Indonesian Accreditation Agency for Higher Education in Health (IAAHEH)

HANDBOOK FOR NUTRITION AND DIETETIC SCHOOLS

UNDERGRADUATE PROGRAMS IN NUTRITION AND DIETETICS PROGRAM ACCREDITATION

FOREWORD

Thanks to God who has given strength, the writers were able to finish the handbook for Study Program, entitled: "IAAHEH Accreditation Handbook for Nutrition and Dietetics Program". The purpose in writing this handbook is to assist Nutrition and Dietetics programs that willing to be are accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) located in Jakarta, Indonesia.

The handbook was arranged to be simple and easy to read, so every manager or faculty member of the nutrition and dietetics school will easily understand but still, with the information that leads to having a better accreditation experience.

Asia Pacific Quality Register (APQR) standards for quality improvement in basic Nutrition and Dietetics education and used as the main reference for this book to maintain its international standard for Nutrition and Dietetics Study Program as the IAAHEH has been recognized by APQN since 2018 and is allowed to accredit Nutrition and Dietetics program outside its jurisdiction. It consists of steps of the accreditation process from registration to appeal.

Commented [R1]: •Can be applied for snursing education

This book is written by a team of Nutrition and Dietetics education experts who come from several best universities and practitioners. I thank them for their hardworking in writing and finishing the book. I believe the expectation of the writers that reading this handbook will provide positive motivation for the Nutrition and Dietetics program to prepare a better accreditation process would be achieved.

Jakarta, July 4th, 2023.

Prof. Usman Chatib Warsa, MD., PhD.
The Chairman of IAAHEH.

TABLE OF CONTENT

FOREWORD ..... **ii**
List of Figures ..... **v**
List of Tables ..... **v**
List of Appendices ..... **v**
CHAPTER 1. ACCREDITATION CRITERIA **1**
Criteria 1. Mission and Values 1
Criteria 2. Curriculum 3
Criteria 3. Assessment 9
Criteria 4. Students 13
Criteria 5. Faculty members, preceptors and supporting staff 16
5.1 Faculty members, preceptors and supporting staff Establishment Policy 16
Criteria 7. Quality Assurance 25
Criteria 8. Governance and Administration 27
CHAPTER 2. ACCREDITATION PROCEDURES **30**
Stage 2.1. Eligibility and Registration 30
2.1.1 Governance and Organization Structure 31
2.1.2 Educational Program 31
2.1.3 Students 32
2.1.4 Staff 32
2.1.5 Educational Resources 32
2.1.6 Registration for Accreditation 35
2.1.7 Mechanism of Accreditation Payment 36
Stage 2.2 Nurturing and Preliminary Self-Evaluation Report 36
2.2.1 Nurturing 36
2.2.2 Preparation of Preliminary Self-Evaluation Report 36
2.2.3 Submission and Feedback of the Preliminary Self-Evaluation Report 36
Stage 2.3 Completing Self-Evaluation Report (SER) 37
2.3.1 Conducting Self-Evaluation 37
2.3.2 Writing the Self-Evaluation Report (SER) 37
2.3.3 Submission of the SER to IAAHEH 37
Stage 2.4 Desk Evaluation (DE) 37
Stage 2.5. Survey visit 37
Preparation of Survey Visit Reports 38
Stage 2.6 Decision of Accreditation Results (Online) 39
2.6.1 Review by Accreditation Council on Final Survey Report 39
2.6.2 Assessment of Accreditation Council on Survey Visit Results 39
2.6.3 Accreditation Council Decision 39

2.6.4 Certificate of Accreditation and Internationally Published Directory 40
2.6.5 Post Accreditation Monitoring 40
Stage 2.7 Submission and Process of Appeal 41
CHAPTER 3. GUIDANCE FOR SELF-EVALUATION REPORT 42
3.1 How to conduct Self-Evaluation Activities 42
3.2. Guidance of Writing a Self-Evaluation Report (SER) (Preliminary and Final) 43
3.2.1 Introduction 43
3.2.2 Conducting Self-Evaluation 45
3.3 Structure and Format of Self-Evaluation Report 47
CHAPTER 4. GUIDANCE FOR SURVEY VISIT 53
4.1 Survey Visit Guidance 53
4.2 Administrative Preparation for Survey Visit 53
4.3 The survey visit procedure 54
4.4 Guidance for Introductory Meeting 56
4.5 Guidance for Interviews 57
4.6 Guidance for Observation 57
4.7 Guidance for Document Checking 57
4.8 Guidance for Closing Meeting 58
CHAPTER 5. POST SURVEY VISIT 60
5.1 Accreditation Decision 60
5.1.1 Types of Accreditation Decision 60
5.1.2. Reporting of Accreditation Actions 60
5.2. Appeal and Complaint Guidance 61
5.2.1 Appeal 61
5.2.2 Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality 61

List of Figures

Figure 1. Accreditation Procedures Flowchart 30
Figure 2. Registration Flowchart 35
Figure 3. Plan-Do-Check-Act (PDCA) cycle of improvement 44
Figure 4. Example of a timetable to develop the SER 46

List of Tables

Table 1. Categories of Summary of the Overall Results 50
Table 2. Description of the Term Self-Evaluation Result 51
Table 3. The Typical Schedule for the Survey Visit 53

List of Appendices

Appendix 1 Contract 62
Appendix 2 Statement letter 72
Appendix 3 Rundown Training on Accreditation Standards and Procedures 74
Appendix 4 Definition of Findings 76
Appendix 5 Accreditation Council 77
Appendix 6 Monitoring Report 81
Appendix 7 The Procedure to Appeal Submission and Process 83
Appendix 8 The Procedure of Complaints 84

CHAPTER 1. ACCREDITATION CRITERIA

Criteria 1. Mission and Values

1.1 Stating the mission: The program has a public statement that sets out its values, priorities, and goals.

Consider the role, audiences, and uses of the mission statement. Briefly and concisely describe the program's purpose, values, educational goals, research functions, and relationships with clinical nutrition, community nutrition, and food service management. Indicate the extent to which the statement has been developed in consultation with stakeholders. Describe how the mission statement guides the curriculum and quality assurance.

Key questions:	Criteria for Compliance
1.1.1 How is the mission statement specially tailored to the program?	1.1.1.1 How did the program formulate its mission statement? 1.1.1.2 How is the mission statement identified? 1.1.1.3 How are nutrition and dietetics problems considered at the national and local level? 1.1.1.4 What is the scientific approach in the mission statement formulation? 1.1.1.5 What is the association of the mission of the university with the mission of the faculty, and the study program?
1.1.2 Which interest groups were involved in its development and why?	1.1.2.1 What are the mechanisms to identify the internal and external interest groups in the mission formulation? 1.1.2.2 What are the procedures for the engagement of these interest groups? 1.1.2.3 How is each interest group determined? What are the judgement of their contribution and their reciprocal benefits?
1.1.3 How does the mission statement address the role of the Nutrition and Dietetics program in the community?	1.1.3.1 How does the mission statement mandate the program to be involved in improving the health and nutrition status of the community? 1.1.3.2 How does the Nutrition and Dietetics program collaborate with the healthcare services, local governments, hospitals, and communities to execute the Nutrition and Dietetics program's role?

Key questions:	Criteria for Compliance
1.1.4 How is it used for planning, quality assurance, and management in the program?	1.1.4.1 How is the mission statement translated into the school's and study program and activities during the planning process? 1.1.4.2 How are the planned program and activities implemented? 1.1.4.3 How does the organizational structure conform with the managerial functions to achieve its vision and mission? 1.1.4.4 How is the internal quality assurance system developed based on its vison and mission? 1.1.4.5 How is monitoring and evaluation in tracking the progress of achieving the mission? 1.1.4.6 How to ensure the follow up action is completed? 1.1.4.7 When was the last time the mission evaluated and updated? Is it regularly evaluated and updated?
1.1.5 How does it fit with the regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?	1.1.5.1 How does the school and study program translate the relevant national regulations and standards into its own regulations and standards concordantly? 1.1.5.2 How does the school and study program consider the local circumstances and uniqueness in implementing the national regulations and standards? 1.1.5.3 Do the school's and study program standards align with the mission of the university?
1.1.6 How is it publicized?	1.1.6.1 How does the school and study program use media for the publication of its mission and programs? 1.1.6.2 What are other programs or events that the school and study program used to disseminate its mission and program? 1.1.6.3 Who is involved in the programs?

Supporting documents:

- Minutes of meeting notes when formulating the vision and mission of the school and study program derived from the university. The vision and mission include the role of the school and study program in improving the community's health status.
- List of attendance: students, faculty members, academic and administrative staff, alumni, stakeholders (employee) including documentation such as photograph/video recording during the meeting.
- Media use for publication of vision, mission, aim and strategy.

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes: The study program has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a Dietitian. Consider whether the defined outcomes align with the Nutrition and Dietetics program's mission. Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements. Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment). Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

Key questions:	Criteria for Compliance
2.1.1 How were the intended outcomes for the course as a whole and for each part of the course designed and developed?	2.1.1.1 How does the school and study program use its mission and priority health problems in the formulation of intended graduate outcomes? 2.1.1.2 How are the course outcomes consistently derived from the intended graduate outcomes?
2.1.2 Which stakeholders were involved in their development?	2.1.2.1 Who are the internal and external stakeholders involved in the curriculum development? 2.1.2.2 What are the procedures to involve internal and external stakeholders in developing curriculum? 2.1.2.3 How are the views of different stakeholders managed and considered?
2.1.3 How do they relate to the intended career roles of graduates in society?	2.1.3.1 What is the association of the intended graduate outcomes with the intended career roles of graduates in society?

	2.1.3.2 How does the school and study program trace their graduates?
2.1.4 What makes the chosen outcomes appropriate to the social context of the study program?	2.1.4.1 How do the intended graduate outcomes associate with the priority health and nutrition problems in the school's catchment areas? 2.1.4.2 How does the school and study program select appropriate methods of needs analysis in line with available resources?

2.2 Curriculum Organization and Structure: The school and study program has documented the overall organization of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to clinical nutrition, community nutrition and food service management, involving varying degrees of experience and contextualisation. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school and study program.

Key questions:	Criteria for Compliance
2.2.1 What are the principles behind the study program curriculum design?	2.2.1.1 How does the study program select the principles that are used for curriculum design (I.e., social reconstructionism, essentialism, existentialism, progressivism, etc.)? 2.2.1.2 Do the principles appropriate to the school and study program's mission, intended graduate outcomes, resources, and context of the school and study program?
2.2.2 What is the relationship between the different areas of study that the curriculum encompasses?	2.2.2.1 What are the criteria identified by the study program for the content of the curriculum to be relevant, important and prioritized? 2.2.2.2 How does the study program determine the scope of the content in terms of the breadth and depth of coverage and concentration? 2.2.2.3 How does the study program decide the sequence, i.e., hierarchy, and

Key questions:	Criteria for Compliance
	progression of complexity or difficulty?
2.2.3 How was the model of curriculum organization chosen? To what extent was the model constrained by local regulatory requirements?	2.2.3.1 How does the study program choose a particular model of curriculum based on sound and scientific judgment? 2.2.3.2 Does the study program take into consideration the local resources and the existing regulatory framework?
2.2.4 How does the curriculum design support the mission of the school?	2.2.4.1 What is the approach of the curriculum design? 2.2.4.2 How is the curriculum design aligned with the school's mission?

2.3 Curriculum Content: a) The study program can justify inclusion in the curriculum of the content needed to prepare students for their role as competent dietitians and for their subsequent further training. b) Content in at least three principal domains is described: clinical nutrition, community nutrition and food service management.

Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to school and study program, country, and context, even where a national curriculum is specified. Content from at least three principal domains would be expected to be included: Basic biomedical sciences which are the disciplines fundamental to the understanding and application of clinical science; Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation; Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics. Content of other types may also be included: Health systems science which includes population health and local healthcare delivery systems; Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

Key questions:	Criteria for Compliance
2.3.1 Who is responsible for determining the content of the curriculum?	2.3.1.1 How does the study program establish a committee/ unit/ team responsible for determining the content of the curriculum? 2.3.1.2 How are departments involved in formulating the curriculum content? 2.3.1.3 How are internal and external stakeholders involved in formulating the curriculum content?

Key questions:	Criteria for Compliance
2.3.2 How is curriculum content determined?	2.3.2.1 What principles or methodologies are used to identify the curriculum content? 2.3.2.2 What references at international, national, and local level are used to determine the curriculum content?
2.3.3 What elements of clinical nutrition, community nutrition and food service management are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.3.1 How does the study program identify the clinical nutrition, community nutrition and food service management that are relevant to the graduate learning outcomes? 2.3.3.2 How does the study program decide the content of the clinical nutrition, community nutrition and food service management and time allocation?
2.3.4 What elements of clinical nutrition, community nutrition and food service management skills are included in the curriculum?	2.3.4.1 What content of clinical nutrition, community nutrition and food service management skills are included in the curriculum that are in line with graduate learning outcomes? 2.3.4.2 How do internal and external stakeholders are involved in determining the content of clinical nutrition, community nutrition and food service management skills? 2.3.4.3 What references are used at international, national, and local level to determine the content of clinical nutrition, community nutrition and food service management skills?
2.3.5 In which areas are all students required to gain practical experience?	2.3.5.1 Can you describe all areas that are compulsory for students to gain practical experience? 2.3.5.2 Who decides on areas that are compulsory for students to gain practical experience? 2.3.5.3 What considerations are used?
2.3.6 How are students taught problems solving in line with the best available evidence?	2.3.6.1 What methods are used to teach students problems solving in line with the best available evidence? 2.3.6.2 Who decides the clinical evidence selected for this purpose?

Key questions:	Criteria for Compliance
2.3.7 How are the choices made and time allocated for these elements?	2.3.7.1 How does the study program decide the time allocated for teaching and learning in clinical judgements?
2.3.8 What is the basis for the study program's allocation of student time to different practice settings?	2.3.8.1 How does the study program manage time allocated for different practice settings?
2.3.9 What elements of clinical nutrition, community nutrition and food service management Clinical placements and practical experience are included in the curriculum?	2.3.9.1 Can you describe the clinical nutrition, community nutrition and food service management Clinical placements and practical experience that are included in the curriculum which are in line with the graduate learning outcome? 2.3.9.2 How do you decide the choices and time allocation for the clinical nutrition, community nutrition and food service management Clinical placements and practical experience?
2.3.10 What elements (if any) of evidence-based nutrition and dietetics practice are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.10.1 Can you describe the content of the evidence-based nutrition and dietetics practices that are included in the curriculum? 2.3.10.2 How do you decide the choices and time allocation for the evidence-based nutrition and dietetics practice?
2.3.11 How does the study program review and update process curriculum content related to advances in knowledge and technology?	2.3.11.1 Can you describe how you evaluate your curriculum content? 2.3.11.2 How do you involve your internal and external stakeholders in curriculum evaluation? 2.3.11.3 How do you use the result of your evaluation to update your curriculum content in relation to the advancements in knowledge technology?
2.3.12 How are principles of research and community service addressed in the curriculum?	2.3.12.1 How do you address the principal research and community service in the curriculum? 2.3.12.2 Who decides how these are addressed in the curriculum? 2.3.12.3 Who delivers these contents?
2.3.13 Which fields (if any) are elective? How are elective fields decided?	2.3.13.1 Can you explain how do you decide what fields or disciplines are included in the elective?

Key questions:	Criteria for Compliance
	2.3.13.2 Can you mention what fields and disciplines are elective?

2.4 Learning methods and experiences: The study program employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

Learning methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the Nutrition and Dietetics program, in the community, or in secondary or tertiary care institutions. Choice of learning methods and experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources. Skillfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

Key questions:	Criteria for Compliance
2.4.1 What principles inform the selection of learning methods and experiences employed in the school's curriculum? How were these principles derived?	2.4.1.1 Can you explain the principles that are used in selecting learning methods and experiences? 2.4.1.2 How are these principles formulated? 2.4.1.3 How do internal and external stakeholders are involved including experts in educational psychology?
2.4.2 According to what principles are the chosen learning methods and experiences distributed throughout the curriculum?	2.4.2.1 How does the chosen learning methods and experiences distribute throughout the curriculum? 2.4.2.2 What principles are adopted for these purposes?
2.4.3 In what ways are the learning methods and experiences provided for students appropriate to the local context, resources, and culture?	2.4.3.1 Can you explain how the learning methods and experiences provided for students are appropriate to the local context, resources, and culture?

Supporting documents:

- Minutes of curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviors) based on school and study program's vision and missions, and the priority health and nutrition problems. The outcomes can be measured using appropriate assessment.
- Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.
- List of clinical nutrition, community nutrition and food service management areas for student placement
- List of teaching Hospital and/ other affiliated institutions (e.g Community Health Center, Food Service Institution, Sport Center, etc)
- Minutes of the curriculum committee's meeting on educational methods

Criteria 3. Assessment

The school and study program has

a) Policy that describes its assessment practices.

b) It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.

c) The policy is shared with all stakeholders.

3.1 Assessment Policy and System:

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to the acquisition of the knowledge, clinical nutrition, community nutrition and food service management areas, and behaviours needed to be a dietitian. The policy and the system should be responsive to the mission of the study program, its specified educational outcomes, the resources available, and the context.

Key questions:	Criteria for Compliance
3.1.1 Which assessments does the study program use for each of the specified educational outcomes?	3.1.1.1 Can you explain which assessment method you apply for each of the specified educational outcomes? 3.1.1.2 How do you ensure that these assessment methods meet the validity, reliability, and educational impact criteria?
3.1.2 How are decisions made about the number of assessments and their timing?	3.1.2.1 How do you decide the number of assessments and the timing to ensure the achievement of graduate educational outcomes as well as the course learning outcomes? 3.1.2.2 How do you decide which assessments are formative or summative? 3.1.2.3 Who takes the decision about the number of assessments and their timing? 3.1.2.4 How do you ensure that staff and students are well informed?

