



## **Prospectus**

## **Masters of Medicine in Family Medicine**

## **Lesotho Boston Health Alliance**



**July 2025/26**

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## 1 Programme Overview

<b>LeBoHA Master of Medicine in Family Medicine</b>	
Title	Master of Medicine in Family Medicine
Code	MMed FamMed
LQF Level	9
Years of study	4
Credit Value	480
Mode of Programme Delivery	Mixed
Type of Programme Delivery	Full-time
Registering Statutory Bodies	Lesotho Medical, Dental and Pharmacy Council (LMDPC)
	Council on Higher Education (CHE)

### 1.1 Vision, Mission and Values

- Vision  
A leader in post graduate medical education in Family Medicine (FM), Research and Primary Health Care (PHC) Innovation.
- Mission  
To educate and train a new generation of physicians within the Lesotho health sector to address comprehensive PHC.
- Values
  - **Integrity** – honesty, fairness and objectivity
  - **Professionalism** – respect, compassion, timely communication, and confidentiality
  - **Flexibility and enthusiasm** - adaptation and eagerness
  - **Accountability** - responsibility, transparency, tolerance and sensitivity
  - **Team work** – combined strength

## 2 Purpose

### 2.1 Programme Goal

The overarching goal of the MMed FamMed training is to produce highly competent Family Medicine specialists with relevant skills to serve as leaders throughout Lesotho's district health system. The graduates of the programme are equipped with skills to strengthen PHC in Lesotho, by providing specialist generalist service that incorporates a holistic approach to patient care. They will also build capacity among the primary care teams and reduce the need for referrals. The graduates will lead the primary care teams in engaging communities to solve health issues. The graduates will also have knowledge and skills to engage in clinical governance issues and conduct primary care research.

## 2.2 Scope of Practice

The family physician is a specialist generalist. He/ She sees patients of all genders, across all ages, and provides care within the continuum of health and disease in the district health system. In addition, the family physician integrates clinical, individual and contextual issues of patient care in management.



## 3 Entry Requirements

### 3.1 Prerequisite education

First (1<sup>st</sup>) Degree in Medicine registrable with Lesotho Medical Dental and Pharmacy Council (LMDPC) e.g. MBChB, MBBS, or comparable.

### 3.2 Licensure

Registration and Retention Certificate as a Medical Officer from LMDPC.

### 3.3 Skills and Resources

- Computer literacy – basic knowledge of Microsoft Office package and use of email and internet
- Laptop/Tablet
- Internet access
- Proficiency in English at an academic level

### 3.4 Application Procedures

Completed application form and supporting documentation submitted to LeBoHA MMedFamMed Programme at Motebang Hospital, Hlotse, Leribe

- ✓ Application form
- ✓ Curriculum vitae including academic and professional history
- ✓ Personal Statement
- ✓ Certified copy of academic transcript and certificates
- ✓ Certified copy of ID/Passport

- ✓ Certified copy of current LMDPC registration
- ✓ Three reference letters from management or supervisor or consultant
- ✓ Letter of support from employer

Applications are accepted from March to April each year.

### 3.5 Interview

Interested applicants meeting the criteria above will be invited for an interview with the Director of Academics and faculty in May.

### 3.6 Access or Inclusion Statement

The programme admits physicians actively practicing in Lesotho, both Basotho and non-Basotho, and does not discriminate in terms of nationality, race, gender, or physical ability within limits of resources available to the programme.

The programme is currently able to ensure quality teaching and learning to a maximum of six (6) new candidates per year.

LeBoHA reserves the right to make changes to the fees as they appear. Check the final fee structure at the time of registration.

## 4 **MMed FamMed Core Competencies**

The program will largely utilise adult learning principles to facilitate the acquisition of the following competencies at expert level:

### 4.1 Leadership and Governance

Effectively manage him/herself, his/her team and his/her practice, in any sector, with visionary leadership and self-awareness, in order to ensure the provision of high-quality, evidence-based care.

### 4.2 Patient Care Competency and Medical Knowledge

Evaluate and manage patients with both undifferentiated and more specific problems cost-effectively according to the bio-psycho-social approach.



### 4.3 Community Oriented Primary Care & Family Oriented Primary Care

Facilitate the health and quality of life of the family and community.

### 4.4 Teaching and Learning

Facilitate the learning of others regarding the discipline of family medicine, primary health care and other health related matters.

#### 4.5 Professionalism and Ethics

Demonstrate commitment in conducting professional responsibilities, adherence to legal and ethical principles, and sensitivity to a diverse patient population.

#### 4.6 Interpersonal and Communication Skills

Communicate clearly, effectively, and professionally with health facility staff, patients, and their families. Also, effectively advocate when necessary.

### 5 Curriculum Map

The programme curriculum is competency-based and as such one can miss a maximum of two contact sessions per year in the first and second years and a maximum of one contact session per year in the third and fourth years. Registrars must attain the learning outcomes for each year in modules and clinical rotations. Moreover, one cannot progress to third year if they have not fully met both Year 1 and Year 2 learning outcomes and passed the mid-term examination.

