

MTHATHA CAMPUS

FACULTY OF MEDICINE & HEALTH SCIENCES



PROSPECTUS 2024

WSU
Walter Sisulu University
In pursuit of excellence

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1 HOW TO USE THIS PROSPECTUS

Note this prospectus contains material and information applicable to the whole Faculty.

It does not however contain the detailed information and specific requirements applicable to programmes that are offered by the Faculty. These can be found in the Department handbooks.

This prospectus should be read in conjunction with the General Prospectus which includes the University's General Rules & Regulations, which is a valuable source of information and the relevant Department handbooks.

Students are encouraged to contact the Academic Heads of the relevant Department if they are unsure of a rule or an interpretation.

Disclaimer

Although the information contained in this prospectus has been compiled as accurately as possible, WSU accepts no responsibility for any errors or omissions. WSU reserves the right to make any necessary alterations to this prospectus as and when the need may arise. This prospectus is published for the 2024 academic year.

The offering of programmes and/or courses is not guaranteed.

Students should note that the offering of programmes and/or courses as described in this prospectus is not guaranteed and may be subject to change. The offering of programmes and/or courses is dependent on viable student enrolment numbers being met (as determined by HOD) and physical and human resources being available.

2 WELCOME BY THE DEAN OF THE FACULTY

Professor W.E. Chitha

It is my great pleasure to welcome our students and staff to the Faculty of Medicine & Health Sciences at Walter Sisulu University (WSU).

The Faculty is founded on a strong partnership between the university, Eastern Cape government (Department of Health), national government (National Department of Health, Department of Higher Education and Training), the National Health Laboratory Service and Eastern Cape communities. Guided by the University slogan in "Pursuit of Excellence", our Faculty programmes (education, research and innovation, community engagement and service) put societal needs at the center of their business. Our motto is "Excellence Through Relevance".

We aim to inspire excellence through our relevant developmental, innovative, impactful and socially accountable programs in education research, innovation and healthcare. We continue to inspire excellence through amongst other things unleashing human potential and strong knowledge partnerships.

We continue to advance the shared vision of the founding partners and stakeholders "An improved health status and quality of life for the underserved communities in the Eastern Cape province of South Africa through education research and community service".

As an established faculty of almost 40 years of age we have made our mark within and beyond South Africa. In furthering our educational mission, this faculty has become stronger in Problem-based Learning and Community-based education. All our undergraduate programs include a significant component of work integrated learning. Community-based education has made focus on the needs of population especially the rural undeserved disadvantaged people of the Eastern Cape. This has made us to be recognised by the world as one of the leading faculties in Socially Accountable Health Professions Education in the world.

The gazetting of Nelson Mandela Academic Hospital as a Central Hospital in the Eastern Cape has empowered both government and the university to proceed in earnest with efforts to build a new Faculty of Medicine & Health Sciences adjacent to Nelson Mandela Academic Hospital. Construction of phase one is complete. Working together with the Department of Higher Education and Training, Eastern Cape Department of Health and our partners, we continue to prepare district hospitals in terms of equipment, staffing and student accommodation and have given them the opportunity to participate in the academic health platform through our community-based education.

In addition, the faculty is planning to establish the WSU Rural Clinical School to provide our medical students with a full year of voluntary rural clinical placement during the final year of the existing MBChB program. This is a perfect vehicle to

implement community engaged scholarship which encompasses academic activities conducted in partnership with communities through teaching (e.g. service learning), research (e.g. Community-based participatory research), community responsive healthcare (e.g. community orientated primary care, academic public health practice) and service (e.g. community service, outreach). We are also strengthening the role of regional hospitals in our decentralised academic health platform to provide better training opportunities and space for tertiary hospitals to establish centers of clinical and research excellence.

We are the Faculty of Firsts:

- The first Faculty of Health Sciences in South Africa to introduce an undergraduate degree in Health Promotion. Up to now, no other Faculty has followed.
- The first Faculty of Health Sciences in South Africa to introduce Problem-Based Learning and Community- Based Education in Medical Education.
- One of the two Faculties of Health Sciences in South Africa to first introduce an integrated 5-year MBChB curriculum.
- The first Faculty of Health Sciences in South Africa to offer the Clinical Associate Programme.
- The first Faculty of Health Sciences in South Africa to introduce placement of all medical students at district hospitals for a continuous period of 20 weeks during the 5th year of study in medicine. The first Faculty of Health Sciences in South Africa to establish a Centre for Global Health and Research.

To the new students, the selection of students into our programmes is very competitive. Too many applicants compete for limited number of spaces. The admission into our programmes is restricted by staffing, space, and equipment, so as to maintain high quality teaching and learning. We continue to explore ways to increase our capacity, working together with the National Department of Health, Eastern Cape Department of Health and Department of Higher Education and Training, so as to be able to double our intake of medical students and triple the intake of clinical associates, in addition to increased intake in nursing, health promotion, medical scientists and medical specialists. We also have a vision to introduce new programmes such as Dietetics, Physiotherapy, Dentistry, Speech Pathology and Audiology, and Occupational Therapy.

I would like to remind all of us that individuals come and go; be they staff or students. The institution is bigger and more important than all of us. It is important for all of us to receive this institution of integrity with such a proven track record in society and hand over a better Walter Sisulu University Faculty of Medicine & Health Sciences to future generations. Let us, therefore, build on our strengths, convert our weaknesses to opportunities, and contribute positively to the growth of this institution, particularly the Faculty of Medicine & Health Sciences, for the sake of the youth and future citizens of this country.

I would like to remind every student that being admitted in study to this faculty is an opportunity of a lifetime. Take it! Treasure it! Make the best out of it.

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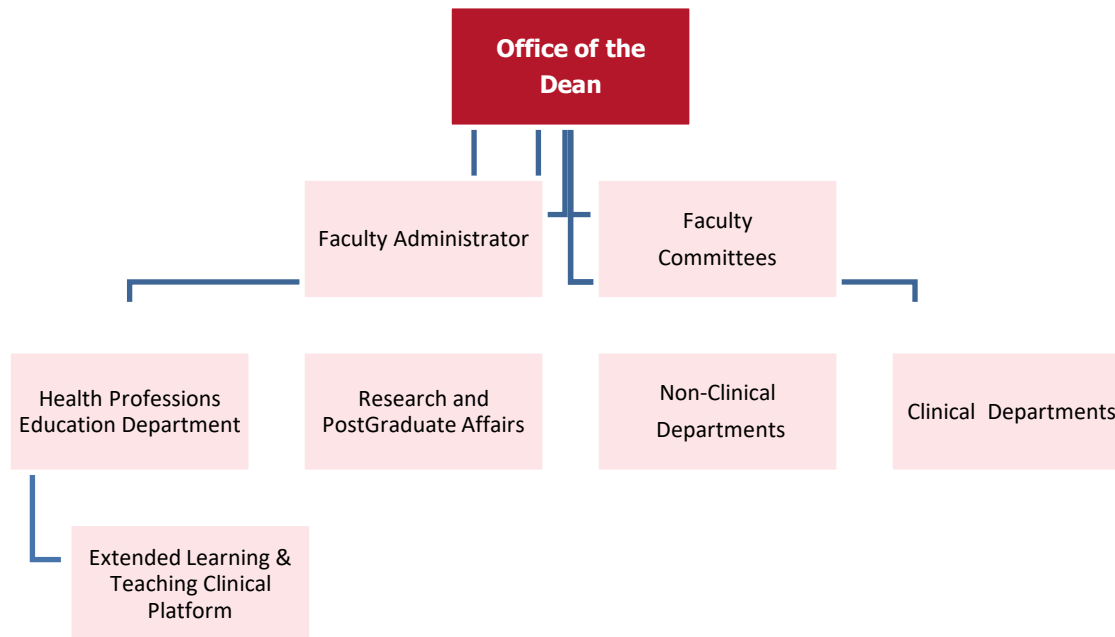
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Note: Staff in the various programmes are listed under the relevant department's section of the prospectus

4 FACULTY OVERVIEW

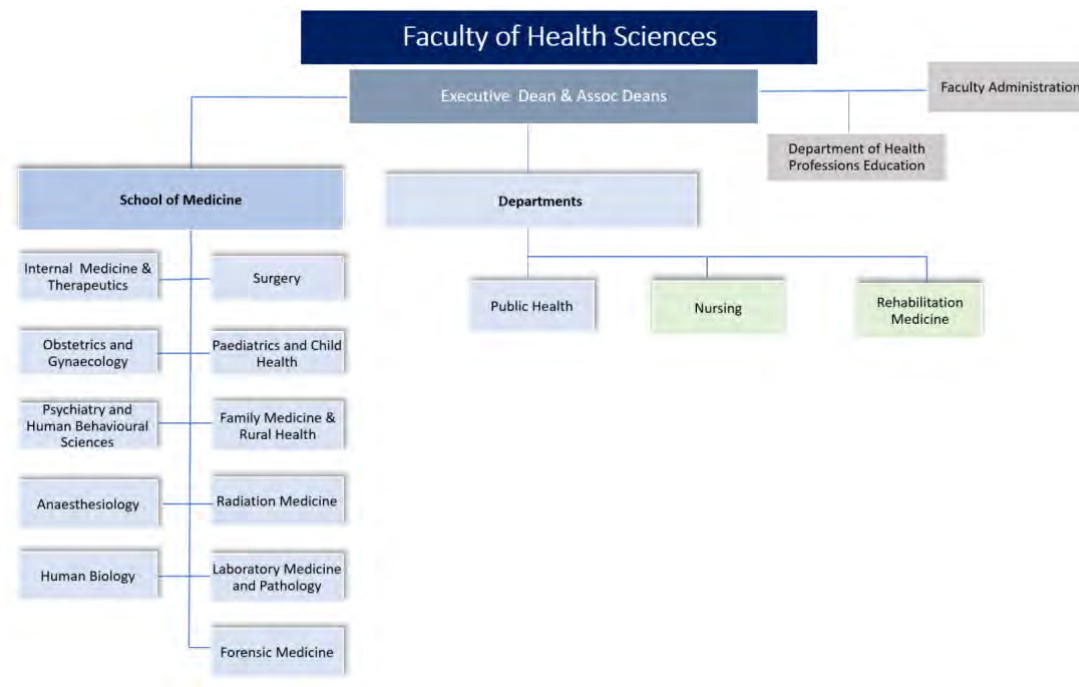
The faculty has 11 academic departments based at the Sisson Street facility in Mthatha, with a deanery representation for academic coordination in the main delivery sites of the extended platform (East London & Port Elizabeth), a faculty Finance Manager and a Projects' Manager which report to the dean. There is also a Faculty Administration section, a Postgraduate Coordination Office and a Research Office.



The faculty programme offerings include:

- six undergraduate programs at NQF levels 7 and 8,
- five Postgraduate programs at NQF 7 (2 postgraduate diplomas and 3 Honours degrees (NQF ;level 8),
- six Masters of Sciences (NQF 9),
- ten Masters of Medicine (professional degrees at NQF level 9), and
- a Doctoral degree in Health Sciences at NQF level 10.

The Faculty has the following 15 academic departments:



Educational Philosophy

The design of the MBCHB, Clinical Associates and Nursing programmes at WSU amalgamates social constructivist educational philosophy with Community-Oriented and Community-Based Education within a socially responsive curriculum. The presence of Community-Oriented-Education at the centre of the curriculum is expanded to Community-Based-Education when students learn at the health care facilities of the province, which set the patients, their problems, and the available resources, in the context of three levels of health care, primary, secondary, and tertiary. Active student-centred pedagogy is practised in the learning scenarios, introducing health problems to the students as early as the first year of the MBCHB programme. The search for solutions to health problems is the driving force for integrating the learning needs of different disciplines. In the first three years, problem-based learning is practised through narratives of patients (paper cases), which has its continuum through merging with patient-problem-based learning in the clinical years. The assessment system of the MBCHB programme is aligned to the university (WSU) assessment policy, which emphasises assessment for learning. Different assessment instruments offer opportunities for students to monitor their own performance systematically, while the staff assesses the fulfilment of the learning objectives at various stages. The curriculum is designed to achieve the expected competencies at the end of each phase and the learning process where students develop their professional skills.

The WSU clinical education curriculum is centred on the 'how' of medicine, sometimes referred to as the humanistic approach to medical education. In this approach, community and patient needs have been advanced as the ordering principle for medical education. Hence, medicine is designed to primarily alleviate all the major health needs of the country and not just those defined as medical. Medicine should, therefore, be shaped by epidemiology and ecology, matched to the demographic, socio-economic, and cultural sources of ill health. This paradigm of medical education fits well into the vision and mission of WSU.

The curriculum of WSU is an integrated student-centred, problem-based, community orientated and community-based curriculum, sometimes referred to by the acronym SPICES, to indicate a curriculum that is:

- Student-centred, Problem-based
- Integrated (regarding disciplines)
- Community-oriented and community-based

and offers:

- Elective time
- Systematic design

In problem-based learning, the students acquire their knowledge in an integrated fashion by analysing clinical or health-related problems (e.g. a patient with blood in the sputum). They are required to identify the biological factors (e.g. the anatomy, histology, physiology of coughing and sputum secretion, causes of blood in sputum, etc.) and social determinants that are important in the causation of the patient's problem. They then search and track down these factors independently, using the available resources and resource persons. They then reassemble to share, debate, and integrate the information related to the problem at hand. Self-directed learning forms a major part of the teaching and learning methods in the curriculum.

This approach departs from the traditional teaching format that relies on instructor-formulated lectures to whole classes of students, with the student being the passive recipient rather than the active researcher of facts. Problem-based learning also departs from the strict boundary of knowledge compartmentalised into independent disciplines, as well as, from the traditional division of the medical curriculum into the “pre-clinical” and “clinical” phases.

The expression “community orientation” is used in this document for convenience and brevity to refer to a curriculum that is geared to understanding, researching and solving the health problems of general population of South Africa. This is taken as a very critical matter in curriculum development at WSU. It is now well accepted that clinical competence is largely “problem (content) specific” and does not generalise well across different clinical problems. Therefore, to train a competent Dr with the technical and social skills to function in the healthcare delivery system in South Africa, we must expose the students to the common, everyday health problems in this community.

