

BQA NCQF QUALIFICATION TEMPLATE

SECTION A: QUALIFICATION DETAILS														
QUALIFICATION DEVELOPER (S)			University of Botswana											
TITLE		Master of Philosophy in Neonatology						NCQF LEVEL			9			
STRANDS (where applicable)		N/A												
FIELD		Health and Social Services		SUB-FIELD		Health Science		CREDIT VALUE			630			
New Qualification					✓					Legacy 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					X	Doctorate/ PhD						
RATIONALE AND PURPOSE OF THE QUALIFICATION														
<p>RATIONALE:</p> <p>The Republic of Botswana, a high middle-income country with a population of approximately 2.3 million, about 51,000 children are born every year and the neonatal units in Botswana have the highest number of admissions of all paediatric disciplines. The global “Every Newborn” action plan, which was endorsed by the WHO General Assembly in 2014, sets out an ambitious vision of a world with no preventable stillbirths or neonatal deaths (https://www.who.int/initiatives/every-newborn-action-plan). The action plan, endorsed in 2014 by 194 member states, articulates a goal that all countries reach the target neonatal mortality rate (NMR) of 12 or less newborn deaths per 1,000 live births by 2030, as well as commit to ongoing work to reduce death and disability. The lockdown period during the COVID-19 pandemic demonstrated that the only way to provide a comprehensive care for neonates is to rely on local facilities in Botswana that can provide adequate care. Neonatal units experience high mortality rates that tentatively may be reduced with experts in neonatology in place. Today Botswana and UB have only 2 subspecialists in Neonatology.</p>														

The proposed neonatology MPhil qualification will train the first generation of neonatologists in Botswana and be an important step to improve neonatal health and reduce death rates in Botswana, the current Botswana mortality rate is 22 deaths per 1000 live births (<https://data.unicef.org/resources/dataset/neonatal-mortality-data/>). The MPHIL qualification aims to create a medical specialist cadre in clinical neonatology and neonatology-based sciences, including continuous updates and development of improved care and therapies that may benefit neonatal health, both acutely and impact on later life and reduce non-communicable diseases (NCDs).

In medical science literature NCDs are linked to early life programming in fetal and neonatal life. Environmental factors impact on growth, structure, and metabolism, thereby permanent effects thought to be important in the aetiology of NCDs. Amongst several factors, antibiotic stewardship, neonatal intensive care and resuscitation skills are important, thereby benefiting infant survival, later health and human capital, improved cognitive performance and physical work capacity. An optimized nutrition strategy is highlighted in neonatal care as poor feeding and nutrition is proven to be associated with poor neurological outcomes later in life. The HRDC 2023/2024 mentions nutrition and the quality of pediatricians and neonatal care, including performance skills and knowledge. In line with the government's commitment to tackle the threat posed by NCDs, the Human Resource Development Council of Botswana, 'Priority Skills and Employment Trends Report' (HRDC: 2023/24) support professions that are in demand in the country, like specialists in neonatology. Under the priority areas, training of enough paediatric neonatologists should be one of the top priorities on their list for medical specialists with advanced knowledge.

PURPOSE: (itemise exit level outcomes)

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The qualification aims to produce graduates with advanced knowledge, skills and competences to:

1. Evaluate, work-up, diagnose and treat newborns with all varieties of conditions, both in the acute setting and during long-term follow-up.
2. Perform specialised neonatal diagnostic procedures to improve neonatal later health and survival.

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3. Apply established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, to newborn patients and communicate this well to caregivers.
4. Assess, evaluate, and treat neonates and infants in an intensive care setting, in accordance with updated and state-of-the-art neonatal procedures and technologies.
5. Conduct and supervise research and critically analyse scientific evidence.
6. Provide clear communication to healthcare workers and when counselling caregivers, as well as supervise other healthcare workers to provide important and clear communication.

MINIMUM ENTRY REQUIREMENTS (including access and inclusion)

1. Applicants must hold a NCQF Level 9 (Master of Medicine degree in Paediatrics, speciality certification in Paediatrics & Adolescent Health or Paediatrics & Child Health or equivalent post graduate qualification from a recognized institution.
2. The candidate must be registered or registerable with BHPC to be able to practice Medicine in Botswana.
3. Entry through Recognition of Prior Learning (RPL) and Credit Accumulation and Transfer (CAT) is accessible to all candidates through institutional policies in line with the national RPL and CAT policies.

