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History Curriculum Intent	GCSE Year 11

The History curriculum at New Line Learning develops pupils into curious, analytical and reflective historians who understand how the past has shaped the modern world. Through the study of power, society, empire, conflict, medicine and democracy, pupils investigate the experiences of individuals and communities across Britain and the wider world, exploring how historical events continue to influence life today.

Our enquiry-led curriculum follows a clear chronological and thematic journey. Pupils begin by exploring the foundations of medieval Britain before examining the growth of empire, industrialisation, migration and campaigns for equality. They then investigate the conflicts, ideologies and social changes that shaped the twentieth century, providing strong foundations for GCSE study. Throughout Key Stage 4, pupils deepen their understanding through the study of Early Elizabethan England, Weimar and Nazi Germany, Superpower Relations and the Cold War, and Medicine in Britain, enabling them to recognise patterns of continuity, change and historical significance across different periods.

The curriculum is underpinned by the disciplinary knowledge of history. Pupils learn to think critically by analysing evidence, evaluating historical interpretations, investigating causation and consequence, recognising continuity and change, and constructing balanced historical arguments supported by evidence. They develop confidence in questioning the reliability of sources, understanding different perspectives and reaching substantiated judgements about the past.

History makes a significant contribution to pupils' wider development. Through encounters with diverse cultures, civilisations and historical experiences, pupils develop empathy, respect and an appreciation of Britain's place within an interconnected world. They explore themes including democracy, justice, human rights, migration, conflict and identity, encouraging them to become informed, thoughtful and responsible citizens.

The curriculum follows the National Curriculum at Key Stage 3 and the Edexcel GCSE History specification at Key Stage 4. It is carefully sequenced so that substantive knowledge and disciplinary thinking are continually revisited and strengthened, ensuring pupils leave New Line Learning with a secure understanding of the past and the ability to apply historical thinking beyond the classroom.

Term 1
Paper 2 P4 Topics 2-3

Superpower Relations and the Cold War, 1941–91

Big Picture
What are the main ideas and big questions in this topic?

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This term completes the Edexcel period study of Superpower Relations and the Cold War, 1941–91, tracing the changing relationship between the USA and USSR from the intense crises of the late 1950s and 1960s through détente, renewed confrontation and the eventual collapse of Soviet control in Eastern Europe.

Students begin by investigating renewed tensions surrounding Berlin, Cuba and Czechoslovakia. They examine the Berlin refugee problem, Khrushchev's ultimatum and the summit meetings of 1959–61 before exploring the construction of the Berlin Wall. They then investigate the Cuban Revolution, Bay of Pigs and the Cuban Missile Crisis, considering how the superpowers came closer to direct nuclear conflict than at any other point in the Cold War. The Prague Spring provides a contrasting crisis within the Soviet sphere and demonstrates the limits of reform under Soviet control.

Students then examine how the experience of confrontation encouraged attempts to reduce tension. They explore the consequences of the Cuban Missile Crisis, the development of the hotline and nuclear arms agreements, before moving into détente during the 1970s.

The final part of the enquiry investigates the breakdown of détente following the Soviet invasion of Afghanistan, the emergence of the 'Second Cold War' under Reagan and the eventual reduction of tension under Reagan and Gorbachev. Students conclude by examining Gorbachev's 'new thinking', the fall of the Berlin Wall and the collapse of Soviet control in Eastern Europe and the USSR itself.

Throughout the term, students return to the overarching question: ***Why did the Cold War move between crisis, cooperation and collapse?***

Zoom In

What knowledge, skills and key vocabulary will we learn step by step?

Students first investigate the renewed tensions surrounding Berlin after 1958, including the refugee problem, Khrushchev's ultimatum and the summit meetings between East and West. They examine why the construction of the Berlin Wall in 1961 became both a practical response to migration and a powerful symbol of Cold War division.

Attention then turns to Cuba. Students investigate Castro's revolution, worsening relations with the USA, closer ties with the Soviet Union and the significance of the Bay of Pigs invasion. This provides the context for the Cuban Missile Crisis, where students reconstruct the sequence of events and analyse how decisions made by Kennedy and Khrushchev brought the superpowers close to nuclear war. Students examine the consequences of the crisis, including the hotline, Limited Test Ban Treaty, Outer Space Treaty and Nuclear Non-Proliferation Treaty. They consider how confrontation could lead directly to attempts at greater communication and arms control.

The Prague Spring provides a further case study of Soviet control. Students investigate demands for reform in Czechoslovakia, the Soviet response and the Brezhnev Doctrine, before comparing Western reactions with responses to Hungary in 1956.

Students then explore détente during the 1970s, including the significance of SALT I, the Helsinki Accords and SALT II, considering why both superpowers had reasons to reduce tension. The breakdown of détente is examined through the Soviet invasion of Afghanistan, Carter Doctrine and Olympic boycotts, before students investigate Reagan's approach to the USSR, including the Strategic Defence Initiative and renewed ideological confrontation.

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Finally, students investigate the changing relationship between Reagan and Gorbachev, Gorbachev's 'new thinking' and the weakening of Soviet control in Eastern Europe. They examine the significance of the fall of the Berlin Wall, the collapse of the Soviet Union and the end of the Warsaw Pact.

Substantive knowledge develops through students' understanding of Berlin Ultimatum, summit meetings, Berlin Wall, Cuban Revolution, Bay of Pigs, Cuban Missile Crisis, Prague Spring, Brezhnev Doctrine, détente, SALT I, Helsinki Accords, SALT II, Afghanistan, Carter Doctrine, Reagan, SDI, Gorbachev, new thinking, fall of the Berlin Wall, collapse of the Soviet Union and Warsaw Pact. Disciplinary knowledge develops particularly through consequence, significance and analytical narrative. Students explain how crises developed, how one action generated another and why superpower relations repeatedly shifted between confrontation and cooperation.

Key vocabulary includes refugee, ultimatum, summit, Berlin Wall, missile, blockade, brinkmanship, nuclear deterrence, hotline, arms control, détente, doctrine, invasion, boycott, SDI, reform, new thinking, collapse, significance, consequence and analytical narrative.

