

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



**HANDBOOK FOR MIDWIFERY
SCHOOLS**

**MIDWIFERY EDUCATION
PROGRAM ACCREDITATION**

FOREWORD

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

Indonesian Accreditation Agency for Higher Education in Health (IAAHEH), as an external quality assurance institution for higher education in health study programs, has been trying to enhance the quality of accreditation services and to be recognized both national and international level. Currently, IAAHEH has developed instruments of international accreditation for health programme studies including for midwifery schools. Asia-Pacific Quality Register (APQR) standards for quality improvement in basic medical education and Midwifery Education Accreditation Programme (MEAP) from International Confederation of Midwives (ICM) are used as the references for this book.

The purpose of midwifery school handbook is to assist midwifery programs that eager to be accredited by IAAHEH. The handbook was developed to help midwifery school to describe self-evaluation report (SER). This book also consists of steps of the accreditation process from registration to appeal.

This book is written by a team of midwifery education experts and practitioners who come from several reputable universities. I thank them for their hardworking in writing and finishing the book. I am pretty sure the expectation of the writers is that after understanding the handbook, the assessors will have high motivation to review the education process the of midwifery school to facilitate a continuous quality improvement.

Jakarta, July 4th, 2023

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The Chairman of IAAHEH.

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Chapter 1. Accreditation Criteria

Criteria 1. Mission and Values

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

Key Questions		Criteria for Compliance	
1.1.1	How is the mission statement specially tailored to the school?	1.1.1.1	How did the school formulate its mission statement?
		1.1.1.2	How is the mission statement identified?
		1.1.1.3	How are health problems considered at the national and local level?
		1.1.1.4	What is the scientific approach in the mission statement formulation?
		1.1.1.5	What is the association of the mission of the university with the mission of the school?
1.1.2	How is the mission statement tailored to the school for strategic planning, quality assurance, and management?	1.1.2.1	How is the mission statement translated into the school's program and activities during the planning process?
		1.1.2.2	How are the planned program and activities implemented?
		1.1.2.3	How does the organizational structure conform with the managerial functions to achieve its vision and mission?
		1.1.2.4	How is the internal quality assurance system developed based on its vision and mission?
		1.1.2.5	How is monitoring and evaluation in tracking the progress of achieving the mission?
		1.1.2.6	How to ensure the follow up action is completed?
		1.1.2.7	When was the last time the mission evaluated and updated? Is it regularly evaluated and updated?
1.1.3	How internal and external interest groups were involved in its development?	1.1.3.1	What are the mechanisms to identify the internal and external interest groups in the mission formulation?
		1.1.3.2	What are the procedures for the engagement of these interest groups?
		1.1.3.3	How is each interest group determined? What are the judgement of their contribution and their reciprocal benefits?
1.1.4	How the Midwifery program mission is aligned with ICM core documents including their philosophy and program delivery, regulatory standards of the local accrediting agency and relevant government requirements?	1.1.4.1	Is the midwifery programme incorporated in the ICM core documents and position statements into their philosophy and programme delivery?"
		1.1.4.2	How does the school translate the relevant national regulations and standards into its own regulations and standards concordantly?

Key Questions		Criteria for Compliance	
		1.1.4.3	How does the school consider the local circumstances and uniqueness in implementing the national regulations and standards?
		1.1.4.4	Do the school's standards align with the mission of the university?

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

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

Criteria 2. Curriculum

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

Key Questions		Criteria for Compliance	
2.1.1	How were the intended outcomes for the course as a whole and for each part of the course designed and developed?	2.1.1.1	How does the school use its mission and priority Sexual, Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) problems in the formulation of intended graduate outcomes?
2.1.2	Does the Midwifery program learning outcome meet the criteria of the ICM competence and the regulatory requirement?	2.1.2.1	How are the course outcomes consistently derived from the intended graduate outcomes and meet the criteria of the ICM competence and the regulatory requirement?
2.1.3	What is the approach of the curriculum design? How is the curriculum design aligned with the school's mission?	2.1.3.1	Does contemporary midwifery and education practice in the development and design of the curriculum?
		2.1.3.2	How is the curriculum design aligned with the school's mission?
2.1.4	How do the midwifery programs provide students with the necessary clinical experience to achieve the outcome of the programs?	2.1.4.1	How do the midwifery programs provide students with the necessary clinical experience to achieve the outcome of the programs?
2.1.5	How do they relate to the intended career roles of graduates in society?	2.1.5.1	What is the association of the intended graduate outcomes with the intended career roles of graduates in society?
		2.1.5.2	How does the school trace their graduates?
2.1.6	What makes the chosen outcomes appropriate to the social context of the school?	2.1.6.1	How do the intended graduate outcomes associate with the priority Sexual, Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) problems in the school's catchment areas?

Key Questions		Criteria for Compliance	
		2.1.6.2	How does the school select appropriate methods of needs analysis in line with available resources?

