MDM160 Developmental Paediatrics

Module Handbook

Monday 20th – Friday 24th January 2025

Title	Name	Email Address
Module Leader	Dr Paul Wright	paulwright@nhs.net
Module Administrator	Matthew Mill	MScPaediatrics@bsms.ac.uk

Contents

Introduction

The module aims to cover aspects of developmental and community paediatrics that are important to clinical care but are often not addressed by traditional teaching. The module also aims to cover safeguarding comprehensively. It is envisaged that uniquely, the module emphasises the importance of service design so students are equipped to contribute to transformational change in their working environment.

The aim of this module is to enhance students' understanding of developmental paediatric conditions and safeguarding, whilst developing their understanding of integrated service design and delivery. It aims to:

- Enhance knowledge of developmental paediatric conditions and safeguarding.
- Develop understanding of integrated service design and delivery.
- Deepen students' knowledge and clinical approaches to critical areas such as safeguarding, vulnerable children, child public health, and sleep.
- Enable students to develop practical skills in how paediatric and child health professionals can organise clinics and their working day, whilst maintaining their wellbeing.

Mode of Delivery

The module will be delivered on campus in person with some remote sessions delivered by expert speakers.

Learning Outcomes

At the end of the module you should be able to:

- Demonstrate a systematic understanding of a condition frequently managed by developmental and community health care professionals and critically evaluate current approaches to management.

- Design an appropriate management pathway for children with a clinical condition frequently seen by developmental and community health care professionals.
- Apply specialised, professional problem-solving skills to complex and sensitive cases.
- Demonstrate a comprehensive understanding of safeguarding and recognise indicators for child abuse and neglect.
- Recognise and reflect on own role and responsibilities and those of others in safeguarding and promoting the welfare of children.
- Apply comprehensive understanding and professional skills related to developmental paediatrics to manage a case.

Indicative Content

Child Public Health

- One Minute Interventions
- Life Course pathways – obesity. Improving outcomes
- Child Poverty and impact on health
- Increasing immunisation uptake

Clinical Decision Making and Care Pathways

- Health 'infosphere' exploration
- Critical analysis of evidence use in adoption decision making
- Autism spectrum disorder – diagnosis & pathways; pros & cons
- Assessing behaviour in children
- Being a professional witness in court
- Assessing Care Pathway quality
- Antenatal drug use, Fetal alcohol syndrome
- Health needs of looked after children

- Attachment disorder
- Supporting families & professionals challenged by rare genetic disorders

Sleep

- Behavioural interventions for sleep (inc. normal sleep physiology)
- Sleep and children with cerebral palsy
- Medicines used in sleep

Safeguarding

- Top Tips, Pitfalls, medical investigations
- Case studies
- Child Death

Module Timetable

Please note: the timetable is subject to change. For the most up to date version of the timetable and module handbook, please refer to the MDM160 module area on My Studies.

Day One – Monday 20th January 2025 – Falmer Library Room 201		
Session Time	**Lecture**	**Speaker**
9:00 – 10:00	Introduction to Module	Dr Paul Wright
10:00 – 11:00	Children's Safeguarding	Dr Frances Howsam
11:00 – 11:15	**Break**	
11:15 – 12:45	Group Session	Faculty
12:45 – 13:30	**Lunch**	
13:30 – 15:00	Immunisations	Professor Helen Bedford
15:00 – 15:15	**Break**	
15:15 – 16:15	Hearing and Visual Impairment	Dr Paul Wright

Day Two – Tuesday 21st 2025 – Falmer Library Room 201		
Session Time	**Lecture**	**Speaker**

9:00 – 10:00	Unaccompanied Asylum Seeking Children	Dr Paul Wright
10:00 – 11:00	Sleep and Cerebral Palsy	Dr Jessica Baskerville
11:00 – 11:15	**Break**	
11:15 - 13:15	Behavioural Interventions for Sleep (including normal sleep psychology)	Vicki Beevers
13:15 – 14:00	Lunch	
14:00 – 15:30	Understanding Chromosome & Gene Disorders	Claire Andersen
15:30 – 15:45	**Break**	
15:00 – 16:00	Health needs of looked after children	Dr Michelle Bond

