GUIDELINES FOR ACCREDITATION OF THE MALAYSIAN UNDERGRADUATE MEDICAL EDUCATION PROGRAMME

ADOPTED BY THE MALAYSIAN MEDICAL COUNCIL 20 JANUARY 2015
FOREWORD
PRESIDENT MALAYSIAN MEDICAL COUNCIL

"Guidelines for the Accreditation of Malaysian Undergraduate Medical Education Programme in Malaysia"

I am please to take this opportunity to congratulate the Chairman and all members of the editorial and review committee for taking time to relook and refresh the Guidelines for the Accreditation of Malaysian Undergraduate Medical Education Programme in Malaysia in accordance to the current needs of the medical education in this country.

Since independence rapid development has taking place in our country, healthcare of the nation has undergone a series of changes as a result of the various challenges, and the new medical knowledge and medical technologies that was made available. Rapid change in healthcare require a change and transformation in the way we train and prepare our future doctors, and for that it is important for those involves in medical education, the medical colleges and universities to be fully committed and to redesign their undergraduate medical education programme to be in consonance with the needs of the current medical students as they are being prepared to be a doctor for the healthcare of tomorrow.

As it is, accreditation of a medical programme is a process of validation in which medical colleges and universities are evaluated in relation to the implementation of the agreed standards of medical education programme, and a peer review panel is doing it whose members include faculties from various medical colleges and universities.

This guideline describe the minimum requirement for a medical education programme that needs to be implemented and the management of the medical programmes is encourage to go beyond the minimum requirement so as they are capable of effectively teaching and training the medical students and at the same time they should be able to be involved in research activity.

As the Malaysian Medical Council on the 20 January 2015 adopted this Guideline for the Accreditation of the Malaysian Undergraduate Medical Education Programme in Malaysia, it is now effective and applicable to all medical education programme in Malaysia.

DATUK DR NOOR HISHAM ABDULLAH
President Malaysian Medical Council.
## INDEX

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>ACCREDITING AUTHORITIES</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>AIM OF DOCUMENT</td>
<td>5</td>
</tr>
<tr>
<td>4.</td>
<td>EDUCATIONAL GUIDELINES</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>PROCEDURES FOR ACCREDITATION</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>DECISION ON GRANTING ACCREDITATION</td>
<td>8</td>
</tr>
<tr>
<td>7.</td>
<td>NEW COURSE APPROVAL</td>
<td>10</td>
</tr>
<tr>
<td>8.</td>
<td>PERIODIC REPORTS</td>
<td>11</td>
</tr>
<tr>
<td>9.</td>
<td>NON COMPLIANCE AND UNSATISFACTORY PROGRESS</td>
<td>11</td>
</tr>
<tr>
<td>10.</td>
<td>BEST PRACTICE IN ACCREDITATION SYSTEMS</td>
<td>12</td>
</tr>
<tr>
<td>11.</td>
<td>ACKNOWLEDGEMENT</td>
<td>13</td>
</tr>
<tr>
<td>12.</td>
<td>APPENDICES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendix I</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Appendix IA</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Appendix II</td>
<td>39</td>
</tr>
<tr>
<td></td>
<td>Appendix III</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Appendix IV</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>Appendix IVA</td>
<td>107</td>
</tr>
<tr>
<td></td>
<td>Appendix V</td>
<td>110</td>
</tr>
</tbody>
</table>
LIST OF APPENDICES:

1. Appendix I  
   Guidelines on Criteria & Standards for Accreditation of Medical Degree Programmes

2. Appendix IA  
   Guidelines on Minimum Entrance Requirements

3. Appendix II  
   Guidelines to preparing a Database for a Medical Degree Programme

4. Appendix III  
   Guidelines for Performing and Writing an Institutional Self Study

5. Appendix IV  
   Guidelines for the Conduct of an Accreditation Visit

6. Appendix IVA  
   Guidelines to Suggested Schedule of Accreditation Visit

7. Appendix V  
   Guidelines for Writing an Accreditation Report
1. INTRODUCTION:

Malaysia is committed to the highest standards of professionalism in medical practice. Accreditation of its undergraduate medical education programmes has been introduced as a quality assurance mechanism that promotes public confidence and provides assurance to society and to the profession that the quality of provision and standards of award of a degree in Medicine are being safeguarded and enhanced.

The accreditation process assists medical schools in the attainment of standards of structures and function as well as the performance of graduates in compliance with national norms of preparation for practice and further training. All doctors wishing to be licensed for practice in Malaysia must graduate from an accredited school.

Malaysia has been actively involved in the world-wide movement for quality assurance programmes for medical education by the World Federation for Medical Education (WFME) through the participation of the Director-General of Health. WFME has committed itself to the project ‘International Standards in Medical Education. Assessment and Accreditation of Medical Schools’ Education Programs’ with the primary aims of stimulating all medical schools to identify their own needs and those of the communities they serve, to assess their strengths and weaknesses, and to consider their potential for reorientation to existing and emerging health imperatives.

WFME has established a general quality assurance instrument for medical education that could be used worldwide on a voluntary basis. The WFME "International Standards in Medical Education" specify basic and quality development standards across 9 broad areas organised into 37 criteria that serve as performance indicators for quality assurance in medical education.

This document provides operational guidelines for the assessment of individual medical schools against these criteria by means of a national or regional accreditation process. These guidelines are designed to be a template upon which countries establishing accreditation programs can develop their own versions, irrespective of the state of development of their medical education system.

At the regional level the Association for Medical Education in the WHO Western Pacific Region (AMEWPR), the regional counterpart of WFME, in collaboration with the WHO Western Pacific Regional Office (WPRO) is in the forefront in developing regional guidelines for standards in medical education. Malaysia is also actively involved in this movement. The model of accreditation relies on peer review. Thus countries with only one or few medical schools may wish to participate in regional accreditation systems, with the decision arising from the accreditation process separately ratified in each individual country.

In year 2000, the Director-General of Health suggested that the guidelines on criteria, standards and procedures for accreditation that were developed in 1998 be reviewed to align them with the WFME guidelines on International Standards. At an accreditation training workshop in Universiti Sains Malaysia from 24-28 September 2000, the format of the guidelines was reviewed and participants recommended that the format of the WFME standards with nine broad areas be adopted.

In April 2001, Universiti Kebangsaan Malaysia (UKM) hosted a WHO Regional Workshop on Quality Assurance in Medical Education, in collaboration with the
Association for Medical Education in the Western Pacific Region. The guidelines on standards and procedures at international, regional and national (Malaysian) were reviewed and the procedures were applied in evaluating the medical programme at UKM. The standards and procedures at all three levels were found to be consistent, comparable, practical and acceptable.

An updated version of the guidelines was edited following a workshop in July 2006 to be in line with the standard required by the Malaysian Medical Council (MMC) and Lembaga Akreditasi Negara (LAN, now known as Malaysian Qualifications Agency, MQA).

In April 2010, to meet current needs as well as future challenges and demands in the provision of health care, another exercise was carried out to revise the existing criteria by a Committee as listed in the Acknowledgement.

2. ACCREDITING AUTHORITIES

The MMC, with its inherent powers established under the Medical Act 1971, is responsible for recognising medical schools for the purpose of licensing their graduates for practice in Malaysia pursuant to section 12(2) as follows:

‘(2) The Minister may from time to time, after consulting the Council, add to, delete from or amend the Second Schedule by order published in the Gazette.’

Under the statute, fresh graduates need to undergo a period of internship training of not less than a year. Upon full registration, they are compelled by law to serve a period of not less than three years within public health services. For that purpose, the law only allows graduates from recognised medical training institutions for registration. Graduates from non-recognised medical schools, on the other hand, need to sit and pass medical qualifying examination to be eligible for registration.

Implicit is the role of setting standards and certifying the achievement of standards of medical degree programmes awarded by all medical schools within and outside Malaysia. In March 1996, in collaboration with the Liaison Committee for Medical Education of the United States, the MMC with the assistance of UKM established guidelines for standards and procedures for accrediting medical schools. The certification of standards is usually conducted in collaboration with Jabatan Perkhidmatan Awam or Public Services Department (PSD) which is responsible for recruiting doctors into the government health services.

In June 1996, the Government established LAN* under the National Accreditation Board Act 1996 with the aim of assuring the quality of educational programmes in private institutions of higher education. Thus accreditation of the basic medical programmes of private medical schools is governed by the LAN Act*. LAN’s functions are to set standards and to ensure compliance for the purpose of course approval and certification of achievement of minimum and accreditation standards. In order for a degree to be awarded it is compulsory for an institution to achieve minimum standards. The achievement of accreditation standards is voluntary.

The Quality Assurance Division (QAD) in the Ministry of Higher Education (MOHE) was formally established in April 2002 as the national agent responsible for
managing and coordinating the quality assurance system for public higher educational institutions.

To avoid unnecessary duplication in efforts as well as harmonising the accreditation exercise, the Director-General of Health, as the ex-officio President of the MMC, directed for a joint MOH/QAD-MOHE/MMC/LAN/PSD workshop to be conducted in 1998 with the aim of establishing common guidelines for standards and procedures in accreditation and to recommend a practical working relationship that will be adopted by all five agencies.

