



# Quality Enhancement Project

## Institutional Submissions: Phase 2

**Due Date: 30 November 2017**

<b>Name of Institution</b>	Sefako Makgatho Health Sciences University
<b>Contact Person</b>	Dr EL van Staden
<b>Date of submission</b>	30 November 2017

*CHE : The approach for Phase 2 of the QEP has been modified and shortened. There are two main reasons for this. First, the implementation of Phase 2 was delayed by a year, largely as a result of student protests and institutions' need to respond meaningfully and appropriately to them. Second, as a result of an identified need for the CHE to play a more active role in ensuring institutional quality, the start of the third cycle of quality assurance has been brought forward by a year to 2018.*

*Unlike in Phase 1 of the QEP, when institutions produced two reports, one providing baseline information on existing initiatives and the second demonstrating improvements made, for Phase 2 there will be only one submission. Producing two submissions enabled institutions to reflect on their own journey to improvement. Such reflection is more difficult to achieve in a single submission, but given institutions' experience in Phase 1, it is hoped that institutions, nevertheless, will find it both possible and worthwhile to do so. The submission for Phase 2 therefore needs to show the path that each institution is on to address important matters related to curriculum – where it has come from, where it is, where it is headed, what the obstacles and enablers, the disappointments and the wins have been on the journey. As in Phase 1, the purpose of the report is twofold:*

- 1. To provide a structured and time-bound opportunity for institutions to reflect on and document their own choices and experiences related to the focus area.*
- 2. To provide information to the sector that can be used as the basis for shared learning and system-wide enhancement.*

*Institutions are requested to be frank and clear in their responses. Otherwise it will be difficult for the higher education sector to engage meaningfully with enablers of, and obstacles to, student success. While there are indisputable differences in institutional contexts, most challenges are common to several, if not many, institutions. Clear and honest statements of the challenges will facilitate the development of strategies to address them. On the other hand, successful approaches developed in one institutional context may be able to be adapted to help students in another context.*

Where possible, please frame your responses in terms of curriculum structure, curriculum content and curriculum implementation.

## 1. Curriculum renewal and transformation

(Suggested length: 5-10 pages)

*Includes advancing the purposes of higher education spelt out in policy documents, addressing transformation imperatives, ensuring local relevance and global awareness and developing graduates with attributes that are personally, professionally and socially valuable.*

a. At the institutional level:

b) *What is the institution's approach to addressing curriculum renewal and transformation?*

A curriculum self-review process is instituted at SMU aim to regularize frequent curriculum review and renewal processes to ensure implemented curricula is updated in order to meet the social accountability brief of the institution and is responsive to the national health needs of the country.

The following is the main headings of the Curriculum Review template that is circulated amongst all module co-ordinators to review their curricula:

Review template;  
Responsible department / office;  
Responsible HOD & contact details;  
Responsible module coordinator & contact details;  
Staff who participated in the self-review;  
Period covered in the report;  
Date of submission of the report to the CDC / Dean of School.

With this report the following documents are submitted:

- c) Learning guides with all outcomes clearly indicated
- d) Copy of the most recent test with the memorandum
- e) Copy of the previous year's standard exam paper with a memorandum

The contents relate to the following aspects:

1. Needs of Society as relevant to the modules
2. Institutional climate & setting relevant to the module
3. Design of the Module
4. Purpose and outcomes of the module
5. Organisation of the module
6. Student selection, support & tracking of progress in the modules
7. Learning & teaching strategies and methods
8. Assessment strategies and methods

9. Resources and management of resources
10. Module review and renewal activities
11. Accountability
  - Conclusions
  - Signatures
  - Addenda

*f) What initiatives have you undertaken in the past few years to address curriculum renewal and transformation that have been successful and how do you know? What thinking/theorisation about the value, purposes, and assumptions about knowledge and higher education have informed the process?*

An electronic platform for curriculum mapping system named LOOOP (Learning Opportunities, Objectives and Outcomes Platform) was acquired which provides for the systematic organisation and linking of various curriculum elements into a database. This enables each objective of a module to be linked to a learning event, core competencies (CanMEDS – HPCSA), exit level outcomes, the NQF and assessment formats. Such a relational curriculum database makes the curriculum transparent due to the online accessibility and search ability, which is essential for curriculum reviews. Medicine, Dentistry, Nursing, Speech Language Pathology and Audiology, Radiography, Physiotherapy, Pharmacy and Dietetics

Since 2010, The CanMed system has been also utilised.