SECTION B

QUALIFICATION SPECIFICATION

GRADUATE PROFILE (LEARNING OUTCOMES)

1. Apply advanced expert knowledge in the evaluation, work-up, diagnosis and treatment of neonates and infants with congenital and acquired conditions after birth and follow up to 1 year.

ASSESSMENT CRITERIA

- 1.1. Use evidence-based guidelines in the diagnosis and the treatment needs of neonates, including foetus and infant of up to 1 year.
- 1.2. Perform and interpret physical examination, laboratory and imaging tests that are appropriate and relevant to the individual neonate's needs.

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	<p>1.3. Identify and prepare patients with indications for invasive, peripheral or percutaneous catheter-based lines.</p> <p>1.4. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence and clinical judgment.</p> <p>1.5. Work, teach and supervise in neonatal conditions to provide neonatal patient focused care and the necessary follow-up.</p>
2. Apply knowledge and understanding of the basic physiology related to examinations and work-up to inform practice.	<p>2.1 Select the correct neonatal procedures for examination of sick newborns.</p> <p>2.2 Monitor patients through non-invasive and invasive catheters.</p> <p>2.3 Differentiate strengths and limits associated with neonatal monitoring and work-up to inform choice of appropriate procedures.</p> <p>2.4 Perform and correctly interpret basic echocardiography and electroencephalogram in neonates.</p> <p>2.5 Interpret a cranial, abdominal and lung ultrasound in neonates.</p> <p>2.6 Perform and guide other health personnel on neonatal procedures such as ultrasound, intubating for ventilation and insertion of invasive catheters.</p>
3. Apply advanced knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences to improve outcome and care of patients	<p>3.1. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.</p>

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	<p>3.2. Use an analytical approach to solve paediatric neonatal problems.</p> <p>3.3. Use a systematic approach of quality improvement measures as they relate to neonatal practice.</p>
4. Apply advanced skills in diagnostic neonatal technologies.	<p>4.1. Perform advanced neonatal invasive and non-invasive neonatal procedures related to ventilatory, hemodynamic support and various electrographic measures.</p> <p>4.2. Interpret results of measures for advanced diagnostic care.</p> <p>4.3. Recognise limitations and strengths of various level diagnostic methods to inform choice.</p> <p>4.4. Perform, train and supervise procedures to other health personnel.</p> <p>4.5. Supervise other health personnel, seek help from mentors or other disciplines when appropriate.</p>
5. Conduct and supervise health care and treatment of neonates and follow up of infants after discharge from an intensive care setting.	<p>5.1. Monitor neonates in a compromised circulatory and heart failure condition.</p> <p>5.2. Recognise and treat neonates with serious cardiorespiratory and neurological conditions.</p> <p>5.3. Supervise undergraduates in assisted ventilator care, establishing central venous cannulation, and arterial lines for invasive monitoring.</p> <p>5.4. Provide and coordinate appropriate and patient-oriented intensive care to neonates after surgery.</p>

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	<p>5.5. Provide patient-oriented respiratory support in different modes of ventilations and their indications</p> <p>5.6. Perform and correctly interpret arterial blood gas analysis and devise appropriate interventions.</p> <p>5.7. Perform appropriate imaging studies and implement appropriate therapeutic measures.</p> <p>5.8. Order and interpret laboratory tests and imaging studies including chest X-rays, ultrasound, basic cardiovascular CT, and MRI studies as indicated.</p>
<p>6. Evaluate and treat neonates with acquired and congenital diseases, and syndromes in a non-intensive care in-patient setting.</p>	<p>6.1. Generate appropriately focused newborn patient and family history aligned with relevant physical examinations in newborn patients with the goal of appropriate diagnosis.</p> <p>6.2. Perform or interpret all organ examinations in neonates suspected to have congenital anomalies and involve support for decision making (including radiography examinations, basic electrocardiograms, ECG and electroencephalograms, aEEG recordings.)</p> <p>6.3. Manage knowledge, skills, and attitudes necessary to evaluate, manage, and treat congenital anomalies or acquired intensive care conditions such as congenital heart disease and heart failure.</p>

