
	BQA NCQF QUALIFICATION TEMPLATE	Document No.	DNCQF.QIDD.GD02
		Issue No.	01
		Effective Date	04/02/2020

SECTION A: QUALIFICATION DETAILS															
QUALIFICATION DEVELOPER (S)		University of Botswana													
TITLE	Master of Medicine in Family Medicine										NCQF LEVEL	9			
FIELD	Health and Social Services			SUB-FIELD	Family Medicine					CREDIT VALUE	640				
New Qualification					✓		Review of Existing Qualification								
SUB-FRAMEWORK		General Education					TVET					Higher Education			✓
QUALIFICATION TYPE	Certificate	I	II	III	IV	V	Diploma	Bachelor							
	Bachelor Honours			Post Graduate Certificate			Post Graduate Diploma								
	Masters					✓		Doctorate/ PhD							
RATIONALE AND PURPOSE OF THE QUALIFICATION															
<p>RATIONALE:</p> <p>Family Medicine operates at the first level of the national health services, which is Primary Health Care. Family physicians are responsible not only for the health care of patients who approach the health services for health at the primary level and their families, but are equally responsible for supervising the services offered by other categories of primary health care worker. They can therefore truly be said to be one of the backbones of the health service. Training family physicians is therefore aligned with the long-term strategic development plans of Botswana as expressed in Vision 2036, national Human Resource development strategy 2009-2022, the revised National Health Policy (2011) and the National Development Plan. Family Medicine is included in the list of Top Priority Occupations by the Human Resource Development council of Botswana. It is also aligned with the new structure of the Ministry of Health and Wellness (MoHW) which requires skilled citizen doctors who can manage and head primary care teams.</p> <ul style="list-style-type: none"> Family Medicine is concerned with the health of individuals and families using the bio-psycho-social model of approach. Qualification in Master of Medicine in Family Medicine addresses the existing gaps in providing holistic preventative and curative patient centered medical care in Botswana. These include Family Medicine specialists who understand health care problems in a biological, psychological and socio-economic context, equally committed to preventing as well as managing illness in individuals, families and communities, as member and leader of a multi-disciplinary team of primary health care workers; who can 															

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be registered to practice as Family Physicians with the Botswana Health Professions Council or equivalent regulatory professional bodies internationally; who can who are can strengthen primary healthcare in Botswana by providing high level generalist clinical care as well as providing family and community oriented primary care to increase healthcare access and, address the health needs of Batswana; Family Physicians with a high level of clinical and managerial competence, to solve problems through research and become mentors and teachers within the discipline of Family Medicine.

PURPOSE:

The purpose of the Master of Medicine in Family Medicine qualification is to produce graduate who have skills to;

- Demonstrate an understanding of health care problems in a biological, psychological and socio-economic context, equally committed to preventing as well as managing illness in individuals, families and communities, as member and leader of a multi-disciplinary team of primary health care workers.
- Apply their skills and knowledge to strengthen primary healthcare in Botswana.
- Provide high level generalist clinical care,, family and community oriented primary care to increase healthcare access and address the health needs of Batswana.
- Practice as Family Physicians with a high level of clinical and managerial competence.
- Apply their skills and knowledge to solve problems through research, mentoring and teaching within the discipline of Family Medicine.

ENTRY REQUIREMENTS (including access and inclusion)

Academic


The minimum entry qualification is a Bachelor (Honours) degree (NCQF Level 8) in Medicine from recognized University

Professional


Applicants must have completed at least two years of clinical practice that must include at least 12 months in a recognized supervised internship programme.

Applicants must be registered (or be registerable) as medical practitioners with the Botswana Health Professions Council (BHPC).


Recognition of Prior Learning (RPL) , Credit Accumulation and Transfer (CAT) will be applicable and considered for entry into this qualification. These shall apply on a case by case basis as per the policies of the individual Education and Training Providers (ETPs) in line with national policies.

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SECTION B QUALIFICATION SPECIFICATION	
GRADUATE PROFILE (LEARNING OUTCOMES)	ASSESSMENT CRITERIA
1. Assess patients in primary care settings	1.1 Competently perform a clinical interview and physical examination applying a patient based approach. 1.2 Accurately identify and interpret relevant clinical findings following a three stage assessment strategy. 1.3 Succinctly define clinical problems and formulate a working diagnosis.
1. Manage patients in primary care settings	2.1 Select and, where needed, perform appropriate investigations. 2.2 Initiate appropriate treatment based on best available evidence. 2.3 Refer patients for further specialised care, when appropriate, co-manage patients with other specialists to address complex clinical problems. 2.4 Educate and counsel patients regarding their clinical problems. 2.5 Plan and provide appropriate follow up. 2.6 Maintain adequate clinical records of all practice activities. 2.7 Communicate effectively with health care workers in verbal and written format.
3.Acquire new information and critically evaluate its quality and utility	3.1 Access information using electronic and traditional methods. 3.2 Engage in continuing professional development activities. 3.3 Critically appraise the quality, relevance and utility of new information.
4. Function as an effective team member	4.1 Treat all health care workers with respect. 4.2 Recognise the roles other health care workers play; consult appropriately. 4.3 Provide leadership when called upon to do so.
5. Advise patients and broader community on matters pertaining to health promotion and disease prevention	5.1 Educate patients regarding health promotion and disease prevention. 5.2 Demonstrate an awareness of health promotion and disease prevention priorities and strategies.