The expression “community based” refers to the arena of learning. The educational activities will not be restricted to a teaching hospital as a community-based medical school. Instead, the Faculty has moved a significant proportion of “hands-on” professional training to community settings under the tutorship of continuously trained primary caregivers. The faculty works in partnership with hospitals, doctors, and clinics throughout the region. These educational partnerships spread the benefits of an academic medical centre throughout the region, improving the quality of health care for the entire community. Furthermore, It is prudent to train the students in the environment where they are destined to work.

EDUCATIONAL STRATEGIES

The educational strategies used to implement the curriculum are derived from the “SPICES” model described by Ron Harden at the Centre for Medical Education at the University of Dundee (Harden et al. 1984). “SPICES” stands for student-centred, problem-based, integrated, community-based, electives and systematic.

Student-centred learning

In student-centred learning, students play an active part in their learning. The programme is, however, a mixture of student-centred and teacher-centred learning. Staff play a significant role in defining critical and specific outcomes for the programme, course content, learning resources, teaching and learning methods, and assessment methods. Students learn in small group tutorials of 8-10 members, with staff as facilitators. Students derive learning needs, learn them in their own time and present what they have learnt at various depths to the group. There are few scheduled lectures and seminars, but students are free to request a teacher to schedule a lecture or seminar for the class on a topic that is difficult to comprehend.

Problem-based learning

The learning is problem-based in that a clinical problem is used as a springboard to explore various topics. The small group tutorials described above are problem-based.

I

Integrated courses

The curriculum is integrated both horizontally and vertically, as already described above. In addition, there is full horizontal integration in the “pre-clinical years”, where subjects like anatomy and physiology are taught together through systems approach. Vertical integration follows the wedge approach, where the clinical science input is small at Phase I but gradually increases, while the basic sciences input is extensive initially but progressively decreases.

Community-Based Education (CBE)

Community-based education enables students to see patients away from the tertiary teaching hospitals. District Hospitals, Community Health Centres (CHC), clinics, private general practices, old-age homes, hospices, schools, and community homes are also used as part of the academic teaching platform at this University. This practice enables students to see patients in their environment because some health problems are not seen at tertiary hospitals. Students also learn how the health services function, the importance of teamwork, involving the patient, family or community in health care issues, and health promotion and disease prevention.

Electives

The medical curriculum at Walter Sisulu University consists of core modules and electives. The primary purpose of this is to reduce information overload. Elective modules are therefore introduced to supplement the core content. In addition, students may choose electives to fill the gaps in areas or courses which have been identified or to study particular areas of interest in depth. This is another way of making students responsible for their learning.

Systematic curriculum design

The students are not left to wander in the wards without a plan. Planning ensures that learning occurs systematically by scheduling learning activities, including tutorials. This ensures that core topics are covered during the clerkship period. There are also so-called “expert resource sessions” where seminars are planned and conducted weekly during the clerkship period. These planned activities are additional to the ward rounds, outpatient care and emergency calls.

The Spiral Curriculum

The curriculum is arranged in four themes. The table below shows that all four themes are introduced at level 1 but in various degrees of depth. However, the focus changes as they progress through the programme. New information in the next level is introduced to link with the information obtained from the previous level. Previous learning, therefore, acts as building blocks as students “walk” their way through from Phase I to Phase III.

The clinical training support:

The clinical training uses a platform extended across the Eastern Cape Province with four hospitals at tertiary level. It also includes regional and district hospitals as well as primary health care centres across the province to enhance the rural and community engagement vision:

No	Name of facility	Town	Province	Rural,Urban, Semi-urban or Semi-rural	Tertiary, Secondary or primary service facility
1	Nelson Mandela Central Hospital	Mthatha	Eastern Cape	Rural	Central
2	Frere Hospital	East London	Eastern Cape	Urban	Tertiary
3	Livingstone Hospital	Port Elizabeth	Eastern Cape	Urban	Tertiary
4	Port Elizabeth Provincial Hospital	Port Elizabeth	Eastern Cape	Urban	Tertiary
5	Mthatha Regional Hospital	Mthatha	Eastern Cape	Rural	Secondary
6	Cecilia Makiwane Hospital	East London	Eastern Cape	Peri- Urban	Secondary
7	Dora Nginza Hospital	Port Elizabeth	Eastern Cape	Peri- Urban	Secondary
8	Frontier Hospital	Queenstown	Eastern Cape	Peri- Urban	Secondary
9	St Elizabeth Hospital	Lusikisiki	Eastern Cape	Rural	Secondary
10	Elizabeth Donkin Hospital	Port Elizabeth	Eastern Cape	Urban	Psychiatric Hospital (Secondary)
11	Fort England Hospital	Grahamstown	Eastern Cape	Urban	Psychiatric Hospital (Secondary)
12	Komani	Queenstown	Eastern Cape	Rural	Psychiatric Hospital (Secondary)
13	All Saints Hospital	Engcobo	Eastern Cape	Rural	District Level 1
14	Butterworth Hospital	Butterworth	Eastern Cape	Rural	District Level 1
15	Madwaleni Hospital	Xhora	Eastern Cape	Rural	District Level 1
16	Madzikane KwaZulu Hospital	Mount Frere	Eastern Cape	Rural	District Level 1
17	Dr Malizo Mpehle Memorial Hospital	Tsolo	Eastern Cape	Rural	District Level 1
18	Settlers Hospital	Grahamstown	Eastern Cape	Urban	District Level 1
19	Zithulele Hospital	Mqanduli	Eastern Cape	Rural	District Level 1
20	St Patrick's Hospital	Bizana	Eastern Cape	Rural	District Level 1
21	Bisho/Grey Hospital	Bisho/King William's Town	Eastern Cape	Rural	District Level 1
22	Holy Cross Hospital	Flagstaff	Eastern Cape	Rural	District Level 1
23	St Barnabas Hospital	Libode	Eastern Cape	Rural	District (Secondary)
24	Uitenhage Provincial Hospital	Uitenhage	Eastern Cape	Urban	District
25	Ngangelizwe Health Centre	Mthatha	Eastern Cape	Rural	CHC (Primary)
26	Mbekweni Health Centre	Mthatha	Eastern Cape	Rural	CHC (Primary)
27	Baziya Health Centre	Mthatha	Eastern Cape	Rural	CHC (Primary)

No	Name of facility	Town	Province	Rural,Urban, Semi-urban or Semi-rural	Tertiary, Secondary or primary service facility
28	Mhlakulo Health Centre	Mthatha	Eastern Cape	Rural	CHC (Primary)
29	Qumbu Health Centre	Qumbu	Eastern Cape	Rural	CHC (Primary)
30	Stanford Terrace Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
31	Mqanduli Health Centre	Mqanduli	Eastern Cape	Rural	CHC (Primary)
32	Mbekweni Health Centre,	Mthatha	Eastern Cape	Rural	CHC (Primary)
33	Luthubeni Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
34	Nolitha Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
35	Sakhele Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
36	Maxwele Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
37	Tabase Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)
38	Gateway Clinic	Mthatha	Eastern Cape	Rural	CHC (Primary)

Five Hospitals on the clinical training platform where MBCHB student do their ILCC training have a Health Resource Centre (HRC). HRC Mthatha Academic Complex, HRC Queenstown, HRC St Elizabeth, Lusikisiki, HRC East London and HRC Port Elizabeth. Such complexes provide teaching and learning facilities (including venues, IT access, libraries and computer laboratories) to ensure adequate training for clinical students.

Also, there are mini-health resource centres in other hospitals where ILCC and Clinical Associate training occurs. The hospitals are Uitenhage, Settlers, Butterworth, All Saints, Madwaleni, Zithulele, Dr Malizo Mpehle, MadzikaneKa Zulu, St. Patricks, and St. Barnabas. In most hospitals, there is a permanent ICT infrastructure in the teaching room with live connectivity. So, there is access to the WSU internet for accessing the university's information resources. Where there is no permanent infrastructure for connectivity, access is through the WSU WIFI router provided by ICT in each site.

The FMHS has a state of the art "Simulation & Clinical Skills Laboratory" on the NMD campus where MBCHB students learn and practice core skills in examining and managing the patient. In the junior years, students practice low fidelity simulation, while students from the clinical years have access to high fidelity manikins.

HISTORY OF FACULTY OF MEDICINE & HEALTH SCIENCES

Walter Sisulu University (WSU) came into existence on 1 July 2005, arising from the merger of the former University of Transkei, Eastern Cape Technikon and Border Technikon. The establishment of WSU completed the restructuring of the South African Higher Education landscape in terms of the Higher Education Act no 101 of 1997 as amended. Therefore, it is a new comprehensive university that offers a range of programmes from certificates to diplomas, degrees, and post-graduate programmes.

Strategically located within the Eastern Cape Province, WSU straddles a vast spectrum of this region's urban and rural divide. This context has then led the university to define its NICHE area as Rural Development and Urban Renewal.

WSU has four (4) campuses: Buffalo City, Butterworth, Queenstown, and Mthatha (Head Office). WSU has 11 faculties with a student population of 24,000 and a staff complement of approximately 2,000.

The faculty was established in 1985 with the introduction of the MBChB programme. At this time, the Department of Nursing, already operating under the Faculty of Economic Sciences, was relocated to the newly established Faculty of Medicine. The Department of Health Promotion was established in 1989 as a Department of Health Education. Initially, the focus was on undergraduate education and training, and postgraduate programmes were later on introduced. To date, the Faculty offers a range of programmes from certificates to undergraduate diplomas, bachelor degrees, honours, postgraduate diplomas, masters and PhD. The Faculty has a Library, with a Skills Laboratory and Computer Learning Centre.

PROBLEM-BASED LEARNING

The Faculty has been recommended as a WHO collaborating centre for PBL/CBE. It is a full and active member of The Network: Towards Unity for Health, and hosted the 1996 International Network Conference in Durban. The Faculty is now recognised by its peers internationally as one of eight (8) Medical Schools in the world that are champions of social accountability in health professions education. These medical schools have formed an organisation called the Training for Health Equity Network (THEnet). The Faculty of Medicine and Health Sciences at WSU is the only Faculty of Health Sciences in Africa that is a member of this organisation.

The Faculty of Medicine and Health Sciences has its Headquarters at Mthatha Campus but has an Academic Health Service Complex that spreads throughout the Eastern Cape Province including all levels of health facilities in the Eastern Cape Region (Mthatha), Central Region (East London) and Western Region (Port Elizabeth). The teaching platform is further enhanced by the establishment of Health Resource Centres at Mthatha, East London, Port Elizabeth and Queenstown. Health Resource Centres are of different sizes are currently being set in various health facilities in the province. These Health Resource Centres are strategically built next to hospitals. The purpose for establishing these Health Resource Centres is to create an academic environment throughout the Eastern Cape Province so that students are adequately taught by joint staff that has access to library and internet facilities, to enable the three functions of an academic institution to be fulfilled adequately, i.e. teaching & learning, research and service to the people.

The Faculty of Medicine and Health Sciences is regarded as the flagship of this university. Its niche area is rural health, based on its context. This has made this Faculty committed to learning and teaching in the community from District Hospitals to Community Health Centres, Clinics and patient homes (i.e. district learning complexes).

Problem-Based Learning is introduced in the first year and continues to be the primary learning strategy up to the final year. This is the only University in South Africa that offers small group Problem-Based Learning tutorials in clinical years. Learning in the community (i.e. Community-Based Learning) is also introduced early in the curriculum, and the time spent in the community is progressively increased up to the final year. Community-Based Learning in this Faculty is strengthened by the establishment of community partnerships around Mthatha and this led to establishing four (4) purpose-built Community Health Centres around Mthatha. The Clinical Associate Programme is thus modelled through these two powerful learning strategies, Problem-Based Learning and Community-Based Education. More than 90% of the curriculum for the Clinical Associate Programme is taught in District Learning Complexes, which is where the graduates of this programme will practise after completion.

COMMUNITY ENGAGEMENT

The faculty pioneered Community-Based Education (CBE) in partnership with the Department of Health and the local communities of Ngangelizwe, Baziya, Mbekweni and Mhlakulo through the establishment of what was then called the Unitra Community Health Partnership Project (UCHPP). This project led to the establishment of four Community Health Centres in and around Mthatha through funding from the W K Kellogg Foundation from 1991 to 2001. This initiative further led to the establishment of a university-wide Community Higher Education Service Partnership (CHESP) that has in turn been merged with Work Integrated Learning in the new Walter Sisulu University to form the greater part of the Centre for Community and International Partnerships. The Capacity building programme at district hospitals is supported by the Department of Health with transport and is part of the joint function of staff at WSU. The faculty has adopted the Infusion Model of Community Engagement in line with the rest of the University.

Furthermore, the Faculty has spearheaded the introduction of Integrated Longitudinal Community Clerkship (ILCC) in the 5th year of MBChB degree. This initiative is strongly supported by the Department of Health. The primary aim is to provide patient-centred community clinical clerkship programmed at the district hospitals, Health Centres and surrounding communities.

FACULTY PROGRAMMES:**Medicine Programmes**

Our MBChB programme started in 1985 with a traditional programme and later adopted the innovative curriculum based on problem-based learning and community-based education. Learning in the community is also introduced early in the curriculum, and the time spent in the community is progressively increased up to the final year. A curriculum integrated with early clinical exposure gradually increases up to the final year.

Small group learning is a central pillar of our teaching and learning strategy. We use an expanded teaching platform across the Eastern Cape Province.

The Bachelor of Medicine in Clinical Practice (Clinical Associate Programme) was introduced in 2008 and had 23 students. It follows a problem-based, community-based curriculum with about 80% of time spent in District Hospitals and surrounding communities.

