

**Draft Standards for Assessment and Accreditation of Undergraduate Medical Education**

Malawi Medical Council

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## Contents

LIST OF ABBREVIATIONS.....	3
DEFINITIONS.....	4
INTRODUCTION .....	6
ORGANISATION OF THE REVISED STANDARDS .....	6
ABOUT THESE STANDARDS .....	7
USING THESE STANDARDS.....	7
Standard 1: Background/introduction to the programme, and rationale of programme .....	7
Standard 2: Aim of the Programme, Programme Learning Outcomes and Programme Descriptor.....	8
Standard 3: Programme Structure, Admission Criteria, Progression, Exit point.....	10
Standard 4: Teaching & Learning .....	12
Standard 5: Resource Requirements .....	14
Standard 6: Student Support Services specific to a programme .....	14
Standard 7: Benchmarking Statements .....	15
Standard 8: Distinctive Features of the Programme .....	15
Standard 9: Quality enhancement for teaching and learning .....	15
Standard 10: Sustainability of the Programme .....	15
Standard 11: Course/Module Outlines .....	15
Standard 12: Programme content, scope and contextualisation.....	16
Standard 13: Medical Research and Scholarship.....	<b>Error! Bookmark not defined.</b>
Standard 14: Learning settings for specialised medical training .....	<b>Error! Bookmark not defined.</b>
Standard 15: Number of trainees for specialised medical training .....	<b>Error! Bookmark not defined.</b>
Standard 16: Curriculum Format .....	17
Standard 17: Standards for Open, Distance, And E-Learning(ODEL) In Medical Education	17
Appendix 1: Medical Council of Malawi Curriculum Template with Key Curriculum Components .....	19
Appendix 2 Course/Module Specification Template.....	21
Appendix 3: Summarized Chart of Revised Blooms Taxonomy.....	22

## **LIST OF ABBREVIATIONS**

<b>ODeL</b>	Open, Distance and e-Learning
<b>MCM</b>	Medical Council of Malawi
<b>GPA</b>	Grade Point Average
<b>WFME</b>	World Federations for Medical Education

## DEFINITIONS

### **Academic programme**

A program of study, usually involving theoretical knowledge and research leads to a certificate, a diploma, or an undergraduate, or graduate degree.

### **Assessment**

Measurement of learning progress, both to guide further learning and inform progress decisions.

**Blended:** A curriculum in which some courses/modules are delivered face-to-face and others are delivered through ODeL

### **Curriculum**

‘A curriculum might be defined as a managerial, ideological and planning document that should:

- tell the learner exactly what to expect including entry requirements, length and organisation of the programme and its flexibilities, the assessment system and methods of student support,
- advise the educator on what to do to deliver the content and support the learners in their task of personal and professional development,
- help the institution to set appropriate assessments of student learning and implement relevant evaluations of the educational provision
- tell society how the school is executing its responsibility to produce the next generation of medical and health profession personnel appropriately

**Curriculum alignment:** refers to coherence between different levels of curriculum as well as between elements within a curriculum.

**Face-to-face:** A curriculum in which the course content and learning materials are taught in person in a physical learning environment

**Learning outcome:** A learning outcome describes what learners should be able to do or achieve by the time they have completed a module, course or programme leading to a qualification.

**Module:** A module is an independent, self-contained unit of study with its own intended learning outcomes, learning activities and assessments, bearing academic credit. Modules are typically independent, non-sequential and shorter in duration and credits than courses.

**Open, Distance and e-Learning(ODEL):** A curriculum in which 100% of teaching and learning activities are delivered online in a virtual learning environment. This can be synchronous or asynchronous.

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**Quality Assurance:** An ongoing, continuous process of evaluating (assessing, monitoring, guaranteeing, maintaining, and improving) the quality of an education system, institution or programmes.

## INTRODUCTION

With increasing recognition of the importance of context in medical education, the Medical Council of Malawi(MW) decided to come up with standards to ensure that they are applicable in all types/forms of medical education training in Malawi. MCM, therefore, decided to modify its standards, away from prescriptive, process-based requirements towards a principles-based approach which training institutions in Malawi are supposed to adhere to in the design, delivery, management, and quality assurance of their curricula, but in a manner tailored to their context. These standards invite training institutions that wish to register their programme, to interpret them for their resources, aspirations, and values, while still addressing the specified areas describe by these standards.

