge to describe the issue.**	**1-2**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *There were a number of outbreaks of cholera and typhoid in Cardiff during the nineteenth century. Living conditions in Cardiff, particularly for the poorer inhabitants, made the city vulnerable to outbreaks of infectious disease. Poor sanitation and slum housing in overcrowded conditions were at the heart of the problem. As a port town,there was the added problem that Cardiff was open to diseases being brought in by sea.*
- *Cholera made a number of appearances in the mid nineteenth century (1832, 1849, 1854 and 1866). It caused violent vomiting and diarrhoea and death usually followed. It was spread by contaminated water as people took drinking water from the river, dock feeder or canal. Cesspits overflowed and raw sewage ran down many streets and seeped into wells from which drinking water was taken.*
- *Relatively few people died in the 1832 outbreak but the 1847 epidemic was more serious (nearly 400 victims). Cholera re-appeared in Cardiff in 1854 when 225 people died. In 1866 76 people died. The last outbreak in Cardiff was in 1893 but by that time Cardiff had piped water and sewers and only 3 people died.*
- *Outbreaks of typhoid were also frequent. It spread through contaminated food and water. It developed more slowly than cholera but was also likely to be fatal. In 1869 there were 59 deaths in the Grangetown area alone.*
- *As Cardiff built sewers and reservoirs etc. in the late nineteenth century so the risk from diseases like cholera and typhoid declined.*

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Question 5

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12	**2**	**10**		

Question: **Explain why living conditions in the medieval period were a cause of illness and disease.** **[12]**

Band descriptors and mark allocations

	AO1 2 marks			**AO2 10 marks**	
			BAND 4	**Fully explains the issue with clear focus set within the appropriate historical context.**	**9-10**
			BAND 3	**Explains the issue set within the appropriate historical context.**	**6-8**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the issue with some reference to the appropriate historical context.**	**4-5**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the issue.**	**1-3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *There were many factors causing illness and disease in Medieval times. The vast majority of the population were poor peasant farmers. Malnutrition or famine following a poor harvest were constant threats. Frequent wars also took their toll.*
- *Medieval towns were relatively small but were particularly unhealthy. Some towns did introduce regulations to keep streets clean, and employed scavengers and rakers to remove waste, but most attempts to keep towns clean failed. Household waste and animal manure piled up in the streets, which became a breeding ground for disease. The upper storeys of houses jutted out into the street, limiting light and air.*
- *Houses were also unhealthy and damp. Wattle and daub walls and straw on floors attracted rats, lice and fleas, which spread diseases. Smoke from fires filled the house, causing respiratory problems. Food storage was a problem and contaminated food was also a cause of illness.*
- *Clean water for washing was hard to come by, so most people smelled and were dirty. People took water for drinking and washing from rivers or streams, which were often contaminated. Though many towns had public bath houses, patrons usually got back into their dirty clothes, so undoing any benefits they might have gained.*
- *There was no real understanding of the causes of disease. Many children did not survive infancy while for women childbirth was a dangerous time.*

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Question 6

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*
12	**2**	**10**		

Question: **How significant was the work of James Simpson and Joseph Lister in improving surgery in the nineteenth century? [12]**

Band descriptors and mark allocations

	AO1 2 marks			**AO2 10 marks**	
			BAND 4	**Fully explains the significance of the issue with clear focus set within the appropriate historical context.**	**9-10**
			BAND 3	**Explains the significance of the issue set within the appropriate historical context.**	**6-8**
BAND 2	**Demonstrates detailed knowledge and understanding of the key features in the question.**	**2**	**BAND 2**	**Partially explains the significance of the issue with some reference to the appropriate historical context.**	**4-5**
BAND 1	**Demonstrates some knowledge and understanding of the key features in the question.**	**1**	**BAND 1**	**Mostly descriptive response with limited explanation of the significance of the issue.**	**1-3**

Use 0 for incorrect or irrelevant answers.

Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *Until the mid nineteenth century, surgery was risky - pain, shock, lack of time, blood loss and infection could all result in death. It was difficult to operate successfully on a conscious patient and speed was essential.*
- *The first significant improvement came in the 1840s when Simpson began to experiment with chloroform as an anaesthetic. In 1847 he first used chloroform successfully on a patient and it was soon obvious that it was the most long-lasting and reliable anaesthetic.*
- *Ironically the use of chloroform initially led to the 'black period of surgery', a 20-year period when the death rate went up. But, this was not the fault of Simpson or chloroform. With patients unconscious, surgeons could now take their time over operations and attempt more difficult surgery. It was also difficult to get the dose right (Hannah Greener) and patients still died from blood loss or infections.*

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- *However, chloroform was a major breakthrough and surgery did improve, particularly after 1867, when Joseph Lister introduced the second significant development - antiseptic surgery. He used carbolic spray on medical instruments, catgut and bandages as a way of preventing gangrene in wounds following surgery.*
- *Some surgeons argued that Lister's antiseptic methods slowed operations, but it was soon obvious that Lister's methods were a success. In just three years, he reduced the death rate among his patients from 46% to 15%. (In the 1880s, appendectomies were common and in 1896, surgeons did the first cardiac surgery to repair a heart damaged by a stab wound.)*
- *By the late nineteenth century, therefore,as a result of Simpson's and Lister's work, patients had a significantly better chance of surviving surgery. (Candidates may also make links to other related contributions - Florence Nightingale's improvements in nursing and hospital cleanliness and the beginnings of aseptic surgery – which also helped to increase survival rates from surgery.)*

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Question 7

Mark allocation:	*AO1*	*AO2*	*AO3*	*AO4*	*SPaG*
20	**6**	**10**			**4**

Question: **To what extent have attempts to prevent illness and disease consistently improved over time? [16+4]**

Band descriptors and mark allocations

	AO1 6 marks			**AO2 10 marks**	
BAND 4	**Demonstrates very detailed knowledge and understanding of the key issue in the question including clear and detailed references to the Welsh context.**	**5-6**	**BAND 4**	**Fully analyses the importance of the key issue. There will be a clear analysis of the extent of change, set within the appropriate historical context.**	**8-10**
BAND 3	**Demonstrates detailed knowledge and understanding of the key issue in the question including clear references to the Welsh context.**	**3-4**	**BAND 3**	**Partially analyses the key issue along with a consideration of the extent of change within the historical context.**	**5-7**
BAND 2	**Demonstrates some knowledge and understanding of the key issue in the question.**	**2**	**BAND 2**	**Basic analysis while considering variations in the extent of change.**	**3-4**
BAND 1	**Generalised answer displaying basic knowledge and understanding of the key issue in the question.**	**1**	**BAND 1**	**Offers a generalised response with little analysis of the extent of change.**	**1-2**

Use 0 for incorrect or irrelevant answers.

This question requires candidates to draw upon the Welsh context in their responses. This is assessed in AO1 and candidates who do not draw upon the Welsh context cannot be awarded band 3 or band 4 marks for this assessment objective. Candidates who do not draw upon the Welsh context may, however, be awarded band 3 or band 4 marks for AO2, for an appropriately detailed analysis of the key issue.

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Indicative content

This content is not prescriptive and candidates are not expected to refer to all the material identified below. Some of the issues to consider are:

- *During the Middle Ages candidates may take the view that attempts to prevent illness and disease were generally ineffectual. With limited knowledge of the true causes of disease medieval doctors had little chance of preventing it. When treating patients they resorted to various methods e.g.astrological charts, bleeding, urine samples, or attempts to keep the humours in balance. Some medical men - alchemists – searched for the elixir of life, a potion which would ward off disease and grant eternal life. None of these had much effect. Doctors were also hampered by the attitude of the church, which taught that illness was a punishment from God and also discouraged scientific research. All these problems came to a head at the time of the black death. The various suggestions made for preventing the plague – prayer, flagellation, closing doors and windows, lighting fires etc. – were all useless, again highlighting the lack of true understanding of the causes of illness and disease.*
- *Candidates may observe that the early modern era saw little progress in prevention of disease. Though people like Vesalius and Harvey adopted a more scientific approach, their discoveries had no impact on preventive medicine. During the Great Plague of 1665, many of the same ideas about prevention that had failed to work in 1348-49 were used again. The 40-day quarantine had some impact but failed to stop the spread of the disease completely. (Candidates may refer to van Leeuwenhoek's microscope,1683, and his observation of "animalcules" – i.e.bacteria. However, no-one realised their significance, so this was, in a sense, a lost opportunity).*
- *Candidates may state that the first major breakthrough in preventing illness and disease was Jenner's use of cowpox as a vaccine against smallpox. He observed that those who worked with cows and had caught cowpox, seemed to be immune. He inoculated James Phipps with cowpox. When Jenner was sure that the inoculation had worked, he deliberately gave the boy smallpox but the disease had no effect. Jenner had proved his idea and Parliament gave him £30,000 to open a vaccination clinic in London. By 1803, doctors in America were using his idea and in 1805, Napoleon had his soldiers vaccinated. 1853 smallpox vaccination became compulsory in the UK.*
- *Jenner could not explain why vaccination worked but his vaccine, based on careful observation and experiment, was a huge improvement in preventive medicine. (However some members of the medical profession were not convinced of the value of vaccination and deaths from smallpox continued. In a conference in Cardiff as late as 1869, a Dr Haviland objected to the compulsory vaccination of children in the Cardiff area, arguing that the case for vaccination was unproven.)*
- *Candidates may note that, in spite of Jenner's breakthrough, most people continued to believe that miasma caused disease, so attempts to prevent disease were still hampered. In France, however, Louis Pasteur, an admirer of Jenner, was convinced that vaccination could be used to prevent other diseases. His germ theory and the discovery of the link between bacteria and disease led the way to major strides in preventive medicine. The German Robert Koch also made a huge contribution. He focused on the specific bacteria that caused human diseases and created the science of bacteriology. He realized that vaccines could be used to create antibodies that could help build up immunity against disease. and began to search for new vaccines.*
- *During the twentieth century vaccines were developed for a wider range of diseases. In the 1920s vaccines for TB and whooping cough were widely available. After 1945 the development of new vaccines speeded up (polio 1956, measles 1968, rubella 1970 etc.) Mass vaccination under the NHS has been one of the main reasons for the rapid fall in infant mortality over the last 100 years. Today, the average two-year-old has been vaccinated against 22 different diseases. Vaccination is the most effective method of*