Day Three – Wednesday 22nd January 2025 – Falmer Library Room 201		
Session Time	**Lecture**	**Speaker**
09:00 – 10:15	NHS Long Term Plan & Integrated Services Service Pathways	Simon Lenton
10:15 – 10:30	Break	
10:30 – 12:15	Population Health Management and Life Course Pathways	Simon Lenton
12:15 – 13:30	Lunch	
13:30 – 15:30	Antenatal Drug Use and Foetal Alcohol Syndrome	Prof Raja Mukherjee
15:30 – 15:45	Break	
15:45 – 16:45	Cerebral Palsy and Bone Health	Sinead Doyle

Day Four – Thursday 23rd January 2025 (Today is a long day with heavy content) – **Falmer Library Room 201**

Session Time	Lecture	Speaker
08:30 – 10:00	Being a Professional Witness in Court	Paul L'Estrange
10:00 – 10:30	**Break**	
10:30 – 11:30	Child Death (With Context About What She Does In Her Job)	Suzanne Huddy
11:30 – 12:30	Child Death Review Group Work	Suzanne Huddy, Dr Paul Wright and Dr Kamal Patel
12:30 – 13:30	**Lunch**	
13:30 – 14:30	Safeguarding Cases Workshop	Suzanne Huddy, Dr Paul Wright and Dr Kamal Patel
14:30 – 14:45	Break	
14:45 – 16:00	Medicines in Sleep	Dr Paul Wright

Day Five – Friday 24th January 2025 – Room 211, Westlain House, Falmer Campus		
Session Time	**Lecture**	**Speaker**
09:00 – 10:00	Autism Diagnosis-Including Perspective on Service Delivery	Dr Ian Male
10:00 – 11:15	Complex Commissioning	Jane Lodge
11:15 – 11:30	Break	
11:30 – 13:00	Music in Healthcare	Jo White
13:00 – 14:00	**Lunch**	
14:00 – 15:00	Autism in Girls	Craig McEwan and Molly Laybourne
15:00 – 15:15	**Break**	
15:15 – 16:30	Evaluation and Conclusion	Faculty

Module Team

Name	Title
Claire Andersen	Scientific Communications Officer, Unique - Understanding Rare Chromosome and Gene Disorders
Dr Jessica Baskerville	Professor of Children's Health, Institute of Child Health, UCL
Professor Helen Bedford	Professor of Children's Health, Institute of Child Health, UCL
Vicki Beevers	CEO, The Children's Sleep Charity
Michelle Bond	Named Dr for Looked After Children, Brighton and Hove
Dr Sinead Doyle	Consultant Community Paediatritian
Dr Frances Howsam	Paediatric Consultant, University of Sussex NHS Foundation Trust
Suzanne Huddy	Named Nurse for Child Dath Reviews & Health Lead for ICB Joint Agency Response, Surrey Wide ICB Safeguarding Team
Molly Laybourne	
Simon Lenton	Consultant Community Paediatrician, NHS
Paul L'Estrange	Solicitor, Law Society Children Panel McCormacks Law
Ian Male	Consultant Community Paediatrician, Haywards Heath
Craig McEwan	Sussex Partnership NHS Foundation Trust
Raja Mukherjee	Consultant Psychiatrist, Surrey and Borders Partnership
Susie O'Neill	Deputy Director Quality and Safety, CNO Directorate, NHS Sussex
Kamal Patel	Consultant Paediatrician (Critical & Emergency care), Royal Alexandra Children's Hospital, Brighton MSc Paediatrics and Child health Course lead
Jo White	CEO, Wishing Well Music for Health
Paul Wright	MSc Paediatrics and Child health MDM160 Module Lead Consultant Paediatrician in Neurodisability, Chailey

Teaching and Learning Strategies

Teaching methods will encompass:

- Lectures
- Group Discussion

- Workshops
- Student presentations
- Individual project work
- Self-directed learning
- Reflection
- Role play and simulations
- Audio-visual and e-learning
- “TED” talks

Learning will be supported further by the use of prepared notes, selected reading and all usual visual aids. Students will be expected to support their learning by the use and critical appraisal of primary sources of information such as peer-reviewed research articles and appropriate websites.

As part of their private study, students will be required to undertake directed reading and formative assignments in preparation for the contact study time. Tutorial staff will outline key sources of information generally and during their individual contact sessions. Course materials will be made available on My Studies: http://studentcentral.brighton.ac.uk

My Studies / Teams

Module information is accessed via My Studies, and from the left-hand menu, select My Course and Modules – MDM160.

