



**THE RELATIONSHIP BETWEEN CURRICULUM, PEDAGOGY, ANDRAGOGY, AND ASSESSMENT IN THE COMPETENCE-BASED EDUCATION AND TRAINING IN UGANDAN HIGHER EDUCATION CONTEXT: AN EMPIRICAL REVIEW**

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**ABSTRACT:** *Introduction: Competence-based education and training (CBET) has been widely embraced in Ugandan higher education to tackle concerns about graduate employability and skills gaps. However, the extent to which curriculum design, pedagogy/andragogy, and assessment are coherently aligned to foster competency development remains uncertain. Methods: An empirical review approach was employed to synthesise findings from qualitative and quantitative studies, policy documents, and institutional reports on CBET in Ugandan higher education and related East African contexts. Evidence was organised across four domains: curriculum, pedagogy/andragogy, assessment, and implementation outcomes, with particular focus on health professions, teacher education, and selected professional programmes. Results: The review reveals significant progress in defining competency frameworks and restructuring curricula around clear outcomes. Practice-oriented pedagogies, such as clinical placements, role-plays, and project-based learning, are increasingly adopted but remain constrained by large class sizes, resource shortages, and insufficient staff training. Assessment reforms include greater utilisation of criterion-referenced, formative, and scenario-based approaches, though high-stakes written examinations still predominate in many programmes. Alignment among curriculum, pedagogy/andragogy, and assessment is strongest where institutions invest in faculty development and structured workplace-based learning and weakest in under-resourced settings and emerging disciplines. Key findings: First, curriculum reform alone does not ensure competency development; its success depends on congruent pedagogical and assessment practices. Second, andragogical principles, feedback, self-monitoring, and authentic tasks are most effective when integrated into systematic assessment frameworks. Third, gaps in teacher/lecturer assessment literacy and unequal resource distribution hinder consistent CBET implementation and aggravate institutional inequalities. Conclusion: CBET in Ugandan higher education has shifted discourse and formal curricula towards competencies, but implementation remains partial and uneven. Misalignment between curriculum goals, teaching practices, and assessment systems hampers the realisation of intended graduate competencies. Recommendations: The study advocates for sustained investment in staff development programmes focused on competency-oriented pedagogy and assessment, the development and refinement of discipline-specific competency frameworks, enhancement of criterion-referenced and workplace-based assessment systems, better resourcing of learning environments, and closer vertical alignment between secondary and higher education to facilitate coherent competence progression.*

**KEYWORDS:** Competence-Based Education and Training (CBET), Higher Education Institutions (HEIs), Curriculum Implementation, Pedagogy and Andragogy, Assessment Practices, Student Enrolment and Registration, Uganda Higher Education Context.



## BACKGROUND AND RATIONALE

Uganda has increasingly adopted competency-based education/curriculum (CBE/CBC) across various sectors, including medicine, nursing and midwifery, clinical psychology, teacher education, and lower secondary schooling, with the clear aim of shifting from knowledge transfer to demonstrable performance in real-world tasks (McKenzie-White et al., 2022; Kabanga et al., 2018; Daniel et al., 2024; Betty et al., 2025). In higher education, this change requires a coherent alignment of four pillars: curriculum, pedagogy/andragogy, and assessment practices aligned with explicit competency standards (Alipanga & Kohrt, 2022; McKenzie-White et al., 2022; Kikomoko et al., 2019). Ongoing concerns about graduate skills, inconsistent implementation, and assessment integrity necessitate an empirical examination of how these elements interact within Ugandan institutions.

## METHODS

**An Empirical Review Approach:** Evidence was drawn from empirical and conceptual work focused on Uganda's CBET reforms, supplemented by relevant East African and African comparative studies on competency-based curricula in higher and teacher education. Key domains identified included: (a) curriculum design and competence frameworks; (b) pedagogical and andragogical practices; (c) assessment strategies (including criterion-referenced and scenario-based assessment); and (d) implementation challenges and enabling conditions (McKenzie-White et al., 2022; Alipanga & Kohrt, 2022; Otyola et al., 2025; Kabanga et al., 2018; Oola et al., 2024).

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The focus is on higher education and professional training (medicine, psychology, nursing/midwifery, nutrition, teacher education), with connections to secondary CBC, where it directly influences expectations for higher education (Betty et al., 2025; Opio & Mugenyi, 2025; Namaalwa et al., 2024).

