

Document No.	DNCQF.QIDD.GD02
Issue No.	01
Effective Date	04/02/2020

SECTION A:					QUA	LIFIC	ATIO	ON .	DET	AILS	3						
QUALIFICATION DEVELOPER (S)			Unive	ersity	of Bo	otsw	vana										
TITLE	Master	er of Medicine in Public Health Me			Med	edicine – M. Med (Public			NCC	NCQF LEVEL		9					
	Health N	Medi	cine	;)													
FIELD	Health	&	Soc	cial	SU	SUB-FIELD			Pι	ublic		Н	ealth	CREDIT VALUE		640	
	Service	S							М	ledicine							
New Qualification				√ Review of Existing Qualification													
SUB-FRAMEWOR	K	Ge	nera	al Ec	duca	tion		TV	ET					High	er Ed	lucation	V
QUALIFICATION	Certifica	ate	1		11		111		IV		V		Dip	loma		Bachelor	
TYPE	Bachelo	or Ho	nou	ırs		Post Graduate Certificate			Post Graduate Diploma								
	Masters								$\sqrt{}$	Doo	ctora	ate/ PhD					

RATIONALE AND PURPOSE OF THE QUALIFICATION

RATIONALE:

Botswana's Vision 2016 states "...By the year 2016, all Batswana will have access to good quality health facilities, including both primary and curative services within reasonable travelling distance. Mental health treatment will be accessible to all...Botswana will be fully equipped and able to deal with unexpected epidemics, or the outbreak of new and hitherto unknown disease". Currently, there is no training programme in the country for Batswana doctors who wish to specialise in Public Health Medicine. Public Health refers to the art and science of preventing disease; protecting populations and individuals from hazards; prolonging life; promoting and improving health through the organised efforts of society. This aim is 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 11. 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 district health management teams providing leadership, management, economic evaluations, research, epidemiology of diseases, disease prevention, control and management using limited resources that the country has.



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Public Health Medicine is concerned with the health of populations and communities using the bio-psychosocial model of approach to healthcare, in contrast to clinical medicine that focuses on the health of individuals and families. Graduates with the MMed (Public Health Medicine) will be physicians who understand health care problems in biological, psychological and socio-economic context, equally committed to preventing as well as managing illness, apply information management to educate and motivate communities to take personal responsibility for their health care, make appropriate evidence-based recommendations for preventive and therapeutic interventions through their knowledge of epidemiology, biostatistics and health care management and leadership principles which are critical for strengthened primary care based health systems.

In the Botswana Vision 2036 document 'Health and wellness' is a key component of Pillar 2, 'Human and Social Development'. To achieve the goal that 'Batswana will live long and healthy lives' there is a clear need to 'develop world class health care services' of which the skills of Public Health Medicine Specialists will play a key role. The collision of communicable diseases such as HIV, TB, Malaria to name a few with non-communicable diseases such as diabetes, hypertension, mental health, environmental pollution has significantly impacted life expectancy globally and in Botswana. The emergence of new diseases including viral diseases such as SARS-COV-2 and its variants means that the country needs high level expert physicians trained in public health principles and international health, bioterrorism, epidemiology and biostatistics, health economics, Health systems & Policy intersection with medicine, preventive and promotive medicine who can solve these complex problems nationally, regionally and internationally. These are the specialist that this programme aims to produce. This offering addresses a severe shortage of Specialist doctors in Botswana as per the 2017 national Human Resource Development Committee (health sector). Public Health Medicine is concerned with the health of populations and communities using the bio-psychosocial model of approach to healthcare, in contrast to clinical medicine that focuses on the health of individuals and families.

PURPOSE:

The purpose of this qualification is to produce physicians with knowledge, skills and competence to:

 Design appropriate evidence-based disease prevention and therapeutic interventions through research, knowledge of epidemiology, biostatistics, health care management & leadership principles which are critical for a strengthened primary care-based health system.



