

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



**HANDBOOK FOR PHARMACY
SCHOOLS**

**UNDERGRADUATE PHARMACY EDUCATION
PROGRAM ACCREDITATION**

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FOREWORD

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

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

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

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

Jakarta, July 4th, 2023

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

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Chapter 1. Accreditation Criteria

Criteria 1. Mission and Values

1.1 Stating the mission: The faculty/college/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 faculty/college/school?	<ul style="list-style-type: none"> • The faculty/college/school formulate their mission statement. • The faculty/college/school identify the mission statement. • Health problems are considered at the national and local level • The scientific approach in formulating the mission statement • The relationship between the mission of the university and the mission of the faculty/college/school • Relevance of the mission statement to program outputs and outcomes
1.1.2 Which interest groups were involved in its development and why?	<ul style="list-style-type: none"> • Mechanisms for identifying internal and external interest groups in the mission formulation. • Procedures for the engagement of these interest groups. • Determination of each interest group. The judgement of their contribution and their reciprocal benefits.
1.1.3 How does the mission statement address the role of the pharmacy school in the community?	<ul style="list-style-type: none"> • The mission statement mandate school to be involved in improving the health status of the community. The pharmacy school collaborates with healthcare services, local governments, hospitals, and communities to execute the role of the pharmacy school.
1.1.4 How is it used for planning, quality assurance, and management in the faculty/college/school?	<ul style="list-style-type: none"> • The mission statement is implemented into the faculty/college/school's programs and activities during the planning process." • Implementation of planned programs and activities The organizational structure must conform to managerial functions in order to achieve its mission • The development of the internal quality assurance system based on its mission. • Monitoring and evaluation track the progress of achieving the mission • Ensuring that the follow-up action has been completed • The organization's mission is regularly evaluated and updated, and the most recent evaluation and update were conducted at a specific time
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 faculty/college/school translates the relevant national regulations and standards into its own regulations and standards concordantly

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> • The faculty/college/school considers the local circumstances and uniqueness in implementing the national regulations and standards • The faculty/college/school standards align with the mission of the university.
1.1.6 How is it publicized?	<ul style="list-style-type: none"> • The faculty/college/school uses media to publish its mission and programs. • The faculty/college/school uses various other programs or events to disseminate its mission and programs. • Stakeholders involved in the institution's programs

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

- Minutes of meeting notes when formulating the vision and mission of the school derived from the faculty and university. 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)
- Media use for publication of vision, mission, aim and strategy.

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 pharmacist. Consider whether the defined outcomes align with the pharmacy 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 judgement (assessment). Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

Key Questions	Criteria for Compliance
2.1.1 How were the intended outcomes for the course as a whole and for each part of the course designed and developed?	<ul style="list-style-type: none">• The faculty/college/school uses its mission and priority health problems in the formulation of intended graduate outcomes.• The course outcomes are consistently derived from the intended graduate outcomes.
2.1.2 Which stakeholders were involved in their development?	<ul style="list-style-type: none">• Internal and external stakeholders are identified and engaged in the curriculum development process.• The involvement of internal and external stakeholders in curriculum development is governed by clearly defined procedures.• The views and inputs of various stakeholders are systematically managed and taken into consideration.
2.1.3 How do they relate to the intended career roles of graduates in society?	<ul style="list-style-type: none">• The intended graduate outcomes are systematically aligned with the professional roles that graduates are expected to undertake within society.• The faculty/college/school implements a structured mechanism to trace their graduates.
2.1.4 What makes the chosen outcomes appropriate to the social context of the faculty/college/school?	<ul style="list-style-type: none">• Graduate outcomes are designed to be relevant and responsive to the priority health issues within the faculty/college/school catchment areas.• The selection of needs analysis methods by the faculty/college/school is based on and aligned with resource availability.

2.2 Curriculum Organisation and Structure: The faculty/college/school has documented the overall organization of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. 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 faculty/college/school curriculum design?	<ul style="list-style-type: none"> The faculty/college/school systematically selects the principles applied in curriculum design, such as social reconstructionism, essentialism, existentialism, and progressivism The principles are appropriate to the faculty/college/school mission, intended graduate outcomes, resources, and institutional context.
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 identified by the faculty/college/school ensure that the content of the curriculum is relevant, important, and prioritized. The faculty/college/school determines the scope of the curriculum content in terms of breadth, depth, and concentration of coverage. The faculty/college/school decides the sequence, including the hierarchy and progression of complexity or difficulty, of the curriculum content.
2.2.3 How were the model of curriculum organization chosen? To what extent was the model constrained by local regulatory requirements?	<ul style="list-style-type: none"> The faculty/college/school chooses a particular curriculum model based on sound and scientific judgment. The faculty/college/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 faculty/college/school?	<ul style="list-style-type: none"> The curriculum design follows a specific approach. The curriculum design is aligned with the faculty/college/school 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