THE JOINT MMC/LAN/QAD/PSD TECHNICAL COMMITTEE ON ACCREDITATION

A Joint Technical Committee as prescribed by Section 51, MQA Act responsible for the accreditation process and course approval in both private and public medical schools was set up in 1999. The Joint Technical Committee is responsible for constituting the evaluation panel, studying the report of the accrediting team and submitting the recommendations on accreditation for ratification by the relevant Accrediting Authorities. The Joint Technical Committee is also responsible for reviewing the validity of the standards and procedures from time to time and to submit proposals for changes to the respective accrediting authorities.

The Joint Technical Committee is chaired by the President of the Malaysian Medical Council. Its members comprise representatives from MMC, MOH, MOHE, PSD and LAN. Each appointment shall be for a period of not more than three years. Currently the secretariat of the Joint Technical Committee is the Malaysian Medical Council secretariat.

3. AIM OF DOCUMENT

The aim of this document is to provide the educational guidelines for standards in undergraduate medical education, to describe the procedures for carrying out accreditation and new course approval and to provide guidelines for making judgements and decisions about accreditation.

4. EDUCATIONAL GUIDELINES

The educational guidelines are divided into nine areas:

(i) Mission of the Institution and Objectives of Basic Medical Education;
(ii) Educational Programme and Principles;
(iii) Assessment of Educational Outcomes;
(iv) Students;
(v) Academic Staff/Faculty;
(vi) Educational Resources;
(vii) Monitoring, Evaluating and Reviewing the Curriculum;

* In January 2008, Lembaga Akreditasi Negara (LAN) also known as the National Accreditation Board was dissolved and replaced by the Malaysian Qualifications Agency, MQA.
* The LAN Act has been superseded by the MQA Act 2007 on January 2008.
** Henceforth referred to as ‘The Technical Committee’
(viii) Leadership, Administration and Governance; and
(ix) Continuous Quality Improvement of the Medical School.

This Document is not prescriptive or too rigid that they stifle initiative, development and expansion in the medical field. The guidelines provide a framework that enables medical schools to develop their own goals and objectives within the overriding necessity for the medical graduates to be safe and competent to practise under supervision when their career begins, and to be capable of subsequent ongoing training and learning for the rest of their career.

These standards are sometimes stated in a fashion that is not susceptible to quantification or to precise definition because the nature of the evaluation is qualitative in character and can be accomplished only by the exercise of professional judgement by qualified persons. The guidelines focus on the educational activities in the matrix of multiple activities in a medical school as well as the impact of other activities such as research, postgraduate education and professional services, on the quality of the basic medical programme.

These guidelines are subject to review from time to time by a panel of the Technical Committee. The guidelines are given in Appendix I.

5. PROCEDURES FOR ACCREDITATION

The method and procedures of accreditation comprise an integrated approach that incorporates the procedures of the medical school, which has primary responsibility for the establishment, maintenance and enhancement of academic standards, with the procedures of the Technical Committee.

The internal procedures of the medical school are the mainstay of the accreditation process. For medical schools, the rigorous periodic requirement to review its processes such as the selection of students, the goals and objectives of its curriculum, the methods of teaching and learning, the facilities, and the financial and human resources for delivery of the curriculum, is highly beneficial particularly in the preparation phase even before the accreditation visit has occurred. These stem directly from the stimulus that accreditation provides to self examine and reflect.

Additional benefits flow from the opinions of experts in particular fields of medical education, the shared experiences of colleagues who have faced similar challenges, the cross fertilization of ideas from institutions that have adopted different methods and the local and national leverage that authoritative reports can provide in rectifying deficiencies.

It is noted that few medical schools are offering more than one programme. For the purpose of accreditation exercise, each programme should be considered to be on its own merit and independent from one another.

Guidelines for the procedures involved in accreditation are given in Appendices I – V. Briefly, the accreditation process entails the following steps:
a) Medical school’s submission documents

Medical schools need to submit accreditation documents comprising an institutional database and an institutional self study report to MQA **NOT LESS THAN SIX MONTHS** prior to expiry of accreditation to ensure smooth accreditation process.

In preparing the **database documents**, each medical school should establish a task force containing committees responsible for specific sections. A person familiar with medical schools and the medical education process, and senior enough to know the school’s policies and information sources and who can assure wide administrative, faculty and student support, should be appointed as the coordinator for the database and the self study report.

The coordinator’s responsibilities include distributing and collecting the database forms, supervising the preparation of the final unified version of the database and the report, answering questions during database preparation and coordinating the activities of the committees.

The **database** preparation is a crucial step in the process of course approval, certification of minimum standards and accreditation. The database is divided into nine sections and consists of items that relate to specific accreditation standards contained in this Guideline and will be judged against these standards. The database is given in **Appendix II**.

Each section of the database should be completed by person(s) with the most intimate knowledge of the program component and its achievements. Care should be taken to ensure accuracy and consistency of data across sections of the database (for example using a consistent base year for each data) and having a knowledgeable person to review the database as a whole to look for discrepancies before submission.

For new schools seeking course approval, some data may not be available (e.g. data on student or graduate performance). In such cases, a **Not Applicable Yet** note is acceptable. For new schools, the full complement of resources may also not be ready yet (e.g. number of teachers and physical facilities). In that case, provide plans for acquiring such resources.

The **Institutional Self Study Report** describes the medical school’s own perceptions of its strengths and weaknesses and its plans for improvement and future development. The information obtained by each committee is first reviewed and a report generated for that section. The task force will synthesise the report generated by each committee into a final report before it is submitted together with the database to the MQA. The Guideline for preparing the self study report is given in **Appendix III**.

b) The Accreditation Survey Visit

Upon receipt, MQA will forward the documentation to the Accreditation Committee via the MMC secretariat. A Survey Team consisting of panel members with a balance of expertise and free of conflict of interest is chosen by the Accreditation Committee. The Survey Team reviews the school’s documentation and visits the school during term time to assess whether the school is operating within the accreditation standards and is meeting its own objectives. The Team validates the medical school’s documentation by interviewing staff, students and others associated
with curriculum delivery and management and inspects the physical resources. The Team’s chairperson provides an oral exit report to the schools’ management and staff that covers the Team’s views about the strengths and weaknesses of the programme, areas that need attention and distinctive activities to be encouraged. Input from the discussion is integrated into the detailed draft report of the Survey Team’s findings.

The frequencies of the visits are approximately as follows:

i. Post approval \(\textit{PRIOR}\) to course commencement;
ii. Six months \(\textit{AFTER}\) course commencement;
iii. Six months \(\textit{BEFORE}\) commencement of clinical phase;
iv. Six months \(\textit{AFTER}\) commencement of clinical phase; and
v. \(\textit{NOT LESS THAN}\) four months before graduation of the first batch;
vi. \(\textit{NOT LESS THAN}\) four months before expiry of accreditation; and
vii. A revisit based on the Team’s findings and recommendations.

Apart from the above scheduled visits, the Technical Committee may also request for a visit to be conducted as and when it deems fit.

d) The Accreditation Draft Report

The Survey Team’s secretary is responsible for compiling a final draft report from every member of the team. The draft report is submitted to the medical school for comments. This interchange is largely about errors and omissions rather than about interpretation of conclusions. After reviewing the comments from the medical school, the Survey Team submits a final report to the Technical Committee. If certain points in the draft report remain contentious, the medical school may submit comments directly to the Technical Committee.

Guidelines on the Conduct of the Survey Visit and How to prepare a Survey Report are given in Appendices IV and V.

6. DECISION ON GRANTING ACCREDITATION

Accreditation will be conferred only to programmes that are legally established. The Survey team may consider comments and appeals from the medical school and other sources. The Survey Team does not necessarily present the final report to the Technical Committee. The Technical Committee evaluates the Survey Report and makes recommendations on accreditation for ratification by the respective Accreditting Authorities, namely the MQA for inclusion in the Malaysian Qualifications Register, the MMC for registration to practice and PSD for appointment into the public services. Any change in accreditation status with respect to registration must have the prior approval of the Council.

Foreign schools

Malaysia has recognized many medical schools before the accreditation standards and procedures were evolved. In the accreditation of foreign schools, the same standards and procedures apply. During the interim period when countries are setting up their own accreditation system, schools that are identified on certain
criteria (e.g. change in ranking in their own country, performance of graduates not meeting expected outcomes, etc), will be invited to apply for accreditation.

Twinning or off-shore programmes with foreign medical schools which are not on the second schedule of the Medical Act will not be approved.

Full accreditation

Full Accreditation is granted for a maximum period of five years on the basis of judgement that:

i. the medical education provided is relevant to the health needs of the country and there is evidence that the objectives are being met;

ii. the intellectual components and the educational dimensions of the curriculum (the academic quality of medical education) and its supporting system meet the standard set by the Technical Committee and the global consensus on quality;

iii. there is appropriate balance between the size of the enrolment in each class and the total resources of the programme, including the size and variety of academic fields of the medical school, physical facilities and equipment, the budget and a spectrum of clinical resources sufficiently under the control of the school; and

iv. there is evidence of quality management for sustainability of the programme and the embrace of change.

