Medical Doctorate in Pediatrics Program

Program Specifications | Program Code: PEDI700

Mission | *Curriculum Map* | *Assessment Framework* | *Blueprints* | *WFME Benchmarking*

Department of Pediatrics and Neonatology | Faculty of Medicine, Capital University | 2025–2026

Revised Version - July 2026 | Internal Audit Committee Review

Program	Medical Doctorate (MD) in Pediatrics - Code: PEDI700
Department	Pediatrics and Neonatology
Faculty	Faculty of Medicine, Capital University
Academic Year	2025–2026
Document Version	Issued June 2026 | Revised July 2026 - Internal Audit Committee Review
Reference Standards	(1) World Federation for Medical Education (WFME) Global Standards for Quality Improvement in PGME, 2023 Revision (2) National Authority for Quality Assurance and Accreditation of Education (NAQAAE) National Academic Reference Standards (NARS), Medicine 2nd Edition 2017 (3) Egyptian Supreme Council of Universities Regulations
Cross-Reference	PEDI700 Program Logbook (July 2026). Both documents must be read in conjunction. [Audit Action P-06]
Approved By Head of Department	Name: ..... Signature: ..... Date: .....

1. Program Mission and Values

1.1 Mission Statement

The MD Pediatrics program at the Faculty of Medicine, Capital University, is committed to producing competent, ethical, and reflective specialist pediatricians who are equipped to deliver evidence-based, patient-centered care to children and their families across Egyptian, regional, and international health contexts. The program fosters advanced clinical competence, critical appraisal skills, research literacy, and a commitment to lifelong professional development. It prepares graduates to contribute meaningfully to improving child health outcomes at institutional, national, and community levels, in alignment with Egypt's national health priorities and the values of the Egyptian Medical Syndicate.

The mission statement is reviewed and reaffirmed annually by the Departmental Postgraduate Committee as part of the QA cycle. It is published on the faculty website, included in the student handbook, and cross-referenced in the Program Logbook.

1.2 Program Values

- Clinical excellence is grounded in evidence-based practice and patient safety.
- Respect for the dignity, rights, and cultural context of children and their families.
- Commitment to research and scholarship as drivers of improved child health outcomes.
- Professional integrity, ethical conduct, and lifelong self-directed learning.
- Equity, inclusion, and sensitivity to the socioeconomic and cultural diversity of the Egyptian patient population.

2. Program Overview

Program Type	Postgraduate academic degree with clinical training
Duration	3 years full-time (maximum 6 years from enrolment)
Total Credit Hours	76 credit hours: Part I: 9 hours; Part II: 37 hours; Thesis: 30 hours
Clinical Training Site	Badr University Hospital — approved clinical training site
Intake Capacity	As determined annually by the Departmental Postgraduate Committee, linked to available supervisory capacity and clinical training resources
Awarding Body	Faculty of Medicine, Capital University — in accordance with Egyptian SCU Regulations
Program Director	Senior faculty member, Department of Pediatrics and Neonatology

2.1 Program Structure

2.1.1 Obligatory Courses: 73 Credit Hours

Year / Part	Course Code	Course Title	Credit Hours	Assessment
Part I (Year 1)	PEDI7001	Recent Concepts of Pediatric Pathology	1.5	Written
	PEDI7002	Recent Concepts of Pediatric Physiology	1.5	Written
	PEDI7003	Basics of Pediatric Medicine	3	Written & Oral
Part II (Years 2 & 3)	Thesis	Research Thesis	30	Thesis & Oral Viva
	—	Portfolio / Continuous Assessment	9	Written, Clinical & Oral
	PEDI7004	Pediatric Medicine	28	Written, Clinical & Oral

2.1.2 General / Common Courses: 2 Credit Hours

Year / Part	Course Code	Course Title	Credit Hours	Assessment
Part I — Year 1	AS700	Statistics and Advanced Research Methods	2	Written

2.1.3 Elective Courses: 1 Credit Hour

Year / Part	Course Code	Course Title (Arabic)	Course Title (English)	Credit Hours	Assessment
Part I (Year 1)	**E01**	مكافحة العدوى	Infection Prevention & Control	1	Written
	E02	ادارة مستشفيات	Hospital Management	1	Written
	E03	اخلاقيات وآداب المهنة	Medical Ethics & Professional Conduct	1	Written
	E10	جودة المستشفيات	Hospital Quality Management	1	Written