#### 5.1 MMed FamMed Module Map

Module Code	Module Name	Credits
<b>YEAR 1</b>		
FMCPP-901*	Introduction to Concepts and Principles of Family Medicine	29
FMCP-901*	Introduction to Community Oriented Primary Care	19
	Clinical rotations (Women's Health, Care of the Child, Care of the Adult, HIV/TB)	72
Year Total		120
<b>YEAR 2</b>		
FMFPC-901*	Family oriented primary care	27
FMQCG-901*	Quality Improvement and Clinical Governance	24
	Clinical rotations (Care of the urgent and emergent patient, Women's Health, Care of the Child, Care of the Adult, Mental Health, Diagnostic Imaging, Anaesthesiology)	72
Year Total		123
<b>YEAR 3</b>		
FMDHM-901	District Health Management (DHM)	29
FMPCR-901	Primary Care Research, Part 1	24
	Clinical rotations (Care of the urgent and emergent patient, Women's Health, Care of the surgical patient, Care of the Adult, Diagnostic Imaging)	64
Year Total		117

YEAR 4		
FMPTL-901	Principles of Teaching and Learning in Medical Education	24
FMPCR-902	Primary Care Research, Part 2	40
	Clinical rotations (Care of the urgent and emergent patient, Women's Health, Care of the surgical patient, Mental Health, Anaesthesiology, Clinical electives)	56
Year Total		120
TOTAL FOR PROGRAMME/QUALIFICATION		480

\*Through the first two years of the programme, registrars will be exposed to four (4) modules. The curriculum will run over a 2-year cycle so that some registrars will complete modules in year 1 while other registrars will complete that same module in year 2.

## 6 Module learning outcomes

### 6.1 Introduction to Community Oriented Primary Care (FMCP-901)

- Facilitate the health and quality of life of the family and community. Integrate and coordinate the preventive, promotive, curative, rehabilitative, and palliative care of the individual in the context of the family and community
- Identify and address problems influencing the health and quality of life of the community in which the family physician works
- Be an advocate for individuals and communities to facilitate informed decision making on health matters based on evidence

### 6.2 Introduction to Concepts and Principles of Family Medicine (FMCP-901)

- Critique literature concerning the practice and development of Family Medicine in the African context.
- Apply patient-centred, evidence based, holistic approach to assessment and management of patients using collaborative decision-making.
- Build continuity of care and on-going relationships with patients as well as an understanding of the chronic care model.
- Evaluate and critically appraise medical articles based on quantitative research methodology
- Assess the family context of patients and manage family related issues impacting on the health of patients
- Recognise ethical dilemmas and medicolegal issues in primary care and use the ethical principles to address each situation.



### 6.3 Family-Oriented Primary Care (FMFPC-901)

- Include the family in management and care of patients whenever appropriate. Recognise and manage discord in relationships impacting on health, using appropriate tools e.g. genograms, ecomaps where necessary to identify potential problems.
- Assess the family dynamics and family health.
- Consider the family in assessment and engaging the family in management at an appropriate level
- Provide family- and community-oriented care to patients.
- Conduct home visits when necessary.

### 6.4 Quality Improvement and Clinical Governance (FMQCG-901)

- Lead a quality improvement cycle in practice.
- Build capability through training, teaching and mentoring others in the healthcare team on quality improvement (QI).
- Facilitate reflection on health information (e.g. monitoring and evaluation, national core standards) in order to improve quality of clinical care (e.g. rational prescribing and use of investigations) in the district.
- Facilitate risk management processes and improve patient safety (e.g. conduct morbidity and mortality meetings, assess competence of new clinical staff, perform root cause analysis) in the district.
- Facilitate the implementation of clinical guidelines in the sub/district.
- Critically review new evidence (e.g. research), evaluate the suitability to the practice setting and, apply the evidence in practice.
- Contribute to the development or revision of guidelines by generating new evidence (e.g. perform research) or representing the viewpoint of the district health services in the process
- Critically evaluate and reflect upon the six dimensions of healthcare quality as it applies to the practice.
- Develop, implement, write up, present, and disseminate a QI project

## 6.5 District Health Management (FMDHM-901)

- Effectively manage him/herself, his/her team and his/her practice, in any sector, with visionary leadership and self-awareness, in order to ensure the provision of high-quality, evidence-based care.
- Develop him or herself optimally as a leader.
- Effective leadership within the healthcare team, district health system, and contribute to its functioning.
- Appraise the functioning of the district health system, and collaborate with other stakeholders to conceptualise, develop or advocate for solutions to deficiencies.

## 6.6 Introduction to Primary Care Research, Part 1 (FMPCR-901)

- Understand Primary Care Research: Define and give examples of primary care research and explain its importance.
- Identify Research Topic: Demonstrate the ability to identify a researchable primary care problem, write a problem statement, and write a research question.
- Literature Review: Demonstrate the ability to search online research databases and write introduction and literature review sections of a research proposal so as to establish the scientific and social justification of the study chosen.
- Research Methods: Understand commonly used research methods in operational research, how to select an appropriate method to answer one's research question, and develop needed data collection tools.
- Data analysis: Understand measures of summarizing data, measures of central tendency, measures of dispersion and basic statistical tools for comparing data
- Research Ethics: Understand basic principles of research ethics and how to apply these principles to protect participants during a research study.
- Research Project Management and Implementation: Demonstrate the ability to write and utilize a research timeline, research budget, and data collection and management plan.