If there is a substantial change in the curriculum, size of student enrolment or the resources of the school, the Technical Committee must be notified of the changes so that it may re-evaluate the programme’s accreditation status. If necessary, the Technical Committee may refer the proposed change in student enrolment according to available resources.

In approving a new curriculum introduced in a medical school that is already established, the Technical Committee may either approve the introduction of the new course within the current period of accreditation of the school or require separate accreditation of the changed course.

Conditional and no accreditation

• Accreditation may be granted for a maximum period of five years subject to certain conditions being addressed within specified periods. The medical school is required to submit periodic reports. The Technical Committee may appoint a panel of assessors to revisit a medical school in this category during the period of accreditation, depending on the periodic reports. If the medical school does not achieve the required progress, the accreditation status may be reduced to a shorter period of time. It may also impose additional conditions.

• Accreditation may be granted for shorter periods of time with conditions if the Technical Committee identifies significant deficiencies and non compliance with the standards. Before the period of accreditation ends, or sooner if the school considers that it has already addressed its deficiencies, the Technical Committee conducts a review. The medical school may request:

a) either a full evaluation of the school and the course, with a view to granting accreditation for a further maximum period;
b) or a more limited review, concentrating on the areas where deficiencies were identified, with a view to extending the current accreditation to the full period.

- Accreditation may be refused where the Technical Committee considers that the deficiencies are so serious as to warrant that action.

  The date of accreditation shall be from the last day of the visit or any date which the MMC deems fit.

  Medical training institutions which do not achieve accreditation status will not be listed in the Second schedule of the Medical Act 1971. Under such circumstances, their graduates need to sit and pass medical qualifying examination specified in the Act to be eligible for registration.

7. NEW COURSE APPROVAL

The Technical Committee only judges whether the proposed school is likely to meet the accreditation standards. It does not decide on the need for a new medical school because the development of a new medical school is a complex undertaking. Decisions that need to be made about the workforce implications of the new school, how it will be resourced, and the educational needs it will serve are best left to other appropriate authorities other than the Technical Committee. However, as the development of a new medical school will have an impact on the educational and clinical resources available to existing schools, the Technical Committee may also advise on how a new school will affect the overall standards of basic medical education.

New programmes in both public and private medical schools should be submitted to the Technical Committee first before being submitted for final approval.

New medical schools and new medical courses are assessed against the same criteria as established courses. In accrediting a new curriculum introduced in a medical school that is already established, the Technical Committee may either approve the introduction of the new course within the current period of accreditation of the school or require separate accreditation of the changed course.

A school that is starting a new programme is assessed on its readiness and capacity to conduct and sustain a medical course. Based on the recommendations of the Technical Committee, an application to conduct a medical programme may be approved unconditionally, approved with conditions or rejected by the Minister of Education. The essential and core components of basic medical education and training must achieve minimum standards and be in place and established before a degree can be awarded.

The medical school must have clear plans and well (SIX MONTHS), before the new course is to be introduced the school submits the plans of the new course to the Technical Committee via the relevant Accrediting Authorities. The Technical Committee sets up a team to evaluate the curriculum and considers the medical school’s plans in principle and implementation details of at least the first two years of the programme. The Technical Committee decides whether the planned curriculum is likely to comply with the accreditation standards and whether the school has
demonstrated the commitment and the capacity to manage the change process. The medical school should use the same database for submission for accreditation.

To ensure smooth accreditation exercise, new medical schools should commence their programmes only after attaining approval from the Technical Committee to start its first intake and NOT based on the programme approval. The programme approval is issued merely for the school to prepare the fundamental programme foundation whilst the approval for the first intake will be issued after the Technical Committee is satisfied that the school is able to meet the stipulated accreditation criteria based on the report of the Visiting Team.

8. PERIODIC REPORTS:

During the period of accreditation, the Technical Committee requires reports from the medical school of each programme about any curriculum changes, any new issues that may affect the medical school’s ability to deliver the medical curriculum, and of the school’s response to issues raised in the Accreditation Report. This requirement should not inhibit new initiatives or changes in curriculum.

Similarly, medical schools with conditional accreditation have to report annually. Reports are formally considered by the Technical Committee, which may ask a medical school to clarify or amplify information in a report or may decide to conduct a special visit to the school.

9. NON COMPLIANCE AND UNSATISFACTORY PROGRESS

The Technical Committee may decide, on the basis of a medical school’s reports or other material available to it, that it has concerns in relation to accreditation or continued accreditation of the school.

The Technical Committee will inform the medical school of its concerns and the grounds on which they are based. It will set up a small team to visit the school and prepare a report. It will also inform the relevant government health authority of its concerns, the grounds on which they are based, and the process to be implemented.

The team’s report will indicate:

(i) that the conditions on the accreditation are being met or are likely to be met in the near future. In this case, the Accrediting Authority may affirm the accreditation of the medical school for a specified period subject to satisfactory periodic reports;

OR

(ii) That the conditions on the accreditation are not being met and are unlikely to be met in the near future. In this case the Technical Committee may:

a) Place additional conditions on the accreditation, for example specify actions to be taken or issues to be addressed by the medical school and/or further restrict the period of accreditation. A school in this position
may apply for re-instatement of its full period of accreditation at any time subject to the normal procedures for review of accreditation.

b) Recommend withdrawal of accreditation of the medical school, if it considers that the school is unable to deliver the medical course at a standard or in a manner compatible with the accreditation standards. In this case, the Technical Committee will submit the recommendation to the Malaysian Medical Council. MMC will inform the Malaysian Qualification Agency (MQA) of its decision and MQA will make known the decision to the institution.

c) Based on the decision, relevant authorities should work with the medical school to facilitate arrangements for the enrolled students to complete an accredited medical course.

Any school or programme which does not adhere strictly to any of these Guidelines shall be brought to task by the Technical Committee.

10. BEST PRACTICE IN ACCREDITATION SYSTEMS

At all times the Technical Committee and the panel of assessors maintain a credible accreditation process by adhering to a code of ethics that ensures that fundamental educational principles are not compromised by interest groups in the professional programmes, the community, the profession and government who all have legitimate interests in the quality and orientation of the graduates of the program.
ACKNOWLEDGEMENT:

This Document was revised by:

Chairman:

Prof. Dato’ Dr. Mafauzy Bin Mohamed

Members:

Prof. Dato' Sri Dr. Abu Hassan Asaari Abdullah
Prof. Datuk Dr. Abdul Razzak Mohd Said
Prof. Dato' Dr. Abdul Hamid Abdul Kadir
Prof. Dato' Dr. Loo Lai Meng
Dato' Dr. Zaki Morad Mohd Zaher
Prof. Dr. Lim Thiam Aun
Prof. Dr. Nabishah Mohamad
Prof. Dr. Tang Swee Fong
Prof. Dr. Shajahan Yasin
Prof. Dr. Adinegara Lufti Abas
Prof. Masya Dr. Yong Rafidah Abdul Rahman
Prof. Masya Dr. Kamarudin Kana
Dr. Milton Lum Siew Wah
Puan Ainil Nilam Mohd Mokhtar

With the assistance of :

Dato' Dr. Azmi Shapie,
Secretary,
Malaysian Medical Council.

Dr. Mohd Normazlan Husain@Muhammad,
Assistant Secretary,
Malaysian Medical Council.

Dr. Mohammad Najib Baharuddin,
Assistant Secretary,
Malaysian Medical Council.
APPENDICES

Appendix I

Guidelines on Criteria & Standards for Accreditation of Medical Degree Programmes
Appendix I

GUIDELINES ON CRITERIA AND STANDARDS FOR ACCREDITATION OF UNDERGRADUATE MEDICAL EDUCATION PROGRAMMES IN MALAYSIA

The guideline is divided into nine areas:

1. Vision, Mission and Objectives of Basic Medical Education
2. Educational Programme and Principles
3. Assessment of Educational Outcomes
4. Students
5. Academic Staff/Faculty
6. Educational Resources
7. Monitoring, Evaluating and Reviewing the Curriculum
8. Leadership, Administration and Governance
9. Continuous Quality Improvement of the Medical School

1. VISION, MISSION AND OBJECTIVES OF BASIC MEDICAL EDUCATION

General Objectives of the Course

The general objectives of a degree course in Medicine is to produce graduates with the knowledge and skills fundamental to the practice of medicine, who are instilled with values and attitudes of dedication to service, professional conduct consistent with a compassionate profession and habits of lifelong learning which provide an appropriate foundation for them to undertake further training that enables competent and ethical practice in the different specialties of medicine.

The medical school faculty is responsible for devising a curriculum that enables input from a wide variety of stakeholders and permits students to learn and continue learning fundamental principles and underlying current scientific concepts and technology in medicine, to acquire skills of critical judgement based on evidence and experience, and to develop an ability to use the principles and skills wisely and ethically in solving problems of health and disease in a responsible way to society.