3. Competency Framework and Intended Learning Outcomes

3.1 NAQAAE-NARS Competency Framework

Domain	NAQAAE Area	Description
I	Clinician	Applies knowledge of clinical sciences to provide expert, ethical, evidence-informed clinical care to pediatric patients across all ages and settings
II	Communicator	Communicates effectively with patients, families, colleagues, and the healthcare team across all clinical and professional contexts
III	Collaborator	Functions effectively within multidisciplinary healthcare teams; contributes to team-based, patient-centered care
IV	Scholar & Scientist	Applies principles of evidence-based medicine; contributes to research; teaches and mentors junior colleagues
V	Professional	Demonstrates integrity, compassion, accountability, and respect for patients, families, and colleagues in all professional interactions
VI	Lifelong Learner	Takes responsibility for self-directed professional development; reflects critically on practice; seeks and uses feedback; teaches and leads improvement

3.2 Program Intended Learning Outcomes

On completion of the MD Pediatrics program, graduates will be able to:

Code	KSA Category	NAQAAE Domain	WFME	Intended Learning Outcome
K1	Knowledge	I - Clinician	2.4	Critically analyze complex pathophysiological mechanisms underlying common acute neonatal and pediatric emergencies
K2	Knowledge	I - Clinician	2.4	Differentiate variant clinical presentations of pediatric metabolic and genetic disorders as per recent evidence-based guidelines
P1	Practical Skills	I - Clinician	2.5	Perform advanced pediatric resuscitation and endotracheal intubation safely according to PALS protocols
P2	Practical Skills	I - Clinician	2.5	Formulate an accurate, comprehensive differential diagnosis and diagnostic plan for a child presenting with pyrexia of unknown origin
I1	Intellectual	IV - Scholar & Scientist	2.4	Appraise published pediatric clinical trials to determine their validity and clinical relevance to the national health context
I2	Intellectual	II - Communicator	2.4	Demonstrate empathetic, clear communication when breaking bad news to parents and guardians in high-stress clinical environments
PR1	Professionalism	V - Professional	2.4	Demonstrate adherence to professional and ethical codes governing pediatric practice, including patient confidentiality, informed consent, and medico-legal awareness
TS1	Team & System	III - Collaborator	2.4	Collaborate effectively within the pediatric multidisciplinary team, demonstrating understanding of interprofessional roles and applying leadership skills in clinical settings
LL1	Lifelong Learning	VI - Lifelong Learner	2.7	Design and conduct a supervised research project relevant to pediatric clinical practice, applying appropriate statistical methods and reporting findings to professional audiences
LL2	Lifelong Learning	VI - Lifelong Learner	2.7	Develop and implement a personal learning plan using reflection, self-assessment, and available resources to address identified practice gaps

4. Program-Level Curriculum Map

4.1 ILO × Course Coverage Matrix (Obligatory Courses: 73 Credit Hours)

This matrix documents which courses provide substantive coverage of each program ILO. Reviewed annually by the Departmental Postgraduate Committee.

K1	K2	P1	P2	I1	I2	PR1	TS1	LL1	LL2	Course	Credits	Assessment
✓	✓		✓							PEDI7001	1.5	Written
✓	✓		✓							PEDI7002	1.5	Written
✓	✓		✓							PEDI7003	3	Written & Oral
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Portfolio / Continuous Assessment	9	Written, Clinical & Oral
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	PEDI7004	28	Written, Clinical & Oral
✓	✓		✓	✓		✓	✓	✓	✓	Thesis	30	Thesis & Oral

4.2 Part I Constructive Alignment Table (Obligatory Courses)

Each Part I block specifies the mapped ILOs, teaching method, contact hours, and assessment.

Course Code	Topics	ILO	Teaching Method	Contact Hours	Marks / Assessment
PEDI7001	Basic Pathology of Pediatric Medicine: Handling pathology specimens, Cell injury, Inflammation, Repair, General neoplasia, Common presentations of different pediatric systems	K1, K2, P2	Lectures	1.5 hrs. Theoretical	75 Marks: Written
PEDI7002	Basic Physiology of Pediatric Medicine: Cell physiology, Homeostasis, Pediatric-related physiology, Functional development of organ systems, Fetal and neonatal physiology, Endocrine and neuroendocrine interaction	K1, K2, P2	Lectures	1.5 hrs. Theoretical	75 Marks: Written
PEDI7003	Basics of Child Health (Genetics, growth, development, nutrition, infectious diseases), Growth & development, Epigenomics, Genetic counseling, Cytogenetics, Infant feeding, Immunization, Maternal-to-fetal transmitted infections	K1, K2, P2	Lectures, CBL, Videos	3 hrs. Theoretical	100 Written & 50 Oral = 150 Marks

CBL: case-based learning; SDL: self-directed learning

4.3 Part II Constructive Alignment Table — PEDI7004 (Pediatric Medicine)

Credit hours: 37; total contact hours: 555 (300 theoretical & 255 clinical).

