

STUDENT TEST BOOKLET

READING SECTION (40 questions)

Reading Passage 1

You should spend about 20 minutes on Questions 1-13, which are based on Reading Passage 1 below.

The Beveridge and Bismarck Models: Two Paths to Healthcare

The provision of healthcare is a fundamental concern for all societies, yet the approaches to funding and delivering it vary significantly across the globe. Among the most influential and widely adopted frameworks are the Beveridge and Bismarck models, two distinct systems that have shaped the healthcare landscapes of numerous countries. Understanding their origins, principles, and operational differences is crucial to appreciating the complex tapestry of global health systems.

The Beveridge Model, named after the British social reformer Sir William Beveridge, was conceived in the United Kingdom in the aftermath of the Second World War. Its foundational principle is that healthcare should be a social right, accessible to all citizens regardless of their ability to pay. In this system, the government is responsible for both funding and providing healthcare services. The funding is primarily derived from general taxation, meaning that every citizen contributes to the system through their taxes. Hospitals and clinics are typically owned by the state, and the doctors, nurses, and other healthcare professionals are government employees. This model is often characterized by its single-payer nature, with the government acting as the sole insurer and provider. The key advantage of the Beveridge model is its inherent equity; by removing the profit motive from healthcare, it aims to ensure that everyone has access to the same standard of care. Countries such as the United Kingdom, Spain, and New Zealand have adopted this model, and the U.S. Veterans Health Administration operates on similar principles.

In contrast, the Bismarck Model, which originated in late 19th-century Germany under Chancellor Otto von Bismarck, takes a different approach. This model is based on the principle of social insurance, where healthcare is funded through contributions from

both employers and employees. These contributions are typically deducted from payroll and are channeled into non-profit, private insurance funds, often referred to as “sickness funds.” While the government plays a regulatory role, it is not the primary provider of care. Instead, a mix of public and private hospitals and clinics deliver healthcare services. This multi-payer system fosters competition among insurance funds and providers, which can lead to greater efficiency and choice for patients. However, it can also result in disparities in access and quality, as the level of coverage may vary depending on the insurance plan. The Bismarck model is prevalent in countries like Germany, France, Japan, and Switzerland.

One of the most significant distinctions between the two models lies in their financing mechanisms. The Beveridge model’s reliance on general taxation means that the health budget is subject to political pressures and economic fluctuations. In times of economic downturn, governments may be forced to make difficult decisions about healthcare spending, which can impact the quality and availability of services. Conversely, the Bismarck model’s funding is more insulated from the political process, as it is directly tied to employment and wages. However, this also means that the system can be vulnerable to economic shocks that lead to widespread unemployment, as a reduction in the workforce translates to a decrease in contributions to the sickness funds.

Another key difference is the role of the private sector. In the Beveridge model, the private sector has a limited role, with the state dominating both the provision and financing of care. While some private healthcare options may exist, they are typically supplementary to the public system. In the Bismarck model, the private sector plays a much more prominent role, with private insurance funds and a mix of public and private providers creating a more market-oriented environment. This can lead to greater innovation and responsiveness to patient needs, but it can also exacerbate inequalities if not properly regulated.

Ultimately, both the Beveridge and Bismarck models represent attempts to achieve the common goal of universal healthcare coverage. They offer different pathways to this goal, each with its own set of strengths and weaknesses. The choice between them is not merely a technical one; it reflects a society’s underlying values and priorities regarding the role of the state, the private sector, and the individual in the provision of healthcare. As nations continue to grapple with the challenges of rising healthcare costs and aging populations, the debate over the relative merits of these two influential models is likely to remain as relevant as ever.

Questions 1-13

Questions 1-6

Do the following statements agree with the information given in Reading Passage 1?

In boxes 1-6 on your answer sheet, write

- **TRUE** if the statement agrees with the information
- **FALSE** if the statement contradicts the information
- **NOT GIVEN** if there is no information on this*

1. The Beveridge and Bismarck models are the only two healthcare systems in the world.
2. The Beveridge model was established in Germany.
3. In the Beveridge model, healthcare is funded by the government through taxes.
4. The Bismarck model is a single-payer system.
5. The Bismarck model is more resistant to political pressures than the Beveridge model.
6. Both models aim to provide healthcare to all citizens.

Questions 7-10

Choose the correct letter, A, B, C or D.

Write the correct letter in boxes 7-10 on your answer sheet.

1. The Beveridge model is based on the idea that healthcare is a A. privilege. B. commodity. C. social right. D. business.
2. In the Bismarck model, healthcare is funded by A. the government alone. B. employers and employees. C. donations. D. patients directly.
3. A potential disadvantage of the Beveridge model is that A. it is not accessible to everyone. B. it is not regulated by the government. C. it is vulnerable to economic downturns. D. it encourages competition between providers.
4. The role of the private sector is more significant in the A. Beveridge model. B. Bismarck model. C. U.S. Veterans Health Administration. D. National Health System in the UK.

Questions 11-13

Complete the summary below.

*Choose **NO MORE THAN TWO WORDS** from the passage for each answer.*

Write your answers in boxes 11-13 on your answer sheet.

