



YEAR 11 2025-2026 Autumn

‘An ambitious curriculum that meets the needs of all’

Medium Term Planning - Topic: Britain in Medicine c.1250 – Present & The British sector of the Western Front, 1914–18: injuries, treatment and the trench

Curriculum Intent	Why do we study this?
Skills/Assessment Objective Links	<p>Britain in Medicine c.1250 – Present</p> <p>This course helps students understand how medical knowledge, treatments, and public health have developed over time. It explores the impact of individuals, science, war, religion, and government on health, revealing key moments of change and continuity. The course builds historical thinking and encourages reflection on how past challenges shape our modern understanding of medicine and healthcare.</p> <p>The British sector of the Western Front, 1914–18: injuries, treatment and the trench</p> <p>Students understand how the extreme conditions of World War I led to major medical developments. The unit explores how injuries, treatment methods, and the trench environment drove innovation in surgery, infection control, and emergency care. It helps students see the link between warfare, human resilience, and lasting changes in modern medicine.</p> <ul style="list-style-type: none">• AO1: demonstrate knowledge and understanding of the key features and characteristics of the period studied.• AO2: explain and analyse historical events and periods studied using second-order historical concepts.• AO3: analyse, evaluate and use sources (contemporary to the period) to make substantiated judgements, in the context of historical events studied.• AO4: analyse, evaluate and make substantiated judgements about interpretations (including how and why interpretations may differ) in the context of historical events studied.
	<p>Britain in Medicine c.1250 – Present</p> <p>The course encourages students to reflect on how beliefs about illness and healing have been shaped by religion, superstition, and scientific discovery, fostering empathy for those who suffered without modern medicine and respect for humanity’s quest to understand life and death. It examines moral issues such as ethical debates around experimentation, vaccination, and healthcare access, prompting consideration of individual and societal responsibilities. Socially, students explore how factors like class, gender, poverty, and war influenced healthcare access and outcomes, highlighting the role of public health and community responses to disease. Culturally, the course traces changing views on the body and medicine across time, showing how cultural shifts and pioneering figures have shaped medical practice and continue to influence attitudes to health today.</p> <p>PSHE Development:</p> <p>This course encourages students to reflect on health, well-being, responsibility, and the impact of social and scientific change on people’s lives across time.</p> <p>British Values:</p> <p>It promotes understanding of democracy, rule of law, individual liberty, and tolerance by examining how medical progress, public health, and ethical decisions have shaped a fair and inclusive society.</p> <p><i>The British sector of the Western Front, 1914–18</i></p> <p>The study of <i>The British sector of the Western Front, 1914–18</i> promotes SMSC development by encouraging spiritual reflection on the sacrifice, courage, and endurance of those who served in war, often in horrific conditions. Morally, it challenges students to consider ethical issues in battlefield medicine, such as the limits of care, triage decisions, and the responsibility of medical staff under pressure. Socially, it explores the cooperation between individuals and institutions during a national crisis, and the impact of war on soldiers, medics, and society at large. Culturally, it highlights the contributions of diverse medical professionals, advances in science and technology, and the legacy of World War I on British identity and healthcare.</p> <p>PSHE & British Values</p>
Spiritual, moral, social, and cultural development	