3.1.3 How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?	3.1.3.1 How are the integration and coordination of assessments across the educational outcomes and the curriculum? 3.1.3.2 How do you develop the assessment blueprint at the program level and how do you evaluate it? 3.1.3.3 How do you develop assessment blueprints across levels and how do you evaluate them?

3.2 Assessment in Support of Learning:

a) The school and study program has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.
b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical nutrition, community nutrition and food service management placements for the purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

Key questions:	**Criteria for Compliance**
3.2.1 How are students assessed to support their learning?	3.2.1.1 How do you give feedback to students based on the result of the assessments across the curriculum?
3.2.2 How are students assessed to determine those who need additional help?	3.2.2.2 How do you decide which students need additional help based on their assessment across the curriculum?
3.2.3 What systems of support are offered to those students with identified needs?	3.2.3.1 How do you support the students with the identified needs?

3.3 Assessment in Support of Decision-Making:
a) The school and study program has in place a system of assessment that informs decisions on progression and graduation.
b) These summative assessments are appropriate for measuring course outcomes.
c) Assessments are well-designed, producing reliable and valid scores

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of clients. These assessments must be fair to students and, as a

group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

Key questions:		Criteria for Compliance	
3.3.1	How are blueprints (plans for content) developed for examinations?	3.3.1.1	Can you explain how you develop the blueprint for examinations?
		3.3.1.2	Who develops the blueprint for examinations?
3.3.2	How are standards (pass marks) set on summative assessments?	3.3.2.1	How do you apply the standard setting procedures to establish passing mark summative assessments?
		3.3.2.2	Can you explain how you make decisions on progression and graduation in all educational levels across all expected learning outcomes?
		3.3.2.3	Who makes decisions on progression and graduation in all educational levels across all expected learning outcomes?
3.3.3	What appeal mechanisms regarding assessment results are in place for students?	3.3.3.1	What is the policy/system regarding the appeal mechanism for the assessment results?
		3.3.3.2	How do you ensure that the students are well informed about the appeal mechanisms?
		3.3.3.3	Who is involved in implementing these appeal mechanisms?
		3.3.3.4	What happens if there are disputes between the students and the study program?
3.3.4	What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?	3.3.4.1	How do you ensure the validity and reliability of the assessment program?
		3.3.4.2	How do you communicate your content, style, and quality of assessments to your student and other stakeholders?
3.3.5	How are assessments used to guide and determine student progression between successive stages of the course?	3.3.5.1	How do you decide student progression between successive stages of the course?
		3.3.5.2	How do you use assessment results to guide and determine student progression across the program?
		3.3.5.3	How do you provide feedback to students regarding their progression across the program?

3.4 Assessment Plan for learning outcomes:

a) The school and study program has mechanisms in place to ensure the quality of its assessments.

b) Assessment data are used to improve the performance of Faculty members, courses, and the institution

It is important for the school and study program to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course, and the institution.

Key questions:	**Criteria for Compliance**
3.4.1 Who is responsible for planning and implementing a quality assurance system for Formative and Summative assessments?	3.4.1.1 How do you plan and implement the quality assurance system for your Formative and Summative assessments system? 3.4.1.2 Who is involved in the planning and implementation of quality insurance system for your Formative and Summative assessments?
3.4.2 What methods are used for Documentation Assessment Process and Result?	3.4.2.1 How was the assessment Process and result documented and shared with students and relevant stakeholders? 3.4.2.2 Is information on assessment results readily accessible to students and relevant stakeholders?
3.4.3 How are assessment results used for curriculum improvement?	3.4.3.1 How are the assessment results utilized as feedback for learning methods and curriculum improvement?
3.5.1 Authorities responsible for planning and implementation of quality control system?	3.5.1.1 Who is responsible to monitor, evaluate and provide feedback on assessment results?
3.5.2 What quality assurance steps are planned and implemented?	3.5.2.1 Can you explain how the quality assurance steps are planned and implemented?
3.5.3 How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	3.5.3.1 How do you collect comments and experiences about your assessment system from students, teachers, and other stakeholders? 3.5.3.2 How do you ensure that those comments and experiences are trustworthy?

Key questions:	Criteria for Compliance
3.5.4 How are individual assessments analyzed to ensure their quality?	3.5.4.1 Can you explain the procedure for the analysis of individual assessments to ensure their quality? 3.5.4.2 Who is involved in developing and implementing these procedures?
3.5.5 How is data from assessments used to evaluate teaching and the curriculum in practice?	3.5.5.1 How do you use assessment results to evaluate the teaching and the curriculum in practice? 3.5.5.2 Who is involved in this process?
3.5.6 How is the assessment system and individual assessments regularly reviewed and revised?	3.5.6.1 Can you explain the procedure for regularly reviewing and revising your assessment system in individual assessment?

Supporting document:

- Standard operational procedure for assessment
- Student's logbook, document of revision on teaching strategies: assessment as student's (evaluation and monitoring student's progress) and teacher's feedback (teacher's teaching strategies)
- Procedures for remediation and counselling
- Support system algorithm
- Assessment blueprint
- Procedure of appeal mechanism
- Document of Quality Assurance system: planning and implementation
- Policy and procedures for workplace-based assessment

Criteria 4. Students

4.1 Selection and Admission Policy:

The Nutrition and Dietetics program has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally. Where the school and study program set aspects of its own selection and admission policy and process, and clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context. The following admissions issues are important in developing the policy: the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately; equality and diversity issues; policies for re-application, deferred entry, and transfer from other schools or courses.

Consider the following issues for the selection process: requirements for selection, stages in the process of selection; mechanisms for making offers; mechanisms for making and accepting complaints.

Key questions:		Criteria for Compliance	
4.1.1	How is alignment determined between the selection and admission policy and the mission of the school?	4.1.1.1	How do you align your selection and admission policy to the mission of your school?
		4.1.1.2	Who is involved in developing the selection and admission policy?
		4.1.1.3	How do you ensure that the implementation of the selection and admission policy is free from direct intervention from unauthorized parties?
4.1.2	How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	4.1.2.1	How do you ensure that selection and admission policy is in line with regulatory body or government requirements?
		4.1.2.2	What happens if they do not fit the regulatory or government requirements?
4.1.3	How is the selection and admission policy tailored to the school?	4.1.3.1	Can you explain how the selection and admission policies are tailored to the school?
4.1.4	How is the selection and admission policy tailored to local and national workforce requirements?	4.1.4.1	How are the selection and admission policies tailored to local and national workforce requirements?
		4.1.4.2	Who is involved in this process?
4.1.5	How is the selection and admission policy designed to be fair and equitable, within the local context?	4.1.5.1	What are the procedures to design the selection and admission policy to be fair and equitable, within the local context?
		4.1.5.2	How are students from economically and socially disadvantaged backgrounds selected?
4.1.6	How is the selection and admission policy publicized?	4.1.6.1	How do you disseminate selection and admission policy to internal and external stakeholders?
4.1.7	How is the selection and admission system regularly reviewed and revised?	4.1.7.1	What are the procedures for regularly reviewing and revising the selection and admission system?
		4.1.7.2	Who is involved in these procedures?

4.2 **Student Support and Services**

The Nutrition and Dietetics program provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning. Consider what emergency support services are available in the event of personal trauma or crisis. Specify a process to identify students in need of academic or personal counselling and support. Consider how such services will be publicized, offered, and accessed in a confidential manner. Consider how to develop support services in consultation with students' representatives.

Key Questions:	Criteria for Compliance
4.2.1 In what ways are the academic and personal support and counselling services consistent with the needs of students?	4.2.1.1 Does the school and study program provide an appropriate package of support that meets the academic and pastoral needs of students (such as academic and career advisor, financial assistance/education financial management counseling, health and disability insurance, counseling/personal welfare program, student access to health care services, a student interest, and talent development, etc)? 4.2.1.2 Do the services always available for all students?
4.2.2 How are these services recommended and communicated to students and staff?	4.2.2.1 How is information on services made available to staff and students? 4.2.2.2 How do you ensure that students and staff are aware of the availability of these student support services?
4.2.3 How do student organizations collaborate with the Nutrition and Dietetics program management to develop and implement these services?	4.2.3.1 How do you ensure that students and management of student organizations are involved in developing and implementing these services?
4.2.4 How appropriate are these services both procedurally and culturally?	4.2.4.1 How do you ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture? 4.2.4.2 Who is involved in the provision of student services that are culturally sensitive?

Key Questions:	Criteria for Compliance
4.2.5 How is the feasibility of the services judged, in terms of human, financial, and physical resources?	4.2.5.1 How do you ensure that these services are feasible in terms of human, financial, and physical resources?
4.2.6 How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	4.2.6.1 What are the procedures to evaluate the effectiveness of these services through a range of methods, e.g., surveys, complaints, and representative groups? 4.2.1.1 How are changes accommodated where appropriate?
4.2.7 How was graduate satisfaction assessed?	4.2.7.1 What is the process of graduate satisfaction assessment? 4.2.7.2 How are the results used for study program learning methods and curriculum improvement?

Supporting documents:

- Regulation on selection and admission policy of the school: alignment with mission and accreditation/requirements, publicity, review, and revise.
- Policy, regulation, and procedures on student support.
- Policy, regulation, and procedures on student counselling.
- Support staff, facilities and financial provision for student support system.
- Monitoring and evaluation of selection and admission policy.
- Monitoring and evaluation of student support system implementation.

Criteria 5. Faculty members, preceptors and supporting staff.

5.1 Faculty members, preceptors and supporting staff Establishment Policy

The school and study program has the number and range of qualified Faculty members and preceptors required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Determining Faculty members, preceptors and supporting staff establishment policy involves considering: the number, level, and qualifications of Faculty members and preceptors required to deliver the planned curriculum to the intended number of students; the distribution of Faculty members, preceptors and supporting staff by grade and experience.

Key questions:	Criteria for Compliance
5.1.1 How did the school and study program arrive at the required number and characteristics of their faculty members, preceptors and supporting staff?	5.1.1.1 How do you calculate the required number and characteristics of your faculty members, preceptors and supporting staff? 5.1.1.2 What are your considerations in deciding the number and characteristics of your faculty

Key questions:	Criteria for Compliance
	members, preceptors and supporting staff? 5.1.1.3 How do you monitor and review the workload of your faculty members, preceptors and supporting staff?
5.1.2 How do the number and characteristics of the faculty members, preceptors and supporting staff align with the design, delivery, and quality assurance of the curriculum?	5.1.2.1 How do you ensure there is an alignment between the number and characteristics of your faculty members, preceptors and supporting staff with the design, delivery and quality assurance of the curriculum? 5.1.2.2 How do you do human resource planning to ensure staffing adequacy with the development of your school and study program?

5.2 Faculty Members, Preceptors and Supporting Staff Performance and Conduct

Key questions:	Criteria for Compliance
5.2.1 What induction training does the school provide for Faculty members, preceptors and supporting staff?	5.2.1.1 How do you conduct the orientation training for your new Faculty members, preceptors and supporting staff? 5.2.1.2 How does the school and study program arrange orientation programs for Faculty members, preceptors and supporting staff? 5.2.1.3 What are the contents of the orientation programs? 5.2.1.4 Does the training and development plan reflect the university and study program's mission and objectives? 5.2.1.5 How does the school and study program evaluate and review its training programs?
5.2.2 Who is responsible for Faculty members, preceptors and supporting staff performance and conduct? How are these responsibilities carried out?	5.2.2.1 What are the procedures for Faculty members, preceptors and supporting staff performance appraisal? 5.2.2.2 Who are responsible to carry out these procedures? 5.2.2.3 What are the policies and procedures for monitoring and reviewing the Faculty members, preceptors and supporting staff performance and conduct? 5.2.2.4 What are the policies and procedures for retention, promotion, granting rewards, retraction,

Key questions:	Criteria for Compliance
	demotion and dismissal for the staff? 5.2.2.5 Are the policies and procedures clearly understood?
5.2.3 What are the policies for Monitoring, Evaluation, Feedback and Follow up for Faculty members, preceptors and supporting staff and conduct?	5.2.3.1 How could the staff get regular and sufficient information related to their responsibilities, benefits and remuneration? 5.2.3.2 What are the policies and procedures for feedback provision to the Faculty members, preceptors and supporting staff performance and progress toward retaining, promotion, granting rewards and tenure?
5.2.4 What information does the school and study program give to new and existing Faculty members, preceptors and supporting staff on its facilitation or provision of continuing professional development?	5.2.4.1 What is the school and study program plan for the professional development program and career pathway for the faculty members, preceptors and supporting staff? 5.2.4.2 How is the plan socialized to the faculty members, preceptors and supporting staff? 5.2.4.3 What are the considerations for the development program and career pathway? 5.2.4.4 What is the development program for the tenure Faculty members, preceptors and supporting staff? 5.2.4.5 Who is involved in the development program of the junior/new Faculty members, preceptors and supporting staff? 5.2.4.6 How does the school and study program review and evaluate the program? 5.2.4.7 What are the considered aspects of the development program? 5.2.4.8 How does the school and study program support and accommodate the professional development of the faculty members, preceptors and supporting staff?

5.3 Continuing Professional Development for Faculty members, preceptors and supporting staff.

Key questions:		Criteria for Compliance	
5.3.1	What information does the school and study program give to new and existing Faculty members, preceptors and supporting staff on its facilitation or provision of continuing professional development?	5.3.1.1	What is the school and study program plan for the professional development program and career pathway for the faculty members, preceptors and supporting staff?
		5.3.1.2	How is the plan socialized to the faculty members, preceptors and supporting staff?
		5.3.1.3	What are the considerations for the development program and career pathway?
		5.3.1.4	What is the development program for the tenure Faculty members, preceptors and supporting staff?
		5.3.1.5	Who is involved in the development program of the junior/new Faculty members, preceptors and supporting staff?
		5.3.1.6	How does the school and study program review and evaluate the program?
		5.3.1.7	What are the considered aspects of the development program?
		5.3.1.8	How does the school and study program support and accommodate the professional development of the faculty members, preceptors and supporting staff?
5.3.2	How does the school and study program take administrative responsibility for the implementation of the staff's continuing professional development policy?	5.3.2.1	How does the school and study program monitor, evaluate and review the continuing professional development program of the faculty members, preceptors and supporting staff?
		5.3.2.2	How could the school and study program appraise and reward the faculty members, preceptors and supporting staff related to their continuing professional development?
5.3.3	How does the school and study program take administrative responsibility for the implementation of the	5.3.3.1	How does the school and study program monitor, evaluate and review the continuing professional development program of the faculty

Key questions:		Criteria for Compliance	
	staff's continuing professional development policy?		members, preceptors and supporting staff? 5.3.3.2 How could the school and study program appraise and reward the faculty members, preceptors and supporting staff related to their continuing professional development?
5.3.4	What protected funds and time does the school and study program provide to support its faculty members, preceptors and supporting staff in their continuing professional development?	5.3.4.1 5.3.4.2 5.3.4.3	How could the school support its faculty members, preceptors and supporting staff in their continuing professional development? What are the policies for this? How could the faculty members, preceptors and supporting staff understand the policy and procedure clearly?
5.3.5	Research and Community Services Output by Faculty members and preceptors	5.3.5.1 5.3.5.2 5.3.5.3 5.3.5.4 5.3.5.5 5.3.5.6	How could the school fund and support research and community services for Faculty members, preceptors and supporting staff? How are the funding and support accessible by Faculty members, preceptors and supporting staff? How are the research and community services aligned with the study program curriculum? What are the policies for Monitoring, Evaluation, Feedback and Follow up on research and community services? How could the school fund and support the publication of research and community services by Faculty members and preceptors? Are there incentives for publication?

Supporting documents

Manpower plan (CY =current year)

- Minutes of meetings and list of attendance during development of manpower plan
- Mapping of discipline of the curriculum
- Form for monitoring and evaluation of Faculty members, preceptors and supporting staff.
- Performance sampled a filled in form from several Faculty members, preceptors and supporting staff.
- Induction training program report
- Reports of the training programs for new and existing Faculty members, preceptors and supporting staff.
- Summary of the professional development of the faculty members and preceptor

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training

The school and study program has sufficient physical facilities to ensure that the curriculum is delivered adequately.

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and Faculty members and preceptors.

Key Questions	Criteria for Compliance
6.1.1 How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	6.1.1.1 How do you ensure that the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum is adequate – including for people with special needs – including for people with special needs? 6.1.1.2 How do you ensure that the laboratory and equipment are up to date, in good condition, readily available, and effectively deployed? 6.1.1.3 How do you ensure that digital and physical library resources are sufficient, up to date, well-maintained and readily accessible? 6.1.1.4 How do you ensure that the student safety and security systems are in place at all locations?
6.1.2 Is it appropriate or necessary to supplement or replace classroom teaching with distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?	6.1.2.1 How do you decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching? 6.1.2.2 How do you ensure that once you decide to employ distance learning for classroom teaching you are able to offer a commensurate level of education and training?

6.2 Clinical Training Resources

The school and study program have appropriate and sufficient resources to ensure that students receive the required clinical training.

Consider the facilities that are required to provide adequate training in clinical skills, and an appropriate range of experience in clinical practice settings, to fulfil the clinical training requirements of the curriculum.