Nursing Programmes

The Nursing Programme initially offered in 1982 was a part-time Diploma in Nursing Administration and Community Health Nursing, which was an 18-month programme. In 1984, the Diploma in Nursing Administration and Community Health Nursing was upgraded to two years. The B Cur was started in 1990. The 4-year basic nursing degree (B Cur Basic), started in 1997 as a Bachelor of Nursing (also known as R174). This programme adopted a problem-based, community-based approach. The R174 programme is currently being phased out and replaced with a new national curriculum known as the R425 programme.

Public Health Programmes

The department of Public Health was established in 2015, combining two pre-existing departments - Health Promotion and Community Medicine. The Department of Public Health now has three divisions: Community Medicine, Preventative Medicine and Health Behaviour, and the division of Health Systems, Policy and Planning. There are five programmes currently offered by the Department of Public Health: Community Medicine (as part of the MBChB programme, from level 1 to level 5), Bachelor of Science in Health Promotion, Postgraduate Diploma in Health Promotion, Master of Science in Health Promotion, and the Master of Public Health. The department received accreditation from the Health Professions Council of South Africa in 2016 to train specialists in Public Health Medicine. This programme was introduced in 2017.

The department continues to grow and plans to strengthen its programmes by continuously improving on the quality of content delivered, student throughput and research outputs; and through continued community engagement.

Rehabilitation Medicine Programmes

The Department of Rehabilitation Medicine was established in 2014, to host five programmes names: Medical Orthotics and Prosthetics, Physiotherapy, Occupational Therapy, Speech

Pathology and Therapy and Dietetics. Medical Orthotics and Prosthetics Programme is the first that started with a total intake of 30 students. The Department is currently working on the establishment of the other programmes listed above.

PhD in Health Sciences

The programme is designed to develop promising scientists into critical thinkers capable of initiating and implementing independent research in the biomedical and health-related sciences. The graduate will also have the potential to become educators at the tertiary level.

The Doctor of Philosophy is a research degree. The student conducts research under the supervision of a member of the Academic Staff in the Faculty of Medicine and Health Sciences. The enrolment into the programme can be either full- time or part-time. Part-time students will be permitted to complete the degree in 3 years, which is the envisaged minimum time for the full-time student.

Candidates for the Doctor of Philosophy degree must be graduates with a minimum of 600 tertiary level credits, usually in Biomedical Sciences, Medicine, Nursing, and other Health Sciences. Prospective candidates must have completed modules dealing with Statistics and Research Methodology. Exceptional applicants who have not completed all the pre-requisite course work may be accepted provided that the necessary levelling work is taken during the first year. A personal interview may be required for admission.



5 VISION, MISSION, VALUES

5.1 VISION

The Faculty of Medicine and Health Sciences will be the leader in Problem-Based Learning (PBL), Community-Based Education (CBE), and Community Partnerships in Africa to improve the quality of life of all the people served.

5.2 MISSION

The Faculty of Medicine and Health Sciences is committed to excellence in Problem-Based Learning (PBL), Community-Based Education (CBE) and social responsiveness through the integration of community service into its learning programmes that involve innovative teaching and research, with particular emphasis on Primary Health Care (PHC), and sustainable rural development in partnership with communities and service providers.

5.3 VALUES

Academic freedom in teaching and learning, research and community service.

Quality management and integrity in teaching and learning, research and community service

Equity in all faculty activities, be it in student matters, staff matters, patient care and community service in general.

Democratic governance at all levels of management.

Student access for success in all programmes within the faculty

Staff development and leadership capacity for all faculty staff.

Batho Pele principles of good character, respect and humility in our daily activities.

Cost-effectiveness in handling institutional resources at all times.

Relevance to the needs of those we serve, especially students and the community

6 GOALS OF THE FACULTY

- **Building partnerships between university, community and service providers that should guide teaching and learning, research and community engagement throughout the faculty.**
- **Developing an appropriate recruitment and selection process that enables the faculty to recruit from communities with greatest need. This process should also:**
 - Look at both the academic performance and personal attributes of prospective students.
 - Includes community members in the selection committee.

- **Developing an appropriate curriculum based on the primary health care approach and guided by health and social needs.**

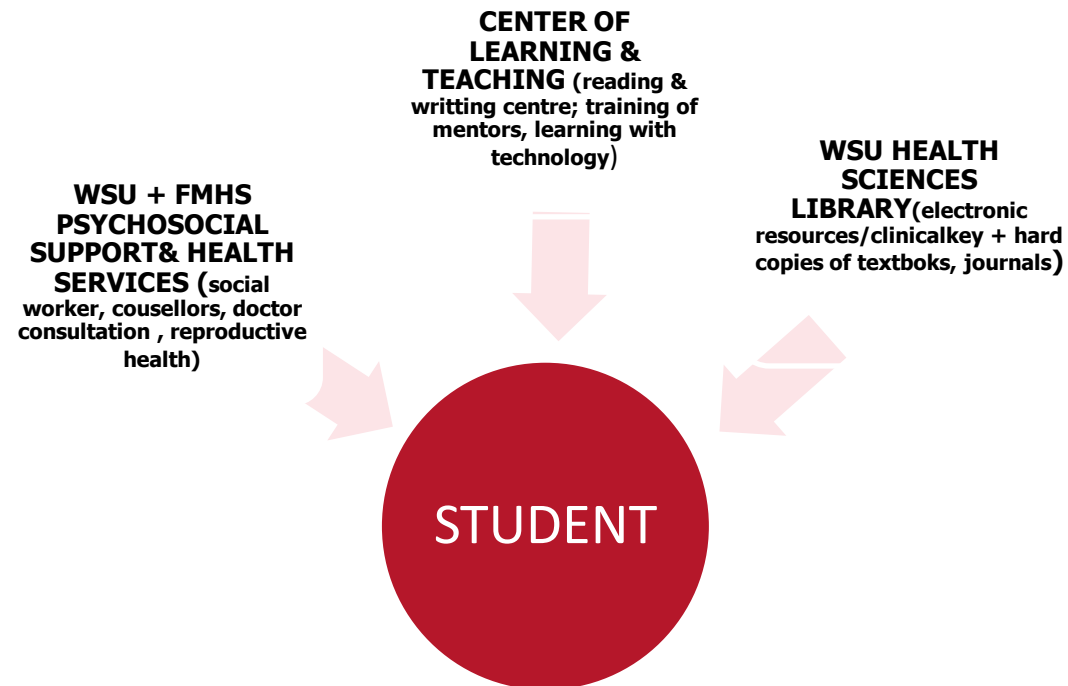
This curriculum should include:

- Early clinical exposure.
- Significant learning in the community.
- Problem-based learning as a vehicle for community-based education and service.
- Integration of basic sciences, clinical medicine and population medicine from 1st year to final year.
- Student centeredness and self-directed learning.

- **Developing a student support programme that ensures access for success.**

This should include:

- A student mentoring programme, where senior students are mentors for junior students, staff members are mentors to needy students and community members are mentors to all students in the community.
- Provision of financial assistance to almost all students coming from disadvantaged backgrounds.



- **Recruiting and developing appropriate teaching staff that has a passion for community engagement including health professionals in the workplace (general/ family practitioners, nurses, health promoters, social workers, etc.), community health workers and community liaison officers.**

This initiative requires:

- Training academic staff across disciplines to be tutors/facilitators of small group learning within an integrated curriculum beyond their respective disciplines/ specialisations.
- Training of health professionals also as tutors/facilitators of small group learning centrally, in the skills laboratory and the community.
- Recruitment of community health workers and community liaison officers to be teachers and mentors that guide students in the community.

- **Developing an appropriate and expanded teaching and learning platform that will enable the faculty to admit more students and enable teaching to occur mainly in secondary and primary health care settings rather than at tertiary hospitals.**

In this regard, each Learning Complex, including a District Learning Complex (consisting of a district hospital(s) and associated community health centres and/or clinics) should have:

- A learning centre that has seminar/tutorial rooms with teaching equipment, a skills laboratory and a library with intro and internet facilities, in addition to patient care facilities.
- Accommodation for students and staff.

- **Providing tangible, sustainable, integrated and comprehensive primary health care services that are based on relevance, equity, quality and cost effectiveness.**

This can be achieved through:

- Teaching and application of the biopsychosocial model throughout the teaching platform.
- Exposing the students to community diagnosis that is followed by intervention projects, based on feasible and prioritised community needs.
- Re-introduction of family attachment scheme that enables students to follow patients into their homes over a period of time.
- District hospital and community health centre visits by academic staff for teaching students, capacity building to peripheral staff and service to the community.

RESEARCH

Faculty research is informed by essential national health priorities. The Faculty Research NICHE areas include Human Nutrition, Medicinal Plants, Chronic Diseases, HIV & AIDS, Health Systems and Medical Education. Currently have flagship programmes in collaboration with the South African Medical Research Council, namely TB pericarditis project, MRC HVTN, HIV Vaccine Trials project, Research Development Programme, MRC/ NIH/ John Hopkins University Collaboration. NCD/HIV/Oesophageal Cancer/ Medicine Plants Project

The Faculty Research NICHE areas are:**Basic Sciences:**

Human Nutrition.
Medicinal Plants & Traditional Medicine.

Clinical Sciences

Clinical Epidemiology.
Chronic Diseases including Tuberculosis, Asthma, Cardiac Diseases.
HIV & AIDS from Health Promotion and Prevention including HIV Vaccine Testing to Monitoring and Evaluation of HIV & AIDS Management including ARVs.

Public Health

The Burden of Disease.
Disease Prevention and Health Promotion Health Systems Research.
Health Informatics.

Health Sciences Education

Problem-based Learning Community-based Education Service-Learning.



7 FACULTY STUDENT SOCIETIES THEIR ROLES

Upon registration, students are free to join any student society at the University. In addition, there are three main Faculty Societies as follows:

Health Science Students Council (HESSCO)

HESSCO is one of academic societies at WSU, representing Faculty of Medicine and Health Sciences students in general.

It is the supreme and mother body of all societies within the faculty, under the umbrella of the Students' Representative Council (SRC).

It represents students in Faculty Boards, All Students' Faculty Council on National and international issues. HESSCO is an affiliate of South African Medical Students' Association (SAMSA), South African Students' Nurses Organisation (SASNO) and National Organisation for Health Promotion.

To become a member of HESSCO you pay a subscription fee which is paid during registration and the amount is determined by the HESSCO-AGM.

Every student has the right to be elected to HESSCO Executive.

Health Science Alumni Association (HSAA)

HSAA is an organisation formed by the finalists, graduates from the faculty i.e., doctors, nurses, and other health professions. They promote welfare and faculty and the University in general.

All societies are affiliates of Student Representative Council (SRC). For more information regarding student activities, one should consult the University Prospectus. It should be emphasised that WSU upholds the principles of rights of individuals that include religion, political and social associations.

8 STUDENT GRADUATE ATTRIBUTES

The general professional attributes of the healthcare programs, defined by the South African version of the CanMEDS core competency framework (as adapted by the Medical and Dental Professions Board) are:

As a Healthcare Practitioner, the WSU Health Sciences Professional Graduate will:

- Maintain clinical skills to perform a proper holistic assessment of a patient and effective therapeutic intervention.
- Possess health advocacy skills to promote the health of individuals and communities.
- Possess team working skills to promote and maintain the effective functioning of the healthcare team using effective communication skills, management and leadership skills.
- Critically evaluating information and its sources to be applied in decision-making.
- Recognise personal and professional limitations of knowledge and competency levels and consult accordingly in practice.

As a scholar, the WSU Health Sciences Professional Graduate will:

- Possess and apply in-depth knowledge of the biomedical and clinical sciences underpinning the medical practice.
- Maintains and improves professional performance through lifelong learning.
- Critically evaluating information and its sources to be applied in decision-making.
- Facilitate the learning of patients, families, the public and other healthcare team members.
- Contribute to the innovation, dissemination and application of new medical knowledge and medical practice through research.

As a Professional, the WSU Health Sciences Professional Graduate will:

- Understand and enact the roles and responsibilities of the doctor as defined by the professional regulatory bodies (i.e HPCSA, SANC)
- Commitment to practising aligned to professional, ethical and legal codes of practice.
- Commitment to physician health and well-being, including one's own.
- Maintaining and improving professional performance through lifelong learning.
- Recognise personal and professional limitations of knowledge and competency levels and consult accordingly in practice.

9 OATHS, PLEDGES AND DECLARATIONS

HIPPOCRATIC OATH

"As a student in the Faculty of Medicine and Health Sciences of Walter Sisulu University - I do solemnly declare that:

As a graduate in Medicine of the Walter Sisulu University, I will exercise my profession to the best of my knowledge and ability for the good of all persons whose health may be placed in my care and for the public weal; that I will not knowingly or intentionally do anything or administer anything to any person to their hurt or prejudice for any consideration or motive whatsoever; that I will hold in due regard the honourable obligations of the medical profession, and will do nothing inconsistent therewith; I do also declare that I will keep silence about those things, which I have seen or heard while visiting the sick, which ought not to be divulged; and I do further declare that I will be loyal to my university and endeavour to promote its welfare and maintain its traditions.

NURSES' PLEDGE OF SERVICE

"I solemnly pledge myself to the service of humanity and will endeavour to practice my profession with conscience and with dignity. I will maintain by all the means in my power the honour and the noble traditions of my profession. The total health of my patients will be my first consideration. I will hold in confidence all personal matters coming to my knowledge. I will not permit considerations of religion, nationality, race or social standing to intervene between my duty and my patient. I will maintain the utmost respect for human life. I make these promises solemnly, freely and upon my honour."

DECLARATION FOR CLINICAL ASSOCIATES

"I do solemnly declare that, as a graduate of the Clinical Associate Programme of the Walter Sisulu University, I will exercise my profession to the best of my knowledge and ability for the good of all persons whose health may be placed in my care and for the public good; that I will not knowingly or intentionally do anything or administer anything to any person to their hurt or prejudice for any consideration or motive whatsoever; that I will hold in due regard the honourable obligations of the medical profession, and will do nothing inconsistent therewith; and I do also declare that I will keep silence about those things, which I have seen or heard while visiting the sick, which ought not to be divulged; and I do further declare that I will be loyal to my university and endeavour to promote its welfare and maintain its traditions."

