



Women Dental College

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CURRICULUM POLICY

Introduction

This Curriculum Policy outlines the structure, governance, and quality-assurance mechanisms for the BDS curriculum delivered by Women Dental College Abbottabad (WDC) under the academic framework of Khyber Medical University (KMU) and the regulatory standards of the Pakistan Medical & Dental Council (PM&DC). The curriculum shall be implemented through approved modular, integrated, discipline-based, or transitional arrangements as applicable to the relevant academic cohort, while ensuring comprehensive and interconnected knowledge acquisition, critical thinking, clinical competence, and skills development across disciplines.

This revised policy strengthens the original 2023 document by formally embedding curricular governance, documented evidence requirements, assessment quality-assurance procedures, student involvement and feedback-driven continuous improvement. It serves as the guiding document for faculty, students, and administrators involved in curriculum planning, delivery, and evaluation.

PMDC's 7 Star Competency Framework

The BDS curriculum shall be designed to develop graduates in accordance with the PMDC Seven-Star Competency Framework, ensuring that teaching, learning, assessment, clinical training, research orientation, professionalism, leadership, and community-based learning activities contribute to the attainment of the following core competencies:

1. **Knowledgeable:** Possesses a strong foundation in core dental and scientific sciences.
2. **Skillful:** Demonstrates clinical expertise, technical proficiency, and competence in dental practice.
3. **Professional:** Maintains high ethical standards, moral principles, accountability, and professional behavior.
4. **Scholar and Researcher:** Engages in lifelong learning, evidence-informed reasoning, critical inquiry, and research aptitude.
5. **Critical Thinker:** Analyzes, synthesizes, and evaluates information to solve complex clinical and professional problems.
6. **Leader and Role Model:** Acts as an ethical guide, manages responsibilities effectively, and contributes to the advancement of healthcare.
7. **Community Health Promoter:** Promotes preventive care, community well-being, oral-health awareness, and responsiveness to local socio-cultural health challenges.



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University Vision, Institutional Mission & Program Outcomes

KMU's Vision Statement

Khyber Medical University will be the global leader in health sciences academics and research for efficient and compassionate health care.

WDC's Mission Statement

To train and develop competent healthcare professionals through an ethical, innovative, and culturally appropriate learning experience to cater to the health needs of the community.

Program Learning Outcomes

Knowledge (K):

- Demonstrate comprehensive knowledge of biomedical, behavioral, and clinical sciences to provide safe and evidence-based patient care.
- Integrate theoretical knowledge with clinical practice in diagnosis, treatment planning, and management of oral health conditions.
- Apply information technology, research literacy, and self-directed learning to support lifelong education and innovation.

Skills (S)

- Perform essential clinical procedures with competence, safety, and patient-centered focus.
- Apply analytical, diagnostic, and problem-solving skills to deliver holistic oral healthcare.
- Demonstrate effective communication, leadership, and collaboration with patients, communities, and interprofessional teams.
- Promote oral health through preventive strategies, public health initiatives, and evidence-based research.

Attitude (A)

- Practice ethical and professional values in patient care, research, and education within sociocultural contexts.
- Demonstrate accountability, empathy, and respect in clinical and academic settings, while committing to lifelong learning and adaptability.

Program Objectives:

- To provide students with a solid foundation in biomedical, behavioral, and clinical sciences for safe, evidence-based dental practice and higher education.
- To cultivate research, critical inquiry, and problem-solving abilities to address current and emerging oral and general health issues.
- To develop competent clinical, diagnostic, and patient-centered care skills, enhanced by teamwork, communication, and interprofessional collaboration.



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- To foster ethical values, professionalism, leadership, and social accountability in diverse cultural and healthcare contexts.
- To prepare students for lifelong learning, adaptability, and effective use of technology in advancing dental practice and education.
- To encourage active contribution to community oral health promotion and pre-ventive care.
- To provide opportunities for developing teaching, mentoring, and educational leadership skills for those aspiring to academic careers.
- To promote innovation, entrepreneurship, and global competence to prepare graduates for evolving roles in healthcare.

Curriculum Alignment:

The BDS curriculum shall demonstrate clear alignment among the PMDC core competencies, KMU's Vision, WDC's Mission, Program Learning Outcomes, and Program Objectives. This alignment shall ensure that curricular planning, teaching-learning activities, clinical training, assessment, research orientation, professionalism, leadership development, and community-based learning collectively contribute to the development of knowledgeable, skillful, ethical, reflective, compassionate, and community-responsive dental graduates. Program Learning Outcomes and Program Objectives shall be derived from the university vision and college mission, translated into competency-based curriculum outcomes, and mapped to learning experiences and assessment methods across all academic years and modules. The Curriculum Committee shall maintain a documented Outcome Alignment Matrix / Curriculum Map as evidence of this linkage and shall review it periodically to ensure continued relevance, regulatory compliance, and consistency with institutional priorities.