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

Key Questions		Criteria for Compliance	
2.2.1	What are the principles behind the school's curriculum design?	2.2.1.1	How does the school select the principles that are used for curriculum design?
		2.2.1.2	Do the principles appropriate to the school's mission, intended graduate outcomes, resources, and context of the school?
2.2.2	What is the relationship between the different disciplines of study that the curriculum encompasses?	2.2.2.1	What are the criteria identified by the school for the content of the curriculum to be relevant, important and prioritized?
		2.2.2.2	How does the school determine the scope of the content in terms of the breadth and depth of coverage and concentration?
		2.2.2.3	How does the school decide the sequence of curriculum, i.e., hierarchy, and progression of complexity or difficulty?
		2.2.2.4	How does the school choose a particular model of curriculum based on sound and scientific judgment?
		2.2.2.5	Does the school take into consideration the local resources and the existing regulatory framework?
		2.2.2.6	Is the instructional method based on current evidence about teaching learning progress?
		2.2.2.7	Does the midwifery curriculum provide students with the necessary clinical experience to achieve the outcome of the programs?

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

Key Questions		Criteria for Compliance	
2.3.1	Who is responsible for determining the content of the curriculum?	2.3.1.1	How does the school establish a committee/ unit/ team responsible for determining the content of the curriculum?
		2.3.1.2	How are internal and external stakeholders involved in formulating the curriculum content?
2.3.2	How is curriculum content determined?	2.3.2.1	What principles or methodologies are used to identify the curriculum content?
		2.3.2.2	What references at international, national, and local levels are used to determine the curriculum content?

Key Questions		Criteria for Compliance	
2.3.3	What elements of basic biomedical sciences are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.3.1	How does the school identify the basic biomedical sciences that are relevant to the graduate learning outcomes?
		2.3.3.2	How does the school decide the content of the biomedical sciences, time allocation, and the number of credits?
2.3.4	What elements of midwifery sciences are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.4.1	How does the school identify the health science and professional sciences that are relevant to the graduate learning outcomes?
		2.3.4.2	Does the curriculum address equality considerations, including the impact of gender inequality on women's health and the midwifery profession?
		2.3.4.3	How does the school decide the content of the midwifery sciences and time allocation?
2.3.5	What elements of clinical sciences and midwifery clinical skills are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.5.1	What content of clinical sciences and midwifery clinical skills are included in the curriculum?
		2.3.5.2	How are internal and external stakeholders involved in determining the content of clinical sciences and midwifery clinical skills?
		2.3.5.3	What references are used at global, national, and local levels to determine the content of clinical sciences and midwifery clinical skills?
		2.3.5.4	How does the school decide the time allocated for teaching and learning clinical skills?
2.3.6	In which midwifery clinical skills are all students required to gain practical experience?	2.3.6.1	Has the school identified all midwifery clinical skills that are compulsory for students to gain practical experience?
		2.3.6.2	Who decides on midwifery clinical skills that are compulsory for students to gain practical experience? What considerations are used?
2.3.7	How are students taught to make clinical judgements in line with the best available evidence?	2.3.7.1	What methods are used to teach students to make the clinical judgement in line with the best available evidence?
		2.3.7.2	What methods are used to ensure fulfilment competency of students' clinical judgement?
2.3.8	What is the basis for the school's allocation of student time to different clinical practice settings?	2.3.8.1	How does the school manage time allocated for different clinical practice settings?
2.3.9	What elements (if any) of health systems are included in the curriculum? How are the choices made and time allocated for these elements?	2.3.9.1	Does the school identify and list the content of the health system that is included in the curriculum?
		2.3.9.2	How do you decide the choices and time allocation for the health system sciences?
2.3.10	How do students gain familiarity with fields receiving little or no coverage?	2.3.10.1	How does the school develop community-based programs and how do you ensure the students' health and safety during their placement in the field?

Key Questions		Criteria for Compliance	
2.3.11	How does the school modify curriculum content related to advances in knowledge?	2.3.11.1	How does the school evaluate their curriculum content?
		2.3.11.2	How does the school involve the internal and external stakeholders in curriculum evaluation?
		2.3.11.3	How does the school use the result of the evaluation to modify the curriculum content in relation to the advancements in knowledge?
2.3.12	How are principles of scientific methods and midwifery research addressed in the curriculum?	2.3.12.1	Who decides how these are addressed in the curriculum?
		2.3.12.2	How does the school address the principle of scientific methods and midwifery research in the curriculum?
		2.3.12.3	Who delivers these contents?
2.3.13	Which fields (if any) are elective? How are elective fields decided?	2.3.13.1	What is the procedure to decide which fields or disciplines are included in the elective?
		2.3.13.2	What is the procedure to decide which fields and disciplines are elective?
2.3.14	How is student learning assured in disciplines in which they do not get specific experience?	2.3.14.1	Does the school identify in which disciplines the students do not get specific experiences? How does the school design a substitute learning experience?
		2.3.14.2	How does the school ensure the students can learn those disciplines?