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 faculty/college/school establishes a committee, unit, or team responsible for determining the content of the curriculum. Departments are involved in formulating the curriculum content. Internal and external stakeholders are involved in formulating the curriculum content.
2.3.2 How is curriculum content determined?	<ul style="list-style-type: none"> The faculty/college/school employs defined principles and methodologies to determine the curriculum content.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The faculty/college/school utilizes international, national, and local references to ensure the curriculum content is relevant and up-to-date.
2.3.3 How are biomedical sciences and technology elements selected and allocated in the curriculum?	<ul style="list-style-type: none"> The faculty/college/school identifies the biomedical sciences (i.e., cell and molecular biology, anatomy, physiology, pharmacology, and genetics) that are relevant to the graduate learning outcomes. The faculty/college/school ensures appropriate content and time allocation for biomedical sciences in alignment with graduate learning outcomes.
2.3.4 How are pharmaceutical sciences and technology elements selected and allocated in the curriculum?	<ul style="list-style-type: none"> The school identifies the pharmaceutical sciences and technology (i.e., drug discovery and design, dosage form, drug delivery, drug action, drug analysis, pharmaceutical chemistry, and pharmacy devices) that are relevant to the graduate learning outcomes. The faculty/college/school ensures appropriate content and time allocation for pharmaceutical sciences and technology in alignment with graduate learning outcomes.
2.3.5 How are clinical sciences elements selected and allocated in the curriculum?	<ul style="list-style-type: none"> The curriculum includes content from clinical disciplines (i.e., pharmacotherapy, pharmaceutical care, evidence-based medication, drug information, and therapeutic drug monitoring) that are in line with the graduate learning outcomes. The faculty/college/school ensures appropriate content and time allocation for clinical sciences in alignment with graduate learning outcomes.
2.3.6 How are social, behavioural and administration elements selected and allocated in the curriculum?	<ul style="list-style-type: none"> The curriculum includes social, behavioral, and administrative content (i.e., pharmacy administration, managed care pharmacy, pharmacy law, ethics, and health promotion and disease prevention) that are in line with the graduate learning outcomes. The faculty/college/school ensures appropriate selection and time allocation for behavioral and social content in alignment with graduate learning outcomes.
2.3.7 How does the faculty/college/school modify curriculum content related to advances in knowledge?	<ul style="list-style-type: none"> The faculty/college/school evaluates its curriculum content. Internal and external stakeholders are involved in the curriculum evaluation process. The faculty/college/school uses evaluation results to revise the curriculum content to align with current scientific and educational developments.
2.3.8 How are principles of scientific methods research addressed in the curriculum?	<ul style="list-style-type: none"> The curriculum addresses the principles of scientific research methods. The faculty/college/school decides how the principles of scientific research methods are incorporated into the curriculum. The content is delivered by designated faculty members or instructors.
2.3.9 Which fields (if any) are elective? How are elective fields decided?	<ul style="list-style-type: none"> The faculty/college/school establishes which academic fields or disciplines are offered as elective courses.

Key Questions	Criteria for Compliance
2.3.10 The programme provides opportunities for interprofessional education and activities	<ul style="list-style-type: none"> The faculty/college/school facilitates student participation in interprofessional education and collaborative activities.
2.3.11 Educational content appropriately and adequately addresses traditional, contemporary, and future practice	<ul style="list-style-type: none"> The faculty/college/school ensures that traditional, contemporary, and future practices in education are appropriately and adequately addressed.

Note: Curriculum of pharmacy program must cover basic scientific method and basic science (10%), biomedical science (20%), pharmaceutical science and pharmaceutical industry (20%), clinical science, social, and administration (20%)

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 pharmacy 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 curriculum? How were these principles derived?	<ul style="list-style-type: none"> Principles are applied by the faculty/college/school in selecting appropriate educational methods and experiences. The faculty/college/school formulates these principles to guide educational methods and experiences. The faculty/college/school ensures the involvement of internal and external stakeholders, including educational psychology experts, in relevant processes.
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 faculty/college/school distributes the chosen educational methods and experiences appropriately throughout the curriculum. The faculty/college/school adopts specific principles to achieve 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 faculty/college/school ensures that educational methods and experiences for students are suitable for the local context, available resources, and cultural settings.

2.5 Patient Safety

The (faculty/college/school) 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 faculty/college/school define and communicate student errors and patient safety to stakeholders?	<ul style="list-style-type: none"> • The faculty/college/school implements patient safety policies as part on the learning processes, research, and community service. • The faculty/college/school defines and communicates student errors and patient safety to relevant stakeholders. • The faculty/college/school 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 faculty/college/school handles losses or injuries experienced by people who receive services provided by students through coordination with relevant parties.
2.5.2 How do faculty/college/school 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 faculty/college/school 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 faculty/college/school has ethical and behavioural guidelines that students must adhere to in order to prepare students and graduates of professional education to practice safely and ethically. • The faculty/college/school has guidelines and a code of conduct in accordance with the healthcare institution. • The faculty/college/school 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 to patient safety reviewed, identified, recorded, and reported on a regular basis?	<ul style="list-style-type: none"> • The faculty/college/school provides an evaluation system to assess and monitor the implementation of patient safety. • The faculty/college/school handles clinical practice in the evaluation and monitoring of patient safety implementation. • The faculty/college/school follows up on the results of patient safety monitoring and evaluation. • The faculty/college/school 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"> • The faculty/college/school has a policy for handling risks and mitigation. • The faculty/college/school conducts Root Cause Analysis (RCA) to identify the main causes. The faculty/college/school provides methods for receiving complaints and ways to resolve. • The faculty/college/school provides methods for receiving complaints about risks that occur. • The faculty/college/school follows up on complaints received. • The faculty/college/school conducts training or education on risk management for lecturers, educational staff, and students.

Key Questions	Criteria for Compliance
2.5.5 How are institutions and related agencies/bodies/organizations informed about patient safety issues and risks?	<ul style="list-style-type: none"> The faculty/college/school, together with health service agencies/bodies/organizations, contribute to raising awareness of patient safety issues by applying the principles of transparency, accountability, and continuous improvement in patient safety.