DECLARATION FOR MEDICAL ORTHOTISTS AND PROSTHETISTS

"I do solemnly declare that, as a graduate of the Medical Orthotics and Prosthetics Programme of the Walter Sisulu University, I will exercise my profession to the best of my knowledge and ability for the good of all persons whose health may be placed in my care and for the public good; that I will not knowingly or intentionally do anything or administer anything to any person to their hurt or prejudice for any consideration or motive whatsoever; that I will hold in due regard the honourable obligations of the medical profession, and will do nothing inconsistent therewith; and I do also declare that I will keep silence about those things, which I have seen or heard while visiting the sick, which ought not to be divulged; and I do further declare that I will be loyal to my university and endeavour to promote its welfare and maintain its traditions."



10 ACADEMIC QUALIFICATIONS OFFERED IN THE FACULTY

Qualification Code	Qualification Name	NQF Level	SAQA ID	Credits	Duration (years)
	UNDERGRADUATE QUALIFICATIONS				
WS5204	Bachelor of Medical Sciences	7	87492	368	3 years
WS5210	Bachelor of Medicine and Bachelor of Surgery	8	80128	819	6 years
WS5211	Bachelor of Nursing	8	118180	506	4 years
WS5212	Bachelor of Science in Health Promotion	7	80209	364	3 years
WS5213	Bachelor of Medicine in Clinical Practice	7	97150	416	3 years
WS5383	Bachelor of Health Science in Medical Orthotics and Prosthetics	8	111953	480	4 years
	POST GRADUATE QUALIFICATIONS				
WS5205	Bachelor of Science Honours in Biochemistry	8	112307	120	1 year
WS5220	Bachelor of Science Honours in Medical Microbiology	8	112309	120	1 year
WS5221	Bachelor of Science Honours in Physiological Sciences	8	112308	120	1 year
WS5241	Postgraduate Diploma in Chemical Pathology	8	87512	120	1 year
WS5259	Postgraduate Diploma in Health Promotion	8	87514	128	1 year
WS5216	Master of Public Health	9	87509	180	2 years

Qualification Code	Qualification Name	NQF Level	SAQA ID	Credits	Duration (years)
WS5222	Master of Science in Health Promotion	9	116192	188	1 year
WS5223	Master of Science in Physiological Sciences	9	112424	180	1 year
WS5224	Master of Science in Medical Biochemistry	9	112406	180	1 year
WS5225	Master of Science in Medical Microbiology	9	112423	180	1 year
WS5226	Master of Science in Chemical Pathology	9	112329	180	1 year
WS5247	Master of Medicine in Radiation Oncology	9	112431	480	4 years
WS5250	Master of Medicine in Orthopaedic Surgery	9	112326	480	4 years
WS5251	Master of Medicine in Paediatrics and Child Health	9	112430	480	4 years
WS5252	Master of Medicine in Diagnostic Radiology	9	112405	480	4 years
WS5253	Master of Medicine in Psychiatry	9	112331	480	4 years
WS5254	Master of Medicine in Anatomical Pathology	9	112428	540	5 years
WS5255	Master of Medicine in Paediatric Surgery	9	112330	540	5 years
WS5256	Master of Medicine in Family Medicine	9	112344	480	4 years
WS5260	Master of Medicine in Obstetrics and Gynaecology	9	119846	480	4 years

Qualification Code	Qualification Name	NQF Level	SAQA ID	Credits	Duration (years)
WS5248	Master of Medicine in Surgery	9	112325	480	4 years
WS5215	Doctor of Philosophy in Health Sciences (PhD)	10	87513	360	2 years

11 DETAILS ON ACADEMIC QUALIFICATIONS CURRENTLY OFFERED

- The minimum entry requirements do not necessarily guarantee admission to any qualifications offered by the university. Admission depends on the availability of space and the student's overall performance.
- Please refer to section 20 of this prospectus for the entry requirements for students who possess a Senior Certificate (SC) or a National Certificate (Vocational) NC(V), N4, N5 and N6 Certificate/National N Diploma.
- A Higher or Advanced Certificate in a cognate field may be considered as an entry route into a diploma qualification.
- A 360-credit diploma in a cognate field may be considered as an entry route into a bachelor's degree qualification.
- Recognition of prior learning (RPL) may be considered an alternate qualification entry route.
- Applications from students with international school leaving results are considered in terms of:
 - Higher Education South Africa (HESA) guideline document, "A guide to application for exemption certificates" and where required a submission of international qualification to SAQA for benchmarking in terms of HEQC.
- Applicants who do not fully meet the minimum requirements for a specific qualification may be granted entry into the qualification under special circumstances subject to Senate endorsement/approval.

APS table

NSC Levels	Percentage	APS	Status of achievement
7	90 - 100%	7	Outstanding achievement
7	80 - 90%	7	Outstanding achievement
6	70 - 79%	6	Meritorious achievement
5	60 - 69%	5	Substantial achievement
4	50 - 59%	4	Moderate achievement
3	40 - 49%	3	Adequate achievement
2	30 - 39%	2	Elementary achievement
1	0 - 29%	1	Not achieved - Fail

12 DETAILS ON QUALIFICATIONS PROGRAMMES CURRENTLY OFFERED

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
UNDERGRADUATE QUALIFICATIONS				
WS5204	Bachelor of Medical Sciences	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 4 Mathematics level 4 Physical Science level 4 Life Sciences level 4 	<p>This three-year programme equips the learner with knowledge and skills in general pre-medical or basic sciences. The program's first year is common with the non-medical sciences offered by the Faculty of Natural Sciences.</p> <p>From year 2, the learner can choose a specific stream of interest (Physiology or Biochemistry) depending on his/her interest for future development.</p>	<p>This qualification allows graduates to work as entry-level research assistants in Medical Sciences such as Physiology, Biochemistry, Microbiology, Chemical Pathology, etc.</p>
WS5210	MBChB	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 5 Mathematics level 5 Physical Science level 5 Life Sciences level 5 	<p>This innovative medical programme has been followed at the University since 1992. The programme provides the required knowledge, skills and attitudes to practice medicine in various settings using a PBL and a community-based approach.</p> <p>It will equip the learner to manage diverse health problems in individuals, families and communities the graduate will serve.</p>	<p>Graduates will register with the HPCSA and, after completing a two-year internship, will work independently as Medical Practitioners in either the public or private sectors after</p>

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
WS5211	Bachelor of Nursing	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 4 Mathematics level 3/ Mathematics Literacy Level 4 Physical Science level 4 Life Sciences level 4 	<p>The qualification aims to produce competent professional nurse practitioners within various health service settings.</p> <p>The professional nurse will be qualified with a comprehensive scope that includes obstetric skills, mental health, and primary health care (First level contact and provision of health services with a referral system in operation)</p>	<p>The qualified learner will register with SANC and serve as a professional nurse in public and private sectors for hospitals, clinics, hospices, Defence, Police, NGO's, Occupational Health, Pathology Laboratories, Blood Banks, etcetera.</p>
WS5212	Bachelor of Science in Health Promotion	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 4 Isixhosa or any other home language level 4 Mathematics level 3/ Mathematics Literacy Level 4 Life Sciences level 4 	<p>The programme equips students with principles and the processes of planning, implementing and evaluating health promotion programs in various settings, including the media, schools, work sites and the community. It also equips students to design programmes related to current health programmes in the country and have more profound knowledge in preventing diseases and dealing with social and psychological determinants of diseases.</p>	<p>The Health Promoter will work as a member of the primary healthcare team involved in activities to improve individual and community health and prevent disease.</p>

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
WS5213	Bachelor of Medicine in Clinical Practice	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 4 Mathematics level 4 Physical Science level 4 Life Sciences level 4 	The general purpose of this three-year bachelor's degree is to train a competent, professional healthcare team member to function effectively as a Clinical Associate (CA) to assist with a defined scope of clinical procedures assisting district hospital doctors and working under their supervision.	Graduates will register with the HPCSA and practise as a Clinical Associate under the supervision of a qualified medical practitioner, performing a large variety of clinical procedures.
WS5383	Bachelor of Health Science in Medical Orthotics and Prosthetics	<p>A National Senior Certificate (NSC) with a bachelors' endorsement and an achievement in the subjects as follows:</p> <ul style="list-style-type: none"> English level 4 Mathematics level 4 Physical Science level 4 Life Sciences level 4 	The qualification will produce a well-rounded learner who will be capable of practicing as an orthotic and prosthetic clinician. Medical Prosthetics is a profession that deals with replacing body limbs that are removed as a cause of accident, diseases or surgery. The Medical Orthotics, on the other hand, deals with support and treatment of the weak limbs of the body.	Graduates will work independently as Medical Orthotists and Prosthetists in the public and private sectors.
POSTGRADUATE QUALIFICATIONS				
WS5205	Bachelor of Science Honours in Biochemistry	NQF Level 7 qualification in a cognate discipline with an achievement not less than 60% for the following course:	This programme is designed to provide advanced knowledge to work as supervised researcher and to facilitate the learning of others in the field of Medical	Graduates can work as research and teaching assistants at

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
		<ul style="list-style-type: none"> Biochemistry 	Biochemistry. The qualification will allow the learners to improve their existing learning skills and knowledge, develop new interests, and improve their prospects for employment.	academic and research institutions.
WS5220	Bachelor of Science Honours in Medical Microbiology	<p>NQF Level 7 qualification in Medical Sciences with an achievement not less than 60% for the following course:</p> <ul style="list-style-type: none"> Microbiology 	This programme provides advanced knowledge to work as a supervised researcher and to facilitate the learning of others in medical microbiology. In addition, this qualification allows the learners to improve their existing learning skills and knowledge, develop new interests, and improve their prospects for employment.	Graduates can work as research and teaching assistants. They can also enrol for professional or research internships with NHLS and other Research Institutions.
WS5221	Bachelor of Science Honours in Physiological Sciences	<p>NQF Level 7 qualification in Medical Sciences with an achievement not less than 60% for the following courses:</p> <ul style="list-style-type: none"> Physiology 	This programme provides advanced knowledge to work as a supervised researcher and to facilitate the learning of others in medical physiology. In addition, this qualification allows the learners to improve their existing learning skills and knowledge, develop new interests, and improve their prospects for employment.	Graduates can work as research and teaching assistants at academic and research institutions.
WS5241	Postgraduate Diploma in Chemical Pathology	<p>NQF Level 7 qualification in Medical Sciences with an achievement not less than 60% for the following courses:</p> <ul style="list-style-type: none"> Physiology Biochemistry 	This programme provides advanced knowledge in Chemical Pathology to assist in the management and supervised research and to facilitate the learning of others in the Chemical Pathology field. The qualification is a bridge between the basic and the clinical medical sciences.	Graduates can work as research and teaching assistants. They can also enrol for professional or research internships with NHLS and other Research Institutions.

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
WS5259	Postgraduate Diploma in Health Promotion	NQF Level 7 qualification in Health Promotion or in a cognate discipline	The programme aims at equipping students with scholarly principles and the processes of planning, implementing and evaluating health promotion programs in various settings using technology-infused approaches in response to community needs by critically examining the impact of contemporary issues on community public health and further developing systematic skills in partnership working in various professional roles.	The Health Promoter will work as a member of the primary healthcare team involved in activities to improve individual and community health, prevent disease, and conduct supervised research in the field.
WS5216	Master of Public Health	NQF Level 8 qualification in a cognate discipline with an achievement not less than 60% for the qualification.	The programme will train relevant health professionals to identify the risk factors for diseases, understand the disease indicators and analyse the disease burden. Training includes leadership and management skills related to disease prevention strategies, health services and system planning, healthcare services delivery, management and evaluation of health services and systems, and proposing effective intervention programmes to a public health problem.	Graduates will work as researchers in public health and healthcare management. It will be a value added to the graduates' work in their pre-existing health sciences degree
WS5222	Master of Science in Health Promotion	NQF Level 8 qualification in a Health Sciences discipline with an achievement not less than 60% for the qualification.	The programme provides a deeper knowledge and application thereof	The Health Promoter will work as a primary healthcare team member and participate in the design and implementation of supervised research relevant to the field.

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
WS5223	Master of Science in Physiological Sciences	NQF Level 8 qualification in Medical Physiology with an achievement not less than 60% for the qualification.	The programme provides a deeper knowledge and application of instrumentation and principles of laboratory techniques to allow designing and executing supervised research projects in Medical Physiology and to facilitate the learning of the discipline by other health professions, particularly at the undergraduate level.	Graduates can work as supervised researchers and assist in teaching the discipline to other health professionals.
WS5224	Master of Science in Medical Biochemistry	NQF Level 8 qualification in Medical Biochemistry with an achievement not less than 60% for the qualification.	The programme provides a deeper knowledge and application of instrumentation and principles of laboratory techniques to allow designing and executing supervised research projects in Medical Biochemistry and to facilitate the learning of the discipline by other health professions, particularly at the undergraduate level.	Graduates can work as supervised researchers and assist in teaching the discipline to other health professionals.
WS5225	Master of Science in Medical Microbiology	NQF Level 8 qualification in Medical Microbiology with an achievement not less than 60% for the qualification.	The programme provides a deeper knowledge and application of instrumentation and principles of laboratory techniques to allow designing and executing supervised research projects in Medical Microbiology and to facilitate the learning of the discipline by other health professions, particularly at the undergraduate level.	Graduates can work as supervised researchers and assist in teaching the discipline to other health professionals.
WS5226	Master of Science in Chemical Pathology	NQF Level 8 qualification in Chemical Pathology with an achievement not less than 60% for the qualification.	The programme provides a more profound knowledge and application of laboratory techniques and management principles to allow designing and executing supervised research projects in Chemical Pathology and to facilitate the learning of the discipline by other health professions, particularly at the undergraduate level.	Graduates can work as supervised researchers and assist in teaching the discipline to other health professionals.

