

**Indonesian Accreditation Agency
for Higher Education in Health
(IAAHEH)**



HANDBOOK FOR ASSESSORS

**UNDERGRADUATE MEDICAL EDUCATION
PROGRAM ACCREDITATION**

Document Number	:	INS-I-KD-PRO-23-001-01
Document Date	:	July 4th, 2023

FOREWORD

Thanks to The God Almighty who has given the strength, so that this handbook entitled: “Undergraduate Medical Education Program Accreditation – Handbook for Assessors” could be finalized. The main reason for writing this handbook is to support the assessor team in assessing the medical programs that are willing to be accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH).

The handbook was arranged to be simple and easy to read, so every assessor who reviews a Undergraduate Medical Education Program Accreditation will have the same perception as his/her colleague assessors in understanding and interpreting each criterion and to what extent he/she perceives the level of compliance of Undergraduate Medical Education Program Accreditation to each standard/criterion. It is expected that the handbook will provide the assessor team with stronger self-confidence in describing his/her expert judgment.

The WFME Standard for Basic Medical Education, LCME, and AUN-QA are used as the main reference for this book to maintain its international standard for Undergraduate Medical Education Program.

This book is written by a team of medical education experts who come from several well-known universities. I thank them for their hardworking in writing and finishing the book. I am pretty sure the expectation of the writers is that after understanding the handbook, the assessor team will have high motivation to review the education process of Undergraduate Medical Education Program Accreditation to facilitate a continuous quality improvement.

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 school 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 school's purpose, values, educational goals, research functions, and relationships with the healthcare service and communities. 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 school?	<ul style="list-style-type: none">• The school formulates its mission statement.• The mission statement is identified based on the needs of the stakeholders.• Health problems at the national and local level are considered for the formulation of mission statement.• Formulation of the mission statement uses a scientific approach.• The mission of the school is associated with the mission of the university.
1.1.2. Which interest groups were involved in its development and why?	<ul style="list-style-type: none">• The school has mechanisms to identify the internal and external interest groups in the mission formulation.• The school has procedures for the engagement of these interest groups.• The school has procedures to determine each interest group. The school judges the contribution and the reciprocal benefits of the interest group.
1.1.3. How does the mission statement address the role of the medical school in the community?	<ul style="list-style-type: none">• The mission statement gives a mandate to the school to be involved in improving the health status of the community.• The medical school collaborates with the healthcare services, local governments, hospitals, and communities to execute the medical school's role.
1.1.4. How is it used for planning, quality assurance, and management in the school?	<ul style="list-style-type: none">• The mission statement is translated into the school's program and activities during the planning process.• The school implements the planned programs and activities.• The organisational structure conforms with the managerial functions to achieve its vision and mission.• The internal quality assurance system developed based on its vision and mission.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> Monitoring and evaluation in tracking the progress of achieving the mission is executed. The school ensures that the follow up action is completed. The mission was evaluated and updated regularly.
1.1.5. How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?	<ul style="list-style-type: none"> The school translate the relevant national regulations and standards into its own regulations and standards concordantly. The school consider the local circumstances and uniqueness in implementing the national regulations and standards. The school's standards is aligned with the mission of university.
1.1.6. How is it publicised?	<ul style="list-style-type: none"> The school use media for publication of its mission and programs. The school uses other programs and events to disseminate its mission and program. The school ensures there are wide involvement in the programs.

Guidance for Assessor

The school has formulated its mission statement based on the identification of health problems in its catchment areas using a sound and scientific methodological approach. The school has also considered the vision and mission of the university.

The school has a mechanism for identifying its interest groups – both internally and externally – and has procedures on how to engage them – particularly in mission formulation. The determination of each interest group is based on an objective and fair judgment of their contribution and reciprocal benefits.

The mission statement gives a mandate to the school to be involved in improving the health status of the community. The medical school has a collaboration with the healthcare services, local governments, hospitals, and communities to execute the medical school's role.

The mission statement is consistently translated into the school's program and activities during the planning process. The planned program and activities are congruently implemented. An appropriate organisational structure is set up in line with the functions of its components. An internal quality assurance system is set up to monitor and evaluate the progress of achieving the mission, as well as to ensure the follow-up action is completed. The mission is regularly evaluated and updated.

The school translates the relevant national regulations and standards into school standards and regulations concordantly. The school considers the local circumstances and uniqueness in implementing the national regulations and standards. The school's standards are aligned with the mission of the school.

The school has selected media for the publication of its mission and programs based on available resources and capacity. The school has organised several events to disseminate its missions and program involving relevant stakeholders.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Minutes of meeting when formulating the vision and mission of the school derived from the faculties and university's vision and mission. The vision and mission include the role of the school 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, aims and strategies.

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

The school has defined the graduate 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 doctor. Consider whether the defined outcomes align with the medical school 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 judgment (assessment). Consider how the outcomes can be used as the basis for the design and the 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?	<ul style="list-style-type: none">• The school uses its mission and priority health problems in the formulation of intended graduate outcomes.• The course outcomes consistently derived from the intended graduate outcomes.
2.1.2 Which stakeholders were involved in their development?	<ul style="list-style-type: none">• The internal and external stakeholders are involved in the curriculum development.• There are procedures to involve internal and external stakeholders in developing the curriculum.• The views of different stakeholders are managed and considered.
2.1.3 How do they relate to the intended career roles of graduates in society?	<ul style="list-style-type: none">• There is association of the intended graduate outcomes with the intended career roles of graduates in society.• The school has a policy and procedures to trace their graduates.
2.1.4 What makes the chosen outcomes appropriate to the social context of the school?	<ul style="list-style-type: none">• The intended graduate outcomes associate with the priority health problems in the school's catchment areas.• The school selects appropriate methods of needs analysis in line with available resources.

Guidance for Assessor

The school formulates intended graduate outcomes based on the school's mission and priority health problems. The course outcomes are consistently derived from the intended graduate outcomes. The school has proper procedures in curriculum development, consisting of planning and design, implementation, and evaluation guided by the school's mission. In all stages, there are clear procedures of how to involve internal and external stakeholders. Views of different stakeholders are properly managed and considered.

The intended graduate outcomes are concordant with the intended career roles of graduates in society which are derived from the vision and mission of the institutions, the education philosophy, and need analysis. The school develops proper tracer study to track its graduates. The intended graduate outcomes are formulated based on the priority health problems in the school's catchment areas and the results of consultation with external stakeholders and internal stakeholders. The school selects appropriate methods of needs analysis in line with available resources and support from the stakeholders. The graduate outcomes are aligned with the school's mission.

2.2 Curriculum Organisation and Structure

The school has documented the overall organisation 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 traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

Key Questions	Criteria for Compliance
2.2.1 What are the principles behind the school's curriculum design?	<ul style="list-style-type: none"> The school selects the principles that are used for curriculum design. The selected principles are appropriate to the school's mission, intended graduate outcomes, resources, and context of the school.
2.2.2 What is the relationship between the different disciplines of study that the curriculum encompasses?	<ul style="list-style-type: none"> The criteria are identified by the school for the content of the curriculum to be relevant, important and prioritised. The school determines the scope of the content in terms of the breadth and depth of coverage and concentration. The school decides the sequence, i.e., hierarchy, and progression of complexity or difficulty.
2.2.3 How were the model of curriculum organisation chosen? To what extent was the model constrained by local regulatory requirements?	<ul style="list-style-type: none"> The school chooses a particular model of curriculum based on sound and scientific judgment. The school takes into consideration the local resources and the existing regulatory framework.
2.2.4 How does the curriculum design support the mission of the school?	<ul style="list-style-type: none"> The school decides the approach of the curriculum design. The curriculum design aligns with the school's mission.

Guidance for Assessor

The school has consciously selected principles that are used for curriculum design (i.e., social reconstructionism, essentialism, existentialism, progressivism, etc.) that are appropriate to the school's mission, intended graduate outcomes, resources, and context of the school.

The school identifies criteria consisting of relevance, importance, and priority of the content of the curriculum. The school determines the scope of the content consisting of the amount and depth of coverage and concentration. The school also decides the sequence, i.e., hierarchy and progression of complexity or difficulty. The criteria and sequence demonstrate the relationship between the disciplines of study.

The school consciously chooses a particular model of curriculum based on sound and scientific judgment. The school takes into consideration the local resources and the existing regulatory framework.

The curriculum design is carefully selected based on a sound and appropriate approach. The curriculum design is aligned to achieve the school's mission.

2.3 Curriculum Content

- a. The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training.
- b. Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences

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, 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. The school fosters interprofessional education by creating a collaborative learning environment where students from various healthcare and related disciplines can engage in shared learning experiences. These opportunities are integrated through a combination of structured curriculum components, co-curricular activities, and hands-on experiences.

Key Questions	Criteria for Compliance
2.3.1 Who is responsible for determining the content of the curriculum?	<ul style="list-style-type: none"> The school establishes a committee/ unit/ team responsible for determining the content of the curriculum. The departments involved in formulating the curriculum content. Internal and external stakeholders involved in formulating the curriculum content.
2.3.2 How is curriculum content determined?	<ul style="list-style-type: none"> The school decides the principles or methodologies that are used to identify the curriculum content. The school determines the curriculum content based on references at international, national, and local level.

Key Questions	Criteria for Compliance
2.3.3 What elements of basic biomedical sciences are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The school identifies the basic biomedical sciences that are relevant with the graduate learning outcomes. • The school decides the content of the biomedical sciences, time allocation, and credit values.
2.3.4 What elements of clinical sciences and skills are included in the curriculum? 2.3.4.1 In which clinical disciplines are all students required to gain practical experience? 2.3.4.2 How are students taught to make clinical judgements in line with the best available evidence? 2.3.4.3 How are the choices made, and time allocated for these elements? 2.3.4.4 What is the basis for the school's allocation of student time to different clinical practice settings?	<ul style="list-style-type: none"> • The school decides the content of clinical disciplines and skills that are included in the curriculum to be in line with graduate learning outcomes. • Internal and external stakeholders are involved in determining the content of clinical discipline and skills. • The school determines the content of clinical sciences and skills based on references at the international, national, and local level. • Clinical disciplines that are compulsory for students to gain practical experiences are decided • There are policy and procedures to decide the clinical disciplines that are compulsory for students to gain practical experiences. • The school decides which methods are used to teach students to make clinical judgments in line with the best available evidence. • The school decides the clinical evidence selected for this purpose. • The school decides time allocation for teaching and learning in clinical judgements. • The school manages time allocation for different clinical practice settings.
2.3.5 What elements of behavioural and social sciences are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The behavioural and social sciences that are included in the curriculum are selected to be in line with the graduate learning outcome. • The school uses proven methods to select the behavioural and social science as the content and their time allocation.
2.3.6 What elements (if any) of health systems science are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The health system sciences are included in the curriculum content. • The school uses proven methods to select the health system sciences and their time allocation.
2.3.7 What elements (if any) of humanities and arts are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The humanities and arts are selected in the curriculum content. • The curriculum team allocates time for these contents.
2.3.8 How do students gain familiarity with fields receiving little or no coverage?	<ul style="list-style-type: none"> • The school develops community-based programs. The school ensures the students'

Key Questions	Criteria for Compliance
	health and safety during their placement in the field.
2.3.9 How does the school modify curriculum content related to advances in knowledge?	<ul style="list-style-type: none"> • The school evaluates the curriculum content. • The school involves internal and external stakeholders in curriculum evaluation. • The school uses the result of the evaluation to modify curriculum content in relation to the advancements in knowledge
2.3.10 How are principles of scientific methods and medical research addressed in the curriculum?	<ul style="list-style-type: none"> • The principle of scientific methods and medical research in the curriculum are addressed • The school has policy and procedures to address this in the curriculum, including how it is delivered.
2.3.11 Which fields (if any) are elective? How are elective fields decided?	<ul style="list-style-type: none"> • The school has policy and procedures to decide what fields or disciplines are included in the elective course.
2.3.12 How is student learning assured in disciplines in which they do not get specific experience (e.g. disaster management, emerging disease)?	<ul style="list-style-type: none"> • The school can explain which disciplines that the students do not get specific experiences. • The school ensures how the students can learn those disciplines.
2.3.13 How does the school provide opportunities to the students for interprofessional education and activities?	<ul style="list-style-type: none"> • The study program provides students with the opportunity to participate in interprofessional activities from various health study programs.

