



HARMONISED CURRICULUM FOR UNDERGRADUATE MEDICAL TRAINING IN THE ECOWAS REGION

CURRICULUM HARMONISE DE FORMATION EN MEDECINE GENERALE DANS L'ESPACE CEDEAO

CURRICULO HARMONIZADO DE FORMACAO EM MEDICINA GERAL NO ESPAÇO CEDEAO





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- Deans and Representatives of Deans of Anglophone Faculties of Medicine (18), Francophone Faculties of Medicine (11), Portuguese-speaking (1), President or Registrars of Medical Councils (14), General Secretaries of West African College of Surgeons (WACS) and West African College of Physicians (WACP) (2), Representative of African and Malagasy Council for High Education (CAMES) and WAHO representative (2).
- Members of different writing groups of the curriculum harmonization.

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Preamble

Sub-Saharan Africa shoulders 25% of the global disease burden but, paradoxically, has only 3% of global health personnel. The identified causes stem mainly from lack of planning which leads to her failure in meeting her population's health demands with available human health resources as well as inadequate appropriate basic /continuous training.

Doctors are highly insufficient and are mostly concentrated in urban cities. Noteworthy also, is the massive exodus of these doctors to developed countries which offer them better working conditions and remuneration. The West Africa region is not an exception to this phenomenon of external migration of medical experts.

Furthermore, curricula of undergraduate medical education in the West Africa region are largely unharmonized such that medical training varies from one country to the other and indeed from one university to another within the same country. This huge disparity in the medical training programs from one country to other and from one language bloc to another has led to the compartmentalization of trainings. Besides, a consequent reciprocal non- recognition of certificates awarded by institutions or their equivalence in different countries is another major problem. Thus, medical doctors hardly move to different countries within the West African Region, even though their right to establish or practice their profession freely is entrenched in the fundamental declarations of the Economic Community of West African States (ECOWAS).

In order to put end to this problem, the West African Health Organization (WAHO) which is a specialised Institution of ECOWAS, in collaboration with different partners, notably Professional Associations and Medical training institutions has since 2009, planned and organised series of first-class workshops. These workshops were aimed at harmonising training curricula of General medical Practice in English, French and Portuguese speaking countries within ECOWAS.

The ground-breaking initiative took place during the Cotonou Meeting of 2nd - 4th June 2009 where the existing curricula was assessed in the presence of Deans of Faculties of Medicine from Anglophone, Francophone and Lusophone countries, Secretaries General of West African College of Surgeons (WACS) and West African College of Physicians, Presidents of Professional Medical Associations, Representative of the African and Malagasy Council for Higher Education (CAMES), and Representatives of WAHO. A major decision was taken on the development of a consensus curricula designed for West African Sub-region.

Major workshops at the level of the ad hoc Deans' committee that followed, made it possible to finalise the harmonisation of curricula, formulate criteria and a consensual accreditation process for the training of General medical Practitioners within ECOWAS region.

Some of the advantages associated with the harmonisation of curricula of General medical Practice in ECOWAS region include:

- Identical scientific content for all basic medical training institutions;
- Acquisition of equivalent skills favouring free circulation of health professionals;
- Easy mobility of teachers and students;

- a possibility of pooling of Human Health Resources in favour of National Systems within ECOWAS sub-region in order to reduce brain drain.
- a unified accreditation process for the ECOWAS region.

Hence, the ECOWAS harmonised curriculum for basic medical training is a tool for mutual recognition, integration and strengthening of professional capacities vis-a-vis the quality of health care and services. It should be seen however as a flexible and dynamic instrument that can be adapted within the region and adopted from the academic session commencing in 2012.

List of abbreviations

ECOWAS = Economic Community of West African States

T = Theory

P = Practical

PS = Personal Study

TTH = Total Teaching Hours

WAHO = West African Health Organisation

WACP = West African College of Physicians

WACS = West African College of Surgeons

WHO = World Health Organization

RCHPE = Regional Council for Health Professionals Education

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I. Degree designation

Table I: DEGREE DESIGNATION

| | ANGLOPHONE | FRANCOPHONE | LUSOPHONE | HARMONISED |
|--------|--|---|-------------------------------------|--|
| DEGREE | MEDICAL DOCTORATE BACHELOR OF MEDICINE, BACHELOR OF SURGERY (MD or MBBS or MBChB) | DIPLOME D'ETAT DE DOCTEUR EN MEDECINE | DIPLOMA DE DOUTOR EM MEDICINA | MUTUAL RECOGNITION OF THESE CERTIFICATES |

II. Duration of studies and courses format

Studies for the Bachelor of Medicine Degree consist of three cycles: first cycle, second cycle and third cycle. The cycles cover semesters of at least 30 credits each.