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

- Minutes of curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviours) based on school's vision and missions, and the priority health problems. The outcomes can be measured using appropriate assessment.
- Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.
- List of rotation sites for student's placement
- List of teaching pharmacist practical workforce
- Minutes of curriculum committee's 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 faculty/college/school has a policy that describes its assessment practices. b) It has a centralized system for ensuring that the policy is realized 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 faculty/college/school use for each of the specified educational outcomes?	<ul style="list-style-type: none">• The appropriate assessment method is identified and applied for each of the specified educational outcomes.• A rationale is provided to demonstrate how the selected assessment methods fulfill the criteria of validity, reliability, and educational impact.
3.1.2 How are decisions made regarding the number and timing of assessments, as well as their integration and coordination across the range of educational outcomes and the curriculum?	<ul style="list-style-type: none">• The number and timing of assessments are determined to ensure the achievement of graduate educational outcomes as well as course learning outcomes.• The decision-making authority regarding the number and timing of assessments is clearly defined.• Mechanisms are established to ensure that staff and students are well informed about assessment plans and requirements.• The integration and coordination of assessments across the educational outcomes and the curriculum are systematically implemented.• An assessment blueprint is developed at the program level and subjected to regular evaluation to ensure its effectiveness.• Assessment blueprints are developed across multiple levels and undergo systematic evaluation for continuous improvement.

3.2 Assessment in Support of Learning:

Assessment in Support of Learning: a) The faculty/college/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">• Feedback is provided to students based on the results of assessments conducted across the curriculum.
3.2.2 How are students assessed to determine those who need additional help?	<ul style="list-style-type: none">• Criteria are established to identify students who require additional support based on their assessment results across the curriculum.

3.2.3 What systems of support are offered to those students with identified needs?	<ul style="list-style-type: none"> • Appropriate support mechanisms are implemented to address the needs of students identified through assessment.
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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 students. 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"> • A blueprint examination is developed in alignment with the intended learning outcomes and curriculum requirements. • The responsible individuals or committees for developing the blueprint examination are clearly designated.
3.3.2 How are standards (pass marks) set on summative assessments?	<ul style="list-style-type: none"> • Standard-setting procedures are applied to establish passing marks for summative assessments. • Decisions regarding student progression and graduation at all educational levels are made in alignment with the expected learning outcomes. • The individuals or committees responsible for making decisions on progression and graduation across all educational levels are clearly identified.
3.3.3 What appeal mechanisms regarding assessment results are in place for students?	<ul style="list-style-type: none"> • A clear policy and system are established regarding the appeal mechanism for assessment results. • Measures are implemented to ensure that students are well informed about the available appeal mechanisms. • The individuals or committees involved in implementing the appeal mechanisms are explicitly designated. • Procedures are defined to address disputes between students and the faculty, college, or school in a fair and transparent manner.
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 validity and reliability of the assessment program are systematically ensured through established quality assurance processes. • The content, style, and quality of assessments are communicated clearly to students and other relevant 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"> • Student progression between successive stages of the course is determined based on established criteria and academic regulations. • Assessment results are utilized to guide and determine student progression throughout the program. • Feedback is provided to students regarding their progression to support their academic development and achievement of learning outcomes.

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 faculty/college/school

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 faculty/college/school.

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 quality assurance system for assessments is systematically planned and implemented to ensure alignment with institutional and program standards. The individuals or committees responsible for planning and implementing the quality assurance system for assessments are clearly designated.
3.4.2 What quality assurance steps are planned and implemented?	<ul style="list-style-type: none"> The quality assurance steps are systematically planned and implemented in accordance with institutional policies and continuous improvement processes.
3.4.3 How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders (alumni, employer, partners)?	<ul style="list-style-type: none"> Feedback, comments, and experiences regarding the assessment system are systematically collected from students, teachers, and other stakeholders such as alumni, employers, and partners. Measures are implemented to ensure the credibility and trustworthiness of the collected feedback and experiences.
3.4.4 How are individual assessments analysed to ensure their quality?	<ul style="list-style-type: none"> Procedures for the analysis of individual assessments are established and implemented to ensure their quality.
3.4.5 How is data from assessments used to evaluate teaching and the curriculum in practice?	<ul style="list-style-type: none"> The individuals or committees responsible for developing and implementing these procedures are clearly designated.
3.4.6 How is the assessment system and individual assessments regularly reviewed and revised?	<ul style="list-style-type: none"> Assessment results are utilized to evaluate the effectiveness of teaching and the curriculum in practice.

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

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

Criteria 4. Students

- 4.1 Selection and Admission Policy: The pharmacy 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.

Key Questions	Criteria for Compliance
4.1.1 How is alignment determined between the selection and admission policy, and the mission of the faculty/college/school?	<ul style="list-style-type: none">• Selection and admission policies are designed to reflect the faculty's mission.• The parties involved in developing the selection and admission policies are clearly defined.• The implementation of selection and admission policies is ensured to be free from unauthorized intervention.
4.1.2 How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	<ul style="list-style-type: none">• Selection and admission policies are established in accordance with the requirements set by the relevant institution/authority.• A mechanism is in place to address any non-compliance with the requirements of the relevant institution/authority.
4.1.3 How is the selection and admission policy tailored to the faculty/college/school?	<ul style="list-style-type: none">• Selection and admission policies are tailored to the specific context of the institution.
4.1.4 How is the selection and admission policy tailored to local and national workforce requirements?	<ul style="list-style-type: none">• Selection and admission policies are aligned with local and national workforce needs• The parties involved in the selection and admission policies are clearly defined
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">• Procedures are in place to design fair and equitable selection and admission policies, taking into account the resources available.• Policies are established to select students from economically and socially disadvantaged backgrounds, including those from frontier, remote, and underdeveloped regions.
4.1.6 How is the selection and admission policy publicized?	<ul style="list-style-type: none">• Selection and admission policies are disseminated 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">• Procedures are established to regularly review and revise the selection and admission system.• A designated team is assigned to carry out these procedures.

