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General Certificate of Education (A-level) June 2012

## **Critical Thinking**

**CRIT4** 

(Specification 2770)

Unit 4: Reasoning and Decision Making.

# Final



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## **Critical Thinking Mark Scheme**

#### INTRODUCTION

The nationally agreed assessment objectives in the QCA Subject Criteria for Critical Thinking are:

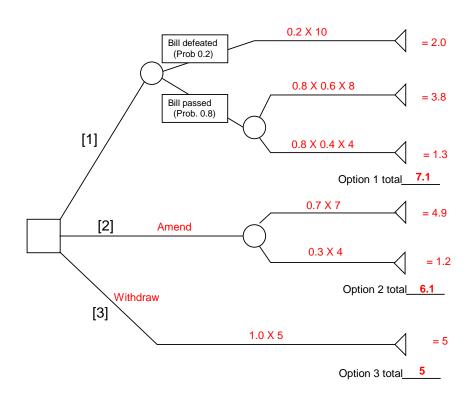
- **AO1** Analyse critically the use of different kinds of reasoning in a wide range of contexts.
- **AO2** Evaluate critically the use of different kinds of reasoning in a wide range of contexts.
- **AO3** Develop and communicate relevant and coherent arguments clearly and accurately in a concise and logical manner.
- Marks are allocated to the assessment objectives according to the nature of each question and what it is intended to test.
- For Questions 1–8, Examiners need only provide a total mark for each of the candidates' answers. They do not need to provide a breakdown by Assessment Objective.
- For Question 9, marks should be awarded according to the generic marking grid.
- Candidates should be able to achieve the highest marks with a selection of relevant points, not necessarily the complete range.
- Indicative content is provided as a guide for examiners. It is not intended to be exhaustive and other valid points must be credited.

## Unit 4 Reasoning and Decision Making

## Section A

No.	Question AO:	1	2	3
Ques	stion 1 refers to Document H of the Case Study Source Material.			
1	Look again at pre-release <u>Document H</u> , health, wealth and falling trees. Explain briefly the dilemma that all governments face when considering a new and potentially unpopular policy. (4 marks)	4		
	One dilemma for governments is that if they press ahead with a potentially unpopular decision, they may lose votes. On the other hand if they back down or perform a U-turn they appear weak which can affect their standing with the electorate no less than if they go ahead. The seriousness of the dilemmas is that either way they could end up being out of office.			
	An alternative answer is that governments have to choose between principle and political expediency, with the same undesirable consequences whichever way they turn.			
	3 – 4 for a clear statement of the dilemma and an explanation of its seriousness.			
	1-2 for identifying the choice or difficulty governments face, but without explaining its seriousness and / or without explaining what makes it a dilemma – two options only, each with undesirable outcome(s).			

No.	Question AO:	1	2	3
2	Complete the decision tree diagram below, showing the outcomes and probabilities for each of the options.			
	(6 marks)	3	3	



	<ul> <li>1-2 for evidence of understanding of the method.</li> <li>3-4 for entering and processing some of the data correctly.</li> <li>5-6 for entering most or all of the data correctly and making the right calculations, as above.</li> </ul>		
3	Use the diagram to judge which option the Government should take, giving a brief supporting argument based only on the statistical data. <i>(4 marks)</i>	4	
	<ul><li>1–2 for correct answer based on <i>candidate's</i> calculations + 1–2 for supporting argument or explanation.</li><li>On the basis of the statistical evidence, the government should withdraw the Bill, since the probability of serious negative consequences is slightly lower than either of the other options.</li></ul>		

### Section B

No.	Question AO:	1	2	3
	tions 4 and 5 relate to one or more of the Case Study Source ial documents.			
4(a)	Consult Document B: The NHS braces itself for privatisation			
	The author concludes (in the final paragraph) that David Cameron's commitment not to put the NHS at risk seems hard to reconcile with his government's proposed reorganisation.			
	Identify two of the examples of risks the author gives in support			
	(2 marks)	2		
	Eg			
	<ul> <li>Non-core clinical services could be harder to outsource; these are costly and difficult to plan for.</li> </ul>			
	<ul> <li>As much as 64% of the health service could end up in private hands. (This could be 12% more expensive than under NHS.)</li> </ul>			
	<ul> <li>The placing of control on the hands of GPs may be unpopular given past experience; 'not a good omen'.</li> </ul>			
	• Problem of unplanned services requiring complex and expensive treatments where it will be hard to make a profit: risk of these being left for the government or patients to pay for.			
4(b)	Do the examples you have identified strongly support the author's conclusion? (5 marks)		5	
	Candidates may answer affirmatively by saying, for example, that there is much uncertainty over the future of many areas of health now handled by the NHS, either because they will be privately run and may cost more or provide a poorer service, or because they will not be bid for by the private sector and so left for the government to run – especially the non-core, difficult, or expensive ones. Private companies will want to take over the most profitable services, leaving others.			
	Good candidates may observe that the conclusion is quite weak – viz. "this seems increasingly hard to reconcile" – and that therefore any identified, plausible risk is sufficient to give it some support, even strong support if there are multiple risks.			
	Some might, with more difficulty, answer negatively by arguing for example that the service as a whole remains free for patients whoever provides the services, and the public sector will still run those services which are not privatised. (NHS does not necessarily mean a nationalised service.) However, candidates cannot simply argue that the risks may not happen: the author's conclusion is that Cameron cannot say he will not put the NHS at risk if his policies involve risks.			