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6. Play an active role in training other healthcare workers	6.1 Regularly participate in academic teaching activities. 6.2 Regularly participate in academic meetings.
7. Engage in research relevant to primary care	7.1 Produce original research thesis. 7.2 Identify a suitable research topic . 7.3 Conduct a literature search to establish current knowledge concerning the selected topic . 7.4 Design a comprehensive protocol for submission for ethical approval for the research. 7.5 Collect the necessary data. 7.6 Analyse the data to arrive at conclusions . 7.7 Prepare an original research thesis and/or article for publication in a recognised academic journal.

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SECTION C		QUALIFICATION STRUCTURE			
COMPONENT	TITLE	Credits Per Relevant NCQF Level			Total (Per Subject/ Course/ Module/ Units)
		Level [9]	Level []	Level []	
FUNDAMENTAL COMPONENT <i>Subjects/ Courses/ Modules/Units</i>	Communication, Ethics and Professionalism	4			4
	Introduction to Clinical Research	4			4
	Introduction to medical literature	4			4
	Principles and techniques of medical education	4			4
	Public Health Principles and International Health	4			4
CORE COMPONENT <i>Subjects/Courses/ Modules/Units</i>	Introduction to Family Medicine	137			137
	Intermediate Family Medicine	274			274
	Advanced Family Medicine	137			137
	Dissertation	72			72
	Total = 80/semester = 640 – 80 research = 560 non-research				


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ELECTIVE/ OPTIONAL COMPONENT <i>Subjects/Courses/ Modules/Units</i>					

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SUMMARY OF CREDIT DISTRIBUTION FOR EACH COMPONENT PER NCQF LEVEL		
TOTAL CREDITS PER NCQF LEVEL		
Component	NCQF Level	Credit Value
Fundamental	9	20
Core	9	620
Elective	N/A	N/A
TOTAL CREDITS		640
Rules of Combination: (Please Indicate combinations for the different constituent components of the qualification)		
<p>Fundamental (Level 9) = 20 Credits and core (Level 9) = 620 Credits</p> <p>Total 640 credits</p>		

ASSESSMENT ARRANGEMENTS
Assessment will be comprised of 40% formative assessment (clinical evaluations, assessment of competencies and logbook) and 60% summative assessment (examinations and final dissertation presentation).
MODERATION ARRANGEMENTS
There will be internal and external moderation as a quality assurance measure, in line with the ETP policy. Moderators must be suitably qualified in the field of Family Medicine or related field.
RECOGNITION OF PRIOR LEARNING

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Recognition of prior learning will be applicable for award of this qualification on a case by case assessment and as per the regulations of individual ETPs and in alignment with international policies.

CREDIT ACCUMULATION AND TRANSFER

Credit accumulation and transfer will be applicable for award of this qualification on a case by case assessment and as per the regulations of individual ETPs and in alignment with international policies.

PROGRESSION PATHWAYS (LEARNING AND EMPLOYMENT)

Horizontal Articulation

- Master of Medicine in Internal Medicine
- Master of Medicine in Obstetrics and Gynaecology
- Master of Medicine in Paediatrics

Vertical Articulation

- Doctor of Philosophy in Internal Medicine
- Doctor of Philosophy in Obstetrics and Gynaecology
- Doctor of Philosophy in Paediatrics

Employment pathways

- Family Physician
- Medical Academic as teachers, practitioners and researchers in Family Medicine
- Health/hospital administration
- Health policy developer


QUALIFICATION AWARD AND CERTIFICATION

Minimum standards of achievement for the award of the qualification

Candidates have to earn a minimum of 640 credits and satisfy all rules of combinations to be awarded Master of Medicine in Family Medicine and be issued a certificate.

REGIONAL AND INTERNATIONAL COMPARABILITY

- The Master of Medicine in Family Medicine degree at the Universities of Pretoria and Stellenbosch (NQF level 9) are identical to the Botswana Master of Medicine in Family Medicine qualification. Credits are calculated differently but the duration of the degree is the same and the outcomes compare closely. All

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three Master of Medicine in Family Medicine degrees aim to develop specialist Family Physicians with the range of skills required of both a family doctor and a doctor managing a primary hospital

- The 4 year Fellowship of the Royal Australian College of General Practitioners has a similar duration to the South African and Botswana Master of Medicine in Family Medicine, but differs in its outcomes in that it is intended for general practitioners in well-resourced health care settings. These graduates require fewer 'specialist' skills since medical specialists are more readily available.

Comparability and articulation of the proposed qualification with the ones examined

- This qualification broadly compares with the qualifications studied, since the scope of the exit-level descriptors are aligned to and typical of this level and type of qualification in the region and beyond. Since all four degrees aim to produce competent specialist family practitioners there is little or no difference in the expected broad outcomes. The programmes compare closely in terms of outcomes, structure and duration since they are designed for countries with similar health problems and stages of development. Their graduates will have to manage medical problems which graduates of programmes in developed countries such as Australia are unlikely to encounter except in an emergency setting, and which they are able to refer speedily for specialist care. This important difference supports the nature of and the need for this Master of Medicine in Family Medicine in Botswana.

As stated above the competencies resulting from the Master of Medicine in Family Medicine are aligned to those required for registration and accreditation with professional bodies such as the Health Professions Council of South Africa, and probably exceed those required by the Royal Australian College of General Practitioners.

REVIEW PERIOD

Every 5 years.