## ORGANISATION OF THE REVISED STANDARDS

The standards are presented in sixteen (16) areas:

Standard 1: Background/introduction to the programme, and rationale of the programme

Standard 2: Aim of the Programme, Programme Learning Outcomes and Programme

Standard 3. Programme Structure, Admission Criteria, Progression, Exit point

Standard 4: Teaching & Learning

Standard 5: Resource Requirements

Standard 6: Student Support Services specific to a programme

Standard 7: Benchmarking Statements

Standard 8: Distinctive Features of the Programme

Standard 9: Quality enhancement for teaching and learning

Standard 10: Sustainability of the Programme

Standard 11: Course/Module Outlines

Standard 12: Programme content, scope and contextualisation

Standard 13: Medical Research and Scholarship

Standard 14: Learning settings for a specialised medical training

Standard 15: Number of trainees for a specialised medical training

## Standard 16: Curriculum Format

The standards address the elements of the educational programme which encompasses: The totality of all processes and activities that the medical school offers or enables, to facilitate student learning, well-being, and achievement.

### ABOUT THESE STANDARDS

These standards are not prescriptive but there are detailed enough to guide training institutions. They have been at a broad level of generality. They address the components of the educational programme, such as student support, a curriculum model, or an assessment system. But they do not say how support should be offered, nor what curriculum model should be adopted, or what assessment methods should be used. They ask that the training institutions to states their mission and values, but they do not say what that mission or those values should be. Those are contextual decisions for Institutions.

### USING THESE STANDARDS

These standards are designed to guide agencies and institutions in any and every context. They might be used for a new curriculum or revised curricula. The standards offer flexibility for institutional-level decision-making about the specific qualities and characteristics that are required and are culturally and contextually appropriate to the institution. The standards are intended to be elegant, streamlined, and straightforward.

## Standard 1: Background/introduction to the programme, and rationale of the programme

### 1.1 Background/Introduction to the programme

- 1.1.1 The background should provide information on diseases or problems burdened on the country and their interventions to which the proposed curriculum is responding to
- 1.1.2 Linkages of the programme with national strategic development agenda and global trends
- 1.1.3 The background should provide the current situation of the health workforce; the role definition of the target group /cadre and the contribution of the targeted health profession /cadre in the delivery of health care services; challenges/gaps requiring attention in their education and practice preparation.
- 1.1.4 The background should highlight what the curriculum is all about; its purpose and key curriculum elements/components
- 1.1.5 The background should state the expected scope of practice for the cadre in accordance with the prescribed by MCM
- 1.1.6 Labour market assessment report or a show of innovativeness or creativity for job creation

### 1.2 The rationale of the programme

- 1.2.1 The rationale should explain the programme's compatibility with the relevant national agenda and relevant national policies

- 1.2.2 The curriculum document should use recent statistical evidence to justify the introduction of the programme
- 1.2.3 The rationale should describe any significant impact of the proposed programme on health care in Malawi

### **1.3 Curriculum development process**

- 1.3.1 The curriculum document should articulate the process of curriculum development, including needs assessment and contextual analysis, the survey of the academic field including the wider literature in the parent fields of study, appropriate selection of content, and practical issues of delivery, communication and cost
- 1.3.2 The curriculum document should clearly indicate with evidence (e.g Minutes, MOUs, copy programme structure) how stakeholders such as alumni, Ministry of Health, Ministry of Education, professional bodies, prospective employers and other interested parties were involved in the development of the programme.

#### **Annotation**

For the Ministry of Health and Ministry of Education engagement should be through the controlling officer.

### **1.4 Vision, Mission, and Philosophy and Core values of the Institution**

- 1.4.1 The curriculum should articulate how the programme relates to the institution's Vision, Mission, and Philosophy and Core values

### **1.5 Institution Autonomy and Academic freedom**

- 1.5.1 The institution should provide evidence that the programme has been approved by all relevant committees or structures (e.g school or faculty board/committee, Academic Standard Committee, Senate ) within their institution
- 1.5.2 In the event an institution is partnering with an international body/university to offer a programme the institution should indicate how the will maintain its institutional autonomy and academic freedom to be able to contextualise the curriculum to fit Malawian situation/needs.