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- Prevent and manage communicable and non-communicable diseases at community and population level through their understanding of health care problems in biological, physiological, psychological and socioeconomic context.
- Undertake complex healthcare measurement at population level through conducting research, programme
 evaluations, health surveillance and assessment of the population's health and well-being to inform public
 health strategic decision making.
- Provide technical expertise in public health using information management to educate and motivate communities to take personal responsibility for their health care.
- Provide technical expertise in quality improvement principles and apply those principles to contribute towards quality health care services by undertaking and supervising the implementation of quality improvement projects, clinical audits and other quality improvement initiatives that inform service provision in the health system.

ENTRY REQUIREMENTS (including access and inclusion)

Minimum entry requirement for this qualification is a:

- Bachelor Honours degree in Medicine (MBBS), NCQF level 8 or equivalent.
- Have completed at least two years of clinical practice that must include at least 12 months in a recognized supervised internship programme.
- Be registered or registrable with the Botswana Health Professions Council (BHPC)

Recognition of Prior Learning (RPL):

There will be access through Recognition of Prior Learning (RPL) and Credit Accumulation and Transfer (CAT) in accordance with the RPL and CAT National Policies.



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SECTION B QUA	ALIFICATION SPECIFICATION
GRADUATE PROFILE (LEARNING	ASSESSMENT CRITERIA
OUTCOMES)	
1. Demonstrate a high level of	1.1 Set up disease surveillance programmes to monitor current and
competency in assessment of the	emerging diseases at national and district level.
population's health and well-being to	1.2 Conduct different types of epidemiological studies based on
inform public health strategic	local, national and international need.
decision making across all tiers of a	1.3 Develop a strategic plan for a district health management team.
health care system.	1.4 Conduct outbreak investigation of communicable diseases.
A A	1.5 Manage diseases of national and global public health
	importance in line with recognised standards.
	1.6 Respond to public health emergencies including disease
	outbreaks and health related emergencies due to natural
	disasters.
	1.7 Design a public health disease control programmes at hospital,
	district health and national level of the health system.
	1.8 Use special software for medical research and practice.
	1.9 Use medical and epidemiological data to inform healthcare
	delivery at hospital, district and national level.
	1.10 Identify ways in which data collected in the clinical setting may
	be used to inform disease prevention, treatment and control in
	clinics, hospitals, workplaces, district and national health
	levels.
2. Apply advanced knowledge and	2.1 Develop a health promotion strategy for prevention and control
clinical skills in medicine and public	of communicable and non-communicable disease.
health to promote and protect the	2.2 Develop workplace health and safety programmes for
population's health and well-being	prevention and control of communicable and non-
	communicable diseases.
	2.3 Design workplace disaster management plans.



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	2.4 Conduct environmental impact assessments to inform national
	planning policy.
	2.2 Evaluate a health programme in a workplace, district, and at
	national health level.
3. Develop quality and risk	3.1 Develop a quality improvement framework for a healthcare
management within an evaluative	organisation.
culture for healthcare organizations	3.2 Design a quality improvement programme for an organisation.
	3.3 Provide technical expertise in setting up quality improvement
	teams at different levels of the health system.
	3.4 Lead district health quality improvement teams.
	3.5 Independently undertake and complete clinical audit projects
	at district health team and national level.
	3.6 Present a critical appraisal of a research article on various
	health topics to a local and national audience to inform medical
	decision making.
	3.7 Independently conduct and complete a quality improvement
	project for various healthcare organisations.
4. Demonstrate effective collaboration	4.1 Quantify and prioritize health risks facing individuals, families,
with other professions for	communities and society, from the perspective of clinical and
improvement of health outcomes at	non-clinical members of the healthcare teams.
community and population level	4.2 Analyse the nature, pattern and quality of health services
	working with multi-disciplinary teams in the healthcare system.
	4.3 Provide expert advice and recommendations for appropriate,
	acceptable, and affordable health care provision that is
	effective, efficient and equitable to other members of the
	healthcare system.
	4.4 Design effective public health interventions for health
	improvement, disease prevention and health promotion in
	collaboration with other stakeholders in the health system.