4.2 Student Counselling and Support: The pharmacy 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 How is alignment determined between the selection and admission policy, and the mission of the faculty/college/school?	<ul style="list-style-type: none"> • Selection and admission policies are designed to reflect the faculty's mission. • The parties involved in developing the selection and admission policies are clearly defined. • The implementation of selection and admission policies is ensured to be free from unauthorized intervention.
4.2.2 How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	<ul style="list-style-type: none"> • Selection and admission policies are established in accordance with the requirements set by the relevant institution/authority. • A mechanism is in place to address any non-compliance with the requirements of the relevant institution/authority.
4.2.3 How is the selection and admission policy tailored to the faculty/college/school?	<ul style="list-style-type: none"> • Selection and admission policies are tailored to the specific context of the institution.
4.2.4 How is the selection and admission policy tailored to local and national workforce requirements?	<ul style="list-style-type: none"> • Selection and admission policies are aligned with local and national workforce needs • The parties involved in the selection and admission policies are clearly defined
4.2.5 How is the selection and admission policy designed to be fair and equitable, within the local context?	<ul style="list-style-type: none"> • Procedures are in place to design fair and equitable selection and admission policies, taking into account the resources available. • Policies are established to select students from economically and socially disadvantaged backgrounds, including those from frontier, remote, and underdeveloped regions.
4.2.6 How is the selection and admission policy publicized?	<ul style="list-style-type: none"> • Selection and admission policies are disseminated to internal and external stakeholders.
4.2.7 How is the selection and admission system regularly reviewed and revised?	<ul style="list-style-type: none"> • Procedures are established to regularly review and revise the selection and admission system. • A designated team is assigned to carry out these procedures.

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 do educational institutions 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 makes 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 faculty/college/school 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 responsibilities for professional education students?	<ul style="list-style-type: none">• The study program manages the clinical workload and responsibilities of professional education students in accordance with applicable regulations.
4.3.6. How do institutions 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.

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 faculty/college/school 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 faculty/college/school?	<ul style="list-style-type: none">• The faculty/college/school 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 safety at the program management level and within the educational location and environment?	<ul style="list-style-type: none">• The faculty/college/schools have units that are assigned to ensure the safety of students both within The faculty/college/school, in clinics, and in other environments.
4.4.4. How do study programs 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 that endangers 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.

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

- 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 faculty/college/school arrive at the required number and characteristics of their academic staff?	<ul style="list-style-type: none">• The school decides the required number and characteristics (profile) of academic staff.• Parameters that are considered in determining the number and characteristics of your academic staff.• The school/program monitors and reviews the workload of the 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/program ensure that there is an alignment between the number and characteristics of academic staff with the design, delivery, and quality assurance of the curriculum?• The school has strategy for human resource planning to ensure staffing adequacy with the development of your faculty/college/school.
5.1.3 How do the number and characteristics of the academic staff align with the road map and quality of research?	<ul style="list-style-type: none">• The school ensures the alignment between the number and characteristics of academic staff and the research roadmap.• The school develops programs to improve research.• The school ensures the research conducted by the academic staff has a high impact and relevance to programs.
5.1.4 Who administers the pharmacy education unit and what are the qualifications of the administrator?	<ul style="list-style-type: none">• The administrators of the pharmacy education unit have a strong competence in academic administration.• The educational background of the executive committee of the school of pharmacy.
5.1.5 How does The faculty/college/schools ensure that lecturers and education staff are protected from bullying?	<ul style="list-style-type: none">• The faculty/college/school/study program has policies in place to prevent bullying against lecturers and education staff.• The faculty/college/school/study program has mechanisms that ensure a bullying does not occur, and these mechanisms are communicated to all stakeholders.• The faculty/college/school/study program has programs to support lecturers and education staff who may experience bullying.

- 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 the information on the responsibilities of academic staff in teaching, research, and services for the new and existing academic staff.

	<ul style="list-style-type: none"> • The school disseminates the expected performance and codes of conduct to the new and existing academic staff.
5.2.2 How did the policies of faculty/college/school pharmacy to provide the welfare of faculty and staff, and are consistent with those of the governing organization?	<ul style="list-style-type: none"> • The school establishes policies to support academic staff in sustaining their welfare. • The school has policies that are in place to provide for the welfare of academic staff.
5.2.3 What induction training does the faculty/college/school provide for academic staff?	<ul style="list-style-type: none"> • The faculty/college/school conducts the induction training for new academic staff. • The faculty/college/school arranges induction programs for academic staff. • The faculty/college/school designs the contents of the induction programs. • The faculty/college/school designs the training and development plan which reflects the university and study program's mission and objectives. • The faculty/college/school evaluates and reviews its training programs periodically.
5.2.4 How does the school prepare academic staff and preceptors in community pharmacy, hospital, pharmaceutical industry, and other settings to enact the proposed curriculum?	<ul style="list-style-type: none"> • The faculty/college/school prepares the academic staff and preceptors in community, hospital, pharmaceutical industry, and other settings to deliver the proposed curriculum. • The faculty/college/school ensures a sufficient number of academic staff and preceptors in community pharmacy, hospital, pharmaceutical industry, and other settings are ready to implement the purpose curriculum.
5.2.5 Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	<ul style="list-style-type: none"> • There are procedures for the appraisal of academic staff performance. • The school assigns a team that is responsible for carrying out these procedures. • The school set up the policies and procedures for monitoring and reviewing the academic staff's performance and conduct. • The school designs the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff. • The school ensures that the policies and procedures are clearly understood. • The school ensures the staff get regular and sufficient information related to their responsibilities, benefits, and remuneration. • The school set up the 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 designs an SOP for a continuing professional development program and a career pathway for the academic staff. • The school designs the plan for socializing the professional development program and a career pathway for the academic staff. • There are considerations for the development program and career pathway. • There are development programs for the tenure academic staff. • The team who are involved in the development program of the junior/new academic staff. • The school has an SOP on how the school reviews and evaluates the program. • The school set up the aspects that are considered in the development program. • The school supports and accommodates the professional development of the academic staff.
5.3.2 How does the faculty/college/school take administrative responsibility for the implementation of the staff's continuing professional development policy?	<ul style="list-style-type: none"> • The faculty/college/school monitors, evaluate, and review the continuing professional development program for the academic staff. • The faculty/college/school appraises and rewards the academic staff related to their continuing professional development.
5.3.3 What protected funds and time does the faculty/college/school provide to support its academic staff in their continuing professional development?	<ul style="list-style-type: none"> • The faculty/college/school supports its academic staff in their continuing professional development. • The school has a policy to support its academic staff for their continuing professional development. • The school conducts socialization of the policy to the academic staff until they understand the policy and procedure clearly.