## **Standard 2: Aim of the Programme, Programme Learning Outcomes and Programme Descriptor**

### **2.1 Aim of the Programme**

- 2.1.1 The programme aim must be consistent with the rationale of the Programme
- 2.1.2 The programme aim must be consistent with the Vision, Mission, and Philosophy and Core values of the Institution

#### **Annotation**

The aim should not exceed two sentences, not a paragraph

### **2.2 Programme Learning Outcomes**

- 2.2.1 The programme document clearly states programme learning outcomes focusing on the knowledge, skills, attitude and other relevant attributes that

programme graduates will be expected to have acquired after successfully completing the programme

- 2.2.2 The programme's learning outcomes should reflect the demands and expectations of the area of proposed study; the application of the knowledge and skills; and the capacity for lifelong learning
- 2.2.3 Outline what is expected of students on completion of the programme, and cover all the three domains of learning (knowledge, skills, attitudes, values)
  - a) Cognitive domain outcomes (Bloom's Taxonomy or revised taxonomy)
  - b) Affective domain outcomes
  - c) Psychomotor domain outcomes

Note: Also include learning outcomes on other attributes such as communication, ICT and Numeracy, Autonomy, responsibility, working with others skills and inter-professional learning and team-based practice.

- 2.2.4 The Programme learning outcomes should be pitched at an appropriate level befitting the programme e.g certificate, diploma, Bachelor's degree, or Postgraduate programme for details of learning outcomes refer to Appendix 2: Summarized Chart of Revised Blooms Taxonomy
- 2.2.5 The programme framework should be based on the intended medical educational outcomes of the programme and the qualifications of the trainees

### **Annotation**

The pitching of learning outcomes at the appropriate level should be evaluated based on the following descriptions

- a) Holders of the certificate should be able to recall and retain the basic principles, and standards and demonstrate a broad comprehension of the subject matter, with the ability to analyse information and construct a coherent argument
- b) Holders of the Diploma/Advance Diploma should be able to select and apply, collate, analyse and synthesize a range of basic specialised technical or theoretical knowledge, standard and non-standard processes relevant to the field of work or study
- c) Holders of the Bachelor's degree should be able to demonstrate an understanding of a major discipline with possible areas of specialization in that discipline, including command of the ideas, principles, concepts, chief research methods and problem-solving techniques of the recognised discipline
- d) Holders of Honours degree should demonstrate knowledge of regulations, codes, standards, ethics, and a critical understanding of the principles, theories, methodologies, current research and literature of the discipline
- e) Holders of Master Degree should demonstrate a deeper understanding of the subject matter, theory, concepts and principles of the subject matter showing critical awareness of current problems and new insights at the forefront of the discipline area

- f) Holders of the Doctorate should demonstrate knowledge at the most advanced frontier of a field of study or professional practice, contributed through research that is judged by independent experts applying international standards

### **2.3 Programme Descriptor**

- 2.3.1 What the program is all about, its nature (e.g. Level of study, Mode of delivery, and Major aspects that describe the programme
- 2.3.2 Major aspects that describe the programme).
- 2.3.3 Qualification requirements and career prospects
- 2.3.4 Duration of the programme including duration of attachments/internships. Outline enrolment numbers and the targeted number of graduates for the entire duration of the programme cycle
- 2.3.5 Describe research outputs, patents and innovations you plan to engage in and produce
- 2.3.6 Outline community outreach activities related to the programme

### **2.4 Graduate Descriptor**

- 2.4.1 The programme should highlight the required characteristics of the graduate

## **Standard 3. Programme Structure, Admission Criteria, Progression, Exit point**

### **3.1 Programme Structure**

- 3.1.1 The curriculum should demonstrate evidence that it is purposely designed to demonstrate horizontal and vertical integrations and articulation with subsequent stages of training
- 3.1.2 The programme framework should be systematic and transparent.
- 3.1.3 The use of practice-based training involves the personal participation of the trainee in the services and responsibilities of patient care clinical-based training and community/industry for non-clinical-based training.
- 3.1.4 The curriculum document should clearly show courses to be taught throughout the programme at each level or year showing a number of hours/credits for every unit/course/module
- 3.1.5 Courses/modules are sequenced to ensure an increased level of complexity as the student progresses.
- 3.1.6 The curriculum document should clearly outline the balance between Theory and Practice in terms of time allocation/distribution in line with MCM regulations
- 3.1.7 The curriculum document should clearly indicate the duration and number of hours/credits for the clinical/practical placements
- 3.1.8 For curricula that are offered as Blended or ODeL delivery should have a clear structure reflecting that mode as stipulated in standard 17

- 3.1.9 If the programme is available via two or more modes of delivery, separate programme structures should be included for each in the programme document.
- 3.1.10 The curriculum document should clearly highlight the curriculum model used in designing/organizing the curriculum clearly Eg Outcome based; competency-based; tradition subject- centred curriculum models etc
- 3.1.11 The weighting of courses is appropriate for the level of the programme.
- 3.1.12 The curriculum should clearly define what constitutes a major core or elective module or course.
- 3.1.13 The curriculum document should clearly state the minimum time for clinical/practical placement as prescribed by MCM
- 3.1.14 The programme should include the commitment to ethical considerations in the programme document.