Key Questions	Criteria for Compliance
6.2.1 What range of opportunities are required and provided for students to learn clinical skills?	6.2.1.1 What opportunities are provided for students to learn clinical skills? 6.2.1.2 How do you ensure that all students have equal access to learning opportunities for clinical skills on campus and outside the campus and teaching hospitals and/or other affiliated institutions (e.g., Community Health Center, Food Service Institution, Sport Center, etc)? 6.2.1.3 How do you ensure that the facilities and infrastructure for learning clinical skills are well maintained and up to date?
6.2.2 What use is made of skills simulated patients/clients, and of actual patients in this regard?	6.2.2.1 How do you utilize skills, simulated patients/clients, and actual patients/clients for learning clinical skills? 6.2.2.2 How do you ensure that the skills, simulated patients/clients and actual patients/clients support the acquisition of students' clinical skills? 6.2.2.3 What clinical skills are learnt using skills, simulated patients/clients and actual patients/clients?
6.2.3 What is the basis of the policy on the use of simulated and actual patients/clients?	6.2.3.1 What policies are used as the basis for the use of simulated and actual patients/clients? 6.2.3.2 How have these policies been developed? 6.2.3.3 Who is involved in the development of these policies?
6.2.4 How does the school and study program ensure that students have adequate access to teaching hospitals and/or other affiliated institutions?	6.2.4.1 What teaching Hospitals and/or other affiliated institutions can be utilized by students for clinical clerkships? 6.2.4.2 How do you ensure that your School and study program has guaranteed and sustained access for these teaching hospitals and/or other affiliated institutions? 6.2.4.3 How do you organize the students' access to the teaching Hospital and/or other affiliated institutions to support the achievement of intended learning outcomes?

Key Questions	Criteria for Compliance
	6.2.4.4 How do you monitor and evaluate these teaching hospitals and/or other affiliated institutions?
6.2.5 What is the basis for the school's mix of community-based and hospital-based training placements?	6.2.5.1 How do you decide the mix of community-based and hospital-based training placements in the school's clinical phase? 6.2.5.2 Who is involved in making this decision?
6.2.6 How does the school and study program engage Preceptor Preceptor in community-based and hospital-based?	6.2.6.1 How do you recruit preceptors in community-based and hospital-based? 6.2.6.2 How do you ensure that preceptors in community-based and hospital-based understand their roles and responsibilities in relation to students learning in practice settings? 6.2.6.3 How do you maintain engagement with Preceptors in community-based and hospital-based?
6.2.7 How does the school and study program ensure consistency of curriculum delivery in community-based and hospital-based?	6.2.7.1 How do you ensure that all preceptors in community-based and hospital-based understand the study program curriculum? 6.2.7.2 How do you organize your curriculum delivery in community-based and hospital-based settings to achieve consistency? 6.2.7.3 How do you ensure that the curriculum delivery in community-based and hospital-based settings is effective?

6.3 Information Resources: The school provides adequate access to virtual and physical information resources to support the school and study program's mission and curriculum.

Consider the school's provision of access to information resources for students and Faculty members and preceptors, including online and physical library resources. Evaluate these facilities in relation to the school study program's mission and curriculum in learning, teaching, and research.

Key Questions	Criteria for Compliance
6.3.1 What information sources and resources are required by students, Faculty members and preceptors?	6.3.1.1 How do you identify the needs for information sources and resources for students, Faculty members and preceptors? 6.3.1.2 How do you ensure that the information sources and resources are up to date and well maintained?
6.3.2 How are these provided?	6.3.2.1 How do you provide information sources and resources required by students, Faculty members and preceptors?
6.3.3 How is their adequacy evaluated?	6.3.3.1 How do you monitor and evaluate information sources and resources that serve the needs of the students, Faculty members and preceptors? 6.3.3.2 How do you improve, update, and renew the information sources and resources?
6.3.4 How does the school ensure that all students and Faculty members and preceptors have access to the needed information?	6.3.4.1 What are the procedures for students and Faculty members and preceptors to get access to the needed information?

Supporting documents

- List of physical infrastructure
- List of other learning supporting systems: Learning Management System, Computer Units, Internet speed
- List of the teaching hospital and/or other affiliated institution List of facilities in the teaching hospital and/or other affiliated institution (discussion rooms, library, etc.)
- List of standardized patients, report of the training of the standardized patients
- List of training and its reports of the faculty members and preceptors
- List of databases of available journals
- Forms for evaluation and feedback from students, Faculty members, preceptors and administration for available information resources
- Facilities to access information resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

7.1 The Quality Assurance System

The school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices. Design and apply a decision-making and change management structure and process, as part of quality assurance. Prepare a written document that sets out the quality assurance system.

Key questions:	Criteria for Compliance
7.1.1 How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?	7.1.1.1 How does the school explain the method used which includes the PDCA cycle? 7.1.1.2 How does the school explain the needs and expectations of interested parties? 7.1.1.3 How does the school explain the scope of the quality management system? 7.1.1.4 How does the school explain that it has established, implemented, maintains, and continuously improves a quality management system, including the necessary processes and their interactions, in accordance with the requirements of the Standard? 7.1.1.5 How does the school describe the processes required for the quality management system and their application throughout the organization? 7.1.1.6 How does the school determine the required inputs and expected outputs from the process? 7.1.1.7 How does the school determine the sequence and interaction of these processes? 7.1.1.8 How does the school determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes?

Key questions:	Criteria for Compliance
	7.1.1.9 How does the school determine the resources required for this process and ensure their availability? 7.1.1.10 How does the school assign responsibilities and authorities for this process? 7.1.1.11 How does the school address risks and opportunities? 7.1.1.12 How does the school evaluate this process and implement any necessary changes to ensure that this process achieves the desired result? 7.1.1.13 How does the school provide information, and publish reports?
7.1.2 How is responsibility for the implementation of the quality assurance system clearly allocated between the administration, Faculty members, and educational support staff?	7.1.2.1 How does top management assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards? 7.1.2.2 How does top management ensure that reporting on the performance of the quality management system and opportunities for improvement for top management have been established? 7.1.2.3 How does top management ensure that the integrity of the quality management system is maintained? When changes occur to the quality management system is planned and implemented? 7.1.2.4 How does top management determine and provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes?
7.1.3 How are resources allocated to quality assurance?	7.1.3.1 How does the school explain the implementation, maintenance and continuous improvement of resources is carried out? 7.1.3.2 How does the school demonstrate that the allocated resources are sufficient?
7.1.4 How has the school involved external stakeholders?	7.1.4.1 How does the school determine the external stakeholders relevant to the quality management system?

Key questions:	Criteria for Compliance
7.1.5 How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?	7.1.5.1 How does the school identifies, review and control changes made during, or after, the design and development of educational programs? 7.1.5.2 How does the school evaluate the performance and effectiveness of the quality management system? 7.1.5.3 How does the school retain appropriate documented information as evidence of results? 7.1.5.4 How does the school identify and selects opportunities for improvement and implement any necessary actions to meet customer needs and increase customer satisfaction?

Supporting Documents

- Organization chart of the internal quality assurance system
- Documents of quality assurance of the Nutrition and Dietetics program and quality standard.
- Reports on the internal quality audit.
- Resources allocated to quality assurance.
- Minutes of meetings and reports of the involvement of the external stakeholders in the quality management system.
- Follow up documents on the quality assurance feedback for continuous quality improvement.

Criteria 8. Governance and Administration

8.1 Governance

The school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the school's mission and functions, and ensures the stability of the institution.

Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines. Ensure that the school has a risk management procedure.

Key questions:	Criteria for Compliance
8.1.1 How and by which bodies are decisions made about the functioning of the institution?	8.1.1.1 Which bodies are responsible for decisions made related to the functioning of the school? 8.1.1.2 How do the school bodies make decisions on the functioning of the school?

Key questions:	Criteria for Compliance
8.1.2 By what processes and committee structures are teaching, learning, and research governed in the institution?	8.1.2.1 How are the teaching-learning, research, and community service activities governed by the school? 8.1.2.2 Which structures are responsible for managing teaching-learning, research, and community service activities?
8.1.3 How is the budget aligned with the mission of the school?	8.1.3.1 Can you explain the alignment between budget allocation with the mission of the school?
8.1.4 What governance arrangements are there to review the performance of the school?	8.1.4.1 Which body is responsible for reviewing the performance of the school?
8.1.5 How are risks identified and mitigated?	8.1.5.1 By what mechanisms does the school identify and mitigate all risks which may occur during teaching-learning, research, community service and budget allocation?

8.2 Student and Faculty members' representation

The school has policies and procedures for involving or consulting students, Faculty members and preceptors in key aspects of the school's management and educational activities and processes.

Consider how students, Faculty members and preceptors might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comments on them. Define mechanisms for arranging students, Faculty members and preceptor involvement in governance and administration, as appropriate.

Key questions:	Criteria for Compliance
8.2.1 To what extent and in what ways are students, Faculty members and preceptors involved in the school's decision-making and functioning?	8.2.1.1 How far are the students, Faculty members and preceptors involved in school decision-making and functioning?
8.2.2 What, if any, social or cultural limitations are there on student involvement in school governance?	8.2.2.1 What are the limitations regarding socio-cultural aspects of student involvement in school governance?

8.3 Administration:

The school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research.

Develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

Key questions:	Criteria for Compliance
8.3.1 How does the administrative structure support the functioning of the institution?	8.3.1.1 How does the school design the administrative structure? 8.3.1.2 What are the roles of the administrative structure in supporting the functioning of the school?
8.3.2 How does the decision-making process support the functioning of the institution?	8.3.1.3 What are the roles of the decision-making process regarding the functioning of the school?
8.3.3 What is the reporting structure for administration in relation to teaching, learning, research, and community service?	8.3.3.1 How does the school design the administrative reporting structure on teaching-learning, research, and community service programs/activities?
8.3.4 How does the administrative structure support the functioning of an institution?	8.3.4.1 What is the role of administrative structure in the school's function?
8.3.5 How does the decision-making process support the functioning of the institution?	8.3.5.1 What is the importance of the decision-making process to the school's function?

Supporting documents may include, but not limited, to the following:

- Organisation chart of the management and administration of the school
- Standard operating procedure for budget allocation
- Report on the school performance review
- Document on risk identification and mitigation
- Reports on students and academic staff in decision making and functioning. Minutes of meeting of the discussion
- Standard operating procedure for decision making process.
- Standard operating procedure for reporting teaching, learning and research.

CHAPTER 2. ACCREDITATION PROCEDURES

Accreditation procedures will be conducted within eight stages starting from eligibility and registration up to certificate issuance as depicted in figure 1.

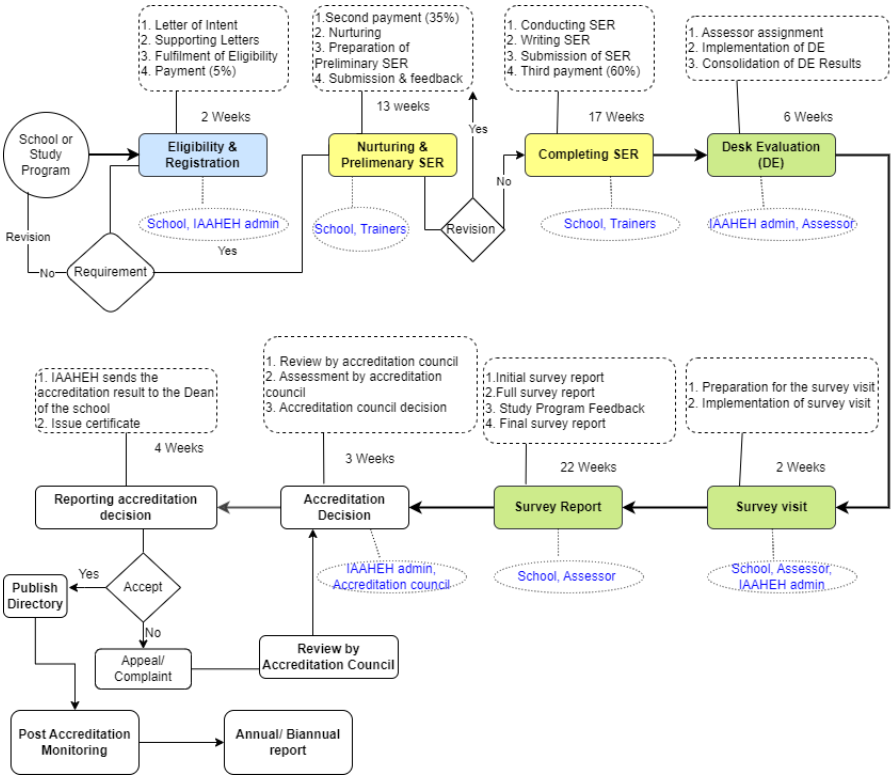

Figure 1. Accreditation Procedures Flowchart

Stage 2.1. Eligibility and Registration

Any new nutrition and dietetics education program seeking IAAHEH accreditation registration must follow a series of steps outlined in the IAAHEH Handbook for nutrition and dietetics schools. Clearly, IAAHEH expects some elements of institutional organization, operation, and resources to be in place before IAAHEH do consider the programs for accreditation registration. These eligibility criteria are described below.

Nutrition and dietetics schools/nutrition and dietetics colleges are encouraged to consult with IAAHEH secretariat to ensure that they meet the eligibility criteria prior to proceeding to the second stage, i.e., registration.

2.1.1 Governance and Organization Structure

A nutrition and dietetics school should have fulfilled at least the following regarding governance structure and institutional setting of the nutrition and dietetics education programs:

a. For nutrition and dietetics schools operating as part of a university, a formal delineation of the relationshipbetween the nutrition and dietetics school and the parent university is provided.
b. For nutrition and dietetics schools operating as stand-alone education institutions, a decree from the relevant authorities of a country should be provided. This decree should mention that the nutrition and dietetics school or nutrition and dietetics college is granted a degree–granting power of nutrition and dietetics degree for their nutrition and dietetics graduates.
c. Definition of the governance structure of the nutrition and dietetics school, including the composition and terms of membership of any governing board, should be provided.
d. Appointment letter for the governance structure (such as board, deaneries, any relevant committees/units/departments as required for the operation of nutrition and dietetics schools/colleges.
e. Appointment letter for the senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, hospital relationships, and administration & finance.
f. Appointment letter for administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for nutrition and dietetics student education, especially inthose disciplines to be taught during the two years of the curriculum.
g. Appointment letter of the major standing committees of the nutrition and dietetics school, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion & tenure.

2.1.2 Educational Program

The educational program is essential for IAAHEH accreditationprocess and standards. Prior to admitting its first class of students, a school is expected to have accomplished at least the following for its educational program:

a. Graduate profiles and competencies.
b. Creation of a working plan for the curriculum as a whole, consistent with the learning outcomes.
c. Detailed layout of the first year of study, including required courses and content, and identification of the resources needed for the delivery of required courses.
d. Specification of the types of teaching and student evaluation methods best suited for the achievement of educational objectives.
e. Design of a system for curriculum management.

Learning objectives should include general objectives for the educational program as a whole and specific learning outcomes at the level of required courses and clerkships, and so need to be specified at the earliest stages of program planning. The structure of the curriculum should be integrated horizontally and vertically to enhance early clinical exposure.

2.1.3 Students

A school has to fulfill the following requirement before requesting consideration for accreditation registration:

a. Clearly defined admissions policies and selection criteria.
b. Sufficient student services at least in the areas of academic counselling, financial aid, health services, and personal counselling.
c. Written standards and procedures for the evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process.

2.1.4 Staff

A school should be able to provide the following requirements regarding faculty when a school applies for accreditation registration:

a. Specific written policies and procedures for faculty appointment, promotion, and tenure.
b. Availability and a sufficient number of faculty in nutrition and dietetics. Sufficient number of other staff as needed for the implementation of institutional plans regarding nutrition and dietetics student selection, and curriculum development and management.

2.1.5 Educational Resources

A school should be able to provide the following requirements regarding budgets, financial resources, and physical facilities when applying for accreditation registration:

a. Supporting financial resources for the first five years of educational programs.
b. Physical facilities for face-to-face education program which include classroom space, discussion room, student lounge, and supporting educational infrastructure for the whole program.
c. Facilities for distributed and distance learning include IT infrastructure, learning management systems, and electronic learning resources.
d. Availability of other resources including library, information technology, student, and staff security services.
e. Availability of academic hospitals and other healthcare facilities as clinical teaching sites, demonstrated by ownership or having access (MOU).