## Curriculum and Competence Frameworks in Ugandan Higher Education

Makerere University College of Health Sciences implemented a competency-based medical education (CBME) curriculum for the MBChB programme in 2015, identifying 59 competencies across nine domains and systematically mapping them to courses and assessments (McKenzie-White et al., 2022). Almost all competencies (58/59) are assessed at least once, indicating a relatively coherent curriculum–assessment alignment at the design level (McKenzie-White et al., 2022). In clinical psychology, the Enhancing Quality and Inclusive Practices (EQUIP) is used to identify core competencies, embed them into a



modular curriculum, and specify when and how competency evaluations occur, especially in practicum and internship components (Alipanga & Kohrt, 2022). In nursing and midwifery, CBE is structured around practice-oriented outcomes, although explicit competency frameworks are less consistently documented (Kabanga et al., 2018). For Human Nutrition and Dietetics, scholars argue that Uganda still lacks a validated national competence framework for undergraduate training, warning that the absence of such standards risks misaligned curricula and inefficient investments in professional education (Kikomeko et al., 2019).

Across these sectors, curriculum reforms share several features: (1) explicit definition of professional and generic competencies; (2) emphasis on practicum/internship or clinical components as key settings for competence demonstration; and (3) a stated shift from input-based metrics (contact hours) to output-based indicators (demonstrated skills and behaviours) (McKenzie-White et al., 2022; Alipanga & Kohrt, 2022; Kabanga et al., 2018; Kikomeko et al., 2019). However, the extent to which these frameworks are fully internalised by staff and students or aligned across secondary and tertiary levels remains uneven.

### **Pedagogy and Andragogy in Competence-Based Training**

Empirical evidence shows that learner-centered, practice-oriented pedagogies are essential to CBET, but their implementation remains partial. In Uganda's CBE for nurses and midwives, graduates generally viewed pedagogical practices as appropriate for competence development, particularly in clinical settings. However, key stakeholders identified serious challenges: inadequate clinical resources, large class sizes, limited tutor follow-up, and low staff motivation, all of which undermine genuine competency development (Kabanga et al., 2018). Similar trends are observed in MBChB training, where faculty acknowledge CBME principles but cite limited training in assessment and pedagogical design as major obstacles to their consistent application in daily teaching.

In clinical psychology, the integration of the EQUIP approach emphasises active, adult-oriented methods, such as structured role-plays, supervised practice, and feedback-rich learning environments. Students and faculty reported that extended, approximately 15-hour training sessions increased confidence in applying these methods and facilitated more standardised supervision and skills practice (Ndeezi et al., 2024). Role plays, initially anxiety-provoking for learners, became a powerful pedagogical tool for rehearsal, reflection, and feedback-driven improvement (Ndeezi et al., 2024; Alipanga & Kohrt, 2022). The EQUIP-based strategy explicitly adopts an andragogical orientation: regular assessment, self-monitoring of progress, personalised feedback, and modularisation to meet learner needs (Alipanga & Kohrt, 2022).

Outside Uganda, studies from Tanzania and other African contexts show that, although tutors understand the concept of competency-based techniques, they often revert to traditional lecture-centred methods, thereby limiting competence development (Mwakyobwe & Shawa, 2023a; Hamidu & Peter, 2025a). This mirrors Ugandan concerns that without sustained professional development and institutional support, CBET may remain merely on paper rather than in practice (Kabanga et al., 2018; Betty et al., 2025; Opio & Mugenyi, 2025).



### **Assessment: Criterion-Referenced, Scenario-Based, and Workplace-Oriented**

Assessment acts as the main lever and bottleneck for CBET implementation. In Ugandan medical education, a systematic curriculum evaluation found that almost all specified competencies were assessed at least once. However, faculty highlighted difficulties in designing robust, competence-aligned assessments due to large cohorts and limited assessment expertise (McKenzie-White et al., 2022). Clinical psychology's EQUIP model operationalises frequent, formative role-play-based assessments throughout training, using structured rating tools to monitor progress and ensure minimum competency before independent practice (Alipanga & Kohrt, 2022). These assessments rely on predetermined behavioural indicators as output criteria rather than time spent in training, aligning with competency-based assessment principles (Alipanga & Kohrt, 2022).