### **3.3 Admission Criteria**

- 3.3.1 The curriculum document should indicate entry qualifications into the programme
- 3.3.2 Curriculum documents should indicate pre-requisite knowledge or entry behaviours i.e the required year of experience for mature entry or post-graduate programmes
- 3.3.3 The curriculum document should indicate the criteria for exemption of experiential learning (Include entry requirements for upgrading or mature students and credit transfer)
- 3.3.4 State whether or not the programme allows for multiple entry points

#### **Annotation**

- Candidate should have a minimum of one-year experience post internship

### **3.4 Progression**

- 3.4.1 The curriculum document should define conditions for progression through the programme rules and regulations
- 3.4.2 The programme should have clear paths ways for progressing for further studies and lifelong learning (professional development)

### **3.5 Exit point**

- 3.4.1 The curriculum document should define targeted and fall-back awards including whether or not the programme allows for multiple exit points
- 3.4.2 The curriculum document should clearly indicate the minimum total credit or hour and conditions required for one to qualify for the award of a particular qualification.

#### **Annotation**

**Credit Value:** a quantified means of expressing the equivalence of learning where 1 credit is equivalent to 10 notional hours of study

**Notional hours of learning:** the average number of hours that it is expected that a learner will spend to achieve the specified learning outcomes at that level. This doesn't just include formal classes; it also covers the amount of time spent in preparation for these classes, along with self or independent reading and study, plus revision and the completion of coursework and assessment. Together this provides a rough guide as to how long it will take a typical student, on average, to achieve the learning outcomes.

**A credit hour** is a way of measuring how much credit a student receives for attending a course which corresponds to the hours per week spent in that course.

Note: Credit hours are the ones that are used in computing Grade Point Average(GPA) for the curriculum that used the GPA system.

## **Standard 4: Teaching & Learning**

### **4.1 Programme Delivery**

- 4.1.1 The curriculum document should state the mode(s) of delivery: e.g. face-to-face, ODeL, Blended, block release. For blended and ODeL programmes clearly articulate how the e-learning will be delivered.
- 4.1.2 Curriculum documents should indicate the location and the level of health care facility where the programme will be delivered
- 4.1.3 The programme should use instructional and learning methods that are appropriate and ensure the integration of practical and theoretical components.
- 4.1.4 The delivery of the programme should be in accordance with the principles of equality.
- 4.1.5 The programme should use a trainee-centred approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.
- 4.1.6 The curriculum should clearly state the teaching and learning methods/activities in the clinical/practical environment that promotes the concept of patient-centered and corroborative engagement
- 4.1.7 The document should outline techniques through which the curriculum will be delivered (Teaching & learning methods and strategies: eg lectures, demonstrations, research, seminars, clinical experience, clinical placement, field excursions, etc.)
- 4.1.8 The curriculum document should state the selected teaching methods in line with expected programme outcomes and appropriate learning experiences for the learners
- 4.1.9 The curriculum document should clearly outline how clinical learning experiences will be supported
- 4.1.10 Where the programme uses a preceptorship approach to implement clinical placements, the curriculum document should clearly indicate the role the preceptors will be playing in clinical teaching

- 4.1.11 There should be evidence that preceptors are well-oriented in their roles and have the required competencies.
- 4.1.12 The Teaching and learning methods are aligned with learning outcomes and consistent with programme and course aims
- 4.1.13 The curriculum should clearly indicate how the research supervisors will be allocated to ensure quality supervision