Guidance for Assessor

The school establishes a structure responsible for curriculum development. This structure coordinates representatives of departments through various recognised means to formulate the curriculum content. The structure involves internal and external stakeholders that are relevant to the school.

Curriculum content is identified based on course learning outcome related to particular disciplines and multidiscipline. Standards of content that are formulated by professional associations or education associations at the national level should be used as the main reference. If there are no such standards, the school may develop their own standards of content using clear benchmarks. Standards of content at the international level formulated by the international professional association might be used.

The curriculum content might be determined using the following criteria:

1. Self-Sufficiency: This criterion means that students should be given a chance to experiment, observe, and do field study. This system allows them to learn independently.
2. Significance: The subject matter or content is significant if it is selected and organised to develop learning activities, skills, processes, and attitudes.
3. Validity: Validity refers to the authenticity of the subject matter or content selected. The contents are not easily obsolete.

4. Interest: Students learn best if the subject matter is interesting, thus making it meaningful to them.
5. Utility: This is the usefulness of the content or subject matter. This relates to what extent the contents are needed in the future job/career and life.
6. Learnability: The subject matter or content must be within the schema of the learners. Teachers should apply theories in the psychology of learning to know how subjects are presented, sequenced, and organised to maximise students' learning capacity.
7. Feasibility: Feasibility means the full implementation of the subject matter. Students must learn within the allowable time and the use of resources available.

The school identifies the basic biomedical sciences that are relevant with the graduate learning outcomes. For the sake of coherence and consistency, learning materials, such as textbooks, should be developed in line with the broader curriculum perspective that is usually defined in a curriculum framework. This is achieved by counting the 'hours of work' involved in studying for the various modules offered by a teaching establishment. To calculate the number of student hours which will be involved in successfully completing a new module is by being very precise, during its planning stage, in identifying and enumerating the Learning Outcomes and Competences.

The schools have identified clinical disciplines in line with the graduate learning outcomes. This process involves internal and external stakeholders, including data from health care delivery. There is a list of clinical disciplines during the clinical phase or clinical rotation where the students gain practical experiences. The school establishes a planning team for the clinical phase to decide choices of clinical placements based on the graduate learning outcomes, the availability of clinical resources and clinical supervisors. Various theories have been proposed relating to how a clinician reasons through a clinical consultation and how 'expert' clinicians' reason differently to novice learners. Novice learners, such as medical students, have limited clinical experience and therefore need to approach most consultations in a more analytical ('hypothetico-deductive') way. The clinical rotation planning team considers the importance and urgency of list of diseases and list of clinical skills of each clinical department, as well as the availability of mix cases in the relevant hospital. The school decides the allocation of student time in different clinical practice setting based on the availability of inpatient and outpatient in each teaching hospital, as well as the availability of clinical teachers, that are considered sufficient to achieve the learning outcome at clinical phase.

The school explains the behavioural and social sciences that are included in the curriculum which are in line with the graduate learning outcome, as well as the reasons for selection. The school establishes a curriculum team that will decide the time allotted for these contents and the arguments that are applied.

The school explains the content of health system science that is included in the curriculum based on the graduate learning outcome, as well as the reason for selection. The school has demonstrated that consultations with relevant external stakeholders are conducted. The school provides arguments on how allocation of time for health system is conducted.

The school explains the curricular content related to humanities and arts. The curriculum team determines the time allocation for this content after conducting need analysis.

The school develops community-based programs in collaboration with local health offices to place students in remote areas. The school ensures that students' health and safety are insured during their placement in remote areas.

The school has an internal quality assurance system in place where regular review of curriculum is conducted based on certain procedures embracing input, process, output, outcome, and impact. Appropriate numbers and representativeness of internal and external stakeholders are involved in curriculum review.

The curriculum includes principles of scientific methods and medical research which are accommodated in modules or blocks or subjects. Time is allocated proportionally to address this content. A specific team or unit is assigned to be responsible for modules/blocks/subjects' development and implementation.

The school explains the elective modules included in the curriculum. The school could explain the reasons for deciding which topics are needed for elective.

The school appoints a Coordinating Team in each module/block/course who are responsible for planning, developing, and implementing the curriculum to achieve the graduate learning outcome. Where students are not exposed to specific experiences, the coordinators must produce alternative experiences to compensate.

The school provide opportunities to the students for interprofessional education and activities. The curriculum includes courses that bring together students from different programs to work on case studies, simulations, or problem-solving exercises as a team. There are simulation labs and standardized patient scenarios allow students to practice real-world clinical situations including participation in interprofessional research and provide practical experience in interprofessional collaboration, seminars, and networking events to promote dialogue and cooperation among future professionals.

2.4 Educational Methods and Experiences

The school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum. Educational 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 medical school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources. Skilfully 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 educational methods and experiences employed in the school's	<ul style="list-style-type: none">The school select principles that are used in selecting educational methods and experiences

Key Questions	Criteria for Compliance
curriculum? How were these principles derived?	<ul style="list-style-type: none"> The school can explain how the principles are formulated. Internal and external stakeholders are involved in formulating these principals, including experts in medical education.
2.4.2 According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?	<ul style="list-style-type: none"> The school distributes the chosen educational methods and experiences throughout the curriculum. The school can explain the principles adopted for these purposes.
2.4.3 In what ways are the educational methods and experiences provided for students appropriate to the local context, resources, and culture?	<ul style="list-style-type: none"> The school can explain how the educational methods and experiences are provided for students which are appropriate to the local context, resources, and culture.

Guidance for Assessor

The school has decided on principles that are used in selecting educational methods and experiences based on the educational philosophy. The principles are formulated in consultation with internal and external stakeholders, as well as experts in educational psychology.

The school explains the sound and scientific principles that are applied in deciding the educational methods and experiences throughout the curriculum.

The school demonstrates thorough analysis regarding the local context, resources, and culture in deciding which educational methods and experiences are most appropriate.

2.5 Patient Safety

The institution has implemented a quality improvement system that addresses student errors and patient safety issues in the professional education program environment

Key questions	Criteria for Compliance
2.5.1. How does the institution define and communicate student errors and patient safety to stakeholders?	<ul style="list-style-type: none"> The institution implements patient safety policies as part of the learning processes, research, and community service. The institution defines and communicates student errors and patient safety to relevant stakeholders. The institution prepares students to take action to comply with Service Standards and Standard Operating Procedures for implementing Patient Safety strategies in accordance with applicable policies. The institution manages losses or injuries experienced by people who receive services

Key questions	Criteria for Compliance
	provided by students through coordination with relevant parties.
2.5.2. How does the institution designate groups or individuals responsible for monitoring student errors and patient safety at the program management level of professional education and health services?	<ul style="list-style-type: none"> • The institution has procedures for designating groups or individuals responsible for monitoring student errors and patient safety at the level of professional education program management and health services. • The institution has ethical and behavioural guidelines that students must adhere to prepare students and graduates of professional education to practice safely and ethically. • The institution has guidelines and code of conduct in accordance with the healthcare institution. • The institution has guidelines that supervisors in educational institutions collaborate with clinical supervisors to monitor student compliance with the code of ethics.
2.5.3. How are risks of patient safety reviewed, identified, recorded, and reported on a regular basis?	<ul style="list-style-type: none"> • The institution provides an evaluation system to assess and monitor the implementation of patient safety. • The institution manages clinical practice in the evaluation and monitoring of patient safety implementation. • The institution follows up on the results of patient safety monitoring and evaluation. • The institution openly disseminates the results of patient safety monitoring and evaluation to stakeholders.
2.5.4. How are risks addressed and mitigated in the implementation of professional practice learning?	<ul style="list-style-type: none"> • Institution has a policy for managing risks and mitigation. • Institution conducts Root Cause Analysis (RCA) to identify the main causes. The institution provides methods for receiving complaints and ways to resolve. • Institution provides methods for receiving complaints about risks that occur. • Institution follows up on complaints received. • Institution conducts training or education on risk management for lecturers, educational staff, and students.
2.5.5. How does institution and related agencies/bodies/organizations provide information about patient safety issues and risks?	<ul style="list-style-type: none"> • Institutions, together with health service agencies/bodies/organizations, contribute to raising awareness of patient safety issues by applying the principles of transparency,

Key questions	Criteria for Compliance
	accountability, and continuous improvement in patient safety.

Guidance for Assessor

- The institution or study program determines how responsibility for student errors and patient safety is discussed and managed at the management level and in the professional education environment.
- The institution or study program identifies risks to patient safety within the professional education environment.
- The institution or study program identifies risks to patient safety arising from student errors.
- The institution or study program demonstrates how risks are mitigated and monitored.
- The institution and related agencies/bodies/organizations prepare student in knowledge and skill to implement the principles patient safety issues and facilitate its continues improvement.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Minutes of the curriculum committee meeting to formulate the learning outcomes for each course (including knowledge, skills, and behaviour) based on the vision, mission, and strengths of the study program. The results can be measured using appropriate assessments.
- Curriculum book (curriculum: principles, content, sequence), competency map (curriculum study material matrix), Semester Learning Plan (SLP), learning outcomes, teaching and learning methods, and assessment.
- List of clinical departments for student placement.
- List of hospitals and educational facilities.
- Minutes of the curriculum committee meeting on educational methods, curriculum review, evaluation, and curriculum revision.
- Meeting minutes and reports on the involvement of external stakeholders in the quality management system and patient safety strategy.
- Guidelines for conducting root cause analysis (RCA).
- Policies and procedures for mitigating of patient safety.

Criteria 3. Assessment

The school 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 acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

Key Questions	Criteria for Compliance
3.1.1 Which assessments does the school use for each of the specified educational outcomes?	<ul style="list-style-type: none">• The school applies a suitable assessment method for each of the specified education outcomes.
3.1.2 How are decisions made about the number of assessments and their timing?	<ul style="list-style-type: none">• The school ensures that the assessment methods meet the validity, reliability, and educational impact criteria.
3.1.3 How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?	<ul style="list-style-type: none">• The school designs the number of assessments and the timing of assessments to ensure the achievement of graduate educational outcomes and the course learning outcomes.

Guidance for Assessor

The school uses appropriate assessment methods for each of the specified educational outcomes. The assessment methods that are used meet the validity, reliability, and educational impact criteria. The following are examples of assessment methods: The school uses various assessment types, multiple summative and formative assessments on the knowledge, skills, and behaviour for each of the educational outcomes. The school anticipates any limitation that may occur related to the suitable assessment of students' clinical skills. Policy and system should be centralised and related to the school mission, resources available, and the context.

The decisions about the number and type of assessments are based on the graduate educational outcomes as well as the course learning outcomes. Both formative and summative assessment are planned in line with the stages of achievement of the learning outcomes. The timing of formative and summative assessment is decided based on the progress of learning outcome achievements. The decisions are made by the Assessment Committee and approved by the School's Authority. The policies should be shared with all students and other stakeholders.

The assessment committee develops an assessment blueprint at program level to demonstrate the integration and coordination across the range of educational outcomes and curriculum content. The Assessment blueprint at program level is evaluated regularly. The module team develops an assessment blueprint for each module to integrate and coordinate learning outcomes and content for each module.

3.2 Assessment in Support of Learning

- a. The school 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 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?	<ul style="list-style-type: none">• The school provides feedback for 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?	<ul style="list-style-type: none">• The school has a mechanism to 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?	<ul style="list-style-type: none">• The school has a system of support for the students with identified needs.

Guidance for Assessor

The school provides feedback for summative and formative assessments. A narrative assessment such as a portfolio or logbook could be included where there is direct feedback from the teacher to student in a timely manner. During the clinical rotation, the school designs a system to guarantee that all medical students have the opportunities to obtain learning experiences and direct feedback from the clinical supervisor.