Criteria	Criteria for Eligibility
1. Governance and Organization Structure	
For nutrition and dietetics schools operating as part of a university, a formal delineation of the relationship between the nutrition and dietetics school and the parent university is provided.	1. nutrition and dietetics school is attached to/part of the university. 2. Documentation of the organization structure of the university and the nutrition and dietetics school. 3. Address of main campus office 4. Website
For nutrition and dietetics schools operating as stand-alone education institutions, a decree from the relevant authorities of a country should be provided. This decree should mention that the nutrition and dietetics school or	1. Formal or legal documentation of the organization structure of the nutrition and dietetics school. 2. Legal documentation of nutrition and dietetics degree-granting power. 3. Address of main campus office

Criteria	Criteria for Eligibility
nutrition and dietetics college is granted a degree – granting power of nutrition and dietetics degree for their nutrition and dietetics graduates.	4. Website
Definition of the governance structure of the nutrition and dietetics school, including the composition and terms of membership of any governing board, should be provided.	1. Formal or legal documentation of the organization structure of the nutrition and dietetics school. 2. Composition, term of membership, and function of the governing board.
Appointment letter for the governance structure (such as board, deaneries, any relevant committees/units/departments as required for the operation of nutrition and dietetics schools/colleges.	1. Availability of formal documentation and organization structure of nutrition and dietetics school. 2. The function of governing board, deaneries, and other relevant units/committee/department
Appointment letter for the senior leadership within the dean's staff, particularly in the areas of academic affairs, student affairs, hospital relationships, and administration & finance.	1. Availability of appointment letter for those positions (dean's staff, particularly in the areas of academic affairs, student affairs, hospital relationships, and administration & finance)
Appointment letter for administrative leadership (e.g., department chairs or their equivalent) for academic units that will have major responsibilities for nutrition and dietetics student education, especially in those disciplines to be taught during the two years of the curriculum.	1. Availability of appointment letter for those positions (department chairs or their equivalent)
Appointment letter of the major standing committees of the nutrition and dietetics school, particularly those dealing with the curriculum, student advancement, admissions, and faculty promotion & tenure.	1. Availability of appointment letter for those positions (the curriculum committee, student advancement and admissions committee, and faculty promotion & tenure committee)
2. Educational Program	
Graduate profiles and competencies.	1. Availability of curriculum documents
Creation of a working plan for the curriculum as a whole, consistent with the learning outcomes.	1. Availability of curriculum plan
Detailed layout of the whole program, including required courses and content, and identification of the resources needed for the delivery of required courses.	1. Availability of instructional design book
Specification of the types of teaching and student evaluation methods best suited for the achievement of educational objectives.	1. Availability of curriculum document
Design of a system for curriculum management	1. Availability of instructional design book

Criteria	Criteria for Eligibility
3. Students	
Clearly defined admissions policies and selection criteria	1. Availability of policy of student selection and admission
Sufficient student services at least in the areas of academic counselling, financial aid, health services, and personal counselling.	1. Availability of student support service unit
Written standards and procedures for the evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process.	1. Availability of standard operational procedures on evaluation, advancement, and graduation of students and for disciplinary action, including appeal mechanisms to assure due process
4. Staff	
Specific written policies and procedures for faculty appointment, promotion, and tenure.	1. Availability of policies and procedures for faculty appointment, promotion, and tenure
A sufficient number of faculty in nutrition and dietetics. Sufficient number of other staff as needed for the implementation of institutional plans regarding nutrition and dietetics student selection, and curriculum development and management.	1. Availability of a sufficient number of faculty in nutrition and dietetics
5. Educational Resources	
Supporting financial resources for the first five years of educational programs.	1. Availability of bank guarantee 2. Budget planning
Physical facilities for face-to-face education program which include classroom space, discussion room, student lounge, and supporting educational infrastructure for the whole program.	1. Availability of teaching and learning and clinical practice learning facilities 2. Availability of student support facilities
Facilities for distributed and distance learning include IT infrastructure, learning management systems, and electronic learning resources.	1. Availability of distributed and distance learning facilities, IT infrastructure, learning management system, and electronic learning resources 2. Availability of sufficient faculty/staff to support distributed and distance learning
Other resources include library, information technology, student and staff security services.	1. Availability of library and information technology 2. Availability of student and staff security services
Academic hospitals and other health care facilities as clinical teaching sites, demonstrated by ownership or having access (MOU).	1. Availability of academic hospitals and other health care facilities as clinical teaching sites 2. Availability of ownership or having access (active MOUs)

2.1.6 Registration Accreditation

After obtaining membership, the school needs to submit a request for Accreditation, with the following requirements:

- Related documents to section 2.1.1;
- The accreditation team of the school applies the accreditation online through the website: https://accreditation.iaaheh.org.
- Then, the school representative creates an account by entering the name of the responsible person of the accreditation team, develops a username, an email address of the school and a password.
- Further, please ensure the accreditation team agrees to the privacy policy & terms of conditions.
- Finally, click the "register" and a verified email will be sent to the school email address (registered email).
- Accreditation process will be initiated after signing the contract (Appendix 1)

After the verification process is completed, please open or re-visit the website (https://accreditation.iaaheh.org.) and enter the email address or username and password then click *sign in*. Then, complete the required data and documents in the system. The potential documents need to be ready in PDF, such as:

a. Letter of Intent,
b. Supporting letters from relevant local authorities or government,
c. Expression of interest includes a brief description of the study program,
d. The decree of school establishment from relevant authorities,
e. A statement letter,
f. A signed agreement (appendix 1)
g. A bank transferred proof of payment (5%)

All documents are uploaded through the system, then wait for the checking process from the admin. The information of acceptance or refusal will be notified on the SIMAk-Int system and by email.

The process of registration is demonstrated as follows:

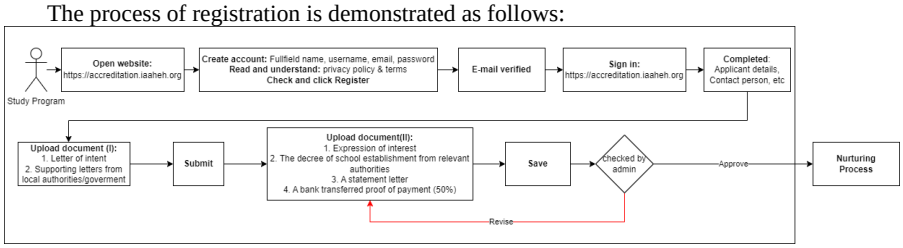

Figure 2 Registration Flowchart

A letter requesting IAAHEH international accreditation is submitted with the following attachments:

a. The Legal Document on the establishment of the school
b. A statement letter, according to the attached format (Appendix 2)

c. A copy of National Accreditation Certificate
d. Appointment from the head of institution to the accreditation committee of the study program
e. Supporting documents regarding eligibility as described above.

2.1.7 Mechanism of Accreditation Payment

Study Program Accreditation Fees

The fees that must be paid to the IAAHEH for the accreditation of one study program, which covers:

a. Nurturing
b. Desk evaluation
c. Survey visit
d. Daily expenses for the assessors
e. Review of the monitoring report

The Cost will not cover:

a. Appeal process
b. Cancellation of survey visit schedule by the school
c. Local transports
d. Round trip tickets (Business class is applied for trips more than 7 (seven) hours)
e. Accommodation
f. Travel Insurance
g. Travel documents (visa, etc)

Stage 2.2 Nurturing and Preliminary Self-Evaluation Report

2.2.1 Nurturing

The school needs to understand the IAAHEH Program Accreditation Handbook for Nutrition and Dietetics Schools before submitting the preliminary self-evaluation report. For this purpose, IAAHEH provides training for the members. IAAHEH will assign two trainers. The content of the training will cover how to understand the IAAHEH Program Accreditation Handbook for Nutrition and Dietetics Schools, to prepare the SER and other required documents (see Appendix 3). The school needs to pay the second term of the accreditation fee prior to the training (35% of the total fee).

2.2.2 Preparation of Preliminary Self-Evaluation Report

The school will prepare a preliminary self-evaluation report according to the provided guidance which needs to be submitted at maximum **eight weeks** after the registration is accepted.

2.2.3 Submission and Feedback of the Preliminary Self-Evaluation Report

The preliminary SER should be sent online to the IAAHEH Secretariat through SIMAk-Int. The assessors will review the preliminary SER and provide online feedback within **two weeks**. The school is then given **four weeks** to revise the SER based on the feedback received. If the assessors think that the Preliminary SER is still insufficient the procedure could not proceed to the next step. The final revision of the preliminary SER is then submitted online to the IAAHEH Secretariat.

Stage 2.3 Completing Self-Evaluation Report (SER)

2.3.1 Conducting Self-Evaluation

Upon receiving approval of the preliminary SER, the school then conducts a full self-evaluation in accordance with the guidelines for self-evaluation. The school is given a duration of **10 (ten) weeks** to complete the self-evaluation.

2.3.2 Writing the Self-Evaluation Report (SER)

After conducting the self-evaluation procedures, the school writes a SER in line with the directions provided in Chapter 3. During the writing of the SER, the IAAHEH assessors may provide online consultation as needed. The school is given the duration of **6 (six) weeks** to complete the report.

2.3.3 Submission of the SER to IAAHEH

The school submits the SER online to the IAAHEH Secretariat along with its supporting documents after obtaining approval from the assessors in **1 (one) week**. The school uploads the SER on the SIMAK-Int (Accreditation management information system) International website: https://accreditation.iaaheh.org

Requirements for the submission of the Self-Evaluation Report are:

a. SER must be submitted and made available in softcopy to the IAAHEH, maximum seventeen weeks after obtaining the preliminary SER approval.
b. The submitted SER will be treated as the "final and official" document and no further changes to the documents are allowed.
c. The school needs to pay the remaining sum of the accreditation fee.

Stage 2.4 Desk Evaluation (DE)

IAAHEH will assign an Assessor Team comprising of 3 (three) persons from different nationalities, and one of them being from other countries. The team consists of a Chair, a secretary, and members. The team comes from Nutrition and Dietetics disciplines with various experiences in managing Nutrition and Dietetics education institutions. Each assessor conducts a desk evaluation independently for **2 (two) weeks** online. After completing the desk evaluation, the Assessors will consolidate the results in **2 (two) weeks**.

Stage 2.5. Survey visit

The Survey visit includes two steps which are the Preparation of the Visit and the survey visit. Preparation of the visit is done for **1 (one) week** (excluding visa application if required), starting from IAAHEH sending notification letters to the school and the name of the assessors, as well as the date of the site visit. The survey visit will last for **4** (**four) working days excluding round-trip travel to the school**. For the preparation of the survey visit, the school may refer to the guidance in Chapter 4.

Commented [IMS2]: Gizi tidak menambahan butir The Survey Visits Procedure di chapter 2 karena sudah ada di chapter 4 dan di keperawatan berulang

Commented [IMS3R2]: Namun setelah di cek pada Dok KD ada beberapa yang harus di sesuaikan terkait template

The survey visit should focus on self-evaluation and management of the study program. Qualitative and quantitative data and information should be provided to prove the effectiveness of the internal quality assurance system.

The institution should issue an invitation letter for the visa application of the international assessor. IAAHEH sends notification letters to the institutions and assessors regarding the date of the survey visit in the scheduled agenda. The survey visits last for 4 days excluding the round-trip travel to the school (typically takes 1-2 days).

During the visit, assessors develop a list of findings related to specific elements. Thereafter, the secretary of the team prepares a narrative report for the Dean based on the findings of all the team members. The early findings are compiled in the form of an initial report subject to additional detail during the writing of the final survey visit report. This report is confidential and should only be accessed by the Dean.

Preparation of Survey Visit Reports

- **Assessor Team Online Meeting**
  The Assessor Team meets online to prepare a draft survey report in one week. Each assessor prepares a report according to their assigned criteria which will be compiled by the secretary of the team and to be sent to the school through https://accreditation.iaaheh.org for input and feedback in four weeks after the assessor meeting.
  The school submitted input and feedback for the draft survey visit report through https://accreditation.iaaheh.org to IAAHEH within two weeks of receiving the draft survey visit report.

  Comments and additional information from the study program will be forwarded to the assessors to be discussed in the second round of the assessor meeting. Adjustments will be made to the draft of the final report if the additional information is considered substantial and significant enough to be included. The Assessor Team of IAAHEH will revise the draft survey visit report based on input and feedback from the school within a maximum of four weeks after receiving the report. The Assessor Team will meet online to consolidate the final survey visit report. Assessors should decide whether each sub-criteria and criteria is full compliance, partial compliance, or noncompliance. The definition is provided in Appendix 4.

  The Secretary uploads the final survey visit report to the https://accreditation.iaaheh.org. The final survey visit report and the list of findings would then be submitted to the accreditation council of IAAHEH for the decision on the study program accreditation status.

- **Submitting the Draft Survey Visit Report to the School**
  IAAHEH sends a draft of the survey visit report to the school for input and feedback.

- **Preparation of Final Survey Visit Report**
  The Assessors revise the report based on input from the institution within a maximum of two weeks. The assessors then upload the survey visit report to the SIMAk-Int of IAAHEH.

- **Consolidated Summary of Compliance with Standard**
  Assessors complete the following table based on the conclusion from the Self-Evaluation Report and the Survey Visit Report.

Stage 2.6 Decision of Accreditation Results (Online)

2.6.1 Review by Accreditation Council on Final Survey Report

Each member of the Accreditation Council reviews the final survey visit report online individually within **two weeks**. The accreditation decision will be made during a plenary meeting of five council members in **one week**. Types of accreditation decisions will be discussed in Chapter 5.1.

2.6.2 Assessment of Accreditation Council on Survey Visit Results

The final report of the result is submitted to the accreditation council to determine the decision on accreditation (Appendix 5).

2.6.3 Accreditation Council Decision

The survey visit report will be reviewed by five accreditation council members. The final decision will be one of the following options:

a. Fully Accredited (granted for 8 years), a written report is required to be submitted biannually.
b. Accredited with monitoring (granted for 5 years), a written report is required to be submitted annually.
c. Not Accredited (Re-accreditation is granted after improvements are made with a minimum waiting period of one year)

2.6.3.1 Evaluation and Approval of Survey Visit Report

a. The assessors submitted the survey visit report to the IAAHEH.
b. The Accreditation Council performs an evaluation of all submitted documents to determine the accreditation status during the scheduled Council Meeting.
c. The Chairman of IAAHEH publishes the accreditation certificate.
d. IAAHEH reports the accreditation result to the institution.

2.6.3.2 Accreditation Status Decision Making Process

a. The Assessors' Report is submitted by IAAHEH to the Accreditation Council within two weeks before the Council Meeting.
b. The status is determined by the Accreditation Council during the meeting scheduled.
c. The Council Meeting is attended by all members.
d. Each member of the Accreditation Council conducts a review.
e. Each member of the Accreditation Council should provide their comments and insight into the presented case by each criterion taken into consideration.
f. The Accreditation Council may invite the assessors if there are any significant changes relating to the accreditation results.
g. The accreditation council declares the decision in a consensus.

2.6.3.3 Categories of the Accreditation Status by the Accreditation Council

There are three possible results of the accreditation process:

a. **Fully accredited (8 years)**
The school will be considered fully accredited for 8 years if it has met all the elements of eight criteria as written in Chapter 1.

b. **Accredited with monitoring (5 years)**
The school will be considered accredited with monitoring for 5 years if most of the elements of criteria curriculum, assessment, academic staff, resources, and governance have been met.
If within 3 years of monitoring, the school has resolved all the substantial issues and concerns related to the majority element of criteria vision and mission, student, and quality assurance, the school will be granted full accredited status for the remaining 8 years.
If within 3 years of monitoring, the school is unable to resolve substantial issues related to the majority element of criteria vision and mission, student, and quality assurance, a monitoring visit will be conducted after 3 years, and the school will be responsible for the expenditure of the monitoring visit.

c. **Not accredited**
IAAHEH determines that there are substantial issues related to the criteria curriculum, assessment, academic staff, resources, and governance that cannot be resolved within a relatively limited period or that a program whose accreditation has failed to remedy the problems that have been identified during monitoring. The school may submit a progress report after one year. Based on this report IAAHEH will recommend that the school can re-submit the application in the following year or within 2 years the school may directly re-submit the application for accreditation.

2.6.4 Certificate of Accreditation and Internationally Published Directory

IAAHEH sends the accreditation result to the Dean of the school within **two weeks**. The accreditation result includes accreditation certificate with the IAAHEH decision on the accreditation status, areas of strengths, recommendations for improvement in relevant criteria, and areas of concern if any. Once the Certificate of accreditation is accepted by the Dean, the Nutrition and Dietetics Study Program's profile will be included in the International Published Directory of IAAHEH Recognized Nutrition and Dietetics Study Program within two weeks.

2.6.5 Post Accreditation Monitoring

All accredited study programs must submit an annual report (Appendix 6).

2.6.6 Reporting of Accreditation Decision

Within 30 calendar days of any final council decision on survey visit reports, IAAHEH sends a notification letter to the president or equivalent chief executive of the institution informing that the accreditation certificate can be downloaded in SIMAk-Int. IAAHEH will also send an accreditation report to the school, including the school's performance

in accreditation elements, its decision regarding the school's compliance with accreditation standards, and a description of any required follow-up.

If a school makes public disclosure of its accreditation status, the school must disclose that status accurately. Any incorrect or misleading statements made by a program about IAAHEH accreditation actions or the program's accreditation status must immediately be corrected or clarified by an official notification announcement. Failure to make timely corrections and clarifications may result in reconsideration of the school's accreditation status. The information to the public must also include contact information for the IAAHEH so that the information can be verified. Such contact information could include the URL of the IAAHEH website or the names, email or surface mail addresses, and telephone numbers of the IAAHEH.

Stage 2.7 Submission and Process of Appeal

The Program may appeal the accreditation decision within one month after receiving the accreditation result. The program must fill in the form requesting an appeal at the https://accreditation.iaaheh.org as detailed in (Appendix 7).

a) Institutions may appeal the accreditation decision within 1 month after receiving the initial decision online. The institution must fill in the form requesting for appeal as detailed in the guidelines, attached with supporting evidence or relevant documents. The form and supporting documents are submitted to the IAAHEH.
b) IAAHEH will send the appeal request form and document to the assessor team for re-evaluation within 2 weeks of receiving the appeal request.
c) The Accreditation Council will hold a meeting and decide upon the results of the re-evaluation conducted by the assessor team, for a maximum of 1 week. The decision of the Accreditation Council will be sent to the Chairman of IAAHEH through SIMAk-Int.

IAAHEH will adjust the final certificate of accreditation.

The procedure to appeal submission and process can be seen in Appendix 7.

Stage 2.8 Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality

If a written complaint is submitted by students, alumni, users, or the public which is related to the result of accreditation findings on program quality, IAAHEH will conduct a review and related action if needed (Appendix 8).

CHAPTER 3. GUIDANCE FOR SELF-EVALUATION REPORT

This chapter describes how to conduct self-evaluation, write a self-evaluation report, and identify supporting documents. The school needs to read them thoroughly to produce a readable Self-Evaluation report and a well-prepared site visit.

3.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine the status of the Nutrition and Dietetics Study Program in complying with the IAAHEH standard on the quality of education of a Nutrition and Dietetics Study Program. The process of evaluation includes studying a written self-evaluation report of the school.

To conduct an objective and accurate self-evaluation, a series of activities need to be carried out by the program and coordinated by the accreditation team. The program will obtain data and information that will be used as tools to evaluate themself. All findings will be written as a SER.