Prior to this renewal process, during the University of Limpopo era, curricula was content driven and there was no review of the teaching and learning methodology.

Currently (2017), the Bachelor of Dental Surgery (BDS) programme is reviewing each module in detail so that the latest contemporary developments can be inculcated in the curriculum.

The National Development Plan outlines three main functions of universities. First universities educate and provide people with high-level skills for the labour market. Second, they are the dominant producers of new knowledge, they assess and find new applications for existing knowledge, and they validate knowledge and values through their curricula. Third, they provide opportunities for social mobility and strengthen social justice and democracy, thus helping to overcome the inequities inherited from our apartheid past.

SMU thus is a crucial university in terms of reaching our national development objectives. This includes supporting the rest of the post-school system and aligning curricula and research agendas to helping meet national objectives, including the challenge of poverty, unemployment and inequality.

*g) In response to the student protests in 2015 and 2016, what further changes have been made related to curriculum renewal and transformation? Why were they made and*

*how? Who participated in deciding to make and then making the changes? How are the changes being received by various stakeholders? What effects are the changes having and how do you know?*

Currently, there is no institutional standardised approach to curriculum development. The University is developing a Teaching and Learning strategy where the curriculum approach will be stipulated. The intention is to link graduate attributes to the exit level outcomes of each programmes specifically within the professional programmes.

The B.Sc. programme is currently being reviewed student allegations perceive it of “poor design” in 2016. As part of this internal review, students were intensely interviewed as part of this review process in 2017.

The Review Report is work in progress, with stakeholders responses expected on receipt of the Review Report. Consequent changes will be stipulated as part of an improvement plan for the School.

*h) What plans are in place for further efforts related to curriculum renewal and transformation in the next year or two?*

SMU will implement a process in 2019 to establish a deep and shared understanding of transformation with the moral purpose, which will underpin strategic and operational priorities, set measures and targets for the various operational environments, and enable effective monitoring of the extent of implementation and identified improvements. This process and intensified discourse will continue in 2018.

It will also be necessary to review issues related to governance, management, institutional culture, residences, social inclusion, academic administration, curriculum models and pedagogical practices, attitudes and approaches to student access and selection, quality and standards, nature and type of academics and researchers, institutional autonomy and academic freedom, funding and financial sustainability, and the locus of institutional power and decision making. It is the intention also to support students and staff in order to achieve at least conversational competence in SeTswana (the language of the communities around SMU) by 2022. The process will entail a marketing and re-inforcing an Africa-centered identity, based on the successes of the institution and alumni from the past and present, and to enable SMU to break free from a crippling disbelieve in self. More attention will be given to the co-curricula activities such as sport and cultural

events and healthy competition in order to increase student participation, break down cultural barriers and contribute to nation building.

The University will also enhance representation and participation from students and the public, including representatives of councils governing alternative healers, in curriculum review committees. Part of the UCDP is to stimulate research and document staff and student experience of institutional transformation.

Curriculum self-reviews as instituted at SMU aim to regularize frequent curriculum review and renewal processes to ensure implemented curricula is updated in order to meet the social accountability brief of the institution.

