



Policy on Curriculum Development and Review Nishtar Medical University, Multan

Approval was granted by	
IQAE	13 th meeting held on 22. 07. 2021
Academic Council	
Syndicate	

1) Policy particulars

Policy Statement: The mandate of this policy is to describe the process that needs to be adhered to when engaging on regular review of the curriculum of a program in Nishtar Medical University. This policy statement describes how the courses within the curriculum in a Faculty e.g. Medicine, Nishtar Medical University needs to be revised in accordance with sound educational practices and regulations specified by the Pakistan Medical and Dental Council. Therefore, this process shall ensure the delivery of a coherent and coordinated outcome based curriculum that is both vertically and horizontally integrated leading to development of self-learners.

Aims achieved by the policy: The curriculum revision ensures the continuous update of the curriculum, teaching learning methods and assessment methods to provide the undergraduate with intellectual skills such as analysis and reflection, problem solving, clinical reasoning and critical thinking. In addition, behavioral sciences, ethics, soft skills, community care, medical humanities, self-care and research are also given increasing importance.

It describes how new developments in teaching methods have to be evaluated and novel modes of teaching to be introduced with emphasis on student centered, self-directed methods, to promote an active, outcome-based learning experience.

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It shall ensure the achievement of the vision and the mission of the Nishtar Medical University and create a graduate who can function effectively, initially as an intern house officer, and on satisfactory completion of internship, as a basic doctor providing independent primary care, or as a medical officer in state or private sector institutions (i.e. general professional practice), or as a trainee in a postgraduate program leading to further specialization.

Scope: This Policy applies to all subjects from basic sciences, para clinical sciences, clinical sciences and generic skills that are included in the curriculum of the Faculty of Medicine, Surgery and Basic Sciences in Nishtar Medical University.

2) Policy definitions

Curriculum: A curriculum is a strategically developed sequence of learning experiences which enable the student to achieve the learning outcomes. A student will acquire the knowledge, skills, attitudes and competencies mentioned in the learning outcomes when they successfully complete the learning experiences planned out in the curriculum.

Curriculum alignment: This refers to the coherence between different levels of curriculum as well as elements within a curriculum aligning with the learning outcomes and the final product described in the graduate profile. At the macro level, this means the vertical coherence between the purpose of a qualification, qualification outcomes at the exit level and outcomes for study disciplines/subjects and modules. At the meso level, this refers to the horizontal coherence between study disciplines and between sub topics/modules that make up a study disciplines. At a micro level, curriculum alignment refers to internal coherence between sub topics /module elements, that is: purpose of study disciplines/ module, learning outcomes, teaching methodologies and assessment methods.

Learning outcomes: A learning outcome describes what students should be able to do by the time they have completed a module, study discipline or course leading to a qualification. Outcomes are complex and embody knowledge, skills, practices, values and attitudes.

3) Principles governing the policy

1. Design curricula at all levels that are responsive to the study discipline / subject/course units, to the students' learning needs, and to the social context taking into account the responsibilities to the country as a whole. The curriculum should be relevant, up-to-date and align with the teaching and assessment approaches in the discipline.
2. Design curricula in which all elements are aligned at macro,meso and micro levels.
3. Develop learning outcomes, which include knowledge and understanding of a study discipline/subject/courseunitsaswellascognitive,generalandprofessionalpractices

skills, attitudes and mindsets that are deemed important for the study programme. These should be in line with the regulations specified by the Pakistan Medical and Dental Council governed by Higher Education Commission.

4. Consult with key stakeholders during the curriculum design and review process. An effective system of curriculum management is based on the feedback received at the end of each semester from students, academic staff members, extended faculty and the patients. The curriculum revision body should consider the feedback from stakeholders, contemporary healthcare providers and other relevant issues such as new developments in the field of medicine and education when introducing a change.
5. Design assessments based on the systematic use of a variety of methods to collect, analyze, and use information to determine whether the medical undergraduate has acquired the competencies (e.g., knowledge, clinical skills, soft skills, clinical reasoning skills, behaviors, attitudes, English and information technology) that the profession and the public expect of a basic doctor who is competent in the basic and clinical sciences, behavioral sciences, community health and medical jurisprudence.
6. All examinations shall be conducted according to a blue print pre-approved by each department of study and subsequently approved by the faculty board. Fair, unbiased assessments shall be conducted where equal opportunity shall be given to all students irrespective of their gender, ethnicity, nationality and the level of handicap or any other differences. The assessments shall also be uniform, objective, marked against a pre-approved marking scheme and compatible to the learning outcomes specified for the respective subject.
7. The total duration of examination of a subject/course unit shall be decided based on the total content and the skills required within the subject/course unit.