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	4.5	Provide expert advice to clinicians and other members of the
		healthcare system on the clinical effectiveness of interventions
		at district and national health care level.
	4.6	Conduct economic appraisals such as cost effectiveness and
		cost-benefit analysis in conjunction with health economists to
		inform clinical and epidemiological interventions nationally.
	4.7	Critically assess the legal and human rights context of
		providing good quality health care in collaboration with medico-
		legal experts.
	4.8	Use databases of evidence-based practice such as Cochrane
		and NICE to inform own professional practice as a public health
		physician.
	4.9	Conduct a needs assessment to enable community diagnosis
		in collaboration with other members of the healthcare teams.
5. Apply clinical and advanced public	5.1	Use clinical knowledge of disease pathology, disease
health knowledge of diseases to		causation and treatment to undertake retrospective and
develop health programmes and		prospective policy analysis.
services that reduce inequalities in	5.2	Write and present a policy brief to inform national and
health across different healthcare		international health policy based on clinical, pathological,
entities		pharmacological and epidemiological knowledge of disease.
	5.3	Conduct evaluation of equity, effectiveness and efficiency of
		clinical, epidemiological, and public health interventions in
		collaboration with health economists and accountants.
	5.4	Conduct studies on estimation of costs of public health
		interventions in collaboration with economists and accountants
	5.5	Critically appraise health economics literature to inform

national economic policy.

5.6 Perform different types of health economic evaluations in

collaboration with health economics and health policy makers Demonstrate academic writing and public speaking skills to



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			communicate medical issues that contribute to healthcare inequity.
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6.	Apply advanced knowledge of	6.1	
	disease causation models and		organizational cultures among the organizations influencing
	advocacy principles to improve social		public health, including in the voluntary sector, and their
	determinants of health of		interaction with each other.
	communities	6.2	Conduct a detailed situational analysis of a district, its
			population, health facilities and disease burden.
		6.3	Analyse and use routinely available clinical and demographic
			data to describe the health of a local population and compare
			it with that of other populations, in order to identify localities or
			groups with poor health within it.
7.	Demonstrate strategic leadership for	7.1	Practise regular self-reflection.
	health in a hospital, at district and	7.2	Apply advocacy principles to solving public health issues within
	national health level		organizations.
		7.3	Build multi-professional healthcare teams that excel at local,
			district and national level.
		7.4	Demonstrate emotional intelligence when dealing with health
			and wellness issues at individual patient, organizational and
			population level of care.
		7.5	Apply the human rights approach to public health issues at
			individual patient, organizational and population level of care.
		7.6	Manage time effectively during healthcare provision at all levels
			of care.
8.	Conduct advanced research and	8.1	Design complex epidemiologic and clinical trials to address
	institute public health development		local, district and national healthcare needs.
	projects based on the findings	8.2	Manage complex research data with integrity and with
			adherence to research ethical principles.
		8.3	Write a scientific report based on findings from complex
			studies.
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					8.4	Lead mult	idisciplinary res	earch teams.
9.	Exhibit	ethical	standards	and	9.1	Demonstra	ate professional	attitudes and behaviours at all times.
	profession	onal beha	viour in ma	anaging	9.2	Demonstra	ate community of	consultative skills.
	self, people and resources		9.3	Make diffic	cult decisions in	the workplace.		
			9.4	Describe a	and apply public	health ethics.		
					9.5	Manage a	n impaired colle	eague professionally with empathy.



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SECTION C	QUALIFICATION STRUCTURE				
COMPONENT	ONENT TITLE		Credits Per Relevant NCQF Level		
		Level [7]	Level [8]	Level [9]	
FUNDAMENTAL	Communication, Ethics and		-1/	4	4
COMPONENT	Professionalism				
Subjects/	Public Health Principles and			4	4
Courses/	International Health				
Modules/Units	Introduction to Clinical Research			4	4
	Introduction to Medical Literature			4	4
	Principles and techniques of medical education			4	4
CORE	Dissertation (I, II, III, IV & examination)			72	72
COMPONENT	Introduction to Healthcare organization			7	7
Subjects/	and Management				
Courses/	Introduction to Public Health Medicine			130	130
Modules/Units	(1&11)				
	Intermediate Public Health Medicine			274	274
	(I,II,II,IV)				
	Advanced Public Health Medicine (I &			137	137
	II)				
ELECTIVE/	Not Applicable				
OPTIONAL					
COMPONENT					



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Subjects/			
Courses/			
Modules/Units			



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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)

Fundamental component contributes 20 credits, core component contributes 620 for total credits of 640.