Curriculum self-reviews comprise of the following process and procedures:

**i) Mandatory**

- a. A structure per programme or per school (generally referred to as curriculum development committee) is established with a clear terms of reference
- b. Student voice to have representation on curriculum development committee as well as LOOOP
- c. A pre-determined cyclical review process should be instituted as stipulated by the School Curriculum Development committee, in order to review every module preferably every 3, but not less than every 5 years or per ad hoc requests by e.g.
  - i. DVC: TLC and/or Senate committees and/or Dean of School
  - ii. Quality Assurance / Institutional Planning office
  - iii. Programme / module coordinator or HOD of a department
  - iv. Students

**j) Process & Procedure**

- a. Module coordinator and lecturers perform a self-review using a pre-determined template
  - i. The current template can be adjusted as appropriate for the school / programme / module
  - ii. The Quality Assurance office will need to review the template as the need arises but not later than 2020
- b. School Curriculum development Committee and School board support / commend / amend recommendations
- c. Senate approve relevant changes to curriculum and/or calendar
- d. Module coordinator & lecturers align module documents according to approvals on the LOOOP platform, PQM documents and learning guides

*k) What unresolved challenges does the institution need to grapple with related to curriculum renewal and transformation?*

- Academics need to develop pedagogic insight by being workshopped or allowed to participate on short courses in pedagogical theory.
- A further challenge at SMU is to develop an African university by decolonising the curriculum and to adopt an “African approach” to curriculum renewal and transformation.
- The LOOOP platform has not been fully adopted by the various departments managing the co-ordination and presentation of their respective modules.
- Blackboard mode of lecture conveyance is underutilised.
- A greater use of technology relevant to pedagogical methodology to be included on the Teaching & Learning platform.
- Students are challenged with alleged “extensive” curricula that according to them are constituted at an extreme highly complex level. Consequently, students are to be consulted to facilitate workable, relevant and feasible curricula.
- At the post-graduation level, where there is a higher maturity level of student, blended learning methodologies have to be implemented to encourage self-learning principles.

*1.2 In about half a page each, describe 2 to 4 exemplars of successful curriculum renewal and transformation initiatives.*

#### **Foundation Medicine programme [MBChB-ECP]:**

The Foundation Medicine programme [MBChB-ECP] was approved by the Ministry of Higher Education and Training in 2010 at the then Medunsa Campus of the University of Limpopo now Sefako Makgatho Health Sciences University. The programme is in its 8th year and SMU have had 8 cohorts to date. 391 students have had the opportunity to do medicine, which they would not have had without this programme. The first cohort went through last year 2016, with 24 out of 54 students passing first time.

MBChB-ECP prepares students for entry into medicine in Biophysics and Numeracy, Biology, Biochemistry, English for Health Sciences, Human Biology and Study Skills.

An evaluation of the impact of MBChB-ECP through comparison of number of failures among MBChB-ECP and mainstream cohorts registered from 2010 to 2015 four first year modules namely Biophysics, Applied Biology, Chemistry and English for Health Sciences and the performances of the cohorts in Medical Anatomical Pathology and Medical Microbiology yielded positive conclusions.

#### **B.Sc. Extended Degree Programmes:**

##### **Mathematical Sciences**

In the first and second years Mathematics I, Physics I, Statistics I, Computer Science I and English I are compulsory subjects. In the Third year, Mathematics II is compulsory and

the students can select two of the following subjects: Physics II, Computer Science II or Statistics II. In the Fourth year, the students then continue with two of the three subjects enrolled for the previous year.

### **Physical Sciences**

In the first and second years, the following five subjects are compulsory: Mathematics I, Chemistry I, Physics I, Biology I and English I. In the Third year, Physics II and Chemistry II are compulsory, and the student has the choice to select one of the following two subjects: Mathematics II or Biochemistry II. In the Fourth year, Mathematics III is compulsory and the student can then continue with one more subject passed at second year level.

### **Life Sciences**

In the Life Sciences stream Biology I, Chemistry I, Mathematics I, Physics I and English I are compulsory. In the Third year, the student is allowed to select three of the following four subjects: Biology II, Biochemistry II, Chemistry II or Physiology II. In the Fourth year the student then continue with two of these three subjects.