No.	Question	AO:	1	2	3
	Max 4	Assessing support / justification			
	Good (4–5)	For giving a clear and valid explanation as to why a claim (or claims) does / does not justify a given conclusion (strongly or at all). This may take the form of a balanced response, with pros and cons, if appropriate			
	Intermediate (2-3)	For offering some considered reason(s) as to why a given conclusion does / does not follow from given claims.			
	Basic (1)	For making some appropriate judgement about the support given to the conclusion. (Verdict alone: 0)			
5		e headline: "NHS vs USA", draws mostly on leading to some general comments about the			
		xplain the general verdict that the author page 13 of the Case Study Source Material). (3 marks)	3		
	"So to spell it out". I provides the basic car pressed family. But A improvements are (so	xplicit verdict in the two paragraphs beginning: t is a balanced conclusion: the British system e and does it with no fuss and no cost to the hard- merican technology and zest for lifestyle metimes) denied to those who depend wholly on there are things to be grateful for on both sides			
	suitably paraphrased)	parts of the conclusion are identified (quoted or , and it is noted that the verdict is a balanced one. each part correctly identified.			

## SECTION C

No.	Ques	tion	AO:	1	2	3
comp	petition	- Documer	d: <i>Put the NHS out of its misery and allow</i> <u>nt I – and answer the questions which follow</u> . <u>Note</u> <u>y to specific paragraphs</u> .	2		
6	Give a and 2		<u>nalysis</u> of the authors' reasoning in <u>paragraphs 1</u>			
	In you	ur answer y	ou should:			
	-	-	e summary of the main conclusion			
		entify any i apporting p	ntermediate conclusion (or conclusions), and remises.			
			(5 marks	) 5		
	Max	5				
	Good	d (5)	For a clear, accurate, and thorough exposition of the structure (and / or method), and content of the argument.			
	Inter (3–4	mediate )	For identifying the main conclusion <b>and</b> some of the main reasons or lines of reasoning.			
	Basi (1–2		For demonstrating broad understanding of the direction of the reasoning.			
	CONC	CLUSION (e	ither of):			
	A vari	ety of possil	ble answers:			
	1)	The NHS i	is <i>not</i> among the best in the world.			
	OR	(more pred				
	2)	It is not an etc, or effi	nong the best <i>because</i> it is not fair and accessible cient.			
	OR:	neither of	the assertions in the first paragraph is correct.			
	lf 1) th	nen:				
	INTER	RMEDIATE	CONCLUSION/S			
	IC1:		the assertions (that fair and good care is accessible to JK; or that it is good value for money) is true;	)		
	IC2:	The NHS use of res	has few incentives to encourage efficiency / efficient ources.			

No.	Question	AO:	1	2	3
	PREMISES				
	For IC1 (or main	conclusion directly):			
	Only the	US offers poorer value for money;			
	For IC2 :				
	political for	ninated by producer interest; potball; nave limited choice and no recourse.			
7		s on which the NHS is based no longer make			
		ngth of the justification that the authors give, <u>in</u> <u>nd 4 only</u> , for the above claim? (6 marks)		6	
	Assess the stre	nd 4 only, for the above claim?		6	
	Assess the streparagraphs 3 and Good	For relevant, perceptive, and <i>thoroughly</i> developed points which directly answer the question, and which show that the candidate clearly understands the issues; and for a clear and well supported		6	

