### COUNCIL ON HIGHER EDUCATION

**EVALUATOR’S REPORT**

**ACCREDITATION OF NEW PROGRAMME**

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| **INSTITUTION NAME:** | **Walter Sisulu University** |
| **PUBLIC OR PRIVATE INSTITUTION:** | **Public** |
| **PROGRAMME TITLE:** | **Master of Medicine in Internal Medicine** |
| **NQF LEVEL:** | **9** |
| **TOTAL NUMBER OF CREDITS:** | **480** |
| **HEQC – REFERENCE NUMBER:** | **H/H19/AR049CAN** |
| **SITE (OR SITES) OF DELIVERY:** | **Mthatha Campus - Mthatha** |
| **MODE OF DELIVERY:** | **Contact** |

DETAILS OF THE EVALUATOR:

Name and Title:

Institution:

**DATE OF THE REPORT:**

**INSTRUCTIONS:**

**Please consult the *Guidelines for Completing the Application for Programme Accreditation and Qualification Registration Application Form*. This document will give you the necessary background information when evaluating the application.**



* Write the evaluation of the programme in a narrative style, applying the programme criteria for accreditation as well as the minimum standards specified for each criterion statement. In your comments relating to each criterion, please refer to the specific minimum standard(s) that apply to the comments.
* The information in the application form must reflect how the different policies and procedures will be implemented for the specific programme/qualification. The policies must be uploaded on the Institutional Profile document of the Institution.
* The evaluator must be acquainted with the relevant policy documents of the DHET, CHE, SAQA and relevant statutory professional body (if applicable) when evaluating the application for programme accreditation and registration of the qualification. The application information provided must comply with the Higher Education Qualifications Sub-Framework, Criteria for Programme Accreditation and Policy and Criteria for the Registration of Qualifications and Part-qualifications on the National Qualifications Framework. In addition, there must be compliance with the Level Descriptors for the South African National Qualifications Framework, and relevant national legislation and policy. Visit the following websites for more information:

<https://www.che.ac.za/>

<https://www.saqa.org.za/>

<https://www.dhet.gov.za/>

<https://www.gov.za/>.

* Please indicate with a tick in the block above the comment section in each criterion whether the programme:
  + meets minimum standards (MMS);
  + needs improvement in order to meet minimum standards (NI),
  + does not comply (DNC) with minimum standards.
* If you have already covered certain aspects under another criterion, please ensure that there is appropriate cross-referencing.
* At the end of the evaluation, make your recommendation in terms of the status of accreditation as: accredited, not accredited or accredited with conditions.
* The report should be formatted as follows:
* Calibri, size 11, 1.15 spacing.
* Unnecessary use of **bold**, *italics*, CAPS, or underline should be avoided.
* You are also requested not to change the numbering of questions, conditions or requests for information; and where possible, refer directly to specific minimum standards as they apply to an individual criterion.
* Reports should be checked for correct spelling and grammar.
* Note that poor quality reports or reports with spelling and grammatical errors will be returned to evaluators for correction.

**SECTION D: PROGRAMME / QUALIFICATION DESIGN**

**This part of the form (Section D onwards) requires an evaluation of the extent to which the proposed programme fulfils the HEQC accreditation and SAQA registration criteria. Please note that the information provided should demonstrate compliance with the minimum standards.**

**Evaluate the application and write a narrative in each block indicated as Evaluator input:**

**CRITERION 1: PROGRAMME DESIGN**

*The programme is consonant with the institution’s mission, forms part of institutional planning and resource allocation, meets national requirements, the needs of students and other stakeholders, and is intellectually credible. It is designed coherently and articulates well with other relevant programmes, where possible.*