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

Key Questions		Criteria for Compliance	
2.4.1	What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?	2.4.1.1	What are the principles that the school used in selecting educational methods and experiences?
		2.4.1.2	How are these principles formulated?
2.4.2	According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?	2.4.2.1	How does the school distribute the chosen educational methods and experiences distributed throughout the curriculum?
		2.4.2.2	Are the instructional methods in the midwifery programme based on current evidence about the teaching-learning process?
		2.4.2.3	Are there enough opportunities for student interaction with other health professions to support understanding of the multi-professional healthcare environment and facilitate interprofessional learning for collaborative practice?
		2.4.2.4	What are the mechanisms to monitor and verify the progress and documentation of each student's achievement of all required midwifery practice experiences?

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

- Minutes of curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviours) based on school's vision and missions, and the priority health problems. The outcomes can be measured using appropriate assessment.
- Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.
- List of clinical departments for student's placement
- List of teaching hospitals
- Minutes of curriculum committee's meeting on educational methods

Criteria 3. Assessment

- The school has a policy that describes its assessment practices.
- It has a centralised system for ensuring that the policy is realised through multiple, coordinated assessments that are aligned with its curriculum outcomes.
- The policy is shared with all stakeholders.

3.1 Assessment Policy and System:

Key Questions		Criteria for Compliance	
3.1.1	Which assessments does the school use for each of the specified educational outcomes?	3.1.1.1	How does the school design the assessment method to be applied for each of the specified educational outcomes?
		3.1.1.2	How does the school ensure that these assessment methods meet the validity, reliability, and educational impact criteria?
3.1.2	How are decisions made about the number of assessments and their timing?	3.1.2.1	How do you decide the number of assessments and the timing to ensure the achievement of graduate educational outcomes as well as the course learning outcomes?
		3.1.2.2	How do you decide which assessments are formative or summative?
		3.1.2.3	How does the school decide about the number of assessments and their timing?
		3.1.2.4	How does the school ensure that staff and students are well informed?
3.1.3	How are assessments integrated and coordinated across the range of educational outcomes and the curriculum?	3.1.3.1	How are the integration and coordination of assessments across the educational outcomes and the curriculum?
		3.1.3.2	How does the school develop assessment blueprint at the program level and how do you evaluate it?

3.2 Assessment in Support of Learning: a) The school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning. b) These formative assessments are tied to educational interventions that ensure that all students could achieve their potential.

Key Questions		Criteria for Compliance	
3.2.1	How are students assessed to support their learning?	3.2.1.1	How does the school provide feedback for students based on the result of the assessments across the curriculum?
3.2.2	How are students assessed to determine those who need additional help?	3.2.2.1	How does the school decide which students need additional help based on their assessment across the curriculum?
3.2.3	What systems of support are offered to those students with identified needs?	3.2.3.1	How does the school support the students with the identified needs?

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

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

3.4 Quality control: a) The school has mechanisms in place to ensure the quality of its assessments. b) Assessment data are used to improve the performance of academic staff, courses, and the school.

Key Questions		Criteria for Compliance	
3.4.1	Who is responsible for planning and implementing a quality assurance system for assessment?	3.4.1.1	How does the school plan and implement the quality assurance system for your assessments system?
		3.4.1.2	Who is involved in the planning and implementation of the quality assurance system for your assessments?
3.4.2	What quality assurance steps are planned and implemented?	3.4.2.1	What are the plan and implementation of the quality assurance steps?
3.4.3	How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders?	3.4.3.1	How does the school collect comments and experiences about your assessment system from students, teachers, and other stakeholders?
		3.4.3.2	How does the school ensure that those comments and experiences are trustworthy?
3.4.4	How are individual assessments analysed to ensure their quality?	3.4.4.1	What are the procedures for the analysis of individual assessments to ensure their quality?
		3.4.4.2	Who is involved in developing and implementing these procedures?
3.4.5	How is data from assessments used to evaluate teaching and the curriculum in practice?	3.4.5.1	How does the school use assessment results to evaluate the teaching and the curriculum in practice?
		3.4.5.2	Who is involved in this process?
3.4.6	How are the assessment system and individual assessments regularly reviewed and revised?	3.4.6.1	What is the procedure for regular review and revision of the assessment system in individual assessments?

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

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

Criteria 4. Students

4.1 Selection and Admission Policy: The midwifery school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Key Questions		Criteria for Compliance	
4.1.1	How is alignment determined between the selection and	4.1.1.1	How does the school align the selection and admission policies to the mission of the school?

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

4.2 Student Counselling and Support: The midwifery school provides students with accessible and confidential academic, social, psychological, and financial support services, as well as career guidance.

Key Questions		Criteria for Compliance	
4.2.1	In what ways are the academic and personal support and counselling services consistent with the needs of students?	4.2.1.1	Does the school provide an appropriate package of support that meets the academic and non-academic needs of students, such as academic and career advisor, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, a student interest, and talent development, etc?
4.2.2	How <i>are</i> these services recommended and communicated to students and staff?	4.2.2.1	How is information on services made available to staff and students?
		4.2.2.2	How does the school ensure that students and staff are aware of the availability of these student support services?