Every student has an academic counsellor who evaluates and monitors students' learning progress using a centralised system (learning management system) such as students' achievement on each module, GPA, a portfolio and progresses test result. Data across all levels of education is used to identify students who need support. School provides a student support system that is assigned to fulfil students' needs in academic issues.

3.3 Assessment in Support of Decision-Making

- a. The school has in place a system of assessment that informs decisions on progression and graduation.
- b. These summative assessments are appropriate to 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 patients. 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?	<ul style="list-style-type: none"> The school has a mechanism of developing the examination blueprint. The school develops an examination blueprint.
3.3.2 How are standards (pass marks) set on summative assessments?	<ul style="list-style-type: none"> The school applies the standard setting procedures to establish passing marks for summative assessments. The school has a mechanism for applying a standard setting procedures to establish passing. The school decides on progression and graduation of the student in all educational levels across all expected learning outcomes. The school has a unit or committee who decides on progression and graduation in all educational levels across expected learning outcomes.
3.3.3 What appeal mechanisms regarding assessment results are in place for students?	<ul style="list-style-type: none"> The school as a policy or system regarding appeal mechanism for the assessment results. The school ensures that the students are well informed about the appeal mechanisms. There is a body or committee who involved in the implementation of the appeal mechanism. The school has a mechanism to settle disputes between the students and the school.
3.3.4 What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?	<ul style="list-style-type: none"> The school describes the mechanism to ensure the validity and reliability of the assessment program. The school communicates their content, style and quality of assessments to the students and other stakeholders.
3.3.5 How are assessments used to guide and determine student progression between successive stages of the course?	<ul style="list-style-type: none"> The school has a mechanism to decide student progression between successive stages of the course. The school has a mechanism to use assessment results to guide and determine student progression across the program. The school provides feedback to students regarding their progression across the program.

Guidance for Assessor

Assessment blueprints are developed by making a cross-tabulation of test content, educational outcomes, and the appropriate type of assessment. The assessment blueprint is included in the curriculum and set by the Assessment Committee.

The assessment committee applies standards setting procedures to establish passing marks on summative assessment. The school ensures that every student who passes the summative examination meets the expected standard. The assessment system should include decisions on progression and graduation in all educational levels across all expected learning outcomes. The standards and procedures of assessment should be clearly stated, shared with students, and applied consistently.

The school has developed a policy/system regarding assessment appeal, which is clear, distributed to all students, and implemented continuously. The system includes the course organiser and faculty members who are responsible for reviewing and solving these issues. If an agreement is not reached among all the parties involved, it will be reported to a higher authority.

The school provides a system to ensure the validity and reliability of the assessment program. The school has procedures to develop and review items for each assessment program. This information is shared with the students and other stakeholders.

The course coordinators regularly evaluate and monitor students' learning progress after the formative and summative examination. The student's progress is then informed to the students via a system that can also be monitored by their academic counsellors. Feedback should be provided by staff to improve students' achievement.

3.4 Quality Control

- a. The school has mechanisms in place to ensure the quality of its assessments.
- b. Assessment data are used to improve the performance of academic staff, courses, and the institution

It is important for the school 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 assessment?	<ul style="list-style-type: none">• The school plans and implements the quality assurance system for the assessments system.• The school has a responsible person or unit who is involved in the planning and implementation of the quality assurance system for their assessments.
3.4.2 What quality assurance steps are planned and implemented?	<ul style="list-style-type: none">• The school plans and implements the assurance steps for their assessment system.

Key Questions	Criteria for Compliance
3.4.3 How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	<ul style="list-style-type: none"> • The school collects comments and experiences about the assessment system from students, teachers and other stakeholders. • The school ensures that those comments and experiences are trustworthy.
3.4.4 How are individual assessments analysed to ensure their quality?	<ul style="list-style-type: none"> • The school has procedures for the analysis of individual assessment to ensure their quality. • The school assigns a person or unit that is involved in developing and implementing these procedures.
3.4.5 How is data from assessments used to evaluate teaching and the curriculum in practice?	<ul style="list-style-type: none"> • The school uses the assessment results to evaluate the teaching and the curriculum in practice. • The school assigns a person or unit who is involved in this process.
3.4.6 How is the assessment system and individual assessments regularly reviewed and revised?	<ul style="list-style-type: none"> • The school has procedures for regularly reviewing and revising their assessment system in individual assessment.

Guidance for Assessor

The school assigns a quality assurance and quality team who is responsible for assuring the quality of individual as well as the program assessment. The team includes experts in assessment who plan and implement quality assurance consistently.

The quality assurance steps are planned and implemented regularly (e.g., at the end of each semester). Data obtained is then distributed to improve the performance of staff, course organisers, and institutions.

The school develops a system to collect information regarding assessment from the students, teachers, and other stakeholders (e.g., distributing a questionnaire or online form, focus group discussion).

The quality assurance team collects, reviews and analysis data from course organisers for each assessment regularly. Data collected included the assessment instruments, item analysis (discrimination index, difficulty index), standard setting, portfolio or logbook based on predetermined standards of competencies, alignment on writing assignment, essay questions and discussions process with rubrics.

Data from assessments are shared with staff and other stakeholders to be considered as a basis to improve the teaching and learning process as well as curriculum reform.

The school designates a quality assurance team, medical education unit, or assessment centre to review and revise the assessment system and individual assessments regularly.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Standard operational procedure on 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 procedure for workplace-based assessment

Criteria 4. Students

4.1 Selection and Admission Policy

The medical school 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 sets aspects of its own selection and admission policy and process, 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?	<ul style="list-style-type: none">• The school aligns its selection and admission policy to the school's mission relevant stakeholders are involved in developing the selection and admission policy of the school.• The school ensures that the implementation of selection and admission policy are free from direct intervention from unauthorized parties.
4.1.2 How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	<ul style="list-style-type: none">• The school ensures that selection and admission policy is in line with regulatory body or government requirements.• The school describes the impacts if they do not fit the regulatory or government requirements.
4.1.3 How is the selection and admission policy tailored to the school?	<ul style="list-style-type: none">• The school describes that selection and admission policy are tailored to the school.
4.1.4 How is the selection and admission policy tailored to local and national workforce requirements?	<ul style="list-style-type: none">• The school describes how the selection and admission policy tailored to local and national workforce requirements.• The school identifies 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?	<ul style="list-style-type: none">• The school ensures that the procedures to design the selection and admission policy are fair and equitable, within the local context.• The school describes how students from economically and socially disadvantaged backgrounds are selected.
4.1.6 How is the selection and admission policy publicising?	<ul style="list-style-type: none">• The school describes how they disseminate selection and admission policy to internal and external stakeholders.
4.1.7 How is the selection and admission system regularly reviewed and revised?	<ul style="list-style-type: none">• The school describes the procedures for regularly reviewing and revising the selection and admission system.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The school describes who is involved in these procedures.

Guidance for Assessor

The school develops student admission and selection policies in accordance with its vision and mission. An admission and selection team/committee are established to develop guidelines for implementing/ determining student admissions and selection. The committee has autonomous authority and is free from intervention.

The school considers government regulations, national accreditation standards, and university policies in developing admission policies. Based on this admission policy, the school establishes criteria for student selection and develops procedures, such as decisions making on admission, selection, student applications, compliance with national regulations.

The operationalisation of government/ university policies is adjusted to the school, based on; capacity, number of teaching staff, infrastructure, school's vision and mission, and equality of student background.

The school develops and publishes technical standards for the admission, retention, and graduation of applicants for medical students in accordance with the requirements. Central and local government policies regarding the need for a healthy workforce. Selection and acceptance policies are tailored to the needs of health workers.

Fair and equitable selection and admissions policies according to the local context are developed based on acceptable principles. Affirmative policies are accommodated to recruit students from economically and socially disadvantaged communities.

Admission information should be publicised through information technologies with adequate capacity, such as widely accessible websites, sufficient IT support, and social media engagement.

There is a clear procedure to review and improve the selection and admission system on a regular basis.

4.2 Student Counselling and Support

The medical school 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 published, 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?	<ul style="list-style-type: none"> The school provides 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 counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, a student interest, and talent development, etc.
4.2.2 How are these services recommended and communicated to students, academic and support staff?	<ul style="list-style-type: none"> The school describes how the information on services is made available to staff and students. The school ensures that students and staff are aware of the availability of these student support services.
4.2.3 How do student organisations collaborate with the medical school management to develop and implement these services?	<ul style="list-style-type: none"> The school describes how they ensure that students and management of student organisations are involved in developing and implementing these services.
4.2.4 How appropriate are these services both procedurally and culturally?	<ul style="list-style-type: none"> The school describes how they 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.
4.2.5 How is the feasibility of the services judged, in terms of human, financial, and physical resources?	<ul style="list-style-type: none"> The relevant stakeholders are involved in the provision of student services that are culturally sensitive.
4.2.6 How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	<ul style="list-style-type: none"> The school describes how they ensure that these services are feasible in terms of human, financial, and physical resources.

Guidance for Assessor

- Students might require support in developing professional skills, managing disabilities, physical and mental health and personal welfare, managing finances, and career planning. Consider what support is made available to address these individual needs.
- Career planning will require information about the number and distribution of both education posts and consultant posts for fully trained doctors.
- Consider what emergency support services are available in the event of personal trauma or crisis.
- Consider how to avoid students being subjected to abusive treatment from supervisors, peers, managers, patients, or patients' families.
- Establish processes for resolution of conflicts between students and supervisors, or students and others.
- Specify a process to identify students in need of professional or personal counselling and support.

- Specify what legal support or indemnity is available for students in the advent of adverse events or complaints.
- Consider how such services will be publicized, offered, and accessed in a confidential manner, if necessary.
- Consider how to develop support services in consultation with students' representatives.
- Ensure arrangements for care of students in the workplace, including availability of food and beverages, and rest room.

4.3 Student Work and Learning Environment

Realizing that the main learning occurs through patient care, students have a clear and detailed program for the overall workload and hours of work. It is necessary to strike a balance between the responsibility and commitment of education and the provision of services, with adequate supervision of the student work and learning environment, safe, comfortable, appropriate, and learning time, including exam preparation and implementation. Educational institutions need to implement quality improvement systems to address the physical and psychological safety issues of students in the educational environment, by implementing a 'healthy campus' environment, including free from sexual violence, bullying, and intolerance.

Key Questions	Criteria for Compliance
4.3.1. How does educational institution ensure that the healthcare institutions where students conduct clinical practice has meet quality and patient safety standards?	<ul style="list-style-type: none"> • The study program has clinical supervisors who are prepared for supervisory roles and assess students in all clinical practice vehicles based on patient safety standards.
4.3.2. How does the study program calculate and determine the workload and working hours of clinical practice?	<ul style="list-style-type: none"> • The study program calculates and determines the formulation of workloads and working hours for students.
4.3.3. How is the work plan of student activities, service provision, education, and safety programs to students decided, disseminated, and enforced?	<ul style="list-style-type: none"> • The study program develops a work plan for student activities that are free from sexual violence, bullying and intolerance (the implementation of a 'healthy campus'). • The study program socializes the work plan for the provision of services, education, and safety programs to students.
4.3.4. How does the study program determine the minimum and maximum number of working hours required, as well as the arrangement of holidays for professional education students?	<ul style="list-style-type: none"> • The institution sets the standard of maximum and minimum working hours, as well as the arrangement of holidays in accordance with applicable regulations.
4.3.5. How does the study program manage the implementation of workload and clinical	<ul style="list-style-type: none"> • The study program manages the clinical workload and responsibilities of professional education students in accordance with applicable regulations.

Key Questions	Criteria for Compliance
responsibilities for professional education students?	
4.3.6. How does institution organize for the preparation and implementation of exams while maintaining the safety of students and patients?	<ul style="list-style-type: none"> The study program prepares a schedule and carries out an evaluation process to take the professional exam.