The course is structured to ensure that the graduates can demonstrate knowledge, skills and attitudes in the following domains:

a. Knowledge domain

A basic degree course in Medicine must ensure that students acquire adequate knowledge of the Biological, Behavioural, Clinical, Ethical and Socioeconomic science that are relevant in understanding health and illness and the provision of health care for individuals, families and the community. Essential content areas to be acquired in the appropriate segments of the course include:

- Structure, Function and Growth of the Cell and Human Body and life cycle;
- Nutrition;
- Aetiology, natural history, prognosis, treatment and management of common ailments in all groups of patient;
- Women’s health, pregnancy and birth, antenatal and postnatal care, common obstetric emergencies, sexuality, termination of pregnancy and family planning;
- Death and dying;
- Pain management and palliative care, amelioration of suffering and disability;
- Care of the elderly;
- Health education/promotion, health maintenance, counselling;
- Medical humanities: human relationships as well as interactions with the environment that affect health and health care;
- Socio-cultural aspects of Medicine;
- Family health, violence and abuse;
- Public/community health (including occupational health);
- Socially responsible health care systems including meeting health care needs of the disadvantaged groups, and resource allocation;
- Research Methodology, Biostatistics and Evidence-based medicine;
- Ethical problems in Medicine;
- Medical jurisprudence;
- Medical informatics;
- Information and Communication Technology; and
- Entrepreneurship.

b. Problem-solving and Clinical Skills Competence

On completing the basic medical course the graduate should demonstrate the following skills:

- Ability to take an accurate, organised and problem-focussed medical history using appropriate perspective, tact and judgement.
- Ability to perform an accurate physical and mental state examination.
- Ability to interpret and integrate the history and physical examination findings and apply judgement to arrive at provisional and differential diagnoses.
- Ability to formulate a management plan with rational and efficient use of investigational modalities and execute the plan of management in concert with the patient.
- Communicate clearly, considerately and sensitively with patients, relatives, colleagues, nurses and other health professionals and the general public. This should include the ability to counsel sensitively and effectively and to provide information in a manner which ensures patients and families can be truly informed when consenting to any medical advice or procedure.
- Ability to recognise serious illness and to perform common manual and life saving procedures such as caring for the unconscious patient, cardiopulmonary resuscitation, managing common obstetric emergencies, passage of an endotracheal tube, insertion of an intravenous line, insertion of a nasogastric tube, passage of a urinary catheter.
- Information skills: ability to pursue independent inquiry and to use current technologies to search for new information, to critically appraise it and to integrate it in improving practice.

In addition to the general objectives, there must be specific objectives in each domain of learning (knowledge, practical skills, attitudes and interpersonal skills) for the different parts/content/module/disciplines of the curriculum (e.g. Surgical posting, cardiovascular module).

The objectives must be made known to the teachers, students and administrators.
c. **Affective Domain (Professional Conduct and Performance in actual practice)**

The medical course should lead to the acquisition and inculcation of the appropriate values, attitudes, professional conduct and observance of medical ethics that are fundamental in medical practice. Students should demonstrate:

- Understanding and respect for all patients with different religious, cultural and social values.
- Adherence to ethical standards
- Concern to ease pain and suffering
- Awareness of the need to communicate clearly and sensitively with patients and their families and to involve them fully in planning and executing the management plan.
- Desire to achieve optimal patient care at the lowest cost, deriving maximum benefit from the available resources.
- Concern for the best interest of patient and community and avoiding overly pecuniary self interest.
- Ability to work effectively in a team and to collaborate with other health care professionals and take up leadership role where necessary.
- Responsibility to maintain standards of medical practice at the highest possible level through continuing medical education throughout their professional career.
- Ability to recognise when they have exceeded their capability to manage a clinical problem safely and efficiently and to consult or refer the patient immediately.
- Awareness that it is not always in the best interest of the patient or their family to do everything which is technologically possible to make a precise diagnosis or to attempt to modify the course of a disease.
- Commitment to continuing professional development and life long learning

2. **EDUCATIONAL PROGRAMME AND PRINCIPLES**

**Name and level of the Course**

The name must be appropriate, acceptable and reflective of the objectives of the course.

E.g. Bachelor of Medicine; Bachelor of Surgery (M.B.B.S.), MBBCh or Doctor of Medicine (M.D.)

**Status of Course of Study (Internal, twinning, external or franchise)**

The mode and framework of the course of study should be stated clearly. When the course is conducted in a mode other than internal to the school, the relationship in all aspects: general characteristics of the course, academic staff, details of the educational programme (content, teaching-learning methodology, student assessment, etc) student characteristics and credit transfer requirement, physical facilities, finances and management of the programme, including mechanisms for quality control by the parent school, must comply with the requirements in the relevant sections.
Duration and Structure of the course

The course must be of sufficient duration, preferably scheduled over 5 (FIVE) calendar years to enable sequential learning and mastery of the relevant basic medical and clinical sciences and assumption of appropriate clinical responsibility on graduation.

**Basic medical science** teaching must be relevant to the overall objectives of the medical course and its scientific and technological relevance to the clinical and health needs must be clear to the students. Hence basic medical science courses which include behavioural and social sciences must be designed specifically for medical students and must illustrate the importance of the principles being taught to the understanding of human health and disease. Medically qualified teachers should participate in the teaching of the basic sciences using combined teaching sessions based around clinical problems. This helps enforce basic concepts and highlights the relevance of basic sciences to later clinical practice.

**Clinical education** or experience with patients should be broad based (through clinical ward teaching, attachment to clinical skills lab/centres, community attachment, standardized/simulated patients training etc) and must be equivalent to at least 120 clinical weeks of which **70-75% of the duration must be on real patients** with increasing responsibility for the care of patients under supervision as the student progresses through the course. Clinical education must be structured to provide an increasing experience in diagnosing and managing patients in different hospital based disciplines, with adequate experience in the core clinical disciplines of Internal Medicine, Surgery, Paediatrics, Psychiatry, Family Medicine, Obstetrics and Gynaecology.

Clinical instruction should include all organ systems, the disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology and must include the important aspects of acute, chronic, continuing, preventive and rehabilitative care. There should be adequate experience in Ambulatory and Emergency, Family Medicine, Hospice care and Community Health.

A number of special topics of contemporary importance and which cross several disciplines must be adequately represented. These include evidence-based medicine, medical ethics, communication skills, unorthodox health practices, environmental issues, gender, health needs of indigenous people, socially challenged groups such as the elderly, handicapped, abused women and children, substance abusers, prisoners, urban poor and rural communities.

**Compulsory subjects**

Private medical schools must comply with the requirement for compulsory subjects as stated in the respective act.

**General principles in teaching and learning**

While acknowledging that there is no one way of teaching and learning in Medicine, there should be a variety of teaching-learning methods for the purpose of facilitating learning that is enjoyable, and for preparing students for their role in addressing the medical consequences of common societal problems (e.g.
diagnosing, preventing, appropriate reporting and treatment of family violence). Didactic or conventional approaches such as lectures, tutorial, practicals, demonstrations, clinical clerkship, bedside teaching, clinic attendance, projects, field work, home visit etc should be adequately mixed with methods that promote active student participation, team work, analytical thinking and self-directed learning such as problem-based learning, critical appraisal of medical literature, role play, simulations and multi-disciplinary learning. The curricular structure and approach as well as the teaching-learning activities at the minimum should ensure:

- The use of a variety of teaching-learning methods and experiences for ensuring the achievement of the objectives in the knowledge, problem-solving, psychomotor and attitudinal domains in a meaningful way relevant to Medicine with opportunities for self development.

- A broad-based clinical education structured in a way to provide an increasing experience in diagnosing and managing patients in different hospital based disciplines as well as primary care settings with ambulatory and emergency care, Family Medicine, Hospice care and Community Health.

- Each required clerkship must allow the students to undertake a thorough study of a series of patients having the major and common types of problems represented in the discipline, with close faculty supervision of the learning experience of each student.

- If required clerkships in a single discipline are conducted in several hospitals, every effort must be made to ensure that the students receive equivalent educational experience.

- All instruction stress the need for students to be concerned with the total medical needs of their patients rather than individual organ systems or disease, and the effects on their health of social, economic and cultural experiences in the family and community.

- Throughout the course there should be methods or attempts to inculcate scrupulous ethical principles and to nurture and encourage the development of appropriate attitudes and professional conduct in the caring for patients, in relating to patient’s families, and to others involved in the care of patients.

- There must be use of the newer technologies such as computer aided learning, internet, CD-ROM, skills laboratory.

- There should be approved and appraised electives designed to supplement the required courses or to provide opportunities for students to pursue individual academic interests.

- The average student contact learning should not exceed 20 hours per week.

- The maximum academic year should not exceed 46 weeks (including the revision and professional exams).
3. ASSESSMENT OF EDUCATIONAL OUTCOMES

The medical school faculty must establish principles and methods for the evaluation of student achievement, including language proficiency, and guidelines for making decisions regarding progression and graduation.