Literature Searching

You will have been shown the basics of searching electronic databases (in particular Medline and CINAHL) during the Graduate Programme Induction and many of you will have explored further with sessions on literature searching delivered by the BSMS Librarians. You will be expected to develop your searching skills to ensure all relevant literature for your assignment is accessed. You are expected to establish for yourselves a database of current theoretical and empirical articles and texts. These will be drawn upon to complete your

assignments. Access to tutorials on this topic is available via the on-line library which you are strongly advised to set-up.

Library Services

BSMS students have access to the University of Sussex Library as well as the University of Brighton Falmer Library, where key textbooks for the course will be held - here is the BSMS Library Link. You will be registered to use the Universities' computing facilities and receive a library card. A username and password will provide you with access to online resources to the University of Brighton – My Studies. To access Sussex Library online resources and certain reading list items follow instructions here.

BSMS librarians offer training on finding and retrieving information, literature searching, online referencing, and can purchase books for your specific research area where possible. For further information please see the induction video. Please contact us via the email below if you have any issues with accessing online library resources. To make an appointment or for general enquiries, email BSMS Librarians, Katie Street and Annemarie Frank on: bsmslibrary@bsms.ac.uk

Study Support

Assistance with essay writing is available from Royal Literary Fund fellows. These writers offer one to one sessions on how to improve writing skills. Sessions can be booked via the link below: www.sussex.ac.uk/library/guides/rlf . Alternatively, the Royal Literary Fund website offers useful information on essay writing: https://www.rlf.org.uk/resources/writing-essays/

Specialist Support

Please speak to your course team if you feel that your studies are affected by any of the following:

- A medical condition
- A physical disability
- A mental health condition
- A specific learning disability such as dyslexia

We recommend that you contact disability@brighton.ac.uk. The Disability and Dyslexia team can support you in a number of ways including agreeing an individual Learning Support Plan (LSP) and recommending adjustments to assessment deadlines or extra time in exams where appropriate. It is best to raise this early in the course if possible, but you can disclose an issue at any stage of your studies.

More detailed information is available here Declare a disability, learning difficulty or health condition (brighton.ac.uk)

Reading List

Please access the reading list via My Studies, and from the left-hand menu, select My Course and Modules – MDM160.

References

Vancouver is our adopted style of referencing. This system is the one most commonly used in other medical schools and medical journals. Vancouver offers simplicity, sympathy to the flow of language and facilitates accurate word counts which do not include citations.

Harvard can be used if preferred and students will not be penalised for doing so, providing referencing is accurate, comprehensive and consistent.

Please use a reference manager such as Endnote or Mendeley. To facilitate efficient and accurate referencing, the bibliographic software Endnote is provided on University of Brighton PCs for students and staff. Mendeley is a software available to anyone free of charge. Reference managers allow the creation of bibliographies in Microsoft Word, the searching of bibliographic databases and the organisation of references in a searchable database. For guidance on Vancouver see the **BSMS Vancouver Style of Referencing Handout** available in the Module Information area on My Studies.

Anonymous Marking

Assessments will be marked anonymously. To ensure the robustness of this process, please do not include your name or student number anywhere in the document (including the file name). You should save your work with the relevant Module Code**.** Turnitin identifies your submission with a submission ID (not by name or student number).

Module Assessment

The assessment comprises of two components:

1. **Essay** (2,500 words) – design a working pathway for a clinical diagnostic condition seen by developmental and community health care professionals **(75% weighting)**. **To be submitted electronically by 4.30pm on Tuesday 3 June 2025 via Turnitin on My Studies**

2. **Interactive role play** – this will be focused on safeguarding **(25% weighting)**. Role plays are scheduled to take place between:
   Wednesday 19th March 2025: 09:00—12:45 (x5 Slots of 45 minutes each)
   Thursday 20th March 2025: 09:00-12:00 (x4 Slots of 45 minutes each)

   For the most up to date information on the role play assessment and most recent version of the module handbook, please refer to the MDM160 module area on My Studies.

Note: students are automatically awarded a 'fail' grade for non-attendance. In exceptional circumstances, an extension may be given. See the 'Late Submission/Extension' Section.