The Beveridge and Bismarck models offer two different approaches to healthcare. The Beveridge model, funded by 11. _____, treats healthcare as a social right. In contrast, the Bismarck model relies on contributions from employers and employees, which are paid into 12. _____. While both systems have their own advantages and disadvantages, they both strive to achieve 13. _____ for all citizens.

Reading Passage 2

You should spend about 20 minutes on Questions 14-26, which are based on Reading Passage 2 below.

The Single-Payer and Out-of-Pocket Models: A Tale of Two Extremes

A Beyond the well-known Beveridge and Bismarck models, the global healthcare stage features other significant systems, most notably the National Health Insurance (NHI) or single-payer model, and the Out-of-Pocket model. These two frameworks represent the opposite ends of the healthcare spectrum. The NHI model, a hybrid of the Beveridge and Bismarck systems, seeks to provide universal coverage through a government-run insurance program, while the Out-of-Pocket model, prevalent in many developing nations, leaves individuals to fend for themselves in the healthcare marketplace. Examining these two models reveals the starkly different realities of healthcare access and provision around the world.

B The National Health Insurance model combines elements of both the Beveridge and Bismarck systems. It utilizes private-sector providers, but payment comes from a government-run insurance program that all citizens finance through a premium or tax. This single-payer system, as it is often called, eliminates the need for marketing, simplifies administration, and does not need to make a profit, which allows it to keep costs low. The government, as the single payer, has considerable power to negotiate prices for drugs and medical services, further controlling costs. Canada and South Korea are prime examples of countries that have successfully implemented the NHI model.

C In Canada, for instance, the healthcare system is publicly funded but privately delivered. Each province and territory has its own insurance plan, and every resident is covered. This decentralized approach allows for regional flexibility, but it also means that the level of coverage can vary across the country. While the government covers essential medical services, many Canadians purchase supplementary private insurance to cover services like dental care, prescription drugs, and vision care. This two-tiered system has been a subject of ongoing debate, with some arguing that it creates inequalities in access to care.

D At the other end of the spectrum is the Out-of-Pocket model, which is the most common system in less-developed countries. In this model, there is no organized system of healthcare financing. Individuals pay for medical services out of their own pockets, directly to the provider. This means that access to care is largely dependent on an individual's ability to pay. For the wealthy, this may not be a problem, but for the poor and marginalized, it can be a significant barrier to receiving even the most basic healthcare services. This model is often a default system in countries that lack the economic resources or political will to establish a more comprehensive healthcare framework.

E The consequences of the Out-of-Pocket model can be devastating. A sudden illness or injury can plunge a family into poverty, as they are forced to sell assets or take on debt to pay for treatment. This can create a vicious cycle of poverty and poor health, where people are unable to work due to illness, and their inability to work further limits their access to healthcare. Furthermore, the lack of a centralized financing system means that there is little to no regulation of the quality or cost of care. This can lead to a proliferation of unqualified practitioners and a wide variation in the quality of services provided.

F In conclusion, the National Health Insurance and Out-of-Pocket models represent two vastly different approaches to healthcare. The NHI model, with its emphasis on universal coverage and cost control, offers a pathway to equitable and affordable healthcare for all. The Out-of-Pocket model, on the other hand, often results in a system that is inefficient, inequitable, and inaccessible to the most vulnerable members of society. The choice between these and other models is a critical one for any nation, as it reflects not only its economic capacity but also its commitment to the health and well-being of its citizens.

Questions 14-26

Questions 14-19

Reading Passage 2 has six paragraphs, A-F.

Choose the correct heading for each paragraph from the list of headings below.

Write the correct number, i-viii, in boxes 14-19 on your answer sheet.

List of Headings

- i. The Canadian experience ii. The consequences of a market-based system iii. A hybrid approach to healthcare iv. The two ends of the healthcare spectrum v. The role of private insurance vi. A system for the wealthy vii. The most common healthcare model viii. A model for developing nations

1. Paragraph A
2. Paragraph B
3. Paragraph C
4. Paragraph D
5. Paragraph E
6. Paragraph F

Questions 20-23

Choose the correct letter, A, B, C or D.

Write the correct letter in boxes 20-23 on your answer sheet.

1. The National Health Insurance model is a hybrid of A. the Beveridge and Out-of-Pocket models. B. the Bismarck and Out-of-Pocket models. C. the Beveridge and Bismarck models. D. the Canadian and South Korean models.
2. A key feature of the single-payer system is that A. it is for-profit. B. it has complex administration. C. it has the power to negotiate prices. D. it is funded by employers.
3. In Canada, essential medical services are covered by A. private insurance companies. B. the federal government. C. provincial and territorial insurance plans. D. employers.

4. The Out-of-Pocket model is most common in A. developed countries. B. less-developed countries. C. Canada. D. South Korea.

Questions 24-26

Complete the sentences below.

Choose **NO MORE THAN THREE WORDS** from the passage for each answer.

Write your answers in boxes 24-26 on your answer sheet.

1. In the Out-of-Pocket model, access to healthcare is largely dependent on an individual's _____.
2. A sudden illness can force a family to _____ to pay for treatment.
3. The lack of a centralized financing system can lead to a proliferation of _____.