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| *In the evaluation of this section, please refer to the following aspects in your narrative:*   * *How does the programme / qualification fit in with the vision and mission of the institution?* * *Does the rationale as explained focus on the issues mentioned in the Guidelines document, e.g. How does the programme / qualification meet the needs of the sector, the range of students targeted, occupation in which the qualifying student will operate, the learning pathway in which the qualification resides, how the programme, qualification will benefit the student, society and the economy?* * *Does the purpose of the qualification provide a description of the context of the programme / qualification and what it is intended to achieve in the national, professional/career context, what the qualifying student will know and be able to do on achievement of the qualification.* * *Are the curriculum and exit level outcomes linked to the purpose of the programme / qualification?* * *Are graduate attributes indicated?* * *Are the rules of combination for the modules indicated and does it indicate coherence?* * *Do the rules of progression indicate coherence between the semester and/or year modules? Give examples in your answer.* * *Does the Institution indicate clearly the competences that will be developed in the programme? Motivate your response with examples from the application.* * *Does the programme design – in terms of the proportion of theoretical, practical and experiential learning (if applicable) – meet the requirements of the qualification level and type?* * *Does the application explain how the competences that will be developed in the programme are aligned to the NQF level of the qualification?* * *Evaluate the horizontal, vertical and diagonal articulation possibilities of the programme / qualification in relation to other registered qualifications (institutional/internal/external)* |

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| **Evaluator input:**  Walter Sisulu University (WSU) aims to be an ‘impactful, technology infused African university.’ This is a professional master’s qualification, aimed at producing specialist clinicians in the field of internal medicine. The programme aims to equip graduates with the knowledge and skills to practise in the African environment and to promote health in the communities in which they work, thus fulfilling the vision and mission of the institution. This programme is designed to equip practitioners with the ability to function in both public and private healthcare sectors, but especially in communities living in poor socio-economic circumstances. Graduates will be able to align with the envisaged NHI, which aims to provide universal healthcare to South Africans.  The graduate of this master’s programme will have the skills to be a ‘clinician, manager, researcher and academic’ according to the application. Most professional master’s graduates, however, are clinicians first and foremost, and the research is a small component of the programme. The exit level of the programme is the Fellowship of the College of Physicians of South Africa (FCP(SA)) examination together with the research assignment to fulfil the requirements of the professional master’s qualification as well as the registration requirements of the Health Professions Council of South Africa (HPCSA). The curriculum and exit level outcomes are appropriate for the purpose of this qualification.  Students enrolled in the Master of Medicine (MMed) (Internal Medicine) will be employed by the Eastern Cape Department of Health EC DoH) as medical registrars. The tutors and lecturers are jointly employed by the DoH and WSU. This is a professional programme based on experiential learning in the hospitals in which the students are employed, augmented by academic input from the specialist staff.  Basic medical sciences are scheduled in year 1; the subsequent years are devoted to the Principles and Practice of Medicine, and the mini dissertation is completed in year 4. The allocated credits are 120 per year, totalling 480, at an NQF level of 9. The mini dissertation is worth 60 credits. In practice, the basic medical sciences are completed before the student enrols for the MMed degree, with the FCP Part I, and the principles and practice of medicine extend throughout the 4 years. Experiential learning is obtained at various hospitals attached to WSU. If a particular specialty is not offered at one of these hospitals, placement is arranged elsewhere in SA for the acquisition of this training.  The focus of this programme is on delivering a qualified internal medicine specialist. To this end the principles and practice of medicine modules run throughout the programme, and the student is exposed to various areas of the specialty and different subspecialties on a rotational basis. Formative assessments occur throughout the 4-year training period. Progression is assessed by performance in the clinical environment as well as milestones achieved in the research assignment.  The broad competences developed during the programme include appropriate assessment and management of patients, acquisition of information via traditional and electronic methods, learning to function as a member of the healthcare team, training of other healthcare workers, and learning how to perform a research project and write a mini dissertation.  In terms of explaining how the competences developed in the programme and the programme design are aligned and meet the requirements of the NQF level of the qualification, the application is lacking in detail.  Various articulation possibilities are available for the MMed (Int Med). Vertical articulation is possible with registration for a PhD or subspecialty training; horizontal articulation with some subspecialties is also available; and diagonal articulation may occur with programmes such as the Postgraduate Diploma in health Professions Education.  The module outline document is uploaded but is not detailed. The principles and practice of medicine does not include general internal medicine, and no details are provided for the subspecialty areas. | | | |