No.	Question AO:	1	2	3
	The argument is mainly persuasive / rhetorical, and the claim in question is largely an unsupported assertion, with little solid support. Nor is it self-evident. It would therefore be quite difficult to make a case for saying that it is <i>justified</i> .			
	Possible justifications:			
	• R&D have made free access etc unaffordable for all. Therefore it is arguable that the NHS no longer makes sense economically.			
	• It could also be added that the huge costs of new and hi-tech treatment could not be affordable for everyone, so the principles of the NHS cannot realistically be met without bankrupting the country. In that respect they don't make sense.			
	<ul> <li>NHS is unfair because people's care is determined by luck, education etc. Queuing works and is fair for taxis but not for health care.</li> </ul>			
	• The first argument seems valid – if the principle is <i>impossible</i> to implement (due to affordability), then it does not make sense (as a <i>practical</i> basis for running a health service).			
	Possible counter-arguments:			
	• The grounds themselves are just asserted. Eg 'affordable' is not properly defined: strictly speaking anything is affordable if taxes are high enough to pay for it. It is a matter of priorities, not simply of affordability.			
	<ul> <li>Generally it could be argued that the <i>principle</i> makes sense even if it is unaffordable.</li> </ul>			
	<ul> <li>It could be argued that NHS system makes more sense with higher costs – since it is (arguably) the only way to make sure that medicine is accessible to rich and poor alike.</li> </ul>			
	• In paragraph 4 the argument turns to fairness, with an analogy of a taxi queue. There is an assumption that the NHS is not a straightforward queue, but is affected by luck, education, etc. If these assumptions are correct, there is a good case for reforming the NHS, but not for saying that the <i>principle</i> is unfair, as the authors do.			

	uestion	AO:	1	2	3
	riefly explair <u>and 6</u> .	n, and critically evaluate, the reasoning in <u>paragraphs</u>			
		(9 marks)	3	6	
	Good (7–9)	For two or more relevant, perceptive, and <i>thoroughly</i> developed critical comments supporting or challenging the argument, and used to support an evaluative judgement about the argument as a whole. The response will demonstrate a clear understanding of the target argument.			
	ntermediate 4–6)	For two or more relevant but perhaps partially explained points relating to the effectiveness or otherwise of the argument, and / or warrant for the claims. The response will demonstrate a broad understanding of the target argument.			
	Basic (1–3)	For some relevant evaluative judgement related to the strength or weakness of the argument with some basic (usually under-developed) attempt at explanation or justification			
Co	onclusion:				
Th	he NHS must	go			
Tr Ol		go			
OI Tr	R	go and be replaced by a system financed through			
OI Th pa	R he NHS must	go and be replaced by a system financed through			
OI Th pa Ar	R he NHS must ayments for s	go and be replaced by a system financed through ervices.			
OI Th pa Ar	R he NHS must ayments for s <i>rgument</i> here are two s ) It is fair tha	go and be replaced by a system financed through ervices.			
OI Tr pa <i>Ar</i> Tr	R he NHS must ayments for s rgument here are two here are two here silly to essential f	go and be replaced by a system financed through ervices. strands: at those who can afford to pay should pay. Payment at			

lo.	Question AO:	1	2	3
	Some evaluative points – eg			
	Positive:			
	<ul> <li>It is fair to say that the NHS is a sacred cow that should not be compromised, and that this (by implication) prevents rational alternative proposals.</li> </ul>			
	<ul> <li>The authors base their arguments on fairness and efficiency, which are strong grounds for change.</li> </ul>			
	• The principle that those who can pay should is a strong premise. It does also support the conclusion that payment would be fairer, at least for some people.			
	<ul> <li>Whilst the analogy is imperfect, it could be defended – eg on the grounds that food does fit the category of being essential for life and dignity.</li> </ul>			
	Negative:			
	• The first strand of the argument consists of two unsupported assertions. There are no grounds for saying either that people who can pay should pay; nor that payment at the point of delivery is any more efficient than payment through taxes etc.			
	• The argument itself a straw man, since the argument for the NHS is not usually made in the way the authors imply – ie because it is essential for life and dignity: it is usually argued from the principle that the sick and the well pay equally through taxation and benefit equally when they are ill.			
	• The analogy is a poor one. Firstly food is a constant need: illness is an occasional one. Besides, the hungry <i>are</i> fed if they can't afford food, though the benefit system.			
	• The intermediate conclusion is weakly supported / does not follow from the analogy: there is nothing obviously more sensible about insurance.			
	<ul> <li>The authors use emotive terms like sensible, and silly, rather than objective arguments.</li> </ul>			
	<ul> <li>No practical advantages are suggested to support the supposedly more sensible and efficient system.</li> </ul>			
	<ul> <li>No principle is offered to explain why one system is fairer than another.</li> </ul>			
	<ul> <li>The whole argument could be described as a series of non sequiturs.</li> </ul>			
	• There is an implicit false dichotomy in the last sentence: if not the current system, then the author's proposal must be adopted!			
	The points are suggestions. The responses should be marked according to the following descriptors for <i>combined</i> analysis and evaluation questions.			