KMU Vision Focus	WDC Mission Alignment	PMDC Competencies	Program Learning Outcomes	Curricular Evidence
Health sciences academics and research	Competent professionals through ethical, innovative, and culturally appropriate learning	Knowledgeable; Scholar and Researcher; Critical Thinker	Knowledge outcomes related to biomedical, behavioral, clinical sciences, research literacy, self-directed learning, and evidence-based care	PLOs, study guides, curriculum maps, research activities, assessment blueprints, and outcome matrices
Efficient and compassionate healthcare	Clinical competence, professionalism, communication, teamwork, and patient-centered care	Skillful; Professional; Leader and Role Model	Skills and attitude outcomes related to clinical procedures, diagnosis, treatment planning, communication, ethics, accountability, empathy, and collaboration	Clinical training records, logbooks, OSCE/OSPE blueprints, portfolios, feedback records, and competency-based assessments
Healthcare responsive to society	Community-oriented education addressing local health needs and	Community Health Promoter; Professional; Critical Thinker	Outcomes related to preventive oral healthcare, public health initiatives, evidence-	Community-based learning records, outreach activities, preventive-care



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sociocultural
contexts

based research, ethical
practice, sociocultural
sensitivity, and lifelong
learning

documentation,
stakeholder feedback,
and program
evaluation reports

Source: Women Medical & Dental College Abbottabad, Vision and Mission Statements, wmc.edu.pk

Curricular Governance Structure

The governance of the Bachelor of Dental Surgery (BDS) curriculum at Women Dental College (WDC) and its affiliating body (KMU) operates through a three-tier committee system. This structure ensures that curriculum development, implementation, monitoring, and evaluation are conducted in a systematic, transparent, and evidence-based manner.

Levels of Curriculum Committees

Central Curriculum Committee (CCC) – KMU Level

- Functions as the highest curriculum authority, responsible for setting standards, approving frameworks, and ensuring compliance with PMDC, HEC, and WFME guidelines across all affiliated institutions.
- Provides oversight, strategic direction, and quality assurance at the university level.

Institutional Curriculum Committee (ICC) – College Level

- Functions as the institutional body responsible for designing, implementing, monitoring, and reviewing the curriculum within the college.
- Ensures alignment of the institutional curriculum with CCC directives while addressing local needs, resources, and stakeholder input.
- Oversees assessment practices, faculty development, and student feedback mechanisms.

Module Curriculum Committees (MCCs) – Module Level

- Operate at the academic module/unit level and are responsible for the day-to-day planning, delivery, and evaluation of specific modules.
- Ensure proper horizontal and vertical integration of subjects, blueprinting of teaching and assessments, and feedback-driven improvements.
- Provide reports and recommendations to the ICC for institutional review.

Reporting Flow:

CCC (Core Curriculum Committee, KMU) → ICC (Institutional Curriculum Committee) → MCC (Modular Curriculum Committees)

This ensures structured communication, integration, and accountability from module delivery to central university governance.

For more details on the purpose, roles, responsibilities, and composition of curriculum committees, see Curriculum Terms of Reference (ToR) available at wdc.edu.pk.



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Curriculum Committee Policy Provisions

The curriculum governance system shall operate through Central Curriculum Committee, Institutional Curriculum Committee, and Module Curriculum Committee levels to ensure structured planning, implementation, monitoring, evaluation, and continuous improvement of the BDS curriculum.

1. The Central Curriculum Committee at KMU shall provide overall academic leadership for the competency-based modular BDS curriculum and shall ensure alignment with PMDC, HEC, WFME, and KMU requirements.
2. The Central Curriculum Committee shall periodically review curriculum standards, approve curriculum frameworks, ensure horizontal and vertical integration, maintain centralized curriculum mapping, approve module blueprints, support faculty development, and promote benchmarking against national and international best practices.
3. The Institutional Curriculum Committee at Women Dental College shall be responsible for institutional curriculum design, implementation, monitoring, assessment oversight, quality assurance, stakeholder engagement, innovation, documentation, and reporting to the Central Curriculum Committee.
4. The Institutional Curriculum Committee shall ensure that curriculum decisions are evidence-based and informed by regulatory updates, stakeholder feedback, quality enhancement processes, educational data, and institutional priorities.
5. Module Curriculum Committees shall plan, deliver, monitor, and review individual modules, ensuring alignment of module learning outcomes with program learning outcomes, curriculum maps, teaching schedules, assessment blueprints, and approved study guides.
6. Each committee shall maintain documented membership, approved meeting minutes, decisions, action plans, reports, and evidence of implementation for internal review, accreditation, and quality assurance purposes.
7. Committee membership shall include appropriate academic, administrative, quality assurance, examination, medical/dental education, technology, and student representation according to the level and function of the committee.
8. Committee meetings shall be held at the prescribed frequency: at least twice for the Institutional Curriculum Committee, and at least once before and after delivery for each Module Curriculum Committee.
9. Additional or emergency meetings may be convened by the relevant Chairperson or Facilitator whenever curriculum, assessment, accreditation, or operational needs require timely decisions.
10. Decisions shall ordinarily be made through consensus or majority agreement, and where consensus is not possible, the decision of the relevant Chairperson shall be final and documented in the meeting minutes.