## **4.2 Assessment Approaches**

- 4.2.1 The curriculum document should clearly articulate how the assessment will be aligned with the learning outcomes (knowledge, skills and attitudes)
- 4.2.2 Offers a system of appeal against assessment results
- 4.2.3 The curriculum document should show that it is using fit-for-purpose assessment methods and formats to assess the intended learning outcome
- 4.2.4 The curriculum document should outline formative and summative assessment techniques to be employed (assignments, lab work, projects, end-of-semester or year examinations, etc)
- 4.2.5 The curriculum document should indicate how formative and summative assessments will be used as learning strategies
- 4.2.6 Describe the weighting between formative and summative assessment grades in computing final grades
- 4.2.7 The curriculum document should describe the weighting between continuous and end module/course/semester/year grades in computing the final grade
- 4.2.8 The curriculum document should describe the grading system and classification of awards for the end of the programme (pass, credit, distinction, first class, upper second class, lower second class, etc) where applicable.
- 4.2.9 The curriculum document should outline how and who the clinical/practical placements will be assessed and graded.
- 4.2.10 The programme should have effective assessment quality assurance processes including internal and external moderation of examinations, guidelines on the proper conduct of examinations as well as marking by both internal and external examiners to ensure the validity and reliability of results.
- 4.2.11 The level of assessments is appropriate to the specific programme and targeted students.
- 4.2.12 Clinical/practical placements should have a logbook with clear items to be login which are aligned with competencies
- 4.2.13 The curriculum document should clearly articulate in its assessment regulations how student's appeals will be managed in case they are dissatisfied with the assessment of their work and examinations
- 4.2.14 The programme should have a clear policy for the assessment of the trainees.

## **Standard 5: Resource Requirements**

### **5.1 Human Resources**

- 5.1.1 The curriculum document should outline all the full-time academic staff (number, level of qualification and area of specialisation) actually on the ground available to deliver the Programme
- 5.1.2 The curriculum document should also indicate relevant administrative and technical staff who are supporting the implementation of the programme
- 5.1.3 The programme should have a sufficient number of appropriately qualified academic staff with staff teaching courses based on their areas of concentration and experience (or in which they are experts).
- 5.1.4 If the programme is using part-time/visiting lecturers the ratio of part-time not more than 30% of lecturers
- 5.1.5 The curriculum document should state how the staff supporting the programme will be supported for their continuous professional development/further studies to update their knowledge and skills as they are supporting the programme.

### **Annotation**

#### **Staff minimum qualifications**

For undergraduate programmes, a minimum qualification shall be higher than the exit level of the programme while for postgraduate programmes a qualification at least at the same level as the exit level of the programme.

#### **Staff number**

- The theory should have a lecturer-student ratio of 1:50
- Practical (Clinical/industrial placement) lecturer-students ratio of 1:15

### **5.2 Teaching and Learning Resources**

- 5.2.1 The curriculum document should outline key material for teaching and learning (Books, labs, classroom, equipment,) available to deliver the programme
- 5.2.2 The module outline in the curriculum document should have a list of up-to-date prescribed books preferably within ten years unless the book is classic
- 5.2.3 Describe how you intend to address the current gaps in the short-term, medium and long terms

## **Standard 6: Student Support Services specific to a programme**

- 6.1. The curriculum document should outline how the learner will be supported as they traverse through the curriculum (e.g face to face, Block release, ODeL, Clinical/practical placement)
- 6.2 The curriculum document should outline support for Learners and their Learning: Orientation, Academic support, Learning resources, Support for learners with disabilities
- 6.3 The curriculum document should briefly describe how the institutional policies addresses students psych-social problems

### **Standard 7: Benchmarking Statements**

- 7.1 The curriculum document should outline the comparability of the programme in terms of quality with similar programmes offered elsewhere (national, regional, international) which meet World Federations for Medical Education (WFME) standards and should be accredited in their country.
- 7.2 The curriculum document should outline whether the benchmarking was done formally or informally with evidence e.g Minutes, MOUs, Copy programme structure

### **Standard 8: Distinctive Features of the Programme**

- 8.1 The curriculum document should describe the uniqueness of the programme or what sets the programme apart from others.

#### **Annotation**

- State what is unique about the programme in terms of content/course/module, mode of delivery, and pedagogical approaches e.

### **Standard 9: Quality enhancement for teaching and learning**

- 9.1 The curriculum document should outline the periodicity of programme cycle reviews taking into account new and immerging issues in the profession (note: program review must be done after every program cycle).
- 9.2 The curriculum document should outline guidelines for monitoring and evaluation of teaching and learning (e.g. Peer observation of teaching, course and lecturer evaluation by students, tracer studies, and minimum lecture attendance by students).
- 9.3 The curriculum document should outline guidelines for internal and external validation of assessment procedures and tools (e.g. departmental moderation of exams, grades, faculty assessment meetings, Senate)
- 9.4 The curriculum document should outline the monitoring of internal and external moderation of examinations and the grading system