- the first cycle (pre-clinical years) covers 4 semesters: S1, S2, S3 and S4, corresponding to 120 credits,
- the second cycle (clinical years) which consists of 8 semesters has 240 credits. It is divided into two parts: the first part (S5 and S6) covers two semesters and the second part covers six semesters (S7, S8, S9, S10, S11, and S12),
- the third cycle covers 4 semesters and has 120 credits in the francophone countries while it covers the period of housemanship in the Anglophone countries. It can be modulated by countries and faculties.

III. Admission requirements

Admission requirements into the medical programme are as detailed in table 2.

Table II: ADMISSION REQUIREMENTS

| | ANGLOPHONE | FRANCOPHONE | LUSOPHONE | HARMONISED |
|-------------------------|---|---|---------------------------------------|--------------------------------------|
| ELIGIBILITY CRITERIA | MINIMUM 5 RELEVANT CREDITS AT SENIOR SECONDARY CERTIFICATE EXAMINATION | BACCALAUREAT SCIENTIFIQUE DIPLOME EQUIVALENT | CERTIFICADO DE 12º DE ESCOLARIDADE | MUTUAL RECOGNITION OF CRITERIA |
| | DIRECT ENTRY: 3 ADVANCED LEVEL SCIENCE CREDITS OR VALID 1 ST SCIENCE DEGREE | CONCOURS PROFESSIONNEL | | |

IV. Training objectives

IV.1 General Objective:

At the end of the training, the medical doctor should possess the attributes of a 5 star-doctor as defined by WHO (Dr. Charles Boelen 2002).

IV.2 Specific Objectives:

The doctor in relation to himself must:

- be comparable to world class doctors
- be equipped to practice medicine all over the world
- be able to define his own professional goals at different levels of his careers through selfdirected learning, self-criticism and continuous learning.
- be able to appreciate his professional limits
- be prepared for subsequent studies in any health or science area in relation to his profession
- be Research-oriented

The doctor in relation to his team must:

- be able to integrate himself into and lead a health team
- be able to develop continuous learning and training capacities.
- be equiped to assume the leadership role of the health team as well as plan, set in motion and evaluate health services
- be able to supervise effectively a team for the management of epidemics and disasters.

The doctor in relation to his community must:

- be able to identify and evaluate individual/community health needs, plan and put in place a
 program aimed at improving their health
- be equiped to sensitise the community in the pursuit of Health
- be equipped to act as an agent of development

The doctor in relation to his profession must:

• be able to maintain and develop personal characteristics and attributes required for a professional life, namely :

- personal integrity,
- sense of responsibility,
- ability to communicate with, show interest in and respect for his patients and his colleagues.

To this end, he/she must abide by the ethics of the profession

V. Content And Harmonised Model Of Undergraduate Medical Curriculum

The harmonised curriculum, in order to achieve set objectives, laid particular emphasis on the following:

- Curriculum Content: The content was designed in a flexible and dynamic way taking into
 account contributions and specificities of different language blocs. It lays emphasis on medical
 education which is regionally and globally relevant. The curriculum also gives particular
 attention to high community orientation, Medical ethics, Medical Informatics, Evidence-based
 medicine, Phytotherapy, and competence in at least two official languages of ECOWAS.
- Curriculum delivery: Delivery of the curriculum encourages self-directed and life-long learning.

Details of the harmonised curriculum are shown in table III and IV and the explanatory notes.

