



Registry

T: +44(0)20 7299 4646
F: +44(0)20 7299 4656
E: registry@lshtm.ac.uk

PROFESSIONAL DIPLOMA IN TROPICAL MEDICINE AND HYGIENE (DTM&H): EAST AFRICAN PARTNERSHIP - REGULATIONS

1. NAME OF PROGRAMME

- 1.1 Professional Diploma in Tropical Medicine and Hygiene (DTM&H): East African Partnership (hereafter in these regulations referred to as 'the programme', or abbreviated as East African PDTM&H)

2. PROGRAMME SPECIFICATION

- 2.1 Detailed further information about programme aims and objectives, curriculum, structure, requirements, teaching and learning methods, learning time, assessment, learning outcomes, quality & standards and student support are given in a separate Programme Specification document.

3. GOVERNANCE AND PARTNERSHIP ARRANGEMENTS

- 3.1 The East African PDTM&H programme is an academic collaboration between the London School of Hygiene & Tropical Medicine (LSHTM), Johns Hopkins University, Kilimanjaro Christian Medical College, Makerere University and the University of Washington. It is examined and awarded by LSHTM, with substantive input from staff of the other collaborating institutions towards teaching and assessment. The roles and responsibilities of partners are defined through memoranda of agreement, outlined in the Programme Specification, and managed under the oversight of an Executive Steering Group.
- 3.2 Operational delivery is managed through a Programme Committee (including a Programme Organiser), overseen by an Executive Steering Group. Assessment and standards are overseen by a Board of Examiners. These bodies are constituted as outlined in Annex 1 to these regulations.

4. ENTRY QUALIFICATIONS

- 4.1 The East African PDTM&H programme is open to doctors who hold a registerable medical qualification from a recognized medical school in any country (this will be assessed on a basis consistent with the LSHTM admissions policy for Master's degree courses). Preference will normally be given to doctors who have several years' experience in clinical practice and can demonstrate intent to work in Africa.
- 4.2 Specialist nurses and associate medical officers with equivalent clinical experience may be eligible for admission after consideration through special case admission procedures.
- 4.3 Applicants must have a good standard of written and spoken English and of English comprehension, to the same standard as expected for the School's Master's degree courses and set out in the LSHTM Admissions Policy for Master's degree courses.

5. DURATION OF STUDY

- 5.1 The programme normally runs annually. Students study full time for 13 weeks, comprising 600 notional learning hours. This is normally made up of 11 weeks of intensive teaching (incorporating assessments), broken up by a 1-week half-term, and a final week of revision and examinations.

6. ASSESSMENT AND EXAMINATIONS

- 6.1 Assessment practice is consistent with the LSHTM Code of Practice on Assessment. A separate Award Scheme sets out the system for grading assessed work and scheme for combining grades towards the overall award. The Board of Examiners determines satisfactory completion of the programme by students, and their award classification, on this basis and in line with standard LSHTM guidance on the

operation of Boards of Examiners.

7. AWARD

7.1 Candidates are informed of their results following a final Exam Board meeting held prior to an award ceremony at the end of the course. Official certificates are posted out subsequently by the Registry.

8.3 Successful candidates may use the post-nominals PDTMH.

8.4 All students completing the programme will also receive a certificate of attendance.

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ANNEX 1

CONSTITUTION OF KEY GOVERNANCE BODIES

1. Course Committee

- 1.1 The Course Committee shall operate in line with standard LSHTM terms of reference, and be constituted of at least:
- Chair – who should be the Programme Organiser, and a member of LSHTM staff,
 - Secretary – who should normally be an appropriate member of LSHTM Professional Services staff,
 - Other programme management staff – e.g. Deputy Course Organiser(s), or Unit Organisers,
 - Student Representatives – who may be current students or alumni of the course (it shall be recognised that students may not be able to act as representatives or attend meetings outside of the period of course teaching in Africa),
 - Chair of the Board of Examiners,
 - Taught Programme Director for the Faculty of Infectious & Tropical Diseases,
 - Tutors and other teaching staff – co-opted by the Chair as appropriate,
 - Other persons – invited by the Chair.

2. Board of Examiners

- 2.1 The Board of Examiners shall operate in line with standard LSHTM terms of reference, and be constituted of at least:

- Chair – a senior member of the academic staff of LSHTM, who should not be the Programme Organiser,
- External Examiner – at least one examiner external to the University of London, appointed through standard LSHTM processes, and who is also independent of partner institutions,
- Deputy Chair – a member of the academic staff of LSHTM, who will deal with matters which need attention in any defined period where the Chair is absent,
- The Assessments Officer, or his/her representative – as an ex officio non-voting member,
- Taught Programme Director for the Faculty of Infectious & Tropical Diseases, or his/her representative – as an ex officio non-voting member,
- Representative from London-based DTM&H Course Committee,
- At least two other senior members of the academic staff of LSHTM – normally including one based in Tanzania and one based in Uganda wherever possible,
- At least one senior member of the academic staff of each major collaborating partner institution,
- Exam Board Secretary – normally the Programme Administrator, as an ex officio non-voting attendee to take the Minutes