QUALIFICATION CODE	QUALIFICATION NAME	MINIMUM ADMISSION REQUIREMENTS	PROGRAMME OVERVIEW	CAREER OPPORTUNITIES
MASTER OF MEDICINE	See list of offered	NQF Level 8 qualification (MBChB) and independent registration with the HPCSA.	These are professional masters' programmes to provide the knowledge and skills required for General Practitioners doctors to become specialists in the medical disciplines specified in the programme name.	Graduates can register with HPCSA and work as specialists in the trained discipline.
WS5215	Doctor of Philosophy in Health Sciences (PhD)	NQF Level 9 qualification in a Health Science's discipline with an achievement not less than 60% for the programme.	The doctorate offered by the Faculty provides training for an academic career in Health Sciences. It is based on advanced-level research and a thesis. The programme aims at developing self-directed researchers able to provide innovative solutions for the country's developmental and service needs and contribute to the skills economy to keep up with the rest of the world.	Graduates will work as self-driven investigators for Research and Academic institutions. The degree will also add value to the graduate's primary field of study and employment.

ADDITIONAL REQUIREMENTS FOR BACHELOR OF MEDICINE & BACHELOR OF SURGERY**1- Category 1 (new matric):**

Achievement rating of: 5 (60-69%) in English Home Language/First Additional Language, 5 (60-69%) in Mathematics, 5 (60-69%) in Life Sciences, 5 (60-69%) in Physical Sciences, 5 (60-69%) Non-Life Orientation subject 1, 5 (60-69%) Non-Life Orientation subject 2.

Additional requirements:

Matric passed at first attempt.

High school reports must be computer generated, and stamped, no handwritten reports will be considered.

- Grade 12 term 2 requirements:

Achievement rating of: 4 (50-59%) in English Home Language/First Additional Language, 4 (50-59%) in Mathematics, 4 (50-59%) in Life Sciences, 4 (50-59%) in Physical Sciences, 4 (50-59%) Non-Life Orientation subject 1, 4 (50-59%) Non-Life Orientation subject 2.

2- Category 2 (old matric 2022/2021):

Achievement rating of: 5 (60-69%) English Home Language/First Additional Language, 5 (60-69%) in Mathematics, 5 (60-69%) in Life Sciences, 5 (60-69%) in Physical Sciences, 5 (60-69%) Non-Life Orientation subject 1, 5 (60-69%) Non-Life Orientation subject 2. Grade 11 term 4 is not required.

Additional requirements:

2021/2020 Umalusi/IEB results only

These applicants have never been exposed to post-secondary education (no university or Technikon experience). Matric passed earlier than 2020 with no other qualification will not be considered.

Faculty considers matric results of first attempt.

Affidavit: declaration of activity for all the months following matriculation.

3- Category 3 (Post-matric).

These are applicants who have graduated from a post-secondary qualification at whatever level:

Achievement rating of: 4 (50-59%) in English Home Language/First

Additional Language, 4 (50-59%) in Mathematics, 4 (50-59%) in Life Sciences, 4 (50-59%) in Physical Sciences, 4 (50-59%) Non-Life Orientation subject 1, 4 (50-59%) Non-Life Orientation subject 2.

Additional requirements:

The umalusi/IEB results must be obtained before the commencement of tertiary studies.

Only the first attempt results at matric will be considered.

A minimum of 70% overall average must be obtained in the tertiary studies.

Where additional, compelling, socioeconomic circumstances are present, the applicant is expected to upload detailed description in the form of a motivation letter.

Preferred CESM categories: CESM 09 & CESM 13 (Health Professions and Related Clinical Sciences & Life Sciences).

Affidavit: must specify the highest qualification AND declare activity for all the months following graduation.

Higher NQF levels (master's and PhD) do not confer additional advantage.

PHASING OUT OF NON-HEQSF ALIGNED QUALIFICATIONS

The last year of enrolments into non-HEQSF aligned qualifications was 2019. Students who enrolled into these programmes are currently in the pipeline and the last cohort are afforded the opportunity to complete their studies in 2023(N+2). Students who fail to complete in the allotted period will be subjected to normal university exclusion rules and processed and if re-admitted will be articulated into the new HEQSF aligned programmes.

Qualification Code	Qualification Name	NQF Level	SAQA ID	Credits	Duration
WS5249	Master of Medicine in Medicine	9	87511	480	4 years
WS5258	Master of Nursing	9	80188	180	2 years

13 FACULTY COMMITTEES

13.1 Role and objectives of committees

FACULTY COMMITTEE	OBJECTIVE	FUNCTIONS
LEARNING AND TEACHING (Curriculum & Language Transformation)	Implementation and monitoring of quality and standards of academic programs. Review, evaluation and update of curricula. Supporting Academic Staff Development. Track students' academic progress and recommends support actions.	<ul style="list-style-type: none"> Quarterly regular meetings before each Faculty Board Meeting. Additional Ad Hoc meetings as required by the departments or academic programs.
RESEARCH & HIGHER DEGREES	Increase the quality and relevance of the faculty research outputs. Increase faculty staff development through postgraduate research. Promote the research capacity development in the faculty. Quality Assuring the process of selection of External Examiners and Moderation.	<ul style="list-style-type: none"> Quarterly meetings before each Faculty Board. Monthly meetings for evaluation and approval of faculty Research Projects
RESEARCH AND ETHICS COMMITTEE	Fast-track the approval of healthcare-related research projects. Ensure compliance and adherence to appropriate ethical codes in human research.	<ul style="list-style-type: none"> Monthly meetings to discuss and approve submissions from the Research Committee for Ethical Clearance.
COMMUNITY ENGAGEMENT & INTERNATIONALISATION	Align research and academic programs to community needs for relevance. Advise, review and update the faculty community-based programs/courses. Developing partnerships with other national and international institutions/organizations towards improvement of research and academia.	<ul style="list-style-type: none"> Quarterly regular meetings before each Faculty Board Meeting. Additional Ad Hoc meetings as required by the departments or academic programs.
QUALITY ASSURANCE	Advise, evaluate and report on Faculty Quality Assurance matters to the relevant instances of the faculty and the institution. Supervise the implementation of QA decisions and plans approved by the Senate and the IQAC. Promote the consistent application of the best quality standards in teaching, research and practice. Cross-examine and advise on the proposed curriculum changes. Provide guidance and monitoring for the development of Faculty Improvement Plans.	<ul style="list-style-type: none"> Quarterly regular meetings before each Faculty Board Meeting. Additional Ad Hoc meetings as requested by the departments or required by academic programs.

13.2 Membership of Committees

Committee	RHD&E	L&T	Comm Engagement	Quality Assurance
<u>Department</u>	<u>Member</u>	<u>Member</u>	<u>Member</u>	<u>Member</u>
Human Biology	Prof Ndebia	Prof M Gari	Dr Milanese	Dr M Gondwe
Family Medicine and Rural Health	Dr Adeniyi	Prof Adeleke	Prof Cawe	Prof Cawe
General Medicine & Therapeutics	Prof Katende-Kyenda	Dr K Moeketsi	Dr Mankahla	Prof Mankahla
Health Profession Education	Prof E Blanco-Blanco	Prof E Blanco-Blanco	Dr M Kolosa	Prof E Blanco-Blanco
Laboratory Medicine and Pathology	Prof S Vasaikar	Prof. D Kayongo	Dr Abaver	Prof Kayongo
Nursing	Dr Mooi	Dr Madolo	Dr Madolo	Ms Matanzima
Obstetrics & Gynaecology	Dr Gubu Ntaba	Prof M Mdaka	Dr Pinzi	Dr Giyose
Paediatrics and Child Health	Dr Meyer	Prof Makrexeni	Dr B Makongwana	Dr Quvile
Psychiatry & Behavioural Sciences	Prof Van Wyk	Dr Y Thungana	Dr Z Mateta-Silwana	Prof Van Wyk
Public Health	Dr O Oladimeji	Dr M Douglas	Ms. K Ndayi	Prof Hyera
Rehabilitation Medicine	Mr L Mduzana	Mr L Bonase	Mr Goxo	Mr L Mduzana
General Surgery	Dr Kabambi	Prof. A Dhaffala	Dr M Mpikashe	Prof Namugenyi

14 STUDENT SUPPORT SERVICES

Academic support

The faculty recognises that most of our students are from disadvantaged backgrounds. The following systems/structures are in place to help students develop compelling study and work skills and collaborate with faculties and departments to address student academic needs.

- The foundation courses offered during the first semester allow the students to improve relevant knowledge of physics, chemistry, biology, communication and computer skills
- Orientation
- Mentoring
- Support and feedback during tutorials
- The weekly reviews of the teaching programme by students and tutors
- Staff consultations
- WSU Student Counselling Unit
- FMHS student counselling service

The Students Counselling Unit provides a supportive environment in which students clarify and attain their educational, personal and career objectives. The Unit helps students cope with academic demands by offering individual, career and educational counselling services. In addition, the Unit encourages cooperation and communication with the academic and administrative sections of the university.



- **FACULTY ADVISORS**

Besides the main campus support unit, and following one of the 2018 HPCSA recommendations, the faculty appointed two full-time Registered Counsellors for the Mthatha site and one for East London. In addition, arrangements were made with the better-equipped Mental Health Unit at Port Elizabeth to prioritize the support to the students. These Registered Counsellors provide student support under the supervision of Clinical Psychologists and the Department of Psychiatry and Behavioural Sciences at WSU. These allows a functional referral system linked to Clinical Psychology and Psychiatry whenever needed. The implementation of this improvement has been welcomed by students across the platform because they can access them easily within the same training platform.

The information and contact details for the psychosocial support from the WSU Student Support Services are available to students and explained during orientation. In addition, information on the Faculty of Medicine & Health's additional psychosocial support and who to contact in times of crisis or when students need help will be made available as part of the information students receive during their faculty orientation programme. This information also includes toll-free help lines like the SADAG 24-hour helpline for Suicide Emergency Line.

The Unit organises awareness campaigns during student orientation and visits residences. They are currently involved in the "how it feels to be free and independent" campaign. The study skills workshops are extracurricular workshops and are attended by students voluntarily. The workshops focus on note-taking skills, textbook reading, stress management, essay writing, preparing for tests and examinations, and time management. In addition to these, the unit also offers life skills workshops. (Annexure 84-9 Counselling unit campaigning on campus)

Students are offered personal and group counselling sessions to address specific problems they encounter in their studies. Staff from the faculty refers students who experience difficulties in their academic work to the Dean and the Guidance and Counselling Unit. Cases that require clinical intervention are referred to Psychologists or Psychiatrists.

Career Planning

SCU provides students with skills necessary for making informed career decisions, personal growth and self-realisation experiences that would prepare them for work.

Life Skills

The Unit offers programmes that help develop and enhance the individual's self-concept and relationship with the people around them. Students are encouraged not just to learn for a job but to learn for life.

Personal support:

There are both formal and informal support structures for the students. The formal structures include counselling services, as mentioned earlier, a student health service centre and a student financial assistance bureau (assists with student bursaries). The informal and more readily accessible support is offered by individual academic staff and the Undergraduate Education office.

Personal and Group Counselling

Students are assisted in acquiring self-understanding, relating effectively to their environment, to university life expectations, making personal decisions and being responsible for their actions, becoming critical, independent thinkers and doers and coping with any life problems or challenges.

The faculty also partnered with Discovery Health to provide students with additional support. This young doctor support programme has established 24-hour telephonic support available for medical students to assist them with psychosocial issues. (WSU Student Counselling Special Needs Policy)

- **DIRECTORATE OF LEARNING AND TEACHING SERVICES**

The directorate assists students in identifying and enhancing learning skills and managing their lifestyles to meet their educational and life goals efficiently. The services address the three following areas:

- Developmental focus:

Supporting and enhancing wellness and healthy holistic growth and development through co-involvement of Health Services and Social Work services.

- Preventative focus:

Assisting students in identifying and enhancing learning skills and managing their lifestyle to meet their educational and life goals efficiently.

- Remedial/treatment focus:

Providing guidance, counselling/therapy to students experiencing an adjustment, career, developmental, social and psychological challenges that require professional attention.

- **STUDENT WELLNESS INFORMATION**

The faculty also partnered with Discovery Health to provide students with additional support. In this young doctor support programme, there is an established 24-hour telephonic support available for medical students to assist them with psychosocial issues.

Financial support:

The faculty also addressed the HPCSA recommendation to address the limited availability of medical students to pay their student fees to help alleviate student financial constraints and improve the student learning environment.

The faculty has pinned the financial support to students to the selection & admissions unit. This office looks after the students' needs regarding marshalling aid for settling fees' debts. There is funding for students available through several schemes; although these can only support a few students, they are highly competitive because of the limited budget.

The First-Year Student's experience:

The first-year (FY) students of the FMHS join the campus induction/orientation programme, which is their first encounter with the FY experience (FYE) at WSU. Staff from the departments offering students support, academic, social, and psychologic, explain their services and alert students about the early detection of signs that suggest help is needed during the induction programmes. Besides the campus sessions, the FMHS also welcomes its new cohort of FY students who receive specific information about the faculty, the social relevance & demand of its programmes and the frequent challenges that FY students face during their first year.

Faculty Coordinator: Ms N Kula

15 FACULTY SPECIFIC RULES

The Selection/Admissions procedure is specific for FMHS

CLINICAL PROGRAMMES (Professional degrees):

- For a candidate in a professional programme to progress to the next level, in addition to the combined Final Mark being over 50%, the following professional regulations also apply:
 - a. Progression to the next level requires completing the total number of practical training hours indicated by the regulatory body.
 - b. A minimum of 85% of attendance to Practicals and tutorials is required to enter examinations.
 - c. In addition to a final mark of at least 50%, the exam's theory and clinical components must be both passed.
- The Minimum requirement to enter Supplementary Exams for the clinical programs is a final mark of 45 (instead of the general WSU rule of 40%).
- There is no supplementary exam for clinical blocks; the block must be repeated.