SER needs to represent the real condition of the program, specifically in the education process and to what extent the program may maintain compliance with the IAHEH standards. Therefore, a series of steps need to be conducted by the program and lead by the accreditation team of the program.

The following steps are carried out by the team, as follows:

- To identify the people whom, they need to communicate with in exploring the information.
- To collect all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students (including recent tables), faculty members and their academic performance and the future expectation related to the vision achievement.
- To study the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the program in managing the education process which could be compared with the strategic plans of the program. A series of interventions to manage the issues is identified as well.
- To schedule several meetings with internal and external stakeholders to gain accurate information by exploring their perception of how far they perceive on the quality of education offered by the program.
- To identify and analyze the strengths, weaknesses, opportunities, and threats and how the team uses these data in developing a plan toward a better-perceived quality of education. A process of planning/determining, implementing, evaluating, controlling and improvement of the education program needs to be reflected in the process of self-evaluation activities and be presented as a SER.

3.2. Guidance of Writing a Self-Evaluation Report (SER) (Preliminary and Final)

Following the activities of self-evaluation, a written report needs to be designed by the accreditation team of the program. There are two steps to writing a SER namely: Writing a preliminary SER and a final SER. The preliminary SER is a FIRST DRAFT of the final SER. The report is subject to change based on the feedback of the trainers. The structure and content are the same as the final SER (*refer to information below as follows*).

3.2.1 Introduction

Self-evaluation is the process of an organization collecting comprehensive data about its own activities and achievements without any external assistance or pressure. Self-evaluation is undertaken within the given time limits and for a specific purpose. Self-evaluation is a thoughtful analysis of all components of the study program, compared against agreed and accepted standards. The analysis should draw on the expertise of the program and its local environment. It represents the opportunity to appreciate the strengths of the program and to identify areas for improvement. This needs to be a formal part of quality assurance that provides the opportunity to record and document changes and improvements in a program.

The purpose of self-evaluation is to elicit the school's description and analysis of itself, and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognized as an important planning instrument to enable the program to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its program.

An effective self-evaluation is time-consuming as it requires effort and time. However, the gains from a good self-evaluation are invaluable. It gives information and facts about the quality assurance system and provides a platform for stakeholders to discuss issues on the quality of education.

There are very many reasons for undertaking a self-evaluation as follows (Banda, et al., 2016):

a. For improvement:

- Identifies and specifies problems.
- Identifies and specifies possible causes and means to change.
- Identifies avenues for change and improvement.
- Providing information that may not normally be evident (such as localized innovative practices in teaching and learning)

b. For accountability:

- If there are external standards set by accreditation bodies, you may want to know how well you are achieving them.
- Or a self-evaluation might be part of the entire review process and required by the external body. In this case, though, you should aim to understand, evaluate, and improve, not simply describe and defend.
- To find solutions to a known problem:
  Where problems have been highlighted or indicated, a self-evaluation can address these and help you to understand the context – for example, students might not be achieving their course objectives as well as expected, or teachers might have raised concerns about their programs.
- Verifying those processes are in place, and whether these are operating effectively
- Providing evidence of quality processes in place

- Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.

c. *As part of the program's managerial process*:

- Self-evaluation allows you to look at your educational program and services.
    - You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your program.
- Self-evaluation allows evidence-based educational planning and management.
    - You will experience the greatest benefit if the self-evaluation process becomes part of the program's regular planning cycle.
- Determining whether existing policies and procedures are effective in meeting program goals and identifying any gaps.
- Enhancing understanding (across staff, student, and/or other stakeholders) of organizational processes and outcomes
- Disclosing weaknesses and forcing confrontation
- Promoting honest communication
- Encouraging benchmarking, internally and/or externally
- Identifying activities that are misaligned with organizational goals/objectives.
- Promoting an evidence-based culture

Two principles that relate to the assessment process are:

- Independence as the basis for the impartiality and objectivity of the assessment conclusions.
- Evidence as the rational basis for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Evidence is based on records and statements of fact or information which are relevant to the assessment criteria and are verifiable.

Adherence to these fundamental principles is a prerequisite for providing a reliable and relevant assessment process and outcome. The following considerations should be made before carrying out a self-assessment:

- Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the program.
- Gaining management support to carry out a self- assessment is not enough. The whole organization must prepare itself for the self-assessment. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the program. Staff members should be made responsible for the quality and all staff should be involved in the self-assessment.
- Writing a critical self-evaluation of the quality assurance system demands good organization and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the program including key management staff, faculty, and support staff; have access to obtain the required information at all levels; and have the authority to make appointments with stakeholders.
- It is desirable to install a working group in charge of the self-assessment. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-assessment, gathering and analyzing data and drawing conclusions.

- As it is assumed that the self-assessment is supported by the program, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organize a workshop or seminar to discuss or communicate the SAR.

3.2.2 Conducting Self-Evaluation

The period to write a draft is four weeks. The accreditation team of the school needs to revise the draft of SER according to the input and feedback from the trainers.

Figure 3 illustrates the approach for preparing a self-assessment which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

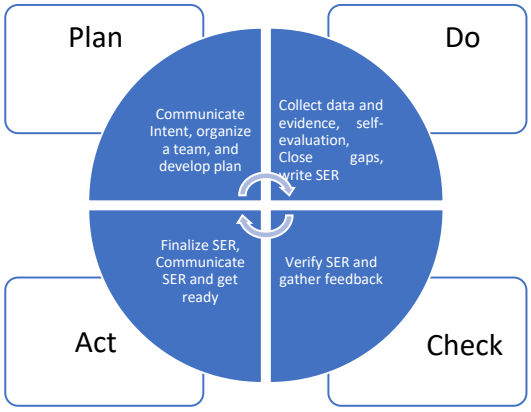

Figure 3. Plan-Do-Check-Act (PDCA) cycle of improvement.

a. Plan

The "Plan" phase starts with the communication of intent for quality assessment. Appoint a group responsible for writing the SER. The group should consist of key people representing various units and led by someone appointed by the faculty or university. This group should have financial, and staff support from the program management. The group could then be divided into subgroups in which each subgroup is assigned to address one or several standards. As part of the change management process, early engagement with stakeholders is crucial to get their buy-in and commitment before the start of the project. A clear timetable should be set up to develop the SER. Each member in the group should be made responsible for collecting and analyzing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 4 is an example of a timetable that could be developed.

In summary, the following are steps that need to be taken during the planning stage, namely (1) to appoint a group/committee with representation of relevant stakeholders, (2) to ensure sufficient financial support, (3) to ensure staffing support, (4) to clarify the task, including the standards to be addressed, (5) to plan timetable (Banda, 2016).

IAAHEH provides training and assistance in conducting SER during the application phase.

b. Do

The "Do" phase involves identifying the gaps in meeting the accreditation criteria. Data collection is a critical step in this phase as it helps to quantify the existing quality assurance practices as well as to identify what the program needs to do to meet the accreditation criteria. Solutions to close the gaps should be implemented before proceeding to write and review the SER. In the process of conducting its self-study, a Nutrition and Dietetics Study Program brings together representatives of the administration, faculty, student body, and other constituencies to:

1. collect and review data about the Nutrition and Dietetics Study Program and its academic activities,
2. identify evidence that supports the achievement of accreditation standards
3. identify gaps between the existing conditions and the accreditation standards
4. define strategies to ensure that the gaps are closed, and any problems are addressed effectively.

As data collection is an important step, it is crucial that data collection is done according to sound methodology. Wherever possible, it is suggested to use the existing data. The same set of data could be used for more than one standard. In case new data is required, data collection methods should be designed that can demonstrate achievement of the accreditation standards.

There might be some barriers during the data collection, such as lack of access to the required documentation, low response rates, scattered information, missing information, or limited access to data. These barriers need to be overcome. All data that has been collected needs to be analyzed and presented in simple and understandable formats to answer each key points. Table, charts, graphs, narratives might be used.

Once the data collection is completed, the writing of the SER could be started. Each key point in the Accreditation Standards needs to be answered according to the existing conditions and supported with evidence. Preliminary SER should than be sent to the trainers whom have trained the program staff.

c. Check

To prepare a creditable and objective report, the assessment team must verify the evidence gathered. The "Check" phase involves verifying the SER as well as the quality assurance practices and giving feedback to improve them. An independent team should be appointed to assess the SER and the existing quality assurance practices against the accreditation criteria. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made.

d. Act

The "Act" phase involves implementing the recommendations raised in the "Check" phase. The accreditation team of the school needs to revise the draft of SER according to the input and feedback from the trainers. The SER is finalized before communicating it to relevant stakeholders and getting ready for the external assessment. The accreditation team of the school prepares to conduct Self-Evaluation Activities to improve and make the report more complete to be a final SER.

Details of each step are explained in the following matrix:

	Activity/Month	1	2	3	4	5	6	7	8	9	10	11	12	Deadline	Assigned to	Status
PLAN	Communicate Intent															
	Organizing Team															
	Development Plan															
	Understanding Criteria and Process															
DO	Self-assessment															
	Collect Data & Evidence															
	Close Gaps															
	Write SER															
	Review SER															
CHECK	Verify SER															
	Gather Feedback															
ACT	Improve QA															
	Finalize SER															
	Communicate SER															
	Get Ready															
Change Management																

Figure.4 Example of a timetable to develop the SER

3.3 Structure and Format of Self-Evaluation Report

An executive summary is required to provide an overall picture of the program, follows by a glossary to clarify the specific terminologies. A brief description of the study program is written at the beginning of a SER. Further, the SER is developed through a specific design consisting of the structure of the SER, the used format, the dissemination of SER to stakeholders and content, as described below.

a. Structure

In writing the SER, each key point in the Accreditation Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred to, attached, and linked in the designated cloud location.

The Structure of Self-Evaluation Report:

Executive Summary
Glossary

Chapter I Nutrition and Dietetics Program Context

Chapter II Self-Evaluation

1.1. The Need for Self-Evaluation
1.2. The Team
1.3. The Process of Self-Evaluation (who is involved and how)
1.4. Methods (sample, data collection and analysis)

Chapter III Accreditation Standards

1.1 Mission and Value
1.1.1 The Relationship between study program and school's mission statement
1.1.2 Involvement of relevant Stakeholders in its development
1.1.3 The roles of the study program in the community
1.1.4 Mission and value guides governance and quality assurance in the school
1.1.5 Mission and value meet the rules and regulations of relevant accrediting agency and governmental requirements
1.1.6 Dissemination and publication of mission and value

2.1 Curriculum Outcomes
2.1.1 Design and development of the curriculum outcome
2.1.2 Involvement of stakeholders in the curriculum development
2.1.3 Relationship between outcome and career roles in the community
2.1.4 Suitability of curriculum outcomes to the school's social context

2.2 Curriculum Organization and Structure
2.2.1 The principles of curriculum design
2.2.2 Interrelationship between components of the curriculum
2.2.3 Curriculum organization and fulfillment of the local regulatory standards
2.2.4 Curriculum design reflects the school's mission and value

2.3 Curriculum Content
2.3.1 Authorities who approve the curriculum content
2.3.2 Curriculum development process
2.3.3 Elements of clinical nutrition and dietetics, public health nutrition and food service management in the curriculum, time allocation and its justification
2.3.4 Skills in clinical nutrition and dietetics, public health nutrition and food service management in the curriculum
2.3.5 Clinical placements and practical experience
2.3.6 Application of evidence-based nutrition and dietetics practice
2.3.7 Curriculum review and update process
2.3.8 Integration of research and community service principles in the curriculum

2.3.9 Selection and justification of elective courses

2.4 Learning experiences
2.4.1 Principles of learning methods and experiences
2.4.2 Rationale for the learning methods and experiences and its allocation in the curriculum
2.4.3 Suitability of the learning methods and experiences to the local context, resources, and culture

3.1 Assessment Policy and System
3.1.1 Assessment Methods for each Learning Outcome
3.1.2 Integration and coordination of Assessment across curriculum

3.2 Assessment in Support of Learning
3.2.1 Assessment methods that support the learning experience
3.2.2 Identification process of students with special needs
3.2.3 Support systems available for students with special needs

3.3 Assessment in Support of Decision-Making
3.3.1 Development of examination blueprint
3.3.2 Determination of standard for summative assessment
3.3.3 Appeal mechanism for assessment results
3.3.4 Information and publication of assessment to the relevant stakeholders
3.3.5 Application of assessment results to monitor student progress

3.4 Assessment Plan for learning outcomes.
3.4.1 Formative and Summative Assessments.
3.4.2 Documentation of Assessment Process and Result (Achievement of ELO, Pass rate, drop out rate, Pass Rate in Board Exam)
3.4.3 Monitoring, Evaluation, Feedback and Follow up of Assessments Result for Curriculum Improvement.

3.5 Quality Control of Assessment
3.5.1 Authorities responsible for planning and implementation of quality control system.
3.5.2 Steps of Quality Control planning and implementing
3.5.3 Assessment Feedback from relevant stakeholders
3.5.4 Analysis of individual assessment quality
3.5.5 Implication of assessment results to the curriculum and learning process
3.5.6 Review and update of the assessment system and individual assessments

4.1 Selection and Admission Policy
4.1.1 Selection and admission policy meet the regulatory and (or) government requirements
4.1.2 Selection and admission policies are tailored to the school, local context and national workforce requirements
4.1.3 Publication of selection and admission policy
4.1.4 Review and update of the selection and admission policy

4.2 Student Support and Services

4.2.1 Availability for the students
4.2.2 Information and dissemination to the students
4.2.3 Collaboration with student organizations on the implementation
4.2.4 Regional and Cultural Appropriateness
4.2.5 Feasibility in terms of human, financial, and physical resources
4.2.6 Review of its relevance, accessibility, and confidentiality with relevant stakeholders
4.2.7 Assessment and Graduate Satisfaction

5. Faculty members, preceptors and supporting staff
5.1 Faculty members, preceptors and supporting staff establishment policy
5.1.1 Qualification (credentialed, licensed, and certified) and Number of Faculty members, preceptors and supporting staff.
5.1.2 Recruitment, Placement, Orientation and Training for Faculty members, preceptors and supporting staff.
5.2 Faculty members, preceptors and supporting staff performance and conduct
5.2.1 Assessment Process of Faculty members, preceptors and supporting staff Performance and conduct.
5.2.2 Monitoring, Evaluation, Feedback and Follow up for Faculty members, preceptors and supporting staff performance and conduct.
5.3 Continuing professional development for Faculty members, preceptors and supporting staff
5.3.1 Continuing professional development policy.
5.3.2 Research and Community Services Output by Faculty members, preceptors and supporting staff.

6.1 Physical Facilities for Education and Training
6.1.1 Adequacy of the physical infrastructure for the theoretical and practical learning process.
6.1.2 Availability and effectiveness of distance or distributed learning methods.

6.2 Skill Training Resources
6.2.1 Adequacy of skill training (internship) resources.
6.2.2 Adequacy of laboratory facilities.
6.2.3 Adequacy of hospital-based and community-based training placements
6.2.4 Supervision of Faculty Members and Preceptors
6.2.5 Consistency of curriculum delivery in hospital and community settings

6.3 Information Resources
6.3.1 Adequacy of information sources and resources for students and faculty members.
6.3.2 Accessibility of information sources and resources for students and faculty members.
6.3.3 Evaluation of Adequacy.

7.1 The Quality Assurance System
7.1.1 Purposes and methods of quality assurance publication and dissemination.
7.1.2 Implementation of the quality assurance system allocation between the administration, Faculty members, and educational support staff.
7.1.3 Resources allocation for quality assurance.

7.1.4 Involvement of external stakeholders.
7.1.5 Utilization of Quality Assurance for continuous quality improvement.

8.1 Governance
8.1.1 Authorities responsible for the institution's function and decision-making process
8.1.2 Teaching, learning, research and community service governance in the institution
8.1.3 Budget allocation in line with school's mission and value
8.1.4 Governance arrangements to review the performance of the school
8.1.5 Risks management

8.2 Student and Faculty members representation
8.2.1 Involvement of students and Faculty members in the school function and decision-making process
8.2.2 Social or cultural limitations on student involvement in school governance

8.3 Administration
8.3.1 The role of administrative structure to support the Institution function
8.3.2 The decision-making process supports the functioning of the institution
8.3.3 Reporting structure and process for Administration in relation to teaching, learning, research and community service

Chapter IV Summary of the Overall Results

Chapter V Appendices

In Chapter IV, the study program summarises the overall results for each sub-criteria and determines whether it is compliance, partial compliance and non-compliance, as shown in the table below:

Table 1. Categories of Summary of the Overall Results

Accreditation Standards	Compliance	Partial Compliance	Non-Compliance
1. Stating the mission			
2.1. Intended curriculum outcomes			
2.2. Curriculum organisation and structure			
3. Curriculum content			
.etc.			

b. Format

The SER should be written in size 12 Times New Roman font on A4 paper with single space. The maximum page is 80 pages excluding Executive Summary, Glossary and Appendices.

c. Dissemination

The program needs to identify who will receive the full reports and the executive summary, for both internal and external stakeholders. Many have been involved in completing the Self-Evaluation and would need to be informed of the results. A communication strategy needs to be planned. The main point of this entire process should be to facilitate change where

change is required. Therefore, the last element that must be addressed is the issue of securing the commitment to act on the recommendation of the SER.

Table 2. Description of the Term Self-Evaluation Result

Compliance	Almost all components in each sub-criterion can be fulfilled
Partial Compliance	Some components in each sub-criterion can be fulfilled. But there are components in some sub-criteria that cannot be fulfilled. These unfilled components of sub-criteria are not systemic and will not affect the education process, will not disrupt the achievement of the vision, mission, objectives, and targets of the institutions, and will not hinder the achievement of learning outcomes and competencies.
Non-Compliance	All components in each sub-criterion cannot be fulfilled

d. Content

IAAHEH has developed 8 (eight) criteria consisting of mission and values, curriculum, assessment, student, academic staff, resources, quality assurance, governance and administration as described in Chapter 1.