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). The faculty/college/school provides professional education personnel and meets the adequacy of numbers and qualifications. Institution guarantees the development of Support Staff.

Key questions	Criteria for Compliance
5.4.1 How does faculty/ college/school determine the number and qualifications of Support staff needed?	<ul style="list-style-type: none"> • The faculty/ college/school has guidelines for calculating the number and qualifications of the required staff. • The faculty/ college/school monitors and reviews the performance of staff.

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

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

The faculty/ college/school 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 faculty/ college/school 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 faculty/ college/school has a policy to process lecturers' scientific publications in reputable journals. The faculty/ college/school has procedures, mechanisms, and facilitates study programs in applying for research grants. The faculty/ college/school has a policy to involve students in lecturer research. Institutions have policies to support lecturer collaborative research with other parties

Key questions	Criteria for Compliance
5.5.3. How is the integration of research results in learning activities?	<ul style="list-style-type: none"> The faculty/ college/school has a policy to integrate the results of lecturers' research into learning activities
5.5.4. How is the award and recognition of lecturers' research results?	<ul style="list-style-type: none"> The faculty/ college/schools have policy in recognition of research results

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

The faculty/ college/school 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 do the study program's efforts ensure the relevance of lecturers' Community Service 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"> The faculty/ college/school has a policy on the implementation of Community Service and student involvement in lecturer Community Service and is socialized. The faculty/ college/school has a Community Service roadmap and evaluates its suitability with the vision, mission and flagship stud program The faculty/ college/school 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 on it
5.6.2. How does the study program implement community service activities in institutions?	<ul style="list-style-type: none"> The faculty/ college/school 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 faculty/ college/school has a policy to involve students in Community Service. Institutions have policies in supporting Community Service collaboration with other parties
5.6.3. How is the integration of the results of community services in learning programs?	<ul style="list-style-type: none"> The faculty/ college/school has a policy to integrate Community Service Activities into learning activities.
5.6.4. How is the award and scientific recognition of lecturers' Community Service Activities results?	<ul style="list-style-type: none"> Institutions have policies in awarding or acknowledging Community Services results (including Community Services, Grants, Copy Rights, and Patent.

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

- 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 faculty/college/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 faculty/college/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 ensures that the physical infrastructures (space and equipment) provided for the theoretical and practical learning specified in the curriculum are adequate, including for people with special needs.• The school ensures that the laboratory and equipment are up to date, in good condition, readily available, and effectively deployed.• The school ensures that digital and physical library resources are sufficient, up to date, well-maintained, and readily accessible.• The school ensures that the student's 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 has procedures for deciding whether distance or distributed learning methods are necessary to replace or supplement classroom teaching.• The school ensures that once decided to employ distance learning for teaching and learning, the school is able to offer a commensurate level of education and training.

6.2 Teaching Learning Internship Resources: The faculty/college/school pharmacy has appropriate and sufficient resources to ensure that students receive the required internship training.

Consider the facilities that are required to provide adequate training in pharmacist practical skill, and an appropriate range of experience in pharmacy practice settings, to fulfil the internship requirements of the curriculum.

Key Questions	Criteria for Compliance
6.2.1 What range of opportunities are required and provided for students to learn skills in pharmacy practice clinical skills?	<ul style="list-style-type: none">• The school provides the rotation sites for students to learn skills in community pharmacy, hospital, pharmaceutical industry, and other settings.• The school ensures that all students have equal access to learning opportunities in community pharmacy, hospital, pharmaceutical industry, and other settings in campus and outside campus.• The school ensures that the facilities and infrastructure for skill learning in the community pharmacy, hospital, pharmaceutical industry, and other settings are well maintained and up to date.
6.2.2 What use is made of skills laboratories, and simulated patients, and of actual patient's pharmacy practice setting in this regard?	<ul style="list-style-type: none">• The school has procedures for utilizing skills laboratories, simulated and actual pharmacy practice settings, simulated patients, and actual patients for learning clinical skills.• The school has procedures to ensure that the skills laboratories, simulated and actual pharmacy practice

	<p>settings, simulated patients, and actual patients support the acquisition of students' clinical skills.</p> <ul style="list-style-type: none"> • The school describes those clinical skills that are learnt using skills laboratories, simulated and actual pharmacy practice settings, simulated patients, and actual patients.
6.2.3 What is the basis of the policy on the use of simulated and actual pharmacy practice settings simulated and actual patients?	<ul style="list-style-type: none"> • The school defines policies that are used as the basis for the use of simulated and actual pharmacy practice settings with simulated and actual patients. • The school set up a procedure in developing the policy. • The school assigns a unit/team in developing the policy. •
6.2.4 How does the faculty/college/school ensure that students have adequate access to pharmacy practice facilities?	<ul style="list-style-type: none"> • The school set up a criteria for pharmacy practice facilities that can be utilized by students for clerkships. • The school ensures that the faculty/college/school has guaranteed and sustained access to pharmacy practice facilities. • The school organizes the students' access to the facilities to support the achievement of intended learning outcomes. • The school set up an SOP to monitor and evaluate these facilities.
6.2.5 How does the school faculty/college/school engage preceptors in the required range in pharmacy practice settings?	<ul style="list-style-type: none"> • The school set up an SOP to recruit preceptors in the required range in pharmacy practice settings. • The school has a procedure on how to ensure that preceptors understand their roles and responsibilities in relation to students' learning in practice settings. • The school has a procedure to maintain engagement with preceptors.
6.2.6 How does the faculty/college/school ensure consistency of curriculum delivery in pharmacy practice settings?	<ul style="list-style-type: none"> • The school has a procedure to ensure that all preceptors understand the faculty/college/school curriculum. • The school organizes the curriculum delivery in pharmacy practice settings to achieve consistency. • The school has a procedure to ensure that the curriculum delivery in pharmacy practice settings is effective.