There must be clear demonstration of the satisfactory achievement of the objectives of all components of the course by a variety of assessment methods and using a system of grading/markng that is fair, valid, appropriate and acceptable.

Examination Regulations

The examination regulations which include the assessment methods, procedures of assessment, eligibility for examinations, marking/grading system, criteria for remediation, advancement, graduation and disciplinary action must be stated clearly and made known to the students.

The medical school must publicise to all faculty members and students its standards and procedures for the evaluation, remediation, advancement, and graduation of its students and for disciplinary action.

There should be a fair and relatively formal process for the faculty or administration to follow when taking any action that adversely affects the status of the students. The process should include timely notice of the impending action, disclosure of the evidence on which the action would be based, and an opportunity for the student to respond.

For major examinations, the institution should appoint well-qualified external examiners to ensure that the regulation and standard of examination is appropriate and these should be commented in their reports.

Assessment Methods

There should be a variety of assessment methods appropriate to the learning objectives. They should assess theoretical knowledge, problem solving skills, clinical skills, attitudes and communication skills, systematically and sequentially applied throughout the course in a fair, valid and reliable manner.

- Theory:
Theoretical knowledge should be assessed with a combination of methods that objectively test factual knowledge and the abilities to analyse and synthesise information as well as solve problems. The assessment methods should foster self-directed learning rather than the use of frequent tests which condition students to memorise details for short term retention only.

- Clinical:
Clinical skills assessment should form a significant component of the overall process of assessment. It must ensure that students have mastered the specific component skills such as taking an appropriate history, performing a specific physical examination correctly or communicating with the patient, and demonstrating the proper attitudes while executing all these skills; as well as the composite skills of diagnosing and managing a patient. Tests that measure the different skills such as
the short case and objective structured clinical examination (OSCE) as well as the long case are encouraged. A pass in the clinical is compulsory to pass the overall examination.

- **Attitude/Professionalism:**
  There should be a systematic observation of performance, attitudes and professional behaviour throughout the medical programme, as they relate to future responsibilities, including communication with patients, families, colleagues and other health professionals.

- **Assessment Format:**
  There should be regular formative and summative assessments systematically applied throughout the course with feedback to students on their progress or weaknesses. If continuous assessments are utilized, transcripts are provided at the end of each summative assessment. In subjects that has both continuous and final assessments, students must pass both.

  If continuous assessments (CA) are utilized, it should either be as a pre-requisite for sitting for the final/professional examination or contribute not more than 40% to the final examination score. When used as pre-requisite, the CA scores should not contribute to the final examination scores.

  The rule that CA should not be more than 40% should not be applied for assessment of attitude and professionalism. These areas should be assessed throughout the course and given higher weightage.

  Each discipline should set the standards of achievement by students in the study of that discipline, within the limits of fairness, validity and reliability. If particular disciplines are learnt in more than one year of the programme, the medical school should inform both the students and the teachers the standards required each year.

  There must also be close faculty supervision of the learning experience of each student at the appropriate level of graded clinical responsibility. Supervision must be provided throughout the required clinical clerkships by members of the school’s faculty.

  Narrative description of student performance and non-cognitive achievements should be recorded to supplement grades report in all required clinical clerkship and courses where student-faculty interactions permit this form of assessment.

  The frequency of examinations and their scheduling should be monitored, particularly when students are enrolled in several subjects simultaneously.

  There must also be a mechanism to identify weak students and remedial action to be taken before they appear for examinations.

  For electives, faculty advisors must guide students in the choice of elective course. If students are permitted to take electives at other institutions, there should be a system centralised to screen the student’s proposal prior to approval and to ensure the return or performance appraisal by the host programme.
Management of Academic Records

A student’s academic record must be available for review by the student, and the student must have the right and be given the opportunity to challenge the accuracy of the record.

Student records must be confidential and kept in strict security and should be made available only to members of the faculty and administration with a need to know, unless released by the student, or otherwise governed by laws concerning confidentiality.

Assessment in geographically separated programmes

The methods of assessment must be equivalent across all alternative instructional sites, with a single standard for promotion and graduation.

If components of the programme are conducted at sites separated from the main medical campus, the chief academic officer of the medical school must be responsible for the conduct and maintenance of quality of the educational experience conducted at these sites and for the identification of faculty at all sites.

The principal academic officer of each geographically separated site must be administratively responsible to the chief academic officer of the medical school conducting the accredited programme.

The faculty in each discipline, in all sites must be functionally integrated by administrative mechanisms that ensure comparable quality in the educational experiences and consistency in student evaluation at the geographically separated segments of the programme.

4. STUDENTS

Entry Qualification and Student selection

To achieve and maintain accreditation, each medical school must demonstrate that it has access to a pool of applicants, sufficiently large and possessing qualifications acceptable at national level to fill its first year.

The selection of students for the study of Medicine should be the responsibility of the medical school /faculty through a duly constituted committee. A proper student selection procedure should be undertaken. Persons or groups external to the medical school may assist in the evaluation of applicants, but the final responsibility must not be delegated outside the medical faculty.

While acknowledging that there is no one best method for selecting students, the criteria and procedure for student selection must be stated clearly, including affirmative actions in favour of disadvantaged groups. In selecting the procedure the school should show that it had considered the issues or reliability, validity and fairness of the selection process. The selection criteria and the procedures used must be made available to potential applicants.
Medical schools should strive to select students who possess the intelligence, integrity, and personal as well as emotional characteristics that are perceived necessary for them to become effective doctors.

The entry qualification or premedical course requirement must be stated clearly and should be restricted to the subjects considered essential to provide the student with the academic preparation necessary for the satisfactory completion of the medical curriculum. Applicants should meet the minimum entrance requirements as prescribed in Appendix IA.

The school must state clearly other criteria that are used in the selection process such as personal qualities and emotional stability, as well as policies and practices that address gender, racial, cultural and economic diversity of its students. The students should be drawn from a wide spectrum of socioeconomic background.

Pursuant to the Age of Majority Act 1971 (Act 21) and taking into cognisance of intimate issues and procedures, student should be at least 18 years old during admission. This is to ensure that one possesses the required and sufficient maturity to pursue the medical course.

While physical and mental disability may not impair students’ studies and professional duties thereafter, prudence should be exercised when considering their applications. Schools should refrain from enrolling students with non-curable chronic infectious diseases as well as discontinuing current students who may not be able to perform invasive procedures without risk to their patients during their study as well as after graduation.

Consideration of the class size

The number of students to be admitted should be determined by the physical facilities and teaching learning resources of the school. When determining the size of the medical student body, the school should consider the need to share resources to educate postgraduate students or other students within the university, the size and variety of programmes of postgraduate medical education, both as a responsibility and supplement to the teaching programme, and responsibilities for continuing medical education, patient care and research. In the beginning years, the medical student intake should not exceed 50 students per year. Subsequently, the school can apply to the Joint Technical Committee for an increase in the student intake.

Transfer students

The diversity of medical school curricula and the integration of the curriculum at individual schools require that application for transfer between medical schools, and to other courses, be considered on an individual basis, so that both the student and the school will be assured that courses taken previously are compatible with the programme to be entered; otherwise there should be evidence of supplementation of a student’s programme after transfer.

Credit transfer is only allowed under the following circumstances:
a) if the student is still enrolled in current university; and
b) only between recognized universities listed in the Second Schedule of the Medical Act 1971; and

c) students from provisionally accredited Malaysian Medical schools can apply for credit transfer to fully accredited Malaysian Medical schools. Provisional Accredited Malaysian Medical schools are not allowed to accepted student for credit transfer; and

d) must fulfill the minimum criteria and qualifications for entry into a medical programme; and

e) if the curricular content between the receiving and the original institutions is MORE THAN 80% similar, exemption is allowed to a MAXIMUM of 40% from overall duration of study; and

f) if the curricular content between the receiving and the original institutions is 100% similar, lateral transfer is allowed provided candidate spend at least 2 years at the graduating institution.

Academic advisors

The deputy dean or chief academic officer and all faculties in charge of course and clerkship must design and implement a system of progress evaluation that enables a student in difficulty to be detected early enough for remediation. Faculty members assigned to advise students should consider this duty a primary responsibility.

There must be a system to assist students in selecting a future medical career and in developing a strategy for application to continuing professional development programmes.

Counselling and student health services

A school must have an effective system of personal counselling for students. The faculty and administrators should determine whether personal counsel is to be provided or by assigning a faculty member or both. If needed counselling by mental health professionals must be available to student. There must be a system for preventive (including appropriate immunisation) and therapeutic health services to students and to make health and disability insurance available.

Schools must develop policies dealing with students’ exposure to infectious and environmental hazards. The policies must include education of students about methods of prevention, the procedures for care and treatment after exposure, including definition of financial responsibility and the effects of infectious and/or environmental disease or disability on student education activities.

Financial aid

A medical school must provide students with effective counselling about financial aid. To the extent possible, a school should develop its own resources for providing financial aid to students.
Fee refund policy

There must be clear, fair and equitable policies for the refund of tuition, fees and other allowable payments in accordance with the relevant laws.

