

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



HANDBOOK FOR ASSESSORS

**MIDWIFERY EDUCATION
PROGRAM ACCREDITATION**

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FOREWORD

Thanks to the God's help, the writers finished writing a handbook for Assessor entitled: "Midwifery Education Program Accreditation - Handbook for Assessors". The main reason for writing this handbook is to support the assessor team in assessing the real condition of midwifery programs that are willing to be 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 assessor who reviews a Undergraduate Midwifery Education Program Accreditation will have the same perception as his/her colleague assessors in understanding and interpreting each criterion and to what extent he/she perceives the level of compliance of Undergraduate Midwifery Education Program Accreditation to each standard/criterion. It is expected that the handbook will provide the assessor team with stronger self-confidence in describing his/her expert judgment.

The World Federation Medical Education (WFME), Asia-Pacific Quality Register (APQR), and International Confederation of Midwives (ICM) standards for quality improvement in basic midwifery education are used as the main reference for this book.

This handbook has been developed by a team of midwifery education experts. I express my sincere appreciation for their dedication and commitment in preparing and completing this work. It is our shared hope that, upon understanding this handbook, the assessor team will be inspired and well-equipped to review undergraduate's programs in midwifery education, thereby promoting continuous quality improvement in higher education.

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 study program has a public statement that sets out its values, priorities, and goals.

Consider the role, audience, and uses of the mission statements. 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 are the vision and mission statements of the study program formulated?	<ul style="list-style-type: none">• The study program formulates its vision and mission statements.• The vision and mission statements are identified based on the needs of the stakeholders.• Health problems at the national and local level are considered for the formulation of vision and mission statements.• Formulation of the vision and mission statements uses a scientific approach.• The vision and mission statements of the study program are aligned with the vision and mission statements of the institution.
1.1.2. How are the vision and mission statements of study program adjusted to reflect the strategic plan, quality assurance, and management?	<ul style="list-style-type: none">• The vision and mission statements are translated into the program and activities of the study program during the planning process.• The study program implements the planned programs and activities.• The organizational structure conforms with the managerial functions to achieve its vision and mission statements.• The internal quality assurance system developed based on its vision and mission.• The study program regularly monitors and evaluates the achievement of its vision and mission statements and takes follow-up actions for continuous improvement.
1.1.3. How were internal and external stakeholders involved in its development?	<ul style="list-style-type: none">• The study program has mechanisms to identify the internal and external stakeholders involved in the formulation of its vision and mission statements.• The study program has procedures for the involvement of these stakeholders.• The study program reviews the contribution and the reciprocal benefits of the interest group.

Key Questions	Criteria for Compliance
1.1.4. How do the vision and mission statements of the study program define its role in society?	<ul style="list-style-type: none"> • Faculty and study program have mechanisms for implementing development, quality assurance and evaluation of institutional performance. • The study program collaborates with the healthcare services, local governments, hospitals, and communities to execute the school's role.
1.1.5. How are the study program vision and mission statements aligned with ICM standards including its philosophy and program delivery, regulatory standards of the national accreditation agency and relevant government requirements?	<ul style="list-style-type: none"> • The study program incorporates the ICM standards into its philosophy and program delivery. • The study program translates the relevant national regulations and standards into its own regulations and standards concordantly. • The study program considers the local circumstances and uniqueness in implementing the national regulations and standards. • The study program's standards are aligned with the vision and mission statements of institution.
1.1.6. How are vision and mission statements publicized, and how are the evaluations and follow-up actions analyzed?	<ul style="list-style-type: none"> • The study program uses media platforms and organizes events to publicize its vision and mission statements. • The study program involves the related stakeholders to disseminate their vision and mission statements. • The study program analyzes the publication outcomes and takes appropriate follow-up actions.

Guidance for Assessor

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

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

The vision and mission statements give a mandate to the school to be involved in improving the health status of the community. The school collaborates with the healthcare services, local governments, hospitals, and communities to execute the role of midwifery education program.

The vision and mission statements are consistently translated into the school's program and activities during the planning process. The planned program and activities are congruently implemented. An appropriate organizational structure is set up in line with the functions of its components. An internal quality assurance system is set up to monitor and evaluate the progress

of achieving the vision and mission statements, as well as to ensure the follow-up action is completed. The vision and mission statements are regularly evaluated and updated.

The school incorporates the ICM standards into its philosophy and program delivery. The school translates the relevant national regulations and standards into school standards and regulations concordantly. The school considers the local circumstances and uniqueness in implementing the national regulations and standards. The school's standards are aligned with the vision and mission statements of the school.

The school has selected media for the publication of its vision and mission statements based on available resources and capacity. The school has organized several events to disseminate its vision and mission statements involving relevant stakeholders.

Supporting documents

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

- Minutes of meeting when formulating the vision and mission statements of the school derived from the faculties and institution's vision and mission statements.
- List of attendance: students, faculty members, academic and support staff, alumni, stakeholders including documentation such as photograph/video recording during the meeting
- Media used for publication of vision and mission statements
- Strategic plan documents and operational plans
- The institutional, national, and international education standard documents

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

The Midwifery Education Program 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, behaviors, skills, knowledge, and preparedness for being a midwife. Consider whether the defined outcomes align with the vision and mission of midwifery education program. Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements. Analyze whether the specified learning outcomes address the knowledge, skills, and behaviors that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgment (assessment). Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation of the course.

Key Questions	Criteria for Compliance
2.1.1 How does the Midwifery Education Program design and develop learning outcomes in general and specific?	<ul style="list-style-type: none">• The school uses its vision, mission, and priority Sexual, Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) problems in the formulation of intended graduate outcomes.
2.1.2 How are learning outcomes adjusted to the competency criteria established and applicable regulations?	<ul style="list-style-type: none">• Graduate learning outcomes are consistently derived in accordance with relevant and applicable competency criteria and national regulation.
2.1.3 What approach is used in curriculum development and how does it fit into the vision, mission, and values?	<ul style="list-style-type: none">• The school develops curriculum design that is in line with midwifery practice.• The curriculum design is in line with vision, mission, and values.
2.1.4 How is stakeholder involvement in curriculum development?	<ul style="list-style-type: none">• The school has procedures involving internal and external stakeholders in curriculum development.• The school accommodates the different viewpoints from a wide range of stakeholders.
2.1.5 How does the Midwifery Education Program provide the learning experience students need to achieve learning goals?	<ul style="list-style-type: none">• The school provides a varied learning experience needed by students to achieve learning goals in the campus environment, the community, and the clinical settings.
2.1.6 How do they relate to the intended career roles of graduates in society (tracer study)?	<ul style="list-style-type: none">• There is association of the intended graduate outcomes with the intended career roles of graduates in society.• The school has a policy and procedures to trace their graduates.• Analyze the results of tracer studies to ensure that graduates are working in alignment with their academic background and professional competencies.• The results of employer satisfaction surveys are related to the competencies required in the workplace.

2.1.7 How to ensure that the learning outcomes chosen are in accordance with the social context of the Midwifery Education Program?	<ul style="list-style-type: none"> • The school conducted a needs analysis to ensure the achievement of learning outcomes by considering the available resources. • Graduate learning outcomes are associated with the priority of health problems in their area, especially related to sexual, reproductive, maternal, newborn, infant, child, adolescent, and menopausal health.
2.1.8 How does the Midwifery Education Program use the results of the evaluation of student learning outcomes as a basis for evaluating and planning the development of the next curriculum?	<ul style="list-style-type: none"> • The percentage of students who achieve learning outcomes in each course. • There is a revision or update of the curriculum that is carried out periodically based on the results of the evaluation of student learning achievements. • The percentage of graduates who are successfully employed in fields aligned with their acquired competencies, along with employer feedback, demonstrates that graduates possess skills relevant to the intended learning outcomes.

Guidance for Assessor

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

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

2.2 Curriculum Organization and Structure

The Midwifery Education Program has documented the overall organization of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organized 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 contextualization. The choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

Key Questions	Criteria for Compliance
2.2.1 What are the principles behind the Midwifery Education Program's curriculum design?	<ul style="list-style-type: none"> • The school selects the principles that are used for curriculum design (e.g.: midwife competencies, community needs, professional standards, holistic approach, clinical skills development, interprofessional collaboration, sustainable development, etc.). • The selected principles are appropriate to the school's vision, mission, intended graduate outcomes, resources, and context of the school.
2.2.2 How are the different disciplines of study within the curriculum integrated to support the overall learning outcomes?	<ul style="list-style-type: none"> • The school identifies relevant, important and priority criteria in the curriculum and determines the scope, content, breadth and depth of coverage and study materials. • The school decides the sequence, i.e., hierarchy, and progression of complexity or level of difficulty.
2.2.3 How were the curriculum structure chosen? To what extent was the model constrained by national regulations?	<ul style="list-style-type: none"> • The school chooses a specific curriculum structure based on objective and scientific considerations, resources, and existing regulations. • The school uses appropriate methods to assess the progress of the learning process. • The school provides a curriculum that ensures students gain the clinical experience necessary to achieve the expected learning outcomes.

Guidance for Assessor

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

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

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

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

2.3 Curriculum Content

a) The Midwifery Education Program can justify inclusion in the curriculum of the content needed to prepare students for their role as competent midwives and for the next stage of education.

b) The content of the curriculum contains at least six main areas: Basic health sciences and midwifery practice skills, legal ethics and professionalism, management and leadership, public health, social and behavioral sciences, and research methodology and scientific evidence.

The curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to school, country, and context, even where a national curriculum is specified, and needs to cover at least six main areas, which include: Basic health sciences and midwifery practice skills, legal ethics and professionalism, management and leadership, public health sciences, social and behavioral sciences, and research methodology and scientific evidence.