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	<p>6.4. Collaborate with paediatric cardiologists to evaluate and manage cases, and initiate treatment appropriate for neonates with pulmonary hypertension.</p> <p>6.5. Lead a team of professionals in cardiopulmonary stabilisation and resuscitation using principles of neonatal international standards and consensus.</p> <p>6.6. Identify community resources for a neonate/family with congenital or acquired disease and initiate/lead/participate in multidisciplinary specialty rounds.</p> <p>6.7. Follow up out-patients and facilitate hand-over to other specialists who will follow after age 1 year.</p>
<p>7. Apply electrophysical principles, techniques and monitoring to diagnose and treat neonatal conditions.</p>	<p>7.1. Perform and interpret various forms of basic electrophysical monitoring, ECG and aEEG</p> <p>7.2. Diagnose and treat common cardiac dysrhythmias in neonates – including but not limited to counselling and medical treatment.</p> <p>7.3. Consult paediatric cardiologists or neurologists when appropriate.</p>
<p>8. Conduct and supervise research and critically analyse scientific evidence in the treatment and care of neonates.</p>	<p>8.1. Conduct comprehensive and relevant literature review to answer research questions.</p> <p>8.2. Select an appropriate study design, proposal development, data collection</p>

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	<p>method, data analysis, and compilation of clinical and epidemiologic studies.</p> <p>8.3. Lead clinical study projects.</p> <p>8.4. Supervise learners in designing, writing and defending research projects to meet standard.</p> <p>8.5. Write and defend grant proposals.</p> <p>8.6. Conduct an audit or a systematic review in neonatology.</p> <p>8.7. Critique and appraise scientific literature.</p> <p>8.8. Interpret scientific results and make conclusions to inform practice.</p> <p>8.9. Produce a fully evaluated and peer reviewed publication.</p>
<p>9. Evaluate and treat neonates with acquired and congenital infection diseases</p>	<p>9.1. Perform and interpret results on microbiology samples.</p> <p>9.2. Keep abreast with new and up-coming advanced techniques and principles in microbiology.</p> <p>9.3. Use knowledge of new and up-coming advanced techniques and principles in microbiology to diagnose and treat neonates</p> <p>9.4. Use evidence-based literature on microorganisms (unicellular, multicellular, or acellular, including virology, bacteriology, protistology, mycology, immunology and parasitology) to guide diagnosis and treatment of neonates.</p>

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	9.5. Involve experts in pediatric infectious disease when facing complicated cases to discuss diagnoses and treatment.
10. Evaluate and treat neonates with haematology and coagulation disorders.	<p>10.1. Use principles of haematology and coagulation disorders to diagnose and treat neonates.</p> <p>10.2. Interpret results on haematology and coagulation disorders to evaluate and treat neonates.</p> <p>10.3. Use common indications and thresholds for neonatal blood product transfusion for treatment of neonates.</p> <p>10.4. Use principles related to haematological and coagulation disorders to diagnose and treat neonates.</p> <p>10.5. Use scientific studies on haematological and coagulation disorders to evaluate the neonate's condition.</p> <p>10.6. Involve experts in paediatric haematological and coagulation disorders, if appropriate and when facing complicated cases.</p>
11. Conduct and supervise transport of sick neonates	<p>11.1. Safely prepare for and manage transport of sick neonates.</p> <p>11.2. Use expertise and knowledge to avoid adverse events that may evolve during transport of sick neonates.</p> <p>11.3. Supervise other health personnel on safe transport of neonates and possible pitfalls during transport.</p>

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	11.4. Overview a transport check list to secure safe transport.
12. Recognize limitations and seek help appropriately for optimised treatment of complex conditions in newborns.	<p>12.1. Assess and recognize limitations of own capability and seek help appropriately.</p> <p>12.2. Collaborate with nursing staff, paediatric surgeon, anaesthesiologist and radiologist in the care of neonatal patients after surgery.</p> <p>12.3. Discuss treatment and collaborate with other specialties and units and provide comprehensive care to neonates with congenital or acquired disorders that are under the care of other specialists.</p>
13. Provide clear communication when counselling caregivers.	<p>13.1. Provide neonatal care to babies and their families that is compassionate, appropriate, inclusive and effective.</p> <p>13.2. Establish and demonstrate an expert-level communication with caregivers, with the goal of providing effective counselling.</p> <p>13.3. Provide appropriate counselling to parents/caregivers related monitoring, procedures and treatment planned and done, and tentative outcomes.</p> <p>13.4. Provide information to caregivers on limitations, benefits and possible risks of diagnostic or therapeutic interventions</p> <p>13.5. Evaluate patient/parent preferences in work-up and treatment of neonatal problems</p>