Pre-Requisite Knowledge *What have we already learned that will help us with this topic?*	**Pitch Up** *How will we challenge ourselves?*
Students enter Year 11 having completed the origins and early development of the Cold War during Year 10 Term 6. They already understand the ideological differences between capitalism and communism, the wartime conferences, Soviet expansion into Eastern Europe, the Truman Doctrine, Marshall Plan, Berlin Blockade, development of rival military alliances and the Hungarian Uprising. This provides essential context for understanding why Berlin remained a major point of tension, why the USA was deeply concerned about the spread of Communism and why Soviet leaders were determined to maintain control within Eastern Europe. Students' Year 9 learning also provides useful foundations. Their study of Stalin and Mao introduced Communism and authoritarian control, while the 1960s enquiry introduced American Cold War concerns through Vietnam. Students now complete the full 1941–91 narrative, requiring them to retain and connect developments across fifty years rather than treating individual crises as isolated episodes.	Students are challenged to construct increasingly sophisticated analytical narratives, explaining not simply what happened but how developments influenced one another. The Cuban Missile Crisis requires students to recognise that both Kennedy and Khrushchev were responding to political, strategic and security pressures, rather than treating one side as solely responsible for escalation. Students compare Cold War crises, recognising similarities between Hungary and Czechoslovakia while also identifying differences in context, leadership and international response. The study of détente challenges the assumption that reduced tension meant the Cold War was ending. Students examine the practical reasons both superpowers sought cooperation while recognising that ideological and strategic rivalry remained. Students also consider competing explanations for the end of the Cold War, including Reagan's pressure, Gorbachev's reforms, economic problems within the Soviet Union and political change within Eastern Europe.

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	More confident students distinguish between events that symbolised change, such as the fall of the Berlin Wall, and deeper structural developments that helped cause that change.
Wider Framework *How does this learning connect to future topics and bigger goals?*	**Curriculum Hinterland** *What wider knowledge will deepen our understanding of this topic?*
This term completes the full Superpower Relations and the Cold War, 1941–91 period study. Students now have the chronological knowledge required to tackle questions across all three key topics and make connections across the entire period, from the breakdown of the wartime alliance to the collapse of the Soviet Union. The unit strengthens students' understanding of twentieth-century international relations and develops disciplinary thinking that will support the subsequent Medicine thematic study, particularly their ability to trace patterns across long periods and assess significance and consequence. The end of the Cold War also provides important context for understanding the modern political world, including the changing position of Russia, the USA, NATO and Eastern Europe.	Students develop a deeper understanding of the Cold War as a conflict in which nuclear weapons made direct war between the superpowers extraordinarily dangerous. The Cuban Missile Crisis demonstrates the importance of communication, miscalculation and individual leadership when military decisions carry potentially catastrophic consequences. Berlin and Czechoslovakia reveal the importance of movement, borders and political freedom within Cold War Europe. The Berlin Wall was not simply a military structure but affected families, employment and everyday life. The study of détente demonstrates how rival states can cooperate in selected areas while remaining political and ideological competitors. Students also encounter the economic and political difficulties facing the Soviet Union during the 1980s and recognise that the end of Soviet control was not caused by a single individual or event. Instead, economic weakness, political reform, changing leadership and popular pressure interacted over time.
Authentic connections *How does this topic connect to real life, careers, other subjects and important values?*	
Students reflect upon leadership, compromise, responsibility and risk, considering how political leaders make decisions when the consequences of error may be extremely serious. Students explore the importance of negotiation and communication in managing conflict and consider why governments may shift between confrontation and cooperation as circumstances change. There are strong connections with Geography through political borders, migration, spheres of influence and the changing political map of Europe. Citizenship links develop through international organisations, diplomacy, nuclear security and political freedoms. Science connections emerge through nuclear weapons and missile technology, while Economics links include the financial pressures of the arms race and the economic difficulties experienced by the Soviet Union.	

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Careers Framework Skills: Leadership, Adapting and Planning
Students develop Leadership through evaluating the decisions made by Kennedy, Khrushchev, Reagan and Gorbachev during moments of international tension. Adapting develops as students examine how governments changed strategy in response to crises, economic pressures and political change, while Planning is strengthened through constructing extended analytical narratives that connect developments across a long chronology.

Careers: Crisis Management Adviser, Defence Policy Analyst and International Negotiator
A Crisis Management Adviser helps organisations and governments prepare for and respond to high-pressure situations where decisions must be made quickly and carefully. A Defence Policy Analyst evaluates military, technological and political information to advise on national security, while an International Negotiator works to resolve disagreements and develop agreements between organisations or governments with competing interests.

Students develop their ability to recognise how successful decision-making often requires compromise, flexibility and an understanding of competing perspectives. Students strengthen analytical narrative, chronological reasoning, evaluation of significance and consequence, prioritisation, long-term planning and the use of precise supporting evidence.

Resources *What books, websites, videos and materials will support our learning?*	**Assessment** *How will we show what we know, remember and can apply?*
• Pearson Edexcel GCSE History Specification – Superpower Relations and the Cold War, 1941–91 – required content and Paper 2 assessment framework. • Pearson REVISE Edexcel GCSE History: Superpower Relations and the Cold War – retrieval, revision and examination preparation. • Hodder GCSE History for Edexcel: Superpower Relations and the Cold War, 1941–91 – detailed content and analytical narrative practice. • Wilson Center Digital Archive – selected documents relating to Cold War crises, détente and the end of Soviet control. • John F. Kennedy Presidential Library and Museum – contextual resources relating to Berlin and the Cuban Missile Crisis. • Contemporary speeches, maps, photographs, political cartoons and diplomatic evidence relating to Berlin, Cuba, Czechoslovakia and the end of the Cold War. • Department teacher-led resources – crisis timelines, decision-making activities, analytical narrative models, significance tasks, retrieval practice and Edexcel-style Paper 2 questions. • www.senecalearning.com	Students complete regular retrieval and Edexcel-style Paper 2 questions, increasingly drawing upon knowledge from across the complete 1941–91 period. Substantive Knowledge – 50% Students demonstrate secure knowledge of the Berlin and Cuban crises, Prague Spring, arms control, détente, Afghanistan, Reagan and the Second Cold War, Gorbachev's reforms, the fall of the Berlin Wall and the collapse of Soviet control in Eastern Europe and the USSR. Disciplinary Knowledge – 50% Students demonstrate their ability to explain consequences, assess significance and construct analytical narratives that identify and explain connections between developments across the Cold War period, using precise chronological evidence to support their analysis.

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Term 2 Paper 1 Topic 1 and 2	**Medicine in Britain, c1250–1700**

Big Picture
What are the main ideas and big questions in this topic?

This term begins the Edexcel thematic study of Medicine in Britain, c1250–present by examining medicine in medieval and Renaissance England. Rather than treating each period as a separate story, students begin to trace the process of change over time, identifying patterns, continuities, turning points and the factors that encouraged or limited medical progress.