Reading Passage 3

You should spend about 20 minutes on Questions 27-40, which are based on Reading Passage 3 below.

The Future of Healthcare: Challenges and Innovations

The 21st century has brought with it a host of unprecedented challenges for healthcare systems worldwide. Aging populations, the rising prevalence of chronic diseases, and escalating costs are putting immense strain on existing healthcare models. However, this era of challenge is also an era of opportunity. Rapid advancements in technology, a growing emphasis on preventative care, and a deeper understanding of the social determinants of health are paving the way for a new paradigm of healthcare. The future of healthcare will be shaped by how effectively we can navigate these challenges and harness the power of innovation.

One of the most significant demographic shifts impacting healthcare is the aging of the global population. By 2050, the number of people aged 60 and over is projected to double, reaching 2.1 billion. This demographic trend has profound implications for healthcare systems, as older adults are more likely to suffer from chronic conditions and require more complex and long-term care. The rising tide of chronic diseases, such as diabetes, heart disease, and cancer, is not limited to the elderly; it is a growing problem across all age groups, driven by lifestyle factors such as poor diet, lack of physical activity, and smoking. These conditions are not only a major cause of

disability and premature death but also a huge financial burden on healthcare systems.

In response to these challenges, there is a growing recognition of the importance of preventative care. Rather than simply treating illness, the focus is shifting towards keeping people healthy in the first place. This involves a multi-faceted approach that includes promoting healthy lifestyles, early detection of disease through screening programs, and managing risk factors. Technology is playing a crucial role in this shift, with wearable devices, mobile health apps, and telehealth platforms empowering individuals to take a more active role in managing their own health. These tools can provide real-time feedback, personalized coaching, and remote monitoring, making healthcare more accessible and proactive.

The rise of artificial intelligence (AI) is also set to revolutionize healthcare. AI-powered diagnostic tools can analyze medical images with a level of accuracy that rivals or even surpasses that of human radiologists. Machine learning algorithms can identify patterns in large datasets to predict disease outbreaks, personalize treatment plans, and optimize hospital workflows. While the potential of AI in healthcare is immense, it also raises important ethical and regulatory questions. Ensuring the privacy and security of patient data, addressing algorithmic bias, and establishing clear lines of accountability are all critical issues that need to be addressed.

Beyond technology, there is a growing awareness of the social determinants of health – the non-medical factors that influence health outcomes. These include socioeconomic status, education, employment, and the physical environment. It is now widely understood that addressing these underlying factors is essential to reducing health inequalities and improving the overall health of the population. This requires a collaborative effort between the healthcare sector and other sectors, such as housing, education, and social services, to create a society that supports health and well-being for all.

The future of healthcare will not be a one-size-fits-all solution. Different countries will continue to experiment with different models, adapting them to their own unique circumstances and values. However, the common thread that will run through all successful healthcare systems of the future is a commitment to a more proactive, personalized, and patient-centered approach. By embracing innovation, fostering collaboration, and addressing the root causes of ill health, we can build a future where everyone has the opportunity to live a long and healthy life.

Questions 27-40

Questions 27-32

Do the following statements agree with the claims of the writer in Reading Passage 3?

In boxes 27-32 on your answer sheet, write

- **YES** if the statement agrees with the claims of the writer
- **NO** if the statement contradicts the claims of the writer
- **NOT GIVEN** if it is impossible to say what the writer thinks about this*

1. The challenges facing healthcare systems are unique to the 21st century.
2. The aging population is the only demographic shift impacting healthcare.
3. Chronic diseases are only a problem for the elderly.
4. Technology is a key factor in the shift towards preventative care.
5. AI will soon replace all human doctors.
6. Addressing social determinants of health is crucial for reducing health inequalities.

Questions 33-36

Choose the correct letter, A, B, C or D.

Write the correct letter in boxes 33-36 on your answer sheet.

1. The global population of people aged 60 and over is expected to reach 2.1 billion by A. 2030. B. 2040. C. 2050. D. 2060.
2. Which of the following is NOT mentioned as a lifestyle factor contributing to chronic diseases? A. Poor diet B. Lack of physical activity C. Smoking D. Genetics
3. AI-powered diagnostic tools can analyze A. blood samples. B. medical images. C. patient interviews. D. hospital budgets.
4. The social determinants of health do NOT include A. socioeconomic status. B. education. C. genetic predispositions. D. the physical environment.

Questions 37-40

Complete the notes below.

*Choose **NO MORE THAN TWO WORDS** from the passage for each answer.*

Write your answers in boxes 37-40 on your answer sheet.

The Future of Healthcare

- **Challenges:**

- Aging populations
- Rising prevalence of 37. _____
- Escalating costs

- **Innovations:**

- Emphasis on 38. _____
- Advancements in technology (e.g., wearable devices, AI)
- Focus on social determinants of health

- **Key Principles for the Future:**

- Proactive approach
- 39. _____ care
- Patient-centered approach

- **Ultimate Goal:**

- To build a future where everyone can live a long and 40. _____.
No response

LISTENING SECTION (40 questions)

SECTION 1 Questions 1-10

Complete the form below.