**WORK-INTEGRATED LEARNING (WIL)**

**Open up the template provided and evaluate the content provided:**

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| In the evaluation of this section please refer to the following aspects in your narrative:  **If there is WIL included in the programme, please discuss the following:**  *Evaluate the WIL modality to be implemented in the programme and indicate why and if it is appropriate for the programme / qualification. Also refer to the relevance of the design, credits and how WIL is integrated across the curriculum.*  *Does the institution focus on its roles and responsibilities for the placement of students? Indicate how the students will be assisted with work placement and how the workplace partnerships will be established and maintained.*  *Does the institution indicate how it will ensure parity of learning experiences and assessment across WIL sites – are the processes relevant and of quality?*  *Discuss if there are contractual processes in place and if there is an indication of the systems in place to record and monitor the progress of the students’ learning regularly and systematically.*  *Does the institution indicate the learning outcomes and assessment criteria per year of study and are these outcomes and criteria relevant for the WIL component of the programme?* |
| **Evaluator input:**  This is a professional masters and workplace-based learning is foundational. Postgraduate students are employed by the department of health as registrars in one of the academic hospitals attached to WSU. The university allocates their training numbers, provides teaching and supervision during their rotation in Internal Medicine with adequate supervision, and ensures students have access to the internet and library resources.  Registrars rotate through different areas and different hospitals in internal medicine. In each area consultant staff act as supervisors, educators, and mentors. The consultants are joint appointments of the DoH and the university.  Assessment criteria are not applicable per year or semester of study, except for the basic sciences that may be passed prior to commencement of the programme (FCP PartI) and the research component that has a progression from year 3. Formative evaluation during clinical clerkship occurs throughout the 4 years of the programme, using bedside clinical sessions, departmental presentations, and a completed logbook section at the end of each rotation.  No information is provided as to how the institution will ensure parity of learning experiences and assessment across WIL sites. |

**SECTION E: STUDENT RECRUITMENT, ADMISSION AND SELECTION**

**CRITERION 2: STUDENT RECRUITMENT, ADMISSION AND SELECTION**

*Recruitment documentation informs potential students of the programme accurately and sufficiently, and admission adheres to current legislation. Admission and selection of students are commensurate with the programme’s academic requirements, within a framework of widened access and equity. The number of students selected takes into account the programme’s intended learning outcomes, its capacity to offer good quality education and the needs of the particular profession (in the case of professional and vocational programmes).*

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| In the evaluation of this section please refer to the following aspects in your narrative:  *Are the admission requirement and selection criteria for this programme clearly stated as per relevant legislation and the institutional admission policy?*  *If this is a postgraduate programme, are the undergraduate qualifications and other cognate qualification included and referred to?*  *Does the institution explain how it will promote the objective of widening access?* | | | |
| **Evaluator input:**  This is a postgraduate programme. The admission requirements are clearly stated: M.B.,Ch.B. degree or equivalent; completion of internship and community service training; and registration with the HPCSA as an independent medical practitioner. The selection criteria are not clearly stated: access is via a DoH advertisement and interview process. Regarding widening access to the programme, candidates from historically disadvantaged environments and those with experience in rural medicine will be advantaged in the selection process. Female and black applicants will be ranked above other categories in the appointment process. | | | |

**2.1 RECOGNITION OF PRIOR LEARNING (RPL) AND Credit Accumulation and Transfer (CAT)**

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| In the evaluation of this section please refer to the following aspects in your narrative:  *Does the institution indicate how RPL will be implemented in this programme and is the implementation aligned to the RPL policy attached in the Institutional Profile?*  *Does the RPL process implemented in the programme refer to the principles and processes through which the prior knowledge and skills of a person are made visible and formally assessed and moderated for the purposes of alternative access and admission, recognition or further learning and development?*  *Does the institution acknowledge that only a maximum of 10% of a cohort of students can be admitted through the RPL process?*  *Does the institution make a clear distinction between applying RPL and CAT in the programme?*  *Does the institution make it clear that in applying CAT, only a maximum of 50% of the credits of a completed qualification may be transferred to this qualification?* | | |
| **Evaluator input:**  Recognition of prior learning (RPL) only applies once the student has completed 3 years of training, at the discretion of the institution and upon approval of the HPCSA. RPL could apply if the student has completed a year or more as a medical officer in Internal Medicine in a recognised training institution before becoming a registrar. If the training time is recognised as learning time they can register as a specialist, provided all the other requirements have been met. Usually only 6 months’ reduction in training time is approved. The application does not address RPL obtained outside South Africa. Because of this application of RPL, it does not influence the number of students admitted to the programme.  The RPL process as described in the programme application differs from the RPL policy of the institution, which states, ‘At the university level, there are two major groups of likely candidates for RPL. One is candidates lacking the existing formal requirements for entry to a university programme. The other is people who may have taken numerous short courses and are now seeking credit for this accumulated learning.’ In the context of medical specialisation, the RPL is usually applied *post hoc*. It does however comply with the definition in the National Standards Bodies Regulations (No 18787 of 28 March 1998, issued in terms of the SAQA Act 58 of 1995): ‘Recognition of prior learning means the comparison of the previous learning and experience of a learner howsoever obtained against the learning outcomes required for a specified qualification, and the acceptance for purposes of qualification of that which meets the requirements.’  According to the application, ‘RPL must be approved by the dental board of the HPCSA and subsequently transferred to the university.’ The correct name of the board is ‘Medical and Dental Board’.  For Credit Accumulation and Transfer (CAT), students who have completed some training time in another accredited institution for the equivalent MMed programme may have the corresponding credits transferred to the WSU programme.  The application distinguishes between applying RPL and CAT in the programme. | | |