Table III: Content of harmonised curriculum

| | HARN | IONISED UNDERGRADUATE MEDICAL CURRICULUM IN ECOWAS REGION |
|----|--|--|
| | Courses | Courses Content outline |
| 1 | Biostatistics/ Informatics/Basic Information Technology (IT) | Basic Statistics and Probability, Introduction to Computers and basic applications, Medical Records, Hospital information system (HIS), Medical databases. |
| 2 | Genetics- cell biology | Cell biology, molecular and clinical genetics |
| 3 | Research methods/Bibliography | Information storage and retrieval, Medical informatics, Library use, Scientific writing skills |
| 4 | Anatomy | General Anatomy, Systemic and clinical anatomy, Neuro anatomy |
| 5 | Embryology/Histology | General Embryology and General Histology, Systemic Embryology and Histology |
| 6 | Physiology | General Physiology, Systemic and Clinical Physiology, Neurophysiology |
| 7 | Biochemistry | Molecular structures, Metabolism, Nutrition and biochemistry of ageing, Molecular biology |
| 8 | 2 nd Language : French, Portuguese | Basic and Grammar, Conversational, Medical Terminologies, Medical communication skills |
| 9 | Community medicine/Public health | Medical Anthropology and Sociology, Basic Epidemiologic concepts, Demography. Preventive Medicine; Community diagnosis; Environmental Health / Eco-health / Sanitation /; Ecology Primary Health Care and Occupational Medicine; Global Health Issues, Health (including complementary) Systems Health Economics / planning / management |
| 10 | Medicine and the Law | Medical Ethics; Medical Law; Forensic medicine |
| 11 | Rural posting and Project | Rural posting, project |
| 12 | Psychology | Basic and Clinical psychology |
| 13 | Multidisciplinary Health Care Delivery (MHCD) | Joint sessions with other health professionals-nursing, physiotherapy, human nutrition, pharmacy, dentistry. Basic Nursing Skills. |

| 14 | Clinicalskills (Integrated) | Communication and Interviewing skills, History taking and Clinical examination skills, writing skills, hospital record keeping. |
|----|---|--|
| 15 | Laboratory Medicine | General and Anatomical Pathology, Cytology, Cytogenetics; Medical Microbiology- mycology, parasitology, virology and bacteriology; Clinical Haematology; Clinical Chemistry, Immunology, Applied Molecular Biology |
| 16 | Pharmacology Basic Pharmacology, Pharmacokinetics, Systemic pharmacology, pharmacovigilance | |
| 17 | Traditional medicine and phytotherapy | Introduction to Medicinal plants, Herbal preparations, Research into plant medicine |
| 18 | Medicine | Pulmonology, Gastroenterology / Hepatology, Cardiology, Nephrology, Medical Emergencies, Medical imaging, Family Medicine, Neurology, Endocrinology, Rheumatology , Immunological disorders and Medical Oncology, Dermatology &Sexually Transmitted Infections (STI), Toxicology and related disorders, Therapeutics, Chronic Care and Gerontology, physical and Rehabilitation medicine |
| 19 | Surgery | General surgery , Surgical Pathology; Fluid and Electrolyte balance, Orthopaedics and Traumatology ; Sports Medicine, |

Table IV: Harmonised Model of Undergraduate Curriculum

| Teaching Units (TU) | | ching Units (TU) Course (Credithours) | | Personal | Total | Credits | |
|---------------------|-------|---------------------------------------|------------|---------------|------------|---------|----|
| Sem | ester | 1 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 1 | Anatomy -1 | 60 | 60 | 20 | 140 | 7 |
| TU | 2 | Embryology -Histology 1 | 20 | 20 | 20 | 60 | 3 |
| TU | 3 | Physiology 1 | 60 | 60 | 20 | 140 | 7 |
| TU | 4 | Biochemistry 1 | 60 | 60 | 20 | 140 | 7 |
| TU | 5 | Genetics-Cell Biology | 20 | 20 | 20 | 60 | 3 |
| TU | 6 | Language 1 | 20 | 20 | 20 | 60 | 3 |
| Total | Tea | chinghours (TTH) | 240 | 240 | 120 | 600 | 30 |