A growing body of Ugandan work explicitly discusses criterion-referenced assessment (CRA) as central to CBC. CRA evaluates learners against predefined standards rather than through peer comparisons, aligning closely with the mastery orientation of CBET (Otyola et al., 2025). In the Ugandan CBC policy framework, CRA is regarded as essential for assessing practical and transferable skills in real-world contexts; it provides clear benchmarks that guide instruction and support learner-centred practices (Otyola et al., 2025). However, implementation is hindered by teacher preparedness, resources, and inconsistent practice (Otyola et al., 2025; Namaalwa et al., 2024). Stakeholder studies on CBC assessment in Kampala secondary schools indicate that while methods such as continuous assessment, integrated activities, and end-cycle assessments are conceptually appropriate, teachers often lack the skills, guidance, and time to employ them effectively and struggle to shift from norm-referenced to criterion-referenced judgement (Namaalwa et al., 2024). These school-level dynamics are significant for higher education, which admits CBC-trained entrants whose experience of competency assessment has been uneven (Opio & Mugenyi, 2025; Betty et al., 2025).

A recent Ugandan review highlights scenario-based assessment—through case studies, simulations, and problem scenarios—as a promising driver of CBC, rooted in constructivist and problem-based learning theories (Oola et al., 2024). Scenario-based tasks aim to elicit complex, integrated competencies in real-world contexts, similar to EQUIP role-plays and workplace-based assessments in health education (Ndeezi et al., 2024; Alipanga & Kohrt, 2022; McKenzie-White et al., 2022). However, their success relies on clear learning objectives, detailed rubrics, well-trained assessors, and sufficient resources; in their absence, ambiguity, examiner bias, and superficial marking compromise validity (Oola et al., 2024). In science subjects under the secondary CBC, ongoing weaknesses in practical skills, infrastructure deficiencies, and examination malpractice further undermine the credibility of competence-oriented assessment reforms (Opio & Mugenyi, 2025).

### **Interrelationships: Curriculum, Pedagogy, Andragogy, and Assessment as a Coherent System**

Across Ugandan higher and professional education, several cross-cutting patterns emerge regarding the interaction of curriculum, pedagogy/andragogy, and assessment in CBET.

1. Curriculum drives, but does not guarantee, pedagogical and assessment change. Well-defined competency frameworks in medicine and clinical psychology have facilitated



the alignment of courses and assessments on paper; however, capacity gaps in teaching and assessment skills limit full implementation (McKenzie-White et al., 2022; Alipanga & Kohrt, 2022; Kabanga et al., 2018). Where competence standards remain underdeveloped (e.g., Human Nutrition and Dietetics), CBET implementation becomes more fragmented (Kikomeko et al., 2019).

2. Assessment practices significantly influence pedagogy and learner experiences. In programmes that incorporate structured role-play or scenario-based assessments with clear criteria and feedback, teaching more distinctly shifts towards practice, reflection, and coaching (Ndeezi et al., 2024; Alipanga & Kohrt, 2022; Oola et al., 2024). Conversely, where high-stakes summative exams prevail and CRA is poorly understood, teachers in both secondary and higher education tend to uphold knowledge-heavy, exam-oriented instruction that conflicts with CBET ideals (Otyola et al., 2025; Opio & Mugenyi, 2025; Namaalwa et al., 2024).
3. Andragogical principles are present but unevenly institutionalised. Clinical psychology's EQUIP implementation exemplifies adult learning principles: frequent formative assessment, feedback, learner self-monitoring, and flexible modularisation (Alipanga & Kohrt, 2022). Nursing, midwifery, and medical programmes embody some of these through practicum-heavy curricula, but large cohorts, resource constraints, and limited supervision often reduce opportunities for individualised feedback and reflective practice (McKenzie-White et al., 2022; Kabanga et al., 2018). At a system level, CBC policy rhetoric emphasises learner-centredness, yet teachers and tutors frequently report uncertainty about appropriate methods and insufficient training, indicating a gap between policy-level and classroom-level andragogy (Betty et al., 2025; Kabanga et al., 2018; Otyola et al., 2025).
4. Contextual and institutional factors influence the relationship between the four pillars. Resource availability (such as laboratories, clinical sites, and assessment tools), class size, supervisory structures, and institutional support for faculty development play a crucial role in whether competency frameworks lead to genuine learning and assessment practices (McKenzie-White et al., 2022; Kabanga et al., 2018). Evidence from Ugandan teacher education and practice schools shows that robust institutional support and supervisory practices significantly predict student teachers' acquisition of CBC-aligned teaching competencies, highlighting the systemic nature of CBET implementation (Aheisibwe & Barigye, 2025). Likewise, engagement of external stakeholders in training, supervision, and assessment has been shown to positively influence CBC implementation in Ugandan secondary schools (Margaret et al., 2025), indicating that higher education can benefit from multi-stakeholder partnerships in the design and quality assurance of CBET.