Students first investigate medieval explanations for disease, including religious and supernatural beliefs, the Theory of the Four Humours, miasma and the continuing influence of Galen. They explore how these ideas shaped approaches to prevention and treatment, including prayer, bloodletting, purging, herbal remedies and attempts to purify the air. Students also examine the roles of physicians, apothecaries, barber surgeons, hospitals and care within the home and community.

The Black Death of 1348–49 provides a depth case study through which students apply their understanding of medieval explanations, treatments and attempts to prevent the spread of disease.

The enquiry then moves into the Medical Renaissance, c1500–c1700, where students examine both change and continuity. They investigate developments in anatomy, diagnosis and communication through the work of Vesalius, William Harvey and Thomas Sydenham, alongside the influence of the printing press and Royal Society. Students then compare responses to the Great Plague of 1665 with those used during the Black Death, asking how far medicine had genuinely progressed.

Throughout the term, students return to the overarching question: ***Why did medical ideas and treatments change so slowly before 1700?***

Zoom In
What knowledge, skills and key vocabulary will we learn step by step?

Students first establish the main medieval explanations for the causes of disease. They examine the importance of religious and supernatural explanations, including the belief that illness could represent punishment from God, alongside rational approaches derived from Ancient Greek and Roman medicine.

The Theory of the Four Humours and miasma theory are studied alongside the continuing authority of Galen. Students consider why ideas that were often inaccurate remained influential for centuries and how the authority of respected individuals and institutions could both support and restrict change.

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Students examine the relationship between medical explanations and methods of prevention and treatment. Religious actions reflected spiritual explanations, while bloodletting and purging were based upon the Four Humours and attempts to remove or rebalance harmful substances within the body. Miasma encouraged attempts to purify the air.

Attention turns to who provided medical care. Students compare physicians, apothecaries and barber surgeons and examine hospitals, community care, treatment within the home and the importance of herbal remedies. They recognise that access to treatment varied according to wealth and location and that much everyday medicine took place outside formal medical institutions.

The Black Death allows students to apply this knowledge to a major epidemic, comparing explanations for the disease with treatments and preventative measures used in 1348–49.

Students then investigate the Medical Renaissance and question how far new approaches represented a genuine break with the medieval past. They examine continuity and change in explanations of disease and in prevention, treatment and care.

The work of Andreas Vesalius demonstrates the increasing importance of observation and dissection within anatomical study, while William Harvey's discovery of the circulation of the blood provides a key case study of the development of knowledge about the human body.

Students also examine Thomas Sydenham and improvements in diagnosis, together with the influence of the printing press and Royal Society in allowing medical ideas to be investigated, shared and challenged more widely.

The term concludes with the Great Plague of London in 1665, allowing direct comparison with the Black Death. Students evaluate what had changed in medical responses over approximately three centuries and what had remained remarkably similar.

Substantive knowledge develops through students' understanding of Four Humours, miasma, Galen, supernatural explanations, bloodletting, purging, physicians, apothecaries, barber surgeons, hospitals, Black Death, Renaissance, Vesalius, Harvey, circulation, Sydenham, printing press, Royal Society and Great Plague.

Disciplinary knowledge develops particularly through change and continuity, similarity and difference, causation and significance. Students begin to trace medical developments across time and explain why change occurred rapidly in some areas while remaining limited in others.

Key vocabulary includes humour, miasma, supernatural, rational, diagnosis, prevention, treatment, physician, apothecary, barber surgeon, epidemic, anatomy, dissection, circulation, Renaissance, continuity, change, factor, significance and turning point.

Pre-Requisite Knowledge *What have we already learned that will help us with this topic?*	**Pitch Up** *How will we challenge ourselves?*
Students enter this thematic study with substantial relevant knowledge from KS3.	Students are challenged to move beyond a simple narrative of "medieval medicine was bad and Renaissance medicine was better."

Their study of medieval England provides understanding of the importance of religion, the power of the Church and the structure of medieval society. Their earlier Public Health work introduced disease, sanitation and attempts to keep communities healthy, while the Year 9 Holocaust and conflict enquiries have strengthened their ability to use human testimony and evidence carefully.

Students also bring knowledge from Science, including infection, microorganisms and modern understandings of disease. This creates an important challenge: students must avoid judging medieval medicine simply by what is known today and instead explain why particular ideas appeared convincing within their historical context.

The shift into a thematic study also changes the disciplinary emphasis. Edexcel requires students to understand patterns of change, trends, turning points and the factors that encouraged or inhibited development, particularly individuals and institutions, science and technology, and attitudes in society.

They recognise that some medieval treatments were based upon logical relationships between contemporary explanations and symptoms, even where the underlying explanation was incorrect. Herbal medicine and practical care could also be useful despite limited understanding of disease.

Students evaluate why the authority of Galen and the Church could preserve existing ideas, but avoid reducing all lack of progress to religion alone. Limited technology, restricted communication, attitudes towards authority and difficulties investigating the internal body all influenced the pace of change.

The Renaissance challenges students to distinguish between improvements in knowledge and improvements in treatment. Vesalius and Harvey transformed understanding of anatomy and physiology, but these discoveries did not immediately produce effective cures for disease.

Students compare the Black Death and Great Plague to establish whether responses to epidemics changed significantly between 1348 and 1665.

More confident students evaluate which factors were most important in encouraging medical progress and recognise that new ideas only become influential when circumstances allow them to be communicated, tested and accepted.

Wider Framework

How does this learning connect to future topics and bigger goals?

This term establishes the foundations for the full Medicine thematic study.

Students will next investigate the dramatic developments of the eighteenth and nineteenth centuries, including Jenner, vaccination, Pasteur and Germ Theory, Koch, Nightingale, anaesthetics, antiseptics, public health and John Snow.

The factors introduced here — individuals and institutions, science and technology and attitudes in society — will be revisited throughout every subsequent period. The specification explicitly requires students to examine how these factors interact to encourage or inhibit change.

Curriculum Hinterland

What wider knowledge will deepen our understanding of this topic?

Students develop a deeper understanding of medicine as part of the societies in which it develops.

Medieval medicine was shaped by the continuing influence of Ancient Greek and Roman learning, Christianity and the limited technological ability to investigate disease. Ideas such as the Four Humours therefore survived not simply because people lacked intelligence, but because they fitted wider understandings of the body and the natural world.