| Teaching Units | | | Course | | Personal | Total | Credits |
|----------------|------|--------------------------|------------|---------------|------------|--------|---------|
| Semester 2 | | 2 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 7 | Anatomy 2 | 60 | 60 | 20 | 140 | 7 |
| TU | 8 | Embryology – Histology 2 | 20 | 20 | 20 | 60 | 3 |
| TU | 9 | Physiology 2 | 60 | 60 | 20 | 140 | 7 |
| TU | 10 | Biochemistry 2 | 60 | 60 | 20 | 140 | 7 |
| TU | 11 | Community Medicine 1 | 60 | 40 | 20 | 120 | 6 |
| Total | Teac | hinghours | 260 | 240 | 100 | 600 | 30 |

| Teaching Units | | | Course | | Personal | Total | Credits |
|----------------|-------|--------------------------------|------------|---------------|------------|--------|---------|
| Sem | ester | 3 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 12 | Anatomy 3 | 60 | 60 | 20 | 140 | 7 |
| TU | 13 | Physiology 3 | 60 | 60 | 20 | 140 | 7 |
| TU | 14 | Biochemistry 3 | 60 | 40 | 20 | 120 | 6 |
| TU | 15 | Psychology | 20 | 40 | 20 | 80 | 4 |
| TU | 16 | Biostatistics – Bioinformatics | 20 | 20 | 20 | 60 | 3 |
| TU | 17 | Language 2 | 20 | 20 | 20 | 60 | 3 |
| Tota | Tea | ching hours | 240 | 240 | 120 | 600 | 30 |

| Teaching Units | | | Course | | Personal | Total | Credits |
|----------------|-------|-----------------------------------|------------|---------------|------------|--------|---------|
| Seme | ester | 4 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 18 | Community Medicine 2 | 40 | 80 | 20 | 140 | 7 |
| TU | 19 | Multidisciplinary HC delivery | 40 | 20 | 20 | 80 | 4 |
| TU | 20 | ClinicalSkills (Integrated) | 40 | 80 | 20 | 140 | 7 |
| TU | 21 | LaboratoryMedicine 1 (Integrated) | 60 | 60 | 20 | 140 | 7 |
| TU | 22 | Pharmacology 1 | 60 | 20 | 20 | 100 | 5 |
| Total | Teac | ning hours | 240 | 260 | 100 | 600 | 30 |

| Teac | hing Units | Course | | Personal | Total | Credits |
|-------|--|------------|---------------|------------|--------|---------|
| Sem | ester 5 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | Orcuita |
| TU | 23 Laboratory Medicine 2a (CP & H) | 40 | 40 | 20 | 100 | 5 |
| TU | 24 Laboratory Medicine 2b AP & MM) | 40 | 40 | 20 | 100 | 5 |
| TU | 25 Lab Medicine 2c(Immuno & Mol Biology) | 40 | 20 | 20 | 80 | 4 |
| TU | 26 Pharmacology 2 | 80 | 40 | 20 | 140 | 7 |
| TU | 27 Community Medicine 3 | 60 | 40 | 20 | 120 | 6 |
| TU | 28 Language 3 | 20 | 20 | 20 | 60 | 3 |
| Total | Teaching hours | 280 | 200 | 120 | 600 | 30 |

| Teac | hing | Units | Course | | Personal | Total | Credits |
|-------|-------|-------------|------------|---------------|------------|--------|---------|
| Semo | ester | 6 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 29 | Medicine 1a | 40 | 100 | 20 | 160 | 8 |
| TU | 30 | Medicine 1b | 40 | 100 | 20 | 160 | 8 |
| TU | 31 | Surgery 1a | 40 | 100 | 20 | 160 | 8 |
| TU | 32 | Surgery 1b | 40 | 100 | 20 | 160 | 8 |
| Total | Tea | ching hours | 160 | 400 | 80 | 640 | 32 |

| Teaching Units | | | Course | | Personal | Total | Credits |
|----------------|--------------|-------------|------------|---------------|------------|--------|---------|
| Sem | ester 7 | | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 33 M | ledicine 2a | 30 | 90 | 20 | 140 | 7 |
| TU | 34 M | ledicine 2b | 30 | 90 | 20 | 140 | 7 |
| TU | 35 St | urgery 2a | 30 | 90 | 20 | 140 | 7 |
| TU | 36 St | urgery 2b | 30 | 90 | 20 | 140 | 7 |
| TU | 37 La | anguage 4 | 20 | 20 | 20 | 60 | 3 |
| Total | Teachi | ing hours | 140 | 380 | 100 | 620 | 31 |