Guidance for Assessor

- Health clinic supervisors are prepared by the institution for their supervisory role and supervise and assess students across clinical practices based on patient safety standards.
- The study program makes a work plan for student activities that are free from sexual violence, bullying and intolerance.
- The institution implements a 'healthy campus' that is free from sexual violence, bullying, and intolerance. The study program provides a description of activities, including service responsibilities, education, supervision and study time.
- The study program determines the formulation of workload and working hours for students. The institution socializes the work plan for the provision of services, education, and safety programs to students.
- The study program provides guidance on the minimum and maximum number of working hours required, including leave arrangements. Provide guidance on workload and responsibilities. Provides guidance on the arrangements for preparing for and taking professional exams.

4.4 Student Safety

Educational institutions must clarify the legal status of students in relation to patient care and have implemented a quality improvement system that addresses the physical and psychological safety issues of students in the educational environment.

Key Questions	Criteria for Compliance
4.4.1. How does the study program provide a student's legal/regulatory status with respect to patient care responsibilities?	<ul style="list-style-type: none"> The institution has a legal protection policy for students in carrying out their responsibilities of caring for patients and their implementation.
4.4.2. How does the study program ensure the physical and psychological safety of students by the institution?	<ul style="list-style-type: none"> The institution implements mechanisms to ensure potential risks to student safety physically and psychologically.
4.4.3. How do the study programs prepare groups or individuals who have responsibility for student	<ul style="list-style-type: none"> The institutions have units that are assigned to ensure the safety of students both within the institution, in clinics, and in other environments.

Key Questions	Criteria for Compliance
safety at the program management level and within the educational location and environment?	
4.4.4. How does study program prevent risks that endanger student safety with mechanisms to identify, mitigate, record, and report?	<ul style="list-style-type: none"> The study program implements a risk prevention mechanism to support student safety in clinical practice by identifying, mitigating, recording, and reporting them
4.4.5. How are measures recorded to ensure student safety and measures taken when risks are identified?	<ul style="list-style-type: none"> The study program establishes the requirements for documents/records that must be provided to ensure the safety of students and patients.

Guidance for Assessor

- Define the meaning of physical and psychological safety for students.
- Establish the legal status of the student and his or her responsibility for patient care.
- Establish how responsibility for student safety is taken at the management level and in the educational environment.
- Identify environmental risks to student safety.
- The study program maintains the safety and security of patients.
- How student safety is mitigated and handled.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revise.
- Policy, regulation, and procedures on student support.
- Policy, regulation, and procedures on student counselling.
- Supporting human resources, facilities and financial for student supports system.
- Monitoring and evaluation of student support system implementation.

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy

The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning. Determining academic staff establishment policy involves considering: the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students; the distribution of academic staff by grade and experience.

Key Questions	Criteria for Compliance
5.1.1 How did the school arrive at the required number and characteristics of their academic staff?	<ul style="list-style-type: none">• The school describes how they decide the required number and characteristics of its academic staff.• The school has considerations in deciding the number and characteristics of its academic staff.• The school describes how they monitor and review the workload of its academic staff.
5.1.2 How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?	<ul style="list-style-type: none">• The school describes how they ensure that there is an alignment between the number and characteristics of their academic staff with the design, delivery and quality assurance of the curriculum.• The school describes how they plan human resource to ensure the staffing adequacy with the development of their school.
5.1.3 How does the Institution support the safety of lecturers and support staff?	<ul style="list-style-type: none">• The Institution/Study Program has policies in place to prevent bullying against lecturers and support staff.• The Institution/Study Program has mechanisms that ensure bullying does not occur and that these mechanisms are communicated to all stakeholders.• The Institution/Study Program has programs to support lecturers and support staff who may experience working violence.

Guidance for Assessor

The school has procedures on how to analyse the required number and qualification of the academic staff based on the number of the student body, the designed curriculum, the burden of research activities, community services, training programs, alignment of discipline mix as well as managerial responsibilities. The school analyses and decides the optimal academic staff to student ratio and evaluates it regularly. The workload of the academic staff is monitored and reviewed systematically. The methods to monitor and review the workload are known to all academic staff. The school has a manpower plan for academic staff and support staff based on those analyses, implementing the plan, evaluating the progress, and reviewing it regularly.

The school has a human resources policy covering the characteristics of the academic staff to be aligned with the design, delivery, and quality assurance of the curriculum. The manpower

plan is adequate to implement the curriculum, including its development of education programs and the missions of the school, staff development, and continuing education and regeneration plan of the existing academic staff.

Policy on preventing bullying for lecturers and support staff.

5.2 Academic Staff Performance and Conduct

The school has specified and communicated its expectations for the performance and conduct of academic staff. Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service. Develop a code of academic conduct in relation to these responsibilities.

Key Questions	Criteria for Compliance
5.2.1 What information does the school provide for new and existing academic staff and how is this provided?	<ul style="list-style-type: none"> The school disseminates information on the responsibilities of academic staff for teaching, research, and services for the new and existing academic staff. The school describes the procedure to disseminate the standards of performance and codes of conduct to the new and existing academic staff.
5.2.2 What induction training does the school provide for academic staff?	<ul style="list-style-type: none"> The school describes how they conduct the training for their new academic staff. The school describes how they arrange induction programs for academic staff. The school provides the contents of the induction programs. The training and development plans reflect the university and study program's mission and objectives. The school describes how they evaluate and review their training programs.
5.2.3 How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum?	<ul style="list-style-type: none"> The school describes how they prepare the academic staff, teachers, and supervisors in the clinical setting to deliver the proposed curriculum. The school describes how they ensure the academic staff, teachers, and supervisors are ready to implement the purpose curriculum.
5.2.4 Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	<ul style="list-style-type: none"> The school provides the procedures for academic staff performance appraisal. The schools select staff that are responsible for carrying out these procedures. The school has a policy and procedures for monitoring and reviewing the academic staff's performance and conduct. The school describes the policies and procedures for retention, promotion, granting rewards, retraction, demotion and dismissal for the staff.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> • The policies and procedures are clearly understood. • The school describes how their staff get regular and sufficient information related to their responsibilities, benefits and remuneration. • The school describes the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure.

Guidance for Assessor

The school provides information on the school's policies regarding human resource policy and other related policies. For the existing academic staff, the school provides (for example) scholarships, travel grants, research grants, and publication grants as required.

The school organises induction programs on a regular basis. The contents of the induction program are government policies in teaching, research, and community services. The training and development plan reflects the university and study program's mission and objectives. The training programs are evaluated and reviewed regularly.

The school organises faculty development programs, which is operated by the medical education unit. Academic staff, teachers and supervisors who are responsible for delivering curriculum in the clinical phase are obliged to attend the training in the clinical curriculum. The medical education unit designs the training in accordance with the needs and the roles.

The school has procedures for staff performance appraisal. The school has authority and structure to carry out these procedures. The roles and relationships of academic staff members are well defined and clearly understood by all academic staff. The policy and procedure are clearly understood by all the relevant parties. A system for the responsible unit (e.g., Head of Department towards the members of the department) to carry out the evaluation is set and well known by all the staff. Each staff must prepare an annual plan including the key performance indicators which are monitored, evaluated, and reviewed systematically.

The school also has clear policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal. The policies and procedures are clearly understood by all academic staff. The school ensures that all the staff will get regular and sufficient information related to their responsibilities, benefits, and remuneration. The school has policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards, and tenure.

5.3 Continuing Professional Development for Academic Staff

The school implements a stated policy on the continuing professional development of its academic staff. Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key Questions	Criteria for Compliance
5.3.1 What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?	<ul style="list-style-type: none">• The school plans for a professional development program and career pathway for the academic staff.• The school describes how they plan socialization to the academic staff.• The school provides the considerations for the development program and career pathway.• The school has a development program for the tenure academic staff.• The school decides who is involved in the development program of the junior/new academic staff.• The school describes how they review and evaluate their program.• The school describes the aspects that are considered in the development program.• The school describes how they support and accommodate the professional development of the academic staff.
5.3.2 How does the school take administrative responsibility for the implementation of the staff's continuing professional development policy?	<ul style="list-style-type: none">• The school describes how they monitor, evaluate and review the continuing professional development program of the academic staff.• The school describes how they appraise and reward the academic staff related to their continuing professional development.
5.3.3 What protected funds and time does the school provide to support its academic staff in their continuing professional development?	<ul style="list-style-type: none">• The school describes how they support their academic staff in their continuing professional development.• The school provides policies for continuing professional development.• The school describes how the academic staff could understand the policy and procedure clearly.

Guidance for Assessor

The school has a professional development program and career pathway for the academic staff. The program and pathway are socialised with the newly recruited and the existing academic staff. The development program and career pathway are based on the merit system and performance evaluation. Each tenure academic staff has a developed program and career pathway. The development program involves senior academic staff in mentoring and/or training the junior/new academic staff. The program is regularly evaluated and reviewed. The

development program is designed by taking the curriculum development and its institutional roadmap, research, and community services into account.

The school accommodates and supports the continuing professional development of the academic staff, including pursuing additional or higher academic degrees deemed suitable. The school monitors, evaluates and reviews the continuing professional development program of the academic staff. The school has a system of appraisal and rewards for academic staff related to their continuing professional development.

The school has policies to support its academic staff in their continuing professional development. The school provides funds and permits for continuing professional development. The policy and procedure of the support are clearly understood by the academic staff.

5.4 Support staff

Support staff (laboratories/operators/technicians/analysts, librarians, administration, IT operators) support the activities of three higher education primary functions (teaching learning, research, community services). Institution provides professional education support staff which are adequate in numbers and qualifications. Institution guarantees the development of support staff.

Key questions	Criteria for Compliance
5.4.1 How does Institution determine the number and qualifications of support staff needed?	<ul style="list-style-type: none"> • Institution has guidelines for calculating the number and qualifications of the required support staff. • Institution monitors and reviews the performance of support staff.
5.4.2 How to determine the number and qualifications of support staff to be in harmony with the services for the implementation of the education, research and community services?	<ul style="list-style-type: none"> • Institution ensures that the number and qualifications of support staff are adequate to support the governance and implementation of the three core functions of higher education (education, research, and community service). • Institution conducts human resource planning to ensure the adequacy of support staff.
5.4.3 How to develop the ability of support staff in service for the implementation of the education, research and community services and in career?	<ul style="list-style-type: none"> • Institution develops the capabilities/skills of support staff in the service. • Institution facilitates the career path of support staff.
5.4.4 How to monitor and evaluate support staff performance to improve service quality?	<ul style="list-style-type: none"> • Institution has a monitoring and evaluation system for support staff performance. • Institution carries out monitoring and evaluation of the performance of support staff in providing services. • Institution conducts an analysis of the results of the monitoring and carries out relevant follow-ups.

Guidance for Assessor

- Institution has development programs and career paths for support staff. These programs and career paths are socialized to support staff. Development programs and career paths are based on a system of remuneration and performance evaluation. The program is monitored and evaluated regularly. The support staff development program is designed by considering the development of the three higher education primary functions (teaching learning, research, community services).
- Institution accommodates and supports sustainable development for support staff.
- Institution monitors and evaluates the sustainable development programs of the support staff. The institution has an assessment and reward system for staff related to sustainable development.
- Institution has a policy to support supporting staff in sustainable development. Institution provides funds and provides opportunities to continue support staff development. Support staff development policies and procedures are set by the institution and understood by support staff.

5.5 Research Relevance in Accordance with The Vision and Excellence of the Study Program

The institution has a research roadmap that serves as a reference for lecturer and student research activities to ensure relevance and suitability with the vision and excellence of the study program. The research results of lecturers and students are integrated into learning activities and receive awards or recognition for research results in the form of research grants, IPR, and patents.