Key Questions	Criteria for Compliance
2.3.1 How is the content of the curriculum determined, and who is responsible for the process?	<ul style="list-style-type: none">• The school establishes a committee/ unit/ team responsible for determining the content of the curriculum.• 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 school decides the principles or methodologies that are used to identify the curriculum content.• The school determines the curriculum content based on latest references at international, national, and local level.• The school allocates learning time to ensure a minimum of 40% for theoretical learning experience and a minimum of 50% for practicum or clinical practice.
2.3.3 What elements of basic health sciences and midwifery practice skills are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none">• The school identifies and allocates time on elements of basic health science and midwifery practice skills relevant to graduate learning outcomes.• The school decides the content and credit values of the basic health science and midwifery practice skills elements.
2.3.4 What elements of legal ethics and professionalism are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none">• The school identifies and allocates time on elements of legal ethics and professionalism that are relevant to the graduate learning outcomes.• This curriculum discusses professional ethics, philosophy of midwifery science, patient safety, regulations and health policy in midwifery practice.
2.3.5 What elements of management and leadership are included in the curriculum? How are the choices	<ul style="list-style-type: none">• The school identifies and allocates time on elements of management and leadership that

Key Questions	Criteria for Compliance
made, and time allocated for these elements?	<p>are relevant to the graduate learning outcomes.</p> <ul style="list-style-type: none"> • This curriculum discusses the administrative and leadership skills required to manage and lead in the practice of midwifery. It includes management strategy, political and strategic leadership, as well as essential skills such as effective communication, information and communication technology, conflict resolution, innovation, and project planning.
2.3.6 What elements of public health science are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The school identifies and allocates time on elements of public health science that are relevant to the graduate learning outcomes. • This curriculum discusses concepts such as human ecology, health promotion, epidemiology, and community nutrition. The concept will also focus on disease prevention and health improvement at the population level, including public health and environmental health interventions.
2.3.7 What elements of the social and behavioral sciences are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The school identifies and allocates time on elements of the social and behavioral sciences that are relevant to the graduate learning outcomes. • This curriculum discusses psychological, social, and cultural factors that affect reproductive and sexual health. This scientific focus will also look at how the perception of value for women and their relationships has an impact on the pregnancy process and family planning.
2.3.8 What elements of research methodology and scientific evidence are included in the curriculum? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The school identifies and allocates time on elements of research methodology and scientific evidence that are relevant to the graduate learning outcomes. • This curriculum discusses the latest methodological research, scientific evidence, and health technology.
2.3.9 What elements of clinical sciences and midwifery skills are required for all students to gain practical experience? How are the choices made, and time allocated for these elements?	<ul style="list-style-type: none"> • The school identifies and allocates time on elements of clinical sciences and midwifery skills that are mandatory for students to gain practical experience and relevant to the graduate learning outcomes.
2.3.10 How are students taught to make appropriate clinical judgements in line with the best available evidence?	<ul style="list-style-type: none"> • The school has a method to teach students to make appropriate clinical judgements using the best available evidence.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The school adopts a systematic approach to ensure the fulfillment of students' competencies for evidence-based clinical decision-making.
2.3.11 What is the basis for the school's allocation of student time to different clinical practice settings?	<ul style="list-style-type: none"> The school manages the time allocated for clinical practice settings in different clinical practice sites.
2.3.12 How do students gain familiarity with topics that are not widely discussed or not covered in the curriculum?	<ul style="list-style-type: none"> The school develops certain programs outside the curriculum structure. The school develops community-based programs. The school ensures the students' health and safety during their placement in the community settings.
2.3.13 How does the school modify curriculum content related to latest scientific advances and developments?	<ul style="list-style-type: none"> The school evaluates the curriculum content and involves both internal and external stakeholders in the review process. The school uses the result of the evaluation to modify curriculum content in relation to the latest scientific advances and developments in science.
2.3.14 Which fields (if any) are elective? How are elective fields determined?	<ul style="list-style-type: none"> The school has policy and procedures to determine the fields or disciplines to be offered as elective courses.
2.3.15 How is student learning assured in disciplines where they do not get specific experience (e.g. disaster management, emerging disease)?	<ul style="list-style-type: none"> The school identifies disciplines that do not provide special experience (rare cases) for students and designs learning alternatives. The school ensures how the students can learn those disciplines.

Guidance for Assessor

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

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

The curriculum content might be determined using the following criteria:

1. Self-Sufficiency: This criterion means that students should be given the opportunity to experiment, observe, and do field study. This system allows them to learn independently.
2. Significance: The subject matter or content is significant if it is selected and organized to develop learning activities, skills, processes, and attitudes.

3. **Validity:** Validity refers to the authenticity of the subject matter or content selected. The contents are not easily obsolete.
4. **Interest:** Students learn best if the subject matter is interesting, thus making it meaningful to them.
5. **Utility:** This is the usefulness of the content or subject matter. This relates to what extent the contents are needed in work/career and future life.
6. **Learnability:** The subject matter or content must be within the schema of the students. Lecturers should apply theories in the psychology of learning to know how subjects are presented, sequenced, and organized to maximize students' learning capacity.
7. **Feasibility:** Feasibility means the full implementation of the subject matter. Students must learn within the allowable time and the use of resources available.
8. **Relevance:** The curriculum must produce competency outputs that are in accordance with the needs of the community, employment, career paths, and science and technology development.

The school identifies the curriculum content consists of: basic health sciences and midwifery practice skills, legal ethics and professionalism, management and leadership, public health sciences, social and behavioral sciences, and research methodology and scientific evidence. Coherence and consistency must be established, therefore learning materials, such as textbooks, must be used according to the broader curriculum perspective that is usually defined in the curriculum framework. This is achieved by calculating the 'hours of study' required to study the various textbooks on offer.

The schools have identified clinical disciplines in line with the graduate learning outcomes. This process involves internal and external stakeholders, including data from health services. There is a list of clinical disciplines during the clinical phase or clinical rotation where the students gain practical experiences. The school establishes a planning team for the clinical phase to decide choices of clinical placements based on the graduate learning outcomes, the availability of clinical resources and clinical supervisors.

The clinical rotation planning team considers the importance and urgency of list of diseases and list of clinical skills of each clinical department, as well as the availability of mix cases in the relevant clinic/hospital/primary health care facility. The school decides the allocation of student time in different clinical practice settings based on the availability of inpatient and outpatient in each teaching hospital, as well as the availability of clinical teachers, that are considered sufficient to achieve the learning outcome at clinical phase/rotations.

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

The school identifies basic health sciences and midwifery practice skills, legal ethics and professionalism, management and leadership, public health sciences, social and behavioral sciences, and research methodologies and scientific evidence relevant to graduate learning outcomes. Learning materials are developed in line with the scientific perspective. This learning outcome is achieved by calculating the number of learning hours required for various modules in accordance with planning and achievement of competencies.

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

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

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

2.4 Educational Methods and Experiences

The Midwifery Education Program 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 midwifery education program, 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. Skillfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

Key Questions	Criteria for Compliance
2.4.1 What principles inform the selection of educational methods and experiences used in the school's curriculum?	<ul style="list-style-type: none"> The school formulates the principles systematically used in choosing learning methods and experiences. Internal and external stakeholders are involved in formulating these principles, including experts in midwifery education.
2.4.2 According to what principles are the selected educational methods and experiences distributed throughout the curriculum?	<ul style="list-style-type: none"> The school distributes the selected educational methods and experiences throughout the curriculum. The school uses a variety of learning methods by prioritizing student learning based on the latest evidence about the teaching and learning process. The school provides students with opportunities to interact with other health professions to support an understanding of the multi-professional environment of health and facilitate interprofessional learning for collaborative practice. The school has a mechanism to monitor and evaluate the progress in the practice of

	midwifery students needed to achieve learning outcomes.
2.4.3 In what ways are the educational methods and experiences provided for students appropriate to the scope, resources, and local wisdom?	<ul style="list-style-type: none"> The school can explain how the educational methods and experiences are provided for students which are appropriate to the scope, resources, and local wisdom.

Guidance for Assessor

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

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

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

2.5 Patient Safety

The Midwifery Education Program/clinical settings have policies related to ethical dilemmas issues and medicolegal aspects of students and patient safety.

The Midwifery Education Program/clinical settings have implemented a quality improvement system that addresses ethical dilemmas issues and medicolegal aspects of students and patient safety issues in the professional education program environment.

Key questions	Criteria for Compliance
2.5.1. How do the Midwifery Education Program/clinical settings define and communicate ethical dilemmas issues and medicolegal aspects of students and patient safety to stakeholders?	<ul style="list-style-type: none"> The school/clinical settings implement patient safety policies (ethical dilemmas issues and medicolegal aspects of students and patient safety) as part of the learning processes, research, and community service. The school/clinical settings involve relevant stakeholders in receiving communications regarding ethical dilemmas issues and medicolegal aspects of students and patient safety as well as responses to this report. The school/clinical settings ensure that students are equipped to implement patient safety strategies by adhering to relevant Service Standards and Standard Operating Procedures, in line with current policies and regulations.
2.5.2. How do the school/clinical settings designate groups or individuals responsible for monitoring ethical dilemmas issues and medicolegal aspects of students and patient safety at	<ul style="list-style-type: none"> The school/clinical settings have procedures for designating groups or individuals responsible for monitoring ethical dilemmas issues and medicolegal aspects of students and patient safety at the level of professional

Key questions	Criteria for Compliance
the program management level of professional education and health services?	<p>education program management and health services.</p> <ul style="list-style-type: none"> • The school/clinical settings have established ethical and behavioral guidelines that students must follow to ensure they are prepared to practice safely and ethically as professional graduates. • The school/clinical settings have guidelines and a code of conduct that are adjusted to the standards of health service institutions. • The school/clinical settings have established guidelines for collaboration between academic supervisors and clinical supervisors to monitor students' compliance with the code of conduct.
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 school/clinical settings have a mechanism to review and identify patient safety risks on a regular basis. • The school/clinical settings have procedures used to record and report identified risks to patient safety. • The school/clinical settings have units that are responsible for ensuring comprehensive review and reporting of risks to patient safety in the program and follow up on the results.
2.5.4. How are risks mitigated and addressed in the implementation of professional practice learning?	<ul style="list-style-type: none"> • The school/clinical settings identify, mitigate, and manage risks, and are responsible for overseeing the entire risk mitigation process. • The school/clinical settings open a dedicated communication channel to submit complaints (call center) or provide media to submit complaints. • The school/clinical settings have procedures in place to prevent similar risks from occurring in the future.
2.5.5. How do the school/clinical settings prepare students to document actions to avoid ethical dilemmas issues and medicolegal aspects of students and patient safety, and measures taken when risks are identified?	<ul style="list-style-type: none"> • The school/clinical settings manage complaints/incident reports and have documentation. • The school/clinical settings identify, analyze, and implement preventive measures against errors or adverse events that may harm patients. • The school/clinical settings encourage students and clinical supervisors to report incidents without fear of retaliation, fostering a culture of transparency and continuous improvement.