Amenities

A school should provide students with amenities that increase efficiency, such as study space, accommodation and lounge areas, and food service, if not available in the immediate vicinity of the school. Personal lockers should be made available to all students. The medical school should have an appropriate security system for its personnel and all properties.

Elective students

There should be accounting of all such enrolments in the dean’s office so that the adequacy of the school’s resources to accommodate additional students in the relevant clinical clerkships can be assured of. The credentials of the students should be verified by the dean’s office and the assignment approved.

5. TEACHING/ACADEMIC STAFF

Members of the faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, an understanding of pedagogy, methods of measuring student performance consistent with the learning objectives, and readiness to be subjected to internal and external evaluations.

It is essential for the academic staff to have the required academic qualification for the discipline they are teaching in, and to also have expertise in one or more subdivisions or specialties within that discipline, as well as research capabilities. It is vital that teachers contribute to the advancement of knowledge and to the intellectual growth of their students through the scholarly activity of research and continuing education. Persons appointed to a faculty must have demonstrated achievement within their disciplines commensurate with their faculty rank.

Generally the medical degree course must be supported by a critical mass of appropriately qualified faculty in each of the major disciplines basic to medicine and in the clinical sciences, with an appropriate mix of teaching experience. It is fundamental that the core clinical disciplines of Internal Medicine, Surgery, Paediatrics, Psychiatry, Family Medicine and O & G have a sufficient number of academic staff for the total number of students undergoing the respective clerkships.

There must also be appropriate balance between medical and non-medical academic staff (overall, 70 : 30) as well as the ratio between full-time and part-time staff. Full time faculty should be MORE THAN 60%. For part time faculty, 3 part-time faculty are considered as equivalent to 1 full-time faculty. (i.e part time is expected to teach not less than 5 hours per week). Local (Malaysian) faculty should be AT LEAST 50% of the total number of staff. A part timer is only allowed to offer his services in only one institution at any one time.
Basic Medical Sciences

Basic medical sciences are best taught by an academic staff with a basic degree in medicine. When this is not possible, other suitably-qualified staffs in other areas of medical sciences are accepted provided that the teaching objectives relevant to the desired curriculum are met satisfactorily. Examples of suitably-qualified staff are those with their first degree in Biomedical Sciences and a higher degree in the same at Masters or PhD level.

Clinical Sciences

In the clinical medical degree course must be supported by a critical mass of appropriately qualified faculty in each of the major disciplines to medicine and in the clinical sciences, with an appropriate mix of teaching experiences. It is fundamental that the core clinical disciplines of Internal Medicine, Surgery, Paediatrics, Psychiatry, Family Medicine and O&G have a sufficient number of academic staff for the total number of students undergoing the respective clerkships. To avoid medicolegal problems, all clinical lecturers shall be registered with the Malaysian Medical Council and ideally, have the privileged and be credentialed to practice in health care facilities.

The Staff: Student Ratio

It is generally accepted that the ratio of staff : student in a faculty should be based on the activities undertaken within the period of training. Participation of every faculty members (including part timers) should be based on individual contact hours with students and not merely by total numbers or student : staff ratio. Sharing of faculty members between medical programmes as well as with other programmes is not encouraged if their contact hours with student are compromised.

The following ratios are considered appropriate for effective teaching and are recommended:

a. Tutorials: Group size **NOT EXCEEDING 16 STUDENTS PER GROUP**;

b. Problem-based sessions: Group size **NOT EXCEEDING 12 STUDENTS PER GROUP**;

c. Clinical teaching in a Skills Lab setting: Group size **NOT EXCEEDING 10 STUDENTS PER GROUP**;

d. Bed side clinical teaching: Group size **NOT EXCEEDING 8 STUDENTS PER GROUP**.

**OVERALL WORKING ACADEMIC STAFF: STUDENT RATIO IS 1 : 4.**

Average teaching hours for each staff should not exceed 15 hours/week.

In the clinical sciences, the number and kind of specialists appointed should relate to the amount of patient care activities required to conduct meaningful clinical teaching at the undergraduate level as well as for postgraduate and continuing medical education.

Doctors practicing in the community should be appointed subject to expertise, commitment to medical education and availability. These doctors, appointed either on part-time basis or as volunteers, should be effective teachers, serve as role
models for students, and provide insight into contemporary methods of providing patient care.

For a school that is starting a new programme, there should be sufficient academic staff to support the **first 2 (TWO) years** of the programme. The school must have a proper plan for the progressive recruitment of qualified staff.

**Management of Academic Staff**

There must be clear policies for the appointment, renewal of appointment, promotion, granting of tenure and dismissal of members of the faculty, both full-time and part-time.

The recruitment and appointment process must involve the faculty, the appropriate departmental heads and the dean. The selection criteria should be based on academic merits, experience in teaching, continued commitment to teach, research capabilities and scholarly productivity and proficiency in language and communication.

Each appointee should receive a clear definition of the terms of appointment, responsibilities, line of communication, privileges and benefits and policy on practice earnings. The school must be proactive in maintaining and retaining faculty members for the purpose of ensuring the proper conduct of the programme, research and health care services at all time.

Faculty members and other staff should receive **regular** scheduled appraisal and feedback, **including from students**, on their academic performance and their progress towards promotion.

Opportunities for professional development should be provided to enhance faculty members' skills and leadership abilities in teaching, research and service. Emphasis on faculty development and training enables the school to progress and expand its faculty's expertise and knowledge into new fields and thus enhances the school's potential.

The education of undergraduate and postgraduate students in Medicine requires an academic environment that provides close interaction between faculty members. Emphasis is placed on the importance of the collegiality of the medical school faculty responsible for undergraduate and postgraduate medical education and their commitment to the programmes. Collegiality will enable those skilled in teaching and research in the basic sciences to maintain an awareness of the relevance of their disciplines to clinical problems and clinicians benefit from new knowledge that comes from the basic sciences that can be applied to clinical problems.

Consideration should be given to the commitments of faculty members who have multiple academic responsibilities in several educational programmes so as to ensure each programme has adequate resources. There must be a decision on the provision of a single faculty or combined faculties to serve the needs of each of several health-related or other academic programmes. There must be a decision concerning the admissibility of joint faculty appointments.
Part-time lecturers should only be assigned teaching duties and not with administrative duties unless allowed by their own authorities strictly on a case per case basis.

A medical school should have guidelines and policies which deal with circumstances in which the private interests of its faculty or staff (e.g. private practice) may conflict with their official responsibilities.

6. EDUCATIONAL RESOURCES

The class size and extent of responsibility of a medical school for other educational programmes must be appropriate for its resources and the educational resources in the community.

The critical resources include finance, the size of the academic faculty, the variety of academic fields represented, the library, the number and size of classrooms and student laboratories and the adequacy of equipment, and office and laboratory space for faculty. There should be available a spectrum of clinical resources sufficiently under the control of the faculty to ensure breadth and quality of bedside and ambulatory clinical teaching.

It is essential that students are learning in an environment where there are sufficient and accessible facilities and appropriate medical resources to support the achievement of the objectives and proper conduct of the course, including a wide range of experience with patients and communities of different social, religious and cultural backgrounds.

It is also vital for undergraduate medical education that the school be affiliated or linked to institutions that provide postgraduate education (housemanship and specialty training) and that the faculty members actively contribute to the development and transmission of new knowledge.

Other educational programmes in the school or its affiliated institution that contribute to an enriched environment include postdoctoral fellowships, postgraduate education in the basic medical sciences, continuing education and education in the other health professions and allied health occupations.

General Faculty Facilities

A medical school must have or be assured of the use of buildings and equipment that are quantitatively and qualitatively adequate to provide an environment conducive to high productivity of faculty and students. The facilities must include offices for faculty and administration, lecture halls/auditorium, tutorial rooms, laboratories and amenities (such as accommodation, food, and study areas) for students which are appropriate for the student population. In addition there should be facilities to conduct research as well as facilities for the humane care of animals when animals are used in teaching and research.
Library and Information Services

There must be a library and reading room with well maintained and catalogued current books and journals that are recommended reading for use of all students. There should also be other reasonably accessible resources such as computers, CDROM, Internet and other methods of retrieving and managing information. The library should be managed by a qualified librarian. The student : computer ratio is 1 : 8.

Clinical Facilities

There must be adequate resources to provide clinical instruction through the full spectrum of primary, secondary and tertiary care. The settings for medical education must provide experiences that will develop and enhance the value of social responsibility among medical students, postgraduate trainees as well as the faculty. In addition to the teaching hospital these settings may include primary care clinics for ambulatory care, family and community practice, maternal and child health, accidents and emergency. Schools are encouraged to provide experiences in institutions providing special care such as homes and shelter for children, the elderly, the handicapped and challenged, abused women, as well as drug rehabilitation centres, hospices and prisons.

The teaching hospitals and other health facilities at the primary and secondary levels must have adequate resources in terms of patients, diagnostic capabilities and equipment to meet the requirements of student training and to demonstrate exemplary care. Wherever necessary there should also be student amenities.