Topics / Subspecialty	ILO	Teaching Method	Contact Hours	Marks / Assessment
1. Neonatology	K1, K2, P1, P2	Lectures, CBL, PBL, Videos	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Oral
2. Gastroenterology & Hepatology	K1, K2, P1, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Oral
3. Pulmonology & Allergy	K1, K2, P1, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Oral
4. Neurology & Metabolic Diseases	K1, K2, P1, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Clinical, Oral
5. Cardiology	K1, K2, P1, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Clinical, Oral
6. Hematology & Oncology	K1, K2, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Clinical, Oral
7. Rheumatology & Immunology	K1, K2, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Oral
8. Endocrinology & Diabetes	K1, K2, P2	Lectures, CBL, PBL, Videos, Cases	50 hrs.	165 Marks: Essay, MCQs, Problem-based, Oral
9. Nephrology	K1, K2, P2	Lectures, CBL, PBL, Videos, Cases	40 hrs.	150 Marks: Essay, MCQs, Problem-based, Oral
10. Pediatric Emergency	K1, K2, P2	Lectures, CBL, PBL, Videos	40 hrs.	150 Marks: Essay, MCQs, Problem-based, Oral
11. Infection	K1, K2, P2	Lectures, CBL, PBL, Videos, Cases	37.5 hrs.	115 Marks: Essay, MCQs, Problem-based, Oral
12. Nutrition	K1, K2, P1, P2	Lectures, CBL, PBL, Videos	37.5 hrs.	115 Marks: Essay, MCQs, Problem-based, Clinical

4.4 Clinical Grand Rounds — ILO Mapping

Grand round sessions at Badr University Hospital are held twice per month. Each session specifies the mapped ILOs and formative assessment tool used.

Session	Topic	Mapped ILOs	Formative Assessment Tool
1	History taking for various systemic affections	P2, I2	Mini-CEX
2	General examination	P2	Direct Observation (DOPS)
3	Anthropometric measures & nutritional assessment	P2, K1	OSPE station
4	Vital signs assessment	P2, K1	Direct Observation
5	Dysmorphism — Down syndrome, MPS, Turner	K2, P2	Case-Based Discussion
6	Cardiac examination	P2, I2	Mini-CEX
7	Chest examination	P2, I2	Mini-CEX
8	Abdominal examination	P2	DOPS
9	Neurological examination	P2, I2	Mini-CEX
10	CBC interpretation	K2, I1	Structured written exercise
11	Bleeding profile interpretation	K2, I1	Structured written exercise
12	Liver function tests interpretation	K2, I1	Structured written exercise
13	Urinalysis interpretation	K2, I1	Structured written exercise
14	Plain X-ray interpretation: chest & heart	K1, K2, I1	Structured written exercise
15	Blood gas interpretation	K1, I1	Structured written exercise
16	ECG interpretation	K1, I1	Structured written exercise
17	Imaging interpretation — advanced	K1, K2, I1	Structured written exercise
18	Drug doses: pediatric calculations	K2, P1, PR1	Case-Based Discussion
19	Transfusion medicine	K2, P1, PR1	Case-Based Discussion
20	Evidence-based pediatric guidelines	K2, P1, PR1	Case-Based Discussion
21	Grand round case presentation	P2, I1, I2	Mini-CEX + Peer Feedback

4.5 Thesis Supervision and Assessment Policy

- The thesis (30 credit hours) is mapped to ILOs: K1, K2, P2, LL1, LL2, I1, PR1.
- Each trainee is assigned a primary supervisor (faculty member, minimum rank Lecturer) and a co-supervisor within 3 months of program commencement.
- A research proposal will be submitted and approved by the Departmental Postgraduate Committee by the end of Year 1.
- Ethical approval must be obtained from the Faculty Research Ethics Committee and documented before data collection.
- Supervision meetings are documented — minimum monthly meetings with a signed log in the candidate's portfolio.
- Thesis assessment: written thesis examined by two examiners (internal, external); followed by an oral viva voce.
- Plagiarism screening required — similarity index threshold ≤30% — before formal submission.