Student Representation in Curriculum Governance

Student representation shall be incorporated into curriculum governance to ensure that student perspectives are formally considered in curriculum planning, delivery, monitoring, feedback, and continuous improvement processes.

1. The Head Girl and Assistant Head Girl shall serve as student representatives in the Institutional Curriculum Committee (ICC), subject to formal notification and approval in accordance with institutional procedures.
2. Class Representatives (CRs) shall represent their respective cohorts in Module Curriculum Committees (MCCs) where module-level planning, feedback, delivery review, and improvement actions are discussed.



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3. Student representatives shall provide structured feedback on curriculum delivery, learning resources, teaching methods, assessment processes, student workload, clinical exposure, and related academic matters.
4. Student participation shall be documented through approved committee membership lists, meeting attendance, minutes, feedback summaries, and action-taken records.
5. Student representatives shall communicate relevant curriculum-related feedback from their peers to the appropriate committee and shall disseminate approved curriculum-related decisions or updates to their respective student groups, where applicable.
6. Student representation shall be advisory in nature and shall not compromise confidentiality, assessment security, disciplinary proceedings, or any matter restricted by institutional or regulatory policy.

Guiding Principles of the Curriculum

1. **Integration of Subjects:** The modular system ensures integration of basic science, clinical practice, and professional skills development throughout the four years of BDS program, fostering a holistic understanding of concepts and a seamless transition between theory and practical application.
2. **Competency-Based Education:** The curriculum is competency-based, focused on core competencies — knowledge, clinical skills, communication skills, critical thinking, professionalism, and ethical decision-making.
3. **Active Learning:** The curriculum emphasizes small group discussions, simulations, case-based learning, and other interactive, learner-centered methods that develop critical thinking abilities.
4. **Progressive Complexity:** Topics are designed to progressively increase in complexity, allowing students to build on foundational knowledge acquired in earlier years.
5. **Continuity of Care:** Students are encouraged to follow individual patients longitudinally, enhancing clinical reasoning, patient-centered practice, and reflective learning.
6. **Interprofessional Education:** The modular system incorporates interprofessional education to promote collaboration and effective teamwork within a healthcare team.
7. **Technology-Enhanced Learning:** Simulations, an institutional Learning Management System (LMS), digital assessments, and other tools are integrated to support effective and efficient education delivery.
8. **Documentation & Quality Assurance:** Every stage of curriculum planning, delivery, and assessment shall be supported by retrievable documentary evidence — approved policies, meeting minutes, study guides, and feedback records — to enable transparent internal and external quality review.
9. **Feedback-Driven Continuous Improvement:** Curriculum revision shall be data-driven, based on documented student/faculty feedback and post-examination item analysis, with before-and-after evidence of resulting changes retained on file.

Curriculum Structure

BDS Program



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- The BDS curriculum shall be delivered according to the approved curriculum framework applicable to each academic cohort, with modular integrated delivery adopted progressively and maintained as the standard model, approved by the affiliating university and regulatory authority.
- Each academic year shall be structured in accordance with the approved curriculum scheme, ensuring appropriate sequencing from foundational knowledge to applied clinical learning.
- Approved modules, courses, rotations, and clinical attachments shall be planned to promote horizontal and vertical integration of biomedical, behavioral, community, and clinical sciences.
- Where transitional arrangements are in place, implementation shall protect academic continuity for enrolled cohorts while progressively aligning teaching, assessment, clinical exposure, and documentation with the approved modular integrated framework.
- Clinical training, discipline-based learning, elective opportunities, and supervised rotations shall be incorporated as required by the approved curriculum, institutional capacity, student learning needs, and regulatory standards.

BDS Program (Indicative teaching-hour benchmarks)

- The BDS programme shall comply with the minimum teaching-hour benchmarks prescribed by the Pakistan Medical and Dental Council (PM&DC).
- As an affiliated institution of Khyber Medical University (KMU), the curriculum shall be implemented in accordance with the KMU-approved BDS curriculum, study guides, and assessment framework.
- Departmental teaching hours shall be planned, monitored, documented, and reviewed to ensure alignment with PM&DC regulatory requirements and KMU academic standards.
- Compliance records shall be maintained as evidence of effective curriculum delivery and achievement of prescribed learning outcomes.