*Write **NO MORE THAN TWO WORDS AND/OR A NUMBER** for each answer.*

NEW PATIENT REGISTRATION FORM

Personal Details	
First Name	Sarah
Surname	1. _____
Date of Birth	12th April 1995
Address	2. _____, Park Road, Cambridge
Postcode	CB1 3AJ
Phone Number	3. _____
Occupation	4. _____

Medical History	
Current Medication	None
Allergies	5. _____
Previous Surgery	6. _____ (in 2018)
Family History of Illness	Mother has 7. _____

Lifestyle	
Smoking Status	8. _____
Alcohol Consumption	1-2 glasses per week
Exercise	Goes to the gym 9. _____ a week
Dietary Notes	Is a 10. _____

SECTION 2 Questions 11-20

Questions 11-15

Choose the correct letter, A, B or C.

1. The main purpose of the talk is to A. encourage students to lead a healthy lifestyle. B. introduce students to the university's health services. C. explain the UK's National Health Service.

2. To register with the University Health Centre, students must A. live on campus. B. bring their passport. C. complete a form online.
3. The Health Centre is usually busiest A. in the mornings. B. at lunchtime. C. in the afternoons.
4. What is the 'Meningitis ACWY' vaccination for? A. To protect against a serious bacterial infection. B. To prevent the flu. C. To treat a common student illness.
5. Where can students find information about mental health support? A. At the Health Centre reception. B. On the university website. C. In the student handbook.

Questions 16-20

What service does the speaker recommend for each of the following problems?

*Choose **FIVE** answers from the box and write the correct letter, A-G, next to questions 16-20.*

Services

- A. Emergency appointment B. Routine appointment C. Nurse clinic D. Pharmacy E. Dentist F. Optician G. University Counselling Service

Problems

1. A minor injury _____
2. A toothache _____
3. Feeling stressed and anxious _____
4. Needing travel vaccinations _____
5. A common cold _____

SECTION 3 Questions 21-30

Choose the correct letter, A, B or C.

1. What is the main topic of Chloe and Tom's discussion? A. The rising cost of healthcare. B. The differences between public and private healthcare. C. The challenges of an aging population.

2. Chloe believes that public healthcare is A. inefficient and slow. B. a fundamental right for everyone. C. only suitable for low-income families.
3. Tom argues that private healthcare A. offers patients more choice and flexibility. B. is always better than public healthcare. C. is unfair to those who cannot afford it.
4. According to Chloe, what is a major problem with private healthcare? A. It focuses too much on preventative care. B. It can lead to a two-tier system. C. It is heavily regulated by the government.
5. Tom mentions that in some countries with public systems, patients A. never have to wait for treatment. B. can choose any doctor they want. C. face long waiting lists for surgery.
6. What does Chloe say about the motivation of private healthcare companies? A. They are primarily driven by patient well-being. B. They are focused on making a profit. C. They are dedicated to medical research.
7. Tom suggests that competition in the private sector can lead to A. lower standards of care. B. less innovation. C. greater efficiency and better facilities.
8. Chloe is concerned that a private system might not invest in A. treating rare diseases. B. profitable treatments. C. public health campaigns.
9. What do Chloe and Tom agree on in the end? A. That a purely public system is the best model. B. That a purely private system is the best model. C. That a mixed system might be the ideal solution.
10. They decide to focus their presentation on A. the German and Canadian healthcare systems. B. the UK's National Health Service. C. the US healthcare system.

SECTION 4 Questions 31-40

Complete the notes below.

*Write **ONE WORD ONLY** for each answer.*

The Impact of Technology on Healthcare

Introduction

- Technology is transforming healthcare at an unprecedented rate.
- Main areas of impact: diagnostics, treatment, and patient 31. _____.

Diagnostics

- **Artificial Intelligence (AI):**
 - AI algorithms can analyze medical images (e.g., X-rays, scans) more quickly and accurately than humans.
 - This leads to earlier detection of diseases like 32. _____.
 - Helps to reduce the workload of radiologists.
- **Genomic Sequencing:**
 - Allows for a more personalized approach to medicine.
 - Can identify a person's genetic 33. _____ to certain diseases.
 - Helps in choosing the most effective treatment.

Treatment

- **Robotic Surgery:**
 - Robots assist surgeons, leading to greater precision and control.
 - Results in smaller incisions, less pain, and a quicker 34. _____ for patients.
 - Used in various procedures, including heart surgery and 35. _____ removal.
- **3D Printing:**
 - Creation of custom implants and prosthetics.
 - Used to create anatomical models for surgical 36. _____.
 - Potential to print human organs in the future.

Patient Empowerment

- **Telehealth:**
 - Remote consultations with doctors via video calls.
 - Improves access to care, especially for people in 37. _____ areas.
 - Became particularly important during the recent 38. _____.

- **Wearable Devices:**

- Track health metrics like heart rate, activity levels, and sleep patterns.
- Provide users with real-time 39. _____ on their health.
- Data can be shared with doctors to monitor chronic conditions.