Key questions	Criteria for Compliance
5.5.1. How does the study program ensure the relevance of lecturers' research in supporting the achievement of the vision, mission and excellence of the study program as well as its monitoring and evaluation?	<ul style="list-style-type: none">• Institution has a policy of implementing research and student involvement in lecturer research and is socialized.• The availability and suitability of the research roadmap with the vision, mission and excellence of the study program.• The institution has a monitoring and evaluation system for research up to its follow-up in the study program
5.5.2. How does the study program implement lecturer research activities in institutions?	<ul style="list-style-type: none">• Institutions have procedures and mechanisms for funding research• The institution has a policy to process lecturers' scientific publications in reputable journals.• The institution has procedures, mechanisms, and facilitates study programs in applying for research grants.• The institution has a policy to involve students in lecturer research.• Institutions have policies to support lecturer collaborative research with other parties
5.5.3. How does the study program integrate of research results in learning activities?	<ul style="list-style-type: none">• The institution has a policy to integrate the results of lecturers' research into learning activities

Key questions	Criteria for Compliance
5.5.4. How does the study program provide award and recognition of lecturers' research results?	<ul style="list-style-type: none"> The Institutions have policy in granting award and the recognition of research results

Guidance for Assessor

- Institution has clear policies and procedures that are understood by all lecturers regarding the implementation of research activities (roadmaps, reports, examples of journals/publications, integration with learning, monitoring and follow-up documents, etc.).
- The study program has an effective monitoring and evaluation mechanism to ensure that the research conducted by lecturers is relevant in supporting the achievement of the vision, mission, and excellence of the study program. In addition, the study program also regulates the follow-up of the results of monitoring and evaluation of lecturers' research to ensure that the necessary recommendations and improvements can be implemented in a timely manner.
- The study program has a research grant submission system designed to support lecturers' research activities, as well as a mechanism that provides support for research and publication of research results by lecturers.
- The institution has a policy to support research collaboration between lecturers and other parties both at the national and international levels.
- The institution has policies that support the integration of lecturers' research results into learning activities.
- In addition, institutions have mechanisms in place that facilitate the awarding or recognition of research results, including the receipt of research grants, Intellectual Property Rights (IPR), and patents, to encourage innovation and significant academic contributions.

5.6 The Relevance of Community Service in Accordance with The Vision and Excellence of the Study Program

The institution has roadmap which serves as a reference for community service activities by lecturer and students to ensure the relevance and conformity with the vision and excellence of the study program. The results of community service for lecturers and students are integrated into learning activities and receive awards or recognition in the form of community service Grants, Intellectual Property, and Patents. The results of community service contribute to the welfare of society and science.

Key questions	Criteria for Compliance
5.6.1. How does the study program ensure the relevance of lecturers' community service in supporting the achievement of the vision, mission, and excellence of the	<ul style="list-style-type: none"> The institution has a policy on the implementation of community service and student involvement in lecturer community service and is socialized.

Key questions	Criteria for Compliance
study program as well as its monitoring and evaluation?	<ul style="list-style-type: none"> • The institution has a community service roadmap and evaluates its suitability with the vision, mission and flagship stud program • The institution has a monitoring and evaluation system for community service until its follow-up in the study program. • Monitoring and evaluation system for the implementation of community service to follow-up in the study program. • Institutions evaluate the suitability of community service with the roadmap and follow up.
5.6.2. How does the study program implement community service activities in institutions?	<ul style="list-style-type: none"> • The institution has a policy to process lecturers' community service scientific publications in reputable journals. • Institutions have procedures, mechanisms, and facilitate study programs in applying for community service grants. • The institution has a policy to involve students in community service. • Institutions have policies in supporting community service collaboration with other parties
5.6.3. How does the study program integrate the results of community services in learning programs?	<ul style="list-style-type: none"> • The institution has a policy to integrate community service activities into learning activities.
5.6.4. How does the study program grant the award and scientific recognition of lecturers' community service activities results?	<ul style="list-style-type: none"> • Institution has policies in awarding or acknowledging community services results (including community services, grants, copy rights, and patent).

Guidance for Assessor

Institution has clear policies and procedures that are understood by all lecturers related to the implementation of community service activities (roadmaps, reports, examples of journals/publications, integration with learning, monitoring and follow-up documents, etc.). The study program has a comprehensive monitoring and evaluation mechanism for the roadmap of lecturers' community service activities, as well as regulating the follow-up of the results of the monitoring and evaluation to support the achievement of the vision, mission, and excellence of the study program. In addition, the study program also has a community service activity grant application system for lecturers and students, which is designed to support and expand the positive impact of community service activities. The institution supports the collaboration of community service activities between lecturers and other parties both at the national and international levels, with policies that promote the integration of the results of lecturers' community service activities into learning activities. In addition,

institution has mechanisms that encourage the awarding or recognition of the results of community service activities, including grants, intellectual property rights (IPR), and patents, to appreciate innovations and significant contributions in the field of community service.

Supporting documents

Supporting documents provided, but not limited to the following list:

- Manpower plan according to the needs of each discipline and scientific development.
- Policy and procedures for staff's development.
- Minutes of meetings and list of attendance during development of manpower plan.
- Mapping of discipline of the curriculum.
- Form for monitoring and evaluation of academic staff performance, sampled a filled in form from several academic staffs, result of performance appraisal each semester.
- Induction training program report.
- Reports of the training programs for new and existing academic staff members.
- Summary of the professional development of the academic staff.

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training

The school 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 academic staff.

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?	<ul style="list-style-type: none">• The school describes how they ensure that the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum are adequate – including for staff and students with special needs.• The school describes how they ensure that the laboratory and equipment are up to date, in good condition, readily available, and effectively deployed.• The school describes how they ensure that digital and physical library resources are sufficient, up to date, well-maintained and readily accessible.• The school describes how they ensure that the student safety and security systems are in place at all locations.
6.1.2 Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?	<ul style="list-style-type: none">• The school describes how they decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching.• The school describes how they ensure that once you decide to employ distance learning for classroom teaching, they are able to offer a commensurate level of education and training.

Guidance for Assessor

The classroom is shown to be sufficient, in good condition and up to date in terms of all types of classrooms and meeting space. The number of faculty offices is sufficient, in good condition and up to date. The number of laboratories and equipment are adequate and shown to be up to date, in good condition, readily available, and effectively deployed. The school provides digital and physical libraries resources that are sufficient, up to date, well-maintained and readily accessible. Library services are supervised by professional staff. There is a policy and facility for access for people with special needs. The physical, social, and psychological environment supports the education, research, and community involvement programs. The number and competencies of the support staff are shown to be sufficient. There are excellent quality facilities (library, laboratory, IT, and student services).

When students are required to participate in late-night or overnight learning experiences, they have good access to a call room. There are adequate facilities used for teaching and assessment

of students' clinical and procedural skills with an adequate scheduling program. There are significant changes in facilities for education and/or research anticipated by the medical school over the next three years, especially if there will be an increase in class size soon. There are adequate security systems in place at all locations to ensure student safety and address emergency and disaster preparedness. Student support services are subjected to monitoring, evaluation, and enhancement. The budget is sufficiently provided for facilities and infrastructure development, maintenance, and enhancement.

Distance or distributed learning methods to replace or supplement classroom teaching are limited to lectures and implemented during certain conditions only (pandemic, disaster, etc.). Lectures are delivered by members of the faculty, on average lectures last two hours. PowerPoint presentations and lecture materials are available to all students participating in distance learning teaching. When needed, lectures are followed by an online discussion group. Lectures are recorded and uploaded into the system to be available as podcasts. IT support is available via the online IT help desk. Examination and assessment of distance or distributed learning process is part of the student development assessment. The online platform is designed to be user-friendly, enjoyable to use, very accessible, and includes all the familiar online functions and capabilities including tutorials and seminars, study forums, libraries, journals, course content, videos, etc.

6.2 Clinical Training Resources

The school has 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?	<ul style="list-style-type: none"> • The school provides opportunities are provided for students to learn clinical skills. • The school describes how they ensure that all students have equal access to learning opportunities for clinical skills on campus, in teaching hospitals, in affiliated and satellite hospitals, and outside campus. • The school describes how they 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 laboratories and simulated patients, and of actual patients in this regard?	<ul style="list-style-type: none"> • The school describes how they utilize skills laboratories, simulated patients and actual patients for learning clinical skills. • The school describes how they ensure that the skills laboratories, simulated patients and actual patients support the acquisition of students' clinical skills. • Clinical skills are learnt using skills laboratories, simulated patients and actual patients.

Key Questions	Criteria for Compliance
6.2.3 What is the basis of the policy on the use of simulated and actual patients?	<ul style="list-style-type: none"> • Policies are used as the basis for the use of simulated and actual patients. • The school describes how these policies have been developed. • The school describes who involved in the development of these policies.
6.2.4 How does the school ensure that students have adequate access to clinical facilities?	<ul style="list-style-type: none"> • Clinical facilities can be utilized by students for clinical clerkships. • The school describes how they ensure that the school has guaranteed and sustained access for these clinical facilities. • The school describes how they organize the students' access to the clinical facilities to support the achievement of intended learning outcomes. • The school describes how they monitor and evaluate these clinical facilities.
6.2.5 What is the basis for the school's mix of community-based and hospital-based training placements?	<ul style="list-style-type: none"> • The school describes how they decide the mix of community-based and hospital-based training placements in the school's clinical phase. • The school describes who is involved in making this decision.
6.2.6 How does the school engage clinical teachers and supervisors in the required range of generalist and specialist practice settings?	<ul style="list-style-type: none"> • The school describes how they recruit clinical teachers and supervisors in the required range of generalist and specialist practice settings. • The school describes how they ensure that clinical teachers and supervisors understand their roles and responsibilities in relation to students learning in practice settings. • The school describes how they maintain engagement with clinical teachers and supervisors.
6.2.7 How does the school ensure consistency of curriculum delivery in clinical settings?	<ul style="list-style-type: none"> • The school describes how they ensure that all clinical teachers and supervisors understand the school's curriculum. • The school describes how they organize their curriculum delivery in clinical settings to achieve consistency. • The school describes how they ensure that the curriculum delivery in clinical settings is effective.

Guidance for Assessor

The school's affiliated clinical teaching facilities and information resources are of sufficient size, quality, and accessibility to serve the needs of the school to fulfil its mission. The clinical affiliation agreement at least should describe responsibility of the institution, responsibility of the facility, application of the rules and procedures of the facility, student and faculty status,

student removal, term and termination, non-discrimination and anti-harassment, liability, and governing law. The medical school and clinical teaching facilities affiliates ensure that all medical students have access to needed facilities such as classrooms, study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late-night or overnight clinical learning experiences. All clinical teaching sites (both inpatient and ambulatory) that will be used for core clinical clerkships for the first cohort of medical students have been identified. The medical school will ensure that the volume and mix of inpatient and ambulatory settings used for required clinical clerkships provides adequate numbers and types of patients in each discipline.

The school has adequate numbers and types of clinical skill laboratories dedicated to the teaching of clinical skills. These skills laboratories should help to ensure that all students acquire the necessary techniques and are properly assessed before practicing on real patients. The school has a monitoring and evaluation program which shows that the skill laboratories support the acquisition, maintenance, and enhancement of the clinical skills of students. The term 'clinical skills' involves history-taking, physical examination, clinical investigations, using diagnostic reasoning, procedural perfection, effective communication, teamwork, and professionalism.

The basis of the policy on the use of simulated patients is patient safety and enhancement of student self-learning. Simulation is an important component of the clinical and communication skill centres and clinical skills laboratories and encourages self-learning. Clinical skills laboratories have been designed to support the intended learning outcome and to form an integral part of the overall curriculum. The school has developed various types of simulators which include part-time trainers, simulated patients and environments, computer-based systems (multimedia programs, interactive systems, virtual reality) and integrated simulators. The use of clinical skill laboratories does not replace but rather complements bedside teaching in health care facilities. Prioritise patient's safety in appointing simulated patient in the clinical skills training.

The school has identified all clinical teaching sites (both inpatient and ambulatory) that will be used for clinical clerkships. There is a written agreement between the institution and all clinical affiliates that are used regularly for required clinical clerkship. The school has a comprehensive plan of clerkship program for students in all clinical teaching sites which support the intended learning outcome. The clerkship program has been designed and developed in cooperation with teaching hospitals and other clinical teaching sites which cover both general and specialist services. If there are any students from other health professions programs or residents that also use these facilities the medical school has a policy as to how scheduling conflicts are resolved. The medical school has mandatory requirements and documents to access hospital wards for students participating in clinical clerkship. The school has information for inpatient and outpatient services used for all required clinical clerkships at each hospital. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. The medical school has data and information of the mix of inpatient and ambulatory settings used for required clinical clerkships shown to be adequate in the numbers and types of patients in each discipline. The school has a policy and implements monitoring and evaluation program for clerkship program, students, faculty, hospitals, and other clinical teaching site staff feedback is available.