- 2.2 Further members may be appointed with the agreement of the Board, but such that LSHTM staff should always comprise a majority of Board members.
- 2.3 Other staff involved in student assessment processes (including setting exam questions or assessment tasks, marking scripts/essays/reports, or marking practical examinations) are considered as 'Assessors' in line with standard LSHTM practice. LSHTM staff and honorary staff are automatically Assessors of the School. Where staff from collaborating partner institutions are involved in assessment on the course, but do not hold an LSHTM honorary appointment, their appointment as an Assessor should be specifically approved by the Exam Board Chair and reported to LSHTM Registry, who maintain a central list. Assessors may be invited to attend Exam Board meetings but do not have the right to vote.

3. EXECUTIVE STEERING GROUP

- 3.1 The Executive Steering Group shall be responsible for strategic steering of the course, including formal agreements between institutions. The Steering Group is constituted under the auspices of LSHTM, with a line of formal management and report through the Head of the Faculty of Infectious & Tropical Diseases. It will include at least one senior representative from each partner institution contributing to the course, including LSHTM, with a rotating Chair; plus the Programme Organiser, Programme Administrator and a nominated Director of Fundraising. LSHTM members will be appointed by the Head of the Faculty of Infectious & Tropical Diseases; members from other partner institutions will be appointed through appropriate procedures of their institutions.
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PROFESSIONAL DIPLOMA IN TROPICAL MEDICINE AND HYGIENE (DTM&H): EAST AFRICAN PARTNERSHIP – MARKING SCHEME

1. ASSESSED COMPONENTS

1.1 The programme includes the following assessed components:

'In-course assessments' –

- Parasitology practical
- Rural placement
- Referenced essay

'Final examinations' –

- Multiple choice question paper
- Short answer question paper
- Clinical & viva examination

Further details about these components are given in **Annex 1** to this Award Scheme. Related or more detailed information is given in the Programme Specification and student handbook.

2. MARKING OF COMPONENTS

2.1 Each component will be double-marked and graded in line with the LSHTM Assessment Code of Practice to arrive at a grade or GPA (grade point average) in line with LSHTM's standard scale, as follows:

Grade point	Descriptor	Typical work should include evidence of...
5	Excellent	<p>Excellent engagement with the topic, excellent depth of understanding & insight, excellent argument & analysis. Generally, this work will be 'distinction standard'.</p> <p>➤ Note that excellent work does not have to be 'outstanding' or exceptional by comparison with other students; these grades should not be capped to a limited number of students per class. Nor should such work be expected to be 100% perfect – some minor inaccuracies or omissions may be permissible.</p>
4	Very good	<p>Very good engagement with the topic, very good depth of understanding & insight, very good argument & analysis. This work may be 'borderline distinction standard'.</p> <p>➤ Note that very good work may have some inaccuracies or omissions but not enough to question the understanding of the subject matter.</p>
3	Good	<p>Good (but not necessarily comprehensive) engagement with the topic, clear understanding & insight, reasonable argument & analysis, but may have some inaccuracies or omissions.</p>
2	Satisfactory	<p>Adequate evidence of engagement with the topic but some gaps in understanding or insight, routine argument & analysis, and may have some inaccuracies or omissions.</p>
1	Unsatisfactory / poor (fail)	<p>Inadequate engagement with the topic, gaps in understanding, poor argument & analysis.</p>
0	Very poor (fail)	<p>Poor engagement with the topic, limited understanding, very poor argument & analysis.</p>
0	Not submitted (null)	<p>Null mark may be given where work has not been submitted, or is in serious breach of assessment criteria/regulations.</p>

2.2 Individual components may be marked numerically or in percentages, then converted to a grade point or GPA according to specific schemes as agreed by the Board of Examiners.

2.3 Final grades for individual components will be shown on student transcripts.

3. DETERMINING AWARDS

3.1 **Combining grades:** Component grades will be combined in a weighted average, as follows, to generate an overall programme GPA:

- ‘In-programme assessments’ – all 3 in-course assessment results will be included, each accounting for 10% or 15% of the course GPA (total contribution is 40%).
- ‘Final examinations’ – all 3 of these examination results will be included, each accounting for 20% of the course GPA (total contribution is 60%).

3.2 Pass requirements: To be awarded the Professional Diploma, a student must have gained a programme GPA of at least 2.0 (the pass threshold). Satisfactory attendance on the programme is also a requirement for the award to be made.

3.3 Failure: Candidates shall not be permitted to gain the award if they:

- fail any assessment component (in-programme or final exam) with a GP of 0; or
- fail more than one in-course assessment components with a GPA of 1; or
- fail more than one final examination components with a GPA of 1; or
- fail to attain an overall programme GPA of at least 2.0.

Note that this means up to one coursework fail (of not less than GP 1) and one final examination fail (of not less than GP 1) may be compensated by performance in other components, such that and so long as the overall programme GPA is at least 2.0.