### **Standard 10: Sustainability of the Programme**

- 10.1 The curriculum document should outline how the programme will be sustained in the short, medium and long terms.
- 10.2 The curriculum should clearly define the size of the student intake in relation to its capacity to adequately resource the medical programme at all stages
- 10.3 The curriculum document should outline the relevant approved fee structure

### **Standard 11: Course/Module Outlines**

- 11.1 The modules/courses clearly aligned with the programme learning outcome
- 11.2 The modules/courses content should be well developed and meet full specifications of a module/course learning outcomes

- 11.3 The module learning outcomes should be pitched at an appropriate level befitting the programme shown in Appendix 3: Summarized Chart of Revised Blooms Taxonomy
- 11.4 The intended learning outcomes for the module should be specified, consistent with the level and field of study and make the programme comparable locally, regionally and internationally
- 11.5 The content should be adequate for the level, scope and breadth of the subject and programme.'
- 11.6 The module outline should clearly indicate prescribed and recommended text.
- 11.7 The module outline should clearly indicate pre-requisite and co-requisite as required

### **Annotation**

- **Programme:** A program of study, usually involving theoretical knowledge and research which leads to a certificate, a diploma, an undergraduate, or graduate degree
- **Course:** A course is a coherent body of learning defined by a course descriptor framed by intended learning outcomes, learning activities and assessments, and bearing academic credit. The duration of the course and learning volume/credits are defined in the programme specification
- **Module:** A module is an independent, self-contained unit of study with its own intended learning outcomes, learning activities and assessments, bearing academic credit. Modules are typically independent, non-sequential and shorter in duration and credits than courses
- For a module/course which is offered by one department to many programmes should have one course/module code. If a module/course was already approved within the past years by MCM the same should be indicated in the curriculum document.
- For prescribed text should be at most three books.

### **Standard 12: Programme content, scope and contextualisation**

- 12.1 The programme content should educate students in the full breadth of medical educational concepts, theories, models, historical perspectives and practices
- 12.2 The programme content should ensure coverage of basic and advanced theories and models in each topic, methods of critique and critical-reflective application to the student's own context
- 12.3 The programme content should be drawn on both the health professions literature and on practice, models and theories from wider educational and social sciences
- 12.4 The programme content should ensure that the content selected is presented in its social and historical context, and is appraised for its current applicability to the student's context.
- 12.5 Clinical programme should include clinical work and relevant theory or experience in

- a) basic biomedical, clinical, behavioural and social sciences and preventive medicine
- b) Clinical decision-making.
- c) communication skills
- d) medical ethics
- e) public health.
- f) medical jurisprudence and forensic medicine.
- g) managerial disciplines.
- h) patient safety.
- i) doctors' self-care.
- j) the interface with complementary medicine.

The programme should be organized with appropriate attention to patient safety and autonomy.

### **Standard 13: Curriculum Format**

13.1 The modules outlined as indicated in the programme structure and written in recommended MCM format as Appendix 2

13.2 The curriculum should contain all the key curriculum components as outlined in Appendix 1

### **Standard 14: Standards for Open, Distance, and E-Learning(ODeL) in Medical Education**

ODeL involves an approach to whole course design that is more than simply converting existing on-campus learning into other media or methods that are accessible to students who are not on campus. Students, lecturers/tutors, preceptors, administrators e.t.c are involved in ODeL and require special preparation, information, guidance, and support. ODeL curricula should be specially designed to take account of the needs and circumstances of students and educators. ODeL should deliver the same quality of learning, teaching, and assessment as onsite education/face-to-face, including an interaction between students, and between students and educators. Provision of regular personal feedback on performance for students, and support for both students and educators must be available. Effective ODeL involves paying attention to the whole educational system. It is therefore important to understand the character of ODeL.

#### **14.1 The Scope of ODeL Delivery**

- 14.1.1 The curriculum document should articulate why ODeL was selected as the full or partial method of curriculum delivery
- 14.1.2 If ODeL of delivery is a partial method, the curriculum document should state what parts of the curriculum are taught by ODeL
- 14.1.3 The curriculum document should state how is the full curriculum coverage ensured, commensurate with curriculum coverage in a course that does not use ODeL methods
- 14.1.4 The curriculum document should state how graduates from the ODeL programme will be assured of equal status with graduates of traditional courses

- 14.1.5 The curriculum document should state any possible disadvantages/limitations of ODeL identified and how they will be mitigated.
- 14.1.6 The curriculum document should describe the accessibility, content coverage, and effectiveness of the selected ODeL delivery channels.