In line with University regulations, your assessment will be graded as Distinction, Merit, Pass, Referral or Fail (see below for marking criteria).

Safeguarding Role Play Revision Sessions with Kamal Patel

- Thursday 27th February 2025: 09:00-10:30. **Please note this session is mandatory for full-time students.**
- Individual Sessions to be chosen and booked on the following dates:

  Thursday 27th February at:

  11:00-12:00

  12:00-13:00

  13:00-14:00

  Friday 28th February at:

  0900-10:00

  10:00-11:00

  11:00-12:00

  12:00-13:00

  14:00-15:00

  15:00-16:00

Please book by either contacting the course-coordinator or the course lead.

Word Counts

The word-count for the written assessment is 2,500.

- Students are required to include accurate statements about the word count on any written submissions where word counts apply.
- A tolerance of 10% above the stated word count is permitted, unless otherwise indicated on the assessment brief. Strict adherence to a specified word count may be required if necessitated by a PSRB requirement/authentic assessment practice.
- Word count limits **include** in-text citations and **exclude** references/bibliography. Other aspects of the assessment task (e.g. use of tables, appendices etc.) can be determined by module leaders and must be clearly communicated to students via the assessment brief.
- Under length work will be managed in line with the provisions of the normal stated marking criteria for the assessment task.

- Clear exceeding of word limits will result in a **ten-percentage point** reduction in the mark, unless this would reduce the mark below a threshold pass, in which case the threshold pass mark will be awarded. Markers will stop reading the work at the point where the word limit+10% tolerance has been exceeded.

Marking Criteria

Mark	**Grade**
70%+	Distinction
60 – 69%	Merit
50 – 59%	Pass
0 – 49%	Fail

Marking Grades for care pathway assignment

The following schema is an indicative framework for the assessment of assignments. Course participants will be given a percentage mark, but emphasis is placed on individual written feedback, often supplemented by face-to face discussion of the work with the course tutor.

Indicative percentage mark **University Standard**	**0 – 39%** **Fail / Refer**	**40 – 49%** **Fail / Refer**	**50 – 59%** **Pass**	**60 – 69%** **Merit**	**70 – 79%** **Distinction**	**80 – 100%** **High Distinction**
Learning Outcomes & Assessment Criteria- It is clear for each activity or intervention in the pathway the following 5 features- 'who, what, when, where and why'	Most have not been met. Only 1 feature demonstrated	One or more have not been met. Only 2 features demonstrated	All met. 3 features demonstrated.	All met fully at a good or very good standard. 4 features demonstrated	Achieved to a high standard and many at an exceptionally high level all 5 features demonstrated,	All achieved to an exceptionally high level. All 5 features demonstrated and the activity/intervention includes supporting self-management .
Understanding and Exploration An attempt to define what 'best practice' should look like	Very limited understanding and/or exploration of major ideas with little or no insight and/or minimal research. No attempt to define best practice	Limited understanding and/or exploration of major ideas with very little insight and/or minimal research. Less than 75% key elements included.	Sound understanding and exploration, some insight and/or appropriate research. More than 75% of key elements included.	Good to very good understanding and exploration, some insight and/or thorough research. Some capacity to undertake further research. All key elements included.	In-depth understanding, exploration, insight and/or research. All key elements included and at least one new insight.	Exceptional display of understanding, exploration, insight and/or research. All key elements included & two or more new insights
Accuracy & Potential for Publication	Several significant inaccuracies and/or misunderstandings – minimal or no evidence of knowledge and understanding of the subject	Some significant inaccuracies and/or misunderstandings – gaps in understanding and/or knowledge	Some minor inaccuracies and/or misunderstandings – small but not significant errors	No significant inaccuracies, misunderstandings or errors	Potential for publication/exhibition and/or ability to undertake further research	Potential for publication/exhibition and/or ability to undertake further research
Adherence to Assessment Tasks Explicit statement of the goals	Insufficient attention paid to several of the assessment criteria and some serious deviations from the specifications for the assessment task. No reference to goals	Insufficient attention paid to some of the assessment criteria and some significant deviations from the specifications for the assessment task. Incomplete statement of the goals.	Some minor deviations from the specifications for the assessment task, including word limit where appropriate. Includes all 4 of the following ; clinical condition outcomes (at least	The specifications for the assessment task, including word limit where appropriate, have been adhered to. As per Pass, plus impact on one of the following ; social	All specifications for the assessment task, including word limit where appropriate, have been adhered to. As per pass plus impact on two of the following ; social determinants of health or	All specifications for the assessment task, including word limit where appropriate, have been adhered to. As per pass plus impact on all three of the following ; social determinants of health or service organisation or finance.