## 6.7 Introduction to Primary Care Research, Part 2 (FMPCR-902)

- Research Analysis: Understand general research analysis principles, identify and collaborate with research analysis experts to complete analysis of collected data.
- Research Writing: Be able to demonstrate principles of scientific writing.
- Research Dissemination / Presentation: Demonstrate the ability to develop and present an effective research presentation to relevant communities and stakeholders.
- Submit a completed dissertation or acceptance of a peer-reviewed journal article.

## 6.8 Principles of Teaching and Learning in Medical Education (FMPTL-901)

- Describe relevant principles of adult education and learning theory
- Conduct effective learning conversations in the clinical setting (clinical mentoring)
- Use educational technology effectively
- Make an effective educational presentation

## 7 **Teaching and Learning Strategy**

The training approach is registrar-centred and driven using adult learning methods like experiential learning, self-directed learning, problem-based learning and peer learning.

Week-long contact sessions are conducted monthly in the first two years and quarterly in the last two years of the training. Online learning sessions are also held once or twice monthly. Learning will be conducted through contact sessions, completion of eight modules, three projects and clinical rotations.

### 7.1 Work-based learning and assessment

Registrars will learn during rotations within their facilities and under the supervision of MMed FamMed faculty and clinical supervisors. Their progress will be assessed using tools within the portfolio.

### 7.2 Portfolio

The portfolio contains learning outcomes to guide registrars through their rotations. It also has reflective learning tools and feedback tools including communication tools, mini clinical examination (Mini-CEX) and directly-observed procedural skills (DOPS).

### 7.3 Simulations

During clinical contact sessions, patient simulations will be integrated with other methodologies to ensure registrars gain competencies in emergency clinical care, communication, counselling and other relevant disciplines.

### 7.4 Journal clubs

This approach will be used to ensure that registrars can search and appraise literature relevant to their patient care.

### 7.5 Clinical Vignettes

Clinical scenarios and real-world experiences will be incorporated to demonstrate patient-centred care, clinical decision-making, communication and related disciplines.

### 7.6 Monthly contact session

Didactic teaching, team-based learning and self-directed learning will be united to address the learning needs.

### 7.7 Problem-based learning (Assignments)

Health and health service delivery problems will be used to initiate and enhance learning among the registrars.

### 7.8 Self-directed learning (Assignments)

Registrars will apply taught principles to areas of personal interest and identified knowledge gaps.

### 7.9 Projects (QI, COPC and research)

Three Projects will be used to ensure that registrars gain competencies in quality improvement, community-oriented primary care and research. Learning will incorporate both theoretical and practical applications.

### 7.10 Team/Peer-based learning

Registrars are expected to learn from each other and the primary care teams within their facilities.

## 8 Assessment

### 8.1 Integrated Assessment of Learning Outcomes

The competencies attained by the registrars are assessed comprehensively through a portfolio of learning in each module and clinical rotations. The portfolio assessment enables both registrars and faculty to continue the process of learning through feedback and reflection. Each module portfolio is assessed quarterly by faculty for continuous learning. Clinical rotation portfolios are assessed at least at mid-point and end of rotation by clinical supervisors.

Completion of modules and clinical rotations is necessary for annual progression. The mid-term assessment also determines progression to third year as a passing score is required. Similarly, a pass mark for the final examination is required for graduation.

For each module, formative assessments will contribute 60% and summative assessments 40% to the final module mark. Formative assessments may include assignments, presentations, and activities. Summative assessments include the portfolio of learning and a presentation. Assessment tools and marking rubrics are provided to registrars in advance.

The registrar has to achieve a passing score (at least 50%) in all modules and clinical rotations for years 1 and 2 to sit for the mid-term examination at the end of year 2. The mid-term examination includes written and practical components and a passing score requires achievement of at least 50% on both components.

The registrar has to achieve a passing score in all modules and clinical rotations to be eligible for the final exam. The final examination includes written and practical components and a passing score requires achievement of at least 50% on both components.

The final portfolio of learning assessment accounts for 60% of the programme summative assessment while the final examination accounts for 40%. The pass mark for the MMed FamMed programme is 50%.

### 8.2 Scholarly Work

For completion of the programme, the registrars are required to produce a mini dissertation of their research project or publish the work in a peer-reviewed journal.

## 9 Summary

LeBoHA is committed to providing a quality, competency-based Masters of Medicine in Family Medicine programme to address urgent and ongoing health needs of Basotho. Family medicine specialists, actively engaged in community-oriented primary care, will lead primary health care provision across the nation.

## 10 Contact Information



[www.leboha.org.ls](http://www.leboha.org.ls)



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