5. Assessment Framework

5.1 Assessment Policy

This assessment policy governs all summative and formative assessments in the MD Pediatrics program. It is shared with all trainees, supervisors, and examiners at the start of each academic year.

Policy Element	Specification
Purpose	Assessment serves the dual purpose of (1) assuring the competence of graduates for patient safety, and (2) supporting trainee learning and progression throughout the program.
Blueprint	All assessments are mapped to program ILOs and NAQAAE Competency Areas. The assessment blueprint is reviewed annually by the Departmental Postgraduate Committee.
Balance	Formative WBA (Mini-CEX, DOPS, CBD) integrated from Year 2; summative assessment at end of Part I (written & OSPE per course) and end of Part II (written, clinical, oral for PEDI7004; thesis + viva for the research component).
Standard-Setting	MCQ papers: Modified Angoff method applied by a panel of at least 3 examiners. OSCE: borderline group method. Oral examination: structured marking rubric with examiner calibration session before each examination cycle. [Oral assessment rubric cross-referenced at Annex A — Audit Action P-07]
Fail and Repeat	Candidates who fail Part I course may re-sit once in the same academic year. Failure at Part II examination: full re-sit after a minimum of 6 months' remediation. Maximum 3 attempts at Part II examination.
Reasonable Adjustments	Trainees with documented disabilities apply to the Program Director. The Departmental Postgraduate Committee approves adjustments (extra time, accessible venue, modified format) on a case-by-case basis.
Conflict of Interest	Any examiner who has directly supervised a candidate for >3 months must declare the relationship to the Program Director. The Program Director determines whether recusal is required.

5.2 Formative Assessment System

The following formative assessment tools are formally integrated into the program and documented in each candidate's logbook (PEDI700 Program Logbook). All formative assessments are linked to structured feedback.

Tool	Description	Frequency	ILOs Assessed	Responsible Party
Mini-CEX	Direct observation of trainees in a real clinical encounter; structured rating (1–6) with immediate feedback	Min. 6/year in Part II	P1, P2, I2	Clinical Supervisor
DOPS	Direct observation of a practical procedure; structured feedback form (refer to logbook Section 9)	Min. 4/year in Part II	P1, P2	Clinical Supervisor
Case-Based Discussion (CBD)	Discussion of a managed case to assess clinical reasoning and knowledge application	Monthly (grand rounds)	K1, K2, I1	Supervising Consultant
Reflective Portfolio	Trainee documents clinical experiences, learning needs, and development actions	Ongoing; reviewed each semester	LL2, PR1	Primary Supervisor
Self-Assessment Checklist	Trainee self-rates competence against ILOs at start and end of each year	Twice yearly	All ILOs	Trainee + Supervisor
Logbook Review	Supervisor reviews completed logbook entries at 3-month intervals; progress meeting documented	Quarterly	P1, P2	Primary Supervisor

5.3 Assessment QA Mechanisms

- Pre-examination: all MCQ items reviewed by a second examiner for clarity, accuracy, and appropriate difficulty level before deployment.
- Post-examination: item analysis performed for all MCQ papers (facility index, discrimination index); results reviewed by the Postgraduate Committee.
- OSCE inter-rater reliability: paired examiner scoring on ≥10% of OSCE stations per cycle; discrepancies >2 marks reviewed and adjudicated.
- External examiner: submits annual written report to the Dean on assessment quality, standard-setting, and program recommendations.
- Post-examination survey: administered to all trainees; results reviewed by the Postgraduate Committee and used for examination improvement.

6. Assessment Blueprints

6.1 Part I Assessment Blueprint

Each Part I course is assessed via a combination of written essay, MCQ, and OSPE. All items are mapped to program ILOs.

Course	Written & MCQ	Oral / Clinical	K1	K2	P1	P2	Total
PEDI7001	75 Marks	—	✓	✓		✓	75 Marks
PEDI7002	75 Marks	—	✓	✓		✓	75 Marks
PEDI7003	100 Marks	50 Marks	✓	✓		✓	150 Marks

6.2 Part II Assessment Blueprint - PEDI7004 (Pediatric Medicine)

Minimum pass: 60% overall with no component failure. Total marks are divided into 1,400 Marks for PEDI7004 & 450 Marks for continuous assessment & portfolio.