CHAPTER 4. GUIDANCE FOR SURVEY VISIT

4.1 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interviews and observation of all criteria in the international Standard for Nutrition and Dietetics Study Program based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include buildings, infrastructure, and facilities to deliver the study program. This guidance aims to provide key points for the study program in preparing for the survey visit. It consists of an explanation of the assessors, survey visits, and survey visit reports.

Principles of the survey visit

The survey visit should focus on:

- The continuous quality improvement, such as PDCA (*plan*, *do*, *check*, and *action*).
- Achievements in education, research, and public services, competition, and internationalisation.
- Academic and non-academic achievement, including assessment of input, process, and output.
- Availability of evidence and traceability.
- Management of the study program.
- Effectiveness of internal quality assurance system

4.2 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially the schedule for interviews with faculty, students, and alumni; the progress report session, the closing session, and other activities such as post accreditation meeting with the dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.

- The date of the survey visit is organised by the secretariat of IAAHEH.
- Invitation letter for the Assessor
- Booking accommodation for the Assessor
- Dietary requirements such as vegetarian, halal food, etc.
- Health protocol
- The interviewee cannot be replaced.
- The school provides local transport, and airport transfer.
- The school invites the school board, senate, academic staff, students, alumni, users, supporting staff, and translator.
- The school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- The school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, samples of examinations, practical guidance, clinical rotation/clerkship guidance.
- The school prepares documents related to the internal quality assurance system (school academic policy, academic regulations, other manuals and procedures as required).

- The school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- The school provides a translator if English is not the native language and documents are primarily not in English.
- The school provides a working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

4.3 The survey visit procedure

The activities of the survey visit would include:

- An introductory meeting with the management of the study program and the faculty
- Interview sessions with:
  - Management of the study program
  - Internal quality assurance team
  - Faculty members from various departments (10-12 faculty members)
  - Students represented from each academic year (10-12 students)
  - Supporting staff (8-10 staff, including laboratory technicians/analysts, IT, administration, librarians, etc.)
  - Alumni who graduated in the last 3 years. (8-10 alumni)
  - Employers of the graduates (6-8 employers preferably non-alumni)
  - Management of the teaching hospitals and/ other affiliated institutions (e.g Community Health Center, Food Service Institution, Sports Center, etc)
- Observation and assessment of the teaching and learning processes (in the classroom, practical/ skill laboratory, and the teaching hospitals)
- Visitation and assessment of physical facilities: library, laboratories, simulation centre, teaching hospitals, teaching clinics, and/ other affiliated institutions (e.g Community Health Center, Food Service Institution, Sports Center, etc), student services, and other facilities for students
- Clarification and validation of documents
- Closing meeting with the school management

If needed, an interpreter from a non-related party should be provided to bridge communication between the assessor team and the local staff.

Table 3. The typical schedule for the survey visit

Day -1	:	
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the supporting staff
12.30-13.30	:	Lunch break

13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation center, and other facilities in the study program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors
Day-2	:	
08.30-09.00	:	Introductory meeting with the management of the teaching hospitals
09.00-11.00	:	Visitation to the teaching hospitals
11.00-12.00	:	Interview and discussion with the clinical preceptors of the teaching hospitals
12.00-13.00	:	Lunch break
13.00-14.30	:	Interview and discussion with the students
14.30-16.00	:	Document verification
16.00-17.00	:	Internal discussion of the assessors
Day-3	:	
08.30-09.00	:	Introductory meeting with the management of affiliated institutions (e.g Community Health Center, Food Service Institution, Sports Center, etc)
09.00-11.00	:	Visitation to affiliated institutions.
11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussions with the alumni of the study program
14.30-16.00	:	Discussions with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4	:	
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification

10.30-12.00	:	Clarification and verification with the management of the study program
12.00-13.00	:	Lunch break
13.00-16.00	:	Internal discussion of the survey team to draft the initial report to be presented in the exit meeting
16.00-17.00	:	Closing meeting and discussion

The typical schedule above could be rearranged to suit the situation. However, all the agenda should be conducted.

4.4 Guidance for Introductory Meeting

a. Preparation for the Venue

The program must provide the venue with equipment (LCD, Screen, microphone) that can accommodate all the invitees.

b. Preparation for the invitee

The following are the person or the parties to be invited:

- The Dean
- Vice Dean
- Head of Study Program
- Accreditation Team
- Head of Quality Assurance Unit
- Directors of Teaching Hospitals and/ other affiliated institutions (e.g Community Health Centers, Food Service Institutions, Sports Centers, etc)
- Education Unit
- Research Unit
- Community Service Unit
- Heads of Department
- Heads of Administration
- etc

c. Preparation for the presentation

- The Dean will prepare a presentation on the program's profile and strategic planning and management, also the resources available for the nutrition and dietetics program.
- The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- vice dean for resources to prepare a presentation on the human resources and other physical and non-physical resources required for the nutrition and dietetics program.
- Head of the quality assurance unit to prepare a presentation on internal quality assurance system.
- Vice-dean for academic affairs will prepare presentations on counseling and student support.

It is advised that the presentations will stress the important points and update the information. It is strongly suggested that the presentations will not repeat all the information that is already in the SER. Each person has 15 minutes for presentation.

4.5 Guidance for Interviews

This guidance is intended for assessors and the study program during the visit. The interview session with school management, the accreditation team, faculty members, students, alumni, and users will be held separately for each group. The interview consists of the following:

- Interview with the management of the school about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilized, research rewards and incentives, ethics review board composition and functions.
- The program appoints faculty members that will be interviewed, faculty members represent all relevant departments, as well as representing different academic ranks.
- The school invites support staff representing different functions, such as technicians (Laboratories), librarians, administrative, IT support, and finance.
- The program invites students that will be interviewed, which represent different academic years and achievements, student organizations.
- The program invites alumni, such as fresh graduates and senior alumni.
- The program invites employers of the alumni, representing various kinds of workplaces (such as hospitals, health offices, universities, clinics, other health services, and companies)

4.6 Guidance for Observation

Observation is a way of gathering data by watching behaviour, events, process, activities, and physical settings.

- The program prepares the physical facilities of the university, teaching hospital, and other affiliated institutions to be visited by assessors.
- The physical facilities of the university that will be visited may include an office, bio-medical, laboratories, classroom, skill labs, library, Information and Technology (IT), small room for discussion, student lounge, and student lockers.
- The visit to Teaching Hospital and/or other affiliated institutions (e.g., Community Health Center, Food Service Institution, Sports Center, etc).
- Physical facilities for student support, such as clinics, sports facilities, and dormitory.
- Observation of some activities, such as teaching and learning, small group discussion, and laboratory activities.

4.7 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display them during the visit of assessors, otherwise, the assessors will not require any additional document. The purposes of the document checking are:

- To verify that the evidence is genuine, valid, and current.
- Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list of thesis advisers/supervisors and number of advisees per adviser/supervisor, performance in the licensure examinations. List of co-curricular activities, and a sample of minutes of curricular review and evaluation.
- Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student researches and publications, research budget and performance report, research contracts with government and private agency and institutions, ethics review board composition and functions
- Tuition fee schedule, admission and retention policies, enrolment figures per program and year level, statistical data on dropouts, graduation/completion rates, scholarships and grants, support and auxiliary services student satisfaction survey visit results, health clearance certificate of canteen personnel, safety and sanitation inspection reports/documents of the canteen/cafeteria, Memorandum of Agreement (MoA) with accredited dormitories, sample minutes of meetings of student services offices, list of graduate student organisations, tracer and employer satisfaction surveys and exit interviews, list of student activities and collaborations.
- Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services and off-campus, monitoring of online campus, the sample of minutes of faculty meetings.
- Library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilization report.
- Organizational chart, the profile of the Board of Trustees and key institutional and program administrators, the latest institutional and program strategic plans and program operational plan, contingency plan or emergency and business continuity plan, audited financial statements for the last three years, graduate school budget, data privacy policy, MoA/MoU with local and/or international academic, professional, research, private and/or government institutions/organisations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- Description of outreach activities/service-learning program, classroom utilisation statistics, list of classrooms and/or special rooms dedicated for graduate school activities, facilities and laboratory maintenance, sanitation and/or inspection schedule and report, documentation of the following (videos and/or photos): faculty room, consultation rooms including those used for counselling, student lounges and student organisation rooms, classrooms and laboratories used by the graduate school, co-curricular, extra-curricular, and community service activities.

4.8 Guidance for Closing Meeting

A closing meeting needs to be prepared by the Study Program to allow the assessor team to present their finding in front of the Study Program. The study program needs to invite relevant invitees specifically their accreditation team. It is usually attended by the management of the Study Program. The Study program also prepares all the needed equipment for the presentation.

The following is the procedure for the Closing Meeting.

- The draft of the summary findings will be given to the study program to be read thoroughly.
- The accreditation team of the study program discusses each sub-criterion.
- The accreditation team will write comments or criticise the findings if there is any irrelevant description of the real condition.
- In the following morning, the study program prepares a representative room for discussion with the assessors, required equipment such as audio-visuals, LCD, white screen, a printer with sufficient ink, etc.
- The study program invites all relevant invitees from the study program, especially the accreditation team.
- The representative of the Study program will open the meeting and ask the team of assessors to lead the meeting.
- The head of the assessor team assigns one of the team members to present the summary of findings.
- Each sub-criteria will be read and discussed.
- All invitees will listen carefully and respond to a relevant sub-criterion.
- The Study program will show related evidence/s to support their assumption on related sub-criteria.
- Each sub-criteria will have a new description based on an agreed statement from the study program.
- The study program representatives will listen to the recommendation for each sub-criteria after being adjusted with the recent changes.
- After discussing all sub-criteria, and both sides agree with the findings, the accreditation team of the Study program will listen to the summary findings, re-describe the commendation and the recommendation accordingly.
- The head of the team concludes the summary findings, re-describe the commendation and the recommendation, then prints a copy of the document to be signed by both representatives of the study program and the assessor team.
- The head of the assessor returns the session to the Study Program.
- The responsible person for the Study Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

CHAPTER 5. POST SURVEY VISIT

5.1 Accreditation Decision

5.1.1 Types of Accreditation Decision

There are three possible results of the accreditation process:

a. Fully accredited (8 years)

The school will be considered fully accredited for 8 years if it has met all the elements of the eight criteria as written in Chapter 2.

b. Accredited with monitoring (5 years)

The school will be considered accredited with monitoring for 5 years if the majority of the elements of criteria curriculum, assessment, Faculty members, resources, and governance have been met. If within 3 years of monitoring, the school has resolved all the substantial issues and concerns related to the majority element of criteria vision and mission, student, and quality assurance, the school will be granted full accredited status for the remaining 8 years.

If within 3 years of monitoring, the school is unable to resolve substantial issues related to the majority element of criteria vision and mission, student, and quality assurance, a monitoring visit will be conducted after 3 years, and the school will be responsible for the expenditure of the monitoring visit.

c. Not accredited

IAAHEH determines that there are substantial issues related to the criteria curriculum, assessment, Faculty members, resources, and governance that cannot be resolved within a relatively limited period or that a program whose accreditation has failed to remedy the problems that have been identified during monitoring. Within 2 years the school may re-submit the application for accreditation.

5.1.2. Reporting of Accreditation Actions

Within 30 calendar days of any final council decision on survey visit reports, IAAHEH sends a notification letter to the president or equivalent chief executive of the institution informing that the accreditation certificate can be downloaded in SIMAk-Int. IAAHEH will also send an accreditation report to the school, including the school's performance in accreditation elements, its decision regarding the school's compliance with accreditation standards, and a description of any required follow-up.

If a school makes public disclosure of its accreditation status, the school must disclose that status accurately. Any incorrect or misleading statements made by a program about IAAHEH accreditation actions or the program's accreditation status must immediately be corrected or clarified by an official notification announcement. Failure to make timely corrections and clarifications may result in reconsideration of the school's accreditation status. The information to the public must also include contact information for the IAAHEH so that the information can be verified. Such contact information could include the URL of the IAAHEH website or the names, email or surface mail addresses, and telephone numbers of the IAAHEH.

5.2. Appeal and Complaint Guidance

5.2.1 Appeal

a. Institutions may appeal the accreditation decision within 1 month after receiving the initial decision online. The institution must fill in the form requesting for appeal as detailed in the guidelines, attached with supporting evidence or relevant documents. The form and supporting documents are submitted to the IAAHEH. IAAHEH will adjust the final certificate of accreditation.
b. IAAHEH will send the appeal request form and document to the assessor team for re-evaluation within 2 weeks of receiving the appeal request.
c. The Accreditation Council will hold a meeting and decide upon the results of the re-evaluation conducted by the assessor team, for a maximum of 1 week. The decision of the Accreditation Council will be sent to the Chairman of IAAHEH through SIMAk-Int.

IAAHEH will adjust the final certificate of accreditation.

The procedure to appeal submission and process can be seen in Appendix 7.

5.2.2 Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality

A complaint is an opinion expressing dissatisfaction perceived by a student or others, including alumni, users, or the public or a formal written statement that is related to the result of accreditation findings on program quality. Complaints may come from any resource. All complaints must be submitted in writing to the IAAHEH, and complainants must sign a form allowing the complaint to be disclosed to the Nutrition and Dietetics program. Anonymous complaints and duplicate complaints by one individual that address the same circumstances will not be considered.

IAAHEH will conduct an initial review of any complaint about program quality to determine whether it represents potential non-compliance with accreditation standards or unsatisfactory performance in accreditation elements. If the review result shows that the complaint potentially presents such evidence, IAAHEH will send a copy of the complaint to the dean of the school and will be given an opportunity to respond.

The points of issue in the complaint and the response from the dean will be reviewed by the Accreditation Council. The Accreditation Council will decide whether the related program will be re-visited or in-eligible to be reviewed. In the case that the program is ineligible to have a re-visit, then the result of the accreditation will not be changed. If the Accreditation Council decides that the study program is eligible for re-visitation, the status of the re-visited program will be decided after the revisitation is conducted.

The procedure of complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments can be read in Appendix 8.

Appendix 1 Contract

INTERNATIONAL ACCREDITATION AGENCY FOR HIGHER EDUCATION IN HEALTH (IAAHEH)
CONTRACT AGREEMENT

This IAAHEH Contract Agreement ("Agreement") is made and entered into by and between the following Parties: IAAHEH and the entity described in the signature section of this Agreement ("Nutrition and Dietetics School or Nutrition and Dietetics Education Program"). IAAHEH and the Nutrition and Dietetics School or Nutrition and Dietetics Education Program are referred to herein as a "Party" or "the Parties".

In consideration of the mutual rights and obligations of the Parties set forth below, the Parties agree as follows:

1. Scope of Agreement

1.1 This Agreement, which is to be executed once, is made for one Nutrition and Dietetics school that submits for Accreditation of the Nutrition and Dietetics School or Nutrition and Dietetics education program.

1.2 Each Nutrition and Dietetics School or Nutrition and Dietetics education program to be accredited shall be as identified in a fully executed accreditation schedule incorporated into this Agreement. Together, this Agreement and the accreditation schedule embody the entire agreement between the Parties relating to the accreditation schedule.

1.3 This Agreement and its Schedules incorporate the applicable Accreditation Procedures, which could be found on the IAAHEH website.

2. Definitions:

Accreditation Agreement	The agreement between the IAAHEH and the nutrition and dietetics school or nutrition and dietetics education program defines the accreditation service to be provided and contains the legal commitment by the nutrition and dietetics school or nutrition and dietetics education program, to the conditions of the Accreditation Standards and Procedures.
Accreditation Logo	The trademarks and tag lines as designated from time to time by The IAAHEH for use in association with Accredited nutrition and dietetics school or nutrition and dietetics Programs.
Accreditation Policy	The IAAHEH Accreditation Policy document relating to the nutrition and dietetics school or nutrition and dietetics study program, as amended from time to time by The IAAHEH and made available on the IAAHEH website.
International Accreditation Published Directory	The official list of all Accredited nutrition and dietetics school or nutrition and dietetics Education Programs, which is maintained by the IAAHEH and made publicly available on the IAAHEH website.
Accreditation Requirements	The criteria that the nutrition and dietetics school or nutrition and dietetics Education Programs must meet in order to be considered conformant. These criteria are documented in IAAHEH Handbook for nutrition and dietetics Schools and made available on the IAAHEH website.

Accreditation Trademark License Agreement (Accreditation TMLA)	The agreement between IAAHEH and The nutrition and dietetics school or nutrition and dietetics Program that contains the legal commitment by the nutrition and dietetics school or nutrition and dietetics Education Program to the terms and conditions for use of the Accreditation Logo relating to the IAAHEH's Accredited nutrition and dietetics school or nutrition and dietetics Education Program.
Accredited Nutrition And Dietetics School	A nutrition and dietetics school or nutrition and dietetics education program, that has successfully completed the accreditation procedures, and which is listed in the Accreditation Directory.
Assessment	A systematic collection, review, and use of information about educational programs undertaken for the purpose of determining the degree to which the nutrition and dietetics school or nutrition and dietetics education program provider is operating in accordance with the accreditation requirements.
Assessor	The individual or individuals who have fulfilled the requirement and are appointed by the IAAHEH to perform assessments.
Dean of School	The specific individual(s) identified within a nutrition and dietetics school or nutrition and dietetics education provider as having the overall responsibility for managing the Accredited nutrition and dietetics education program on a day-to-day basis and ensuring that it is carried out in accordance with its documented processes and procedures.
Nutrition And Dietetics Education Program Provider	A provider of nutrition and dietetics education programs that offers at least one Accredited nutrition and dietetics Education Program.
Candidate Nutrition and Dietetics Education Program	A nutrition and dietetics school or nutrition and dietetics education program that has not yet been accredited.
Certificate of Accreditation	A document issued to a nutrition and dietetics school or nutrition and dietetics education program provider by IAAHEH certifying that a nutrition and dietetics school or nutrition and dietetics education program has successfully met the requirements for accreditation and thus is considered an accredited nutrition and dietetics school or nutrition and dietetics education program.
Certification Policy	The applicable Certification Policy document identified in the Program Configuration document.
Nutrition And Dietetics School	A nutrition and dietetics education provider and Party to this Agreement that is applying for a nutrition and dietetics education program to be accredited. While the nutrition and dietetics school is in the process of having a course accredited, the nutrition and dietetics school may be referred to as an applicant.
Nutrition And Dietetics School Education	
Registration Form	A web form is completed by the nutrition and dietetics school or nutrition and dietetics education program provider to register for accreditation by IAAHEH.
Schedule	The document contains supplemental details that are mutually executed and incorporated into this Agreement. Together with this Agreement, it embodies the entire agreement between the Parties relating to its subject matter.