### **Regional and Global Insights Relevant to Uganda**

Across sub-Saharan Africa, meta-narrative and regional reviews highlight recurring challenges: insufficient teacher preparation for CBE, assessment design difficulties, ICT integration gaps, and the need to adapt CBET to country-specific contexts rather than merely importing models (Christopher & Jones, 2024; Mwakyobwe & Shawa, 2023b; Hamidu & Peter, 2025b). A global systematic review of competency-based education in pharmacy training identifies common design features that resonate with Ugandan experiences: the need



for a shared understanding of “competence,” alignment of curriculum, teaching, and assessment with practice realities, and robust feedback systems (McMullen et al., 2022). These studies reinforce that Uganda’s higher education CBET reforms are part of a wider regional trend and can draw on international design principles while tailoring them to local conditions.

### Research and Practice Gaps

Despite notable progress, several gaps persist in understanding and optimising the relationship between curriculum, pedagogy/andragogy, and assessment in Ugandan CBET.

- Limited longitudinal evidence on how competency acquisition and professional performance develop over time following CBET reforms in medicine, psychology, nursing, and other disciplines (Ndeezi et al., 2024; McKenzie-White et al., 2022; Alipanga & Kohrt, 2022).
- Fragmented competence frameworks in some sectors (e.g., nutrition, certain teacher education programmes) and weak vertical alignment between secondary CBC and higher education CBET expectations (Opio & Mugenyi, 2025; Kikomeko et al., 2019).
- Limited empirical research on andragogy in university contexts outside health professions, especially regarding how adult learning principles are implemented in large, resource-constrained classes.
- Assessment validity and integrity issues, including the quality of scenario-based tasks, reliability of criterion-referenced grading, and examination malpractice in practical work (Otyola et al., 2025; Opio & Mugenyi, 2025; Oola et al., 2024).
- Concerns about equity and resource distribution, as better-resourced institutions and schools seem to benefit more from CBET reforms than under-resourced counterparts (Opio & Mugenyi, 2025; Betty et al., 2025; Aheisibwe & Barigye, 2025).

### CONCLUSION

Evidence from Uganda’s higher and professional education indicates that competency-based reforms have led to significant changes in curriculum design, particularly in the health professions and related fields. When clear competency frameworks are combined with practice-focused pedagogies, structured formative assessment, and strong institutional support, CBET can enhance graduate skills. Nevertheless, gaps in staff training, assessment expertise, resources, and system-wide coherence still hinder implementation. Improving the alignment between curriculum, pedagogy/andragogy, and assessment and integrating these within supportive institutional and policy settings, remains essential to unlocking the full potential of competence-based education and training in Ugandan higher education.



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## RECOMMENDATIONS

- i. Strengthen staff capacity for CBET design and delivery.
  - a. Implement systematic professional development in competency framework design, practice-oriented pedagogy/andragogy, and formative/competency-based assessment.
  - b. Establish mentorship and communities of practice within and across institutions to build and share assessment expertise.
- ii. Align curriculum, pedagogy/andragogy, and assessment around clear competency frameworks.
  - a. Require all programmes to map learning outcomes, teaching strategies, and assessment tasks explicitly to agreed competency frameworks.
  - b. Regularly review and update curricula with stakeholder input (employers, regulators, professional councils, students).
- iii. Enhance institutional and system-level support for CBET implementation.
  - a. Ensure adequate resourcing (staffing, teaching materials, skills labs, placements, digital tools) to support practice-focused learning.
  - b. Embed CBET requirements in institutional quality assurance, promotion criteria, and performance management.
- iv. Improve policy coherence and coordination across the higher education system.
  - a. Harmonise CBET policies and standards across ministries, regulatory bodies, and professional councils.
  - b. Develop national guidelines for monitoring and evaluating CBET outcomes, including graduate competence and labour-market relevance.

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