Key Questions		Criteria for Compliance	
4.2.3	How do student organizations collaborate with the midwifery school management to develop and implement these services?	4.2.3.1	How do you ensure that students and management of student organizations are involved in developing and implementing these services?
4.2.4	How appropriate are these services both procedurally and culturally?	4.2.4.1	How does the school ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture?
		4.2.4.2	Who is involved in the provision of student services that are culturally sensitive?
4.2.5	How is the feasibility of the services judged, in terms of human, financial, and physical resources?	4.2.5.1	How does the school ensure that these services are feasible in terms of human, financial, and physical resources?
4.2.6	How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	4.2.6.1	What are the procedures to evaluate the effectiveness of these services through a range of methods, e.g., surveys, complaints, and representative groups?
		4.2.6.2	How are changes accommodated where appropriate?
4.2.7	Is orientation to technology provided, and technological support available to students?	4.2.7.1	What student-cantered technology is used during the Program of Study for all program options and locations?
		4.2.7.2	How are students at each location oriented to technologies used in the didactic component (e.g., learning management system), laboratory/simulation laboratory component, and clinical/practicum component (e.g., electronic medical record) of the midwifery courses?
		4.2.7.3	Is technology support available to students at each location? If so, what type of technology support is available?
		4.2.7.4	How do students access technological support at each location?

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

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

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy: The school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Key Questions		Criteria for Compliance	
5.1.1	How did the school drive at the required number and	5.1.1.1	How does the school calculate the required number and characteristics of your academic staff?

Key Questions		Criteria for Compliance	
	characteristics of their academic staff?	5.1.1.2	What are the considerations in deciding the number and characteristics of your academic staff?
		5.1.1.3	How do you monitor and review the workload of your academic staff?
5.1.2	How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?	5.1.2.1	How does human resource plan to ensure staffing adequacy with the development of your school? <ul style="list-style-type: none"> a. The midwife teacher is qualified according to the ICM Definition of a Midwife. b. demonstrates competency in practice, generally accomplished with a minimum of two (2) years of clinical practice experience. c. holds a current license/registration or other forms of legal recognition to practice midwifery. d. has formal preparation for teaching or undertakes such preparation as a condition of continuing to hold the position. e. engages in ongoing development as a midwifery practitioner, teacher/lecturer, and leader. f. is an advocate within the program and profession; and g. contributes to developing, implementing, and evaluating the curriculum.
		5.1.2.2	The midwifery clinical preceptor/clinical teacher is qualified according to the ICM Definition of a Midwife. <ul style="list-style-type: none"> a. demonstrates competency in practice, generally accomplished with a minimum of 2 years of full-scope practice. b. maintains competency in both midwifery practice and teaching competencies. c. holds a current license/registration or other forms of legal recognition to practice midwifery; and d. has formal preparation for clinical teaching or undertakes such preparation as a condition of continuing to hold the position.
		5.1.2.3	How does the school ensure that there is an alignment between the number and characteristics of the academic staff with the design, delivery, and quality assurance of the curriculum?
		5.1.2.4	Are individuals from other disciplines who teach in the midwifery programme qualified in the content they teach?
		5.1.2.5	Is the ratio of midwifery students to clinical preceptors/teachers based on the learning context and the needs of the students?
		5.1.2.6	Does The midwifery programme have adequate human resources to support the administration and delivery of programme activities, such as student placements, theoretical and applied learning, curriculum development, etc?

5.2 Academic Staff Performance and Conduct: The school has specified and communicated its expectations for the performance and conduct of academic staff.

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?	5.2.1.1	How does the school disseminate information on the responsibilities of academic staff for teaching, research, and services for the new and exciting academic staff?
		5.2.1.2	How does the school disseminate the expectations of performance and codes of conduct to the new and existing academic staff?
5.2.2	What induction training does the school provide for academic staff?	5.2.2.1	How does the school conduct the induction training for your new academic staff?
		5.2.2.2	How does the school arrange induction programs for academic staff?
		5.2.2.3	What are the contents of the induction programs?
		5.2.2.4	Does the training and development plan reflect the university and study program's mission and objectives?
		5.2.2.5	How does the school evaluate and review its training programs?
5.2.3	How does the school prepare academic staff, teachers, and supervisors in clinical settings to enact the proposed curriculum	5.2.3.1	How does the school prepare their academic staff, teachers, and clinical preceptor/clinical teacher: in the clinical setting to deliver the proposed curriculum?
		5.2.3.2	How does the school ensure the academic staff, teachers, and clinical preceptor/clinical teacher: are ready to implement the purpose curriculum?
5.2.4	Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	5.2.4.1	What are the procedures for academic staff performance appraisal?
		5.2.4.2	Who is responsible to carry out these procedures?
		5.2.4.3	What are the policy and procedures for monitoring and reviewing the academic staff performance and conduct?
		5.2.4.4	What are the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff?
		5.2.4.5	Are the policies and procedures clearly understood?
		5.2.4.6	How could the staff get regular and sufficient information related to their responsibilities, benefits, and remuneration?
		5.2.4.7	What are the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure?
5.2.5	Are the policies for midwifery faculty and staff comprehensive, provide for the welfare of faculty	5.2.5.1	How do the policies for midwifery faculty and staff enable the sustainability of their welfare?