Key questions	Criteria for Compliance
	<ul style="list-style-type: none"> • The school/clinical settings conduct Root Cause Analysis (RCA) to identify the main cause. • The school/clinical settings and healthcare organizations can proactively identify and address potential risks, ultimately improving the quality of service and patient outcomes.
2.5.6. How are school/clinical settings and related agencies/bodies/organizations informed about patient safety issues and risks?	<ul style="list-style-type: none"> • The school/clinical settings, in collaboration with healthcare agencies and organizations, contribute to raising awareness of patient safety issues by promoting the culture of transparency, accountability, and continuous improvement in patient safety practices.

Guidance for Assessor

Determine how responsibility for the issues of ethical and medicolegal dilemmas of students and patient safety is taken at the management level and in the educational environment.

Identify risks to patient safety in educational settings.

Identify patient safety risks stemming from the ethical and medicolegal dilemmas of students.

Identify the monitoring mechanism for the issues of ethical and medicolegal dilemmas of students and patient safety.

Demonstrate how risks are mitigated and monitored.

Supporting documents

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

- Minutes of the curriculum committee meeting to formulate the learning outcomes for each course (including knowledge, skills, and behavior) based on the vision, mission, and strengths of the study program. The results can be measured using appropriate assessments
- Curriculum book (curriculum: principles, content, sequence), competency map (curriculum study material matrix), Semester Learning Plan (SLP), learning outcomes, educational methods, and learning assessment
- List of student placements for professional clinical learning orientation (early clinical exposure) at the academic stage and professional clinical practice of professional level students
- List of clinical settings facilities and meet the requirements of the student's professional clinical practice
- Minutes of the curriculum committee meeting on educational methods, curriculum review, evaluation, and curriculum revision
- Meeting minutes and reports on the involvement of internal and external stakeholders in the quality management system and patient safety strategy
- Data on the percentage of graduates who continue their education to a higher level or take part in professional training according to the recommendations of the evaluation of learning

achievement

- Data on the percentage of graduates who work in fields that are in accordance with the science taken during their college years
- Results of tracer study analysis
- Action plan document or curriculum improvement implementation report based on the results of the evaluation of student learning achievement
- Guidelines for handling ethical dilemmas issues and medicolegal aspects of students and patient safety
- Report on the handling of ethical dilemmas and medicolegal issues related to students and patient safety.
- Accident risk mitigation policies and procedures
- RCA (Root Cause Analysis) Guidelines

Criteria 3. Assessment

- a) The Midwifery Education Program 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 centralized system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of knowledge, clinical skills, and behaviors needed to be a midwife. 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 How is the assessment method used for each learning outcome in accordance with the assessment principles?	<ul style="list-style-type: none">• The school applies appropriate assessment methods for each specified educational and ensures that the assessment methods meet the validity, reliability, and educational impact criteria.
3.1.2 How are decisions made about the number of assessments and their timing?	<ul style="list-style-type: none">• The school determines the methods and frequency of assessment based on the curriculum structure, ensuring that assessments are distributed proportionally throughout the semester to support continuous learning.• The school ensures that academic staff and students are informed about policies and assessment systems.
3.1.3 How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?	<ul style="list-style-type: none">• The school integrates and coordinates across the range of educational outcomes and the curriculum.• The school develops assessment blueprint at the program level and evaluates it.

Guidance for Assessor

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

The decisions about the number and type of assessments are based on the graduate educational outcomes as well as the course learning outcomes. Both formative and summative assessment are planned in line with the stages of achievement of the learning outcomes. The timing of formative and summative assessment is decided based on the progress of learning outcome

achievements. The decisions are made by the Assessment Committee and approved by the School's Authority. The policies should be shared with all students and other stakeholders.

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

3.2 Assessment in Support of Learning

a) The Midwifery Education Program has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning.

b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for the purpose 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 improve their learning outcomes?	<ul style="list-style-type: none"> The school provides feedback for students based on the result of the assessments across the curriculum during the learning process. Academic staff and clinical supervisors identify students' learning needs, monitor their progress, and recognize any difficulties.
3.2.2 How are students assessed to determine those who need additional help?	<ul style="list-style-type: none"> The school has a mechanism to decide which students need additional help based on their assessment across the curriculum during the learning process.
3.2.3 How does the Midwifery Education Program provide support system for students who are identified having additional needs?	<ul style="list-style-type: none"> The school establishes a mechanism to support students identified as having additional needs.

Guidance for Assessor

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

Every student has an academic counsellor who evaluates and monitors students' learning progress using a centralized system (learning management system) such as students' achievement on each module, GPA, a portfolio and progresses test result. Data across all levels

of education is used to identify students who need support. School provides a student support system that is assigned to fulfil students' needs in academic issues.

3.3 Assessment in Support of Decision-Making

a) The Midwifery Education Program has in place a system of assessment that informs decisions on progression and graduation.

b) These summative assessments are appropriate to measuring course outcomes.

c) Assessments are well-designed, producing reliable and valid scores.

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students, and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

Key Questions	Criteria for Compliance
3.3.1 How are blueprints (plans for content) developed for examinations?	<ul style="list-style-type: none"> The school has a mechanism of developing the examination blueprint. The school develops an examination blueprint and involves related stakeholders for its development.
3.3.2 How are standards (passing scores) set on summative assessments?	<ul style="list-style-type: none"> The school applies the standard setting procedures to establish passing score for summative assessments. The school has a mechanism for applying standard setting procedures to establish passing. The school decides on progression and graduation of the student at all educational levels across all expected learning outcomes. The school has a unit or committee responsible for making decisions on student progression and graduation at all educational levels, based on the expected learning outcomes.
3.3.3 What appeal mechanisms regarding assessment results are in place for students?	<ul style="list-style-type: none"> The school has a policy or system regarding appeal mechanism for assessment results and socializes it to students. There is a designated body or committee responsible for implementing the appeal mechanism. The school has a mechanism in place to resolve disputes between the students and the school.
3.3.4 What information is provided to students and other stakeholders, concerning the content, methods, and quality of assessments?	<ul style="list-style-type: none"> The school describes the mechanism to ensure the validity and reliability of the assessment program. The school communicates their content, method, and quality of assessments to the students and other stakeholders.
3.3.5 How are assessments used to guide and determine student progression between successive stages of the course?	<ul style="list-style-type: none"> The school has a mechanism to determine student progression between successive stages of the course.

	<ul style="list-style-type: none"> The school has a mechanism to utilize assessment results to guide and determine student progression across the program and to provide feedback for student development.
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Guidance for Assessor

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

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

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

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

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

3.4 Quality Control

a) The Midwifery Education Program has mechanisms in place to ensure the quality of its assessments.

b) Assessment data are used to improve the performance of academic staff, courses, and the institution.

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

Key Questions	Criteria for Compliance
3.4.1 Who is responsible for planning and implementing a quality assurance system for assessment?	<ul style="list-style-type: none"> The school plans and implements the quality assurance system for the assessments system. The school has a responsible person or unit who is involved in the planning and implementation

	of the quality assurance system for their assessments.
3.4.2 What quality assurance steps are planned and implemented?	<ul style="list-style-type: none"> • The school plans and implements the assurance steps for their assessment system.
3.4.3 How are comments and experiences about the assessments gathered from students, academic staff, curriculum teams, and other stakeholders?	<ul style="list-style-type: none"> • The school collects comments and experiences about the assessment system from students, academic staff, curriculum teams, and other stakeholders. • The school ensures that those comments and experiences are trustworthy.
3.4.4 How are individual assessments analyzed to ensure their quality?	<ul style="list-style-type: none"> • The school has procedures for the analysis of individual assessment to ensure their quality. • The school assigns a person or unit that is involved in developing and implementing these procedures.
3.4.5 How is data from assessments utilized to evaluate student learning and the curriculum in practice?	<ul style="list-style-type: none"> • The school assigns a person or unit who is involved in the evaluation process. • The school utilizes the assessment results to evaluate the student learning and the curriculum in practice.
3.4.6 How are the assessment system and individual assessments regularly reviewed and revised?	<ul style="list-style-type: none"> • The school has procedures for regularly reviewing and revising their assessment system in individual assessment.

Guidance for Assessor

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

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

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

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

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

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

Supporting documents

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

- Standard operational procedure on assessment
- Student's logbook, document of revision on teaching strategies: assessment as student's (evaluation and monitoring student's progress) and teacher's feedback (teacher's teaching strategies)
- Question Bank and sample examinations
- Sample student's answers
- Procedures for remedial and counselling
- Support system algorithm for assessment
- Assessment blueprint
- Procedure of appeal mechanism
- Quality Assurance system documents for assessment: planning and implementation
- Meeting minutes from the evaluation meeting

Criteria 4. Students

4.1 Selection and Admission Policy

The Midwifery Education Program has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

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

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

Key Questions	Criteria for Compliance
4.1.1 How is alignment determined between the selection and admission policy, and the mission of the school?	<ul style="list-style-type: none">• The school aligns its selection and admission policy to the school's mission relevant stakeholders are involved in developing the selection and admission policy of the school.• The school ensures that the implementation of selection and admission policy is free from direct intervention from unauthorized parties.
4.1.2 How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	<ul style="list-style-type: none">• The school ensures that selection and admission policy is in line with regulatory body or government requirements.• The school has a mechanism to resolve discrepancies if its policies do not fit with the requirements of the accreditation body or government regulations.
4.1.3 How is the selection and admission policy tailored to the school?	<ul style="list-style-type: none">• The school describes the selection and admission policies tailored to the school to demonstrate a commitment to non-discrimination, diversity, and inclusion.
4.1.4 How is the selection and admission policy tailored to local and national workforce requirements?	<ul style="list-style-type: none">• The school describes how the selection and admission policies are tailored to local and national workforce requirements, as well as the stakeholders involved in this alignment process.• The school is involved in the selection process for new students.
4.1.5 How is the selection and admission policy designed to be fair and equitable, within the local context?	<ul style="list-style-type: none">• The school has established procedures to design a fair and equitable student selection and admission policy, considering local needs as well as economically and socially disadvantaged backgrounds.• The school guarantees that eligible midwifery candidates are admitted without prejudice or

	discrimination (such as age, nationality, gender, or religion).
4.1.6 How is the selection and admission policy publicized?	<ul style="list-style-type: none"> The school describes how they disseminate selection and admission policy to internal and external stakeholders.
4.1.7 How is the selection and admission system regularly reviewed and revised?	<ul style="list-style-type: none"> The school describes the procedures for regularly reviewing and revising the selection and admission system and determines the individuals involved in these procedures.