| Teaching Units | | Units | Course | | Personal | Total | Credits |
|----------------------|----|---------------|------------|---------------|------------|--------|---------|
| Semester 8 | | 8 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 38 | Paediatrics 1 | 50 | 90 | 20 | 160 | 8 |
| TU | 39 | OBGYN 1 | 50 | 90 | 20 | 160 | 8 |
| TU | 40 | Paediatrics 2 | 50 | 90 | 20 | 160 | 8 |
| TU | 41 | OBGYN 2 | 50 | 90 | 20 | 160 | 8 |
| Total Teaching hours | | ching hours | 200 | 360 | 80 | 640 | 32 |

| Teaching Units | | | Course | | Personal | Total | Credts |
|----------------------|----|--|------------|---------------|------------|---------|--------|
| Semester 9 | | 9 | Theory (T) | Practical (P) | Study (PS) | T+P+P\$ | |
| TU | 42 | Community Medicine 4 | 40 | 100 | 20 | 160 | 8 |
| TU | 43 | Medicine 3 | 40 | 120 | 20 | 180 | 9 |
| TU | 44 | Surgery 3 | 40 | 120 | 20 | 180 | 9 |
| TU | | Ethics/communication/Jurisprudence/ Forensic Medicine | 40 | 20 | 20 | 80 | 4 |
| TU | 46 | Stucent Electives / Exchange program | 0 | 40 | 20 | 60 | 3 |
| Total Teaching hours | | ching hours | 160 | 400 | 100 | 660 | 33 |

| Teaching Units | | | Course | Course | | Total | Credits |
|----------------------|----|-----------------------|------------|---------------|------------|--------|---------|
| Semester 10 | | 10 | Theory (T) | Practical (P) | Study (PS) | T+P+PS | |
| TU | 47 | Community Medicine 5* | 40 | 100 | 40 | 180 | 9 |
| TU | 48 | Medicine 4 | 20 | 100 | 40 | 160 | 8 |
| TU | 49 | Surgery 4 | 20 | 100 | 40 | 160 | 8 |
| TU | 50 | Revision | 20 | 100 | 40 | 160 | 8 |
| Total Teaching hours | | ching hours | 100 | 400 | 160 | 660 | 33 |

| Teaching Units | | Course | Practical | Personal | Total | Credits* | |
|----------------------|----|----------|------------|----------|------------|----------|----|
| | | | Theory (T) | (P) | Study (PS) | T+P+PS | |
| HOUSEMANSHIP | | | | | | | |
| | 51 | MEDICINE | | | | 300 | 15 |
| | 52 | SURGERY | | | | 300 | 15 |
| Total Teaching hours | | 0 | 0 | 0 | 600 | 30 | |

| Teachi | ng Units | Course | Practical | Personal | Total | Credits* |
|----------------------|---------------|------------|-----------|------------|---------|----------|
| | | Theory (T) | (P) | Study (PS) | T+P+P\$ | |
| HOUS | EMANSHIP | | | | | |
| 5 | 3 OBGYN | | | | 300 | 15 |
| 5 | 4 PAEDIATRICS | | | | 300 | 15 |
| Total Teaching hours | | 0 | 0 | 0 | 600 | 30 |

^{*} Including projects

^{*} For each semester 30 credits are allocated. For information purposes, credits are allocated to TU.

Explanatory notes:

Anatomy-1 : General anatomy

Anatomy-2 : Systemic and Clinical anatomy

Anatomy-3 : Neuroanatomy

Histology-Embryology-1: General Histology and Embryology **Histology-Embryology-2**: Systemic Histology and Embryology

Physiology-1 : General physiology
Physiology-2 : Systemic physiology
Physiology-3 : Clinical physiology

Biochemistry-1: Molecular structures, Metabolism, Molecular biology

Biochemistry-2 : Biochemistry of aging

Biochemistry-3 : Nutrition

Community Medicine 1: Basic Epidemiologic concepts, Demography, Sociology, Anthropology,

Intro to TM

Community Medicine 2: Preventive Medicine; Community diagnosis; Environmental Health / (Eco

health) / Sanitation / Ecology / Intro to Ethics

Community Medicine 3: Epidemiological and Research Methods including research into plant

medicine

Community Medicine 4: Rural posting, Primary Health Care and Occupational Medicine

Community Medicine 5: Project; Global Health Issues, Health (including complementary) Systems

and Health Economics / Planning / Management / Entrepreneurship.