**SECTION F: PROGRAMME PROVISIONING**

***(NOTE: Refer to Criteria 1 – 8 (and 9 if this is a postgraduate qualification) in the Criteria for Programme Accreditation for the minimum standards per criterion.)***

**CRITERION 5: LEARNING AND TEACHING**

*The institution gives recognition to the importance of promoting student learning. The teaching and learning strategy is appropriate for the institutional type (as reflected in its mission), mode(s) of delivery and student composition, contains mechanisms to ensure the appropriateness of teaching and learning methods, and makes provision for staff to upgrade their teaching methods. The strategy sets targets, plans for implementation, and mechanisms to monitor progress, evaluate impact and effect improvement.*

**Select the mode** (**X**) of provision and indicate % learning time for contact provisioning and online provisioning respectively.

**Background to the mode of provisioning: The institution should indicate which mode of provisioning they will use in teaching the programme and in the case of student learning. There are three modes: contact, distance and a combination of the two. The institution can decide which of the three modes it will use. This section is very important because the rest of the input from the institution will depend on which mode of provisioning is selected for this programme.**

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| **In the evaluation of this section please refer to the following aspects in your narrative:**  *Please respond to the following issues in your narrative:*  *Does the institution explain why the selected mode of provisioning is appropriate for the programme in terms of the intended outcomes? Refer to the purpose and ELOs of the programme provided and how students are provided with guidance on how the different modules contribute to the learning outcomes of the programme.*  *Is the learning and teaching methods / strategy that will be implemented in the programme appropriate for the design of the programme and the mode of provisioning and how does it ensure an appropriate balance between the different methods if indicated?*  *If the institution is going to make use of the blended or distance mode of provisioning, does the use of the specific technology indicated enhance the learning and teaching and is the specific technology appropriate to facilitate achievement of the purpose and outcomes of the programme? Does the institution explain how the students will be assisted to access the learning resources and technology? Does the institution provide a description of any specialised facilities and equipment required for learning and teaching – will students be made aware that they will need access to the internet if they register for the programme?*  *Does the institution indicate how students registered for the programme at different sites of provisioning will receive the same level of learning and teaching and the same level of student support and access to learning resources? How will the institution ensure equality of learning and teaching on different sites of learning and teaching? Does the institution explain how it will quality assure the learning and teaching from the different sites?*  *Does the institution describe the institutional understanding of underperforming / ‘at-risk’ students, identify the relevant institutional policies, clarify the processes for the identification of underperforming / ‘at-risk’ students and which intervention will be implemented to support these students?* | | | | |
| **Evaluator input:**  This is a professional master’s programme based on experiential learning in the clinical environment, thus the 100% contact mode of provisioning is appropriate. As previously mentioned, the modules are based on working in and exposure to various rotations in internal medicine. The ELOs are based on the learning in the clinical environment. Supervision of undergraduate medical students helps to develop the master’s programme students’ teaching abilities. The MMed mini dissertation is often based on research questions developed in the clinical environment.  Students registered for the programme will rotate through satellite hospitals attached to WSU. According to the uploaded Learning and Teaching document, all the satellite centres are based in tertiary hospitals with a department of Internal Medicine. Different hospitals allow exposure to some subspecialties and other linked clinical departments such as radiology and surgery. Each tertiary hospital has a health resource centre that allows for library access, reading space, lecture theatres, and access to university allocated electronic resources. Each learning facility has its own teaching timetable with registrar presentations, journal clubs, grand round presentations, and bedside clinical sessions. The ratio of registrar to consultants is maintained at 4:1 across all platforms; this is a minimum requirement of the HPCSA.  A clinical head manages each satellite unit but they and the students have access to the academic HoD if required.  The Learning and Teaching Policy states that the recommendation that students enter the programme having already passed the FCP Part I and the requirement for some experience in internal medicine should ensure that the students are committed and capable of coping with the programme. It states, ‘Each student is allocated to a firm/ unit with a specialist who monitors, teaches, supports, and provides regular feedback to the trainee during the course of the rotation.’ Struggling students are supported and only encouraged to undertake the exit examination when deemed ready to do so. | | | | |
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**CRITERION 6: ASSESSMENT STRATEGY**