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ASSESSMENT ARRANGEMENTS

Assessment will comprise of formative and summative assessments.

FORMATIVE ASSESSMENT = 40% comprising of assessment of competencies, portfolio of learning, assignments, presentations and research work

SUMMATIVE ASSESSMENT= 60% comprising of examinations and final dissertation presentations.

MODERATION ARRANGEMENTS

There will be internal and external moderation as a quality assurance measure in line with the national and ETP policies for moderation. Assessors and Moderators must be suitably qualified and registered or accredited in Public Health Medicine or its different disciplines and subspecialties or a related field. They should also be registered with BQA or any other recognized authority.

RECOGNITION OF PRIOR LEARNING

Recognition of Prior Learning will be applicable for award of Master of Public Health Medicine on a case-bycase basis, and as per the regulations of individual ETP and in alignment with national policies.

CREDIT ACCUMULATION AND TRANSFER

Credit accumulation and transfer will be applicable for award of this qualification on a case-by-case basis, and as per the regulations of individual ETPs and in alignment with national policies

PROGRESSION PATHWAYS (LEARNING AND EMPLOYMENT)

Horizontal articulation: (NCQF level 9)

- Master of Medicine in Occupational Medicine
- Master of science in Occupational Medicine
- · Fellowship of the Faculty of Public Health Medicine
- Master's in Global health
- MSc In Epidemiology & Biostatistics
- Master's in health economics
- Master's in Health systems and Health policy



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- Master's in health services management
- Master's in Business Administration

Vertical articulation: (NCQF level 10)

Admission to any healthcare related PhD programme

- Doctor of Science
- Doctor of Philosophy
- Doctor of Medicine
- Doctor of Public Health

Employment pathways:

- Public Health Physician
- Public health specialist
- National Health Programme managers
- Public Health Medicine researcher
- Medical administrator
- Academic (Medicine)
- Public health consultant
- Medical Director

QUALIFICATION AWARD AND CERTIFICATION

Minimum standards of achievement for the award of the qualification

For the candidate to earn the award of **Master of Medicine in Public Health**, they should earn a total of **640** credits. The Candidate should pass all the **Fundamental** and **Core** modules.

Certification

If the candidate has achieved the minimum number of credits and adhered to the rules of combination the certification and a transcript will be awarded.

REGIONAL AND INTERNATIONAL COMPARABILITY

The Master of Medicine in Public Health qualification is modelled on the College of Public Health Medicine
of South Africa. Universities that offer the same qualification in South Africa also model their qualifications



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on the Colleges of Public Health Medicine (CPHM) curriculum. Therefore, this qualification has more similarities than differences to that offered by the University of Pretoria in terms of domains, learning outcomes and assessment. The main difference is that in Botswana there is no entity called Colleges of Medicine or Colleges of Public Health Medicine which administer fellowship qualification and therefore we do not call it a fellowship exam. The examination is however modelled on the CPHM fellowship exam but administered locally. The length of training for both programmes is 4 years, therefore similar.

- The Faculty of Public Health Medicine Ireland qualification also shares many similarities with ours in terms of domains and learning outcomes. They have a stronger focus on public health intelligence. These differences reflect the different contexts in which public health medicine is practiced in Ireland and in Botswana. Assessment requires passing MFPHMI Part I and Part II again because of the affiliation to the Royal College of Physicians of Ireland, an entity that is not yet existent in Botswana. These differences reflect the many decades of existence of these qualifications compared to our qualification.
- A key difference across all the above is that there are designated training posts which ensure continuity and viability over many years. Credits are also calculated differently but the duration of the degree is the same and the outcomes compare closely. Other qualifications may not include learning incurred during service hours within their calculation of notional hours/credit value. Additionally, in Botswana the approved number of credits by the Botswana Health Professions Council is 640. This is the professional body that recognizes and awards specialist status to our trainees post completion of the qualification.

Comparability and articulation of the proposed qualification with the ones examined

The M. Med Public Health Medicine qualification is comparable in terms of length of training, exit level
outcomes and registration of graduates as specialist public health physicians by the health professions
councils of the countries of the programmes examined

REVIEW PERIOD

The qualification will be reviewed every 5 years in line with the NCQF regulations.