The medical school has a community - based education and services program to expose medical students early in their training and throughout their education to the public health and primary health care needs of communities. The program has been designed and developed to support the intended learning outcome in public health and community health. The program also aims to create awareness among students of the importance of developing community partnerships to implement sustainable healthcare initiatives. The school considered community-based training placements are important to provide situated or contextual learning. The faculty shows a strong commitment to community- based training by providing sufficient resources for the program.

The school has a policy that helps improve high quality staff recruitment, retaining and performance by providing clear mission, feedback and career development support and well-defined staff role and expectation. The school encourages staff participation in decision-making related to medical education programs including but not limited to policy making discussion. All medical school faculty members work closely together in teaching, research, and health care delivery. The medical school is part of a university offering other graduate and professional degree programs that contribute to the academic environment of the medical school. The medical school has an effective curriculum committee that oversees the planning, implementation, monitoring, and evaluation of educational programs. The academic staff is responsible for the planning and implementation of the components of the curriculum. There is evidence of effective curriculum management. The educational program for all medical students remains under the control of the medical school's faculty. Written affiliation agreements provide assurance of medical student and faculty access to appropriate resources for medical student education.

6.3 Information Resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum. Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school'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, academics, and researchers?	<ul style="list-style-type: none"> The school describes how they identify the needs of information sources and resources for students, academics and researchers. The school describes how they ensure that the information sources and resources are up to date and well maintained.
6.3.2 How are these provided?	<ul style="list-style-type: none"> The school describes how they provide information sources and resources required by students, academics, and researchers.
6.3.3 How is their adequacy evaluated?	<ul style="list-style-type: none"> The school describes how they monitor and evaluate information sources and resources that serve the needs of the students, academics, and researchers.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The school describes how they improve, update, and renew the information sources and resources.
6.3.4 How does the school ensure that all students and academic staff have access to the needed information?	<ul style="list-style-type: none"> The school provides the procedures for students and academic staff to get access to the needed information.

Guidance for Assessor

Students, academics, and researchers require paper-based and electronic-based or computer-based information resources. The information technology systems are up to date and well maintained to meet the needs of staff and students.

A digital library is shown to be set up, in keeping with progress in information and communication technology. The school provides ready access to well-maintained library resources sufficient in the numbers and variety of textbooks, journals and other sources and technology to support its educational and other missions. The university is shown to provide a highly accessible computer and network infrastructure. Students, faculty, and administration have access to sufficient information technology resources, including access to Wi-Fi, to support learning outcomes and the achievement of the school's goals.

The institution implements a program of regular monitoring, evaluation, and feedback regarding information resources from students, academic staff, and administration. The library and information centres have built up collection, management, and dissemination of information resources to meet the needs of the academic, research and administrative users. A policy and plan are in place for continuous improvement, updating and renewal of adaptive information resources.

The quality of the facilities shown to be subjected to evaluation and enhancement. Library services are supervised by a professional staff that is responsive to the needs of the medical students, faculty members, and others associated with the institution. The library has sufficient number and quality of textbooks and journals. It has opening hours sufficient for students to have ready access to its resources. Information technology staff with appropriate expertise are available to assist students, academic staff, and administration. Off-campus access to electronic resources should be seamless from any medical school networked computer. It is eligible for all students, faculty, and staff members with valid IDs.

6.4 Financial Resources

The Institution has a sustainable financial resource, sufficient to ensure the achievement of graduate learning outcomes at the end of the program, and commensurate with the resources of the managing organization.

Key Questions	Criteria for Compliance
6.4.1. How does the institution implement policies and allocate budgets to support the achievement of vision and mission?	<ul style="list-style-type: none">• Institution implements policies and allocate budgets to support the achievement of vision and mission.
6.4.2. How does the institution ensure the availability of sufficient and sustainable financial resources to support programs in all locations?	<ul style="list-style-type: none">• The institution has sufficient and sustainable financial resources to support the program in all locations
6.4.3. How does the institution carry out a budget plan for changes both in source and or amount that is adjusted to the activities of the priority program over time?	<ul style="list-style-type: none">• The institution carries out a budget plan for changes in both sources and/or amounts that are adjusted to priority program activities from time to time.
6.4.4. How does the institution monitor and evaluate the management of financial resources through internal and external audits and follow up on the results of these audits for improvement and development?	<ul style="list-style-type: none">• The institution monitors and evaluates the management of financial resources through internal and external audits and follows up on the results of the audit for improvement and development.

Guidance for Assessor

- The institution explains about the funding sources to support its study programs and to ensure that these sources have the potential to become sustainable financial resources.
- The study programs must also provide information on fluctuations in funding sources over a specific period and the strategies implemented to ensure the sustainability of the educational program.

Supporting documents

Supporting documents provided, but not limited to the following list:

- List of physical infrastructure
- List of other learning supporting systems. Learning Management System, Internet speed
- List of academic hospital network and teaching clinics
- List of facilities in the academic hospitals and Teaching Clinics (discussion rooms, room for night shift, library, etc.)
- List of mannequins available for clinical skill training of the students
- List of standardised patients, report of the training of the standardised patients
- List of training and its reports of the clinical teachers and preceptors
- List of databases of available journals

- Forms for evaluation and feedback from students and academic staff 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?	<ul style="list-style-type: none"> • The school has a mechanism to establish, implement, maintain and improve continuously of the internal quality assurance system. • The school has procedures for the quality management system and their application throughout the organization. • The school determines the quality management system. • The school determines and applies the criteria and methods (including monitoring, measurement and related performance indicators) necessary to ensure the effective operation and control of these processes. • The school determines the resources required for this process and ensures their availability. • The school assigns responsibilities and authorities for these processes. • The school addresses risks and opportunities. • The school evaluates these processes and implements any necessary changes to ensure that these processes achieve the desired result. • The school provides and disseminates information to the public.
7.1.2 How is responsibility for implementation of the quality assurance system clearly allocated between the	<ul style="list-style-type: none"> • The school assigns responsibility and authority to ensure the quality management system complies with the requirements of standards that are used.

Key Questions	Criteria for Compliance
administration, academic staff, and educational support staff?	<ul style="list-style-type: none"> • The school ensures that reporting on the performance of the quality management system and opportunities for improvement has been established. • The school ensures that the integrity of the quality management system is maintained. • The school documented the changes that occurred from the planned and the implemented quality management system. • The school provides manpower needed for the effective implementation of its quality management system and for the operation and control of its processes
7.1.3 How are resources allocated to quality assurance?	<ul style="list-style-type: none"> • The school identifies resources needed for the implementation, maintenance and continuous improvement of the quality assurance system. • The school justifies whether the allocated resources are sufficient.
7.1.4 How has the school involved external stakeholders?	<ul style="list-style-type: none"> • The school identifies the relevant external stakeholders to be involved for the quality management system.
7.1.5 How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?	<ul style="list-style-type: none"> • The school utilizes the results of the quality assurance system to identify, review and control changes made during, or after, the design and development of educational programs. • The school evaluates the performance and effectiveness of the education program. • The school identifies and selects opportunities for improvement and implement any necessary actions to meet stakeholder needs and to increase stakeholder satisfaction.

Guidance for Assessor

It is advisable for the institution to explain the method used which includes the PDCA cycle:

- a. the organisation explains whether it understands the needs and expectations of interested parties.
- b. the organisation should explain the scope of the quality management system.
- c. the organisation should 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.
- d. the organisation should describe the processes required for the quality management system and their application throughout the organisation,
 - determine the required inputs and expected outputs from the process.
 - determine the sequence and interaction of these processes.
 - 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.

- determine the resources required for this process and ensure their availability.
- assign responsibilities and authorities for this process.
- address risks and opportunities evaluate this process and implement any necessary changes to ensure that this process achieves the desired result.

Top management should assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards. Top management should ensure that reporting on the performance of the quality management system and opportunities for improvement for top management have been established. Top management should ensure that the integrity of the quality management system is maintained. When changes occur to the quality management system is planned and implemented. Top management should explain how to determine and provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes

The school explains how the implementation, maintenance and continuous improvement of resources is carried out. The school determines the external stakeholders relevant to the quality management system.

The school identifies, review and control of changes made during, or after, the design and development of educational programs. The school evaluates the performance and effectiveness of the quality management system. The school retains appropriate documented information as evidence of results. The school identifies and selects opportunities for improvement and implements any necessary actions to meet customer needs and increase customer satisfaction.

Supporting Documents

Supporting documents provided, but not limited to the following list:

- Organisation chart of the internal quality assurance system
- Policy and procedures of quality assurance of the medical school and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance
- Minutes of meeting and report 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 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?	<ul style="list-style-type: none">• The relevant schools' bodies are responsible for decisions made related to the functioning of the school.• The school describes how the school's bodies make decisions on the functioning of the school.
8.1.2 By what processes and committee structures are teaching, learning, and research governed in the institution?	<ul style="list-style-type: none">• The school describes how the teaching-learning and research activities are governed by the school.• The school describes which structures are responsible for managing teaching-learning and research activities.
8.1.3 What governance arrangements are there to review the performance of the school?	<ul style="list-style-type: none">• The school describes which body is responsible for reviewing the performance of the school.
8.1.4 How are risks identified and mitigated?	<ul style="list-style-type: none">• The school has mechanisms to identify and mitigate all risks which may occur during teaching-learning, research, and budget allocation.

Guidance for Assessor

The school has an appropriate organisational structure of governing board, school administrator and faculty members that describes their function related to teaching, learning, research, and resource allocation. This structure is transparent and can be accessed by all stakeholders and aligns with the university vision and mission. The school governance also aligns with the teaching hospitals function as a resource for clinical teaching. The school provides policies, procedures, and regulations to prevent conflict of interest at the level of governing administration and faculty members.

Teaching, learning, and research are governed by a body and its committee structures. All members of the committee have responsibilities for planning, implementing, monitoring-evaluating, and reporting all activities regarding teaching, learning, and research from team members-committee chairman-the Dean.

There is a body (under the university) that is assigned to review the performance of the school periodically e.g., Internal Quality Assurance Body.

The school develops a risk management system including risks in clinical settings outside the school to identify and mitigate all risks which may occur regarding the activities of teaching, learning, research, and resource allocation.

8.2 Student and Academic Staff Representation

The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes. Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them. Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

Key Questions	Criteria for Compliance
8.2.1 To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?	<ul style="list-style-type: none"> The school describes how the student's staff and academic are involved in the school decision-making and functioning.
8.2.2 What, if any, social or cultural limitations are there on student involvement in school governance?	<ul style="list-style-type: none"> The school identifies the limitations regarding socio-cultural aspects of student involvement in school governance.

Guidance for Assessor

The school involves students and staff in medical education programs (e.g., curriculum revision, student assessment) and institution management (governance: school decision-making and functioning) to improve the quality of the school.

There is no obstacle to socio-cultural aspects of student involvement in school governance. Students are given the opportunity to freely sound their thinking and argumentation.

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?	<ul style="list-style-type: none"> The school describes how they design the administrative structure. The school describes 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?	<ul style="list-style-type: none"> The school describes the roles of the decision-making process regarding the functioning of the school.

Key Questions	Criteria for Compliance
8.3.3 What is the reporting structure for administration in relation to teaching, learning, and research?	<ul style="list-style-type: none"> The school describes how they design the administrative reporting structure on teaching-learning and research programs/activities.

Guidance for Assessor

The administrative structure is designed by the institution based on its need and function in supporting the school. Schools provide appropriate administration staffing to be able to plan and develop programs including developing policy and review processes to warrant adequate and efficient administrative matters.

The school conducts regular meetings involving all governing boards, academic staff, students, and other stakeholders to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution can function appropriately.

The reporting structure for administration in relation to teaching, learning, and research includes administrative, staff, budget, outcomes, and obstacles (plan and realisation).