MBChB-specific

- Academic exclusions do not apply to students in phase 3 of the MBChB programme (years 4,5 & 6).
- Integrated programs such as MBChB and the BMCP require passing all subjects before proceeding to the next level.
- Failing integrated courses (MBChB 1, 2, 3 and ILCC) will require repeating the level including those subjects already passed.
- Should the number of modules passed be less than 50% of the total for the level, the candidate will be required to repeat all the subjects, including those passed.
- If a student fails a repeat course at phase levels 4 and 5 of the MBChB, the student repeats the year, including the courses already passed.
- A candidate excluded on academic grounds from the MBChB programme will not be readmitted to the MBChB programme.

16 THE MBChB PROGRAMME

The MBChB programme is a faculty programme, not housed by a specific department. However, at different levels some departments lead the coordination, implementation and academic administration:

- MBChB 1-2 (phase 1) is coordinated by the Department of Human Biology.
- MBChB 3 (phase 2) is coordinated by the Department of Laboratory Medicine & Pathology.
- MBChB 4-5-6 (phase 3) is coordinated by an overall Clinical Coordinator.

The sequence of courses and rules per phase for the MBChB are as follows:

There are small group tutorials, laboratory classes, projects, clinical clerkships, patient presentations, bedside clinical teaching, clinical procedures, grand round presentations, seminars and a few lectures. The curriculum is student-centred, problem-based, integrated, community-based, electives, and self-directed learning. Students are exposed early to clinical practice, diagnostic disciplines (Chemical Pathology, Haematology, and Radiology) and community-based education.

Programme Organisation and Delivery

The medical curriculum is divided into 3 phases as follows:

Phase I

Year 1	-	36 weeks
Year 2	-	39 weeks

Phase II

Year 3	-	36 weeks
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Phase III

Year 4	-	36 weeks
Year 5	-	44 weeks
Year 6	-	36 weeks

Total time dedicated to teaching and learning: 227 weeks.

In addition, the examinations in the MBChB programme are learning opportunities for the student.

The content in each phase is organised into 4 themes as follows:

- Theme 1. Normal Structure and Function
- Theme 2. Abnormal Structure and Function
- Theme 3. Clinical Practice
- Theme 4. Population Medicine

Themes 1 to 3 run in alignment with phases 1 to 3. However, theme 4 overarches the whole programme.

This is a spiral curriculum where all four themes are introduced at level 1 but in various degrees and depths. New information in the next level is introduced so that there is a link with information obtained from the previous level. Previously acquired information acts as a building block, as students “walk” their way through the course from Level I to Level V. For this reason, the programme is not modularised.

Core Modules / Courses - The spiral curriculum builds on the courses as follows:

Year 1 - 131 credits

Semester 1

This is an introductory phase that is predominantly discipline based:

Human Behavioural Science and Medical Ethics	BEH 15M1	(12 credits)
Medical Physics	MPH 15M1	(13 credits)
Medical Chemistry	MCH 15M1	(13 credits)
Medical Biology	BIM 15M1	(13 credits)
Communication and Clinical Skills	CCS 15M0	(12 credits)
(63 credits)		

This foundation phase is designed to link the prior learning of the student with new concepts to meet the goals and objectives of the Faculty of Medicine & Health Sciences

Delivery modes

During the first semester, the delivery modes will include didactic lectures, laboratory practical classes, tutorials, worksheets, and seminars.

Assessment

Continuous Assessment (Year Mark)

Continuous assessment will constitute the Year Mark. It will consist of progressive tests, laboratory practical class assessment, tutorial process assessment, seminar process assessment, and project assessment.

Summative Assessment (Examination Mark)

Admission to the Examination:

As per general university rule G20. 1.1 – a student qualifies to be admitted to the end-of-block examination only if he/she has obtained a continuous assessment (Year Mark) of at least 40%.

A written examination will be given in each of the first semester courses at the end of the semester

Final Mark Computation:

Year Mark (60%) + Examination mark (40%)

Final Mark Obtained:	Decision
50%	Pass
45% - <49%	Fails but qualifies for supplementary exam
<45%	Fails

Progression

All students will progress to the second semester courses irrespective of the grade attained in the foundation courses.

A student who qualifies for a supplementary examination in a first semester foundation course will write the supplementary examination at the end of the first semester.

Semester 2

Cell Biology and Cell Metabolism	CBM 16M2	(30 credits)
Nutrition, GIT and Metabolism	NGT 16M2	(38 credits)
(68 credits)		

These courses mark the beginning of the integrated curriculum offered in a problem-based format.

Delivery Mode

In the second semester, the delivery mode will include the integrated problem based small group tutorials, interactive lecture sessions, laboratory practical classes, worksheets/seminars, and community base education and service.

Attendance

- Tutorials, clinical skills sessions, seminars and laboratory classes are compulsory.
- Students are advised to attend all scheduled lectures.

Admission to the Examination:

To be eligible to write the exams a student is required to fulfil the following requirements:

- must attend at least 85% of the tutorials
- must attend at least 85% of the laboratory class sessions
- As per general rule G20.1.1, a student qualifies for the examination at the end-of-block only if he/she has obtained a continuous assessment mark of at least 40%.

Integrated Assessment

The assessment is in line with the way students are taught and also with the way students will work after completion of the programme. There is both formative and summative assessments with an emphasis on the formative. OSPE/OSCE, MEQ and IPA are the cornerstones of assessment in our innovative problem-based learning and community-based education curriculum. The aim is towards an integrated form of examination at the end of each block, where multiple disciplines are examined at the same time, rather than only discipline-based examination.

NB:	OSPE	= Objective Structured Practical Examination
	OSCE	= Objective Structured Clinical Examination
	MEQ	= Modified Essay Questions
	IPA	= Individualized Process Assessment

Continuous Assessment

There will be continuous assessment consisting of tutorial assessment, integrated MEQ papers, Laboratory class assessments, participation in seminars and report write up during the blocks.

Computation of the Year Mark (60% of the final Mark)

The Year Mark will be made up as follows:

Tutorial Assessment:	10%
MEQ Papers	45%
Laboratory Practical Class Assessment:	5%

Examination Mark

The OSPE and the IPA will constitute the examination mark. The OSPE will be conducted at the end of each block. A common IPA examination will be written at the end of each semester and will be externalised.

Computation of the Examination Mark (40% of the Final Mark)

Examination marks will be made up as follows:

IPA papers:	20% (IPA I=13%; IPA 2 II=7%)
OSPE paper	20%

Final Mark Obtained	Decision
50%	Pass
45 - 49%	Fails but qualify for supplementary exam
<45%	Fail and do not qualify for supplementary

Promotion

For entry into the second year of study, a student must have passed all the courses prescribed for the first year of study.

Supplementary Examination

A student shall be admitted to a supplementary examination in the course failed provided he/she has obtained a final mark of between 45% and 49% and at least 40% in both OSPE and IPA – the components for the final exam.

Supplementary examinations will be written at the end of each semester for both the first and second semester courses.

A student cannot sit for a supplementary examination in more than three Year 1 registered courses.

Repeating the year

A student who fails four (4) or less of the courses prescribed for Year 1 will be allowed to repeat the year.

Exclusion

A student who fails more than four (4) courses prescribed for Year 1 will be excluded on academic grounds.

Year 2 - 128 Credits

In Year 2, learning will take place in an integrated manner consisting of six blocks:

Musculoskeletal	MSK 26M1	(23 Credits)
Neurosciences	NHN 26M1	(27 Credits)
Cardiorespiratory	CRS 26M2	(25 Credits)
Renal and Reproduction	RBR 27M2	(25 Credits)
Community-Based Education and Service I	COB 26M0	(16 Credits)
Clinical Skills I	CLS 27M0	(12 Credits)
		Total: 128 credits

Attendance

- Tutorials, clinical skills sessions, seminars and laboratory classes are compulsory.
- Students are advised to attend all scheduled lectures.

Admission to the Examination:

To be eligible to write the exams a student is required to fulfil the following requirements:

- must attend at least 85% of the tutorials
- must attend at least 85% of the laboratory class sessions
- As per general rule G20.1.1, a student qualifies to the examination at the end-of the block only if he/she has obtained a continuous assessment mark of at least 40%.

Integrated Assessment

The assessment is in line with the way students are taught and with the way students will work after completion of the programme. There is both formative and summative assessments with an emphasis on the formative. OSPE/OSCE, MEQ and IPA are the cornerstones of assessment in our innovative problem- based learning and community-based education curriculum. The aim is towards an integrated form of examination at the end of each block, where multiple disciplines are examined at the same time, rather than only discipline-based examination.

Continuous Assessment:

There will be continuous assessment consisting of tutorial assessment, integrated MEQ papers, Laboratory class assessments, participation in seminars and report write up during the blocks.

Computation of the Year Mark (60% of the final Mark)

Tutorial Assessment:	10%
MEQ Papers	45%
Laboratory Practical Class Assessment:	5%

Examination Mark

The OSPE and the IPA will constitute the examination mark. The OSPE will be written at the end of each block. A common IPA examination will be written at the end of each semester and will be externalized.

IPA papers:	20% (IPA I=13%; IPA 2 II=7%)
OSPE paper	20%

Final Mark Obtained	Decision
50%	Pass
45 - 49%	Fails but qualifies for supplementary exam
<45%	Fail and does not qualify for supplementary

Supplementary Examination

A student shall be admitted to a supplementary examination in the course failed provided he/she has obtained a final mark of between 45% and 49% and at least 40% in both OSPE and IPA – the components for the final exam.

Supplementary examinations will be written at the end of each semester for both the first and second semester courses.

Computation of the Supplementary Examination Mark.

The Supplementary Examination Mark will be made up of 60% from the Continuous Assessment and 40% from the Supplementary Exam (OSPE 20% + IPA 20%)

A student must obtain a 50% and above mark to pass the supplementary examination.

Assessment components for:

Community-Based Education and Service I

The continuous assessment is based on the mark allocated by the preceptor at the hospital and the mark allocated by the circuit rider.

The mark of the preceptor will be based on the records of the logbook of each student besides their attendance and participation.

The preceptor mark weights 60 % of the DP, and the circuit rider mark weights 40 % of the DP.

The exam mark will be based on the project that the group presents to the module coordinator at the end of the rotation.

The DP weighs 60 % towards the final mark, and the exam mark weighs 40%.

Clinical Skills I

Formative Assessment

An OSCE will be conducted at the end of each block. Each station of the OSCE weighs 10 marks.

Year Mark Calculation

The average of the marks of the first two blocks is calculated as the Year Mark (DP).

Year-Mark (DP) and Examination Requirements

To be able to enter the final exam, students must achieve a minimum of 40% in the year mark. (G 24.2 WSU prospectus).

Final Exam

The Final Exam is an OSCE examination, conducted at the end of the year.

Final Mark

The Year mark weighs 60%, and the Final OSCE weighs 40% of the Final Mark.

Level 2 Promotion rules:

For entry to the third year of study, a student must have passed all the courses prescribed for the second year of study.

Repeat the Year

A student who fails three or less of the courses prescribed for Year 2 will be allowed to repeat the year.

Exclusion

A student who fails four or more of the courses prescribed for Year 2 shall be excluded on academic grounds.

Year 3 - 132 Credits

The main areas of coverage in Phase II include Pathology (Anatomical, Chemical), Medical Microbiology and Pharmacology, Normal Structure and Function, Population Medicine and Clinical Practice (including Laboratory Skills as part of Professional Skills) will also be covered.

Students must register for all the following level 3 courses:

Man, Environment, Stress, Adaptation and Disease	MEA 37M0	(30 Credits)
Disorders of Growth, Cardiovascular and Respiratory	GCR 37M0	(24 Credits)
Disorders of Alimentary System and of Genitourinary Tract	AGU 37M0	(24 Credits)
Neuro-Endocrine, Skin and Musculoskeletal Disorders	DSM 37M0	(22 Credits)
Community- Based Education and Service (COBES) II	COB 37M0	(12 Credits)
Clinical Skills II	CLS 37M0	(12 Credits)
Community Medicine I	COM 37M0	(08 Credits)
		(132 credits)

Course Components

The thematic courses (Abnormal structure and function), which are year courses including four disciplines:

Anatomical Pathology, Chemical Pathology, Medical Microbiology and Pharmacology. The activities for these four disciplines run in a parallel integrated fashion with some common activities such as tutorial sessions and some discipline-based activities such as laboratory practical classes and resource sessions. Those four modules (MEA37M0, GCR37M0, AGU37M0 and DSM37M0) will be called here “integrated pathology & pharmacology” or “integrated modules”.

Course Activities

- Tutorial sessions: 2 sessions of 3 hours a week. weekly cases relevant for the four integrated disciplines
- Laboratory practical class sessions: 2 hours per discipline/week (total 8 hours/week)
- Resource sessions: 2 hours per discipline/week
- Clinical Skills: One session per week (4 hours)
- COBES: One session per week (4 hours)

Attendance

- Attendance to tutorials, laboratory practical class sessions, clinical skills sessions and COBES is compulsory.
- Students are advised to attend all scheduled resource sessions.

Assessment Components

I- Assessment for Integrated Pathology & Pharmacology (MEA37M0, GCR37M0, AGU37M0 and DSM37M0):

The year content for the four abnormal structure and function courses is organized in a progressive, integrated and systematic sequence. The year comprises four assessment periods at the end of the academic course. The tests are progressive and based on the core contents of the integrated courses. The average of the continuous assessment components produces the year mark. Final exams are written at the end of the year.

The Continuous Assessment for these modules during the year includes:

- (a) 4 Tutorial assessments,
- (b) 4 MEQ Assessment,
- (c) 4 On-going integrated practical assessments (OGPA)

- (d) Mid-year IPA.

Each integrated MEQ and OGPA produces individual marks for each of the 4 integrated disciplines.

The MEQs and the OGPA will be conducted at the end of the terms, the mid-year-IPA will be carried out during the second term assessment. The contribution of each component to the year mark is as follows.