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preventing infectious diseases e.g. the worldwide eradication of smallpox by 1980, and the elimination of diseases such as polio, measles, and tetanus from much of the world.

- *Preventive medicine has made huge strides over the past 100 years and vaccination has played a major role in that success. However, in the latter part of the twentieth century complacency set in. Some parents stopped having their children vaccinated. believing that childhood illnesses, eg measles were no longer a threat. Others were influenced by the 1998 study by Dr Andrew Wakefield which suggested a link between the MMR vaccine and autism (though this was later disproved)). To achieve "herd immunity", scientists state that 95 per cent of the population needs to be vaccinated. In 2017, the figure in the UK was a little below that, so we continue to experience minor but avoidable outbreaks of diseases, eg measles from time to time.*
- *(Candidates may also refer to the use of health campaigns by government, particularly since the NHS was set up e.g. "coughs and sneezes spread diseases", healthy eating, stop smoking, reduce alcohol consumption etc. as part of its strategy to prevent illness and disease.)*
- *To access AO1 Bands 3 and 4 candidates will need to make reference to the Welsh context e.g. dynion hysbys, Red Book of Hergest, physicians of Myddfai, prosecution of parents in Cardiff and Newport in the late nineteenth century for failing to vaccinate their children; the opening of the Hamadryad hospital in Cardiff and the building of an isolation hospital on Flatholm to prevent the spread of infectious diseases;. Dr J. W. Power and the creation of a public health lab in Cardiff in 1898 to give courses in bacteriology; the building of isolation hospitals in Wales e.g. Penrhys, Rhondda in the late nineteent and early twentieth centuries; the Rhondda smallpox epidemic 1962; or any other relevant Welsh national or local references.*

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After awarding a band and a mark for the response, apply the performance descriptors for spelling, punctuation and the accurate use of grammar (SPaG) and specialist language that follow.

In applying these performance descriptors:
- learners may only receive SPaG marks for responses that are in the context of the demands of the question; that is, where learners have made a genuine attempt to answer the question
- the allocation of SPaG marks should take into account the level of the qualification.

Band	Marks	Performance descriptions
High	**4**	• Learners spell and punctuate with consistent accuracy • Learners use rules of grammar with effective control of meaning overall • Learners use a wide range of specialist terms as appropriate
Intermediate	**2-3**	• Learners spell and punctuate with considerable accuracy • Learners use rules of grammar with general control of meaning overall • Learners use a good range of specialist terms as appropriate
Threshold	**1**	• Learners spell and punctuate with reasonable accuracy • Learners use rules of grammar with some control of meaning and any errors do not significantly hinder meaning overall • Learners use a limited range of specialist terms as appropriate
	0	• The learner writes nothing • The learner's response does not relate to the question • The learner's achievement in SPaG does not reach the threshold performance level, for example errors in spelling, punctuation and grammar severely hinder meaning

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