## **2. Diversity and inclusivity**

**(Suggested length: 5-10 pages)**

*Includes catering for students with diverse academic needs and abilities and life circumstances, ensuring inclusivity of all students regardless of demographic characteristics, countering bias towards, and alienation of, sections of the student population.*

NOTE: This question relates to the formal curriculum (structure, content and implementation), not to activities that would typically be classified as student support and that take place outside of the formal curriculum.

2.1 *In the past few years, what reform of the curriculum has your institution undertaken to cater for students with diverse academic needs, abilities, preferences and life circumstances? Which approaches have been successful and unsuccessful and what evidence is there for this? What role has the student voice played in developing, modifying or abandoning particular approaches?*

The extended curricular programme in MBCHB and B.Sc. were implemented for students entering these programs based on the selection of lower academic grades from matriculation (For B.Sc.: APS of 20 with minimum of 4 in English, Mathematics, Life Sciences & Physical Sciences). Students with adverse life circumstances are also identified via program coordinators and academic guardians for counselling by school social worker and psychologist. Whether the student will be put in the extended program or allowed to continue with the standard program is decided based on agreement with the student and counselling

report/recommendation. Those who are adequately prepared academically enter the standard duration program and are continued being monitored by semester tests.

A comparative study of the performance of ECP students on the MBChB Programme compared with the academic performance of students on the standard MBChB programme, revealed that ECP students perform just as well during the second year of study with the students on the standard programme. There were a few challenges during the 3<sup>rd</sup> year of the ECP MbChB programme compared to the academic performance of the standard MbChB third year cohort.

- 2.2 *During the past few years, in what ways has the institution endeavoured to promote inclusivity of all students through curriculum? How has the student voice influenced these efforts? Which efforts have been successful and which have been unsuccessful and how do you know?*

Each school has academic planning committees (APCDC) for each year level of the program, they meet quarterly to discuss how diverse the student body is each year, and if there are any special requirements in each class that need attention. This information is requested from each course coordinator a year before for the next year curriculum. The Committee for Implementation and Budgetary Plan submits the requests of proposals to the Dean. In past few years, these included students with less academic readiness, language deficiency (English and Setswana), physical disability and history of psychological conditions (may or may not be on treatment). Learning styles identification and study skills promotions are done by the specific course coordinator or supervisor (usually the heads of departments) when the learning activities start.

Student representatives (six for Practise of Medicine –POME- groups and one class rep- total 7) are mandatory to attend the APCDC meetings to express their voices. The committee members consider their requests and decisions are taken based on pedagogical grounds and university's available resources.

- 2.3 *What approaches does the institution take to identify instances of bias and alienation related to the curriculum? How are these addressed?*

SMU have a system of student evaluation, which is anonymous for each programme, which is sent out twice a year. Students need to approach the academic guardian with

any suspicious bias or alienation or victimization experience and investigations are done anonymously.

Recently the policy of NOT providing student names on the test papers is supposed to protect the students from biases and victimization.

POME (practise of Medicine) groups are randomly mixed thus racial and socio-cultural segregation is made to be less pronounced in each group. During small group learning sessions such as tutorials and problem based learning groups are meant to promote cross-cultural interactions to lessen alienation especially for minority students.

This works better when students in each group are sub-grouped by random pairing and problems/cases are given to each pair. Home languages should be allowed in small group discussions if students of the same origin happen to be in one group (this is possible as majority of our students are from Setswana speaking areas) but presenting to the whole group in English. Facilitator sets the rules of engagement in these sessions to avoid alienation, disrespect, and clashes ensuring interactive learning prevails.

Students are also allocated mentors through a dedicated mentor programme as well as a peer-assisted system.

2.4 *What unresolved challenges does the institution need to grapple with related to promoting diversity and inclusivity in the curriculum?*

The ECP programme has many challenges - lecturer's training to become facilitators for example, number of students versus number of facilitators is another one.

SMU lecture halls are not structured for interactive discussions and not friendly for physical disability.