3.4 Re-sits: If a student has not otherwise been permitted to gain the award via compensation, they are allowed one re-sit attempt at each failed component, after which their results may be re-considered by the Board of Examiners. The LSHTM Resits Policy will apply.

- Components which have been passed may not be re-sat; and where a component was itself made up of different sub-components, only the failed sub-components may be re-sat.
- The maximum GPA achievable for a re-sat component will be capped at 3.0. Where a component is failed on a re-sit attempt, the best grade achieved shall be used in consideration by the Exam Board.

3.5 Extenuating circumstances: Students may request that ‘extenuating circumstances’ be taken into account, e.g. in the event of missing out on one (or more) assessed component of the examination due to unforeseen event or emergency leave from the course. The LSHTM Extenuating Circumstances Policy will apply in such cases.

3.6 Classifications: The final award classification should then be determined as follows:

Award GPA	Classification
2.00 to 4.14	Pass
4.15 to 4.29	Consider distinction
4.30 to 5.00	Distinction

For ‘Consider Distinction’ candidates, the Board will decide the final classification (either Pass or Distinction) using the scrutiny process laid out in the LSHTM Guidance Notes for Boards of Examiners.

Annex 1: Further details about assessment components

The major assessed components of the East African PDTMH are further described below. The details given here are set at the discretion of the Board of Examiners and do not form part of the formal regulations or overall Award Scheme.

Mark-to-grade point conversion tables

Both the **referenced essay** and each station of the **clinical and viva examination** components are marked directly with a grade point. The MCQ marks are converted directly to gradepoints, while the other major assessment components of the Diploma are initially marked with percentages, which are each then converted to a gradepoint for use in determining the overall award. Different conversion tables apply, as follows:

For the **parasitology practical**:

Mark (%)	Grade point
75-100	5
60-74	4
45-59	3
30-44	2 (Pass)
20-29	1
<20	0

For the **rural placement**:

Mark (%)	Grade point
80-100	5
70-79	4
60-69	3
50-59	2 (Pass)
40-49	1
<40	0

For the **multiple-choice question paper**:

Mark (/60)	Grade point
50-60	5
45-49	4
40-44	3
30-39	2 (Pass)
20-29	1
<20	0

For the **short-answer question paper**:

Mark (%)	Grade point
80-100	5
70-79	4
60-69	3
50-59	2 (Pass)
40-49	1
<40	0

Specific details about components

Parasitology practical (contributes 15% to the overall programme grade)

- A clinical parasitology practical examination is held at the KCMC laboratory facilities, administered and marked by the parasitology team.

- This generates a total percentage mark, which is then converted to a grade point.

Rural placement (contributes 10% to the overall programme grade)

- For this component the class divides into placement groups of approx. 8-10 students. Each group will work as a team with an experienced local facilitator to complete a small project away from KCMC on a practical aspect of health service delivery. At the end of the week each individual student will write a report (1 page limit) and the group will present their findings to the whole class upon return.
- A triangulated and peer-referenced marking approach will be used to generate each student's overall grade, based on and weighted as:
 - a) Group presentation (marked by staff, same marks for all group members) – 40% of total;
 - b) Peer assessment (based on students' ratings of one another) – 20% of total; and
 - c) Individual report (marked by staff) – 40% of total.

- This generates a total percentage mark, which is then converted to a grade point.

Referenced essay (contributes 15% to the overall programme grade)

- Students write an academic essay of approx. between 1200 and 1500 words, with a list of between 10 to 15 appropriate references. Titles will be released near the beginning of the course, with a submission deadline being set for mid-way through the course. Topics will relate to material from across the breadth of the course and will be supported by seminars on how to write and critique academic papers, practical sessions on online literature searching etc., and further resources and guidance about good writing and referencing practice.

- The markers jointly agree a grade point for each student.

Multiple-choice question paper (contributes 20% to the overall programme grade)

- This examination paper is 2 hours long. The MCQ paper primarily tests knowledge from the eight core units plus material covered by the whole class in the elective placement. Each question will have 5 possible answers, the best of which is to be selected. Questions change on a yearly basis following review by the Exam Board.

- This generates a total mark, which is then converted to a grade point.

Short-answer question paper (contributes 20% to the overall programme grade)

- This examination paper is 2 hours long. It uses photographs, data sets and problem scenarios to test skills from each of the eight core units plus material covered by the whole class in the elective (student selected) units. Questions require semi-structured short answers, marked against a pre-defined scheme.

- This generates a total percentage mark, which is then converted to a grade point.

Clinical and viva examination (contributes 20% to the overall programme grade)

- Structured clinical examinations are widely used in summative examinations by medical schools. Candidates rotate through a series of clinical scenarios spending 12 – 15 minutes at each one. Examiners stay at the same station and record each candidate's performance on a structured mark sheet with an agreed grade point.
- Clinical stations will be combined with a viva voce examination. The combined examination is approximately 90 minutes long.
- The grade points are combined to produce a grade point average across the two elements taken together.

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