Hospitals often focused more upon care than cure, while much treatment was provided within homes and local communities. This helps students

The comparison between medieval and Renaissance medicine therefore establishes the long-term framework students will eventually use to answer questions spanning the whole period from c1250 to the present day.	distinguish between the modern assumption that medicine primarily takes place in hospitals and the much wider historical meaning of medical care. The Renaissance demonstrates the significance of wider cultural and technological change. The printing press allowed ideas to circulate more quickly, while greater willingness to observe and investigate the human body challenged established authority. Students also recognise that discoveries do not automatically create immediate medical progress. Harvey could explain the circulation of the blood, for example, without doctors yet understanding the microorganisms responsible for many diseases.

Authentic connections

How does this topic connect to real life, careers, other subjects and important values?

Students reflect upon health, suffering, care and responsibility, considering how people respond when the causes of illness are uncertain and treatments are limited. Students explore the importance of caring for the sick and consider how beliefs, available knowledge and social circumstances influence decisions about health and treatment.

There are particularly strong connections with Science through anatomy, circulation, disease, observation and the development of scientific investigation. Religion and Worldviews links emerge through medieval explanations of disease, the role of the Church and relationships between religious and rational understandings of illness. English connections develop through the printing press and communication of new ideas, while Citizenship links include community responsibility during epidemics and the development of institutions concerned with public health.

Careers Framework Skills: Creativity, Problem Solving and Adapting
Students develop Creativity through examining how medical thinkers challenged established explanations and developed new ways of investigating the body. Problem Solving develops through analysing symptoms, explanations and possible treatments within different historical contexts, while Adapting develops as students examine how medical ideas changed when new evidence challenged existing beliefs.

Careers: Anatomical Pathology Technologist, Pharmacist and Clinical Researcher
An Anatomical Pathology Technologist supports the investigation of the human body and the causes of disease. A Pharmacist uses knowledge of medicines and their effects to support safe and effective treatment, while a Clinical Researcher investigates new ideas, treatments and evidence to improve medical understanding and patient care.

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Students develop their ability to recognise that accepted knowledge can change when new evidence, technology and methods of investigation become available. Students strengthen comparison across time, causal reasoning, evaluation of significance, identification of change and continuity and the selection of precise evidence to support long-term historical arguments.

Resources *What books, websites, videos and materials will support our learning?*	**Assessment** *How will we show what we know, remember and can apply?*
• www.senecalearning.com • Classroom 42 • Pearson Edexcel GCSE History Specification – Medicine in Britain, c1250–present – required thematic content and assessment framework. • Pearson REVISE Edexcel GCSE History: Medicine in Britain – retrieval, revision and examination preparation. • Hodder GCSE History for Edexcel: Medicine in Britain, c1250–present – detailed course content, comparisons and thematic examination practice. • The Wellcome Collection – historical medical objects, images and resources relating to changing medical ideas and practices. • Royal College of Physicians and Royal College of Surgeons collections – material relating to medical training, anatomy and changing professional practice. • Contemporary medical illustrations, plague orders, anatomical drawings and historical accounts relating to medieval and Renaissance medicine. • Department teacher-led resources – thematic timelines, factors-for-change activities, Black Death/Great Plague comparisons, individual significance tasks, retrieval practice and Edexcel-style thematic questions.	Students complete regular retrieval, comparison activities and Edexcel-style Paper 1 thematic questions, beginning to make connections across different periods rather than treating medieval and Renaissance medicine independently. Substantive Knowledge – 50% Students demonstrate secure knowledge of medieval explanations of disease, approaches to prevention and treatment, medical practitioners and care, the Black Death, Renaissance developments, Vesalius, Harvey, Sydenham, the printing press, Royal Society and Great Plague. Disciplinary Knowledge – 50% Students demonstrate their ability to identify and explain change and continuity, compare developments across periods, assess the significance of individuals and factors and explain why medical progress was encouraged or limited over time.

Term 3
Paper 1 (Topic 3 and 4)

Medicine in Britain, c1700–present

Big Picture
What are the main ideas and big questions in this topic?

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This term continues the Edexcel thematic study of Medicine in Britain, c1250–present by examining the major developments of the eighteenth, nineteenth, twentieth and twenty-first centuries. Students investigate why the pace of medical change accelerated after 1700 and how improvements in scientific understanding, technology, government involvement and professional medicine increasingly transformed prevention, diagnosis and treatment.

Students begin with the eighteenth and nineteenth centuries, examining the development of vaccination, the influence of Pasteur's Germ Theory and Koch's work on microbes, improvements in hospital care and nursing, and the impact of anaesthetics and antiseptics on surgery. They also investigate the changing role of government through public health reform and the work of John Snow during the 1854 cholera outbreak.

The enquiry then moves into modern medicine. Students examine advances in understanding the causes of disease, including genetic and lifestyle factors, alongside improvements in diagnosis through blood tests, scans and monitoring technology. They investigate the impact of the NHS, the development of magic bullets and antibiotics, high-tech medicine and surgery, mass vaccination and government health campaigns.

The required case studies of Fleming, Florey and Chain and the development of penicillin, and the modern fight against lung cancer, allow students to examine how science, technology, government action and individual contributions interact to produce change.

Throughout the term, students return to the overarching question: ***How and why did medical progress accelerate after 1700?***

Zoom In
What knowledge, skills and key vocabulary will we learn step by step?

Students begin by exploring changing ideas about the causes of disease. They investigate Pasteur's Germ Theory and Koch's work on microbes, considering how improved scientific methods and technology helped replace older explanations such as miasma with a more accurate understanding of infection.

Students examine developments in medical care, including improvements in hospitals and nursing and the influence of Florence Nightingale. They consider how standards of cleanliness, organisation and professional training contributed to improved patient care. Attention then turns to surgery. Students investigate the introduction of anaesthetics and antiseptics, examining how each development addressed a different problem and why their impact became greater when combined with improved understanding of infection.

The development of prevention is explored through Edward Jenner and vaccination. Students consider the importance of his work and why vaccination could be effective even before Germ Theory explained how disease was transmitted. Students then investigate John Snow and cholera in London in 1854, analysing how observation, mapping and evidence were used to challenge accepted explanations of disease. The Public Health Act of 1875 demonstrates the increasing willingness of government to intervene in sanitation and public health.

The enquiry then moves into modern medicine, c1900–present. Students examine developments in understanding the causes of disease, including the growing importance of genetics and lifestyle factors, and improvements in diagnosis through blood tests, scans and monitors.

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Students investigate changing approaches to treatment, including magic bullets, antibiotics and high-tech medical and surgical treatments. The development of penicillin through the work of Alexander Fleming, Howard Florey and Ernst Chain provides a key case study of how discovery, scientific collaboration, funding and mass production can work together. Students examine the creation and impact of the NHS, considering how improved access to healthcare changed the relationship between government and individual health. They also investigate modern approaches to prevention, including mass vaccination and government lifestyle campaigns.