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SECTION C		QUALIFICATION STRUCTURE			
COMPONENT	TITLE	Credits Per Relevant NCQF Level			Total Credits
		Level [9]	Level []	Level []	
FUNDAMENTAL COMPONENT Subjects/ Courses/ Modules/Units					
	Introduction to Clinical Neonatology	160			160
CORE COMPONENT Subjects/Courses/ Modules/Units	Intermediate Clinical Neonatology	180			180
	MPHIL Neonatology Research	94			94
	Advanced Clinical Neonatology	180			180
	CMSA Exam Preparation	16			16
Electives					
STRANDS/ SPECIALIZATION	Subjects/ Courses/ Modules/Units	Credits Per Relevant NCQF Level	Total Credits	STRANDS/ SPECIALIZATION	Subjects/ Courses/ Modules/Units

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SUMMARY OF CREDIT DISTRIBUTION FOR EACH COMPONENT PER NCQF LEVEL

TOTAL CREDITS PER NCQF LEVEL

NCQF Level	Credit Value
9	630
TOTAL CREDITS excl electives	630

Rules of Combination:

(Please Indicate combinations for the different constituent components of the qualification)

This minimal qualification of award comprises:

Fundamental Courses – 180 Credits

Core Courses – 450 Credits

TOTAL CREDITS: 630

ASSESSMENT ARRANGEMENTS

Assessment will include both formative and summative modes. Assessment will be carried out by BQA-registered and accredited assessors.

1. Formative Assessment

Formative assessment will contribute 60 % to the overall grading for the qualification.

2. Summative Assessment

Summative assessment will contribute 40 % of the overall grading for the qualification.

Both internal and external assessors must have an NCQF Level 10 qualification and/or subspecialty certification in the field of Paediatric Neonatology or related fields and be registrable by BQA or other relevant bodies.

MODERATION ARRANGEMENTS

There will be internal and external moderation as a quality assurance measure, in line with the national and Educational Training Provider's policies.

Both internal and external moderators must have an NCQF Level 10 qualification and/or subspecialty certification in the field of Paediatric Neonatology or related fields and be registrable by BQA or other relevant bodies.

RECOGNITION OF PRIOR LEARNING

Based on the Recognition of Prior Learning (RPL) Policy of the institution, candidates may be granted exemption from applicable components of the qualification. This will be done in consultation with the institution's policies in alignment with national RPL policy.

CREDIT ACCUMULATION AND TRANSFER

A learner may transfer academic credits towards the award of the qualification as determined by the provider in line with institutional policies and national policies on Credit Accumulation and Transfer.

PROGRESSION PATHWAYS (LEARNING AND EMPLOYMENT)

Learning Pathways

Vertical (Doctoral or applicable Level 10 qualifications in cognate study areas):

- Doctor of Philosophy in Clinical Epidemiology/Neonatal Epidemiology
- Doctor of Philosophy in Neonatal Physiology
- Doctor of Philosophy in Neonatal Pathology

Horizontal (Master's Degrees or applicable Health Care qualifications at NCQF Level 9)

- Master of Science in Perinatal Medicine
- Master of Philosophy in Biomedical Sciences (with extension of the research studies)

Employment Pathways:

- Subspecialist in Paediatric Neonatology
- Medical Researcher
- Medical Administrator
- Advisor (e.g., in medical boards, medical insurance, drug company or medical device boards)

QUALIFICATION AWARD AND CERTIFICATION

The minimal condition for award of the qualification Master of Philosophy in Neonatology is passing the fundamental and core components, attaining 630 credits.

Certification

Candidates meeting the prescribed requirements for award of the qualification will be issued with a certificate.

SUMMARY OF REGIONAL AND INTERNATIONAL COMPARABILITY

This MPhil in Neonatology qualification was developed by taking regional and international qualification as benchmarks. Regionally, the University of Witwatersrand (Wits), University of Stellenbosch (US) and University of Cape Town (UCT) all from South Africa, SA, which have similar titled qualifications, have been used as benchmarks. The corresponding title in the SA benchmarked institutions is *CMSA Paediatrics Certificate Neonatology (SA)*.