4) Directive for the implementation of the policy

Directive 1: In all curriculum design processes the principles described above should be considered.

Directive 2: In the development of curricula, departments should clearly formulate their purposes as well as learning outcomes. This will facilitate the identification of specific outcomes for various study subjects and modules. Overall learning outcomes of the subject/course unit and for the specific learning outcomes for the different sections should be designed. Such planned outcomes need to be explicitly communicated to the students in the student hand book and should appear in the Faculty/University web site and other relevant documents.

Directive 3: Regular critical review of curricula should be the standard practice in every department. Given the rapid pace of change, it is suggested that curricula should be reviewed every two years at departmental level. An overall curriculum revision at the faculty level is required every ten years. After the implementation of the new curriculum, it is mandatory to review the implementation process and outcomes achieved every semester for trouble shooting until the first cycle is completed. Any major modifications identified need to be forwarded

Through proper channels for review and approval.

This will also involve evaluation of the effectiveness of the program by outcomes analysis, using national norms (subject benchmark statement etc.) of accomplishment as a frame of reference, monitoring of content and workload in each discipline, review of the objectives stated by each individual subject component and the methods of instructions, inclusion of current topics of interest to the curriculum and omission of redundant areas. Redundant areas will be decided by the Head of each department in consultation with senior academic staff members at the departments and clinicians where applicable.

Directive 4: Student feedback, peer feedback and feedback from the alumni of the faculty should be elicited regularly to feed into curriculum review decisions. In developing and reviewing curricula wide consultation should take place with all stake holders. Interdisciplinary curriculum planning should be encouraged.

5) Roles and responsibilities

Role	Responsibility
Academics	Design curricula for subjects/study disciplines/course units in accordance with the principles identified in this policy. Regular evaluation and review of curricula using feedback data.
Subject/topic coordinators	Coordinate curriculum design and review processes indepartments. Work in collaboration with teams of academics to design and review modules, study subjects.
Heads of departments	Offer leadership to academic staff in relation to disciplinary curriculum decisions and processes and take responsibility of the revision that take place within the department. Ensure that subject/module coordinators and academics are designing and reviewing curricula in line with the policy principles and directives. Initiate two yearly comprehensive review of curricula within the department and monitor revision every semester whenever applicable.
Medical Education Development (DME)	Provide a supportive and advisory role for the design and development of curricula and respective revisions submitted by each department of study. Such suggestions should be forwarded back to the department of study for further discussions at the departmental level and necessary revisions before the department submits it to the CRC.

Curriculum Revision by Board of study(BOS)	Suggestions for curriculum revision by each department study should be received by the CRC, where it shall be discussed in detail and final revised version should be forwarded to the CD & EC for approval
Board of Faculty (BOF)	Offer high level leadership and facilitate deliberations on issues affecting curriculum decisions and processes in the faculty. Establish quality assurance processes across departments (at study discipline/subject level) in the faculty to ensure that the policy principles and directives are met. Provide financial and any other logistic requirements for the curriculum revision process including conduct of workshops for staff etc. Further, Dean shall forward the documents to Centre for Quality Assurance (CQA) upon recommendation by the Faculty Board.
Curriculum Development and Evaluation Committee (CD & EC)	Suggestions for improvement/revision of the curriculum submitted by CRC should be discussed at the Curriculum Development and Evaluation Committee (CD & EC). Final approved version should be forwarded to the IQAE for formatting and final checking.
Quality Enhancement Cell (QEC)	CD & EC recommended items shall be received by the Internal Quality Assurance Cell (IQAC). The IQAC should carry out required checking on conformity to the faculty, university and UGC/CQA guidelines. IQAC shall forward the documents with their recommendations to the Dean to be tabled at the Faculty Board.
Vice Chancellor of the university	Offer high-level strategic leadership on matters pertaining to teaching and learning, taking into account the national context and developments within it as well as a broad understanding of the institutional context and particularly the challenges within. Revisions suggested for curricula should be discussed at the Senate of the University of Ruhuna prior to forwarding to Council and the UGC for approval.

Prepared by the committee this comprised of,

1. Professor Dr. M Zafar Iqbal
2. Professor Dr. Arif Mehmood Bhatti
3. Professor Dr. Shmyla Hamid HOD Physiology
4. Associate Professor Dr. Afsheen Asghar

Further improved by IQAE core committee

Nishat
VICE CHANCELLOR
NISHTAR MEDICAL UNIVERSITY
MULTAN.