*There must be appropriate policies and procedures, in terms of the mode of provisioning, for internal assessment; internal and external moderation; monitoring of student progress; explicitness, validity and reliability of assessment practices; recording of assessment results; settling of disputes; the rigour and security of the assessment system; RPL; and for the development of staff competence in assessment.*

**This section is linked to programme design as well as the section on learning and teaching as well as the selection of mode of provisioning.**

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| **In the evaluation of this section please refer to the following aspects in your narrative:**  *Is the assessment strategy aligned to the selected mode of provisioning indicated previously and linked to the intended purpose and outcomes as well as the level of the qualification type?*  *Does the assessment strategy provide suitable learning opportunities to facilitate the acquisition of knowledge and skills specified in the programme outcomes, different modules at all levels of the programme?*  *Explain how the learning activities and the required formative and summative assessment tasks are aligned with the learning outcomes at modular level and the exit level outcomes at programme level.*  *Does the institution explain the formative and summative assessment of the programme clearly and also indicate how the final mark will be calculated for each module and the whole programme?*  *Assess the internal and external moderation procedure provided. Does the institution indicate how external moderators will be selected and contracted and that all exit level modules will have external moderators appointed?*  *Does the institution include the roles and responsibilities of the moderators and how it will ensure that the moderator reports will feed into the review process of the programme’s design, learning and teaching and assessment strategy?*  *Does the institution explain the procedures that are implemented to receive, record and process assessments within a turnaround timeframe that allows students to benefit from feedback prior to the submission of further assessment tasks?*  *Does the Institution explain the mechanism for providing students with information and guidance on their rights and responsibilities regarding assessment processes (for example, definitions of and regulations on plagiarism, penalties, terms of appeal, supplementary examinations, etc.) and grievances regarding assessment? Are the appeals procedures regarded explicit, fair and effective?*  *Does the institution explain the management and proctoring of examinations in the case of the blended or distance mode of provisioning and how it ensures that the registered student him- or herself completes the assessment?*  *How does the institution take into account parity of assessment if they are teaching on different sites of learning and teaching?* | | | |
| **Evaluator input:**  The assessment strategy (uploaded document) is aligned to the contact mode of provisioning in the clinical environment. This is achieved by observation on the clinical platform to evaluate professional and clinical attributes throughout, together with a portfolio of learning that must be kept during the clinical rotation and assessed at the end of each rotation.  The final examination is the single exit examination of the FCP, run by the College of Physicians through the Colleges of Medicine of SA. The written examination consists of two MCQ papers covering the spectrum of the principles and practice of medicine, including medical ethics and statistics, and an objective test (short answer questions) which mostly covers investigations, diagnosis, treatment, and complications. Successful completion of the written component allows the candidate to proceed to the practical component which encompasses clinical cases in the assessment of clinical competence and finally the structured oral examination. Passing all these components allows the candidate to complete the FCP Final examination. The CMSA has a comprehensive policy regarding appointment of examiners and moderators, who represent all the medical universities in SA as well as private practice specialists. The programme application does not detail the appointment of examiners and moderators, should the student wish to write the MMed Final examination, and I am not certain that this is possible at WSU.  The research component entails submission of a research mini dissertation which is marked by one internal examiner and one external examiner, with a minimum of 50% pass from each of the examiners.  The learning activities are aimed at developing the knowledge and skills required of a specialist physician and are largely assessed via workplace based formative assessments. The summative assessments are detailed above and are appropriate for the programme. They are aligned with the exit level outcomes of the programme.  No details are provided regarding the contribution of the various assessments to the final MMed mark. | | | |