For institutions that do not have their own teaching hospitals, it is recommended that university units be established in main hospitals or the faculty to be part of the clinical departments.

Required size of clinical teaching facilities

The number of students who can be enrolled will be based on the number of beds available for teaching purposes, at a ratio of 1 student to 5 beds. Hence for a faculty that admits 150 students in one year, the total number of beds available for teaching must be 750.

In addition, other indicators such as bed occupancy rate, average length of stay, number of annual admissions, number of outpatient visits, emergency admissions and autopsy rates must also be adequate to ensure adequate students’ exposure and experience. There must also be appropriate case-mix within the teaching facilities to ensure relevance of training experience.

Basic disciplines should be available, i.e. medicine, paediatrics, surgery, obstetrics and gynaecology, orthopaedics, radiology and pathology. Disciplines such as otorhinolaryngology, ophthalmology and psychiatry could be shared with other faculties if these facilities are not available within the main teaching facilities.

Indicators to be used in making this judgement include: bed occupancy rate, average length of stay, number of annual admissions, number of outpatient visits, number of emergency admissions, annual autopsy rate, etc. When postgraduate
programmes are also conducted simultaneously, the clinical facilities must be adequate for both programmes.

The hospital must have a library to be used by the students, faculty and clinical staff. There must be ready access to areas for individual study, lectures and conferences as well as computer terminals for educational use, call rooms, shower/changing area and food service.

If the affiliated teaching hospitals are geographically separated from the medical schools appropriate communication linkages (through internet, e-conferencing) must be provided.

If the hospital or clinical facility is an affiliate, there must be written agreement which defines clearly the responsibilities of each party. The medical school’s department head and senior clinical faculty members must have authority consistent with their responsibility for the instruction of the students in such facilities. Recognising the special relationship between the medical school and its affiliated teaching facility, it is imperative that the academic programme remains the control of the faculty in all medical schools with affiliate relationships. MQA should be advised of anticipated changes in affiliation status of a programme’s teaching hospitals or any other clinical facilities.

Research facilities

The school has a clear policy that fosters research with education. Research priorities are clear and the school provides adequate facilities for research.

Medical Education expertise

There should be clear access to and use of educational experts for the development of staff and curriculum as well as research in the discipline of medical education. Each medical school should develop units or department of medical educations in the long run. The unit is best managed by an academic staff with a basic degree in medicine.

Finances

The substantial cost of conducting an accredited programme leading to a medical degree should be supported from diverse sources, including income from tuition, endowments, earnings by the faculty, parent university, annual gifts, grants from organisations and individuals and appropriations by government. Undue pressure from institutional self-financing must not compromise the educational mission of the medical school. Dependence upon tuition must not cause schools to seek enrolment of more students than their total resources can accommodate.

The system of distribution of funds within the university or medical school should promote the cooperation and integration of individual departments or disciplines and be responsive to recommendations of the curriculum committee.
7. MONITORING, EVALUATING AND REVIEWING THE CURRICULUM

There must be an integrated institutional responsibility for the design, implementation, monitoring and review of a coherent and coordinated curriculum (at least once in 5 years). The dean must have sufficient available resources and authority to fulfil the responsibility. The dean should be assisted by a medical education unit or committee(s) responsible for the curriculum which reports regularly to the faculty. Review and necessary revision of the curriculum should be an ongoing faculty responsibility.

Medical schools must evaluate educational programme effectiveness by documenting the achievement of their students and graduates in verifiable and internally consistent ways that demonstrate the extent to which institutional and postgraduate performance programme purposes are met. They should use a variety of measures to evaluate programme quality, such as data on student performance, academic progress and graduation, graduate programmes acceptance into postgraduate programmes, as well as recommendations of external examiners, course advisors, teachers, the profession and students, and other relevant bodies that may be valid. The results of such evaluation should be used to determine how well schools are fulfilling their objectives and to assess the need for programme improvement.

The objectives, content and methods of pedagogy utilised for each segment of the curriculum, as well as for the entire curriculum, should be subject to periodic evaluation. The same rigorous standards should be developed and enforced for the content of each year of the programme leading to the medical degree. Unless student selection is inappropriate, a high failure rate in a component implies that the course content is inappropriate, or that there are problems with teaching or the examination are set at inappropriate standards. The curriculum committee should oversee the pass rates in individual components of the course, and investigate situations where these are inappropriately low. Redundancies and deficiencies identified in the curriculum should be corrected with due consideration to rapid advancement in the field of medicine.

The faculty must participate in a process that defines the objectives of clinical programme and establish quantifiable criteria for the types of patients (real or simulated), the level of students’ responsibility and the appropriate clinical setting necessary to accomplish these purposes. A system for monitoring the achievement of clinical educational goals must be developed, based on these criteria, and students must be educated in this framework.

The curriculum committee should give careful attention to the student workload and monitor their achievement to encourage student directed learning.

In view of the increasing pace of discovery and changing practice of medicine, experimentation that will increase the efficiency and effectiveness of medical education is encouraged. Experiments should have carefully defined goals and plans for implementation, including methods of evaluating the results. Planning for educational innovations should consider the incremental resources that will be required, including demands on library facilities and operation, information management needs and computer hardware and software. MQA must be notified for any plans for major modification of the curriculum (more than 30%), and approval of the Technical Committee must be sought before implementation.
8. LEADERSHIP, ADMINISTRATION AND GOVERNANCE

The efficient, effective and proper conduct of a medical program will depend on the system or systems for quality management that the institution puts in place. There must be a programme of quality assurance and the management should submit itself to regular review.

Governance and administration

In accrediting institutions as well as courses of study, the governance and administrative structure are fundamental factors to consider as they reflect the commitment and the strength of the institution to fulfil the heavy demands of a medical course and other related fields of study.

There must be a clearly stated mission which reflects the social responsiveness of the medical school to society’s needs for competent and compassionate doctors, quality and affordable health care and research directed at improving health care for individuals and the community. The activities of the school should be based on the ethical consideration of fulfilling the social responsibilities.

Appointed Officials

Administrative officers and members of a medical school faculty must be appointed by, or on authority of, the governing board of the medical school, or its parent university. They must have a clear line of responsibility and authority for the curriculum and its resourcing, and with sufficient authority to direct resources in an appropriate manner to achieve the objectives of the programme and its projected developments.

The Dean

The chief official of the medical school, who usually holds the title ‘Dean’ must have ready access to the Vice Chancellor or President or other official charged with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the dean’s office.

The dean must be medically qualified by education and experience to provide leadership in medical education, in scholarly activity and research and development, and in the care of patients.

The dean should have the assistance of such associate or deputy deans, and staff necessary for administration of admissions, student affairs, academic affairs, graduate education, continuing education, hospital relationships, research and development, business and planning, and fund raising.

The manner in which the medical school is organised including the responsibilities and privileges of administrative officers (e.g. heads of departments), faculty, student and committees must be in accordance to relevant laws and regulations.

Each medical programme, albeit within the same institution, is best managed, at least, by a deputy dean.
Policy-making

A committee structure is the usual mechanism for involving faculty and others in decisions concerning admissions, promotions, curriculum, research, etc. The names, membership and functions of such committees are not prescribed in these standards but rather are subject to local determination and needs.

The dean and a committee of the faculty should determine medical school policies. This committee typically consists of the head of departments, but may be organised in any manner that brings reasonable and appropriate faculty influence into the governance and policy-making processes of the school. The full faculty should meet often enough to provide an opportunity for all to discuss, establish, and otherwise become acquainted with medical school policies and practices.

Where appropriate, for effective communication and liaison for the purpose of ensuring appropriate environment for teaching, learning, training research and service, joint committees should be established between the school/faculty and hospital authority (within or outside the university).

The administration should also ensure that adequate funds has been allocated for all operational and development activities of the medical school.

Relationship with the Health Department, Affiliated Institutions and the Community

It is also vital for undergraduate medical education that the school has a constructive relationship with the government health department and to be affiliated or linked to institutions that provide research, postgraduate education (housemanship, specialty training and basic medical sciences), postdoctoral fellowships, continuing education and education in the other health professions and allied health occupations. The linkage must enable faculty members to actively contribute to the development and transmission of new knowledge. There must be a formal mechanism, including agreements, and appropriate channels of communication to allow problems to be addressed and new initiatives to be developed, particularly in the areas of teaching, research and service. Regular meetings (at least quarterly) should be held with healthcare providers to address those issues.

Institutions associated or affiliated with the medical school should share the educational and research objectives of the medical school, the university should be represented on the relevant staff appointment committees, and preferably the board of management of its affiliated institution. In turn, the institutions should be represented on the committees of the medical school, especially those appointing academic staff who will have clinical responsibilities.

To ensure appropriate and prompt response to the health care needs of the community, medical schools should have effective methods for communicating with and receiving the opinions of medical practitioners, health workers and recipients of health care providers in the community.
9. CONTINUOUS QUALITY IMPROVEMENT OF THE MEDICAL SCHOOL

Medical schools must demonstrate procedures for ensuring quality standards and the regular updating of its mission, objectives, structure and functions in line with contemporary scientific, socio-economic and cultural developments of society. The process of renewal should be evidence-based.