Conclusion

- Technology has the potential to make healthcare more predictive, preventative, and personalized.
 - Ethical considerations and data 40. _____ are important challenges to address.
-

LISTENING SCRIPTS

SECTION 1

Receptionist: Good morning, Park Road Medical Centre. How can I help you?

Sarah: Hello, I'd like to register as a new patient, please.

Receptionist: Of course. I can help you with that. Can I take your name?

Sarah: Yes, it's Sarah. My surname is **Wilson**.

Receptionist: Wilson... W-I-L-S-O-N?

Sarah: That's right.

Receptionist: And your date of birth?

Sarah: 12th April 1995.

Receptionist: Okay, thank you. And your address?

Sarah: I live at **15A**, Park Road, Cambridge.

Receptionist: 15A, Park Road... got it. And the postcode?

Sarah: CB1 3AJ.

Receptionist: Great. Can I take a contact phone number?

Sarah: Yes, it's 07700 900876.

Receptionist: 07700 900876. And what's your occupation?

Sarah: I'm a teacher.

Receptionist: Okay, that's the personal details sorted. Now, a little bit about your medical history. Do you have any current medications?

Sarah: No, I'm not taking anything at the moment.

Receptionist: Any allergies?

Sarah: Yes, I'm allergic to penicillin.

Receptionist: Penicillin. Noted. Have you had any previous surgery?

Sarah: Yes, I had my appendix removed in 2018.

Receptionist: Appendix removal, 2018. And is there any family history of serious illness? For example, heart disease or diabetes?

Sarah: My mother has high blood pressure.

Receptionist: Okay. And finally, a few lifestyle questions. Are you a smoker?

Sarah: No, I'm a non-smoker.

Receptionist: And how much alcohol would you say you drink per week?

Sarah: Just one or two glasses, usually at the weekend.

Receptionist: That's fine. And do you get regular exercise?

Sarah: Yes, I go to the gym three times a week.

Receptionist: Excellent. And any dietary notes?

Sarah: Well, I'm a vegetarian.

Receptionist: Vegetarian. Okay, that's everything. I'll get you registered on the system. You'll be able to book an appointment from tomorrow morning. Here's a leaflet with our opening times and the services we offer.

Sarah: That's great, thank you for your help.

SECTION 2

Health Advisor: Good morning everyone, and welcome to the university. My name is Amanda and I'm the university's health advisor. My role is to help you stay healthy and happy during your time here. Today, I'm going to give you a brief introduction to the university's health services, what we offer, and how to access them.

The University Health Centre is located on the main campus, next to the library. We are open from 8:30 am to 5:30 pm, Monday to Friday. To use the Health Centre, you first need to register with us. You can do this online by filling out a simple form on the university website. It's important to do this as soon as possible, so you can access our services when you need them. You don't need to bring any documents with you to register.

We offer a range of services, from routine appointments with a doctor or nurse, to emergency care. We tend to be busiest in the mornings, so if you can, try to book appointments for the afternoon. If you have an urgent medical problem, we have a number of same-day emergency appointments available. You'll need to call us at 8:30 am to book one of these.

We strongly encourage all new students to get the 'Meningitis ACWY' vaccination. This is a serious bacterial infection that can be life-threatening, and students are at a higher risk. You can book an appointment with one of our nurses to get this vaccination. It's free of charge.

We also offer a range of other services to support your health and wellbeing. We have a nurse clinic for minor injuries and illnesses, and you can also get advice on things like contraception and sexual health. If you're feeling stressed, anxious, or have any other mental health concerns, we have a team of counsellors who can provide support. You can find more information about our mental health services on the university website.

Now, I'd like to quickly mention some other local healthcare services. For minor illnesses like a common cold or a headache, your local pharmacy can provide advice and over-the-counter medication. If you have a problem with your teeth, you'll need to see a dentist. And for eye problems, you should see an optician. The university health service does not cover these. So, to recap: for a minor injury, you can come to our nurse clinic. For a toothache, you need a dentist. If you're feeling stressed, the University Counselling Service is there for you. If you need travel vaccinations, our nurse clinic can help with that too. And for a common cold, the pharmacy is your best bet.

I hope this has been helpful. Please don't hesitate to come and see us at the Health Centre if you have any questions or concerns. We're here to help. Thank you.

SECTION 3

Chloe: So, Tom, for our presentation on healthcare systems, I was thinking we could focus on the debate between public and private healthcare.

Tom: That's a good idea, Chloe. It's a really important and often controversial topic. Where should we start?

Chloe: Well, I think we should start by defining what we mean by public and private healthcare. My view is that public healthcare, funded by the government, is a fundamental right for everyone. It ensures that people can get the medical care they need, regardless of their income or social status.

Tom: I agree that everyone should have access to healthcare, but I think private healthcare offers patients more choice and flexibility. In a private system, you can choose your doctor, your hospital, and even the type of treatment you receive. That's not always the case in a public system.

Chloe: I see your point, but the problem with private healthcare is that it can lead to a two-tier system, where the wealthy get better care than the poor. That's not fair. And it's not just about access; it's about quality too. Private healthcare companies are motivated by profit, not by patient well-being.