**CRITERION 3: STAFFING (qualifications, experience and competence)**

*Academic staff members responsible for the programme are suitably qualified and have sufficient relevant experience and teaching competence, and their assessment competence and research profile are adequate for the nature and level of the programme. The institution and/or other recognised agencies contracted by the institution provide opportunities for academic staff to enhance their competences and to support their professional growth and development.*

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| **In the evaluation of this section please refer to the following aspects in your narrative:**  *Does the institution describe the roles and responsibilities of the programme coordinator?*  *Is the programme coordinator a senior expert in the field and does the person have the necessary learning and teaching and assessment experience in this specific field of the programme to ensure the academic coherence and integrity of the programme and the management of all aspects of the programme quality management system and improvement of the programme?* | | | |
| **Evaluator Input:**  The programme application has a staffing document uploaded which details the roles and responsibilities of the programme coordinator. The coordinator is a senior person who is the liaison between the head of department, the staff, and the students. Each of the 3 sites (Mthatha, East London and Gqeberha) at which students work has an individual coordinator who reports to the clinical head, and it is the clinical head who appraises the academic head about the progress of the students. The coordinators in the two satellite campuses in East London and Gqeberha are clinical heads (i.e., senior clinicians), making the coordination of the programme and informing the academic head much easier. | | | |

**CRITERION 4: STAFFING (size, seniority and employment conditions)**

*The academic and support staff complement is of sufficient size and seniority for the nature and field of the programme and the size of the student body to ensure that all activities related to the programme can be carried out effectively. The ratio of full-time to part-time staff is appropriate. The recruitment and employment of staff follows relevant legislation and appropriate administrative procedures, including redress and equity considerations. Support staff members are adequately qualified and their knowledge and skills are regularly updated.*

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| **In the evaluation of this section please refer to the following aspects in your narrative:**  *Focus on the work allocation model and align it to the available infrastructure and staffing and resources and capacity available.*  *If staff CVs are not available, or staff are not appointed as yet, indicate if a staff recruitment plan is attached. This plan must include the number of existing vacant positions, required qualifications and experience of staff to be recruited for each module as well as the envisaged date/s of appointment.*  *Confirm if the available staff members have the necessary qualifications – one level higher than the existing level of the qualification – and if they have experience.*  *Discuss the ratio of full-time to part-time sessional staff members. Will it ensure a quality learning experience to the students?*  *Discuss the input on the size and seniority of the support staff complement for this programme.* | | | |
| **Evaluator Input:**  The workload allocation document indicates the weekly roster and on which day of the week the specialist clinics function. It does not provide details of the workload allocation, but in the academic clinical environment all service contacts also constitute teaching and learning opportunities.  According to the uploaded document, two of the sites have 2 administrative staff each and Gqeberha has one. The number of academic staff is 11 at Mthatha, 10 at East London, and 7 in Gqeberha. The CVs of five academics besides the coordinator’s are available. The coordinator of the programme has a master’s degree (MPhil) as his highest qualification. One of the staff members whose CVs are available does not hold a masters degree, only an FCP.  However, in the medical education field, many academics supervising and teaching MMed students hold professional master’s qualifications. It is a relatively recent development for medical faculty staff to hold doctoral qualifications. In addition, previously the FCP was the only qualification required to practice as a specialist physician.  The application form states that the currently there are 28 full time staff, and the planned number is 55. A recruitment plan is uploaded but contains no details and is only available for Site 1, probably Mthatha.  The current staffing number and the planned enrolment suggests a more than adequate staff: student ratio. Most of the staff are indicated as full time, with only 2 listed as part time for Site 1. | | | |

**LEARNING MANAGEMENT SYSTEM (LMS)**

**NOTE: The LMS is an integrated software application to deliver content and resources online, provide interaction or collaborative workspaces, manage complete student, module and programme administrative functions, including registration, assessment and analytics.**

**Examples of an LMS include Blackboard 2, Moodle 4, Desire2Learn, etc. It can also be a custom system catering to the particular needs of the institution**