Continuous assessment (60% of the final mark) will be made up of:

Tutorial assessment	(20%)
End of term MEQ Assessments	(50%)
On-going Practical Assessment (OGPA)	(5%)
Midyear IPA	(25 %)

Entry to the End of the Year Examinations

To be eligible to write the exams a student is required to fulfil the following requirements:

- (a) 85% of the tutorial attendance
- (b) 85% of the practical session attendance
- (c) A sub-minimum of 40 % in the continuous assessment in each of the integrated disciplines:
For Anatomical Pathology, Chemical Pathology & Microbiology it is calculated as 80% of discipline MEQ + 20% Discipline OGPA
For Pharmacology: 100% Discipline MEQ.

End of Year Examination (40% of final mark) will be made of

OSPE (integrated disciplines)	15%
Final IPA 1 and 2 (50:50)	85%

The final IPA and OSPE are integrated exercises. The OSPE produces individual marks for the integrated courses, but the IPA mark is common for the four. A student qualifying for the final exam in any of the integrated courses will be admitted to IPA to produce the final mark only for the courses he/she qualifies for admission to exam.

Final Mark

The marks for each course will be computed as 60% Continuous assessment + 40 % from exam marks. Each of the integrated courses will be computed individually. The decision will be based on the results as follows:

Final Mark Obtained	Decision
50%	Pass
45 - 49%	Fails but qualifies for supplementary exam
<45%	Fail and does not qualify for supplementary exam

Supplementary Exams

To be eligible for supplementary Exam the candidate must:

- 1) Pass at least 3 of the 7 courses for the year.
- 2) Obtain a subminimum of 40 % in year mark of the courses (s) to be supplemented and
- 3) A final mark of more than 44% in the courses to be supplemented. Final Results will be subjected to decisions according to the university rules.

The supplementary examinations for the eligible candidates will be written at the end of the academic year. The supplementary Examinations for the integrated courses comprise a discipline-based MEQ for the specific course(s) to be supplemented.

A student reaching a final mark between 45% and 49% in any of the four integrated disciplines qualifies for the supplementary exam only if he/she has obtained more than 40% in the final IPA. A student with <40% in the final IPA will not be eligible for supplementary examination and the four specific courses will be considered as 'failed'.

The supplementary Examinations for integrated courses comprise of:

- OSPE for the specific courses(s) to be supplemented, contributing with 20% of the supplementary Exam Mark; and
- IPA (All integrated subjects), Contributing with 80% of the Supplementary Exam mark.

Final Marks after Supplementary Examination

The mark obtained in the supplementary MEQ paper will constitute 40% of the course's final mark, which will be combined with the Year mark for that course (60%).

Final mark = Year mark (60%) + Supplementary Examination Mark (40%)

Promotion Decisions

The promotion decisions are based on the re-calculated Final Mark after supplementary exams.

The addition of 60% year mark + 40% supplementary Exam must reach 50% for the candidate to pass.

Final Mark Obtained	Decision
50%	Pass
45 - 49%	Fails but qualifies for supplementary exam
<45%	Fail and does not qualify for supplementary exam.

II- ASSESSMENT OF OTHER LEVEL 3 COURSES:

COBES II:

This is a Continuous Assessment Module (no final exam).

The exam mark will be based on two group projects that the group presents to the tutor, the health centre staff and the community.

The weigh for the projects is 30% and 50% respectively.

The tutors' and peers' assessments contribute 20% and will be based on the records of their attendance and participation.

Clinical Skills:

The outline of the nature, number and weighing of assessments in this module comprise of formative and summative assessments. Each of these is described below.

Formative Assessment

Counts 60% towards the final mark. It includes the following:

- a) Ongoing assessment (20%)
- b) 2 OSCEs (40%)

Ongoing assessment

Counts 20% towards the formative assessment mark and consists of:

- Tutors' mark – 5%
- Patient presentations – 10%
- Patient write-up – 5%

OSCE

The students will be subjected to two (2) OSCE assessments during the academic year, each OSCE accounting for 20%. The two OSCEs will therefore count for 40% of the formative mark.

Summative assessment

Counts 40% towards the final mark and is made up of the final OSCE examination.

Examination requirements:

To be eligible to write the final exams, a student is required to fulfil the following requirements:

DP requirements – a student must obtain a year mark of at least 40%

Attendance of at least 85% of Clinical Skills sessions

Calculation of marks:

The year mark will be made up of the formative assessment, while the exam mark will be made up of the final OSCE. The final mark will be made up of 60% of the year mark plus 40% of the exam mark.

Promotion decisions are based on the final mark:

Final mark obtained	Decision
75% and above	Pass with distinction
50% and above	Pass
45% - 49%	Fail but qualifies for supplementary exam
44% and below	Fail

The supplementary exams for the eligible students will be written at the end of the academic year. After the supplementary exam, the final mark will be re-calculated, and it will be made up of 60% of the year mark plus 40% of the supplementary mark. In order to pass, a student must obtain a final mark of at least 50%. If the final mark is below 50%, the student will fail the module.

Community Medicine:

The module is organized in a progressive, integrated, and systematic sequence. The module content is aligned with the core contents of the integrated courses. The continuous assessment includes a written test in each semester. The average of the two tests produces the year mark. The student needs a minimum 40% to qualify for the Final Exam. The final exam for the module is written at the end of the year.

The final mark for the course will be computed as 60% continuous assessment + 40 % from exam mark. The final decision will be based on the results as follows:

Final Mark Obtained	Decision
50%	Pass
≥45 - 49%	Fails but qualifies for supplementary exam
<45%	Fail and does not qualify for supplementary exam

Supplementary Exams

The supplementary examinations for the eligible candidates will be written at the end of the academic year.

III- Level 3 promotion decisions:

A student must pass all the courses prescribed for Year 3 before proceeding to Year 4

Repeating

A student must pass at least 3 of 7 prescribed courses for Year 3 to be eligible to repeat the year.

Exclusion

A student who fails more than four of the courses prescribed for Year 3 will be excluded on academic grounds.

PHASE III (Year 4 to Year 6)

This is a phase of clinical clerkship in primary, secondary and tertiary care facilities, where emphasis is not on clinical practice alone but also on normal structure and function, abnormal structure and function and population medicine in an integrative fashion.

To be eligible to enter the exams, a student must comply with a minimum of 85% attendance in each rotation.

Clinical Clerkship will be done in the following rotations:

Year 4 -144 Credits

Internal Medicine I	ITM 48M0	(24 Credits)
Obstetrics and Gynaecology I	OBG 48M0	(24 Credits)
Psychiatry I	PCY 48M0	(24 Credits)
Paediatrics and Child Health I	PDT 48M0	(24 Credits)
General Surgery and Radiology I	SUR 48M0	(24 Credits)
Community Medicine II	COM 48M0	(12 Credits)
Forensic Medicine	FRM 48M0	(12 Credits)
		Total 144 credits

Continuous Assessment

For the clinical disciplines, there will be continuous assessment consisting of tutorial assessment, logbooks assessment, case write-up assessment, and overall attendance.

For the non-clinical disciplines (Forensic Medicine and Community Medicine) continuous assessment will consist of tutorial assessment, assessment of case write-up and overall attendance.

Year mark (60% of the Final Mark)

For Clinical disciplines with the exception of Psychiatry, the Year Mark will be computed as follows:

Continuous assessment:	33%
OSCE	33%
MEQ Papers	34%

For Psychiatry, the Year Mark will be computed as follows:

Continuous Assessment:	30%
MEQ Papers:	30%

For the non-clinical disciplines (Forensic Medicine and Community Medicine), the Year Mark will be computed as Continuous Assessment (60%) + Exam Mark (40%)

Examination Mark (40% of the Final Mark)

For all the clinical disciplines, the IPA will constitute the Examination Mark.
The IPA examination will be conducted at the end of each block.

The MEQ will constitute the Examination Mark for the non-clinical disciplines (Forensic Medicine and Community Medicine).

Final Mark Obtained	Action
50%	Pass
<50 %	Fail

Supplementary Examination

A student who fails either Forensic Medicine or Community Medicine will be permitted to sit for a supplementary MEQ examination in the course he has failed provided the final mark is not less than 45%.

For the rest of the clinical rotations there are no supplementary exams. Failed blocks must be repeated.

Repeating Courses

A student who passes Forensic Medicine and Community Medicine but fails not more than two clinical courses at Year 4 will repeat and pass the failed courses within the year before proceeding to Year 5

Promotion:

A student must pass in all the courses prescribed for Year 4 before proceeding to Year 5.

For the clinical disciplines, a student must pass both the clinical (OSCE and IPA) and theory (MEQ) components of the examination, in addition to obtaining an overall mark of fifty percent (50%) or more.

Repeating a Year

A student who passes Forensic Medicine and Community Medicine but fails three (3) or more clinical courses at Year 4 shall repeat the year, including all the blocks already passed.

A student who fails the repeat clinical courses at Year 4 shall repeat the year and repeat all the courses offered in that year.

Year 5 – 140 Credits**1. Surgical Subspecialties:**

Orthopaedics	ORT 58M0	(12 Credits)
Anaesthesiology	ANA 58M0	(12 Credits)
Ophthalmology	OPH 58M0	(12 Credits)
Otorhinolaryngology	OTO 58M0	(12 Credits)

2. Family Medicine I FME 58M0 (12 Credits)

3. ILCC ILC 58M0 (72 Credits)

4. Elective ELT 58M0 (08 Credits)

NB. ILCC = Integrated Longitudinal Community Clerkship

The Elective Course is a compulsory special study module that may be laboratory-based, clinical or research-focused, and will be selected by students either to strengthen their areas of weakness, or to study in depth their areas of interest.

Assessment**Continuous Assessment**

There will be continuous assessment consisting of tutorial assessment, assessment of logbooks, and assessment of case write up, and overall attendance for the Clinical Disciplines.

Year mark (60% of the Final Mark)

The Year mark for the Surgical specialities will compute as follows:

Continuous assessment:	33%
Log Book	33%
MEQ Papers	34%

Examination Mark: The exam mark corresponds to the OSCE mark, except for Anaesthesiology which takes 75% from the OSCE and 25% from the CPR.
The Exam mark contributes with 40% of the Final Mark.

Family Medicine I, computation of marks:

Continuous assessment:	33%
OSCE	33%
MEQ Papers	34%

The IPA and the OSCE will constitute the examination mark. The IPA examination will be written at the end of each block.

ILCC computation of marks:

The year mark for the ILCC consists of the continuous assessment (Logbook, QIP Preceptor assessment and portfolio). The OSCE constitutes the exam.

Final Mark Obtained	Decision
50%	Pass
<50 %	Fail

Promotion

A student must pass both the clinical and theory components of the assessments in addition to obtaining an overall mark of at least 50% in all the courses prescribed for Year 5 (except for the Integrated Longitudinal Community Clerkship where there is no MEQ – the theory paper) before proceeding to Year 6.

Supplementary Examination

A student who passes the clinical exam but fails to obtain fifty per cent (50%) but obtains forty-five per cent (45%) or more in the MEQ for the Surgical Subspecialities shall be given a re-write opportunity for the MEQ.

Repeating Courses

A student who fails one or two courses (except for the Integrated Longitudinal Clinical Clerkship) shall repeat and pass failed courses before proceeding to Year 6

Repeating the Year

If a student fails three (3) or more Surgical Specialty courses, he/she repeats the year.

A student who fails the Integrated Longitudinal Clinical Clerkship will have to repeat the year including all the courses already passed.

NB. If a student fails a repeat course, the student repeats the year including repeating the courses already passed.

Year 6 - 144 Credits

Family Medicine II	FME 68M0	(24 credits)
Internal Medicine II	ITM 68M0	(24 credits)
Obstetrics and Gynaecology II	OBG 68M0	(24 credits)
Psychiatry II	PCY 68M0	(24 credits)
Paediatrics and Child Health II	PDT 68M0	(24 credits)
General Surgery and Radiology II	SUR 68M0	(24 credits)

A student shall register as a Student Intern with the Health Professions Council of South Africa (HPCSA) at the beginning of the year.

Assessment

Continuous Assessment

There will be continuous assessment consisting of tutorial, logbooks, case write up, and over-all attendance.

Year mark (60% of the Final Mark)

The Year mark will be computed as follows:

Continuous assessment:	33%
OSCE	33%
MEQ Papers	34%

(Psychiatry does not hold an OSCE examination. The Year Mark consists of continuous assessment and the MEQ)

The IPA will constitute the examination mark. The IPA examination will be written at the end of each semester.

Examination Mark contributes with 40% of the Final Mark

Final Mark Obtained	Decision
50%	Pass
<50 %	Fail

At MBChB VI, a student must pass both clinical (OSCE and IPA) and theory (MEQ) components, in addition to obtaining an overall mark of fifty per cent (50%) or more, to pass the block(s).

Repeating the Course

A student who fails less than three (3) courses shall repeat those courses at the beginning of the following year with the level VI students.

Repeating the Year

A student who fails three (3) or more clinical courses will register for the year and repeat the failed courses. A student who fails a course he/she is repeating will register for the year and repeat the failed course(s).

Promotion

A student must pass all the courses before they graduate.

Exclusion

In conformity with the University Rules, except for Phase III students, a student who fails a course twice shall be excluded on academic grounds. A student excluded from the programme on academic grounds will not be considered for re-admission to the MBChB course.

17 THE DOCTOR OF PHILOSOPHY (PHD) IN HEALTH SCIENCES

The faculty offers a PhD in Health Sciences which entails 360 Credits at NQF level 10.

Programme Objective

The broad purpose of doctoral degrees is to provide innovative solutions for the country's daunting developmental and service needs, and to contribute to the skills economy to keep up with the rest of the world.

Entry Requirements

NQF Level 9 qualification in a Health Sciences discipline with achievement not less than 60% for the programme.

Admission to the programme:

Students are recruited for doctoral study based on personal expression of interest in doctoral studies.

Teaching and learning strategy

The programme offered is based on advanced-level research work and thesis. It does not involve coursework.

Assessment strategy

The assessment follows the Institutional Policies, Rules & Regulations.