Tom: I'm not so sure about that. I think competition in the private sector can lead to greater efficiency and better facilities. Private hospitals often have the latest technology and the best doctors. And in some countries with public systems, patients face long waiting lists for surgery and other treatments.

Chloe: That's true, but that's a problem with funding, not with the principle of public healthcare. If governments invested more in their public health systems, they could reduce waiting times and improve the quality of care. I'm also concerned that a private system might not invest in things that aren't profitable, like public health campaigns or research into rare diseases.

Tom: That's a valid point. But a mixed system could solve that. You could have a public system that provides essential care for everyone, and then people could choose to buy private insurance for extra services or faster treatment. That way, you get the best of both worlds.

Chloe: A mixed system... that's an interesting idea. It could be a good compromise. So, for our presentation, we could compare the healthcare systems in a country with a predominantly public system, like the UK, and a country with a more mixed system, like Germany or Canada.

Tom: Exactly. We could look at the pros and cons of each system, and then present our own ideas for what an ideal healthcare system might look like. I think that would be a really engaging presentation.

Chloe: I agree. Let's focus on the German and Canadian systems then. They both have interesting mixed models. We can research them and then come back together to discuss our findings.

Tom: Sounds like a plan.

SECTION 4

Lecturer: Good morning, everyone. In today's lecture, we're going to explore the profound impact that technology is having on healthcare. Technology is transforming the way we diagnose, treat, and manage illness, and it's empowering patients to take a more active role in their own care. We'll look at three main areas: diagnostics, treatment, and patient **empowerment**.

Let's start with diagnostics. One of the most exciting developments in this area is the use of Artificial Intelligence, or AI. AI algorithms can be trained to analyze medical images, such as X-rays and scans, with incredible speed and accuracy. In many cases, they can detect diseases like **cancer** earlier and more reliably than the human eye. This not only improves patient outcomes but also helps to reduce the workload of radiologists. Another game-changer is genomic sequencing. By mapping a person's entire genetic code, we can identify their genetic **predisposition** to certain diseases. This allows for a much more personalized approach to medicine, where we can tailor prevention and treatment strategies to an individual's unique genetic makeup.

Now, let's turn to treatment. Robotic surgery is a field that has seen remarkable advances in recent years. Robots are now being used to assist surgeons in a wide range of procedures, from heart surgery to **prostate** removal. These robots can make incredibly precise movements, resulting in smaller incisions, less pain, and a quicker **recovery** for patients. Another fascinating technology is 3D printing. We can now use 3D printers to create custom implants and prosthetics that are perfectly matched to a patient's anatomy. We can also create detailed anatomical models that allow surgeons

to plan and practice complex procedures before they even enter the operating room. In the future, we may even be able to print human organs for transplantation.

Finally, let's consider patient empowerment. Technology is putting more power into the hands of patients. Telehealth, for example, allows people to have remote consultations with doctors via video calls. This has been a lifeline for people in **remote** areas and for those with mobility issues. It became particularly important during the recent **pandemic**, of course. Wearable devices, such as smartwatches and fitness trackers, are another powerful tool. They can monitor a wide range of health metrics, from heart rate and activity levels to sleep patterns. This provides users with real-time **feedback** on their health and allows them to make more informed lifestyle choices. The data from these devices can also be shared with doctors to help them monitor chronic conditions and intervene early if problems arise.

In conclusion, technology has the potential to make healthcare more predictive, preventative, and personalized. However, we must also be mindful of the challenges. Ethical considerations and data **security** are paramount. We need to ensure that these powerful technologies are used responsibly and that patient privacy is protected. The future of healthcare is incredibly exciting, but we must navigate it with care and foresight. Thank you. *No response*

WRITING SECTION

WRITING TASK 1

You should spend about 20 minutes on this task.

The chart below shows the percentage of GDP spent on healthcare in six different countries in 2023.

Summarise the information by selecting and reporting the main features, and make comparisons where relevant.

Write at least 150 words.

Healthcare Expenditure as a Percentage of GDP (2023)

(A bar chart would be displayed here with the following data: USA: 17.8% Switzerland: 12.2% Germany: 11.7% France: 11.2% Canada: 10.7% United Kingdom: 10.3%)

WRITING TASK 2

You should spend about 40 minutes on this task.

Write about the following topic:

Some people believe that healthcare should be funded entirely by the government and provided free of charge to all citizens. Others argue that a private healthcare system, funded by individuals and private insurance companies, is more efficient and offers a better quality of care.

Discuss both these views and give your own opinion.

Give reasons for your answer and include any relevant examples from your own knowledge or experience.

Write at least 250 words.

SPEAKING SECTION

Part 1: Introduction and interview (4-5 minutes)

The examiner will ask you some general questions about yourself and then move on to the topic of healthcare.

- Let's talk about health.
- How often do you see a doctor?
- What do you do to stay healthy?
- Is it easy to see a doctor where you live?
- Do you think people in your country are generally healthy?
- What is the most important thing to do to maintain good health?

Part 2: Individual long turn (3-4 minutes)

You will have to talk about the topic on the card for one to two minutes. You have one minute to think about what you are going to say. You can make some notes to help you if you wish.