Subspecialty	Written: Essay, MCQs & PBL	Clinical & Oral / OSPE	Total
1. Neonatology	85	80	165
2. Gastroenterology & Hepatology	85	80	165
3. Pulmonology & Allergy	85	80	165
4. Neurology & Metabolic diseases	85	80	165
5. Cardiology	85	80	165
6. Hematology & Oncology	85	80	165
7. Rheumatology & Immunology	85	80	165
8. Endocrinology & Diabetes	85	80	165
9. Nephrology	80	70	150
10. Pediatric Emergency	80	70	150
11. Infection	70	45	115
12. Nutrition	65	50	115
TOTAL	**975**	**875**	**1,850**

Note: Mark reconciliation confirmed by Program Director and External Examiner signature below:

Program Director: ..... Signature: ..... Date: .....

External Examiner: ..... Signature: ..... Date: .....

7. Selection, Progression, and Appeals Policy

Policy Element	Required Content
Selection Criteria	MSc from a recognized medical school with minimum grade as per faculty bylaw; structured interview score; evidence of English language proficiency; no outstanding disciplinary actions.
Intake Capacity	Maximum intake per cohort determined annually by the Departmental Postgraduate Committee; linked to available supervisory capacity (recommended ratio 1:4 supervisor: trainee) and clinical training resources at Badr University Hospital.
Progression Requirements	Candidates must pass all Part I courses before advancing to PEDI7004; logbook completion requirements for Part II must be met; minimum 75% attendance at all program activities; satisfactory mid-program competency evaluation.
Maximum Duration	6 years from date of first enrolment — enforced with a formal extension request and Departmental Postgraduate Committee review process.
Voluntary Withdrawal	Documented process requires a formal meeting with the supervisor and Program Director; academic counseling required before withdrawal is finalized; re-entry assessed on a case-by-case basis.
Performance Improvement	Where a candidate is at risk of failure: (1) formal meeting with supervisor to identify issues; (2) written performance improvement plan with specific targets and timeline; (3) Departmental Postgraduate Committee review if targets not met.
Appeals Mechanism	Written appeal submitted to the Departmental Postgraduate Committee within 14 days of the decision. If unresolved, escalation to the Faculty Board. Outcome documented in the candidate's official record. Legal rights under university regulations preserved.
International Graduates	Equivalence assessment of primary medical degree by the relevant Egyptian authority required. Induction program addressing local health system context, clinical practices, and language support provided before clinical placement begins.

8. Postgraduate Doctor Support and Wellbeing

The Faculty of Medicine and Badr University Hospital are committed to the wellbeing of all postgraduate trainees. The following provisions are available to all enrolled MD Pediatrics candidates and are documented in the student handbook.

Support Domain	Provision	Responsible Party
Physical Health	Access to occupational health services at Badr University Hospital; documented needle-stick injury protocol; ergonomic guidance for clinical work environments	Hospital Administration
Psychological Wellbeing	Access to confidential counseling through the Faculty Psychology and Social Support Unit; peer support network facilitated by the trainee representative	Psychology & Social Support Unit
Conflict Resolution	Structured mediation process available for conflicts between trainee and supervisor; mediated by Program Director; escalation to Head of Department as required	Head of Department
Financial Guidance	Examination fee schedule published annually; information on any available stipend or remuneration provided at induction	Department Administration
Career Development	Annual career planning meeting with primary supervisor; information on subspecialty pathways, research opportunities, and postdoctoral training provided	Program Director
Workplace Facilities	Rest areas, food access, and prayer facilities at Badr University Hospital training site	Hospital Administration

9. Teaching and Supervisory Staff Policy

- Staff establishment: minimum supervisor-to-trainee ratio of 1:4 for clinical supervision; qualification requirements documented per teaching role; updated annually by the Head of Department.
- Supervision policy: each trainee has a named primary supervisor and co-supervisor; supervision meetings (minimum every 8 weeks) are documented in the candidate's logbook; supervision log maintained at the departmental level.
- Supervisor minimum qualification: Lecturer or above. Approved by Program Director.
- Code of conduct: respectful professional relationships; no exploitation of trainee labor; timely and constructive feedback obligation; declaration of conflicts of interest in assessment.
- Supervisor CPD: all supervisors attend at least one faculty development activity per academic year related to their teaching or supervisory role (facilitated by the E-Learning & IT Unit Faculty Development Program).
- Performance monitoring: annual 360-degree feedback from trainees on supervisory quality; anonymized results reviewed by the Head of Department; developmental support offered when needed.