The administrative structure is designed by the institution based on its need and function in supporting the school. The school provides appropriate administrative staffing to be able to plan and develop programs.

The school conducts regular meetings to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution is able to function appropriately.

Supporting Documents

Supporting documents provided, but not limited to the following list:

- Organisation chart of the management and administrative 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 of teaching, learning and research

CHAPTER 2. GUIDANCE FOR SELF-EVALUATION REPORT

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

2.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine to what extent the master program complies with the IAAHEH quality criteria for medical school. The process of evaluation includes studying 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 school and coordinated by the accreditation team. The school will collect data and information that will be used as tools to evaluate program. All findings will be analysed and written as a self-evaluation report.

A self-evaluation report needs to represent the real condition of the school, specifically in the education process and to what extent the school may maintain compliance with the IAAHEH quality criteria. Therefore, a series of steps need to be conducted.

The following steps are carried out:

- Identifying the people whom, they need to communicate with in exploring and gathering the information.
- Collecting all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students, faculty members and their academic performances, and the future expectation related to the vision achievement.
- Studying the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the graduate school in managing the education process which could be compared with the strategic plans of the graduate school. A series of interventions to manage the issues is identified as well.
- Scheduling 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 graduate school.
- Identifying and analysing the strengths, weaknesses, opportunities, and threats and how the team uses these data in developing a plan toward a better quality of education. A process of planning/determining, implementation, evaluation, controlling and improvement of the education program needs to be reflected in the process of self-evaluation activities and be presented as a Self-Evaluation Report.

2.2 Guidance of Writing a Self-Evaluation Report (Preliminary and Final)

Following the activities of self-evaluation, a written report needs to be designed by the accreditation team. There are two steps of writing a Self-Evaluation Report (SER), namely: writing a preliminary self-evaluation report and a final Self-Evaluation Report. The preliminary SER is THE FIRST DRAFT of SER. The Preliminary SER is subject to change based on the feedback of the trainers. The following is the structure of SER.

2.2.1 Introduction

Self-evaluation is the process of an organisation in 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 criteria. The analysis should draw on the expertise of the school and its local environment. It represents the opportunity to appreciate the strengths of the school and to identify areas for improvement. This needs to be a formal part of the internal quality assurance that provides the opportunity to record and document changes and improvements in a school.

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 recognised as an important planning instrument to enable the school 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 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 localised innovative practices in teaching and learning)
- b. For accountability:
 - If there are external criteria set by accreditation bodies, it is important to know how well the criteria are achieved.
 - Or a self-evaluation might be part of the entire review process and required by the external body. In this case, the objectives are to understand, to evaluate, and to improve.
 - To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help to understand the context – for example, students cannot be achieve the education outcomes as expected, or teachers might have raised concerns about 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 medical school's managerial process:
- Self-evaluation allows the study program to look at their educational program and services.
 - The study program should pay attention to the student's experience, particularly to their learning and performance. The study program will be able to assess how well they meet the educational goals and any external criteria which apply to the school.
 - Self-evaluation allows evidence-based educational planning and management.
 - The study program will experience the greatest benefit if the self-evaluation process becomes part of their regular planning cycle.
 - Determining whether existing policies and procedures are effective in meeting goals and identifying any gaps.
 - Enhancing the understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes.
 - Disclosing weaknesses and gaps.
 - Promoting honest communication.
 - Encouraging benchmarking, internally and/or externally.
 - Identifying activities that are misaligned with organisational goals/objectives.
 - Promoting an evidence-based culture.

Two principles that relate to the self-evaluation 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-evaluation:

- Management must fully support the self-evaluation and provide access to relevant information that is needed for an effective quality assurance system. The self-evaluation serves to acquire structural insight into the operation and performance of the school.
- Gaining management support to carry out a self-evaluation is not enough. The whole organisation must prepare itself for the self-evaluation. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-evaluation.
- Writing a critical self-evaluation of the quality assurance system demands good organisation and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the school 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-evaluation. 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-evaluation, gathering and analysing data and drawing conclusions.

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

2.2.2 Conducting Self-Evaluation

The period of conducting self-evaluation is ten 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-evaluation which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

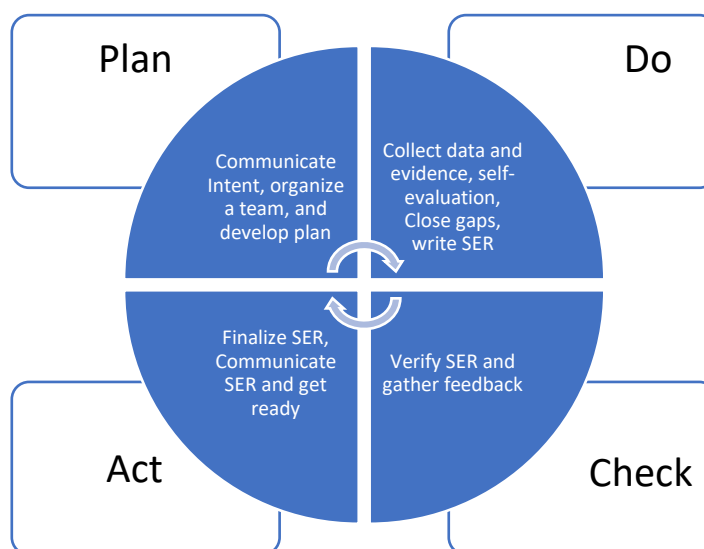


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for self-evaluation. The study program appoints a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or university. This group should have financial, and staff support from the school 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 analysing 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 self-evaluation reports 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 school 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-evaluation, a medical school brings together representatives of the administration, faculty, student body, and other constituencies to:

1. Collecting and reviewing data about the medical school and its educational program,
2. Identifying evidence that supports the achievement of accreditation criteria.
3. Identifying gaps between the existing conditions and the accreditation criteria.
4. Defining 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 criterion. In case new data is required, data collection methods should be designed that can demonstrate achievement of the accreditation criteria.

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 analysed and presented in simple and understandable formats to answer each key question. Table, charts, graphs, narratives might be used.

Once the data collection is completed, the writing of the SER could be started. Each key question in the Accreditation Criteria needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the SER 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 review the SER and the existing quality assurance practices against the accreditation criteria. The draft of SER will be reviewed by the team of trainers for two weeks. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made. 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.

d. Act

The “Act” phase involves implementing the recommendations raised in the “Check” phase. The SER is finalised before communicating it to relevant stakeholders and getting ready for the subsequent accreditation procedures.

2.3 Structure and Content of Self-Evaluation Report

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

a. Structure

In writing the Self-Evaluation Report (SER), each key question in the Accreditation Criteria needs to be addressed. The evidence that supports the achievement of each sub-criteria needs to be referred, attached, and linked in the designated online storage.

Table 1. The structure of Self-Evaluation Report

PROPOSER’S IDENTITY
IDENTITY OF THE TEAM PREPARING THE SELF EVALUATION REPORT
FOREWORD
CHAPTER I INTRODUCTION
Executive Summary
Composition of the Drafting Team and Description of Their Duties
CHAPTER II STUDY PROGRAM SELF-EVALUATION
Profile of the Study Program and Faculty
CRITERIA
1. MISSION AND VALUES
1.1 Starting the mission
2. CURRICULUM
2.1 Intended curriculum outcomes
2.2 Curriculum organisation and structure
2.3 Curriculum content
2.4 Educational methods and experiences
2.5 Patient Safety
3. ASSESSMENT
3.1 Assessment policy and system
3.2 Assessment in support of learning
3.3 Assessment in support of decision-making
3.4 Quality control
4. STUDENTS
4.1 Selection and admission policy
4.2 Student counselling and support
4.3 Student work and learning environment
4.4 Student safety

5. ACADEMIC STAFF
 - 5.1 Academic staff establishment policy
 - 5.2 Academic staff performance and conduct
 - 5.3 Continuing professional development for academic staff
 - 5.4 Support staff
 - 5.5 Research relevance in accordance with the vision and excellence of the study program
 - 5.6 The relevance of community service in accordance with the vision and excellence of the study program
6. EDUCATIONAL RESOURCES
 - 6.1 Physical facilities for teaching and learning
 - 6.2 Clinical training resources
 - 6.3 Information resources
 - 6.4 Financial Resources
7. QUALITY ASSURANCE
 - 7.1 The quality assurance system
8. GOVERNANCE AND ADMINISTRATION
 - 8.1 Governance
 - 8.2 Student and academic staff representation
 - 8.3 Administration

CHAPTER III CLOSING

REFERENCE

ATTACHMENT SUPPORTING DATA

b. Format

The SER should be written in size 12 Times New Roman font in A4 paper with single space. The maximum page is 150 pages excluding Proposer's Identity, Identity of The Team Preparing the Self Evaluation Report, Foreword, Chapter I Introduction, Chapter III Closing, Reference, and Attachment Supporting Data.

c. Dissemination

The school 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 findings 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 which 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 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 ASSESSMENT

3.1 Desk Evaluation Report

IAAHEH assigns an Assessor Team consisting of 5 (five) people after nurturing process is complete. This team consist of a chairperson, a secretary, and 3 (three) members. After receiving the Self Evaluation Report as described in Chapter 2, the assessor reviews the SER and conducts a desk evaluation independently for two weeks (online) by filling in the assessment form 1 (Appendix 1) through SIMAk-Int.

The assessors make the summary of findings from the Self Evaluation Report by extracting important data and information that is entered into the Summary of Findings from Self Evaluation Reports columns. Based on the summary of findings, the assessors decide whether each element of the sub criteria is full compliance, partial compliance, or non-compliance that is entered into the Performance in Accreditation Element columns. Each assessor of the Assessor Team then meets online to consolidate the results of the desk evaluation within two weeks before conducting the survey visit and entering the consolidated results into SIMAK-Int.

3.2 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interview and observation of all criteria in WFME standards based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include building, infrastructure, and facilities to deliver the study program. This guidance aims to provide key points for the study program in preparing the survey visit. It consists of an explanation of the assessors, survey visit, and survey visit report.

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.
- Compliance with WFME Standards.
- 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.

3.3 Administrative Preparation for Survey Visit

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

- The date of 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 medical school provides local transport, airport transfer.
- The medical school invites medical school board, senate, academic staff, students, alumni, user, support staff, and translator.
- The medical school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- The medical school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- The medical school prepares documents related to internal quality assurance system (medical school academic policy, academic regulations, other manual and procedures as required).
- The medical school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- The medical school provides translator if English is not native language and documents are primarily not in English.
- The medical school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.4 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)
 - Support 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 teaching clinics
- 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, student services, and other facilities for students.
- Clarification and validation of documents.
- Closing meeting with the medical 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.

The typical schedule in appendix 2 could be rearranged to suit the situation. However, all the agenda should be conducted.

3.5 Guidance for Introductory Meeting

The introductory meeting is aimed to inform both the assessors and the study program during the four-day visit concerning each responsibility.

- The leader collaborates with the medical school in determining the fixed schedule of introductory meeting.
- Assessors introduce themselves as well as their roles on the survey visit.
- The leader gives a summary of the whole survey visit activities including the deliverables that should be completed by the assessors. He or she informs the study program that the team will end up with the recommendation based on the survey visit results and deliver the recommendation to the council.
- The leader informs the study program that the aim of the accreditation is mainly to improve the quality of the study program.
- The assessors and the study program should work collaboratively and support each other according to their responsibilities.
- The leader reminds the team and the study program to encourage open and honest discussions.
- Assessors should report their initial findings based on the self-survey visit report according to his/her responsibility.
- The team and the study program achieve an agreement on the schedule during the survey visit, especially schedule for interview with faculty, students, and alumni; progress report session, the closing session, and other activities such as post accreditation meeting with dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.
- The leader reminds the secretariat of IAAHEH to provide form to be fulfilled by the team.
- The leader reminds the procedure of the survey visit, including each member's assignment.
- The leader reminds assessors to take notes during the survey visit and report it by the end of the visit.
- Leader reminds on the prohibition of using laptop or mobile phones during the meeting, interview and observation, or doing other unrelated activities with the study program except activities required for accreditation process.
- The leader reminds the team to always consider private data information and the confidential matters of the accreditation process.

a. Preparation for the Venue

The medical school 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
- Education Unit
- Research Unit
- Community Service Unit
- Heads of Departments
- Heads of Administrations
- etc.

c. Medical School Preparation for the Presentation

The profile of the medical school will be presented during the first session of the visit.