#### **Annotation**

- For clinical training, ODeL delivery can only be applicable to the theoretical component of the training and not the practical component (clinical placement)

#### **14.2 ODeL Staffing**

- 14.2.1 The curriculum document should state how the staff teaching on the ODeL programme are prepared for ODeL instructional delivery
- 14.2.2 The institution to deliver a programme through ODeL should have at least one academic staff trained in ODeL delivery or instructional design.

#### **Annotation**

For 14. 2. 2 The institution should send to MCM the evidence of training as an attachment to the curriculum document as evidence

#### **14.3 Designing Materials, Resources, and Opportunities**

- 14.3.1 The curriculum should state how the institution will ensure that each course element is designed to ensure the best use of the educational medium or method befitting the ODeL delivery.
- 14.3.2 Articulate how the processes of course design, development, production, presentation, and review are planned and managed.

#### **14.4 Assessment in Support of Learning**

- 14.4.1 The programme has a policy that describes its assessment practices.
- 14.4.2 The programme has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes
- 14.4.3 The curriculum document should explain mechanisms that are in place to assure the quality of its assessment programme

#### **14.5 Student Academic Support**

- 14.5.1 The curriculum document should provide information on how induction will be done to prepare students for their studies
- 14.5.2 The curriculum document should articulate how the institution will avert and solve academic problems while the course is in progress.

#### **14.6 Technical Support**

- 14.6.1 The institution ensures that students have appropriate technology and access, and provides an orientation to technology and ongoing technical support for students

## **Appendix 1: Medical Council of Malawi Curriculum Template with Key Curriculum Components**

<b>Awarding Institution</b>	
<b>Teaching Institution</b>	
<b>Name of Final Award</b>	
<b>Programme Title</b>	
<b>School</b>	
<b>Programme Length</b>	

### **1. NEED FOR THE PROGRAMME**

#### **1.1 Background**

#### **1.2 Rationale for the programme**

#### **1.3 Curriculum Development Process**

### **2. AIM OF THE PROGRAMME AND LEARNING OUTCOMES**

#### **2.1 Aim of the Programme**

#### **2.2 Programme Learning Outcomes**

##### **- 11.2.1 Knowledge**

##### **11.2.2 Skills**

##### **11.2.3 Attitudes**

##### **11.2.4 Other attributes**

### **3. PROGRAMME DESCRIPTOR**

### **4. PROGRAMME STRUCTURE**

#### **4.1 Entry Requirements**

#### **4.2 Exit Points**

### **5. CURRICULUM DELIVERY**

### **6. ASSESSMENT APPROACHES**

### **7. RESOURCE REQUIREMENTS**

### **8. STUDENT SUPPORT**

### **9. BENCHMARKING STATEMENTS**

### **10. DISTINCTIVE FEATURES OF THE PROGRAMME**

**11. QUALITY ASSURANCE**

**12. SUSTAINABILITY OF THE PROGRAMME**

**13. COURSE/MODULE OUTLINES**

## Appendix 2 Course/Module Specification Template

1. PROGRAMME
2. PRESENTED TO: Senate
3. PRESENTED BY (Name of Faculty)
4. SUBJECT
5. YEAR/LEVEL OF STUDY
6. MODULE TITLE
7. COURSE CODE (4 letters & 4 digits, e.g. MATH 1101, representing year 1, semester 1, and course # 01)
8. DURATION (# of weeks per semester)
9. LECTURES HOURS PER WEEK
10. TUTORIAL HOURS PER WEEK
11. PRACTICAL HOURS PER WEEK
12. STUDENT INDEPENDENT LEARNING HOURS PER WEEK
13. TOTAL MODULE CREDITS
14. PREREQUISITE MODULES
15. COREQUISITE MODULE
16. DELIVERY METHODS
  - 16.1 Mode of Delivery (State if face-to-face, ODL or both):
  - 16.2 Teaching methods (e.g. lectures, seminars, tutorials, etc.)
  - 16.3 Assessment weighting (e.g. 60% Examination and 40% Continuous)
17. AIM(S) OF THE COURSE
18. LEARNING OUTCOMES (Aligned with programme outcomes)
19. TOPICS OF STUDY (Include detailed scope of coverage under each topic)
20. PRESCRIBED TEXTS (Give a full reference for key textbook(s))
21. RECOMMENDED TEXTS/READINGS (Give a full reference for recommended books and other readings)

This course /module specification was approved by Senate on .....