Laboratory Medicine 1 : General Pathology and Medical Microbiology, Basic Haematology and

Clinical Chemistry

Laboratory Medicine 2a: Systemic Pathology and Chemical Pathology and Clinical Haematology

Laboratory Medicine 2b: Anatomical Pathology, Systematic Medical Microbiology, Haematological

Oncology

Laboratory Medicine 2c: Basic concepts of Immunology and Molecular Biology, Clinical

Applications

Pharmacology 1 : Basic Pharmacology

Pharmacology 2 : Systemic pharmacology and Pharmacokinetics

Medicine 1a : Infectious Diseases 1, Pulmonology, Gastroenterology / Hepatology

Medicine 1b : Cardiology, Nephrology, Medical Emergencies 1

Medicine 2a : Psychiatry 1 and Family Medicine

Medicine 2b : Neurology, Endocrinology, Rheumatology, Immunological disorders and

Oncology; Medical Emergencies 2

Medicine 3 : Dermatology and STI, Infectious Disease2, Radiology (Imaging),

Psychiatry 2

Medicine 4 : Toxicology and related disorders, Therapeutics, Chronic Care and

Gerontology; physical and Rehabilitation medicine

Surgery 1a : Surgical Pathology; Fluid and Electrolyte balance

Surgery 1b : General surgery

Surgery 2a : Orthopaedics and Traumatology; Sports Medicine, Physiotherapy, Surgical

Emergencies 1

Surgery 2b : Urology, Cardiothoracic and Neurosurgery, Paediatric surgery;

plastic surgery

Surgery 3 : ORL, Dentistry, Ophthalmology, Anaesthesia,

Surgery 4 : Surgical Emergencies 2, Surgical Oncology; Physical and Rehabilitation

Medicine

VI. Teaching methods

- theory: Didactic lectures with use of appropriate audiovisual aids, PBL sessions.
- practical: Tutorials, Practical teaching, Case study, Laboratory skills, microscopic, cytological, and histological readings, Image Projection, Fresh-mount study, Scientific and Forensic Autopsy.
- distance-Learning: Teleconference; Online Lecture; Telemedicine

Note: Since teaching should be student-centred, self-directed learning methods shall be given preference

VII. Assessment procedures

→ Below are the assessment Procedures:

- knowledge Evaluation,
- clinical/Practical Skills Evaluation,
- compulsory Validation of Houseman ship.

 \rightarrow End of training assessment procedures may in addition include thesis/project Defence before a competent panel.

VIII. Accreditation of programmes and instittuions

It is generally believed that some external process of evaluation for educational programmes and the quality of graduates of medical schools is necessary. This is to ensure that academic standards of any institution do not fall below average and that graduates are suitable for registration as healthcare practitioners.

In the framework of its harmonised medical training curricula within ECOWAS, WAHO has formulated some guidelines and global mechanisms for the accreditation of training curricula and institutions. This is applicable in all ECOWAS Member States. The advantages of such exercise include the harmonisation of minimal practice skills and free movement of professionals within the region. Besides, it enables medical training institutions to check, assess and improve on their quality of teaching activity and skills acquisition. In the formulation of regional accreditation criteria for medical training, guidelines stipulated by the World Federation for Medical Education (WFME) were taken into consideration.

Specific objectives and targets for accreditation and the harmonisation of medical training curricula must be translated so as to implement curricula that guarantee minimal knowledge standards and relevant skills for quality service delivery.

To achieve this, the Regional Council for Health professionals Education (RCHPE) is mandated to implement the accreditation process on behalf of WAHO. A close cooperation between RCHPE and national accreditation/regulatory bodies will enable effective implementation of the accreditation process.

Details of the objectives, processes and check-lists for the accreditation of Undergraduate Medical Curricula will be in a document annexed to harmonised curricula.