Finally, students explore the modern fight against lung cancer, examining the role of science and technology in diagnosis and treatment alongside government action.

Substantive knowledge develops through students' understanding of Jenner, vaccination, Pasteur, Germ Theory, Koch, microbes, Nightingale, hospitals, anaesthetics, antiseptics, Snow, cholera, Public Health Act 1875, genetics, lifestyle factors, blood tests, scans, NHS, magic bullets, antibiotics, Fleming, Florey, Chain, mass vaccination, government campaigns and lung cancer. Disciplinary knowledge develops particularly through change and continuity, causation, significance, comparison and patterns over time. Students increasingly explain why medical change accelerated and how different factors worked together rather than acting independently.

Key vocabulary includes vaccination, Germ Theory, microorganism, anaesthetic, antiseptic, infection, sanitation, public health, legislation, genetics, lifestyle factor, diagnosis, antibiotic, magic bullet, NHS, mass vaccination, technology, continuity, turning point and significance.

Pre-Requisite Knowledge

What have we already learned that will help us with this topic?

Students enter this term with secure knowledge of medieval and Renaissance medicine, including the influence of Galen, the Four Humours, miasma, the role of the Church, medical practitioners and the work of Vesalius, Harvey and Sydenham.

This allows students to compare the relatively slow development of medicine before 1700 with the much more rapid changes that followed.

Students already understand the key factors identified by Edexcel as influencing medical change: individuals and institutions, science and technology and attitudes in society. The specification requires students to examine how these factors worked together to produce particular developments at particular times.

Their KS3 study of Industrialisation and public health also supports understanding of urbanisation, sanitation, changing living conditions and the growing role of government.

Pitch Up

How will we challenge ourselves?

Students are challenged to move beyond a simple story of continuous medical progress.

They consider why important discoveries were sometimes slow to influence practice, why new ideas could face resistance and why developments in one area of medicine did not automatically produce improvements elsewhere.

Students distinguish between discovery, development and implementation. Fleming's observation of penicillin, for example, did not immediately create a widely available medicine; later work by Florey and Chain and the ability to mass-produce antibiotics were also essential.

Students compare the importance of individuals with wider factors, questioning whether breakthroughs depended more upon exceptional people or upon scientific methods, technological development, government action and changing attitudes.

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	Students also examine how the role of government changed significantly over time, from relatively limited involvement towards public health legislation, the creation of the NHS and modern health campaigns. More confident students identify and evaluate major turning points across the entire thematic study and recognise that some developments created rapid change while others built gradually upon earlier progress.
Wider Framework *How does this learning connect to future topics and bigger goals?*	**Curriculum Hinterland** *What wider knowledge will deepen our understanding of this topic?*
This term completes the chronological content of Medicine in Britain, c1250–present. Students now possess the knowledge required to trace the long-term development of medicine from medieval explanations and treatments through Renaissance investigation, nineteenth-century scientific breakthroughs and modern high-tech medicine. Term 4 will apply this understanding to the British sector of the Western Front, 1914–18, where students examine how existing medical knowledge was adapted and developed in response to the injuries and conditions created by industrial warfare. The thematic study also prepares students to answer questions requiring them to compare developments across widely separated periods and assess the influence of factors such as science and technology, government, individuals and attitudes.	Students develop a deeper understanding of why medical progress became increasingly rapid after 1700. The growth of scientific experimentation, improved microscopes, laboratories and communication created new opportunities to investigate disease. Industrialisation and urbanisation also created urgent public health problems that governments could no longer easily ignore. Students recognise that medical developments are often interdependent. Germ Theory helped explain why antiseptics worked, scientific knowledge supported the development of antibiotics and improved technology transformed diagnosis and surgery. The development of the NHS demonstrates that medical progress is not simply about new treatments. Access to healthcare can be as significant as the discovery of a medicine or technology. Modern medicine also shows that progress creates new challenges. Longer life expectancy, lifestyle-related illness and antibiotic resistance demonstrate that medicine continues to change in response to evolving patterns of health and disease.
Authentic connections *How does this topic connect to real life, careers, other subjects and important values?*	
Students reflect upon health, fairness and responsibility, considering who should have access to medical care and how governments balance individual choice with public health. Students explore how scientific evidence can challenge existing beliefs and how collaboration between researchers, governments and healthcare professionals can transform people's lives.	

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There are particularly strong connections with Science through microorganisms, vaccination, antibiotics, genetics, diagnosis and medical technology. Geography links develop through urbanisation, sanitation, inequalities in health and patterns of disease. Citizenship connections include the NHS, government responsibility and public health legislation, while Mathematics links emerge through interpreting health data, disease patterns and evidence used in medical research.

Careers Framework Skills: Planning, Leadership and Teamwork
Students develop Planning through tracing how medical developments build upon one another and organising thematic arguments across long periods. Leadership develops through evaluating the influence of individuals and institutions that drove medical change, while Teamwork is explored through examples such as Florey and Chain, where collaboration was essential to transform a discovery into an effective treatment.

Careers: Biomedical Scientist, Radiographer and Health Policy Adviser
A Biomedical Scientist investigates disease through laboratory testing and scientific analysis. A Radiographer uses advanced imaging technology to support diagnosis and treatment, while a Health Policy Adviser uses evidence to help governments and organisations make decisions about healthcare, prevention and public health.

Students develop their ability to recognise how scientific discovery, teamwork, technology, funding and government decisions interact to produce change. Students strengthen thematic comparison, causal reasoning, evaluation of significance, identification of turning points and the construction of evidence-based long-term judgements.

Resources *What books, websites, videos and materials will support our learning?*	**Assessment** *How will we show what we know, remember and can apply?*
• Pearson Edexcel GCSE History Specification – Medicine in Britain, c1250–present – required thematic content and assessment framework. • Pearson REVISE Edexcel GCSE History: Medicine in Britain – retrieval, revision and examination preparation. • Hodder GCSE History for Edexcel: Medicine in Britain, c1250–present – detailed course content and thematic examination practice. • Wellcome Collection – historical medical objects, photographs and resources relating to vaccination, surgery, public health and modern medicine. • Science Museum Group – material relating to Germ Theory, antibiotics, imaging, surgery and medical technology.	Students complete regular retrieval, thematic comparison and Edexcel-style Paper 1 questions, increasingly drawing upon knowledge from the full c1250–present Medicine course. Substantive Knowledge – 50% Students demonstrate secure knowledge of vaccination, Germ Theory, Koch, Nightingale, anaesthetics and antiseptics, John Snow and public health, modern understanding and diagnosis of disease, the NHS, antibiotics and penicillin, modern prevention and the lung cancer case study. Disciplinary Knowledge – 50% Students demonstrate their ability to explain change and continuity across long periods, assess significance, identify turning points, compare

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• NHS historical resources – material relating to the creation and development of the National Health Service. • Department teacher-led resources – long-term medicine timelines, factors-for-change activities, turning-point debates, comparison tasks, retrieval practice and Edexcel-style Paper 1 questions. • www.senecalearning.com • Classroom 42	developments and evaluate how individuals, institutions, science, technology and attitudes interacted to accelerate medical progress.