International benchmarked institution is the Childrens Hospital of Philadelphia (CHOP), United States of America, where the requirements and qualification to Subspecialist in Neonatology-Perinatology is outlined in the ACGME document

(https://www.acgme.org/globalassets/pfassets/programrequirements/329_neonatalperinatalmedicine_2020.pdf).

Regional Comparability

This qualification has been prepared using institutions in South Africa, SA, the University of Witwatersrand, University of Stellenbosch, and University of Cape Town as benchmarks. The content, the entry requirements, the 2 year- duration of the qualification and the exit level outcomes are very similar, but in South with somewhat less emphasis on research outputs and training than the proposed qualification and international universities; the fellow in South Africa is only required to participate in a research project. To enter the program in fellowship neonatology, the benchmarked SA universities and education institutions, require completed specialization in paediatrics, The University of Witwatersrand, allow an option that; a candidate can complete the qualification without necessarily writing a dissertation, whereas the clinical part competency requirements of the SA universities will be similar to this proposed qualification. The University of Witwatersrand do not specifically calculate credits, whereas University of Stellenbosch and University of Cape Town do offer credits and these institutions offer a MPhil Neonatology degree (basically thesis and research). The SA qualifications are based on notional hours the candidates must spend which is similar to the proposed MPhil in Neonatology.

International Comparability

This qualification has been compared to the Subspecialty Neonatology – Perinatology offered by the Children’s Hospital of Philadelphia, US. The fellow must have completed core training in paediatrics, a minimum of 3 years before commencing subspecialist training in Neonatology. The training in Neonatology has a similar 3-years clinical training and research component as this proposed MPhil in Neonatology. The Fellowship programme content, entry requirements, competency measures, most of the exit level outcomes, and research requirements are similar. However, the ETN programme is purely professional training and further not associated with a MPhil degree. Another area of difference is that the ETN has a lot of facilities and infrastructure, and fellows have the opportunity for a deeper training in advanced neonatology and other high-tech areas of paediatric neonatal medicine. Some of these facilities are not available in Botswana or the region.

Therefore, referring to the above regional and international programmes, in the proposed MPhil, there is a plan for 10% of neonatology training within 3 years in another neonatal unit that can provide high-tech areas of neonatal medicine.

- **Qualification titles**

The SA awarded qualification title is *CMSA Paediatrics Certificate Neonatology (SA)*. The corresponding title in the proposed qualification is *Master of Philosophy in Neonatology*. In SA registration as a neonatologist does not require a MPhil Neonatology degree. Only the CMSA exam and two years approved neonatology training in university-supervised and HPCSA-approved training centres is required. The qualification title of the benchmarked international institution of US (Children's Hospital of Philadelphia), corresponding to the proposed qualification MPhil in Neonatology is *(sub)Specialist in Neonatology* and *Subspecialist in Neonatology-Perinatology*, respectively. The University Cape Town (UCT) also offer MPhil in Neonatology as a subspecialty grade of Paediatrics, however the other 2 benchmarked SA institutions do not. The MPhil Neonatology in UB will have a similar design as the MPhil Neonatology at UCT and consists of 2 parts exemplified by the MPHIL Neonatology at UCT below. The degree will be awarded when both Part 1 and Part 2 are passed.

- **Minimum requirements**

Requirements for the CMSA Paediatrics Certificate Neonatology are the same in all 3 institutions and defined by the College of Medicine of South Africa NPC (CMSA). The qualification requirements are similar (exams, courses and clinical logbook) to the proposed MPhil in Neonatology. The RSA minimal requirements are described in the "*SPECIAL REGULATIONS FOR THE FS 2020 MODIFIED CLINICAL/PRACTICAL/ORAL EXAMINATIONS OF THE SUB-SPECIALTY CERTIFICATE IN NEONATOLOGY Cert Neonatology (SA)*" published by the CMSA. Requirements in the international benchmarked institution in the US CHOP the minimal requirements for the subspeciality in *Neonatology-Perinatology* is defined in the ACGME document:

(https://www.acgme.org/globalassets/pfassets/programrequirements/329_neonatalperinatalmedicine_2020.pdf). For the proposed qualification, the minimum requirements are an NCQF Level 9 (Master of Medicine degree in Paediatrics, speciality certification in Paediatrics & Adolescent Health or Paediatrics & Child Health or equivalent post graduate qualification from a recognised institution).