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| **In the evaluation of this section please refer to the following aspects in your narrative:**  *Indicate how and if the learning management system for the programme is appropriate for the mode of provisioning indicated and if this system will enhance the learning and teaching, assessment and student support measures indicated for the programme, tracking of students and identifying underperforming students and students not active on the learning management system.*  *From the information provided by the institution, assess if the students will be able to access the system as needed and if there will be general and technical support provided to the student when required – even remotely.*  *Does the system described ensure equitable access per site of provisioning and are there mechanisms in place for remote access to the system?* | | | |
| **Evaluator input:**  According to the uploaded document, Moodle is used for both meetings and storage of information for later review. Other communication systems used are Microsoft Teams, WhatsApp and Zoom. The Vula app will be used for patient referrals and discussion and is a useful clinical management and learning tool. Apparently, the students have access to free WiFi in both the hospital and the university. | | | |

**MANAGEMENT INFORMATION SYSTEM**

**Ensure that all responses relate to the relevant mode(s) of provisioning.**

**CRITERION 8: PROGRAMME ADMINISTRATIVE SERVICES**

*The programme has effective administrative services for providing information, managing the programme information system, dealing with a diverse student population, and ensuring the integrity of processes leading to certification of the qualification obtained through the programme.*

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| ***In the evaluation of this section please refer to the following aspects in your narrative:***  *Does the institution describe how it will ensure the required security and integrity of the personal information of the student? Are these procedures and mechanisms appropriate and will it ensure that the personal information of the students will not be disclosed to any outside parties?*  *Which mechanisms does the institution have in place to quality assure the processing and issuing of certificates, and the security measures to prevent fraud and the illegal issuing of certificates? Do these mechanisms ensure the integrity and security of the assessment process?*  *How does the management information system serve to strengthen monitoring and evaluation of the programme in order to:*   1. *enable effectiveness of the programme; and* 2. *enable / support the academic success of students / identify non-active students / monitor student performance / communicate and assist students in remote areas?* | | | |
| **Evaluator input:**  Students’ personal information is stored via the WSU HEMIS programme which has all the relevant security features required.  Assessment of students is by the College of Physicians using the staff and software of the CMSA. The question bank is housed by the CMSA and is password protected. Neither the staff nor the students have access to the questions. Students are not allowed to attend ward rounds just before their clinical exams to avoid exposure to clinical cases that may be used for their examination.  The institutional profile has an uploaded document which addresses the certification and graduation policy. | | | |

**POSTGRADUATE PROGRAMME / QUALIFICATION**

**Provide the following information in the case of a postgraduate programme / qualification. Ensure that all responses relate to the relevant mode(s) of provisioning.**

**CRITERION 9 (if applicable): POSTGRADUATE POLICIES, REGULATIONS AND PROCEDURES**

*Postgraduate programmes have appropriate policies, procedures and regulations for the admission and selection of students, the selection and appointment of supervisors, and the definition of the roles and responsibilities of supervisors and students, etc.*

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| ***In the evaluation of this section please refer to the following aspects in your narrative:***  *Evaluate the institution’s research approval process and how the institution monitors the quality of academic support provided to postgraduate students.*  *Does the institution have criteria and procedures for the appointment of supervisors and examiners and is this implemented consistently?*  *In what way does the institution monitor the quality of postgraduate supervision and how does the institution ensure that continued improvement takes place in the process?*  *Evaluate the institutional support and development of staff members teaching on the programme in terms of support for further studies, development of supervisory expertise, assessment capacity and how does the institution determine any further postgraduate support to supervisors?*  *Evaluate the assessment process linked to the research components of the programme / qualification. Also focus on internal assessment and moderation process.*  *Does the institution have a plagiarism policy and procedure and is it implemented and monitored?*  *Does the institution the institution have a student grievance procedure in place and how is it implemented?* | | | |
| **Evaluator input:**  The WSU Postgraduate Research Guide is uploaded under the required documents in Section H under the title PG Ethics Process and Procedure. This is a comprehensive document detailing requirements for the mini dissertation, how approval is obtained for the research, and the role of the supervisor(s). The research approval process is detailed on page 8 of the guide and is comprehensive and thorough. Supervisors are required to hold a Master’s or Doctoral degree in order to supervise a master’s student.  A plagiarism policy is in place, and it is implemented and monitored. Each student signs a plagiarism declaration as part of the submission of their mini dissertation. The manuscript is also run through plagiarism software before it is submitted for external examination, to limit the risk of plagiarism.  The candidate’s progress is monitored by regular interaction between the candidate and supervisor, and at least annual progress reports must be submitted to the relevant HOD and Faculty Research and Higher Degrees Committee. The Chair of this committee submits reports to the Dean of the Faculty. The guidelines are aimed at Research Master’s and Doctorates, but also apply to the research component of the professional Master’s.  Staff members teaching on the programme are encouraged to attend the regular sessions/ workshops on teaching methods, online teaching methods, and assessment provided by the Centre for Teaching and Learning Development (CLTD). The university’s research office advertises grants for projects on educational research for both teachers and postgraduate students, and the university supports academic staff who wish to enrol for postgraduate programmes on health professions education in various institutions within the country. Each lecturer is provided with a computer and internet access for course content preparations and online learning.  The research component of the programme is assessed as follows: an internal examiner (who may not be the supervisor) is nominated to mark the dissertation when it is submitted. An external examiner, ‘with at least an MMed degree or FCP and proven research experience’ is selected to examine the dissertation, for which 6 weeks are allowed. A standard marking rubric is provided to both examiners for marking. The uploaded document “Study guides and programme handbooks” contains embedded documents in pdf format regarding the assessment of the research component. Guidelines for a narrative report and an assessment sheet are included. I think these are acceptable for the programme.  The mini dissertation is passed with an overall mark of 50% or more, with each examiner having passed the candidate. Each examiner must provide a score, based on the marking rubric, and a narrative report citing the corrections to be made on the mini dissertation, before it can be submitted to faculty executive committee for ratification. If the mini dissertation fails, it will have to be redone or rewritten and re-presented for marking.  If the candidate is not satisfied with the progress of the research, they are allowed to choose another supervisor after discussing with the coordinator and/or head of department. I was unable to find a document pertaining to a student grievance procedure. | | | |