Key Questions		Criteria for Compliance	
	and staff, and are consistent with those of the governing organization?	5.2.5.2	How do the policies are in place to provide for the welfare of faculty and staff at each location?
		5.2.5.3	How do the policies for midwifery faculty and staff the same at each location as the policies for non-midwifery faculty and staff within the governing organization?

5.3 Continuing Professional Development for Academic Staff: The school implements a stated policy on the continuing professional development of its academic 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?	5.3.1.1	What is the school plan for the professional development program and career pathway for the academic staff?
		5.3.1.2	How is the plan socialized to the academic staff?
		5.3.1.3	What are the considerations for the development program and career pathway?
		5.3.1.4	What is the development program for the tenure academic staff?
		5.3.1.5	Who is involved in the development program of the junior/new academic staff?
		5.3.1.6	How does the school review and evaluate the program?
		5.3.1.7	What are the considered aspects in the development program?
		5.3.1.8	How does the school support and accommodate the professional development of the academic staff?
5.3.2	How does the school take administrative responsibility for the implementation of the staff's continuing professional development policies?	5.3.2.1	How does the school monitor, evaluate and review the continuing professional development program of the academic staff?
		5.3.2.2	How could the school appraise and reward the academic staff related to their continuing professional development?
5.3.3	What protected funds and time does the school provide to support its academic staff in their continuing professional development?	5.3.3.1	How could the school support its academic staff in their continuing professional development?
		5.3.3.2	What are the policies for this?
		5.3.3.3	How could the academic staff understand the policy and procedure clearly?

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

- Manpower plan (CY =current year)
- Minutes of meetings and list of attendance during development of manpower plan

- Mapping of discipline of the curriculum
- Form for monitoring and evaluation of academic staff performance, sampled a filled in form from several academic staffs.
- Induction training program report
- Reports of the training programs for new and existing academic staff members.
- Summary of the professional development of the academic staff

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training: The school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

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

6.2 Clinical Training Resources: The school has appropriate and sufficient resources to ensure that students receive the required clinical training.

Key Questions		Criteria for Compliance	
6.2.1	What range of opportunities are required and provided for students to learn clinical skills?	6.2.1.1	What opportunities are provided for students to learn clinical skills?
		6.2.1.2	How does the school ensure that all students have equal access to learning opportunities for clinical skills on campus and outside campus?
		6.2.1.3	How does the school ensure that the facilities and infrastructure for learning clinical skills are well maintained and up to date?

Key Questions		Criteria for Compliance	
6.2.2	What use is made of skills laboratories and simulated patients, and of actual patients in this regard?	6.2.2.1	How does the school utilize skills laboratories, simulated patients, and actual patients for learning clinical skills?
		6.2.2.2	How does the school ensure that the skills laboratories, simulated patients, and actual patients support the acquisition of students' clinical skills?
		6.2.2.3	What 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?	6.2.3.1	What policies are used as the basis for the use of simulated and actual patients?
		6.2.3.2	How have these policies been developed?
		6.2.3.3	Who is involved in the development of these policies?
6.2.4	How does the school ensure that students have adequate access to clinical facilities?	6.2.4.1	What clinical facilities can be utilized by students for clinical clerkships?
		6.2.4.2	How does the school ensure that your School has guaranteed and sustained access to these clinical facilities?
		6.2.4.3	How does the school organize the students' access to the clinical facilities to support the achievement of intended learning outcomes?
		6.2.4.4	How does the school monitor and evaluate these clinical facilities?
6.2.5	What is the basis for the school's mix of community-based and hospital-based training placements?	6.2.5.1	How does the school decide the mix of community-based and hospital-based training placements in the school's clinical phase?
		6.2.5.2	Who is involved in making this decision?
6.2.6	How does the school engage clinical teachers and supervisors in the required range of practice settings?	6.2.6.1	How does the school recruit clinical preceptors/clinical teachers in the required range of generalist and specialist practice settings?
		6.2.6.2	How does the school ensure that clinical teachers and supervisors understand their roles and responsibilities in relation to students learning in practice settings?
		6.2.6.3	How does the school maintain engagement with clinical teachers and clinical preceptors/clinical teachers?
6.2.7	How does the school ensure consistency of curriculum delivery in clinical settings?	6.2.7.1	How does the school ensure that all clinical teachers and clinical preceptors/clinical teachers understand the school's curriculum?
		6.2.7.2	How does the school organize the curriculum delivery in clinical settings to achieve consistency?
		6.2.7.3	How does the school ensure that the curriculum delivery in clinical settings is effective?