Nutrition And Dietetics Education Program Academic Calendar	The academic calendar containing that identifies the nutrition and dietetics education program that the nutrition and dietetics School would like to accredit in the specified Program.

3. The Nutrition And Dietetics School or Nutrition A\and Dietetics Education Program Provider Obligations

The nutrition and dietetics school or nutrition and dietetics Education Program Provider will perform all of the actions required by the IAAHEH in the Accreditation Policy and will promptly communicate all information required by the IAAHEH as defined in the Accreditation Policy. In particular, the nutrition and dietetics school or nutrition and dietetics Education Program Provider will be responsible for ensuring that the names and contact information for all contacts specified in the web-based accreditation system are up-to-date. Changes to such information may either be made in the web-based accreditation system itself or by notifying the IAAHEH.

3.1 Registration and Payment of Accreditation Fees

3.1.1 The nutrition and dietetics school or nutrition and dietetics education program must complete a Registration Form, thoroughly defining the nutrition and dietetics school or nutrition and dietetics education program to be accredited.

3.1.2 The nutrition and dietetics school or nutrition and dietetics education program must formally accept the terms of this Agreement by having an authorized person sign below, if not previously executed, and execute a Training Course Schedule corresponding to the Candidate Training Course.

3.1.3 The nutrition and dietetics school or nutrition and dietetics education program must sign the agreement with IAAHEH and authorize payment of the applicable accreditation fees when due. Unless the IAAHEH has agreed on alternative arrangements for payment in advance, payment must be made by transfer or by corporate credit card, at the time of registration. The IAAHEH will not initiate the accreditation process until payment has been received.

3.2 Documentation Assessment

3.2.1 The nutrition and dietetics school or nutrition and dietetics education program undertakes to coordinate with and support the assessor in performing the assessment. The nutrition and dietetics school or nutrition and dietetics education program agrees to provide the assessors with access to the nutrition and dietetics education program manager and other relevant staff for the purpose of assessing the nutrition and dietetics school or nutrition and dietetics program's fulfilment of the accreditation requirements.

3.2.2 In addition to the accreditation-related information provided as part of the accreditation and assessment process, the nutrition and dietetics school or nutrition and dietetics education program undertakes to answer all additional questions reasonably related to accreditation that the IAAHEH or the assessor may raise and to make available for inspection all documentation and other information reasonably related to the nutrition and dietetics school or nutrition and dietetics education program's fulfilment with the accreditation requirements.

3.2.3 The nutrition and dietetics school or nutrition and dietetics education program agrees to provide all required supporting evidence to the IAAHEH and the assessors.

3.2.4 The nutrition and dietetics school or nutrition and dietetics education program agree to comply with the IAAHEH's and the Assessor's reasonable requests for clarification or rework regarding the completeness, correctness or consistency of the provided information and documentation.

3.3 Survey Visit Assessment

3.3.1 The nutrition and dietetics school or nutrition and dietetics education program will provide the IAAHEH's designated assessors with attendance at a nutrition and dietetics school or nutrition and dietetics education program at a time and place to be mutually agreed no later than three months after the submission of Self-Evaluation Report (SER) and thereafter when requested by the IAAHEH.

3.3.2 The nutrition and dietetics school or nutrition and dietetics education program will provide accommodation, international and local transport, and other expenses related to the survey visit to the assessor to IAAHEH, otherwise, no other fees are required.

3.4 Warranty of Compliance

3.4.1 By signing this Agreement below, the nutrition and dietetics school or nutrition and dietetics education program hereby warrants and represents that the nutrition and dietetics school or nutrition and dietetics education program identified in the registration form, will provide data and information which is valid, accurate, and relevant.

3.4.2 The nutrition and dietetics school or nutrition and dietetics education program hereby warrants and represents that the nutrition and dietetics school or nutrition and dietetics education program identified in the registration form and meets the accreditation requirements at the time of accreditation and, after achieving accreditation result, the nutrition and dietetics school or nutrition and dietetics education program will continue to meet the accreditation requirements throughout the duration of accreditation validity, in accordance with the accreditation policy.

Commented [RP4]: Apakah accreditation eligiblity?

3.4.3 If the nutrition and dietetics school or nutrition and dietetics education program forfeited data and documents or fails to ensure continued fulfilment with the accreditation requirements, the IAAHEH may revoke the accreditation status for the nutrition and dietetics school or nutrition and dietetics education program, in accordance with the accreditation policy. For the avoidance of doubt, any demonstrable shortfall with respect to the accreditation requirements is grounds for withdrawal of accreditation status, whether that shortfall is apparent from the supporting evidence supplied or the accreditation process itself.

3.5 Duration of Accreditation, Renewal of Accreditation, and Re-Accreditation

3.5.1 Depending on the accreditation result, accreditation status may be valid for periods of 96 months if it is fully accredited or 60 months if it is accredited with monitoring from the date at which the IAAHEH provides written notice to the nutrition and dietetics school or nutrition and dietetics education program that accreditation has been achieved, unless removed in accordance with the accreditation policy. During the

Accreditation Period, the nutrition and dietetics school or nutrition and dietetics education program shall submit an annual report by the anniversary of the accreditation date.

3.5.2 The last day of each Accreditation Period is referred to as the re-accreditation date, after which time Accreditation ceases to be valid, unless extended in accordance with the re-accreditation process defined in the Accreditation Policy.

3.5.3 To extend Accreditation for another period, the nutrition and dietetics school or nutrition and dietetics education program shall abide by the terms of the re-accreditation process defined in the accreditation policy. For the avoidance of doubt, failure to respond within thirty (30) calendar days to the IAAHEH prior to the expired date of the accreditation certificate, nutrition and dietetics school or nutrition and dietetics education program will be deemed a withdrawal, and the accreditation will expire on the re-accreditation date, resulting in removal from the accreditation directory. Likewise, failure to complete the re-accreditation process within the applicable period prescribed by the accreditation policy will result in the removal of the nutrition and dietetics school or nutrition and dietetics education program from the accreditation directory.

4. IAAHEH Obligations

4.1 IAAHEH will perform all the actions required in the accreditation policy as described in the Accreditation Handbook.

4.2 IAAHEH will list the nutrition and dietetics school or nutrition and dietetics education program which has been accredited in the IAAHEH directory of the accredited study program.

4.3 IAAHEH will issue an accreditation certificate to nutrition and dietetics school or nutrition and dietetics education programs valid for the accreditation period.

4.4 IAAHEH will provide feedback on the annual report submitted to the nutrition and dietetics school or nutrition and dietetics education program.

4.5 IAAHEH will send a notification for re-accreditation six months and three months before the accreditation certificate expires respectively.

5. Confidentiality

5.1 IAAHEH shall, except where a provision of this Agreement provides otherwise, maintain in confidence all information the nutrition and dietetics school or nutrition and dietetics education program discloses in relation to this Accreditation. No license, express or implied, under any trademark or copyright is granted by the nutrition and dietetics school or nutrition and dietetics education program by virtue of such disclosure and IAAHEH shall not use any such information except for the purposes of this Agreement. The IAAHEH's obligations under this sub-clause shall be limited to taking such steps as it ordinarily takes to preserve the most important of its own confidential information. The obligations of non-disclosure and non-use set out in this Agreement shall not apply to any item of information which

a) Is in the public domain at any time (but without prejudice to any Person's rights of action against another person who wrongfully causes or permits such information to be in the public domain),

b) Was rightfully in the receiving Person's possession without obligation of confidence prior to its disclosure pursuant to this Agreement, or is subsequently independently developed by the receiving Person's employees having no access to the information disclosed hereunder,

c) Is subsequently rightfully obtained without obligation of confidence by the receiving Person from a source other than the nutrition and dietetics school or nutrition and dietetics education program as evidenced by written records,

d) Is required to be disclosed by order of any court of competent jurisdiction,

PROVIDED that no right or interest under any license, patent, or otherwise shall be acquired by the recipient of any information by virtue of the application of this clause.

5.2 Information regarding an assessment report shall not be disclosed in any publicly available document or to any third party by the IAAHEH, the nutrition and dietetics school or nutrition and dietetics education program, or any party acting on the nutrition and dietetics school or nutrition and dietetics education program's behalf.

5.3 The IAAHEH may disclose the nutrition and dietetics school or nutrition and dietetics education program's confidential information to those of its staff and assessors who reasonably require access to such information. The IAAHEH may also disclose the nutrition and dietetics school or nutrition and dietetics education program's confidential information to any third party acting on behalf of the respective Government who reasonably requires access to such information.

5.4 The nutrition and dietetics school or nutrition and dietetics education program agrees to keep confidential information that comes into its possession during and after the accreditation process, particularly information related to the implementation of accreditation.

6. Lia bility and Indemnity

6.1 Liability

The organization acknowledges that because of the special nature of the certification authority it is reasonable for the certification authority to exclude liability as set out below and for the organization to take measures, including insurance where appropriate, to mitigate or prevent any potential losses that may arise (provided that such measures are not in breach of this agreement).

The certification authority on its own behalf and on behalf of its officers, employees and agents hereby excludes all liability, whether in contract, tort or otherwise, arising out of or relating to this agreement or the use or non-use by any person of any information provided by the certification authority to the maximum extent permitted under Applicable law. In no event shall the certification authority be liable for any indirect or consequential losses (including, without limitation, any loss of profits, contracts, production or use).

6.2 Indemnity

If a third party asserts a claim against The Open Group, the Organization hereby agrees, at its expense, to defend, indemnify and hold The Open Group and its respective officers, agents and employees (the "Indemnitees") harmless from such claim (whether criminal or civil, in contract, tort, or otherwise) by defending Indemnitees at the Organization's expense and paying all direct damages (including attorney's fees, court costs and expert's fees) that a court finally awards against Indemnitees or that are included in a settlement approved in advance by the Organization, provided that the claim arises out of:

a) Allegations that the Organization's training courses bearing the Trademark do not meet the Accreditation Requirements (but only to the extent The Open Group has performed its obligations set forth in the Accreditation Agreement); and/or
b) The misuse of the Trademarks by the Organization or its Affiliate; and/or
c) The Organization's or its Affiliate's failure to discontinue its use of the Trademark pursuant to The Open Group's right to withdraw permission to use the Trademark pursuant to this Agreement.

PROVIDED that:

a) This Indemnity shall not apply in respect of any act done by the Organization on the express instructions of The Open Group, and
b) The Organization (together with any other ATC Provider and/or Affiliate under the Trademarks affected by such claims) shall have the conduct of such claims but shall consult fully with The Open Group before taking any action or making any admission or settlement, which may adversely affect The Open Group's interests.

6.2.1 Interpretation

Any provision of Sub-clause 6.1 above shall not apply in any circumstances or in respect of any liability or class of liability to the extent that it may not apply in accordance with applicable law. In the event of such a provision being held to be inapplicable or invalid, the parties will make such amendments to this Agreement by the addition or deletion of wording, or otherwise, as to remove the inapplicable or invalid part of the provision but otherwise retain the provision to the benefit of The Open Group to the maximum extent permissible under applicable law.

6.2.2 Damages

In no event shall The Open Group be liable for any damages, including without limitation, loss of profits, arising from or related to the Organization's use of the Trademarks or the Termination of this Agreement, even if The Open Group has notice of the possibility of such damages.

7. Payment of Fees

7.1 The fees are listed on the IAAHEH's website and are quoted gross of all applicable taxes and duties that, where appropriate, will be payable under the Indonesian tax authorities. The fees are not included applicable taxes and duties outside Indonesia's jurisdiction.

7.2 The accreditation fee covers expenditures as mentioned in the IAAHEH accreditation handbook. A further fee that has not yet been included in the accreditation handbook may apply for unexpected expenses related to force majeure.

7.3 First payment of 5% should be made during the registration process (nonrefundable if the nutrition and dietetics school or nutrition and dietetics education program is considered not eligible for accreditation by IAAHEH).

7.4 Second payment of 35% should be made before nurturing program (refundable 60% if the nutrition and dietetics school school is considered not eligible for accreditation by IAAHEH).

7.5 Third payment of 60% should be made after the nutrition and dietetics school is considered eligible for accreditation by IAAHEH (non-refundable, except the nutrition and dietetics school or nutrition and dietetics education program cannot continue the accreditation process due to force majeure causes). The secretariat will consider the amount to be refunded based on the condition of each case.

7.6 The IAAHEH will charge the applicable Accreditation fee upon receipt of a completed registration.

7.7 Fees are payable in U.S. dollars.

7.8 Unless the IAAHEH has agreed with alternative arrangements for payment, fees must be paid by transfer or by corporate credit card in advance.

8. General

8.1 Entire Agreement

This Agreement including any documents referred to therein (as amended from time to time) together with all other forms relating to this Agreement submitted and accepted by both Parties constitutes the entire agreement and supersedes all prior oral or written agreements, understandings, or arrangements between the Parties relating to such subject matter. Neither Party shall be entitled to rely on any agreement, understanding, arrangement, or representation relating to the subject matter of this Agreement which is not expressly contained in this Agreement and no change may be made to this Agreement except in writing and signed by duly authorized representatives of both Parties.

Notwithstanding the above, IAAHEH may introduce changes to this Agreement as may be required by the Program. In such cases, changes shall immediately take effect either by a mutually written or electronically signed amendment.

8.2 Waiver of Rights under this Agreement

No failure or delay on the part of either of the Parties to exercise any right or remedy under this Agreement shall be construed or operate as a waiver thereof nor shall any single or partial exercise of any right or remedy preclude the further exercise of such right or remedy as the case may be.

8.3 Notices

Any notice or other document to be given under this Agreement shall be in writing in the English language and sent by email to the addresses set out in this Agreement, in the case of the nutrition and dietetics school or nutrition and dietetics education program, the address currently on record in the web-based Accreditation System for the Authorized Signatory or such other address as either party shall notify to the other in writing for this purpose. Notices shall be deemed to be effective upon receipt by the party to which notice is given or within the 5th day following the transmission of email.

8.4 Interpretation

The headings in this Agreement are inserted only for convenience and shall not affect its construction. Where appropriate, words denoting the singular only shall include the plural and vice versa.

8.5 Term and Termination

This Agreement comes into effect upon the date of last signature of the parties hereto, and will expire only if explicitly terminated:

a) At any time upon six (6) months' written notice by either Party to the other; or
b) If a period of thirty (30) days has elapsed from one Party notifying the other Party of a breach of this Agreement or of the terms of the Accreditation Policy or Accreditation Requirements, and such a breach has not been rectified to the satisfaction of the other Party; or
c) Immediately upon the Certification Authority's discovery of a breach of Sub-clause 5.6. Notwithstanding the termination of this Agreement for any reason, the obligations of non-disclosure in respect of any confidential information disclosed prior to such termination shall survive for a period of five (5) years following such termination.

8.6 Governing Law

This Agreement shall be governed by the laws of the Commonwealth of Massachusetts and the Parties hereby submit to the non-exclusive jurisdiction of the Massachusetts courts.

9. Execution

By signing below, the Organization agrees to be bound by this Agreement, the Accreditation Policy, and the Accreditation Requirements.

AGREED by the Parties through their authorized signatories:

FOR AND ON BEHALF OF	FOR AND ON BEHALF OF
_____	**Indonesia Accreditation Agency for Higher Education in Health (IAAHEH)**
The Organization	
_____	_____
Signed	Signed
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Date	Date
Email: _____	Email: sekretariat@lamptkes.org
Address: _____	Jalan Sekolah Duta I No. 62, RT.003, RW 014, Kelurahan Pondok Pinang, Kecamatan Kebayoran Lama, Jakarta Selatan 12310
	+62 21 769 0913; +62 21 2765 3495/96

Appendix 2 Statement letter

NUTRITION AND DIETETICS SCHOOL

LETTERHEAD

On behalf of the Nutrition and Dietetics Study Program ("the School"), I hereby apply to the International Accreditation Agency for Higher Education in Health ("IAAHEH") for International Accreditation in accordance with cooperation with APQR.

I understand and agree that the School will be subjected to denial of accreditation status; withdrawal of accreditation status and forfeiture of any accreditation credential granted by IAAHEH; and to denial of future eligibility for recognition in the event that any of the statements or answers made in this application are false or in the event that the School violates any of the rules or regulations governing Accredited School, as described by IAAHEH.

I authorize IAAHEH to make whatever inquiries and investigations it deems necessary to verify the contents of this application. I understand that this application and any information or material received or generated by IAAHEH in connection with the accreditation process will be kept confidential and will not be released unless the school has authorized such release or such release is required by law. However, the fact that the school is or is not, or has or has not been, accredited is a matter of public record and may be disclosed. Finally, IAAHEH may use information from this application for the purpose of statistical analysis, provided that the school's identification with that information is not disclosed.