			1), impact on staff, impact on CYP, impact on families/parents	determinants of health or service organisation or finance.	service organisation or finance	
Organisation, Structure and Presentation	The work is too descriptive, poorly structured and the standard of presentation, including any subject-specific conventions where appropriate, is inadequate	The work is too descriptive, somewhat disorganised and unclear and the standard of presentation, including any subject-specific conventions where appropriate, is inadequate	The work is suitably organised and the standard of presentation, including any subject-specific conventions where appropriate, is sound	The work is well organised, coherent and the standard of presentation including any subject-specific conventions where appropriate, is good	The organisation, structure and standard of presentation of the work, including any subject- specific conventions where appropriate, are excellent throughout	The organisation, structure and standard of presentation of the work, including any subject- specific conventions where appropriate, are exemplary throughout
Communication to intended Audience The ICP is intuitive to use & is easy to follow.	No evidence of effective communication of work. Not at all easy to follow.	Very little evidence of effective communication of work. Less than 75% of pathway is intuitive to use and easy to follow	Little evidence of effective communication of work. More than 75% of pathway is intuitive to use and easy to follow	Evidence of effective communication of work. 100% of pathway is intuitive to use and easy to follow	Evidence of effective communication of work to specialist and non-specialist audiences. 100% of pathway is intuitive to use and easy to follow and even if you have never seen it before.	Evidence of effective communication of work to specialist and non-specialist audiences. 100% of pathway is intuitive to use and easy to follow and even if you
Argument & Evidence Evidence base	The work lacks supporting evidence or argument. No evidence base	Development of an argument is limited and often flawed. Evidence base inadequate	Ability to develop an argument but can lack fluency. Evidence bases is critically evaluated & justified (≥2 errors).	Ability to present structured, clear and concise arguments. Evidence base critically evaluated & justified to high standard with up to 1 error.	Convincing arguments that are likely to be at the limits of what may be expected at this level. excellent critical evaluation of evidence base and no errors	Stimulating and rigorous arguments that are likely to be at the limits of what may be expected at this level. Excellent critical evaluation of evidence based & new insight demonstrated.
Approach & Execution Puts patient at the centre of activities/actions/outcomes within the pathway	The work has been approached and/or executed/performed inadequately. Patient centred in less than 25% of activities.	The work has been approached and/or executed/performed inadequately. Patient centred in 25-50% of activities	The work has been approached and/or executed/performed in a standard way with limited evidence of originality. Patient centred in 50-75% of activities	The work has been approached and/or executed/performed in a comprehensive way with some degree of originality. Patient centred in 75-90% of activities	The work has been approached and/or executed/ performed in an original way. Patient centred in 100% of activities	The work has been approached and/or executed/performed in an original way. Patient centred in 100% of activities and including more than one in an innovative way.
Contextualisation, Research and Synthesis Demonstrated understanding of the patient and family	Failure to contextualise from sources Little or no evidence of analysis, synthesis, evaluation and critical	The context provided takes the form of description lacking any breadth, depth and accuracy Demonstrated limited	Some contextualisation but with a heavy reliance on a limited number of sources and, in general, the breadth and depth of sources and research are lacking	Appropriate contextualisation, including relevant theory/literature/artefacts/ performance	Insightful contextualisation, including relevant theory/literature/artefacts/ performance	Inspirational, innovative and authoritative - evidence of intellectual rigour, independence of judgement and insightful contextualisation, including relevant theory/literature/artefacts/