Student's social problems are not realistically solved by the student support services, as they need a larger community and government involvement. Psychological problems are intertwined with social problems hence difficult to solve one whilst the others do not have solutions.

Minority (foreign students) found challenges in integration especially if they do not speak English well. There has been some sports and recreations activities to facilitate their integration with the mainstream students but research has to be conducted to determine if there are successes or challenges on this strategy to achieve integration.

*In about half a page each, describe 2 to 4 exemplars of curriculum initiatives that promote inclusivity of diverse students.*

One example is training the academic staff in recognizing their own learning style diversity and hence ability to identify the student's diversity in this regard in their classes. This was in the format of workshop in the certificate short courses of health science education given by Community of Practice of staff members at SMU who care about teaching and learning and has had additional qualifications in Health Science Education. The learning objective of this workshop aims also to share experiences of how to incorporate the diverse learners into the discipline specific learning styles. During the workshops, the academic staff learnt the variety of learning activities that promote integration to the discipline-required study skills and learning methods. Tasks were given to produce a learning plan for such outcome that can be implemented in their specific classes and the facilitator marked it. This course for HSE runs from 2015, 2016 and 2017.

In School of Medicine, counselling and blended (face-to-face and online) remedial support to include all students identified as at-risk back into the mainstream are implemented. These activities are individually provided customized to what the student needs as well as in-group to promote peer learning. Examples of learning contracts and WhatsApp messages to show evidence for this are available

A student referral system exists on the SMU to support vulnerable students experiencing challenges which will affect their academic performance in the following areas:

- with financial challenges e.g. bursaries, loans or inadequate meal allowance;
- health-related problems e.g. lack of concentration and any other physical or emotional disability;
- with an academic problem e.g. with study skills, time management, concentration, preparing for class, note-taking or failing courses etc.;
- with English Academic literacy / proficiency e.g. not being able to express knowledge in English, not being able to answer questions in English;
- with emotional / psychological challenges including a history of drug/alcohol abuse; and
- with depression, stress and anxiety, suicide-ideas and problems that might need psychological counselling/intervention or medication

### **3. Curriculum development capacity and quality**

**(Suggested length: 5-10 pages)**

*Includes capacity development and support in curriculum design, development and implementation and processes to assure quality of curriculum content and implementation (including teaching).*

*3.1 What approaches do your institution take to ensure that those responsible for curriculum design, development and implementation have the requisite skills, knowledge and attitudes and receive the support needed to ensure that the curriculum is educationally sound, fit for purpose and aligned to the institution's values? Are there guidelines or policies at institutional or lower levels?*

The School of Medicine has established an annual series of short courses to all staff to assist them in curriculum design, development and implementation. Former management established the need and mandate for a short course in Health Professions Education during a series of meetings (See minutes CHSE 2013-2014). The then Executive Dean called via e-mail for academics to form a Community of Practice (CoP) in order to develop and implement a short course in Health Sciences/Professions Education (HSE) until such time when a more permanent centre with the relevant staff establishment could be established. The first CoP in HPE was formalised and coordinated with a staff member and financial support as a project from the then Executive Dean's office. During this period, the terms *Health Sciences* Education and *Health Professions* Education were used interchangeably. The brief for developing and implementing the short course, also proposed a research project to be conducted.

After SMU was established in 2015, the CoP continued in the spirit of the established terms of reference. The new Executive Dean was in support and funding were provided for through the Teaching Development Grant (TDG) during 2016 and 2017. In 2017, the newly established Centre for University Teaching and Learning (CUTL) was announced and positions advertised. It is envisaged that the CUTL will in future review, develop and implement teacher-training initiatives, including the 'ticket to teach' initiative.

**Community of Practice: Facilitators 2014-2017**

The short course in Health Sciences/Professions Education was planned during 2014 and implemented for three consecutive years (2015-2017) through a community of Practice (CoP) consisting of various academics with a passion and experience in education. The majority of CoP facilitators volunteered their time and effort since 2014 after a call from the previous Executive Dean of the Faculty of Health Sciences in the former UL (Medunsa campus). Some facilitators joined the original group after 2015.