Curricular Delivery

Curricular delivery shall be planned, implemented, monitored, and documented through approved student-centered, community-based, clinical, elective, and technology-supported learning strategies. Delivery methods shall be aligned with the approved curriculum framework, program learning outcomes, institutional capacity, regulatory requirements, and the needs of each academic cohort.

Student-Centered Teaching Strategies

Study guides, approved timetables, teaching plans, and curriculum records shall document the use of student-centered teaching strategies, including small-group learning, case-based discussions, simulation-based teaching, skills-based learning, and other learner-centered methods approved by the Curriculum Committee.

Community-Based Learning

Community-based learning shall be planned, scheduled, supervised, and documented through approved study guides, timetables, rotation plans, and community-visit records to ensure meaningful student exposure to patients, families, communities, and relevant public-health settings.

Elective Policy



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A formal, approved Elective Policy shall govern student access to elective learning opportunities, including eligibility criteria, selection procedures, supervision requirements, approval mechanisms, documentation, and maintenance of student placement records.

Clinical Rotations & Clerkships

Clinical rotations, clerkships, and supervised clinical attachments shall be scheduled for relevant clinical subjects in accordance with the approved curriculum framework, with attendance records, logbooks, assessment records, and completion evidence maintained by the responsible departments.

Study Guides

Study guides shall state session-level learning outcomes, teaching and assessment methods, recommended resources, and relevant schedules, and shall be disseminated to students and faculty through approved institutional channels with documented evidence of availability.

Technology-Enhanced Learning & Learning Management

An approved Learning Management System or equivalent institutional digital platform shall be available, accessible, and maintained to support teaching, learning, communication, resource sharing, and continuity of instruction. All curricular delivery activities shall be supported by retrievable records, including approved schedules, study guides, attendance records, logbooks where applicable, assessment records, feedback summaries, and evidence of review by the relevant academic or curriculum governance body. Software procurement, digital resource use, data protection, and ethical/legal use of educational technology shall be regulated through approved institutional procedures applicable to students, faculty, and administrative users.

Assessment & Evaluation Policy

Formative Assessment

Regular formative assessments shall be conducted based on class performance, case presentations, skill assessments, and other appropriate methods, with timely feedback provided to identify areas for improvement. For details, please see WDC's Assessment Policy at wdc.edu.pk.

Summative Assessment

Summative assessments shall be conducted at the end of each Block and/or academic year through written examinations, OSCEs, and other appropriate methods, per the respective university (KMU) policy. For details, please see WDC's Assessment Policy at wdc.edu.pk

Assessment Governance & Quality Assurance

1. An approved, documented Assessment Policy and Plan shall be on file.
2. Continuous/internal assessment shall be according to PM&DC and KMU Assessment policy.
3. Assessment tools shall be matched appropriately to knowledge, skills, and attitude domains.
4. External examiners shall be invited as per approved policy/SOP, with evidence retained of externals invited in previous examinations.



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5. A Table of Specifications (TOS) shall be prepared for every professional/annual examination and matched against the approved assessment plan.
6. Item review (quality assurance) shall be conducted for every examination, with attendance and minutes retained; faculty development sessions on item-writing shall be conducted and documented.
7. Post-examination item analysis shall be carried out (by KMU or the college, as applicable) as a routine quality-assurance mechanism, with data (spreadsheets/SPSS files) and result reports retained.
8. Internal assessment results shall be finalized based on both academic/behavioral attributes recorded throughout the year and post-exam item analysis (pre- and post-analysis).
9. An approved appeals mechanism shall exist for results, with applications and decisions documented.
10. Portfolios and/or logbooks shall be used as part of assessment, signed by relevant faculty.

Feedback Mechanism

1. Curriculum feedback is collected from students through block wise/module examinations, and from faculty through faculty surveys, administered via the LMS with complete records maintained in soft and hard copy.
2. Teaching performance feedback is separately collected from students through the Teachers' Evaluation survey each academic year.
3. Feedback is shared with Heads of Department (HODs) upon request, enabling them to review feedback concerning to their respective departments.

Program Evaluation

Regular program evaluation shall be conducted to assess the effectiveness of the curriculum in achieving its desired learning outcomes, governed by a documented and approved Program Evaluation Plan and SOPs describing the evaluation process.

1. Where at least one batch has graduated, evidence of periodic program evaluation (filled feedback forms, summary reports) shall be maintained.
2. Feedback and evaluation data collected through these surveys is documented and maintained on record for review purposes.
3. Learning is supported through LMS-based delivery, enabling structured access to course content, feedback collection, and record maintenance beyond conventional classroom teaching.

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