Progression Rules

Monitoring and progression follow the institutional rules and faculty guidelines.

18 FACULTY CALENDAR

TERM DATES 2024	LECTURING STAFF	ADMIN STAFF	CLASSES	STUDY WEEK	ASSESSMENT RESULT DATES	DATES	PUBLIC HOLIDAYS	
TERM 1 08 Jan -29 March	08 Jan - 28 Mar	08 January	12 Feb -28 Mar (32 days)				New Year's Day Human Rights Day Special University Day	01 Jan 21 March 22 March
							Good Friday	29 March
TERM 2 08 April - 21 June	08 Apr - 21 June		08 Apr - 16 May (28 days)	20 - 24 May	May/June standard exam	24 June	Family Day Freedom Day Workers Day	01 April 27 April 01 May
					27 May – 14 Jun		Youth Day	16 June
							Public Holiday	17 June
TERM 3 15 July - 30 Aug	15 Jul - 30 Aug		15 Jul - 30 Aug (34 days)		Supp exam 08 July – 12 July	19 July	Women's Day Special University Day Heritage Day	09 Aug 23Sept 24 Sept
					Special exam 31 July	05 August		
TERM 4 09 Sept - 19 Dec	09 Sep – 19 Dec	19 Dec	09 Sept - 16 Oct (26 days)	17 Oct - 23 Oct	October/ November Standard exam 24 Oct - 13 Nov	27 November	Day of Reconciliation Christmas Day Day of Goodwill	16 Dec 25 Dec 26 Dec
					Supp Exam 05 Dec – 11Dec	19 December		

19 SENATE NOTES – INSTITUTIONAL RULES

G7 READMISSION OF STUDENTS TO UNDERGRADUATE PROGRAMMES

The following rules and procedures shall apply to all undergraduate students to determine their eligibility for readmission to academic programmes according to Section 37(4) of the Higher Education Act, Act 101 of 1997 as amended:

G7.1 A first year student who does not obtain sufficient credits to proceed to the second year of study will not be readmitted to the university on academic grounds.

G7.1.1 FACULTY RULES GOVERNING STUDENT PROGRESSION AND EXCLUSION

In support of the Senate rule, the Faculty has accepted the following accumulation of credits by students.

(NOTE: While these credit accumulation standard apply across the Faculty, certain Departments may at their discretion apply additional requirements. Where applicable, these are stipulated under the various qualifications).

Students who fail to maintain the following minimum rate of progress will not be readmitted to the University on academic grounds:

A One-year programme (120 credits)	(120 divided by 2 years)
After 1 semester	30 credits
After 2 semesters	An accumulated total of 60 credits
After 3 semesters	An accumulated total of 90 credits
After 4 semesters	An accumulated total of 120 credits

A Two-year programme (240 credits)	(240 divided by 3 years)
After 1 semester	40 credits
After 2 semesters	An accumulated total of 80 credits
After 3 semesters	An accumulated total of 120 credits
After 4 semesters	An accumulated total of 160 credits
After 5 semesters	An accumulated total of 200 credits
After 6 semesters	An accumulated total of 240 credits

A Three-year programme (360 credits)**(360 divided by 5 years)**

After 1 semester	36 credits
After 2 semesters	An accumulated total of 72 credits
After 4 semesters	An accumulated total of 144 credits
After 6 semesters	An accumulated total of 216 credits
After 8 semesters	An accumulated total of 288 credits
After 10 semesters	An accumulated total of 360 credits

A Four-year programme (480 credits)**(480 divided by 6 years)**

After 1 semester	40 credits
After 2 semesters	An accumulated total of 80 credits
After 4 semesters	An accumulated total of 160 credits
After 6 semesters	An accumulated total of 240 credits

No exclusion will apply to students after semestre 6 of the MBChB programme. The student will repeat the block/rotations or the whole year depending on the number of modules passed as per level-specific MBChB progression rules.

(NOTE: In determining the rate of progress, only semesters for which the student was registered will be taken into account)

- G7.2 A student who fails a course twice will not be readmitted to that course provided that the Head of Department (HoD) may, if the course is a prerequisite or a final course needed for the degree/diploma purposes, require the student to satisfy other specific academic requirements before allowing a student to register for the third time.
- G7.3 A full-time student, who fails to complete the degree, diploma or certificate within the prescribed number of years, will be allowed an extra year for a certificate and extra two years for a diploma and degree. Should the student fail to complete by the end of the expected period, then the student may be refused readmission on academic grounds.
- G7.4 Students not readmitted in terms of these rules will not be allowed to register for degree, diploma and certificate programmes of the university for at least one year.
- G7.5 Refusal of readmission of students from other universities on academic grounds shall be upheld and readmission will only be considered after the year period as in G7.4 for another programme.

G8 Application of the Rules

- G8.1 Readmission rules will apply to undergraduate students in all Faculties.
- G8.2 Students at risk will be those below the Faculty's minimum progression requirements.
- G8.3 Exclusion will hold for a minimum of one year unless otherwise stipulated.
- G8.4 A student may apply for readmission in the same Faculty or another Faculty.
- G8.5 Each Faculty will develop a process to review the academic performance of students at a module and/or programme level.
- G8.6 This process to review academic performance from each Faculty will be developed by each Faculty and approved by Senate.

G9 Determination of minimum requirements for Readmission

- G9.1 Minimum requirements of readmission will be determined by Faculties, submitted to Senate for approval and published in the Faculty prospectus.
- G9.2 Faculties will decide to determine generic faculty readmission requirements for all programmes or for each programme in the Faculty.

G10 Process to determine if Readmission Requirements have been met and to refuse readmission. The following process must be followed when reaching a decision that a student has not met the readmission requirements:

- G10.1 The academic performance of all registered students in a programme will be reviewed against the readmission requirements by the Faculty Board Executive at the end of each semester examinations and year-end examinations.
- G10.2 The Heads of Departments will identify the students that do not meet the readmission requirements and submit them to the Faculty Board Executive at the end of each semester and year-end examinations for approval.
- G10.3 The Dean will inform the students who fail to meet the readmission requirements in writing.

G11 Appeal Procedures

- G11.1 All students have a right to appeal.
- G11.2 Each Faculty will have a Faculty Readmission Appeals Committee (FRAC).
- G11.3 A student will submit his/her appeal in writing with full motivation and supporting documentation to the Dean's Office.
- G11.4 The Faculty Readmission Appeals Committee shall convene to look inter-alia at the following factors:
 - G11.4.1 The student's academic record.
 - G11.4.2 The appropriateness of the reasons for the refusal to readmit the student.
 - G11.4.3 Whether there are any special circumstances related to the student's unsatisfactory academic performance to be taken into account.
 - G11.5 The FRAC decision will be final.
 - G11.6 All documents will be filed in the student's file.

General rules

Class Attendance

- Students are expected to attend all lectures, seminars, tutorials, practical classes and excursions as determined by the relevant programme regulations. A minimum of 85% class attendance (theory and practical) is compulsory for all students. This rule becomes effective from the date the student gets registered. Upon late registration, a student may be allowed to attend classes provided he/she has missed less than 20% of the total tuition of that particular course. An attendance register must be signed by the student during the first part of the lecture. This register will either be distributed by the lecturer(s) or tutor(s) or demonstrator(s).
- If absence from class is unavoidable, the Lecturer and Head of Department should be notified: This includes instances where a student is absent for more than three consecutive days due to illness or fails to write a test or examination due to sickness at the time a test or examination was written.
- Students should take note of institutional rules stipulated in **Section 13 of the University General Prospectus** on attendance of lectures and general conduct in relation to teaching and learning.

Assessments and examinations

- Assessment and examination of all undergraduate programmes shall take place on a continual basis throughout the course of each module culminating in a written or oral examination at the end of each semester. A student **must be officially registered and attain a minimum semester mark of 40% in a course** to be allowed to write examinations in it.
- A student with a semester mark (DP) of not less than 60% may apply to **retain** it for one academic year only (**G32**).
- Weighting shall be in the ratio of 60% continuous assessment to 40% written or oral examination. The overall aggregate pass mark shall be 50%.
- Papers of exit-level courses are sent to external examiners for moderation.
- A student who obtains an overall mark of 40 - 48% and obtains a minimum mark of 40% for both continuous assessment and final examination qualifies for a **supplementary examination**.
- A student who obtains **75% of the marks at first attempt** in a course/module shall be awarded a pass with a distinction in that course/module.
- A student who obtains a weighted mark of 49% in a module and obtains a minimum mark of 40% in the continuous assessment qualifies for an **automatic condonation**.
- A student qualifies to write an **automatic supplementary (special) examination** for a course in a particular semester if the course is the last outstanding course for the student to complete his/her studies and has written the final examination in the course.

- A student who missed an examination due to illness or family circumstances can apply for an **aegrotat examination** to the Registrar's office provided satisfactory evidence of such circumstances is produced as per university rules.
- For a student **to graduate** he/she must have passed a minimum of 360 credits for the programme of study throughout his/her period of study, passed all the major course withing the programme and maintained a minimum of 120 credits for each year of study.
- In the case of a student who failed to meet the minimum of 120 credits per year, the student will be required to make up for the shortfall.
- The extra credits taken beyond the minimum of 120 credits for each programme year do not necessarily contribute to the overall total of 360.
- Students should take note of the institutional rules **G24-G31** stipulated in the University General Prospectus on admission of students to examinations, supplementary examinations, aegrotat examinations, special examinations, access to examination scripts i.e. viewing of scripts, remarking of scripts and awarding of qualifications as well as **G36** on violation of examination rules and regulations.

Retaining of DP

A student with a semester mark (DP) of not less than 60% may apply to retain it for one academic year only. The request must be accompanied by a compelling justification for such request which will be considered by the respective HOD and if approved submitted to the Dean for final approval.

20 ALTERNATE ADMISSION CRITERIA

Admission of Students with a Senior Certificate, National Certificate (or Vocational level 4), International Students and Mature Age Students

In terms of the Government Gazette of 07 December 26 November 2018, WSU accepts applications from prospective students who have a National Certificate (Vocational-Level 4) and who wish to register for Higher Certificate, Diploma or Degree programmes.

The minimum entry requirements do not necessarily guarantee admission to any qualifications offered by the university. Admission depends on the availability of space and the student's overall performance.

Please note: NC(V) applications are handled on a case-by-case basis and the minimum entry requirements for the Senior Certificate will be used as a benchmark for the NC(V).

APS point system for the Senior Certificate

The calculation of an Admission Point Score (APS) is based on a candidate's achievement in all recognised subjects by using the seven-point rating scale.

Percentage HG	APS	Percentage SG	APS	Symbol	Status of achievement
90 - 100%	8	90 - 100%	7	A+	Outstanding achievement
80 - 90%	8	80 - 90%	7	A	Outstanding achievement
70 - 79%	7	70 - 79%	6	B	Meritorious achievement
60 - 69%	6	60 - 69%	5	C	Substantial achievement
50 - 59%	5	50 - 59%	4	D	Moderate achievement
40 - 49%	4	40 - 49%	3	E	Adequate achievement
30 - 39%	3	30 - 39%	2	F	Elementary achievement
0 - 29%	2	0 - 29%	1	G	Not achieved - Fail

Admission Requirements

#	Qualifications	SAQA ID	Entry requirements
1	Bachelor of Medicine & Bachelor of Surgery	80128	English Home Language/First Additional Language 5 (60-69%) Mathematics 5 (60-69%) Life Sciences, 5 (60-69%) Physical Sciences, 5 (60-69%) 2 Non-Life Orientation subject 5 (60-69%)
2	Bachelor of Medicine in Clinical Practice	97150	English Home Language/First Additional Language 4 (50-59%) Mathematics 4 (50-59%) Life Sciences, 4 (50-59%) Physical Sciences, 4 (50-59%) 2 Non-Life Orientation subject 4 (50-59%)
3	Bachelor of Nursing	118180	English Home Language/First Additional Language 4 (50-59%) Mathematics 3 (40-49%) Maths Literacy 4 (50-59%) Life Sciences, 4 (50-59%) Physical Sciences, 4 (50-59%) 2 Non-Life Orientation subject 4 (50-59%)
4	Bachelor of Health Sciences in Medical Orthotics	111953	English Home Language/First Additional Language 4 (50-59%) Mathematics 4 (50-59%) Life Sciences, 4 (50-59%) Physical Sciences, 4 (50-59%) 2 Non-Life Orientation subject 4 (50-59%)
5	Bachelor of Medical Sciences	87492	English Home Language/First Additional Language 4 (50-59%) Mathematics 4 (50-59%) Life Sciences, 4 (50-59%) Physical Sciences, 4 (50-59%) 2 Non-Life Orientation subject 4 (50-59%)
6	BSc Health Promotion	80209	English Home Language/First Additional Language 4 (50-59%) Mathematics 3 (40-49%) Maths Literacy 4 (50-59%)

#	Qualifications	SAQA ID	Entry requirements
			Life Sciences, 4 (50-59%) Physical Sciences, 4 (50-59%) 2 Non-Life Orientation subject 4 (50-59%)

International students

- Applications from students with international school leaving results are considered in terms of:
 - Higher Education South Africa (HESA) guideline document, "A guide to application for exemption certificates" and where required a submission of international qualification to SAQA for benchmarking in terms of HEQC.

Mature age exemption of students

Admission in terms of Mature Age students, Endorsement will be in terms of Rule G1.13 in the general prospectus. The Faculty offer this exemption for the Bachelor of Nursing; all rules and processes apply.

21 GENERAL READMISSION RULES

- That no student be re-admitted to any programme in the faculty if they have not been registered in that programme for five years before the current year of registration.
- That no student be re-admitted to any Degree programme if they have not been registered in the last 2 years preceding the year of registration.
- Students who were previously registered within the last 3 to 5 years of the current year of registration will have to write an examination of the pre-requisite subject. This examination will be written at the same time as the Special Examinations.
- The Head of Department may if the student has been working in the relevant industry or in related employment, allow the student to write the entrance examination. This applies to students who were registered more than 5 years before the current year.