Facilitators from various schools have been involved over the past 3 years, as indicated according to the new schools structure below:

- Pharmacy: Ms Lindi Mabope (Zikalala), Ms Mamza Mothibe
- Medicine: Prof Ina Treadwell, Prof Honey Mabuza, Prof Indiran Govender, Prof Chantelle Baker, Prof Jacobus van Wyk, Dr Ulzen-Chela, Ms Gerda Botha, Ms Debbie Barnard, Mr Henk Havenga, Ms Louise Sweickerdt, Dr Tlou, Prof Wilna Basson, Dr Barua, Prof Becker and the following staff previously form Pathology and re-clinical sciences, now part of School of Medicine Prof Ayeaye Khine, Prof Vanessa Moodley, Ms Petro Humpries, Ms Desire Schabort
- Health Care Sciences: Prof Anna-Marie Wium, Ms Hanlie Pitout, Dr Yolinda Uys
- Oral Health Sciences: Dr Grace Phalwane, Prof Essop

Other internal (SMU) units involved over the past 3 years included:

- CAE: Ms Mary Coleman
- Quality Assurance: Dr Rajen Padayachi, Prof Nomathemba Taukobong
- HR: Mr Peter Morris
- Previously - Executive Dean's office & CHSE: Ms Adriana Botha, Prof CAMA Brandt, Ms Corlia du Preez, Dr Ellenore Meyer
- Previously – MIAAVS: Mr Hoosein Ebrahim
- Previously – Medicine Director: Prof Nazeema Ebrahim

Being volunteers, internal facilitators offered assistance depending on their availability as per their workload, personal circumstances and managerial support. Facilitator challenges furthermore included lack of administrative support as well as time and scheduling pressures.

External facilitators over the years included:

- Wits: Prof Scarpa Schoeman,
- UFS: Prof Yvonne Bothma, Dr Mathys Labuschagne
- SU: Prof Ben van Heerden, Prof Juanita Bezuidenhout
- UKZN: Prof Jackie van Wyk, Ms Collette Aldous
- UP: Dr Ellenore Meyer
- Life coach / formerly Director Phelo Phepa train: Dr Lynette Coetzee
- Rural Health Advocacy Project (RHAP): Dr Samantha Khan-Gillmore, Ms Marija Versteeg-Mojanaga

The majority of external facilitators were remunerated as per agreement and invoiced for their time, (“once-off contract”) and their transport and accommodation expenses were paid. Some facilitators did workshops free of charge, including not charging for transport. Those facilitators received a token of appreciation (corporate gifts, as provided for by the marketing department).

### **Participants: 2015 - 2017**

The following participants in the Short course in Health Sciences Education could enrol:

- Any full or part time academic staff member at SMU (joint appointees included)
- Enrolment should have been supported by the line manager – as per his/her signature on the enrolment form
- A flexible attendance model was followed: Staff members could also enrol for individual workshops and topics of choice (it was not compulsory to attend the whole course and all the workshops). Participants could also attend part of the short course in one year and the rest of the course in the next year.
- The total number of trainees over the 3 year period that attended workshops were as follows:
  - 2015: 38 trainees
  - 2016: 64 trainees
  - 2017: 76 trainees

Apart from attendance, evaluation and feedback from trainees were collected after each workshop. As a result of feedback changes were made to the short course in subsequent years e.g.:

- Some workshops were discontinued (e.g. learning guide development and principles of adult learning, as these specific topics were already offered through the CAE/HR/CUTL induction programme; and other workshops were added e.g. leadership development and script concordance testing)
- A Flexible enrolment model was introduced

Feedback in general was very positive, i.e. trainees indicated they have improved on their teaching skills, networking capacity and self-confidence (see research report).