Describe a time when you received medical care.

You should say:

- when this was

- what the problem was
- what kind of care you received
- and explain how you felt about the experience.

Part 3: Two-way discussion (4-5 minutes)

The examiner will ask you some more abstract questions related to the topic in Part 2.

- What are the main differences between public and private healthcare in your country?
- Do you think it's better for a country to have a public or a private healthcare system?
- What are some of the biggest challenges facing healthcare systems today?
- How do you think technology will change healthcare in the future?
- Should individuals be responsible for their own health, or is it the government's responsibility?

GRAMMAR SECTION (20 questions)

Questions 1-5: Error Correction

Identify the error in each sentence and correct it.

1. The number of people suffering from chronic diseases are increasing every year.
2. Despite of the high cost, many people prefer private healthcare.
3. The doctor advised to me to get more exercise and eat a healthier diet.
4. If I would have known about the side effects, I would not have taken the medication.
5. The hospital where I was born it is being demolished next year.

Questions 6-10: Sentence Transformation

Complete the second sentence so that it has a similar meaning to the first sentence, using the word given. Do not change the word given. You must use between two and five words, including the word given.

1. The government should provide free healthcare for everyone. (BE) Healthcare _____ free for everyone by the government.
2. It was a mistake for you to stop taking your medication. (SHOULD) You _____ taking your medication.
3. The new hospital is much more modern than the old one. (AS) The old hospital is _____ the new one.
4. “I will not be able to attend the appointment tomorrow,” she said. (THAT) She said _____ be able to attend the appointment the next day.
5. The doctor started working here ten years ago. (FOR) The doctor has _____ ten years.

Questions 11-15: Fill in the Blanks

Complete the sentences with the correct form of the verb in brackets, or with an appropriate article or preposition.

1. By the time the ambulance arrived, the patient _____ (to wait) for over an hour.
2. The UK has _____ National Health Service, which was founded in 1948.
3. The surgeon operated _____ the patient for three hours.
4. If I _____ (to feel) unwell tomorrow, I will call the doctor.
5. The research team is looking _____ new ways to treat the disease.

Questions 16-20: Word Formation

Use the word given in capitals at the end of some of the lines to form a word that fits in the gap in the same line.

1. The new drug has been shown to be highly _____ in treating the disease. (EFFECT)
2. It is the _____ of the government to provide adequate healthcare for its citizens. (RESPONSIBLE)
3. The _____ of a healthy lifestyle can prevent many chronic diseases. (ADOPT)

4. The hospital has invested in new medical _____ to improve patient care. (EQUIP)
 5. The doctor gave me a _____ for antibiotics. (PRESCRIBE)
-

ANSWER KEY

Reading Section

1. FALSE
2. FALSE
3. TRUE
4. FALSE
5. TRUE
6. TRUE
7. C
8. B
9. C
10. B
11. general taxation
12. sickness funds
13. universal healthcare
14. iv
15. iii
16. i
17. viii
18. ii
19. iv
20. C
21. C

- 22. C
- 23. B
- 24. ability to pay
- 25. sell assets
- 26. unqualified practitioners
- 27. NO
- 28. NO
- 29. NO
- 30. YES
- 31. NOT GIVEN
- 32. YES
- 33. C
- 34. D
- 35. B
- 36. C
- 37. chronic diseases
- 38. preventative care
- 39. personalized
- 40. healthy life

Listening Section

- 1. Wilson
- 2. 15A
- 3. 07700 900876
- 4. teacher
- 5. penicillin
- 6. appendix
- 7. blood pressure
- 8. non-smoker

9. three times

10. vegetarian

11. B

12. C

13. A

14. A

15. B

16. C

17. E

18. G

19. C

20. D

21. B

22. B

23. A

24. B

25. C

26. B

27. C

28. A

29. C

30. A

31. empowerment

32. cancer

33. predisposition

34. recovery

35. prostate

36. planning

37. remote

38. pandemic

39. feedback

40. security

Grammar Section

1. are -> is

2. Despite of -> Despite

3. advised to me -> advised me

4. would have known -> had known

5. it is -> is

6. should be provided

7. should not have stopped

8. not as modern as

9. that she would not

10. been working here for

11. had been waiting

12. a

13. on

14. feel

15. into

16. effective

17. responsibility

18. adoption

19. equipment

20. prescription

TUTOR GUIDE

Model answer for Writing Task 1

The bar chart illustrates the proportion of Gross Domestic Product (GDP) that six different countries allocated to healthcare in the year 2023. Overall, the United States spent the highest percentage of its GDP on healthcare, significantly more than the other five nations.

The USA stands out with a healthcare expenditure of 17.8% of its GDP, which is by far the largest figure shown. The other five countries all spent between 10% and 12.2% of their GDP on healthcare. Switzerland had the second-highest spending at 12.2%, followed closely by Germany at 11.7%.

France and Canada had similar levels of healthcare spending, at 11.2% and 10.7% respectively. The United Kingdom recorded the lowest percentage among the six countries, with 10.3% of its GDP dedicated to healthcare. In summary, while there is some variation among the European countries and Canada, the United States is a clear outlier, spending a substantially larger share of its national income on healthcare.