	<p>Studying <i>The British sector of the Western Front, 1914–18</i> helps students develop empathy and resilience by exploring the physical and emotional challenges faced during war. It highlights the importance of teamwork, duty, and care in protecting lives under extreme conditions. The course also reinforces key British values like respect, responsibility, and service in times of national crisis.</p> <p>Skills Builder: understanding cause and consequence, change and continuity, significance, and source analysis.</p>
Numeracy	Students will need to have a chronological understanding, particularly with understanding of change over time. They will be asked to analyse statistics as source and to use this to make inferences about an historical topic.
Literacy	<ul style="list-style-type: none"> • Vocabulary Tier 2: Second order historical concepts include continuity, change, cause, consequence, significance, interpretation, provenance, similarity and difference. • Vocabulary Tier 3: Trench system, no man's land, duckboards, trench foot, shell shock, shrapnel, casualty clearing station, base hospital, regimental aid post, triage, stretcher bearers, aseptic surgery, antiseptic, x-ray machine, blood transfusion, Thomas splint, plastic surgery & amputation • Reading: Students are expected to read extending articles, sources and interpretation in their work. They will consider extended historian's interpretations, being encouraged to pick out key terms and language. They will be asked to make inferences and use their own knowledge to evaluate reading pieces. • Writing: students will be expected to write extended answers ranging from 4 to 20 mark essays. • Oracy: discussion and debate regularly used in lesson to analyse topics.
Becoming future ready	Careers/Employability: transferable skills – problem solving, communication, time management, presentation skills, condensing information, making arguments, using evidence, showing empathy and insight.
Adaptation	Throughout this topic, quality first teaching will provide differentiation:
QFT/SEND Provision	<p>By product: differential outcomes using must, could, should.</p> <p>By resource: PowerPoints and lesson plans provide different levels of differentiation to access, 'key points' extension, stretch and challenge. Stimulus questions are of a different ability.</p> <p>By Intervention: by providing different levels of supervision and support</p> <p>By Progressive Questioning: exploring pupils' understanding through interactive dialogue.</p> <p>By Grouping: according to prior attainment, gender, social preference, preferred learning style.</p> <p>By Task: Pupils should be involved in the identification of targets which are meaningful to them and in the selection of an appropriate task from the given range.</p> <p>By Offering Optional Activities: In class or as homework, to extend learning.</p> <p>This QFT/SEND provision will be explicit within the lesson-by-lesson schemes of work.</p>
Implementation Curriculum Delivery	<p>Medicine in Britain, c1250–present</p> <p>Medicine in eighteenth and nineteenth century Britain c.1700-c.1900</p> <ul style="list-style-type: none"> • I can explain the understanding of the causes of illness and disease, including the influence of Pasteur's Germ Theory in Britain and Koch's work on microbes • I can explain the improvements in hospital care and the influence of Florence Nightingale on nursing and hospitals. • I can explain the impact of anaesthetics and antiseptics on surgery • I can explain the new approaches to prevention of disease, including the development and use of vaccinations and the Public Health Act (1875) • I can analyse the role of Edward Jenner in the development of vaccination (CASE STUDY) • I can analyse 'fighting cholera in London (1854)' and the attempts to prevent its spread (CASE STUDY) • I can analyse the significance of John Snow and the Broad Street Pump (CASE STUDY) <p>Medicine in modern Britain</p> <ul style="list-style-type: none"> • I can explain the understanding of the causes of illness and disease, including the influence of genetic and lifestyle factors • I can explain the improvements in diagnosis, including the availability of blood tests, scans and monitors • I can explain the extent of change in care and treatment, including the impact of the NHS and science and technology: improved access to care; advances in medicines, including magic bullets and antibiotics; high-tech medical and surgical treatment in hospitals • I can explain the new approaches to prevention, including mass vaccinations and government lifestyle campaigns • I can analyse the role of Fleming, Florey and Chain in the development of penicillin (CASE STUDY) • I can analyse the fight against lung cancer in the 21st century including the use of science and technology in diagnosis and treatment and government action
Learning Outcomes (Knowledge)	

	<p>The Historic Environment - The British sector of the Western Front, 1914–18: injuries, treatment and the trenches</p> <ul style="list-style-type: none"> • The context of the British sector of Western Front and the theatre of war in Flanders and northern France: the Ypres salient, the Somme, Arras and Cambrai. The trench system - its organisation, including frontline and support trenches. Significance for medical treatment of the nature of the terrain and problems of the transport and communications infrastructure. • Conditions requiring medical treatment on the Western Front, including the problems of ill health arising from the trench environment. The nature of wounds from rifles and explosives. The problem of shrapnel, wound infection and increased numbers of head injuries. The effects of gas attacks. • Medical treatment on the Western Front. The work of the RAMC and nurses. Transport in the chain of evacuation: stretcher bearers, horse and motor ambulances. Stages of treatment in the chain of evacuation: aid post and field ambulance, dressing station, casualty clearing station, base hospital. The underground hospital at Arras. • The significance of the Western Front for experiments in surgery and medicine: new techniques in the treatment of wounds and infection, the Thomas splint, the use of mobile x-ray units, the creation of a blood bank for the Battle of Cambrai. • The historical context of medicine in the early twentieth century: the understanding of infection and moves towards aseptic surgery; the development of x-rays;
Current learning to be developed in the future within:	Revision of key concepts through retrieval practice quiz or practice questions, especially through homework.
Assessment	Refer to assessment maps for formative and summative assessment opportunities.
Impact	Attainment and Progress – Refer to assessment results / data review documentation.