Trainees in terms of attending workshops and submission of portfolios experienced various challenges. These included:

- High workloads and pressure on time, especially in the clinical disciplines and for joint appointees where the demands for patient care and service delivery took priority
- Lack of managerial support

## Incentives provided

As indicated before, the CoP depended on internal staff to volunteer to offer the majority of the workshops, while participants were self-selected individuals that felt the need to develop themselves as educators. To attract and appreciate participation the following approach were taken:

- The course was registered through School of Medicine for 30 CPD points (as per scheduled activities and CVs of facilitators)
- Certificates of attendance were issued to all trainees of all workshops, even if only one workshop was attended.
- Trainee participants were encouraged to submit homework assignments and a Portfolio for developmental purposes and to use feedback of assessor(s) to improve on their practice. Those staff who submitted the Portfolio received the textbook “*A Practical guide for Medical Teachers*” by Dent and Harden as additional incentive.

Facilitators received certificates, the above textbook as well as “teaching champion” memory sticks as token of appreciation for their contributions.

Recommendations from trainees and facilitators are unanimous, unless the short course or workshop attendance is made compulsory, attendance will always be infrequent and variable.

3.2 What processes are in place at institutional and other levels within the institution (e.g., faculty, departmental) to ensure the quality of curriculum design, ongoing development and renewal, and implementation?

At SMU, all SMU staff have a minimum of a Masters qualification to ensure the quality of curriculum design, ongoing developments and renewal and implementation are applicable into their respective modules that they co-ordinate.

The SMU Conceptual Framework for professional development embraced by the Curriculum Committee is grounded in the SMU Mission & Vision Statements and Learning and Teaching Strategy. It considers the current and important research in the education field and strides into the unfamiliar waters of professional learning within an institutional context of SMU as a Health Science University. It envisions addressing the current areas of concern regarding professional development/ learning of SMU academic staff while being regarded

as a living document that requires continuous engagement and subsequent continuous adaptation.

#### **4. Participation in curriculum design and development**

**(Suggested length: 5-10 pages)**

*Includes involvement of various stakeholders in the initial design, ongoing development, renewal and transformation of curriculum.*

*4.1 In what ways are students involved in the design, development, renewal and transformation of curriculum? Are there guidelines or policies at institutional or other levels?*

Presently at SMU there are no guidelines or institutional policy suggesting that students participate in the design, development, renewal and the transformation of the curriculum.

*4.2 In what ways do the voices of diverse stakeholders external to the university, such as employers, professional bodies and graduates, influence the development of curriculum? Are there guidelines or policies at institutional or other levels?*

No SMU guidelines or policy yet, but the following strategies are in place to receive input from diverse stakeholders relevant to the design, development, renewal and the transformation of the curriculum:

- For the Dental programmes, there has been minimal feedback during the past years.
- For the MBChB Programme, there is a signed contract via the HPCSA with the College of Surgeons. The South African Medical Association (SAMA) determines the standards on this programme. The HPCSA enriches this process.
- For the School of Health Care Sciences, SAMA & HPCSA evaluates their programmes and subsequently provides feedback on the status of the curriculum.
- SMU is also intending to be associated with the South African Council for Natural Scientific Professions (SACNASP) to provide feedback on curricula.

*In about half a page each, describe 2 to 4 exemplars of curriculum initiatives that successfully incorporated the voices of a range of stakeholders, indicating how this was done and what was successful about it.*

In 2016, the Bachelor of Dental Surgery (BDS) was reviewed by the HPCSA, recommendations received and currently all the modules on this programme are undergoing intensive re-curriculation.

In 2017, the B.Sc. programme was internally reviewed and alumni and student voices were taken into consideration. The B.Sc. Review Report would be tabled at the Teaching & Learning Sub-Senate Committee in early 2018.

The MBCHB will be reviewed

### **5. Any other comments**

Cognisance should be taken that SMU is a new University and has to develop its own policies and strategies within the ambit of a health oriented university as well as the comprehensive nature of its existence. Various process are now in place to enable the re-thing of the academic project within this context. All new programmes will adhere to the nature of this institutional type and the development of curricula will be done through a dedicated stakeholder process.