6.3 Information Resources: The faculty/college/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 designs an SOP to identify the needs of information sources and resources for students, academics, and researchers. • The school has an SOP to 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 has an SOP to 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 designs an SOP to monitor and evaluate information sources and resources that serve the needs of the students, academics, and researchers.

	<ul style="list-style-type: none"> • The school designs an SOP improve, update, and renew the information sources and resources.
6.3.4 How does the faculty/college/school ensure that all students and academic staff have access to the needed information?	<ul style="list-style-type: none"> • The school provides an SOP on how students and academic staff get access to the needed information.

6.4 Financial Resources:

Institution's sustainable financial resources, 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 do institutions implement policies and allocate budgets to support the achievement of vision and mission?	<ul style="list-style-type: none"> • Institutions implement policies and allocate budgets to support the achievement of visions and missions.
6.4.2. How do institutions ensure the availability of sufficient and sustainable financial resources to support programs in all locations?	<ul style="list-style-type: none"> • The faculty/college/school has sufficient and sustainable financial resources to support the program in all locations
6.4.3. How does The faculty/college/school 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 faculty/college/school 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 do institutions 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 faculty/college/school 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.

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

- 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 training and its reports of the 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 faculty/college/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 faculty/college/school defined and described, and made publicly available?	<ul style="list-style-type: none">• The methods used in the internal quality assurance system include the PDCA (Plan-Do-Check-Act) cycle.• The faculty/college/school identifies the needs and expectations of interested parties.• The internal quality assurance system has been established, implemented, maintained, and continuously improved.• The processes required for the quality management system include planning, implementation, monitoring, evaluation, and continuous improvement, which are applied throughout the organization.• The faculty/college/school determines the sequence and interaction of these processes.• The faculty/college/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 faculty/college/school determines the resources required for this process and ensures their availability.• The faculty/college/school assigns responsibilities and authorities for these processes.• The faculty/college/school addresses risks and opportunities.• The faculty/college/school evaluate these processes and implement any necessary changes to ensure that these processes achieve the desired result.• The faculty/college/school provides and disseminates information to the public through official websites, social media platforms, publications, public reports, and community engagement activities.
7.1.2 How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?	<ul style="list-style-type: none">• The board of management assigns responsibility and authority to ensure that the quality management system complies with the requirements of standards that are used.• The board of management ensure that reporting on the performance of the quality management system and opportunities for improvement have been established.• The board of management ensures that the integrity of the quality management system is maintained. Changes that occur when the quality management system is planned and implemented.• The board of management provides the people needed for the effective implementation of its quality management system and for the operation and control of its processes.

7.1.3 How are resources allocated to quality assurance?	<ul style="list-style-type: none"> • The faculty/college/school identify resources needed for the implementation, maintenance, and continuous improvement of the quality assurance system.
7.1.4 How has the faculty/college/school involved external stakeholders?	<ul style="list-style-type: none"> • The faculty/college/school justify that the allocated resources are sufficient.
7.1.5 How is the quality assurance system used to update the faculty/college/school educational design and activities and hence ensure continuous renewal?	<ul style="list-style-type: none"> • The faculty/college/school utilize 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 faculty/college/school evaluate the performance and effectiveness of the education program. • The faculty/college/school identify and select opportunities for improvement and implement any necessary actions to meet stakeholder needs and to increase stakeholder satisfaction.

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

- Organization chart of the internal quality assurance system.
- Documents of quality assurance of the pharmacy 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 faculty/college/school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns

Describe the leadership and decision-making model of The faculty/college/school, 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 faculty/college/school?	<ul style="list-style-type: none">• Decisions concerning the functioning of the faculty/college/school are made by designated responsible bodies.• Decisions on the functioning of the faculty/college/school are made by its bodies following specific processes.
8.1.2 By what processes and committee structures are teaching, learning, and research governed in The faculty/college/school?	<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 faculty/college/school identifies and mitigates risks that may occur during teaching-learning, research, and budget allocation.

8.2 Student and academic staff representation: The faculty/college/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 students and academic staff are involved in school decision-making and functioning.

- 8.3 Administration: The faculty/college/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 faculty/college/school?	<ul style="list-style-type: none"> The administrative structure is clearly designed.
8.3.2 How does the decision-making process support the functioning of The faculty/college/school?	<ul style="list-style-type: none"> Roles and responsibilities are defined to support the functioning of the faculty/college/school.
8.3.3 What is the reporting structure for administration in relation to teaching, learning, and research?	<ul style="list-style-type: none"> Roles of the decision-making process in supporting the faculty/college/school are clearly defined.
8.3.4 How does the administrative structure support the functioning of an institution?	<ul style="list-style-type: none"> The administrative reporting structure for teaching, learning, and research activities is designed and implemented.
8.3.5 How does the decision-making process support the functioning of The faculty/college/school?	<ul style="list-style-type: none"> The role of the administrative structure in supporting institutional functions is clearly defined.