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

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

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

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

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

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

- List of training and its reports of the clinical teachers and preceptors
- List of databases of available journals
- Forms for evaluation and feedback from students and academic staff and administration for available information resources
- Facilities to access information resources
- Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

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

Key Questions		Criteria for Compliance	
7.1.1	How are the purposes and methods of quality assurance and subsequent action in the school defined and described, and made publicly available?	7.1.1.1	How are the methods used in the internal quality assurance system which includes the PDCA cycle?
		7.1.1.2	How are the needs and expectations of interested parties identified?
		7.1.1.3	How has the internal quality assurance system been established, implemented, maintained, and continuously improved?
		7.1.1.4	What are the processes required for the quality management system and their application throughout the organization?
		7.1.1.5	How does the school determine the sequence and interaction of these processes?
		7.1.1.6	How does the school determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes?
		7.1.1.7	How does the school determine the resources required for this process and ensure their availability?
		7.1.1.8	How does the school assign responsibilities and authorities for these processes?
		7.1.1.9	How does the school address risks and opportunities?
		7.1.1.10	How does the school evaluate these processes and implement any necessary changes to ensure that these processes achieve the desired result?
		7.1.1.11	How does the school provide and disseminate information to the public?
7.1.2	How is responsibility for the implementation of the quality assurance system clearly allocated	7.1.2.1	How does the board of management assign responsibility and authority to ensure that the quality management system complies

Key Questions		Criteria for Compliance	
	between the administration, academic staff, and educational support staff?		with the requirements of standards that are used?
		7.1.2.2	How does the board of management ensure that reporting on the performance of the quality management system and opportunities for improvement have been established?
		7.1.2.3	How does the board of management ensure that the integrity of the quality management system is maintained?
		7.1.2.4	What are the changes that occur when the quality management system is planned and implemented?
		7.1.2.5	How does the board of management provide the people needed for the effective implementation of its quality management system and the operation and control of its processes?
7.1.3	How are resources allocated to quality assurance?	7.1.3.1	How does the school identify resources needed for the implementation, maintenance, and continuous improvement of the quality assurance system?
		7.1.3.2	How does the school justify that the allocated resources are sufficient?
7.1.4	How has the school involved external stakeholders?	7.1.4.1	How does the school identify the relevant external stakeholders for the quality management system?
7.1.5	How is the quality assurance system used to update the school's educational design and activities and hence ensure continuous renewal?	7.1.5.1	How is program Evaluation and Quality Improvement running?
		7.1.5.2	How does the school utilize the results of the quality assurance system to identify, review and control changes made during, or after, the design and development of educational programs?
		7.1.5.3	How does the school evaluate the performance and effectiveness of the education program?
		7.1.5.4	How does the school identify and select opportunities for improvement and implement any necessary actions to meet stakeholder needs and increase stakeholder satisfaction?

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

- Organization chart of the internal quality assurance system
- Documents of quality assurance of the Midwifery school and quality standard
- Reports on the internal quality audit
- Resources allocated to quality assurance.
- Minutes of meeting and report of the involvement of the external stakeholders in the quality management system.
- Follow up documents on the quality assurance feedback for continuous quality improvement.

Criteria 8. Governance and Administration

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

Key Questions		Criteria for Compliance	
8.1.1	How and by which bodies are decisions made about the functioning of the institution?	8.1.1.1	Which bodies are responsible for decisions made related to the functioning of the school?
		8.1.1.2	How do the school bodies make decisions on the functioning of the school?
		8.1.1.3	Does the head of the programme is a qualified midwife teacher with experience in management/administration?
		8.1.1.4	Does the head of the midwifery programme advocate for the midwifery programme and profession (In other words, engages with key stakeholders such as government, community groups, professional associations, and other professions)?
8.1.2	How does the school govern the teaching, learning, and research in the institution?	8.1.2.1	How are the teaching-learning and research activities governed by the school?
		8.1.2.2	Who is responsible for managing teaching-learning and research activities
8.1.3	How is the budget aligned with the mission of the school?	8.1.3.1	How does the school make alignment between budget allocations with the mission of the school?
8.1.4	How does the strategy review the performance of the school?	8.1.4.1	Which body is responsible for reviewing the performance of the school?
8.1.5	How are the risks identified and mitigated?	8.1.5.1	What kind of mechanisms does the school identify and mitigate all risks which may occur during teaching-learning, research, and budget allocation?

8.2 Student and academic staff representation: The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

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

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

Key Questions		Criteria for Compliance	
8.3.1	How does the administrative structure and process support the functioning of the institution?	8.3.1.1	What are the roles of the administrative structure in supporting the functioning of the school?
		8.3.1.2	What are the roles of the decision-making process regarding the functioning of the school?
8.3.2	What is the reporting structure for administration in relation to teaching, learning, and research?	8.3.2.1	How does the school design the administrative reporting structure on teaching-learning and research programs/activities?
8.3.3	How does the administrative structure support the functioning of an institution?	8.3.3.1	What is the role of administrative structure in the school's function?
8.3.4	How does the decision-making process support the functioning of the institution?	8.3.4.1	How do you exercise the decision-making process?
		8.3.4.2	How do these support the functioning of the institution?
		8.3.4.3	How are the students and academic staff involved in school decision-making and functioning?