No.	Question AO:	1	2	3
You	may use any of the source documents when answering Question 9.			
9	Imagine a future referendum in which you are required to vote on the following question.			26
	Should the UK retain a national health service where medical care is free and funded by the taxpayer, or change to a US-style system of private medical insurance?			
	State which way you would vote and give a supporting argument for your decision by considering some of the possible consequences of each of the options.			
	Give further support for your decision by introducing:			
	<ul> <li>values and principles that you consider relevant</li> </ul>			
	<ul> <li>information from the source documents and / or your own knowledge or experience.</li> </ul>			
	Responses will be marked in accordance with the criteria in the table on page 16.			

No.	Question AO:	1	2	3
	At the centre of this task is the methodology of rational decision making which judges available options by their likely consequences. For the highest band, candidates must make specific reference to the two choices and assess the importance and likelihood of anticipated consequences of each of them. For example:			
	[1] It is a practical certainty that if the US model were adopted, and medical bills were charged to the individual or insurance providers, people on low wages or benefits would either be denied adequate healthcare or would be a burden on the state. How much would this matter? Arguably, it would be no different from having the NHS paid for out of taxes. The relative advantages / costs / risks could be discussed, making use of the source materials to supply information.			
	[2] If the NHS is preserved there is a somewhat less likely, but very serious, possibility that the rising cost of medicine would cause the system to collapse. The source documents could be used to assess the likelihood of this, and the knock-on effects.			
	There are many other consequences that could be considered, for instance the worry and stress that the removal of the NHS may cause for those struggling to make ends meet already; also the likelihood of rising costs if profit motives and the private sector are given more of a part to play. But there are also positives to consider: the US system could provide better health care precisely because it is profit driven and more innovative as a result – see various documents for data on this. How likely is it that a UK private health service would improve in that way? How likely is it that those on low incomes would benefit from it? And so on.			
	(These are suggestions, not requirements.)			
	Note that candidates who do not base their essays on this methodology / strategy will not have answered the question as directed, and will not have access to the highest mark-levels. However, in some cases reference to consequences and outcomes may be implicit in the candidate's reasoning rather than systematic; and where this is recognised, credit will be given.			
	In addition to practical, financial, bureaucratic considerations such as the above, the candidate should also make reference to the values and principles and ethical questions that are obviously relevant. Is it <i>morally</i> defensible to have people's healthcare dependent on their ability to pay? Is free healthcare a <i>right</i> ? Is it fair for those who work hard and pay high taxes to pay for the healthcare of those on benefit, especially if they also pay for their own private care? Is it right for those who can afford to pay for private health care to receive preferential treatment? And so on.			

No.	Question AO:	1	2	3
	In using sources candidates should assess the claims made and arguments raised, not just introduce them. Likewise they should argue / reason from the values and principles they raise, and the consequences they identify or predict, rather than merely mentioning. They should distinguish between principled and practical arguments in the documents that they refer to.			
	Finally candidates should weigh up the advantages and disadvantages of each of the options and state which they consider the better decision.			

CRITERION:	Thoroughly met, and presented in clear and appropriate language	Satisfactorily or partially met with adequate expression	Inadequately met. Basic response with some weaknesses of expression / presentation
Consequences	6 – 7 Two or more consequences discussed for each option, with understanding shown of the methodology of balancing seriousness against likelihood to support a decision	3 – 6 One or more consequences discussed for each option, with some understanding shown of the methodology	1 – 2 Some reference made to consequences
Quality of reasoning	7 – 9 Clear decision consistent with and linked to the assessment of the consequences (3) and a well-constructed argument providing support for the decision	4 – 6 Clear decision consistent with the assessment of the consequences (2) and some linking argument	1 – 3 Recognisable decision (1), and some supporting argument
Values and principles	5 Two or more or principles / values <i>discussed</i> : eg relevance explained; clashes (with other principles / values or practicalities) considered; moral dilemmas raised	3 – 4 One or more principle / values introduced with some development: eg relevance explained, problems or clashes noted	1 – 2 One or more principle / values introduced with little or no development
Critical use of the source materials (and / or own knowledge or experience	5 Reference to two or more of the source documents and / or personal experience or knowledge with discussion of its relevance, source, reliability etc and / or appropriate inference(s) drawn from information	3 – 4 Reference to one or more of the source documents and / or personal experience or knowledge with discussion of its relevance, source, credibility, reliability, etc	1 – 2 Some reference to the documents and / or own experience / knowledge but without critical engagement

#### Distribution of marks across the questions and assessment objectives for Unit 4

AO Balance	AO1	AO2	AO3
Total Section A	07	07	_
Total Section B	05	05	-
Total Section C	08	12	26
Paper Total: [70] Marks	20	24	26
Paper Total: [70] Percentage	29%	34%	37%

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