characteristics which impact on access and use of healthcare for the condition chosen	appraisal Not demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	ability to reach decisions and research appropriately Insufficient evidence of analysis, synthesis, evaluation and critical appraisal. Inadequately demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	Evidence of study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Some, but limited evidence of analysis, synthesis, evaluation and critical appraisal Adequately demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	Evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of high quality analysis, synthesis, evaluation and critical appraisal Extensively demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of high to very high quality analysis, synthesis, evaluation and critical appraisal Entirely demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen	performance Clear evidence of extensive study and demonstration of ability to reach appropriate decisions based on incomplete or complex evidence Evidence of very high quality analysis, synthesis, evaluation and critical appraisal Entirely demonstrated understanding of the patient and family characteristics which impact on access and use of healthcare for the condition chosen
Problem Solving and ability to address Complexity The pathway demonstrates an attempt to improve the communication within the team and with CYP and with Parent/Carer.	Little or no evidence of problem solving skills Failure to address complex Issues Does not demonstrate an attempt to improve the communication within the team and with CYP and with Parent/Carer	Little evidence of problem solving skills Barely addresses complex issues Inadequately demonstrates an attempt to improve the communication within the team and with CYP and with Parent/Carer within team or parent/carer.	Some evidence of problem solving skills Some evidence of ability to address complex issues adequately Demonstrates well an attempt to improve the communication within the team and with CYP and with Parent/Carer within team or parent/carer.	Good or at least competent problem solving skills – suggests alternative approaches Ability to address complex issues competently – explores established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer	Excellent problem solving skills – suggests alternative approaches Ability to address complex issues effectively – challenges established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer and with innovation	Outstanding problem solving skills – suggests alternative approaches Ability to address complex issues both systematically and creatively - challenges established knowledge Well demonstrated attempt to improve the communication within the team and with CYP and with Parent/Carer and with innovation

Module Regulations

Cancellation of Module

The University reserves the right to cancel modules for any reason it deems sufficient and to alter programmes without notice. In the event of such cancellations, the full fee will normally be refunded.

Attendance

It is expected that students will attend 100% of the module. In the event that you are not able to attend for all or part of a module day please contact your Course Leader and Course Co-ordinator in advance explaining the reason for your absence. Please note that you are required to attend for a minimum of 80% of the taught module sessions. If you are unable to meet this requirement you will not be able to take the assessment. In the event that you are experiencing internet connection issues, Powerpoint presentations will be available via MyStudies.

If you need to cancel your place on this module please contact the Course Co-ordinator. Failure to inform the university that you are unable to attend the module prior to the first day of the module will result in a 'fail' for the module and you may incur a charge.

Late Submissions/Extensions/Additional Consideration

If you are unable to submit/complete an assessment task by the deadline set due to serious, unforeseen and unavoidable circumstances you should apply for an extension to deadline. This process also applies to students with Learning Support Plans where the circumstances leading to a request for an extension are not related to the nature of the reasonable adjustment made under the Learning Support Plan.

Please email the Extension to Deadline Form together with supporting evidence to your Course Administrator who will forward to your Course Lead. Normally the university requires you to submit the form at least **48 hours** before the assessment deadline. You may include multiple modules on one form. Postgraduate Course Leads can, at their discretion, **grant an extension of 7 calendar days** to allow the school to mark, moderate and externally examine work in time for our Examination Board deadline.

For those students who have an agreed Learning Support Plan (LSP), you may request a 7-day extension on top of your adjusted deadline; please follow above Extension process.

Please also see the "Problems with My Course" area on the University of Brighton website.

Late Submissions

In the absence of Additional Consideration, all late submissions are penalised with your mark being capped at 50% Pass. Late submissions may be accepted up to 14 days after your agreed deadline (except if this is not your first submission).

If you miss a time bound assessment (e.g. absence from an examination or presentation due to illness), you may self-certify *without* supplying supporting evidence. You must submit your application **within 7 days** of missing the assessment. If you do so, the Examination Board will recommend a deferred date for the missed assessment.

Please note that self-certification is permitted *once per semester.* If you have already self-certified, for any further absences within the same academic year, you will need to submit a Full Additional Consideration application (see below).

For those students who have an agreed Learning Support Plan (LSP), if you are considering submitting late on top of your adjusted deadline / agreed extension deadline, please contact your Course Coordinator for advice on submission and marking timescales. If you have an LSP and request an extension and/or plan to submit late in addition to your LSP, your work may not be assessed in time to be ratified at the Exam Board. In this instance we may need to request Chair's Action after the Board to ratify your result(s).

Additional Consideration

Due to serious and unavoidable circumstances:

- I have failed to submit.
- I have submitted late.
- My performance is unrepresentative.
- I was absent from teaching and I have fallen below the 80% attendance regulation.
- I was absent from a time bound assessment but I have already used self-certification this academic year.