Model essay for Writing Task 2 (Band 9 level)

The debate over the optimal model for funding and providing healthcare is a central issue in modern societies. There are compelling arguments both for a state-funded, universal system and for a market-based, private approach. While the allure of efficiency and choice in private healthcare is undeniable, I am firmly of the opinion that healthcare is a fundamental human right that should be guaranteed by the government.

On the one hand, proponents of a private healthcare system argue that it fosters competition, which in turn drives innovation, efficiency, and a higher quality of care. In a market-driven environment, hospitals and clinics must compete for patients, leading to better facilities, shorter waiting times, and a greater focus on patient satisfaction. Furthermore, a private system offers individuals more choice and control over their healthcare decisions, allowing them to select their own doctors, insurance plans, and treatments. This can lead to a more personalized and responsive healthcare experience. The United States, with its large private healthcare sector, is often cited as

an example of this model, boasting some of the most advanced medical technology and research facilities in the world.

On the other hand, the belief that healthcare should be a public service, free at the point of delivery, is grounded in the principle of equity. A government-funded system, such as the National Health Service (NHS) in the United Kingdom, ensures that every citizen has access to medical care, regardless of their ability to pay. This prevents a two-tier system where the wealthy receive superior care while the poor are left with substandard services or are unable to afford treatment at all. Moreover, a public system can prioritize preventative care and public health initiatives, which are often neglected in a profit-driven private system. By removing the profit motive, a public system can focus on what is most important: the health and well-being of the population.

In my view, while private healthcare may offer certain advantages in terms of choice and amenities, these benefits are far outweighed by the moral imperative to provide equitable healthcare for all. A system where access to life-saving treatment is determined by wealth is fundamentally unjust. A mixed system, where a public foundation of care is supplemented by private options, may offer a compromise, but the core of any healthcare system should be a government-guaranteed safety net. Ultimately, a nation's commitment to the health of its citizens is a measure of its humanity, and this commitment is best expressed through a universal, publicly funded healthcare system.

Speaking Part 2 sample response

I'd like to talk about a time I had to go to the hospital a couple of years ago. It was in the middle of winter, and I had a really nasty fall on some ice while I was walking home from work. I knew straight away that something was wrong because I felt a sharp pain in my wrist and it started to swell up almost immediately.

A friend who was with me called for an ambulance, and it arrived surprisingly quickly. The paramedics were fantastic; they were very calm and professional, and they gave me some pain relief and put my wrist in a temporary splint. When I got to the hospital, I had to wait in the Accident and Emergency department for a few hours, which wasn't ideal, but I could see that they were very busy.

Eventually, I was seen by a doctor who sent me for an X-ray. It turned out that I had broken my wrist in two places. The care I received was excellent. The doctors and

nurses were all very kind and reassuring. They put my arm in a proper cast and explained everything to me very clearly – how long it would take to heal, what I should and shouldn't do, and when I needed to come back for a check-up.

Overall, I felt very grateful for the experience. Even though it was a stressful and painful situation, I was really impressed by the professionalism and compassion of the healthcare staff. It made me appreciate how lucky I am to live in a country with a public healthcare system where I can receive such high-quality care without having to worry about the cost. It was a difficult experience, but it was made much more bearable by the wonderful people who looked after me.

Key vocabulary list

1. **Beveridge Model:** A healthcare system where the government both funds and provides healthcare, financed through general taxation.
2. **Bismarck Model:** A healthcare system based on social insurance, funded by contributions from employers and employees.
3. **Single-Payer System:** A system where a single public authority, usually the government, pays for healthcare services.
4. **Out-of-Pocket Model:** A system where individuals pay for healthcare services directly at the point of use.
5. **Universal Healthcare:** A system where all citizens have access to healthcare, regardless of their ability to pay.
6. **Preventative Care:** Measures taken to prevent diseases, rather than treating them once they have occurred.
7. **Chronic Disease:** A long-lasting condition that can be controlled but not cured (e.g., diabetes, heart disease).
8. **Telehealth:** The use of technology to provide healthcare remotely, such as through video consultations.
9. **Artificial Intelligence (AI):** The use of computer systems to perform tasks that normally require human intelligence, such as diagnosing diseases.
10. **Social Determinants of Health:** The non-medical factors that influence health outcomes, such as socioeconomic status and education.
11. **Equity:** The principle of fairness and justice in the provision of healthcare.

12. **Two-Tier System:** A healthcare system where there are two levels of care, with the wealthy receiving better services than the poor.
13. **Expenditure:** The amount of money spent on something.
14. **Gross Domestic Product (GDP):** The total value of goods and services produced in a country in a year.
15. **Vaccination:** The administration of a vaccine to help the immune system develop protection from a disease.
16. **Prosthetics:** Artificial body parts, such as a limb or a joint.
17. **Predisposition:** A tendency to a certain condition or quality.
18. **Anatomical:** Relating to the structure of the body.
19. **Empowerment:** The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.
20. **Accountability:** The fact or condition of being accountable; responsibility.