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

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

Chapter 2. Guidance for Self-Evaluation Report

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

2.1 How to conduct Self-Evaluation Activities

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

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

A self-evaluation report needs to represent the real condition of the school, specifically in the education process and to what extent the school may maintain compliance with the IAAHEH standards.

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

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

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

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

2.2.1 Introduction

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

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

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

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

- a. *For improvement:*
 - Identifies and specifies problems.
 - Identifies and specifies possible causes and means to change.
 - Identifies avenues for change and improvement.
 - Providing information that may not normally be evident (such as localised innovative practices in teaching and learning)
- b. *For accountability:*
 - If there are external standards set by accreditation bodies, you may want to know how well you are achieving them.
 - Or a self-evaluation might be part of the entire review process and required by the external body. In this case, though, you should aim to understand, evaluate, and improve, not simply to describe and defend.
 - To find solutions to a known problem:
 - Where problems have been highlighted or indicated, a self-evaluation can address these and help you to understand the context – for example, students might not be achieving their course objectives as well as expected, or teachers might have raised concerns about their programs.
 - Verifying those processes are in place, and whether these are operating effectively.
 - Providing evidence of quality processes in place
 - Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.
- c. *As part of the school's managerial process:*
 - Self-evaluation allows you to look at your educational program and services.

- You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your school.
 - Self-evaluation allows evidence-based educational planning and management.
 - You will experience the greatest benefit if the self-evaluation process becomes part of the school's regular planning cycle.
 - Determining whether existing policies and procedures are effective in meeting schoolable goals and identifying any gaps.
 - Enhancing understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes
 - Disclosing weaknesses and forcing confrontation
 - Promoting honest communication
 - Encouraging benchmarking, internally and/or externally
 - Identifying activities that are misaligned with organisational goals/objectives.
 - Promoting an evidence-based culture
- d. *Two principles that relate to the assessment process are:*
- Independence as the basis for the impartiality and objectivity of the assessment conclusions.
 - Evidence as the rational basis for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Evidence is based on records and statements of fact or information which are relevant to the assessment criteria and are verifiable.
- e. *Adherence to these fundamental principles is a prerequisite for providing a reliable and relevant assessment process and outcome. The following considerations should be made before carrying out a self-assessment:*
- Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the school.
 - Gaining management support to carry out a self- assessment is not enough. The whole organisation must prepare itself for the self-assessment. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-assessment.
 - Writing a critical self-evaluation of the quality assurance system demands good organisation and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the school including key management staff, faculty, and support staff; have access to obtain the required information at all levels; and have the authority to make appointments with stakeholders.
 - It is desirable to install a working group in charge of the self-assessment. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-assessment, gathering and analysing data and drawing conclusions.
 - As it is assumed that the self-assessment is supported by the school, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organise a workshop or seminar to discuss or communicate the SAR.

2.2.2 The procedure of preliminary SER, comprises of

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

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

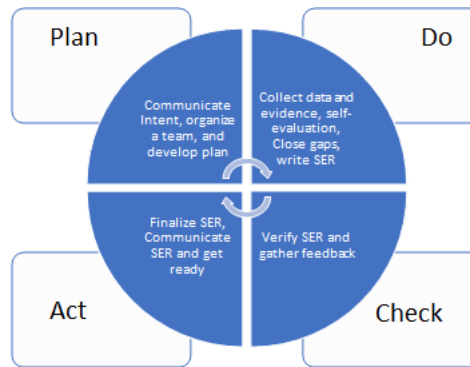


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. Appoint a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or university. This group should have financial, and staff support from the school management. The group could then be divided into subgroups in which each subgroup is assigned to address one or several standards. As part of the change management process, early engagement with stakeholders is crucial to get their buy-in and commitment before the start of the project. A clear timetable should be set up to develop the SER. Each member in the group should be made responsible for collecting and analysing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 2 is an example of a timetable that could be developed.

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

Figure 2. Example of a timetable to develop the SER

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

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

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

b. Do

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

1. collect and review data about the midwifery school and its educational program,
2. identify evidence that supports the achievement of accreditation standards.
3. identify gaps between the existing conditions and the accreditation standards.
4. define strategies to ensure that the gaps are closed, and any problems are addressed effectively.

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

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

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

c. Check

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

d. Act

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

2.3 The procedure of final SER:

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

a. Structure

In writing the Self-Evaluation Report (SER), each key question in the Accreditation Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred, attached, and linked in the designated cloud location.