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

- Organization chart of the management and administrative of the faculty/college/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 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 the status of the pharmacy school in complying with the IAAHEH standard on quality of education of a pharmacy school. The process of evaluation includes studying a written self-evaluation report of the school.

To conduct an objective and accurate self-evaluation, a series of activities need to be carried out by the school and coordinated by the accreditation team. The school will obtain data and information that will be used as tools to evaluate themselves. All findings will be 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 IAHEH standards. Therefore, a series of steps need to be conducted by the school and lead by the accreditation team of the school.

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

- 1) To identify the people whom, they need to communicate with in exploring the information.
- 2) To collect all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students (including recent tables), faculty members and their academic performance and the future expectation related to the vision achievement.
- 3) To study the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the school in managing the education process which could be compared with the strategic plans of the school. A series of interventions to manage the issues is identified as well.
- 4) To schedule several meetings with internal and external stakeholders to gain accurate information by exploring their perception of how far they perceive on the quality of education offered by the school.
- 5) To identify and analyse the strengths, weaknesses, opportunity, and threats and how the team uses these data in developing a plan toward a better perceived quality of education. A process of planning/determining, 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 of the school. 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 a FIRST DRAFT of SER which is like the final SER. The report is liable to change based on the feedback of the trainers. The structure and content are the same as the final SER (*refer to information below as follows*).

2.2.1 Introduction

Self-evaluation is the process of an organisation 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 in a higher education school is a thoughtful analysis of all components of the study program, compared against agreed and accepted standards. The analysis should draw on the expertise of the 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 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 very many reasons for undertaking a self-evaluation as follows (Banda, et al., 2016):

For improvement:

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

For accountability:

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

As part of the school's managerial process:

- a) Self-evaluation allows you to look at your educational program and services.
- b) You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your school.
- c) Self-evaluation allows evidence-based educational planning and management.

- d) You will experience the greatest benefit if the self-evaluation process becomes part of the school's regular planning cycle.
- e) Determining whether existing policies and procedures are effective in meeting schoolable goals and identifying any gaps.
- f) Enhancing understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes
- g) Disclosing weaknesses and forcing confrontation
- h) Promoting honest communication
- i) Encouraging benchmarking, internally and/or externally
- j) Identifying activities that are misaligned with organisational goals/objectives.
- k) Promoting an evidence-based culture

Two principles that relate to the assessment process are:

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

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

- a) Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the school.
- b) Gaining management support to carry out a self- assessment is not enough. The whole organisation must prepare itself for the self-assessment. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-assessment.
- c) 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.
- d) It is desirable to install a working group in charge of the self-assessment. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-assessment, gathering and analysing data and drawing conclusions.
- e) As it is assumed that the self-assessment is supported by the school, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organise a workshop or seminar to discuss or communicate the SAR.

2.2.2 Conducting Self-Evaluation

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

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

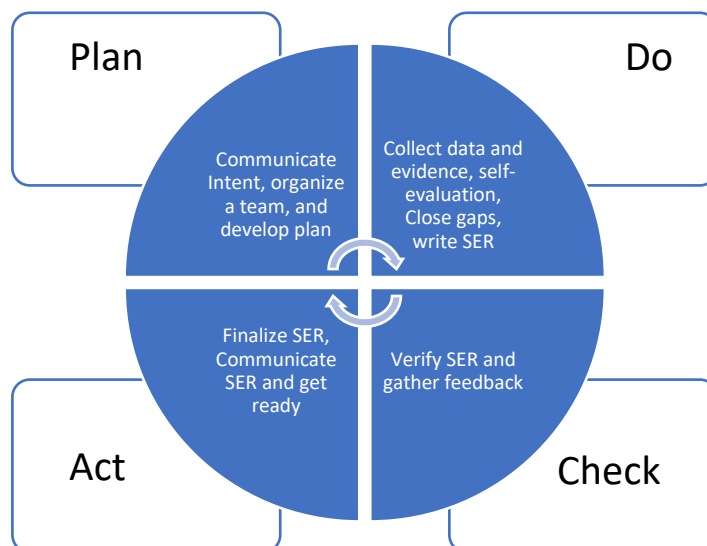


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. Identifying persons who will be involved in the SER team and resource person to obtain information or data. Appoint 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.

Document Number	:	INS-I-FR-PRO-24-005-01
Document Date	:	October 24, 2025

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-study, a pharmacy school brings together representatives of the administration, faculty, student body, and other constituencies to:

- a) Collect and review data about the pharmacy school and its educational program, based on determined criteria.
- b) Conducts activities to obtain data or evidence that supports the achievement of accreditation standards.
- c) Identify gaps between the existing conditions and the accreditation standards.
- d) define strategies to ensure that the gaps are closed, and any problems are addressed effectively.
- e) Write the draft according to the determined structure.
- f) Complete the draft with an executive summary and glossary (if required)
- g) Send the draft to the trainers to whom have trained the school staff in writing the preliminary SER.

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

There might be some barriers during the data collection, such as lack of access to the required documentation, low response rates, scattered information, missing information, or limited access to data. These barriers need to be overcome. All data that has been collected needs to be 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 Standards needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the assessment team must verify the evidence gathered. The “Check” phase involves verifying the SER as well as the quality assurance

practices and giving feedback to improve them. An independent team should be appointed to assess the SER and the existing quality assurance practices against the accreditation criteria. 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 external assessment.

2.3 Structure and Format 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 Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred, attached, and linked in the designated cloud location.

The structure of Self-Evaluation Report can be seen in **Appendix 1**.

b. Format

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

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 recommendation of the SER.

Table 1. 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 Survey Visit

3.1 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through 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:

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

3.2 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially 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.