Term 4
Paper 1 Case Study

The British Sector of the Western Front, 1914–18: Injuries, Treatment and the Trenches

Big Picture
What are the main ideas and big questions in this topic?

This term completes the Edexcel Medicine in Britain study through the historic environment of the British sector of the Western Front, 1914–18. Students apply their understanding of developments in medicine to the extreme conditions created by industrial warfare and investigate how medical knowledge, organisation and technology were adapted to treat unprecedented numbers and types of casualties.

Students begin by establishing the context of the Western Front, including trench systems, the nature of fighting and the particular conditions experienced by soldiers. They investigate common illnesses and injuries including trench foot, trench fever, infection, head wounds, shrapnel and gunshot wounds, considering why the environment made treatment and recovery particularly difficult.

Attention then turns to the organisation of medical care. Students follow an injured soldier through the chain of evacuation, examining the work of stretcher bearers, Regimental Aid Posts, Dressing Stations, Casualty Clearing Stations and Base Hospitals. They consider the roles of the Royal Army Medical Corps (RAMC), First Aid Nursing Yeomanry (FANY) and nurses and the practical difficulties involved in moving and treating casualties close to the battlefield.

Students investigate key developments including the Thomas splint, mobile X-ray units, blood transfusion and storage, and developments in wound treatment and surgery, considering how far warfare accelerated medical innovation and how developments built upon knowledge already established before 1914.

Alongside this substantive knowledge, students develop the specialist historical enquiry skills required for the historic environment. They investigate how historians use contemporary sources, considering provenance, purpose, context and the practical questions they would need to ask when investigating medicine on the Western Front.

The latter part of the term consolidates the complete Medicine in Britain, c1250–present thematic study, allowing students to revisit long-term patterns of change and continuity, turning points and the factors that have influenced medical development.

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Throughout the term, students return to the overarching question:

How did the conditions of the First World War challenge and change medicine?

Zoom In
What knowledge, skills and key vocabulary will we learn step by step?

Students first establish the geographical and military context of the Western Front, including the trench system and major features of the British sector. They examine how terrain, mud, sanitation, overcrowding and proximity to fighting created particular challenges for maintaining health and treating casualties.

Students investigate the range of injuries and illnesses experienced by soldiers, including trench foot, trench fever, shell and shrapnel wounds, gunshot injuries and head wounds. They consider how new weaponry increased both the scale and complexity of injuries.

Attention then turns to the chain of evacuation. Students trace the movement of casualties from the battlefield through Regimental Aid Posts, Dressing Stations, Casualty Clearing Stations and Base Hospitals, examining the purpose and limitations of each stage.

Students explore the roles of the RAMC, stretcher bearers, nurses and FANY, recognising the range of people involved in battlefield medicine and the importance of organisation, transport and teamwork.

Specific medical developments are then examined. The Thomas splint demonstrates how an existing medical invention could become dramatically more effective when systematically adopted. Students investigate developments in X-rays, including mobile units, and consider how technology helped doctors locate bullets and shrapnel.

Students examine developments in blood transfusion and blood storage, including improvements in techniques and the establishment of blood banks. Developments in wound treatment and surgery allow students to connect Western Front medicine with their existing knowledge of Germ Theory, antiseptics and improvements in surgical practice.

Students then develop their historic-environment skills through analysis of photographs, medical records, maps, personal accounts, hospital records and other contemporary evidence. They consider what sources can reveal, their limitations and what additional evidence would be useful when investigating a particular question.

The latter part of the term returns to the complete thematic study. Students compare developments across medieval, Renaissance, industrial and modern medicine, identifying major changes, continuities and turning points and evaluating the influence of individuals, institutions, science and technology and attitudes in society.

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Substantive knowledge develops through students' understanding of Western Front, trench system, trench foot, trench fever, shrapnel, RAMC, FANY, chain of evacuation, Regimental Aid Post, Dressing Station, Casualty Clearing Station, Base Hospital, Thomas splint, X-ray, blood transfusion, blood storage and wound treatment.

Disciplinary knowledge develops particularly through historical enquiry, source analysis, change and continuity, causation and significance. Students use contextual knowledge to interrogate contemporary evidence and connect developments on the Western Front to the wider history of medicine.

Key vocabulary includes historic environment, provenance, utility, contemporary source, trench system, casualty, evacuation, RAMC, FANY, Casualty Clearing Station, infection, shrapnel, transfusion, blood bank, X-ray, Thomas splint, enquiry and context.

Pre-Requisite Knowledge
What have we already learned that will help us with this topic?

Students enter this term having completed the chronological study of Medicine in Britain from c1250 to the present day. They understand the development of Germ Theory, antiseptic and aseptic surgery, anaesthetics, hospital care and scientific approaches to medicine, allowing them to recognise which developments on the Western Front were genuinely new and which represented the adaptation of existing knowledge.

There is also a particularly strong connection with Year 9 History, where students studied the First World War and its causes. Students therefore already understand the wider context of the conflict and can now examine the Western Front through the much more specialised lens of injury, treatment and medical organisation.

Their previous GCSE work on Weimar and Nazi Germany has developed confidence in analysing historical evidence. The historic environment now requires students to apply source skills differently, asking how useful particular evidence would be for a specific historical investigation and identifying appropriate follow-up enquiries.

Pitch Up
How will we challenge ourselves?

Students are challenged to move beyond the assumption that war simply causes medical progress.

They distinguish between inventions created because of wartime circumstances and existing developments that were adapted, improved or implemented on a much larger scale because of the demands of the Western Front.

Students consider the importance of organisation alongside scientific innovation. An effective treatment has limited value if casualties cannot be located, transported and treated quickly, making the chain of evacuation as significant as individual medical breakthroughs.

Source work moves beyond identifying what a source shows. Students use precise contextual knowledge to evaluate why a source is useful for a particular enquiry, considering its content and provenance together.