Guidance for Assessor

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

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

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

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

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

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

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

4.2 Student Counselling and Support

The Midwifery Education Program provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning. Consider what emergency support services are available in the event of personal trauma or crisis. Specify a process to identify students in need of academic or personal counselling and support.

Consider how such services will be 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 are academic and personal support and counselling services aligned with the needs of students?	<ul style="list-style-type: none"> The school provides appropriate support programs that meet the academic and non-academic needs of students, such as academic and career advisors, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, student interest, and talent development, and others.
4.2.2 How are these services (academic and non-academic) provided and communicated to students and staff?	<ul style="list-style-type: none"> The school communicates academic regulations to students. The school provides information on academic and non-academic services for students and staff. The school ensures that students and staff are aware of the availability of these student support services.
4.2.3 How do student organizations collaborate with the midwifery education program management to develop and implement academic and non-academic services?	<ul style="list-style-type: none"> The school describes how they ensure that students and management of student organizations are involved in developing and implementing academic and non-academic services.
4.2.4 How appropriate are these services both procedurally and culturally?	<ul style="list-style-type: none"> The school describes how they ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture. The school is involved in providing student services that are culturally sensitive.
4.2.5 How is the feasibility of the services judged, in terms of human, financial, and physical resources?	<ul style="list-style-type: none"> The school ensures that these services are feasible in terms of human resources, financial, and physical resources (facilities and infrastructure).
4.2.6 How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	<ul style="list-style-type: none"> The school has the procedures to monitor and evaluate the effectiveness of these services through a range of methods, such as surveys, complaints, and representative groups to ensure relevance, accessibility, and confidentiality. The school accommodates changes, when appropriate, by following structured evaluation and decision-making procedures.
4.2.7 Is technology orientation provided, and how is technological support made accessible to students?	<ul style="list-style-type: none"> The school provides a wide range of technological support that can be used by students for all program options and locations and is easily accessible. All students can access the technology used in the learning component (e.g., learning management system), the laboratory/simulation laboratory component, and the

Key Questions	Criteria for Compliance
	clinical/practicum component (e.g., electronic medical records).
4.2.8 How does the Midwifery Education Program support students' academic and non-academic achievements?	<ul style="list-style-type: none"> • The school provides number of academic achievements achieved by students at school and outside school (national/international). • The school provides number of non-academic achievements achieved by students at school and outside school (national/international).

Guidance for Assessor

The school provides effective student services to all midwifery students to assist them in achieving program learning outcomes. All midwifery students have equal rights and receive comparable services, such as academic and career advisors, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, student interest, and talent development, etc.

Consider what emergency support services are available in the event of personal trauma or crisis. Consider how to avoid students being subjected to abusive treatment from supervisors, peers, managers, patients, or patients' families.

The school has student service guidelines which are disseminated to students and staff which can be accessed easily. Specify what legal support or indemnity is available for students in the advent of adverse events or complaints.

The school has clear implementation procedures for the involvement of student organizations to carry out these services.

There are a variety of complete and appropriate service instructions/guidelines for students and staff to use according to local culture. Counselling procedures are in accordance with counselling principles (mechanism of handling) and tailored to the local cultures.

The school regularly conducts a user satisfaction survey to evaluate the student services in terms of human, financial and physical resources. The feasibility of the services is judged based on the results of the survey and complaints.

The school conducted regular reviews together with student representatives to ensure the relevance, access, and confidentiality of counselling services. Procedures for these are available.

4.3 Student Work and Learning Environment

Realizing that the main learning occurs through patient care, students have a clear and detailed program for the overall workload and hours of work.

It is necessary to strike a balance between the responsibility and commitment of education and the provision of services, with adequate supervision of the student work and learning environment, safe, comfortable, appropriate, and learning time, including exam preparation and implementation. Educational institutions need to implement quality improvement systems to

address the physical and psychological safety issues of students in the educational environment, by implementing a 'healthy campus' environment, including free from sexual violence, bullying, and intolerance.

Key Questions	Criteria for Compliance
4.3.1. How does the Midwifery Education Program ensure that the clinical settings where students conduct clinical practice has meet quality and patient safety standards?	<ul style="list-style-type: none"> • The school has guidelines for the selection of clinical settings in accordance with the achievement of student competencies. • Clinical settings have standards and guidelines for the implementation of services and patient safety. • The school has clinical supervisors who are prepared for supervisory roles and assess students across clinical practices based on patient safety standards.
4.3.2. How does the Midwifery Education Program calculate and determine the workload and working hours of clinical practice?	<ul style="list-style-type: none"> • The school 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 school has policies and makes a work plan for student activities that are free from sexual violence, bullying and intolerance (the implementation of a 'healthy campus'). • The school disseminates the work plan for the provision of services, education, and safety programs to students.
4.3.4. How does the Midwifery Education 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 school sets the standard of maximum and minimum working hours, as well as the arrangement of holidays for professional education students.
4.3.5. How does the Midwifery Education Program manage the implementation of workload and clinical responsibilities for professional education students?	<ul style="list-style-type: none"> • The school manages the clinical workload and responsibilities of professional education students in accordance with applicable regulations.
4.3.6. How does the school organize the preparation and implementation of exams while maintaining the safety of students and patients?	<ul style="list-style-type: none"> • The school has guidelines for the implementation of exams that ensure the safety of students and patients. • The school has a set schedule and conducts an evaluation process for administering the professional examination.

Guidance for Assessor

Clinical supervisors are prepared by the school for their supervisory role and are able to supervise and assess students across clinical practices based on patient safety standards. The school makes a work plan for student activities that are free from sexual violence, bullying and intolerance.

The school implements a 'healthy campus' that is free from sexual violence, bullying, and intolerance. The school provides a description of activities, including service responsibilities, education, supervision and study time.

The school determines the formulation of workload and working hours for students. The school socializes the work plan for the provision of services, education, and safety programs to students.

The school provides guidance on the minimum and maximum number of working hours required, including leave arrangements. The school provides guidance on student workload and responsibilities, as well as on the preparation and procedures for taking professional examinations.

4.4 Student Safety

The Midwifery Education Program has policies related to the physical and psychological safety of students.

The Midwifery Education Program 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 Midwifery Education Program provide a student's legal status in relation to the learning process, including practicum in the laboratory, and field/clinical practice?	<ul style="list-style-type: none">• The school has a legal protection policy for students in relation to the learning process, including practicums in the laboratory, and field/clinical practice, documented them.• Students have the right to learn clinical practice based on the stages of their education.• The school provides training and education as well as providing information to students about their rights and responsibilities towards patient care.
4.4.2. How does the Midwifery Education Program ensure the physical and psychological safety of students?	<ul style="list-style-type: none">• The school has policies and support systems that are used to address students' psychological well-being, including procedures to reduce stress, burnout, and harassment.• The school disseminates information to students about available resources that support their physical and psychological safety, and ensures these resources are accessible.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The school assesses and responds to potential risks to student safety and takes steps to improve safety efforts based on feedback and data analysis.
4.4.3. Who holds responsibility for ensuring student safety at both the program management level and within the educational environment?	<ul style="list-style-type: none"> The school determines individuals or groups responsible for supervising student safety and assigns specific roles and responsibilities for them to implement safety protocols and address safety issues at the management level and within the educational environment.
4.4.4. How does the Midwifery Education Program prevent risks that endanger student safety with mechanisms to identify, mitigate, record, and report?	<ul style="list-style-type: none"> The school has a structured system for identifying, mitigating, recording, and reporting potential risks to student safety. The school has a mechanism in place for students to report safety issues or incidents, including how these reports are documented, investigated, and acted upon to ensure appropriate action. The school has mechanisms to ensure transparency and accountability in reporting and managing risks to student safety. The school has a structured system to handle student safety issues and provide legal protection or prosecution.
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 Midwifery Education Program establishes the requirements for documents/records that must be provided to ensure the safety of students and patients.

Guidance for Assessor

The school clearly defines the concepts of physical and psychological safety for students and establishes the legal status of students in relation to their responsibilities in providing patient care. Responsibility for student safety is addressed at both the institutional management level and within the educational environment, ensuring that appropriate structures are in place to protect students throughout their educational experience.

The school proactively identifies potential environmental risks that may impact student safety and implements comprehensive strategies to mitigate and manage these risks. In alignment with its commitment to safety, the institution also ensures that patient safety is maintained and that student involvement in clinical practice does not compromise the quality of care. Procedures are established to manage and address student safety concerns, including the implementation of preventive measures, response mechanisms, and continuous monitoring. Furthermore, the school maintains documented evidence of all efforts taken to handle, mitigate, and monitor student safety risks, demonstrating its commitment to providing a safe and supportive learning environment.

Supporting documents

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

- Regulations on selection and admission policies: alignment of the selection policy for new student admissions with the requirements set by the government or the competent institution
- Policies, regulations, and procedures for student support and counseling
- Policies, regulations, and procedures regarding student safety and workplace safety
- Human Resources, Finances and Student Support Facilities and Work Environment Safety
- Monitoring and evaluation of the implementation of the student support system
- Student satisfaction survey results document for management services
- Document of evidence of handling, mitigation, and monitoring of student safety risks
- Policies, regulations regarding 'healthy campuses' including being free from sexual violence, bullying, and intolerance

Criteria 5. Academic and Support Staff

5.1 Academic and Support Staff Establishment Policy

The school has the number and range of qualified academic staff in accordance with the needs of the implementation of them, considering the number of students and learning models required.