**SECTION G: INFRASTRUCTURE, STAFFING AND HEADCOUNT ENROLMENTS PER SITE OF DELIVERY**

**CRITERION 7: INFRASTRUCTURE AND LIBRARY RESOURCES**

*Suitable and sufficient venues, IT infrastructure and library resources are available for students and staff in the programme. Policies ensure the proper management and maintenance of library resources, including support and access for students and staff. Staff development for library personnel takes place on a regular basis.*

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| --- | --- | --- |
| MMS | NI | DNC |
| √ |  |  |
| WSU is a public university. It has adequate IT infrastructure and library resources, as well as staff resources. | | | |

**Please indicate below your recommendation with regard to the accreditation of the programme.**

Tick (√) the appropriate box below:

**The programme should be accredited, without conditions.**

Comments:

According to evidence available to me the programme meets all the minimum standards.

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**X The programme should be accredited, with conditions.**

Prior to commencement conditions:

1. The institutional profile needs to be updated. Many of the uploaded policies are dated 2007. Also, WSU is a public, not a private, HEI.
2. The uploaded CV of the head of the institution is dated 2019 and refers to Prof Rob Midgley, not the current Vice Chancellor.
3. Section C of the application form states that the Main Campus is in Oudtshoorn, whereas it is in Mthatha.
4. The modules should be described as follows: Year 1 Basic sciences and Principles and practice of medicine; Year 2 Principles and practice of medicine; Year 3 Principles and practice of medicine and research methodology course; and Year 4 Principles and practice of medicine and research mini dissertation.
5. More detail must be provided regarding the contents of the Principles and practice of medicine in the programme design.
6. Details must be provided as to how the programme design is aligned and meets the requirements of the NQF level of the qualification.
7. Information must be provided as to how the institution will ensure parity of learning experiences and assessment across WIL sites.
8. The exit examination for this programme is the FCP(SA) of the College of Physicians of SA, together with the mini dissertation. The MMed(Int Med) final examination should be offered, particularly for foreign students, but also for local students in view of the potential changes in the HPCSA registration requirements. To this end, details must be included regarding the examination processes, and appointment of examiners and moderators. Details must also be provided regarding the relative contributions of the components of the MMed examinations to the final mark.
9. Additional details regarding the academic staff and their qualifications must be provided.

Short-term conditions:

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Long-term conditions:

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Comments:

Professional Master’s programmes differ considerably from other Master’s programmes. WSU has several accredited MMed programmes in other specialty areas, and I believe that this programme should be accredited once the pre-commencement conditions have been met. The main question creating uncertainty for me is the academic staffing, which will most likely only be able to be addressed once the programme has been accredited.

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**The programme should not be accredited, due to the following reasons:**

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