Students also identify the limitations of individual sources and formulate appropriate follow-up questions, considering what information is missing, what additional evidence would be needed and where that evidence might be found.

During Medicine revision, students are challenged to make connections across the full c1250–present chronology, selecting evidence from different

	periods to support judgements about change, continuity and the relative importance of different factors.
Wider Framework *How does this learning connect to future topics and bigger goals?*	**Curriculum Hinterland** *What wider knowledge will deepen our understanding of this topic?*
This term completes Paper 1: Medicine in Britain, c1250–present and The British sector of the Western Front, 1914–18: injuries, treatment and the trenches. The Western Front brings together many strands encountered throughout the thematic study. Students see the practical impact of earlier developments in Germ Theory, surgery, hospital care and medical technology, while also examining new adaptations created by the demands of modern warfare. The revision element then allows students to reconnect the entire thematic narrative from medieval medicine through to the modern period, identifying the major patterns, factors and turning points required for successful thematic examination responses. This provides a foundation for Term 5, when revision broadens to include Elizabeth, Weimar and Nazi Germany and Superpower Relations alongside continued Medicine retrieval and examination practice.	Students develop a deeper understanding of the enormous logistical challenge of providing medical care during industrial warfare. Successful treatment depended not only upon doctors and scientific knowledge but upon transport, communication, sanitation, nursing, equipment and the organisation of thousands of people. The Western Front also demonstrates the relationship between geography and medicine. Distance from the front line, road and rail networks, terrain and the location of medical facilities could directly affect a wounded soldier's chances of survival. Students recognise the important contribution made by a wide range of medical personnel, including nurses, stretcher bearers and voluntary organisations, rather than viewing wartime medicine solely through the work of famous doctors. The historic environment also introduces students to the practical work of historical investigation. Historians reconstruct experiences using incomplete and sometimes highly specialised evidence, requiring them to ask precise questions and combine different types of source.
Authentic connections *How does this topic connect to real life, careers, other subjects and important values?*	
Students reflect upon courage, responsibility, teamwork and care, considering how medical personnel make difficult decisions when resources, time and information are limited. Students explore the experiences of injured soldiers and those responsible for treating them, recognising how organisation and collaboration can be as important as individual expertise during an emergency. There are strong connections with Geography through terrain, location, transport networks and the spatial organisation of the Western Front. Science links develop through infection, blood transfusion, X-rays and wound treatment. Health and Social Care connections emerge through triage, patient care and the organisation of medical services, while English links develop through interrogation of personal testimony, medical reports and other contemporary written evidence.	

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Careers Framework Skills: Adapting, Problem Solving and Leadership
Students develop Adapting through examining how medical personnel modified existing knowledge and treatments to meet the unprecedented conditions of the Western Front. Problem Solving develops through analysing the practical challenges of locating, transporting and treating casualties, while Leadership is explored through the organisation and coordination required to deliver effective medical care under pressure.

Careers: Paramedic, Military Nurse and Emergency Planning Officer
A Paramedic assesses and treats patients in emergency situations before coordinating their movement to further medical care. A Military Nurse provides specialist healthcare within challenging environments and works as part of a wider medical team, while an Emergency Planning Officer prepares organisations and communities to respond effectively when major incidents place services and resources under pressure.

Students develop their ability to recognise that effective responses to complex problems require evidence, preparation, teamwork, adaptability and clear decision-making. Students strengthen source evaluation, historical enquiry, change and continuity, causal reasoning, evaluation of significance and the ability to make connections across long periods of time.

Resources *What books, websites, videos and materials will support our learning?*	**Assessment** *How will we show what we know, remember and can apply?*
• Pearson Edexcel GCSE History Specification – Medicine in Britain and the British Sector of the Western Front – required historic environment content and Paper 1 assessment framework. • Pearson REVISE Edexcel GCSE History: Medicine in Britain – Western Front content, retrieval and examination preparation. • Hodder GCSE History for Edexcel: Medicine in Britain, c1250–present – historic environment content and source practice. • The National Archives – First World War medical records, photographs, maps and contemporary documents. • Imperial War Museums – material relating to trench conditions, injuries, battlefield medicine and medical personnel. • Contemporary trench maps, photographs, casualty records, medical reports and personal testimony for historic-environment enquiry work. • Department teacher-led resources – chain-of-evacuation activities, Western Front mapping, source investigations, Medicine thematic timelines, retrieval practice and Edexcel Paper 1 examination modelling.	Students complete Edexcel-style Paper 1 historic-environment questions alongside cumulative retrieval and examination practice covering the full Medicine in Britain thematic study. Substantive Knowledge – 50% Students demonstrate secure knowledge of conditions and injuries on the Western Front, the chain of evacuation, medical personnel and facilities, the Thomas splint, X-rays, blood transfusion and storage and developments in wound treatment, alongside retrieval of key knowledge from Medicine c1250–present. Disciplinary Knowledge – 50% Students demonstrate their ability to analyse the usefulness of contemporary sources for specific historical enquiries, apply contextual knowledge to source material, identify appropriate follow-up questions and evidence, and explain change, continuity, significance and causation across the wider history of medicine.

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Term 5 All Topics		**GCSE History Revision**

Big Picture
What are the main ideas and big questions in this topic?

This final teaching term brings together the full GCSE History course through structured, responsive revision. Students revisit Early Elizabethan England, Weimar and Nazi Germany, Superpower Relations and the Cold War, and Medicine in Britain including the Western Front historic environment, strengthening both substantive recall and the disciplinary thinking required across Papers 1, 2 and 3.

Revision is organised around the areas of greatest need rather than simply reteaching the course chronologically. Students use retrieval, knowledge audits, model answers, examination practice and feedback to identify gaps and improve accuracy, precision and confidence.
Particular emphasis is placed on helping students select relevant knowledge quickly, recognise the demands of different question types and construct responses that are clear, supported and appropriately developed.

Students revisit the disciplinary requirements of each paper, including causation, consequence, significance, change and continuity, analytical narrative, source analysis and interpretations, ensuring that they can adapt their historical thinking to the demands of different questions.

Throughout the term, students return to the overarching question: ***How can we use what we know to succeed across the full GCSE History course?***

Zoom In
What knowledge, skills and key vocabulary will we learn step by step?

Students begin by identifying strengths and gaps across the four examined components and establishing clear priorities for revision.

They revisit Early Elizabethan England, consolidating knowledge of Elizabeth's accession, religion, Mary Queen of Scots, Catholic plots, Spain, the Armada, society, poverty, exploration and Virginia. Students practise selecting precise evidence for causation and significance questions.