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 does the school determine the required number and qualification of academic staff?	<ul style="list-style-type: none">• The school considers various factors in determining the number and qualifications of academic staff.• The school determines the number and qualifications of academic and clinical teaching staff, including lecturers, practitioner lecturers, clinical supervisors, and midwife preceptors, and regularly monitors and assesses their workload to ensure effectiveness and compliance with standards.
5.1.2 How do the number and qualifications of the academic staff align with the design, delivery, and quality assurance of the curriculum?	<ul style="list-style-type: none">• The school has human resource planning to ensure the adequacy and qualification of academic staff in accordance with the development of the school.• The school develops a plan for the number of clinical supervisors required, based on the following qualifications:<ul style="list-style-type: none">a. A minimum of five (5) years of clinical experience as a practicing midwifeb. At least a professional education qualification in midwiferyc. Demonstrated competence in clinical supervision and guidanced. Have a valid STR (Registration Certificate) and SIP (Practice License)e. Availability of formal documents or guidelines to support clinical teaching• The school describes how they ensure that there is an alignment between the number and qualifications of their academic staff with the design, implementation, and quality assurance of the curriculum.• The school ensures that there are academic and non-academic interactions that support graduate learning outcomes, including visiting lecturers (inbound).• Academic staff who teach supporting disciplines related to the field of study possess qualifications relevant to the content they deliver.• The ratio of students to clinical supervisors is based on the scope of learning and the needs of the students.

	<ul style="list-style-type: none"> The school has adequate human resources to support the administration and implementation of program activities, including student placement, theoretical and practical learning, curriculum development, and related functions.
5.1.3 How does the school ensure that academic staff, clinical supervisors, and support staff avoid bullying?	<ul style="list-style-type: none"> The school has a policy to prevent bullying of academic staff, clinical supervisors, and support staff. The school has units/bodies and mechanisms to ensure that bullying does not occur and its socialization to all stakeholders. The school has a program for academic staff, clinical supervisors, and support staff who may experience bullying.

Guidance for Assessor

The school has established procedures to analyze the required number and qualifications of academic staff, taking into account the student body size, curriculum structure, research workload, community service obligations, training programs, the alignment of disciplinary expertise, and managerial responsibilities. Based on this analysis, the school determines and regularly evaluates the optimal academic staff-to-student ratio.

Academic staff workload is systematically monitored and reviewed, using clearly defined methods that are communicated to all academic staff. Furthermore, the school develops a comprehensive manpower plan for both academic and support staff. This plan is implemented, its progress is regularly evaluated, and it is reviewed to ensure alignment with institutional needs and goals.

The school has a human resources policy covering the qualifications of the academic staff to be aligned with the design, delivery, and quality assurance of the curriculum. The manpower plan is adequate to implement the curriculum, including its development of study programs and the missions of the school, staff development, and continuing education and regeneration plan of the existing academic staff.

5.2 Academic Staff Performance and Conduct

The school has specified and communicated its expectations for the performance and conduct of academic staff.

Develop a clear statement describing the responsibilities of academic staff for learning, research, and community 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 provides information about responsibilities in learning, research, and community services for the new and exciting academic staff. The school disseminates the standards of performance and codes of conduct to the new and existing academic staff.

Key Questions	Criteria for Compliance
5.2.2 How does the school provide induction programs for academic staff?	<ul style="list-style-type: none"> • The school conducts and arranges induction programs for academic staff. • The school provides the contents of the induction programs. • The training and development plans reflect the school's mission and objectives. • The school evaluates and reviews their induction programs.
5.2.3 How does the school prepare academic staff and clinical supervisors in clinical settings to implement the curriculum?	<ul style="list-style-type: none"> • The school describes how they prepare and ensure the academic staff and clinical supervisors in the clinical settings are equipped to implement the curriculum.
5.2.4 How does the school establish a mechanism to regulate and evaluate academic staff performance and conduct? How are these responsibilities carried out?	<ul style="list-style-type: none"> • The school provides the procedures for academic staff performance appraisal. • The schools select staff that are responsible for carrying out these procedures. • The school has a policy and procedures for monitoring and reviewing the academic staff's performance and conduct. • The school has policies and procedures for retention, promotion, granting rewards, retraction, demotion and dismissal for the staff, and procedures are clearly understood. • The school describes how their staff get regular and sufficient information related to their responsibilities, benefits and remuneration. • The school has the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure.

Guidance for Assessor

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

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

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

The school has procedures for staff performance appraisal. The school has authority and structure to carry out these procedures. The roles and relationships of academic staff members are well defined and clearly understood by all academic staff. The policy and procedure are clearly understood by all the relevant parties. A system for the responsible unit (e.g., Head of Department towards the members of the department) to carry out performance evaluations within the department, and this system is well known to all staff members. Each staff member is required to prepare an annual work plan that includes key performance indicators (KPIs), which are systematically monitored, evaluated, and reviewed to ensure accountability and continuous improvement.

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

5.3 Continuing Professional Development for Academic Staff

The school implements a stated policy on the continuing professional development of its academic staff.

Develop and publicize a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key Questions	Criteria for Compliance
5.3.1 What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?	<ul style="list-style-type: none">• The school plans for a professional development program and career pathway for the academic staff.• The school socializes policies and plans for professional development programs and career paths to the academic staff.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> • The school decides who is involved in the development program of the junior/new academic staff. • The school describes the aspects that are considered in the development program.
5.3.2 How does the school take administrative responsibility for the implementation of the staff's continuing professional development policy?	<ul style="list-style-type: none"> • The school monitors, evaluates, reviews, and accommodates the continuing professional development program of the academic staff. • The school describes how they appraise and reward the academic staff related to their continuing professional development.
5.3.3 What forms of financial and time commitment does the school guarantee to support academic staff in pursuing continuing professional development?	<ul style="list-style-type: none"> • The school supports their academic staff in their continuing professional development. • The school has policies related to and implements financial and time guarantees in sustainable professional development. • The school conducts the dissemination of policies related to sustainable professional development to ensure they are clearly understood by academic staff.

Guidance for Assessor

The school has a professional development program and career pathway for the academic staff. The program and pathway are socialized with the newly recruited and the existing academic staff. The development program and career pathway are based on the merit system and performance evaluation. Each tenure academic staff has a developed program and career pathway. The development program involves senior academic staff in mentoring and/or training the junior/new academic staff. The program is regularly evaluated and reviewed. The development program is designed by taking the curriculum development and its institutional roadmap, research, and community services into account.

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

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

5.4 Support staff

The school provides professional support staff and meets the adequacy of numbers and qualifications. The school guarantees the development of support staff.

Support staff (laboratories/ technicians/analysts, librarians, administration, IT operators) support the activities of Three Higher education primary functions (Teaching Learning, Research, Community Services).

Key questions	Criteria for Compliance
5.4.1 How does the school determine the number and qualifications of support staff to meet the services for the implementation of education, research, and community services?	<ul style="list-style-type: none">• The school ensures that the number and qualifications of staff are adequate to support the governance and implementation of the Three Higher Education Primary functions (education, research, and community service).• The school conducts human resource planning to ensure the adequacy of support staff.
5.4.2 How does the school develop the ability of support staff to meet the needs of services for the implementation of the Three Higher education primary functions and in improving the careers of support staff?	<ul style="list-style-type: none">• The school develops the capabilities/skills of support staff in the service.• The school facilitates the career path of staff.
5.4.3 How does the school monitor and evaluate staff performance of support staff to improve service quality?	<ul style="list-style-type: none">• The school has a monitoring and evaluation system for support staff performance.• The school carries out monitoring and evaluation of the performance of support staff in providing services.• The school analyzes the results of the monitoring and carries out relevant follow-ups.

Guidance for Assessor

The school has development programs and career paths for support staff. These programs and career paths are socialized to staff. Development programs and career paths are based on a system of remuneration and performance evaluation. The program is monitored and evaluated regularly. The support staff development program is designed to consider the development of Three Higher Education Primary functions (Teaching Learning, Research, Community Services).

The school accommodates and supports sustainable development for support staff. The school monitors and evaluates the sustainable development programs of the support staff. The institution has an assessment and reward system for support staff related to sustainable development. The school has a policy to support staff in sustainable development. The school provides funds and provides opportunities to continue support staff development. Support staff development policies and procedures are set by the school and understood by staff.

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

The school has policies related to research conducted by academic staff and students.

The school has academic staff and student development program, especially in the research aspect. In carrying out research, the school has a policy in organizing and providing funds for research activities for academic staff and students. The school ensures that the implementation of research supports the achievement of the vision, mission, and excellence of the study program. Make a clear statement that describes the responsibility of the academic staff/student for the research. Create a code of conduct with respect to these responsibilities.

Key questions	Criteria for Compliance
5.5.1. How does the school ensure the relevance of academic staff's research in supporting the achievement of the vision and mission of Midwifery Education Program as well as its monitoring and evaluation?	<ul style="list-style-type: none"> • The school has a policy on the implementation of research and student involvement, which is clearly communicated to all stakeholders. • The availability and suitability of the research roadmap with the vision and mission of the Midwifery Education Program. • The school has a monitoring and evaluation system for research up to its follow-up in the Midwifery Education Program.
5.5.2. How does the school implement research activities in institutions?	<ul style="list-style-type: none"> • The school has procedures and mechanisms: <ol style="list-style-type: none"> a. Research grant application procedure b. Research funding support c. The process and results of academic staff's scientific publications in nationally accredited and/or internationally reputable journals d. Student involvement in research e. Policy in supporting academic staff collaborative research with other parties (National and International)
5.5.3. How are the results of research integrated into the teaching and learning process?	<ul style="list-style-type: none"> • The school has a policy to integrate the results of academic staff's research into learning activities.
5.5.4. How are the award and recognition of academic staff's research results?	<ul style="list-style-type: none"> • The school has a mechanism for awarding or recognition for research results (including receiving research grants and Intellectual Property Rights).

Guidance for Assessor

The school has clear policies and procedures that are understood by all academic staff regarding the implementation of research activities (roadmaps, reports, examples of journals/publications, integration with learning, monitoring and follow-up documents, etc.).

The school has an effective monitoring and evaluation mechanism to ensure that the research conducted by academic staff is relevant in supporting the achievement of the vision, mission, and excellence of the study program. In addition, the school also regulates the follow-up of the

results of monitoring and evaluation of academic staff's research to ensure that the necessary recommendations and improvements can be implemented in a timely manner.

The school has a research grant submission system designed to support academic staff's research activities, as well as a mechanism that provides support for research and publication of research results by academic staff.

The school has a policy to support research collaboration between academic staff and other parties both at the national and international levels, with policies that support the integration of academic staff's research results into learning activities. In addition, the school has mechanisms in place that facilitate the awarding or recognition of research results, including the receipt of research grants, Intellectual Property Rights (IPR), to encourage innovation and significant academic contributions. All policies and procedures have been understood by all academic staffs and related parties.