10. Program Governance Structure

Committee / Role	Composition	Responsibilities
Program Director	Senior faculty member, Department of Pediatrics and Neonatology	Overall program oversight; QA Unit liaison; annual program report to Faculty Board; day-to-day operational decisions.
Departmental Postgraduate Committee	Program Director + 3 senior staff + 1 trainee representative; meets at least twice per semester	Curriculum review; assessment decisions; trainee progression and dismissal; intake capacity decisions; accreditation evidence preparation.
QA Unit Representative	Vice Director, Quality Assurance Unit	Standards alignment; external benchmarking; accreditation evidence reviews; annual QA report.
Trainee Representative	Elected annually by enrolled trainees	Feedback conduit between trainees and committee; participates in curriculum review; reports on welfare concerns.
External Examiner	Senior pediatrician from outside Capital University, appointed for a 3-year term	Assessment quality assurance; benchmarking of standards; annual report to Dean; examination calibration.
Faculty Board	Dean's Office	Approval of major curriculum changes; policy ratification; oversight of QA compliance; degree conferral.

11. WFME PGME 2023 Benchmarking Summary

WFME Area	Standard	Program Evidence	Status
1. Mission & Values	1.1 Stating the Mission	Mission statement (Section 1.1); referenced in logbook Section 1.1; annual review by Departmental Postgraduate Committee	**Met**
2. Curriculum	2.2 Intended Outcomes	ILO table (Section 3.2); curriculum map (Section 4.1); constructive alignment tables (Sections 4.2 & 4.3)	**Met**
2. Curriculum	2.4 Curriculum Content	Part I and Part II content tables covering 4 principal domains (scientific/practice basis, clinical sciences, health systems, behavioral sciences)	**Met**
2. Curriculum	2.7 Research Opportunities	Thesis (30 credit hours); quarterly thesis progress review in logbook Section 14; ethical approval requirement	**Met**
3. Assessment	3.1 Assessment Policy	Assessment policy (Section 5.1); blueprint (Section 6)	**Met**
3. Assessment	3.2 Formative Assessment	Mini-CEX, DOPS, CBD, logbook review, self-assessment checklist (Section 5.2)	**Met**
3. Assessment	3.4 QA of Assessment	Item analysis; OSCE inter-rater reliability; external examiner annual report (Section 5.3)	**Met**
4. Postgraduate Doctors	4.1 Selection & Progression	Selection and progression policy (Section 7)	**Met**
4. Postgraduate Doctors	4.7 Health & Wellbeing	Wellbeing provisions (Section 8)	**Met**
5. Teachers	5.1 Establishment	Staffing and supervision ratio policy (Section 9)	**Met**
5. Teachers	5.3 CPD for Staff	Supervisor CPD obligation (Section 9)	**Met**
7. Quality Improvement	7.1 QI System	Program exit survey in logbook; annual QA review cycle; QA Unit representation in governance	**Partial- formalize QI documentation cycle**
8. Governance	8.1 Governance	Governance structure (Section 10)	**Met**

Annex A: Oral Assessment Rubric

The oral assessment rubric is used in PEDI7003 and PEDI7004.

Assessment Domain	0–4 (Fail)	5–6 (Borderline)	7–8 (Pass)	9–10 (Distinction)
Clinical Knowledge & Application	Significant factual errors; unable to apply knowledge to clinical scenario	Basic knowledge present but incomplete; limited application to case	Accurate, relevant knowledge; appropriate clinical application	Comprehensive, precise knowledge; sophisticated integration across domains
Clinical Reasoning & Problem-Solving	No coherent diagnostic reasoning; unsafe conclusions	Partially coherent reasoning; significant gaps in diagnostic logic	Systematic reasoning; appropriate differential diagnosis; safe conclusions	Advanced clinical reasoning; nuanced consideration of atypical presentations
Communication & Clarity	Disorganized; incomprehensible; unable to respond to questions	Partial organization; difficulty expressing ideas; limited responsiveness	Clear, organized responses; appropriate use of medical terminology	Exceptionally clear and well-structured; confidently handles challenging questions
Professionalism & Ethics	Disrespectful; unsafe statements; no ethical awareness	Minimal ethical awareness; inconsistent professional conduct	Demonstrates ethical awareness; appropriate professional conduct throughout	Proactively integrates ethical reasoning; models professional conduct

Approved by Program Director: ..... Signature: ..... Date: .....