I hereby agree to hold IAAHEH, its officers, commissioners, employees, and agents harmless from any and all actions, suits, obligations, complaints, claims, or damages, including, but not limited to, reasonable attorneys' fees arising out of any action or omission by any of them in connection with this application, the application process, or the denial or withdrawal of the school's recognition or eligibility for recognition.

Notwithstanding the above, should the school file suit against IAAHEH, the undersigned agrees that any such action shall be governed by and construed under the Laws of the Republic of Indonesia without regard to conflicts of law. The undersigned further agrees that any such action shall be brought in the applicable court of the High Court of Justice of the Republic of Indonesia, or such subordinate Court as shall be applicable; as a court of first instance; consents to the jurisdiction of such courts; and agrees that the venue of such courts is proper.

The undersigned further agrees that should the school not prevail in any such action, IAAHEH shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.

I UNDERSTAND THAT THE DECISION AS TO WHETHER THE NUTRITION AND DIETETICS STUDY PROGRAM QUALIFIES FOR ACCREDITATION STATUS RESTS SOLELY AND EXCLUSIVELY WITH IAAHEH AND THAT THE DECISION OF IAAHEH IS FINAL.

I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE NUTRITION AND DIETETICS STUDY PROGRAM.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I CERTIFY THAT THEY ARE TRUE AND THAT I INTEND FOR THE NUTRITION AND DIETETICS STUDY PROGRAM TO BE LEGALLY BOUND BY THEM.

DEAN

_____
Print Name

_____
Title

_____
Signature

_____
Date

Rundown Nurturing on Accreditation Standards and Procedures

Day 1

Time	Activities	Presenter/PiC	Resources
08.00 – 08.30	Registration		
08.30 – 09.00	Pretest		
09.00 – 09.15	Opening Session		
09.15 – 09.45	Ice Breaker		
09.45 – 10.00	Learning Outcomes of the Nurturing		
10.00 – 10.30	Break		
10.30 – 12.00	The Concepts of Accreditation Standards (1-4)		
12.00 – 12.30	Individual Assignment and Presentation		
12.30 – 13.30	Lunch Break		
13.30 – 15.00	The Concepts of Accreditation Standards (Criteria 5-8)		
15.00 – 15.30	Individual Assignments and Presentation		
15.30 – 16.00	Break		
16.00 – 17.00	Question and Answer		
17.00	Reflection		

Day 2

Time	Activities	Presenter/PiC	Resources
08.00 – 08.30	Lessons Learnt from Day 1		
08.30 – 09.30	IAAHEH Accreditation Procedures		
09.30 – 10.00	Question and Answer		
10.00 – 10.30	Break		
10.30 – 12.00	Implementation of the Standards (1-4)		
12.00 – 12.30	Individual Assignment and Presentation		
12.30 – 13.30	Lunch Break		
13.30 – 15.00	Implementation of the Standards (5-8)		
15.00 – 15.30	Individual Assignment and Presentation		
15.30 – 16.00	Break		
16.00 – 17.00	Question and Answer		
17.00	Reflection		

Day 3

Time	Activities	Presenter/PiC	Resources
08.30 – 10.30	How to do Self-Evaluation How to prepare a Preliminary Self-Evaluation Report and a Self-Evaluation Report		
10.30 – 12.30	Group Assignment		
12.30 – 13.30	Lunch Break		
13.30 – 14.30	Group Presentations		
14.30 – 15.30	How to Prepare for the Survey Visit		
15.30 – 16.30	Discussion for Accreditation Preparation		
16.30 – 17.00	Closing		

Definitions of Findings

Non-compliance: Non-fulfilment of a requirement or standard.

Partial compliance:

Major noncompliance: noncompliance that affects the capability of the school to achieve the intended results in terms of student learning outcomes as stated in the curriculum.

Noncompliance could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that student learning outcomes will meet specified requirements.
- A number of minor noncompliance associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major non-compliance.

Minor noncompliance: Noncompliance that does not affect the capability of the school to achieve the intended results.

Fully Compliance: The study program fulfils all the requirements of standards.

Areas for improvement: It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system, educational programs, curriculum, or educational resources which if not improved may lead to noncompliance in the future. Generic information will be provided about educational process best practices, but no specific solution shall be provided as a part of an opportunity for improvement.

Accreditation Council

1. The Accreditation Council

The Accreditation Council is the sole authority to determine accreditation status and action. Members of the Council consists of five persons that have been appointed by IAAHEH based on certain strict requirements for council membership (as stated in IAAHEH Regulation No. 04 02 2021) as follows:

a. Indonesian nationality, except for the invited international council member.
b. Has high integrity.
c. Has never been convicted/or served a sentence due to committing criminal offenses.
d. Does not hold a structural position/ leading position in another institution/ association at the time of appointment and throughout their council membership.
e. Not in a position that could cause a conflict of interests with the duties as a member of the Board of Supervisor
f. An expert and has experience in managing organisations of higher education institutions.
g. Has the knowledge and commitment to quality assurance of higher education
h. Has completed the Assessor/Accreditation Team Training using both the online and offline modules.
i. At least 5 years' experience as an assessor
j. Obtained written permission from his/her employer (if needed)

2. Composition and Appointment

a. The Accreditation Council consists of 5 members (4 from Indonesia and 1 from Asia-Pacific Region)
b. Members of the Accreditation Council consist of 1 (one) person for each field of study. The BoD appoints members of the Accreditation Council as nominated by the relevant Profession organisation and Associations of Higher Education in Health. In addition, 1 (one) person is appointed as a member representing civil society, and 1 (one) person is appointed as a member representing other fields in Health.
c. Members of the Accreditation Council are appointed by the Chair of IAAHEH

3. Qualification

a. Background in Nutrition and Dietetics
b. At least 5 years' experience as an assessor in their respected home country
c. Experience in managing a Nutrition and Dietetics program.
d. Never convicted of any crime or violating any law or regulation of IAAHEH
e. The person has moral integrity and upholds the value of IAAHEH.

4. Role and Responsibility

a. Reviewer
   To review the summary of findings of the self-evaluation report and survey visit report including other relevant documents.
b. Decision maker
   To make accreditation decisions.

5. **Code of Conduct**

The Council Members should always refer to the code of conduct which has been set by IAAHEH during all their assignments.

a. The Accreditation Council must produce a written statement that they are free from any conflict of interest which might be related to their duties as part of the Accreditation Council.
b. Accreditation Council must maintain honesty and integrity.
c. The Accreditation Council must classify all information/documents related and the results of the accreditation process by respecting the sensitivity of the information received and not reveal them to any party except the IAAHEH;
d. The Accreditation Council must be objective and fair. The Council must be equal in their decisions and not influenced by their own or any other person's interests.
e. The Accreditation Council must be competent in applying their knowledge, skills, and experience.
f. The Accreditation Council must work independently and professionally.
g. The Accreditation Council must maintain their dignity and is prohibited from receiving any form of gifts that may be related to their duties as part of the Accreditation Council.
h. The Accreditation Council is prohibited from taking personal advantage through their position.
i. The Accreditation Council must maintain a supportive and conducive atmosphere when participating in the Council Meeting.
j. The Accreditation Council must obey all rules and regulations which apply in the IAAHEH.

6. **Term of Office**

a. Each council member shall be appointed to a term of five years and shall serve for not more than two consecutive terms.
b. In the event of the resignation of a council member for any valid reasons (death, unable to carry out, violation of contract) a replacement shall be appointed immediately to serve the unexpired term. The Board of Directors shall appoint the replacement upon the recommendation of the Board of Founders.

7. **Conduct of Council Meetings**

The conduct of all council meetings is guided by the current edition of the Standard Code of Council Procedure. The accreditation decision is based on eight WFME standards, while methods of evaluation of all standards and elements are developed by IAAHEH.

The procedure of the accreditation decision is as follows. The Chair of IAAHEH informs the Chair of the Accreditation Council that all accreditation reports have been received. The chair of the accreditation council will then call a council meeting in a special in-person or virtual meeting. The meeting is scheduled at least 2 weeks after all council members received the assessor's reports and all relevant documentation. Participation in virtual meetings must comply with the following rules:

- All discussions related to the review of survey visit reports are strictly confidential.
- Quorum
- The accreditation decision meeting must be attended by all members of the accreditation council.
- All council meetings are guided by the current edition of the Standard Code of Council procedure.
- Attendance and Recusals

8. Conduct of Council Members

Council members are expected to attend all meetings and remain for the duration of the meeting unless exceptional circumstances preclude them from doing so. The Secretariat office maintains a record of member attendance. The minutes of each meeting must include the list of attendees.

Members shall not vote on and shall absent themselves from the discussion during consideration of any school with which there could be a real or perceived conflict of interest as described later in this document.

Members who have participated in the survey visit of a school being reviewed will not be assigned as a primary or secondary reviewer of the assessors' report, both during consideration of the report and at all other times during council meetings, survey visit participants will not offer comments or be asked questions by any member of the council and will not discuss their personal impressions of the program being reviewed. Should the members reviewing a survey visit report require clarification of a specific aspect related to report content prior to the meeting, the Secretariat will arrange a conference call between the reviewers and the assessor secretary. A member of the Secretariat will participate in the call if the team secretary is not a member of the Secretariat. Council members who have participated in the visit of a school being reviewed may give comments on any related accreditation action but shall not initiate or second any motions relating to an accreditation action for such schools.

9. Conduct for Observers at Council Meetings

National and international nutrition and dietetics educators and individuals from other disciplines involved in higher education or the accreditation process may request to attend a council meeting. Requests must be made in writing to the Secretariat and require prior approval by the voting members of the council. Observers must agree in writing to hold all meeting materials and results of council discussions in strict confidentiality.

10. Evaluation of Standards and Elements

During the meeting, the council will discuss and decide the compliance of the school with the accreditation standards and the performance of each accreditation element.

The council uses the following definitions for compliance with accreditation standards:

- Compliance: Taken as a whole, the expectations of the standard are being met.
- Partial Compliance: While there are concerns based on the performance of individual elements, those concerns do not seriously compromise meeting the expectations of the standard.
- Non-compliance: Taken as a whole, the performance of the elements does not permit the expectations of the standard to be met.

The council uses the following definitions for performance in accreditation elements:

- Strength: The policy, process, resource, or system required by the element is in place and, if required, there is sufficient evidence that it is effective.
- Areas of Concern:
  a) The policy, process, resource, or system required by the element exists but there is insufficient evidence of sustainability and/or effectiveness, OR
  b) The requirements of the element are met but anticipated circumstances could negatively impact future performance.
- Need for further Evidence: One or more requirements of the element is/are not met. The required policy, process, resource, or system is not in place or is ineffective. Formal evidence of effectiveness/sustainability is absent.

11. Review of the Final Assessors Report and Any Other Relevant Documentation

The council will review the final assessors' report and any other relevant documentation and draw conclusions about the program's performance regarding the accreditation elements, compliance with accreditation standards, the accreditation status of the program, and any required follow-up. Depending on the extent of the program's compliance with accreditation standards, the council will take an accreditation action as specified in the section on "Types of Accreditation Decision." The accreditation decision will be effective as of the date of the IAAHEH decision and a change in status will never be applied retroactively.

Monitoring Report

The school is required to submit a monitoring report biannually for those who received full accreditation status and annually for those that have been granted accreditation with monitoring.

The purpose of this monitoring report is for the school to provide information to IAAHEH to demonstrate that they are meeting the standards and resolving issues and concerns timely.

To maintain accreditation status, all accredited members should complete and submit the IAAHEH Monitoring Report between October 1 and December 31 of each year, beginning the calendar year following a provision of initial IAAHEH accreditation. The report needs to be uploaded to SIMAk-Int system. Once this report is received, IAAHEH will send a notification.

An instruction page is included in the SIMAk-Int

The Monitoring Report template consists of two parts. Part I requires data on program performance and student achievement; this information is posted publicly by the accredited program no later than January 15 of the year following submission. A link to that information is posted on the IAAHEH website as well. Part II consists of strategic planning information and other programmatic updates communicated to IAAHEH annually.

If evidence shows the program is at risk of no longer meeting one or more of IAAHEH standards, the Accreditation Council/Secretariat requests the program to send a supplemental self-study report on specific required aspects of the standards within 60 days; IAAHEH will review that report within 30 days of its receipt and may:

a. reaffirm accreditation,
b. specify a condition that must be addressed within a specified timeframe with evidence provided in a focused report, or,
c. revoke accreditation

Monitoring Report Form

A substantive change is one that may significantly affect an institution's quality, mission, and operations including methods of delivering curriculum, or control. Substantive changes are reviewed to ensure that changes in student enrolment, educational process, teaching and learning resources, locations, the scope of the curriculum, and control of the institution are or will be made in compliance with IAAHEH accreditation standards.

They include:

1. Issues, concerns, or areas for improvement
2. Change in school vision and mission.
3. Change in organizational structure and functions.
4. Change in student enrolment.
5. Student achievement
6. Faculty developments
7. Curriculum delivery
8. Teaching and learning resources.

Follow Up Action of the Monitoring Report

If an Accreditation Action Report includes a notation of a concern or a condition, the nutrition and dietetics study program reviews the information presented relative to the identified issue. The nutrition and dietetics study program liaison works with the provider and the Accreditation Council/ assessor/ IAAHEH to ensure that the timeline is honored, and the issue is resolved.

Assessors may also contact the nutrition and dietetics study program in the event of other marked changes in programs. Indicators that would trigger contact may include sudden increases in enrollment, changes in levels of reported performance, changes in curriculum delivery or changes in teaching and learning resources. Such indicators would serve only as triggers for further review and data collection by staff.

Programs whose Monitoring Reports do not have any concerns or conditions or include indications of program weakness will be notified that their report has been received and reviewed.

IAAHEH secretariat staff follow up with accredited members that have not completed the Monitoring Report by December 31. If a nutrition and dietetics study program Monitoring Report remains delinquent by October 31 of the year following submission, that provider is in breach of policy, and IAAHEH initiates a complaint/sanction.

The Procedure to Appeal Submission and Process

An appeal request is a procedure to re-consider the result of accreditation finding from the Nutrition and Dietetics school as follows:

a) An appeal request must be submitted in writing within 30 days of receiving the accreditation result.
b) An appeal request must be accompanied by a signed consent form in which the Nutrition and Dietetics school corroborates materials to the members of the accreditation council and/or secretariat of the IAAHEH.
c) The written appeal should contain information and details on the circumstances that form the basis of the appeal. The Nutrition and Dietetics school should cite the relevant accreditation standards or elements relating to the appeal. If the appeal indicates areas of non-compliance with accreditation standards/unsatisfactory performance in accreditation elements, the Secretariat of IAAHEH will contact the Nutrition and Dietetics school to obtain additional evidence and related documents which should be uploaded in the SIMAk-Int. If the Nutrition and Dietetics school is unable to comply with the request for additional information or does not provide a signed consent form, the appeal request will be rejected, and no further action will be taken.
d) The appeal request and its related document/evidence will be kept confidential.
e) The accreditation council will review all the receiving additional evidence and documents and inform the result to the Chairman of the IAAHEH.
f) IAAHEH will communicate with the school's representative to fully investigate the appeal request to obtain additional evidence required by IAAHEH within 14 days of receiving the appeal request and all accompanying evidence and documents.
g) Hearing will be conducted virtually between the accreditation council and the school's representative after 30 days of receiving additional evidence and relevant documents. The hearing consists of oral presentations by the school's representative, inquiries by the accreditation council, private discussions of the accreditation council, additional inquiries by the school's representative, and closing. During the closing, the accreditation council will inform the decision.
h) If an additional visit is necessary for further verification of the evidence, IAAHEH will appoint at least two of the members of the original assessor team to carry out the survey visit. The school will be charged an additional fee.
i) The assessor team will submit an additional visit report to the accreditation council for consideration. The accreditation council will decide the final accreditation result based on the additional visit report.

The procedure of complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments

The Process to consider Complaints, Information from Credible and Verifiable Public Sources, and Third-Party Comments about Program Quality:

a) IAAHEH will submit the document of complaint to The Accreditation Council to determine whether the complaint contains issues related to the school's compliance with accreditation standards and/or performance in accreditation components**.**

b) The Accreditation Council will ask IAAHEH to draft a letter to the dean or related authority of the school or to the individual (if the case of a conflict of interest) describing specific information needed to be provided in response.

c) The Accreditation Council will review the complaint, assess, and explore the relationship between the complaint and the non-compliant with the IAAHEH quality standard.

d) The Accreditation Council will write a report provided with evidence of non-compliance with the standard and the recommendation to be discussed further.

e) The IAAHEH will make a final decision including any change in the school's performance in elements, compliance with standards, and accreditation status and specify the nature and timing of any required follow-up.

f) The decision will be directed also by IAAHEH to the dean of the school or the related individual (in case of a conflict of interest).

g) The complainant will be notified whether further investigation will be undertaken or not. The complainant will not be informed of the result of any such investigation.

h) The IAAHEH will take formal action based on the recommendation by the Accreditation Council, including setting up a new team of assessors if required.

i) The complaints that represent non-compliance with accreditation standards and/or unsatisfactory performance in accreditation elements, will require follow-up by the nutrition and dietetics study program on how the identified problems were addressed.

j) The complaints with such findings will be retained in SIMAk-Int records as part of the accreditation history of the nutrition and dietetics study program.

k) The assessors who will conduct a full survey visit will receive documentation of complaints, which have been found after investigation to relate to areas of non-compliance with accreditation standards and/or unsatisfactory performance in accreditation components.

l) The assessors will also receive information on the final IAAHEH action related to these complaints.

Any further response from the dean or individual that requires legal action will be prepared following specific procedures which are determined on a case-by-case basis.