

**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.

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.

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The Chairman of IAAHEH.

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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 vision 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?	<p>2.3.2.1 What principles or methodologies are used to identify the curriculum content?</p> <p>2.3.2.2 What references at international, national, and local level are used to determine the curriculum content?</p>
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?	<p>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?</p> <p>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?</p>
2.3.4 What elements of clinical nutrition, community nutrition and food service management skills are included in the curriculum?	<p>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?</p> <p>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?</p> <p>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?</p>
2.3.5 In which areas are all students required to gain practical experience?	<p>2.3.5.1 Can you describe all areas that are compulsory for students to gain practical experience?</p> <p>2.3.5.2 Who decides on areas that are compulsory for students to gain practical experience?</p> <p>2.3.5.3 What considerations are used?</p>
2.3.6 How are students taught problems solving in line with the best available evidence?	<p>2.3.6.1 What methods are used to teach students problems solving in line with the best available evidence?</p> <p>2.3.6.2 Who decides the clinical evidence selected for this purpose?</p>

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?
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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
	<p>members, preceptors and supporting staff?</p> <p>5.1.1.3 How do you monitor and review the workload of your faculty members, preceptors and supporting staff?</p>
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?	<p>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?</p> <p>5.1.2.2 How do you do human resource planning to ensure staffing adequacy with the development of your school and study program?</p>

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

Key questions:	Criteria for Compliance
	<p>demotion and dismissal for the staff?</p> <p>5.2.2.5 Are the policies and procedures clearly understood?</p>
<p>5.2.3 What are the policies for Monitoring, Evaluation, Feedback and Follow up for Faculty members, preceptors and supporting staff and conduct?</p>	<p>5.2.3.1 How could the staff get regular and sufficient information related to their responsibilities, benefits and remuneration?</p> <p>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?</p>
<p>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?</p>	<p>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?</p> <p>5.2.4.2 How is the plan socialized to the faculty members, preceptors and supporting staff?</p> <p>5.2.4.3 What are the considerations for the development program and career pathway?</p> <p>5.2.4.4 What is the development program for the tenure Faculty members, preceptors and supporting staff?</p> <p>5.2.4.5 Who is involved in the development program of the junior/new Faculty members, preceptors and supporting staff?</p> <p>5.2.4.6 How does the school and study program review and evaluate the program?</p> <p>5.2.4.7 What are the considered aspects of the development program?</p> <p>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?</p>

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

Key questions:	Criteria for Compliance
<p>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?</p>	<p>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?</p> <p>5.3.1.2 How is the plan socialized to the faculty members, preceptors and supporting staff?</p> <p>5.3.1.3 What are the considerations for the development program and career pathway?</p> <p>5.3.1.4 What is the development program for the tenure Faculty members, preceptors and supporting staff?</p> <p>5.3.1.5 Who is involved in the development program of the junior/new Faculty members, preceptors and supporting staff?</p> <p>5.3.1.6 How does the school and study program review and evaluate the program?</p> <p>5.3.1.7 What are the considered aspects of the development program?</p> <p>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?</p>
<p>5.3.2 How does the school and study program take administrative responsibility for the implementation of the staff's continuing professional development policy?</p>	<p>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?</p> <p>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?</p>
<p>5.3.3 How does the school and study program take administrative responsibility for the implementation of the</p>	<p>5.3.3.1 How does the school and study program monitor, evaluate and review the continuing professional development program of the faculty</p>

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

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?	<p>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?</p> <p>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?</p> <p>6.1.1.3 How do you ensure that digital and physical library resources are sufficient, up to date, well-maintained and readily accessible?</p> <p>6.1.1.4 How do you ensure that the student safety and security systems are in place at all locations?</p>
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?	<p>6.1.2.1 How do you decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching?</p> <p>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?</p>

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?

