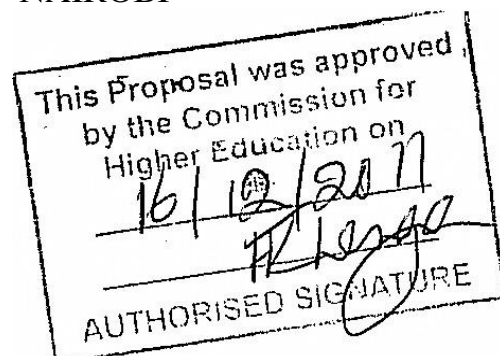


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School of Health Sciences

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Proposed Curriculum for the Degree of  
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBCHB)

Submitted to  
The Commission for Higher Education, Kenya  
P.O. BOX 54999-00200  
NAIROBI



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## **2.0 THE CURRICULUM**

### **2.1 Title: Bachelor of Medicine and Bachelor of Surgery (MBChB)**

#### **2.2 Philosophy of the Programme**

The MBChB programme will be launched in the School of Medicine and Health Sciences (SMHS) which has been functioning since 2004. The School of Medicine and Health Sciences comprises the departments of Nursing; Clinical Medicine, Surgery and Community Health; Medical Laboratory Sciences, Health Systems Management and Medical Education; Pharmacy; Nutrition and Dietetics; and Public Health.

The School of Medicine and Health Sciences is guided by the philosophical foundations in design and delivery of the academic programmes.

These foundations are consistent with those of the University which include: Innovative approaches in planning, development, and implementation of academic programmes with: timely guidance, counselling and mentoring of staff and students; the use of appropriate technology in design, delivery and review of academic programmes which are focused on community service, facilitation of community empowerment, promotion of fairness and natural justice and maintenance of good neighbourliness with the community.

The School of Medicine and Health Sciences believes in integration of professional development and multi-professional education programs for students and staff while ensuring that there is inculcation and development of lifelong learning skills and competencies. There is a participatory-oriented approach in teaching; research and outreach programmes and service, which are characterized by good principles of leadership that catalyze policy development and good Corporate governance.

Sustained quality assurance and standards for need-based and demand-driven academic programmes with regard and respect for human rights and gender sensitivity is the hallmark of the School of Medicine and Health Sciences governance. The School embraces commitment to participation in social responsibility and environmental improvement for sustained development where mutual partnerships in academic research and community programmes and activities are fostered. Finally the School endeavors to remain committed to research for creation and application of knowledge for human development.

#### **2.3 Rationale of the programme**

##### **2.3.1 Situation Analysis**

In the year 2004, the population of Kenya was 33.5 Million with a Doctor/population, Nurse Midwife /population ratios of 0.139:100,000 and 1.145: 100,000 respectively (WHO country Health System Fact Sheet 20061). The population annual growth rate in 2006 was 2.6%. These two major health providers grapple with health care challenges imposed by, among others, the under-five mortality rate which of 74 per 1,000 live births, Infant Mortality Rate (IMR) of 52 per 1,000 live births, Maternal mortality rate of 410 per 100,000 live births and skilled birth attendance at only 44% (KDHS, 2008-20092). Life expectancy was estimated at 47.98 years with HN /AJ.DS, and 54.48 years without the pandemic. The HIV/ AIDS pandemic, other emerging, and re-emerging diseases ... such as tuberculosis -and 'malaria have increased the mortality rate, reducing life

expectancy by almost 6.5 years. Furthermore, deaths due to HIV/ AIDS and tuberculosis were 458 and 133 per 100,000 population respectively. Age• standardized mortality rate for cardiovascular diseases, cancer and non-communicable diseases were 402, 139 and 783 per 100, 000 population respectively. Prevalence of tuberculosis per 100,000 population stood at 888 (WHO 2002).

Diseases and conditions that are preventable through immunization, proper environmental management, observance of basic hygiene and general synthesis and application of health education and information are major causes of morbidity. And mortality in Kenya according to the Ministry of Health (2006). Increasing levels of poverty in the country are making the attainment of the Millennium Development Goal numbers 4, 5, 6 & 7(Goal 4: Reduce child mortality; Goal 5: Improve maternal health; Goal 6: Combat HIV/ AIDS, malaria and other diseases and Goal 7: Ensure environmental sustainability) difficult for our population.

The deteriorating health situation in Kenya therefore, requires a plethora of strategies such as prevention of health problems, management, and reforms of health institutions and facilities, carrying out operational research, addressing social economic issues that cause poverty and education and training of human resources for health including medical doctors.

