

**Title:** North-South Partnership in Competence-based Curriculum Planning and Implementation

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**What problem was addressed:** The Indonesian Medical Council issued Standards of Competence for Medical Doctors and Educational Standards for Medical Doctor for the first time in 2006 as a mandate from Indonesian Medical Practice Law. As a consequence, all medical schools must adjust their curriculum to these two new standards. Faculty of Medicine Universitas Gadjah Mada (FM UGM) reformed its curriculum. Realizing that a curriculum reform is a daunting endeavour and has many serious consequences, FM UGM is determined to make things right at the first time. Therefore, FM UGM invites Maastricht Medical School in collaboration with Groningen Medical School as mentors in this curriculum reform, i.e. from content based curriculum to competence-based curriculum.

**What was done:** Capacity building programmes were executed as a developmental project funded by the Dutch Government focusing on: staff training and curriculum development, building research capacity, improving the management and organization systems, enhancing the facilities and expanding the initiatives nationally. Projects are demand-driven and flexible and address local priorities. ‘Ownership’ on the part of stakeholders in the South is an important feature.

A five year programme planning was developed where Maastricht and Groningen Medical Schools provide technical assistants in seven areas, namely curriculum development, learning resources development, clinical education, competence-based assessment, faculty development programmes, and networking. The programme planning is tailored to the existing condition at FM UGM and based on felt-need of the academic staffs, instead of imposing what already implemented in the North medical schools. The technical assistants play coaching and mentoring roles, instead of being experts telling the academic staffs from FM UGM what to do. All components are involved from the Faculty Senate, Faculty Boards, Faculty Offices, Departments, academic and supporting staffs, and students during the project. This has eased the institutionalization of these endeavours for sustainability purposes.

**What was learned:** There is a need to support medical schools in the South to support their academic tasks. Medical schools in the North can contribute to this by engaging in collaboration projects focusing on technical, operational and managerial support. This will lead to changes in the way medical schools perform their academic tasks. The impact can be considered higher if the desired changes are based on felt-need, demand driven and institutionalized.

### **Reference**

Bautista, M.C.R.B., L. Velho and D. Kaplan (2001). *Comparative study of the impacts of donor-initiated programmes on research capacity in the South*. DGIS/DCO/OC. The Hague. The Netherlands