- The Dean/ Vice Dean will prepare a presentation on the highlight of the school's profile and the school's strategic planning and management, resources available to run the medical program, human resources and other physical and non-physical resources required for the medical program, counselling, and student supports.
- The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- Head of the quality assurance unit to prepare a presentation on internal quality assurance system.

It is advised that the presentations will stress the important points and updated information. It is strongly suggested that the presentations will not repeat all the information that is already in the SER. In total the presentation lasts 30 minutes and Q&A session should last about 30 minutes.

3.6 Guidance for Interview

This guidance is intended for assessors and the medical school during the visit. The interview session will be held without the presence of school management and accreditation team. The interview will be:

- Interview with the management of the medical 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 utilised, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent the clinical and non-clinical departments/units (basic medical sciences, public health, bioethical and medical education), as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilised, research rewards and incentives

- The school invites support staff representing different function, such as technician (Mechanical and Electrical (ME) and laboratories), librarian, administrative, IT support, finance.
- The interview will cover leadership, support staff, development program, working atmosphere, relationship with management and colleague, workloads, staff qualification relevant to the assignment, job security and satisfaction, relevant issues, information technology support system, library acquisition and collection development plan and profile of library staff.
- The school invites students that will be interviewed, which represent different academic years and achievement, student organisation.
- The interview will cover academic atmosphere, learning, teaching and research facilities, student learning and teaching satisfaction, student support system, academic advising and referral system, non-academic development program, job and career information.
- The school invites alumni that graduated in the last five years. The interview will cover learning experiences, job preparedness, relevance of the acquired competencies with the current job, alumni feedback and contribution, time to get the first job, involvement in the academic, research, community services of the school, and internship program.
- The school invites employer of the alumni, representing various kind of workplaces (or such as hospitals, health offices, universities, clinics, other health services, companies). Preferably the employer is not alumni. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover hard skills and soft skills of the alumni employed, employer feedback to the school.

3.7 Guidance for Observation

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

- The school prepares physical facilities of the university, hospital, and health center to be visited by assessors.
- The physical facilities of the university observed include equipment and instrument. The observation may include office, bio-medical laboratories, classroom, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, student lockers.
- The visit to the hospital may include the emergency department, OPD, IPD, ICU, CCU, surgery theatre, student room for the night shift, and some medical departments.
- Physical facilities for student support, such as clinics, sport facilities, dormitory, classroom size.
- Observation of some activities, such as teaching and learning, small group discussion, laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.8 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display 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 question, sample of theses, dissertations, capstone projects, sample of academic advising and referral system, schedule of current term, list of

thesis advisers and number of advisees per adviser, performance in the licensure examinations. List of co-curricular activities, and sample of minutes of curricular review and evaluation

- Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student research 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 an off-campus, monitoring of online campus, sample of minutes of faculty meetings.
- Library staff development program, library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilisation report.
- Organisational chart, profile of Board of Trustees and key institutional and program administrators, 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/MOUs 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.

3.9 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 needs for the presentation.

The following is the procedure for the Closing Meeting:

- The draft of summary findings will be given to a 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 with the real condition.

- In the following morning, the study program prepares a representative room for discussion with the assessors, required equipment such as audio-visual, 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 assessor 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 been adjusted with the recent changes.
- After discussing all sub criteria, and both sides agree with the findings, the accreditation team of Study program will listen to the summary findings, re-describe the commendation and the recommendation.
- The head of the team concludes the summary findings, re-describe the commendation and the recommendation, then allow the assessor team to print.
- While the assessor team prints the documentation, the study program will wait for the next session.
- The head of assessor returns the session to the Study Program.
- The responsible person of the Study Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

3.10 Guidance for Survey Visit Report

1. The Assessment Team meets online to prepare the survey visit report (including conclusions of the survey visit and recommendations) in Assessment Form 3 (Appendix 4).

Format Report:

- a. Written in A4 format, with 1 inch for left and right margin, 1.2 inch for top and bottom margin. Using Times New Roman black font, 12 pt. 1.15 space between each line. The heading and subheading could use a different font size.
- b. The report should be written in British English.
- c. The report consists of:
 - Cover of the report
 - List of pages
 - Identification of the school under survey visit
 - The date of received of the self-evaluation report, desk evaluation of the SER, date of survey visit
 - The assessors' member
- d. Summary of the findings
 - Brief profile of the school

- Strength of the school
 - Area of concern
 - Area that needs further evidence
- e. Findings of each standard and its sub criteria. This should be written in the following sequence:
- Findings of sub criteria of the standard
 - Area of strength of the school in the described standard and its sub criteria
 - Area of concern
 - Area that needs further evidence
 - Recommendation for the standards and their sub criteria
- f. List of appendices
Appendices arranged in sequential order as its appearance in the narrative.
2. The assessor completes Assessment Form 4 Summary of Compliance (Appendix 5) based on the conclusions of the Self Evaluation Report and Survey Visit Report.

Summary of Accreditation Report

Criteria 1. Mission and Values

1.1 Stating the Mission

Key Questions	Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
1.1.1.				
1.1.2. etc				

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.1.1				
2.1.2 etc				

2.2 Curriculum Organisation and Structure

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.2.1				
2.2.2 etc				

2.3 Curriculum Content

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.3.1				
2.3.2 etc				

2.4 Educational Methods and Experiences

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.4.1				
2.4.2 etc				

2.5 Patient Safety

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.5.1				
2.5.2 etc				

Criteria 3. Assessment

3.1 Assessment Policy and System

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.3.1				
3.3.2 etc				

3.2 Assessment in Support of Learning

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.2.1				
3.2.2 etc				

3.3 Assessment in Support of Decision-Making

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.3.1				
3.3.2 etc				

3.4 Quality Control

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.4.1				
3.4.2 etc				

Criteria 4. Students

4. 1 Selection and Admission Policy

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.1.1				
4.1.2 etc				

4. 2 Student Counselling and Support

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.2.1				
4.2.2 etc				

4. 3 Student Work and Learning Environment

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.3.1				
4.3.2 etc				

4. 4 Student Safety

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.4.1				
4.4.2 etc				

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.1.1				
5.1.2 etc				

5.2 Academic Staff Performance and Conduct

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.2.1				
5.2.2 etc				

5.3 Continuing Professional Development for Academic Staff

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.3.1				
5.3.2 etc				

5.4 Support staff

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.4.1				
5.4.2 etc				

5.5 Research Relevance in accordance with the Vision and Excellence of the Study Program.

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.5.1				
5.5.2 etc				

5.6 The Relevance of Community Service in accordance with the Vision and Excellence of the Study Program.

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.6.1				
5.6.2 etc				

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.1.1				
6.1.2 etc				

6.2 Clinical Training Resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.2.1				
6.2.2 etc				

6.3 Information Resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.3.1				
6.3.2 etc				

6.4 Financial Resources

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.4.1				
6.4.2 etc				

Criteria 7. Quality Assurance

7.1 The Quality Assurance System

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
7.1.1				
7.1.2 etc				

Criteria 8. Governance And Administration

8.1 Governance

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.1.1				
8.1.2 etc				

8.2 Student and Academic Staff Representation

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.2.1				
8.2.2 etc				

8.3 Administration

Key questions	Summary of Findings from Self-Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.3.1				
8.3.2 etc				

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 (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the support staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation centre, 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 academic hospitals.
09.00-11.00	:	Visitation of the academic hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.
11.00-12.00	:	Interview and discussion with the clinical preceptors of the academic 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 teaching clinics or teaching facilities in the community

09.00-11.00	:	Visitation to the teaching clinics or teaching facilities in the community.
11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussion with the alumni of the study program
14.30-16.00	:	Discussion 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 assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

Executive Summary

Glossary

Criteria 1. Missions and Values

Narrative response:

- The use of vision and mission for planning, quality assurance, and management in the study program.
- Alignment with regulatory standards of the local agency and with the relevant governmental requirements
- Alignment of vision, mission, aim and strategy; developed during study programs' activities and program planning process.

Criteria 2. Curriculum

Narrative response:

- The graduate's outcomes in line with teacher's teaching and learning planning strategy
- Narrative of curriculum development process (planning, implementation, evaluation): note's meeting, list of attendance, other supporting documents
- Alignment of intended graduate outcome with graduate career role in society derived from institution vision and missions, the education philosophy and need analysis.

Criteria 3. Assessment

Narrative response:

Brief description on assessment policy (centralised system), alignment with its curriculum outcomes, management (frequencies, timing), Standard assessment, criteria, and decision

Criteria 4. Students

Narrative response:

- Description of the students support system (relevance, accessibility, confidentiality)
- Students support systems: academic and non-academic, communication with students

Criteria 5. Academic Staff

Narrative response:

- Description on academic staff planning (manpower plan) including the number, discipline mix, academic and professional development plan of the academic staff.
- Initial training for academic staff should there is any.
- Performance evaluation and reports of the academic staff.
- Feedback provided to the academic staff.

Criteria 6. Educational Resources

Narrative response:

- Judgement for the study program to provide certain physical infrastructures (buildings, classrooms, etc.) based on the curriculum designed and the national or university standard (e.g., room per students in class, in laboratory, internet bandwidth per students, academic staffs, etc.).
- policies for students to learn clinical skills, in a simulated setting, but also in the real setting, with mannequins, simulated patients or real patients.

- Policies on students' clinical education, either in the hospital, clinic, or community-based setting
- Policies on study resources provision, library (incl. Books, journals, electronic or hard copies), internet bandwidth, etc.

Criteria 7. Quality Assurance

Narrative response:

- Policies on quality assurance, its purposes and methods and subsequent action.
- Quality assurance system is embedded in the structure of the organisation, with its allocated resources.
- Involvement of external stakeholders in quality assurance

Criteria 8. Governance and Administration

Narrative response:

- The organisation chart of the institution and its function and responsibilities
- Budget decision making in the organisation
- Involvement of students and academic staff in decision making and functioning
- Reporting structure for administration in relation to teaching.

Criteria 1: Mission and Values
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 2: Curriculum
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 3: Assessment
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 4: Students
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 5: Academic Staff
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 6: Educational Resources

<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 7: Quality Assurance
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 8: Governance and Administration
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria

Appendix 5 Summary of Compliance (Assessment Form 4)

Criteria	Summary of Self Evaluation Report Conclusion	Summary of Survey Visit Report Conclusion
1. MISSION AND VALUES		
1.1 Stating The Mission		
2. CURRICULUM		
2.1 Intended Curriculum Outcomes		
2.2 Curriculum Organisation and Structure		
2.3 Curriculum Content		
2.4 Educational Methods and Experiences		
2.5 Patient Safety		
3. ASSESSMENT		
3.1 Assessment Policy and System		
3.2 Assessment in Support of Learning		
3.3 Assessment in Support of Decision-Making		
3.4 Quality Control		
4. STUDENTS		
4.1 Selection and Admission Policy		
4.2 Student Counselling and Support		
4.3 Student Work and Learning Environment		
4.4 Student Safety		
5. ACADEMIC STAFF		
5.1 Academic Staff Establishment Policy		

5.2 Academic Staff Performance and Conduct		
5.3 Continuing Professional Development for Academic Staff		
5.4 Support Staff		
5.5 Research Relevance in Accordance with the Vision and Excellence of the Study Program.		
5.6 The Relevance of Community Service in Accordance with the Vision and Excellence of the Study Program.		
6. EDUCATIONAL RESOURCES		
6.1 Physical Facilities for Education and Training		
6.2 Clinical Training Resources		
6.3 Information Resources		
6.4 Financial Resources		
7. QUALITY ASSURANCE		
7.1 The Quality Assurance System		
8. GOVERNANCE AND ADMINISTRATION		
8.1 Governance		
8.2 Student and Academic Staff Representation		
8.3 Administration		