### Appendix 3: Summarized Chart of Revised Blooms Taxonomy

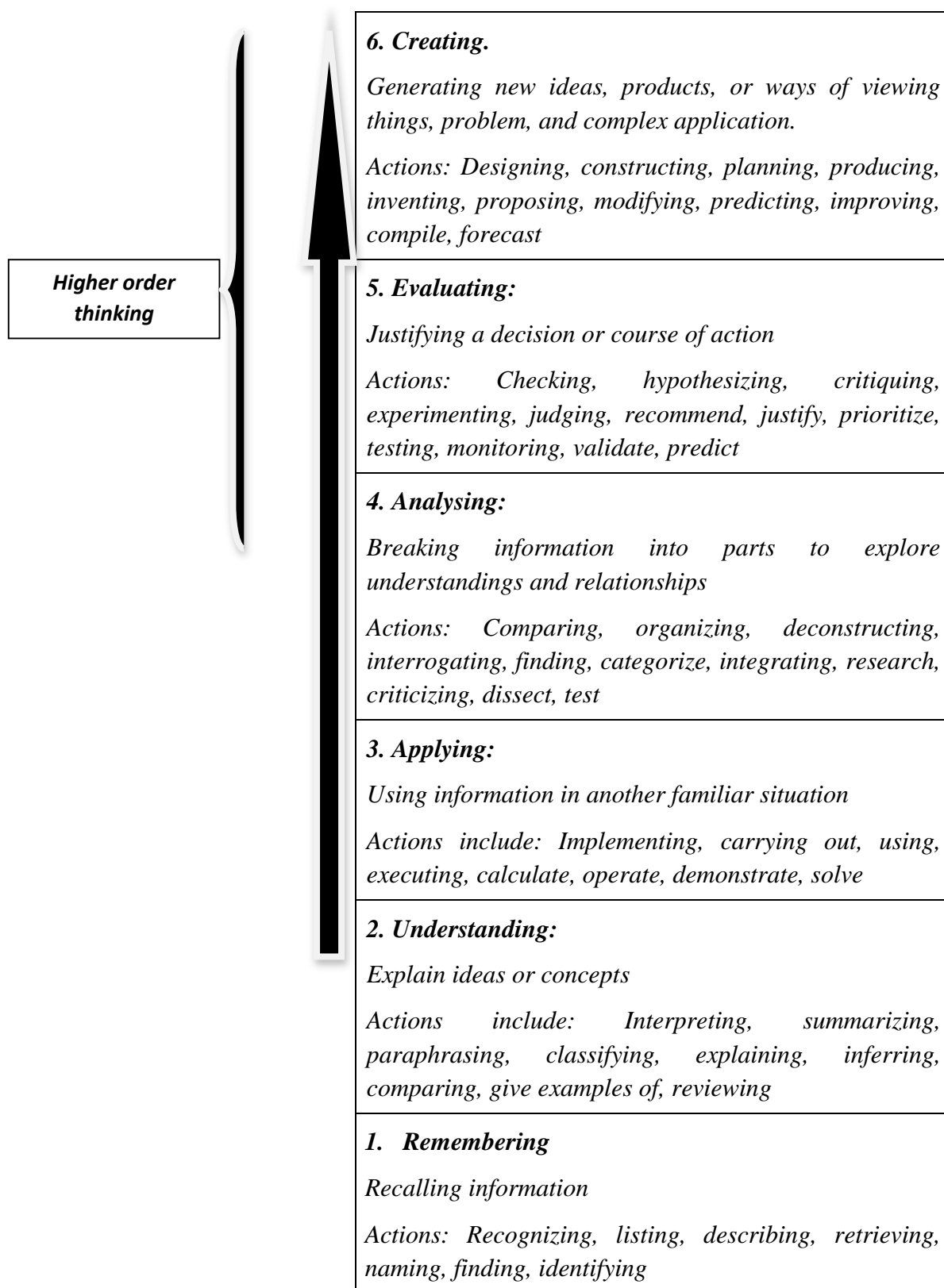


Figure 1: Measurement Tool for thinking (Forehand, 2006)

## References

1. Ministry of Education, Science and Technology (2008) *National Education Sector Plan, 2008 – 2017*.
2. Medical Council of Malawi Act ( Act No..... of 1987)
3. National Council for Higher Education (2014) *Standards for Accreditation of Malawi Higher Education Institutions*
4. National Council for Higher Education (2014) Assessment Form for Registration of New programme
5. World Federation of Medical Education (WFME) Global Standards for Quality Improvement of Medical Education -The 2023 Revision