- a. The date of survey visit is organised by the secretariat of IAAHEH.
- b. Invitation letter for the Assessor
- c. Booking accommodation for the Assessor
- d. Dietary requirements such as vegetarian, halal food, etc.
- e. Health protocol
- f. The interviewee cannot be replaced.
- g. The school provides local transport, airport transfer.
- h. The school invites school board, senate, academic staff, students, alumni, user, supporting staff, and translator.
- i. The school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- j. The school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- k. The school prepares documents related to internal quality assurance system (school academic policy, academic regulations, other manual and procedures as required).
- l. The school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- m. The school provides translator if English is not native language and documents are primarily not in English.
- n. The school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.3 The Survey Visit Procedure

The activities of the survey visit would include:

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

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

Table 2. 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 supporting staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, and other facilities in the 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 hospitals
09.00-11.00	:	Visitation of the 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 hospital's preceptors
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 pharmaceutical company and pharmacy community.
09.00-11.00	:	Visitation to the pharmaceutical company and pharmacy community.
11.00-12.00	:	Interview and discussion with the preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussions with the alumni of the study program
14.30-16.00	:	Discussions with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4	:	
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification
10.30-12.00	:	Clarification and verification with the management of the study program
12.00-13.00	:	Lunch break

13.00-16.00	:	Internal discussion of the assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

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

3.4 Guidance for Introductory Meeting

a. Preparation for the Venue

The 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:

- 1) The Dean
- 2) Vice Dean
- 3) Head of Study Program
- 4) Accreditation Team
- 5) Head of Quality Assurance Unit
- 6) Representative of pharmacy practice site (e.g., hospital, pharmaceutical industry, pharmacy community)
- 7) Education Unit
- 8) Research and Community Service Unit
- 9) Heads of Department
- 10) Heads of Administrations
- 11) Preceptors
- 12) etc.

c. Preparation for the presentation

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

- 1) 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 pharmacy program, human resources and other physical and non-physical resources required for the pharmacy program, counselling, and student supports.
- 2) The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- 3) 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.

3.5 Guidance for Interviews

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

- 1) The faculty/college/school appoints academic staff that will be interviewed, the academic staff represent the faculty members, as well as representing different department and academic ranks.
- 2) The school invites students that will be interviewed, which represents different academic years and achievement, student organization.
- 3) The school invites support staff representing different functions, such as technician, librarian, administrative, finance.
- 4) The school invites alumni, such as fresh graduates and senior alumni.
- 5) The school invites employer of the alumni, representing various kind of workplaces (or such as hospitals, health offices, universities, pharmaceutical companies, pharmacy, drug distributors, other health services)

3.6 Guidance for Observation

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

- 1) The faculty/college/school prepares physical facilities of the university, hospital, pharmaceutical companies, pharmacy, drug distributors, other health services to be visited by assessors.
- 2) The physical facilities of the university that will be visited may include an office, laboratories, classroom, skill labs (CBT/OSCE centre), library, IT, small room for discussion, and student lounge.

3.7 Guidance for Document Checking

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

The purposes of the document checking are:

- a. To verify that the evidence is genuine, valid, and current.
- b. Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list of thesis advisers/supervisors and number of advisees per adviser/supervisor, performance in the licensure examinations. List of co-curricular activities, and a sample of minutes of curricular review and evaluation.
- c. 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
- d. 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.

- e. Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services and off-campus, monitoring of online campus, the sample of minutes of faculty meetings.
- f. 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.
- g. Organisational chart, the 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/MoU with local and/or international academic, professional, research, private and/or government institutions/organisations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- h. 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. 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. To verify that the evidence is genuine, valid, and current.

3.8 Guidance for Closing Meeting

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

The following is the procedure for the Closing Meeting. closing meeting needs to be prepared by the Program to allow the assessor team to present their finding in a meeting which attended by president of university, dean, and head of the program. The program needs to invite relevant invitees, specifically their accreditation team. It usually attended by the management of the Program. The program also prepares all the needs for the presentation.

The following is the procedure for the Closing Meeting.

- 1) The draft of summary findings will be given to study program to be read thoroughly.
- 2) The accreditation team of the Study Program discusses each sub-criterion.
- 3) The accreditation team will write comments or criticize the findings if there is any irrelevant description with the real condition.
- 4) In the following morning, the Study Program prepares a representative room for discussion with the assessors, required equipment such as audiovisual, LCD, white screen, a printer with sufficient ink, etc.
- 5) The Study Program invites all relevant invitee from the study program especially the accreditation team.

- 6) The representative of the Study Program will open the meeting and ask the team of assessor to lead the meeting.
- 7) The head of the assessor team assigns one of the team members to present the summary of findings.
- 8) Each sub criterion will be read and discussed.
- 9) All invitees will listen carefully and respond to a relevant sub-criterion.
- 10) The Study Program will show related evidence/s to support their assumption on related sub-criteria.
- 11) Each sub-criteria will have a new description based on an agreed statement from the Study Program.
- 12) The Study Program representatives will listen to the recommendation for each sub-criteria after been adjusted with the recent changes.
- 13) After discussing all sub criteria, and both sides are agreed with the findings, the accreditation team of Study Program will listen to the summary findings, re-describe the commendation and the recommendation.
- 14) The head of the team concludes the summary findings, re-describe the commendation and the recommendation, then allow the assessor team to print.
- 15) While the assessor team prints the documentation, the Study Program will wait for the next session.
- 16) The head of assessor returns the session to the Study Program.
- 17) The responsible person of the Study Program will receive the session and then deliver his/her closing remarks.
- 18) The meeting is dismissed.

Executive Summary

Glossary

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1.2. The Team

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Chapter IV Summary of the Overall Results

Chapter V Appendices