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

The school has policies related to community service conducted by academic staff and students. The school has academic staff and student development programs, especially in the community service aspect. The school has a policy in organizing and providing funds for community service activities for academic staff and students. The school ensures that the implementation of community service supports the achievement of the vision, mission, and excellence of the study program. Make a clear statement that describes the responsibility of the academic staff/student for the community service. Create a code of conduct with respect to these responsibilities.

Key questions	Criteria for Compliance
5.6.1. How does the school ensure the relevance of academic staff's community service in supporting the achievement of the vision and mission of Midwifery Education Program as well as its monitoring and evaluation?	<ul style="list-style-type: none"> The school has a policy on the implementation of community service and student involvement, which is clearly communicated to all stakeholders. The availability and suitability of the community service with the vision and mission of the Midwifery Education Program. The school has a monitoring and evaluation system for community service activities, including follow-up actions at the Midwifery Education Program level.
5.6.2. How does the Midwifery Education Program implement community service activities in institutions?	<ul style="list-style-type: none"> The school has procedures and mechanisms: <ol style="list-style-type: none"> Procedure for applying for a community service grant Community service fund support The process and results of community service publications in accredited and/or reputable journals Student involvement in community service Policy in supporting community service collaboration between academic staff and other parties (National and International)

Key questions	Criteria for Compliance
5.5.5. How are the results of community services integrated into the teaching and learning process?	<ul style="list-style-type: none"> The school has policies and implementation strategies for integrating the results of academic staff's community service activities into learning processes.
5.6.3. How are the award and scientific recognition of academic staff Community Service Activities results?	<ul style="list-style-type: none"> The school has mechanism for awarding or recognizing the results of community services (including receiving community services grants and Intellectual Property Rights).

Guidance for Assessor

The school has clear policies and procedures that are understood by all academic staff related to the implementation of community service activities (roadmaps, reports, examples of journals/publications, integration with learning, monitoring and follow-up documents, etc.).

The school has a comprehensive monitoring and evaluation mechanism for the roadmap of academic staff's community service activities, as well as regulating the follow-up of the results of the monitoring and evaluation to support the achievement of the vision and mission of the Midwifery Education Program.

In addition, the school also has a community service activity grant application system for academic staff and students, which is designed to support and expand the positive impact of community service activities. The school supports the collaboration of community service activities between academic staff and other parties both at the national and international levels, with policies that promote the integration of the results of academic staff's community service activities into learning activities.

In addition, the school has mechanisms that encourage the awarding or recognition of the results of community service activities, including grants, Intellectual Property Rights (IPR), to appreciate innovations and significant contributions in the field of community service. All policies and procedures have been understood by all lecturers and related parties.

Supporting documents

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

- Manpower plan according to the needs of each discipline and scientific development
- Policies and procedures for human resources development
- Minutes of meetings and list of attendance during development of manpower plan
- Mapping of curriculum disciplines (suitability of the field of knowledge with the courses taught and workload)
- Form for monitoring and evaluation of academic and support staff performance, sampled a filled in form from several academic and support staffs, result of performance appraisal each semester
- Induction training program report
- Reports of the training programs for new and existing academic and support staff
- Summary of the professional development of the academic and support staff
- Research roadmap and community service plans for lecturers

- Lecturer research and community service reports, including publications and citation records
- Evidence of recognition or appreciation for research and community service outcomes (e.g., research grants, community service grants, and IPR)
- Policies on the integration of research and community service into teaching and learning
- IPR documents or recognition/awards from national or international institutions
- Policies and procedures to prevent bullying and harassment of academic and support staff

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training

The school has sufficient physical facilities to ensure that the curriculum is delivered adequately. Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

Key Questions	Criteria for Compliance
6.1.1 How does the school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	<ul style="list-style-type: none">• The school describes how they ensure that the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum are adequate – including for staff and students with special needs.• The school 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 safety and security systems are in place at all locations.
6.1.2 Is it appropriate or necessary to supplement or replace classroom teaching with distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?	<ul style="list-style-type: none">• The school describes how they decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching.• The school describes how they ensure that once you decide to employ distance learning for classroom teaching, they are able to offer a commensurate level of education and training.

Guidance for Assessor

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

When students are required to participate in late-night or overnight learning experiences, they have good access to a call room. Adequate facilities are provided for the learning and assessment of students' clinical and procedural skills, supported by a well-organized scheduling program. There are significant changes in facilities for education and/or research anticipated by the midwifery education program over the next three years, especially if there will be an increase in class size soon. There are adequate security systems in place at all locations to ensure student

safety and address emergency and disaster preparedness. Student support services are subjected to monitoring, evaluation, and enhancement. The budget is sufficiently provided for facilities and infrastructure development, maintenance, and enhancement.

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

6.2 Clinical Training Resources

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

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

Key Questions	Criteria for Compliance
6.2.1 What range of opportunities are required and provided for students to learn clinical skills?	<ul style="list-style-type: none"> The school provides all students have equal access to learning opportunities for clinical skills on campus, in primary health care, in teaching hospitals, in affiliated and satellite hospitals, and communities. The school describes how they ensure that the facilities and infrastructure for learning clinical skills are well maintained and up to date.
6.2.2 How are skill labs, simulated patients, and actual patients used?	<ul style="list-style-type: none"> The school describes how they utilize skills laboratories, simulated patients and actual patients for learning clinical skills. The school ensures that the skills laboratories, simulated patients and actual patients support the acquisition of students' clinical skills. Clinical skills are learnt using skills laboratories, simulated patients and actual patients.
6.2.3 What is the basis of the policy on the use of simulated and actual patients?	<ul style="list-style-type: none"> The school has a policy that is used as the basis for the use of simulated patients and actual patients. The school develops the policy by considering various factors. The school describes who is involved in the development of these policies.
6.2.4 How does the school ensure that students have adequate access to clinical facilities?	<ul style="list-style-type: none"> Clinical facilities can be utilized by students for clinical rotations.

	<ul style="list-style-type: none"> • The school describes how they ensure that the school has guaranteed and sustained access for these clinical facilities. • The school describes how they organize the students' access to the clinical facilities to support the achievement of intended learning outcomes. • The school describes how they monitor and evaluate these clinical facilities.
6.2.5 What is the basis for the placement of students in the clinical practice facilities and community?	<ul style="list-style-type: none"> • The school establishes the rotation of student placements in clinical practice facilities to ensure students gain exposure to a variety of cases and learning experiences, particularly in providing continuous services (Continuity of Care/CoC). • The school designates a specific unit responsible for organizing and managing students' clinical rotation schedules.
6.2.6 How does the school involve academic staff and clinical supervisors in the required practice settings?	<ul style="list-style-type: none"> • The school assigns academic staff and clinical supervisors in the series of clinical rotations needed. • The school ensures that academic staff and clinical supervisors understand their roles and responsibilities related to student learning in a practical environment.
6.2.7 How does the school ensure consistency of curriculum delivery in clinical settings?	<ul style="list-style-type: none"> • The school ensures that all academic staff and clinical supervisors understand the school's curriculum. • The school ensures that the delivery of the curriculum in clinical practice is effective and consistent.

Guidance for Assessor

The school's affiliated clinical teaching facilities and information resources are of sufficient size, quality, and accessibility to serve the needs of the school to fulfil its mission. The clinical affiliation agreement at least should describe responsibility of the institution, responsibility of the facility, application of the rules and procedures of the facility, student and faculty status, student removal, term and termination, non-discrimination and anti-harassment, liability, and governing law. The midwifery education program and clinical teaching facilities affiliates ensure that all midwifery students have access to needed facilities such as classrooms, study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late-night or overnight clinical learning experiences. All clinical settings (both inpatient and ambulatory) that will be used for core clinical rotations for the first cohort of midwifery students have been identified. The midwifery education program will ensure that the volume and mix of inpatient and ambulatory settings used for required clinical settings provide adequate numbers and types of patients in each discipline.

The school has adequate numbers and types of clinical skill laboratories dedicated to the teaching of clinical skills. These skills laboratories should help to ensure that all students acquire the necessary techniques and are properly assessed before practicing on real patients.

The school has a monitoring and evaluation program which shows that the skill laboratories support the acquisition, maintenance, and enhancement of the clinical skills of students. The term 'clinical skills' involves history-taking, physical examination, clinical investigations, using diagnostic reasoning, procedural perfection, effective communication, teamwork, and professionalism.

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

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

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

The school has a policy that helps improve high quality staff recruitment, retaining and performance by providing clear mission, feedback and career development support and well-

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

6.3 Information Resources

The school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

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

Key Questions	Criteria for Compliance
6.3.1 How does the school ensure the availability of information resources needed by students, academic staff, clinical supervisor supervisors, and support staff?	<ul style="list-style-type: none"> The school identifies the need for information sources for students, academic staff, clinical supervisors, and support staff. The school ensures that the information sources and resources are up to date and well maintained.
6.3.2 How are these provided the source of information?	<ul style="list-style-type: none"> The school provides information sources and resources required by students, academic staff, clinical supervisors, and support staff.
6.3.3 How is their adequacy evaluated?	<ul style="list-style-type: none"> The school monitors, evaluates, and takes follow-up actions on information resources to ensure they meet the needs of students, academic staff, clinical supervisors, and support staff.
6.3.4 How does the school ensure that students, academic staff, clinical supervisors, and support staff have access to the needed information?	<ul style="list-style-type: none"> The school provides the procedures for students, academic staff, clinical supervisors, and support staff to get access to the needed information.

Guidance for Assessor

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

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

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

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

6.4 Financial Resources

The Midwifery Education Program provides adequate financial resources to support its vision and mission.

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

Key Questions	Criteria for Compliance
6.4.1. How does the school implement policy and allocate budgets to support the achievement of vision and mission?	<ul style="list-style-type: none">• The school implements policies and allocates budgets to support the achievement of vision and missions.

Key Questions	Criteria for Compliance
6.4.2. How does the school ensure the availability of sufficient and sustainable financial resources to support programs in all locations?	<ul style="list-style-type: none"> The school has sufficient and sustainable financial resources to support the program in all locations.
6.4.3. How does the 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 school develops a budget plan that accommodates changes in both sources and amounts of funding, adjusted to the priority program activities over time, and aligned with the institution's development milestones.
6.4.4. How does the school 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 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.

