

Year 10 History Learning Outcomes

Unit 1: Henry VIII and his Ministers

Henry VIII, Renaissance Prince

- England in 1509: society and government. The young Henry and his accession to the throne.
- Henry's character and views on sovereignty and monarchy. His personal style of government.
- Strengths, weaknesses and aims as monarch.

The rise of Wolsey and his policies

- Reasons for Wolsey's rise to power. His personality, roles and wealth.
- Wolsey's reforms: enclosures, finance and justice. The Eltham Ordinances.
- Reasons for and reactions to the Amicable Grant.

Wolsey's foreign policy

- Aims of Wolsey's foreign policy.
- Successes and failures, including relations with France and the Holy Roman Empire, the Treaty of London (1518), the 'Field of the Cloth of Gold' (1520) and increasing difficulties in the 1520s.

Wolsey, Catherine, the succession and annulment

- Catherine of Aragon and the succession.
- Henry's reasons for and attempts to gain an annulment. Opposition to the annulment, including the role of Pope Clement VII.
- Reasons for Wolsey's fall from power, including the failure of the divorce proceedings in London, 1529. The influence of the Boleyns.

Cromwell's rise to power, 1529–34

- Personality and early career, including service to Wolsey, election as MP and eventual membership of the Royal Council.
- Handling of the king's annulment and influence over Henry. Role as the king's Chief Minister.

Cromwell, and the king's marriages

- Reasons for the fall of Anne Boleyn, including the role of Cromwell.
- Jane Seymour: marriage, heir and death. The influence of the Seymours.

Cromwell and government, 1534–40

- Reform of government and royal finance.
- The management and use of parliament.

The fall of Cromwell

- The significance of Henry's marriage to Anne of Cleves.
- Reasons for Cromwell's fall from power in 1540, including the influence of the Duke of Norfolk.

The break with Rome

- Henry as 'Defender of the Faith'. Reasons for Henry's campaign against the Pope and the Catholic Church, 1529–33.
- The significance of the Act of Succession and the Act of Supremacy 1534. Cromwell's role in their enforcement, including the use of oaths and treason laws.

Opposition to, and impact of, Reformation, 1534–40

- Elizabeth Barton (the Nun of Kent) and John Fisher.
- The significance of opposition from Thomas More.
- Impact of the Reformation on the English Church, including the work of Thomas Cranmer and the influence of Thomas Cromwell.

The dissolution of the monasteries

- The role of religious houses in local communities.
- Reasons for the dissolutions, including the findings of Cromwell's commissions of 1535.
- The impact of the dissolutions. Beneficiaries and losers.

The Pilgrimage of Grace, 1536

- Reasons for the uprising.
- Key events of the uprising, including rebellions in Lincolnshire and Yorkshire and the roles of Robert Aske and the Duke of Norfolk.
- Reasons for the failure of the Pilgrimage of Grace and the significance of the uprising.

Unit 2: Medicine in Britain

c1250–c1500: Medicine in medieval England

- Supernatural and religious explanations of the cause of disease.
- Rational explanations: the Theory of the Four Humours and the miasma theory; the continuing influence of Hippocrates and Galen.
- Approaches to prevention and treatment and their connection with ideas about disease and illness: religious actions, bloodletting and purging, purifying the air, and the use of remedies.
- New and traditional approaches to hospital care in the thirteenth century. The role of the physician, apothecary and barber surgeon in treatment and care provided within the community and in hospitals, c1250–1500.
- Dealing with the Black Death, 1348–49; approaches to treatment and attempts to prevent its spread.

c1500–c1700: The Medical Renaissance in England

- Continuity and change in explanations of the cause of disease and illness. A scientific approach, including the work of Thomas Sydenham in improving diagnosis. The influence of the printing press and the work of the Royal Society on the transmission of ideas.

- Continuity in approaches to prevention, treatment and care in the community and in hospitals.
- Change in care and treatment: improvements in medical training and the influence in England of the work of Vesalius.
- Key individual: William Harvey and the discovery of the circulation of the blood.
- Dealing with the Great Plague in London, 1665: approaches to treatment and attempts to prevent its spread.

c1700–c1900: Medicine in eighteenth- and nineteenth-century Britain

- Continuity and change in explanations of the cause of disease and illness. The influence in Britain of Pasteur’s Germ Theory and Koch’s work on microbes.
- The extent of change in care and treatment: improvements in hospital care and the influence of Nightingale. The impact of anaesthetics and antiseptics on surgery.
- New approaches to prevention: the development and use of vaccinations and the Public Health Act 1875.
- Key individual: Jenner and the development of vaccination.
- Fighting Cholera in London, 1854; attempts to prevent its spread; the significance of Snow and the Broad Street Pump.

c1900–present: Medicine in modern Britain

- Advances in understanding the causes of illness and disease: the influence of genetic and lifestyle factors on health.
- Improvements in diagnosis: the impact of the availability of blood tests, scans and monitors.
- The extent of change in care and treatment. 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.
- New approaches to prevention: mass vaccinations and government lifestyle campaigns.
- Key Individuals: Fleming, Florey and Chain’s development of penicillin.
- The fight against lung cancer in the twenty-first century: the use of science and technology in diagnosis and treatment; government action.

Unit 3: Medicine and the Trench Environment

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

- 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 construction and organisation, including frontline and support trenches.
- The use of mines at Hill 60 near Ypres and the expansion of tunnels, caves and quarries at Arras.
- 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.
- The work of the RAMC and FANY. The system of transport: stretcher bearers, horse and motor ambulances.
- The stages of treatment areas: 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; blood transfusions and developments in the storage of blood.