- Training, period** for the qualification of CMSA Paediatrics Certificate Neonatology (SA) is 2 years in all 3 institutions, as opposed to 3 years for the proposed MPhil in Neonatology as well as 3 years in the benchmarked international institutions. For the MPhil in Neonatology up to 10% of the training time will be in institutions outside Botswana where they presently offer neonatal technologies proved efficient for improved outcome and saving neonatal lives (cooling for hypoxic ischemic encephalopathy, ventilation with NO gas and high frequency ventilation, dialysis and ECMO). These technologies are unavailable in Botswana, but when available in Botswana, the out-of-Botswana period will not be necessary. In the benchmarked institution the whole training period is in the specific institution where these technologies are practised.
- The Exit Learning Outcomes** are similar in the MPhil in Neonatology qualification compared to the benchmarked SA and US institutions, as described in the RSA CMSA document of special regulations for the sub-speciality certificate of Neonatology ("Special regulations for the FS 2020 Modified Clinical/Practical /Oral examinations of the subspeciality certificate in Neonatology Cert Neonatology (SA) (<https://cmsa.co.za/document/cert-neonatologysa-special-regulations/>) and the US Training Requirement and https://www.acgme.org/globalassets/pfassets/programrequirements/329_neonatalperinatalmedicine_2020.pdf, respectively). These exit level outcomes cover clinical neonatology (conditions in all organ systems, procedure and technology training), research education and thesis, and exams, except for more emphasis on prenatal conditions in the US (CHOP) qualification of subspeciality in Neonatal-Perinatology in US.
- Research:** The CMSA Paediatric Certificate Neonatology qualification in RSA requires a research report and some research training with documented courses, but the research requirement for the qualification in RSA institutions is less ambitious than the proposed MPhil in Neonatology, where the qualification includes conducting an audit or a systematic review within the 3-year period, submitting a thesis, in addition to supervising other healthcare givers. For the MPhil Neonatology qualification, the candidate must submit a fully evaluated dissertation before the degree is earned, similar to MPhil Neonatology requirements at UCT.
- Main Modules** are quite similar for MPhil in Neonatology compared to the structure of the benchmarked regional and international institutions, especially the UCT qualification of MPhil in Neonatology. The 3 SA institutions/universities have identical qualifications for CMSA Paeds

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Certificate Neonatology, and all modules are passed under the Colleges of Medicine, South Africa, regulations. The main structures may be divided into **Clinical Neonatology** (Introduction, Intermediate and Advanced courses in Clinical Neonatology), **Research (excl dissertation)**, and **Dissertation** for the proposed qualification. The latter module is not relevant for the CMSA Paeds Cert Neonatology qualification in SA, but in UCT and US the candidate may adopt to a MPhil (clinical and theory) exit exam if a research dissertation is submitted. The **CMSA exam** and preparation module (in the proposed qualification courses).

Assessment and weightings: The qualifications are assessed through both Formative and Summative assessment. The assessment and weightings have components of Formative assessment, Formal Training, Presentations, Logbook and Research. The Evaluation of overall competence of the MPHIL candidate is based on a) an appraisal by the Head of Unit/ Department of the institution where training is undertaken b) an examination under the auspices of the Colleges of Medicine of South Africa (CMSA). The portfolio/logbook is a mandatory requirement for entry to the examination and will include six-monthly formative assessments made by the Supervisor/Departmental head, signed by both candidate and trainer. The proposed MPhil in Neonatology qualification will follow the CMSA Paeds Certificate Neonatology exam which is a Written Examination and Clinical/Oral/OSCE Examination.

Comparability and articulation of the proposed qualification with the ones examined

This qualification enables articulation possibilities with the following qualifications:

Horizontal Articulation:

Master's Degrees or applicable Health Care qualifications at Level 9.

Vertical Articulation:

Doctoral or applicable Level 10 qualifications in cognate study areas.

These articulation options are similar with the regional programmes that are compared.

For Official Use Only:

CODE (ID)

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REGISTRATION STATUS	BQA DECISION NO.	REGISTRATION START DATE	REGISTRATION END DATE
LAST DATE FOR ENROLMENT		LAST DATE FOR ACHIEVEMENT	
REVISION DATE:		NAME OF PROFESSIONAL BODIES/REGULATORY	

BOTSWANA
Qualifications Authority