Guidance for Assessor

The school explains about the funding sources to support Midwifery Education Programs and to ensure that these sources have the potential to become sustainable financial resources.

The school provides information on fluctuations in funding sources over a specific period and the strategies implemented to ensure the sustainability of the educational program.

Supporting documents

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

- List of physical infrastructure
- List of other learning support systems, such as Learning Management System, Internet, etc
- List of teaching 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 standard patients and training report
- List of training and its reports of the clinical teachers and supervisors
- List of available journal databases
- Evaluation forms and feedback from students and academic staff and administration for available information resources
- Facilities to access information resources and learning resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, academic staff, clinical supervisors, associates, and alumni)
- Data on the results of satisfaction surveys for adequacy, quality and access to facilities and infrastructure as well as educational and clinical training information resources
- Standard operating procedure for budget allocation
- Audit documents: finance and infrastructure

Criteria 7. Quality Assurance

7.1 The Quality Assurance System

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

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

Key Questions	Criteria for Compliance
7.1.1 How are the objectives and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?	<ul style="list-style-type: none">• The school implements methods within its internal quality assurance system that follow the PDCA or PPEPP cycle and incorporate the identification of stakeholder needs and expectations.• The school has a mechanism to establish, implement, maintain and improve continuously of the internal quality assurance system.• The school has procedures for the quality management system and their application throughout the organization.• The school determines the quality management system.• The school determines and applies the criteria and methods (including monitoring, measurement and related performance indicators) necessary to ensure the effective operation and control of these processes.• The school determines the resources required for this process and ensures their availability.• The school assigns responsibilities and authorities for these processes.• The school identifies and addresses both risks and opportunities as part of its management and planning processes.• The school evaluates these processes and implements any necessary changes to ensure that these processes achieve the desired result.• The school provides and disseminates information to the public.
7.1.2 How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?	<ul style="list-style-type: none">• The school assigns responsibility and authority to ensure the quality management system complies with the requirements of standards that are used.• The school ensures that reporting on the performance of the quality management system and opportunities for improvement has been established.• The school ensures that the integrity of the quality management system is maintained.

Key Questions	Criteria for Compliance
	<ul style="list-style-type: none"> The school documented the changes that occurred from the planned and the implemented quality management system.
7.1.3 How are resources managed for quality assurance?	<ul style="list-style-type: none"> The school identifies resources needed for the implementation, maintenance and continuous improvement of the quality assurance system and ensures the resources provided are sufficient.
7.1.4 How does the school involve internal and external stakeholders in quality assurance system?	<ul style="list-style-type: none"> The school identifies the relevant internal and external stakeholders to be involved in the quality management system and their contributions. The school uses internal and external stakeholder feedback for continuous quality improvement.
7.1.5 How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?	<ul style="list-style-type: none"> The school utilizes the results of the quality assurance system to identify, review and control changes made during, or after, the design and development of educational programs. The school evaluates the performance and effectiveness of the study program. The school identifies and selects opportunities for improvement and implements any necessary actions to meet stakeholder needs and to increase stakeholder satisfaction.

Guidance for Assessor

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

- a. the organization explains whether it understands the needs and expectations of interested parties.
- b. the organization should explain the scope of the quality management system.
- c. the organization should explain that it has established, implemented, maintains, and continuously improved a quality management system, including the necessary processes and their interactions, in accordance with the requirements of the Standard.
- d. the organization should describe the processes required for the quality management system and their application throughout the organization,
 - determine the required inputs and expected outputs from the process.
 - determine the sequence and interaction of these processes.
 - determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes.
 - determine the resources required for this process and ensure their availability.
 - assign responsibilities and authorities for this process.
 - address risks and opportunities, evaluate this process and implement any necessary changes to ensure that this process achieves the desired result.

Top management should assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards. Top

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

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

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

Supporting Documents

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

- Organization chart of the internal quality assurance system
- Policy and procedures of quality assurance of the midwifery education program and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance
- Minutes of meeting and report on the involvement of the external stakeholders in the quality management system.
- Follow-up documents on the quality assurance feedback for continuous quality improvement.
- Data on the accreditation status of the school by accreditation agencies

Criteria 8. Governance and Administration

8.1 Governance

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

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

Key Questions	Criteria for Compliance
8.1.1 How and by which bodies are decisions made about the functioning of the institution?	<ul style="list-style-type: none">• The school has policies in the management structure to achieve mission.• The school has relevant schools' bodies that are responsible for decisions made related to the functioning of the school.• The school implements a clear governance structure including membership, main duties and functions, responsibilities, and reporting mechanisms that reflect the implementation of the 5 (five) principles of "<i>good governance in institution</i>".• The head of the midwifery education program is a midwife who is a qualified lecturer with experience in management/administration.
8.1.2 How are the processes and units of teaching-learning, research, and community service regulated in study program and can be accessed by all stakeholders?	<ul style="list-style-type: none">• The school describes how the teaching-learning and research activities are governed by the school.• The school describes which structures are responsible for managing teaching-learning and research activities.
8.1.3 What governance arrangements are there to review the performance of the school?	<ul style="list-style-type: none">• The school describes which body is responsible for reviewing the performance of the school.
8.1.4 How are risks identified and mitigated?	<ul style="list-style-type: none">• The school has mechanisms to identify and mitigate all risks that may occur during the process of teaching-learning, research and community service.

Guidance for Assessor

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

Teaching, learning, and research are governed by a body and its committee structures. All members of the committee have responsibilities for planning, implementing, monitoring-

evaluating, and reporting all activities regarding teaching, learning, and research from team members-committee chairman-the Dean.

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

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

8.2 Student and Academic Staff Representation

The institution/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 How is the involvement of students and academic staff in the institution/school decision-making and functioning?	<ul style="list-style-type: none"> The institution/school describes how the students and academic staff are involved in the institution/school decision-making and functioning.
8.2.2 How does the institution/school create an inclusive environment and encourage student involvement in PS governance?	<ul style="list-style-type: none"> The institution/school creates an inclusive environment to encourage student involvement in governance (social, economic, gender, cultural, and information accessibility).

Guidance for Assessor

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

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

8.3 Administration

The institution/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 and staff for all school activities and operations.

Key Questions	Criteria for Compliance
8.3.1 How does the administrative structure support the functioning of the institution/school?	<ul style="list-style-type: none"> The institution/school describes how they design the administrative structure.

	<ul style="list-style-type: none"> The institution/school describes the roles of the administrative structure in supporting the functioning of the school.
8.3.2 What are the administrative reporting procedures in relation to learning, research, and community service?	<ul style="list-style-type: none"> The institution/school has administrative reporting procedures for learning programs/activities, research, and community service.
8.3.3 What is the decision-making mechanism to support the institution/school functioning?	<ul style="list-style-type: none"> The institution/school has a mechanism for using the results of tiered administrative reports for the decision-making process that supports the function of institution/school.

Guidance for Assessor

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

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

The reporting structure for administration in relation to teaching-learning, research, and community services includes administration, staff, outcomes, and obstacles (plan and realization).

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

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

Supporting Documents

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

- Organization chart of the management and administrative of the school
- Report on the school performance review
- Document on risk identification and mitigation
- Reports on students and academic staff in decision making and functioning. Minutes of meeting of the discussion
- Standard operating procedure for decision making process
- Standard operating procedure for reporting teaching-learning, research, and community service
- Key performance indicators and additional performance indicators document

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 midwifery education program needs to read them thoroughly to produce a readable Self-Evaluation report and a well-prepared survey visit.

2.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine to what extent the undergraduate program complies with the IAAHEH quality criteria for midwifery education program. The process of evaluation includes studying written self-evaluation reports of the school.

To conduct objective and accurate self-evaluation, a series of activities need to be carried out by the school and coordinated by the accreditation team. The school will collect data and information that will be used as tools to evaluate programs. All findings will be analyzed and written as a self-evaluation report.

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

The following steps are carried out:

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

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

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

2.2.1 Introduction

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

The purpose of self-evaluation is to elicit the school's description and analysis of itself, and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, self-evaluation should be recognized 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 good self-evaluation are invaluable. It gives information and facts about the quality assurance system and provides a platform for stakeholders to discuss issues on the quality of education.

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

- a. For improvement:
 - Identifies and specifies problems.
 - Identifies and specifies possible causes and means to change.
 - Identifies avenues for change and improvement.
 - Providing information that may not normally be evident (such as localized innovative practices in teaching and learning)
- b. For accountability:
 - If there are external criteria set by accreditation bodies, it is important to know how well the criteria are achieved.
 - Or a self-evaluation might be part of the entire review process and required by the external body. In this case, the objectives are to understand, to evaluate, and to improve.
 - To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help to understand the context – for example, students cannot achieve the education outcomes as expected, or teachers might have raised concerns about programs.
 - Verifying those processes are in place, and whether these are operating effectively.
 - Providing evidence of quality processes in place.
 - Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.
- c. As part of the midwifery education program's managerial process:
 - Self-evaluation allows the study program to look at their educational program and services.
 - The study program should pay attention to the student's experience, particularly to their learning and performance. The study program will be

able to assess how well they meet the educational goals and any external criteria which apply to the school.

- Self-evaluation allows evidence-based educational planning and management.
 - The study program will experience the greatest benefit if the self-evaluation process becomes part of their regular planning cycle.
- Determining whether existing policies and procedures are effective in meeting goals and identifying any gaps.
- Enhancing the understanding (across staff, students and/or other stakeholders) of organizational processes and outcomes.
- Disclosing weaknesses and gaps.
- Promoting honest communication.
- Encouraging benchmarking, internally and/or externally.
- Identifying activities that are misaligned with organizational goals/objectives.
- Promoting an evidence-based culture.

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

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

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

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

2.2.2 Conducting Self-Evaluation

The period of conducting self-evaluation is ten weeks. The accreditation team of the school needs to revise the draft of SER according to the input and feedback from the trainers.