If you have experienced serious and unavoidable circumstances which have affected you for a period of more than 7 days, you may submit an Additional Consideration application.

Additional Consideration applications are considered by an independent panel and the ARGEAR form must be submitted within 14 days of submission deadline to: additionalconsideration@brighton.ac.uk

Please include a **personal statement** explaining how circumstances have impacted your study and referencing the time frame during which you were affected, you must also include **independent evidence** to support your application.

Please note that Additional Consideration requests are reviewed by an independent panel so the postgraduate medical school has no influence over the outcome.

Please also see the "Problems with My Course" area on the University of Brighton website.

Exam Board and Results

You should be able to access online feedback and provisional results (subject to external examination) on Tuesday 1 July 2025 via My Studies. Please note that marks at this stage are provisional and may be subject to change following external moderation. All results are then ratified at the Exam Board on Thursday 24 July 2025. Details of how to access your grade and feedback can be found at: AccessingMyMarks

Please note that communication from the Examination Board will be sent via MyStudies to your university email address.

Full details of the BSMS Postgraduate Taught Examination and Assessment Regulations (PGTEAR) can be found on My Studies in the BSMS Postgraduate Medicine area under 'Policy and Regulations'.

If you receive a 'fail' result and are permitted to repeat the module (for which you will incur a charge if re-attendance is required) your result for this repeat will be capped at 50%. A maximum of three attempts may be permitted. Retrieval of any failure is at the discretion of the Examination Board.

Plagiarism

"BSMS takes plagiarism extremely seriously. It is a matter of academic integrity and probity. Plagiarism is the act of taking the work or ideas from another and passing it off as your own.

Work that you submit must be free from any form of plagiarism. This includes taking passages directly from a journal, book or the internet, copying work from another student on your course, another student who studied the module previously, or another person studying elsewhere, or ghost writing.

Plagiarism can also come in the form of self-plagiarism if you use your own old essays, reports of publications when writing a new one without referencing them properly. If you

are using any of your previous work when writing an assignment, you should reference it with the same level of care that you would any other source.

For those students registered with a professional regulatory body (or seeking to be in the future), such as the General Medical Council or Nursing and Midwifery Council, academic plagiarism can have significant professional consequences with regulatory bodies taking a very keen interest in cases where, for example, a doctor's probity is called in to question.

Further information about plagiarism and academic misconduct, and related penalties can be found in the BSMS Postgraduate Taught Examination and Assessment Regulations (PGTEAR).

Additional resources on plagiarism, including resources on avoiding plagiarism, can be found at Cite them Right, which offers advice on the latest correct referencing.

https://www.citethemrightonline.com/

To access the videos, log in as Brighton University (institutional log-in) in the right corner at the top of the screen followed by your BSMS credentials.

The University of Brighton is registered with the JISC Plagiarism Detection Service (TurnitinUK). The Service complies with UK Data Protection Law.

BSMS reserves the right to use the TurnitinUK Plagiarism Detection Service and students' work submitted for assessment purposes will automatically be submitted to the Service for checking.

You will be able to view your Originality report prior to the final deadline for submission.

By clicking submit, a student declares their understanding that:

a) the work is original, of their own construction and not plagiarised from other sources;

b) anonymity has been maintained by using a pseudonym for any patient/client referred to and have not named Trusts or clinical areas, and;

c) failure to comply with above declaration may result in a referral or fail.

A Plagiarism Awareness Pack can be found under Studies - BSMS Postgraduate Medicine - Academic Support on My Studies and all students are advised to read this information and undertake the Plagiarism Quiz.

Appendix1 – Submission Instructions

About Turnitin

Turnitin is a Web-based service that can find and highlight matching or unoriginal text in a written assignment. Turnitin checks any papers submitted against its database of materials to look for matches or near matches in strings of text. Turnitin then generates an Originality Report. The Originality Report summarises and highlights matching text.

Assignment Submission using Turnitin

Before you submit your assignment…..

Don't forget it's always a good idea to keep a backup copy of all your work, whether you're submitting online or not.

The front cover of your document must include**:** module code and title, assignment title and word count, please **do not** include your name or student number.

Please name your file **MDM160**, Turnitin will recognise that the assignment belongs to you but to ensure anonymity the marker will not see any identifying information so please do not include your name/student number in the file name or the assignment itself.

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