- 6.4 **Financial Resources:** Financial resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

Key Questions	Criteria for Compliance
6.4.1 How to support funding sources for school (e.g., tuition fees, other fees, and grants)?	6.4.1.1 How are the school having sufficient and sustainable financial resources to support the program at all locations and for all delivery methods?
6.4.2 How has the source and/or amount of funding changed over time?	6.4.2.1 How do sources and/or amounts of school funding change from time to time?
6.4.3 How do organizations and/or schools ensure adequate funding for the sustainability of education programs?	6.4.3.1 How are efforts by regulatory organizations and/or schools to ensure adequate funding for the sustainability of educational programs?
6.4.4 How does the school allocate the budget for nutrition and dietetics programs and unit management?	6.4.4.1 How sufficient is the total budget for nutrition and dietetics programs and unit management?

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
	<p>7.1.1.9 How does the school determine the resources required for this process and ensure their availability?</p> <p>7.1.1.10 How does the school assign responsibilities and authorities for this process?</p> <p>7.1.1.11 How does the school address risks and opportunities?</p> <p>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?</p> <p>7.1.1.13 How does the school provide information, and publish reports?</p>
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?	<p>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?</p> <p>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?</p> <p>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?</p> <p>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?</p>
7.1.3 How are resources allocated to quality assurance?	<p>7.1.3.1 How does the school explain the implementation, maintenance and continuous improvement of resources is carried out?</p> <p>7.1.3.2 How does the school demonstrate that the allocated resources are sufficient?</p>
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. 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.

2.1 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 themselves. 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.

2.2. 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*).

2.2.1 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.

2.2.2 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 1 illustrates the approach for preparing a self-assessment which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

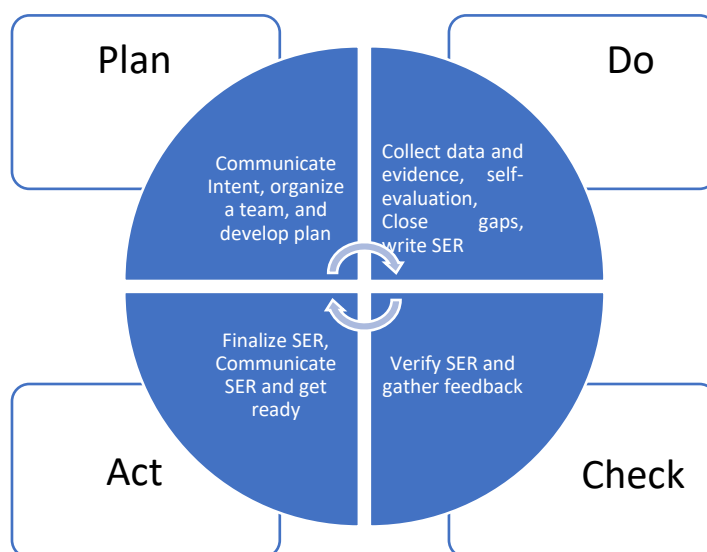


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

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 2 is an example of a timetable that could be developed.

Activity/Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Deadline	Assigned to	Status
P L A N	Communicate Intent																			
	Organizing Team																			
	Development Plan																			
	Understanding IAAHEH Criteria and Process																			
D O	Self-assessment																			
	Collect Data & Evidence																			
	Close Gaps																			
	Write SER																			
	Review SER																			
C H E C K	Verify SER																			
	Gather Feedback																			
A C T	Improve QA																			
	Finalise SER																			
	Communicate SER																			
	Get Ready																			
Change Management																				

Figure 2. Example of a timetable to develop the SER

Note: The plan in this table is conducted during the nurturing and writing preliminary SER.

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.
5. Writing the draft according to the determined structure.
6. Completing the draft with an executive summary and glossary (if required)
7. Sending the draft to the reviewers.

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 then 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.

2.3 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 can be seen in **Appendix 1**.

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 3. GUIDANCE FOR SURVEY VISIT

3.1 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

3.2 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).

3.3 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.

3.4 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.

3.5 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)

3.6 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.

3.7 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.

3.8 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.

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
 - 6.3.4 Adequacy the school ensure that all students and faculty member and preceptors have access
- 6.4 Financial Resources**
 - 6.4.1 Support Funding Sources for school
 - 6.4.2 The source and/or amount of funding changed over time
 - 6.4.3 Organizations and/or schools ensure adequate funding for the sustainability of education programs.
 - 6.4.4 The school allocate the budget for nutrition and dietetics programs and unit management.

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