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

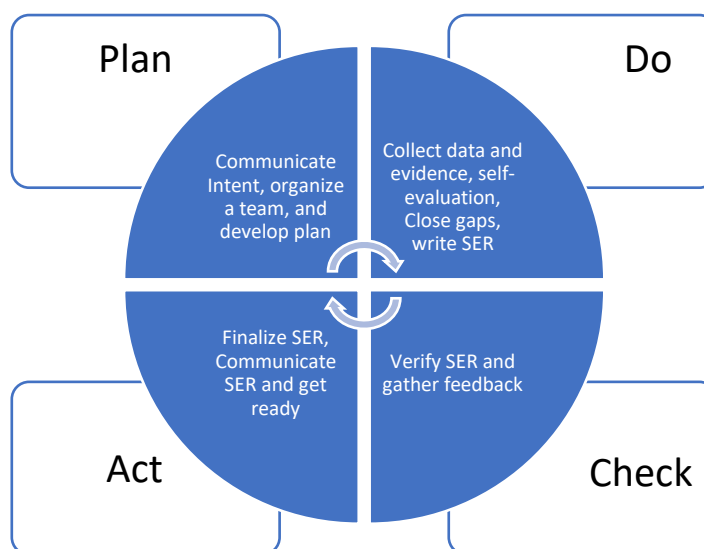


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for self-evaluation. The study program appoints a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or institution. 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 of the group should be made responsible for collecting and analyzing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 2 is an example of a timetable that could be developed.

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

Figure 2. Example of a timetable to develop the SER

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

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

IAAHEH provides training and assistance in conducting self-evaluation reports during the application phase.

b. Do

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

1. Collecting and reviewing data about the midwifery education program and its educational program,
2. Identifying evidence that supports the achievement of accreditation criteria.
3. Identifying gaps between the existing conditions and the accreditation criteria.
4. Defining strategies to ensure that the gaps are closed, and any problems are addressed effectively.
5. Writing the draft according to the determined structure.
6. Completing the draft with an executive summary and glossary (if required).
7. Sending the draft to the reviewers.

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

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

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

c. Check

To prepare a creditable and objective report, the SER team must verify the evidence gathered. The “Check” phase involves verifying the SER as well as the quality assurance practices and giving feedback to improve them. An independent team should be appointed to review the SER and the existing quality assurance practices against the accreditation criteria. The draft of SER will be reviewed by the team of trainers for two weeks. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made. The accreditation team of the school prepares to conduct Self-Evaluation Activities to improve and make the report more complete to be a final SER.

d. Act

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

2.3 Structure and Content of Self-Evaluation Report

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

a. Structure

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

Table 1. The structure of Self-Evaluation Report

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

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

CHAPTER III CLOSING

REFERENCE

ATTACHMENT SUPPORTING DATA

b. Format

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

c. Dissemination

The school needs to identify who will receive the full reports and the executive summary, for both internal and external stakeholders. Many have been involved in completing the Self-Evaluation and would need to be informed of the results. A communication strategy needs to be planned. The main point of this entire process should be to facilitate change where change is required. Therefore, the last element that must be addressed is the issue of securing the commitment to act on the findings of the SER.

Table 2. Description of the Term Self-Evaluation Result

Compliance	Almost all components in each sub criterion can be fulfilled
Partial Compliance	Some components in each sub criterion can be fulfilled. But there are components in some sub criteria which cannot be

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

d. Content

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

Chapter 3. Guidance for Assessment

3.1 Desk Evaluation Report

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

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

3.2 Survey Visit Guidance

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

Principles of the survey visit

The survey visit should focus on:

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

3.3 Administrative Preparation for Survey Visit

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

- The date of survey visit is organized by the secretariat of IAAHEH.
- Invitation letter for the Assessor.
- Booking accommodation for the Assessor.
- Dietary requirements such as vegetarian, halal food, etc.

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

3.4 The Survey Visit Procedure

The activities of the survey visit would include:

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

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

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

3.5 Guidance for Introductory Meeting

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

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

a. Preparation for the Venue

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

b. Preparation for the Invitee

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

- The Dean
- Vice Dean
- Head of Study Program
- Accreditation Team
- Head of Quality Assurance Unit
- Directors of Teaching Hospitals

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

c. Preparation for the Presentation

The profile of the midwifery education program will be presented during the first session of the visit.

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

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

3.6 Guidance for Interview

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

- Interview with the management of the midwifery education program about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilized, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent the clinical and non-clinical departments/units (basic midwifery sciences, public health, bioethical and midwifery education), as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilized, research rewards and incentives.
- The school invites support staff representing different function, such as technician (Mechanical and Electrical (ME) and laboratories), librarian, administrative, IT support, finance.

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

3.7 Guidance for Observation

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

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

3.8 Guidance for Document Checking

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

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

- Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student research and publications, research budget and performance report, research contracts with government and private agency and institutions, ethics review board composition and functions.
- Tuition fee schedule, admission and retention policies, enrolment figures per program and year level, statistical data on dropouts, graduation/completion rates, scholarships and grants, support and auxiliary services student satisfaction survey visit results, health clearance certificate of canteen personnel, safety and sanitation inspection reports/documents of the canteen/cafeteria, Memorandum of Agreement (MoA) with accredited dormitories, sample minutes of meetings of student services offices, list of graduate student organizations, tracer and employer satisfaction surveys and exit interviews, list of student activities and collaborations.
- Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services an off-campus, monitoring of online campus, sample of minutes of faculty meetings.
- Library staff development program, library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilization report.
- Organizational chart, profile of Board of Trustees and key institutional and program administrators, latest institutional and program strategic plans and program operational plan, contingency plan or emergency and business continuity plan, audited financial statements for the last three years, graduate school budget, data privacy policy, MOA/MOUs with local and/or international academic, professional, research, private and/or government institutions/organizations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- Description of outreach activities/service-learning program, classroom utilization 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 organization rooms, classrooms and laboratories used by the graduate school, co-curricular, extra-curricular, and community service activities.

3.9 Guidance for Closing Meeting

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

The following is the procedure for the Closing Meeting:

- The draft of summary findings will be given to a study program to be read thoroughly.
- The accreditation team of the study program discusses each sub-criterion.
- The accreditation team will write comments or criticize the findings if there is any irrelevant description with the real condition.
- In the following morning, the study program prepares a representative room for discussion with the assessors, required equipment such as audio-visual, LCD, white screen, a printer with sufficient ink, etc.

- The Midwifery Education Program invites all relevant invitees especially the accreditation team.
- The representative of the study program will open the meeting and ask the team of assessor to lead the meeting.
- The head of the assessor team assigns one of the team members to present the summary of findings.
- Each sub criteria will be read and discussed.
- All invitees will listen carefully and respond to a relevant sub-criterion.
- The study program will show related evidence/s to support their assumption on related sub-criteria.
- Each sub-criteria will have a new description based on an agreed statement from the study program.
- The Midwifery Education Program representatives will listen to the recommendation for each sub-criteria after been adjusted with the recent changes.
- After discussing all sub criteria, and both sides agree with the findings, the accreditation team of Midwifery Education Program will listen to the summary findings, re-describe the commendation and the recommendation.
- The head of the team concludes the summary findings, re-describes the commendation and the recommendation, then allows the assessor team to print.
- While the assessor team prints the documentation, the study program will wait for the next session.
- The head of assessor returns the session to the study program.
- The responsible person of the Midwifery Education Program will receive the session and then deliver his/her closing remarks.
- The meeting is dismissed.

3.10 Guidance for Survey Visit Report

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

Format Report:

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

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

Summary of Accreditation Report

Criteria 1. Mission and Values

1.1 Stating the Mission

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

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

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

2.2 Curriculum Organization and Structure

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

2.3 Curriculum Content

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

2.4 Educational Methods and Experiences

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

2.5 Patient Safety

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

Criteria 3. Assessment

3.1 Assessment Policy and System

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

3.2 Assessment in Support of Learning

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

3.3 Assessment in Support of Decision-Making

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

3.4 Quality Control

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

Criteria 4. Students

4. 1 Selection and Admission Policy

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

4. 2 Student Counselling and Support

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

4. 3 Student Work and Learning Environment

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

4. 4 Student Safety

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

Criteria 5. Academic Staff

5.1 Academic and Support Staff Establishment Policy

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

5.2 Academic Staff Performance and Conduct

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

5.3 Continuing Professional Development for Academic Staff

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

5.4 Support staff

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

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

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

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

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

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training

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

6.2 Clinical Training Resources

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

6.3 Information Resources

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

6.4 Financial Resources

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

Criteria 7. Quality Assurance

7.1 The Quality Assurance System

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

Criteria 8. Governance And Administration

8.1 Governance

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

8.2 Student and Academic Staff Representation

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

8.3 Administration

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

The Typical Schedule for the Survey Visit

Day -1		
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the support staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation center, and other facilities in the study program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors
Day-2		
08.30-09.00	:	Introductory meeting with the management of academic hospitals.
09.00-11.00	:	Visitation of the academic hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.
11.00-12.00	:	Interview and discussion with the clinical preceptors of the academic hospitals
12.00-13.00	:	Lunch break
13.00-14.30	:	Interview and discussion with the students
14.30-16.00	:	Document verification
16.00-17.00	:	Internal discussion of the assessors
Day-3		
08.30-09.00	:	Introductory meeting with the management of teaching clinics or teaching facilities in the community

09.00-11.00	:	Visitation to the teaching clinics or teaching facilities in the community.
11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussion with the alumni of the study program
14.30-16.00	:	Discussion with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4		
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification
10.30-12.00	:	Clarification and verification with the management of the study program
12.00-13.00	:	Lunch break
13.00-16.00	:	Internal discussion of the assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

Executive Summary

Glossary

Criteria 1. Missions and Values

Narrative response:

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

Criteria 2. Curriculum

Narrative response:

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

Criteria 3. Assessment

Narrative response:

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

Criteria 4. Students

Narrative response:

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

Criteria 5. Academic and Support Staff

Narrative response:

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

Criteria 6. Educational Resources

Narrative response:

- Judgement for the Education Program to provide certain physical infrastructures (buildings, classrooms, etc.) based on the curriculum designed and the national or institution standard (e.g., room per student in class, in laboratory, internet bandwidth per student, academic staffs, etc.).
- Policies for students to learn clinical skills, in a simulated setting, but also in the real setting, with mannequins, simulated patients or real patients.
- Policies on students' clinical education, either in the hospital, clinic, or community-

based setting.

- Policies on study resources provision, library (incl. Books, journals, electronic or hard copies), internet bandwidth, etc.

Criteria 7. Quality Assurance

Narrative response:

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

Criteria 8. Governance and Administration

Narrative response:

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

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

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

Appendix 5. Summary of Compliance (Assessment Form 4)

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

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