The redesign of the curriculum complies with the HEQSF criteria. The programme is comprehensive with theoretical, clinical and research outcomes at NQF Level 9.  
The assessment approach purpose and methods are appropriate for a two year masters degree with theoretical, clinical and research components.  
From Question 3, the exit level outcome related to the clinical component of the programme includes that the candidate must have developed a good clinical grounding in neonatology through practical experience, mastered the requisite procedural skills, including but not limited to; umbilical line insertion, peripherally inserted central lines, management of all types of neonatal ventilation, chest drain insertion, intubation and surfactant administration, arterial line insertion, cranial ultrasound, management of inhaled nitric oxide administration, ecg application and interpretation, amplitude intergrated EEG application and interpretation, neonatal urinary catheterisation. It is unclear how no work-based WIL can be planned for the programme. Due to the decision to classify the WIL as non-work-based WIL, there is no information related to the coordination of the WIL in clinical settings. The planned assessment time constitutes 30% of the learning time, clarification is required. Clarification is required regarding the choice of non-work-based WIL and the 30% assessment time in the learning activity table. Clarification is required regarding the choice of non-work-based WIL and the 30% assessment time in the learning activity table.

UCT response:

As per the DHET definition, we have drawn a distinction between practical learning that is integrally linked to the formal tuition process as opposed to workplace based learning that takes place after the formal instruction (WIL as defined by DHET). In this qualification, all practical/experiential learning takes place within the duration of the qualification. The HEQSF definition of WIL covers both forms. Senior registrars are employed by the province on the UCT teaching platform and they therefore enter into an employment contract that spells out their clinical duties. Their academic and clinical training are integrated into the clinical duties since they work under supervision of registered specialists/subspecialists. Training is supervised on site on the UCT platform by our own UCT or joint staff. The employment contract includes a workplan, with related KPAs and indicators. It is the institution's responsibility to place student. Students are not accepted unless they can be formally accommodated in the teaching hospital. The students are held against an HPCSA training number which has been allocated by HPCSA to the University of Cape Town, where the training takes place. The clinical competence of students is assessed daily on clinical ward rounds. Formal 3 monthly appraisals are held to discuss progress and areas of concern. A logbook is kept of all procedures performed and competency is verified by training supervisor or the Head of the unit and is a standard CMSA requirement.  Regarding the proportion of time allocated to assessment, it must be noted that this is determined by the nature of the programme that is as a subspecialty programme with a substantial clinical component that requires ongoing assessment of performance through regular supervision sessions, involvement in seminars, evaluation by means of observed clinical interviews, CMSA assessments and assessment of a 60-credit dissertation. Thus we feel it is appropriate to allocate 30% of the total learning time to assessments.