Revision of Weimar and Nazi Germany focuses on maintaining clear chronology from the creation of the Weimar Republic through Hitler's rise and the establishment of dictatorship to life under Nazi rule. Students revisit source and interpretation work, ensuring that contextual knowledge is used accurately to support evaluation.

Students revisit Superpower Relations and the Cold War, concentrating on the connected narrative from wartime alliance to Cold War tension, crisis, détente and collapse. Particular attention is given to consequence, significance and analytical narrative, helping students explain how developments link together across time.

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Medicine revision focuses on long-term patterns of change and continuity, the influence of individuals, institutions, science, technology and attitudes, and comparison across periods. Students also revisit the Western Front historic environment, including source usefulness and follow-up enquiries. Across all units, students practise examination timing, question interpretation, planning and selecting the most relevant evidence rather than attempting to include everything they know.

Substantive knowledge is consolidated across the complete GCSE specification, with targeted retrieval used to strengthen weak areas and maintain secure recall of key people, events, dates, developments and terminology. Disciplinary knowledge is consolidated through repeated application of causation, consequence, significance, change and continuity, analytical narrative, source evaluation and interpretations.

Key vocabulary includes causation, consequence, significance, change, continuity, analytical narrative, utility, provenance, interpretation, contextual knowledge, judgement, precise evidence, inference, factor and turning point.

Pre-Requisite Knowledge

What have we already learned that will help us with this topic?

Students enter this term having completed all taught content across the four GCSE History components.

They have developed substantial chronological and thematic knowledge and have encountered all of the main Edexcel question types during the course.

Revision therefore does not begin from scratch. The emphasis shifts from learning new content towards retrieval, connection, application and refinement.

Students also bring a wide range of disciplinary experience from both KS3 and GCSE, including working with sources and interpretations, constructing causal explanations, comparing periods, assessing significance and building supported historical judgements.

Pitch Up

How will we challenge ourselves?

Students are challenged to become increasingly independent in diagnosing what they need to improve. Rather than treating revision as repeated reading, they use active recall, practice questions and feedback to identify gaps and then deliberately address them.

Students are challenged to select the most relevant and precise evidence for a question rather than reproducing large amounts of general knowledge. They also refine the quality of historical argument, ensuring that explanation goes beyond description and that judgements are supported by evidence and comparison.

More confident students work on speed, precision and adaptability, recognising subtle differences in command words and adjusting their planning and structure accordingly. Students also practise recovering from uncertainty in examination conditions, using chronology, key concepts and partial recall to reconstruct accurate responses rather than abandoning a question.

Wider Framework

How does this learning connect to future topics and bigger goals?

Curriculum Hinterland

What wider knowledge will deepen our understanding of this topic?

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This term prepares students directly for the final GCSE examinations, but the skills developed have value well beyond History. Students strengthen their ability to organise large amounts of information, prioritise under pressure, interpret questions carefully, build arguments and make evidence-based judgements. These skills support progression into A Level History and other subjects that require extended writing, evaluation and analysis, including Politics, Law, Sociology, Geography, English and the social sciences. The term also reinforces the wider purpose of the GCSE course: understanding how societies change, how power operates, how evidence is used and how interpretations of the past are constructed.	Students revisit the GCSE course as a connected body of knowledge rather than four isolated topics. Themes including power, conflict, belief, leadership, inequality, reform, science, government and social change recur across very different periods and places. Students therefore begin to recognise broader historical patterns, such as the relationship between crisis and political change, the importance of institutions, and the way new ideas often depend upon wider social or technological conditions before they have significant impact. Revision also reinforces the idea that historical knowledge is cumulative. Secure understanding comes from connecting people, events, developments and concepts, not simply memorising disconnected facts.

Authentic connections

How does this topic connect to real life, careers, other subjects and important values?

Students reflect upon independence, resilience and responsibility, considering how preparation, organisation and response to feedback can improve performance. Students develop confidence in managing pressure and recognise that successful revision depends upon honest self-evaluation and purposeful action rather than simply spending more time looking at notes.

There are strong connections with English through extended writing, argument and interpretation of command words. Mathematics links develop through timing, prioritisation and the interpretation of data where relevant. Citizenship connections emerge through the recurring study of power, government, rights and political decision-making, while Science links continue through the Medicine course and evaluation of evidence.

Careers Framework Skills: Planning, Adapting and Problem Solving
Students develop Planning by organising revision, prioritising weaker areas and structuring examination responses. Adapting develops through responding to feedback and adjusting strategies for different question types, while Problem Solving is strengthened as students work out how to retrieve and apply the most useful knowledge under examination conditions.

Careers: Project Manager, Policy Researcher and Barrister
A Project Manager organises complex tasks, balances deadlines and monitors progress towards a clear outcome. A Policy Researcher gathers and evaluates large amounts of information before identifying the most relevant evidence, while a Barrister constructs concise, evidence-based arguments and responds carefully to challenge and competing interpretations.

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Students develop their ability to manage workload, respond constructively to feedback and make decisions under pressure. Students strengthen independence, organisation, evaluation, written communication, prioritisation, adaptability and evidence-based reasoning.

Resources *What books, websites, videos and materials will support our learning?*	**Assessment** *How will we show what we know, remember and can apply?*
• Pearson Edexcel GCSE History specification and examination materials – used to maintain accurate content coverage and question expectations. • Pearson Edexcel past papers and specimen papers – timed practice and familiarity with examination demands. • Pearson examiner reports and exemplars – used to identify common misconceptions and characteristics of stronger responses. • Pearson REVISE guides for each GCSE History unit – targeted retrieval and consolidation. • Department knowledge organisers and retrieval resources – cumulative recall across the complete course. • Department model answers, planning frames and feedback materials – used to improve written responses and examination technique. • Student knowledge audits and personalised revision materials – used to identify and address individual gaps. • www.senecalearning.com • Classroom 42	Assessment is ongoing throughout the term through retrieval checks, timed questions, mini-mocks, knowledge audits and responsive feedback, allowing students to identify remaining gaps before the final examinations. Substantive Knowledge – 50% Students demonstrate secure recall and application of knowledge across Early Elizabethan England, Weimar and Nazi Germany, Superpower Relations and the Cold War, Medicine in Britain and the Western Front historic environment. Disciplinary Knowledge – 50% Students demonstrate their ability to adapt to different Edexcel question types, explain causation and consequence, assess significance, identify change and continuity, construct analytical narratives, evaluate sources and interpretations and use precise evidence to reach supported historical judgements.