In Kenya, the first training of medical doctors started at the, College of the University of East Africa now University of Nairobi in 1967 The second medical school was started in Moi University, School of Medicine in 1990. The Egerton and Kenyatta Universities have also joined these two medical schools in training medical doctors.

Institutions in Kenya, which admit undergraduate and postgraduate students in Medicine, and the capacity for each institution, are detailed in tables 3 and 4.

**Table 3: Institutions and Capacity for Admission of Undergraduate Students in Medicine**

<b>University</b>	<b>Admission capacity/year</b>
Nairobi	300
Moi	90
Kenyatta	30
Egerton	11

**Table 4: Institutions and Capacity for Admission of Postgraduate Students In Medicine**

University	Admission capacity/year
Nairobi	100
Mai	30
Agakhan	20

The numbers of trained medical doctors in 'this 'country is not adequate (Mohr, 2007) and retention of the few that exist continues to be difficult due to lack of adequate remuneration and high quality clinical facilities. They therefore. choose to seek greener pastures outside the public sector and in the larger global economy like the United Kingdom, Australia, USA, Canada, Botswana etc.

### **2.3.2 Justification of the Need for the Programme**

Due to the inadequate numbers of trained medical doctors in Kenya and Africa as a whole, the effort to provide medical doctors needs to be strengthened. It is in this context that .the Kenya Methodist University (KEMU) has embarked on the development of the MBChB programme.

### **2.4 Goal of the Programme**

The goal of the program is to prepare medical doctors with the necessary knowledge, skills and attitudes essential for meeting the health care needs of individuals, families, communities and populations .

This program will equip doctors with competences required to appropriately manage health challenges and provide leadership in health service provision to ameliorate the national/referral health needs as outlined in the Kenyan National Health Policy Framework (2006) and the National Health Sector

Strategic Plan II (2007-2012). It is also in line and relevant to Kenya's Vision 2030 and will contribute to Kenya's efforts to achieve the United Nations Millennium Development Goals. The curriculum is also based on the Vision and Mission of the Strategic Development Plan of Kenya Methodist University (2008-2012).

### **2.5 Expected Learning Outcomes**

At the end of the MBChB programme, the graduates shall be able to:

- i) Demonstrate knowledge of the relevant biomedical and social sciences.
- ii) Demonstrate high standards of professional integrity and ethics in the practice of medicine.
- iii) Demonstrate an understanding of and sensitivity to diversity in health care delivery.
- iv) Demonstrate competency in the practice of preventive, promotive and rehabilitative medicine.
- v) Apply principles of continuous quality improvement m health service provision.

- vi) Demonstrate ability to conduct research
- vii) Apply research findings in health service delivery
- viii) Demonstrate effective leadership and change management in health service delivery

## **2.6 Mode of Delivery of the Programme**

The program will be conducted on Full Time basis and shall extend over a period of six (6) years. In the preclinical years, a lot of emphasis will be laid on acquisition of practical skills in laboratory work and anatomical dissections. Cadavers will be acquired and utilized in conformity with the Human Anatomy and body parts Act Cap.248. The Anatomy teachers and technicians will be on hand to assist and demonstrate to the students the various parts of the body as will be necessary for them to acquire adequate knowledge in anatomy. Six students will be assigned to one cadaver at the beginning of the anatomy rotation.

## **2.7 Academic Regulations for the proposed programme**

### **2.7.1 Admission requirements**

Entry to the MBChB programme shall be based on the minimum University entry-requirements. (See section 1.3.1). In addition the applicants should have

The following subject cluster:

- a) Biology
- b) Chemistry/Physical Science
- c) Mathematics/Physics/Physical Science
- d) English/Kiswahili

The following shall then apply:

K.C.S.E. Holders: Minimum University admission requirements. In addition, the holder should have mean grade of C+ in K.C.S.E. with at least grade Bin Biology, Chemistry and English, provided that no subject in the cluster shall have a score below C+ (plus) or equivalent.

### **OR**

Advanced Level Holders: A minimum of 2 Principal Passes in Biology and Chemistry, and a subsidiary pass in either Mathematics or Physics or equivalent

### **OR**

Diploma in Medical/Health Sciences holders: A minimum "O" level Division II Pass or C+ (plus) Mean Grade and credit pass C+ (plus) in the cluster subjects in K.C.S.E. In addition to at least a *credit* pass in the subsequent professional qualifications from a recognized medical training institution or equivalent.