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

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

Table 1. Categories of Summary of the Overall Results

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

b. Format

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

c. Dissemination

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

Table 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 Survey Visit

3.1 Survey Visit Guidance

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

Principles of the survey visit

The survey visit should focus on:

- The continuous quality improvement, such as PDCA (*plan, do, check, and action*).
- Achievements in education, research, and public services, competition, and internationalisation.
- Compliance with 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

3.2 Administrative Preparation for Survey Visit

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

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

- The school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.3 The survey visit procedure

The activities of the survey visit would include:

- 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 (10-12 faculty members)
 - Students represented from each academic year (10-12 students)
 - Supporting staff (8-10 staff, including laboratory technicians/analysts, IT, administration, librarians, etc.)
 - Alumni who graduated in the last 3 years. (8-10 alumni)
 - Employers of the graduates (6-8 employers preferably non-alumni)
 - Management of clinical site
- Observation and assessment of the teaching and learning processes (in the classroom, practical/ skill laboratory, and any setting of clinical site)
- Visitation and assessment of physical facilities: library, laboratories, simulation centre, hospitals, clinics, private midwife clinics, student services, and other facilities for students
- Clarification and validation of documents
- Closing meeting with the school management

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

Table 3. The Typical Schedule for the Survey Visit

Day -1		
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the supporting staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, simulation centre, and other facilities in the study program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors
Day-2		
08.30-09.00	:	Introductory meeting with the management of academic hospitals.

09.00-11.00	:	Visitation of the academic hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.
11.00-12.00	:	Interview and discussion with the clinical preceptors
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, private midwife clinics, and 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

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

3.4 Guidance for Introductory Meeting

a. Preparation for the Venue

The school have to provide the venue with equipment (LCD, Screen, microphone) that can accommodate all the invitees.

b. Preparation for the invitee

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

- The Dean
- Vice Dean
- Head of Study Program
- Accreditation Team
- Head of Quality Assurance Unit
- Directors of Teaching Hospitals
- Education Unit
- Research Unit
- Community Service Unit
- Heads of Departments
- Heads of Administrations
- etc.

c. Preparation for the presentation

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

- The Dean/ Vice Dean will prepare a presentation on the highlight of the school's profile and the school's strategic planning and management, resources available to run the 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.

3.5 Guidance for Interviews

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

- Interview with the management of the midwifery school about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilised, research rewards and incentives, ethics review board composition and functions.
- The school appoints academic staff that will be interviewed, the academic staff represent the clinical and non-clinical departments/units, as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking

and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilised, research rewards and incentives.

- The school invites support staff representing different functions, such as technicians (Mechanical and Electrical (ME) and laboratories), librarians, administrative, IT support, and finance.

The interview will cover leadership, supporting staff, development program, working atmosphere, relationship with management and colleague, workloads, staff qualification relevant to the assignment, job security and satisfaction, relevant issues, information technology support system, library acquisition and collection development plan and profile of library staff.

- The school invites students that will be interviewed, which represents different academic years and achievement, and student organisation.

The interview will cover academic atmosphere, learning, teaching and research facilities, student learning and teaching satisfaction, student support system, academic advising and referral system, non-academic development program, job, and career information.

- The school invites alumni that graduated in the last five years. The interview will cover learning experiences, job preparedness, the relevance of the acquired competencies with the current job, alumni feedback, and contribution, waiting period 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 (such as hospitals, health offices, universities, clinics, other health services, companies). Preferably the employer is not an alumnus. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover hard skills and soft skills of the alumni employed, employer feedback to the school.

3.6 Guidance for Observation

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

- The school prepares physical facilities of the university, hospital, and health centre to be visited by assessors.
- The physical facilities of the university observed include equipment and instruments. The observation may include office, bio-medical laboratories, classroom, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, student lockers.
- The visit to the hospital may include midwifery ward, outpatient department, ICU, and any department which relevant to midwifery clinical skills.
- Physical facilities for student support, such as clinics, sport facilities, dormitory, and classroom size.
- Observation of some activities, such as teaching and learning, small group discussion, laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.7 Guidance for Document Checking

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

- To verify that the evidence is genuine, valid, and current.
- Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list

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

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

3.8 Guidance for Closing Meeting

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

The following is the procedure for the Closing Meeting.

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

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

Executive Summary

Glossary

Chapter I School Context

Chapter II Self-Evaluation

1.1. The Need for Self-Evaluation

1.2. The Team

1.3. The Process of Self-Evaluation (who is involved and how)

1.4. Methods (sample, data collection and analysis)

Chapter III Accreditation Standards

1. MISSION AND VALUES

1.1 Starting the mission.

1.2 Recommendation

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 Recommendation

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

3.5 Recommendation

4. STUDENTS

4.1 Selection and admission policy

4.2 Student counselling and support

4.3 Recommendation

5. ACADEMIC STAFF

5.1 Academic staff establishment policy

5.2 Academic staff performance and conduct

5.3 Continuing professional development for academic staff.

5.4 Recommendation

6. EDUCATIONAL RESOURCES

6.1 Physical facilities for teaching and learning

6.2 Clinical training resources

6.3 Information resources

- 6.4 Financial Resources
- 6.5 Recommendation

- 7. QUALITY ASSURANCE
- 7.1 The quality assurance system
- 7.2 Recommendation

- 8. GOVERNANCE AND ADMINISTRATION
- 8.1 Governance
- 8.2 Student and academic staff representation
- 8.3 Administration
- 8.4 Recommendation

Chapter IV Summary of the Overall Results

Chapter V Appendices