Basic medical education is only one step in the education of doctors. Other phases include in-service vocational training and continuing professional education. To achieve appropriate quality assurance across the continuum of medical education, there should be collaboration between the various bodies concerned with medical education. In particular, the linkage between basic medical education and prevocational training needs to be developed further. The involvement of medical schools in setting the educational objectives for subsequent vocational training is highly desirable. Quality assurance mechanisms are equally desirable for subsequent vocational training, and for programs of life-long maintenance and upgrading of professional standards.

Medical schools should endeavour to provide a setting in which all faculty members work closely together in teaching, research and health care delivery, consistent with the objectives of social responsiveness. There should be a programme of continuing professional development to disseminate existing knowledge to doctors and other health professionals, such as through linkages with professional associations, as well as community health care services and public health education. Research should generate new knowledge of importance to the health and welfare of mankind.
Appendix IA

Guidelines on Minimum Entrance Requirements
MINIMUM CRITERIA & QUALIFICATIONS FOR ENTRY INTO A MEDICAL PROGRAMME

A. The selection for admission to a medical programme implies selection for the medical profession.

A person who is qualified in Medicine from a medical programme recognized by the Malaysian Medical Council ("Council") is entitled to be provisionally registered by the Council (Section 12 Medical Act). The fitness to practise Medicine of the intended applicant shall have to be considered in the selection for entry into any medical programme.

B. The practice of Medicine requires the highest standards of professional and personal conduct as well as professional competence.

1. Although some students have attained the academic standards required, they will not be suitable to a career in Medicine. It is in the interest of the public and such students that they should not gain admission, rather than to have to leave the course or the profession subsequently.

2. It is the responsibility of the medical school to ensure that there are no particular circumstances that will impact upon an applicant's fitness to practise upon graduation.

3. All applicants shall declare if they have:
   • been found guilty of any criminal offence(s);
   • serious physical or mental illness; and/or
   • serious communicable disease(s).
which may impact upon their future practice.

4. A person with any of the following shall be disqualified from entry into a medical programme:
   • found guilty of offence(s) against the person;
   • recent or serious dishonesty;
   • serious physical or mental illness; and/or
   • serious communicable disease(s).

5. Any failure to declare information that has a material influence on a student’s fitness to practise may lead to termination of their medical course, as honesty, integrity and good health are essential attributes of a doctor and by extension, the medical student.

6. In the event of any doubt, the medical school shall seek clarification from the Council.

7. All decision makers of medical schools and aspiring applicants are advised to study the Council’s document “The duties of a doctor” and other Council guidelines available at www.mmc.gov.my.
C. A high level of academic attainment is expected.

1. An understanding of science, in particular chemistry and biology, is central to the understanding of Medicine. However, the Council recognizes the diversity of subjects taken by applicants and the contributions of those who entered medical schools with other qualifications.

2. All applicants shall have attained a level of competence in English to enable them to complete the course successfully.

3. All applicants who enter a matriculation, foundation or pre-medical programme, except those with a degree qualification in arts or humanities, shall have passed and attained a minimum of the following at School Certificate level or its equivalent:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sijil Pelajaran Malaysia (SPM)</strong></td>
<td>5 Bs each in</td>
</tr>
<tr>
<td></td>
<td>• Biology and</td>
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<tr>
<td></td>
<td>• Chemistry and</td>
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<td></td>
<td>• Physics and</td>
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<tr>
<td></td>
<td>• Mathematics (or Additional Mathematics) and</td>
</tr>
<tr>
<td></td>
<td>• another subject</td>
</tr>
<tr>
<td><strong>General Certificate of Education Ordinary (&quot;O&quot;) levels</strong></td>
<td>5 Bs each in</td>
</tr>
<tr>
<td></td>
<td>• Biology and</td>
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<tr>
<td></td>
<td>• Chemistry and</td>
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<td></td>
<td>• Physics and</td>
</tr>
<tr>
<td></td>
<td>• Mathematics (or Additional Mathematics) and</td>
</tr>
<tr>
<td></td>
<td>• another subject</td>
</tr>
<tr>
<td><strong>Unified Examination Certificate (UEC)</strong></td>
<td>B4 each in 4 subjects i.e. Biology, Chemistry, Physics (or Mathematics or Additional Mathematics) and another subject</td>
</tr>
</tbody>
</table>

4. All applicants with a Unified Examination Certificate (UEC) who enter a matriculation, foundation or pre-medical programme, except those with a degree qualification in arts or humanities, shall have passed and attained a minimum of B4 each in 3 subjects i.e.
   - Biology; and
   - Chemistry; and
   - Physics or Mathematics or Additional Mathematics

5. All applicants, except those with a degree qualification in the arts or humanities, shall have passed and attained a minimum of the following at:

   a. Higher School Certificate or its equivalent:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sijil Tinggi Pelajaran Malaysia (STPM)</strong></td>
<td>Grades BBB, ABC or AAC in 3 subjects i.e.</td>
</tr>
<tr>
<td></td>
<td>• Biology; and</td>
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<td></td>
<td>• Chemistry; and</td>
</tr>
<tr>
<td><strong>GUIDELINES FOR THE ACCREDITATION OF MALAYSIAN UNDERGRADUATE MEDICAL EDUCATION PROGRAMMES</strong></td>
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<td>---------------------------------------------------------------</td>
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<td></td>
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<tr>
<td></td>
<td><strong>Physics or Mathematics</strong></td>
</tr>
<tr>
<td><strong>General Certificate of Education Advanced (“A”) levels</strong></td>
<td>Grades BBB, ABC or AAC in 3 subjects i.e.</td>
</tr>
<tr>
<td></td>
<td>• Biology; and</td>
</tr>
<tr>
<td></td>
<td>• Chemistry; and</td>
</tr>
<tr>
<td></td>
<td>• Physics or Mathematics</td>
</tr>
<tr>
<td><strong>Matriculation</strong></td>
<td>CGPA 3.0 (out of 4) in 3 subjects i.e.</td>
</tr>
<tr>
<td>or</td>
<td>• Biology; and</td>
</tr>
<tr>
<td><strong>Foundation in Science or</strong></td>
<td>• Chemistry; and</td>
</tr>
<tr>
<td><strong>Pre-Medical course</strong></td>
<td>• Physics or Mathematics</td>
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<td></td>
<td><strong>and</strong></td>
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<td>Provided the course is not less than 1 year in the same institution</td>
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<td><strong>and</strong></td>
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<tr>
<td></td>
<td>the minimum entry qualification is 5 Bs each in</td>
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<tr>
<td></td>
<td>• Biology and</td>
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<td>• Chemistry and</td>
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<td>• Physics and</td>
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<td>• Mathematics (or Additional Mathematics)</td>
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<td><strong>and</strong></td>
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<tr>
<td></td>
<td>another subject</td>
</tr>
<tr>
<td></td>
<td>at School Certificate level or its equivalent</td>
</tr>
<tr>
<td><strong>United Education Certificate (UEC)</strong></td>
<td>B4 each in 5 subjects i.e. Biology, Chemistry,</td>
</tr>
<tr>
<td></td>
<td>Physics, Mathematics and Additional</td>
</tr>
<tr>
<td></td>
<td>Mathematics</td>
</tr>
<tr>
<td><strong>Monash University Foundation Pre-University Program (MUFY)</strong></td>
<td>Aggregate or average of 80% or the equivalent of B in any 3</td>
</tr>
<tr>
<td>or</td>
<td>subjects i.e.</td>
</tr>
<tr>
<td><strong>University of New South Wales (UNSW) Foundation</strong></td>
<td>• Biology; and</td>
</tr>
<tr>
<td>or</td>
<td>• Chemistry; and</td>
</tr>
<tr>
<td><strong>Western Australia Curriculum Council</strong></td>
<td>• Physics or Mathematics</td>
</tr>
<tr>
<td>or</td>
<td><strong>or</strong></td>
</tr>
<tr>
<td><strong>HSC Sydney Australia</strong></td>
<td>80% ATAR provided the subjects include</td>
</tr>
<tr>
<td>or</td>
<td>• Biology</td>
</tr>
<tr>
<td><strong>Trinity College Foundation Studies</strong></td>
<td>• Chemistry; and</td>
</tr>
<tr>
<td>or</td>
<td>• Physics or Mathematics</td>
</tr>
<tr>
<td><strong>Australian Universities Foundation Programmes</strong></td>
<td><strong>or</strong></td>
</tr>
<tr>
<td>or</td>
<td><strong>or</strong></td>
</tr>
<tr>
<td><strong>South Australian Matriculation (SAM)</strong></td>
<td><strong>or</strong></td>
</tr>
<tr>
<td>or</td>
<td><strong>or</strong></td>
</tr>
<tr>
<td><strong>Victorian Certificate of Education, Australia Year 12</strong></td>
<td><strong>or</strong></td>
</tr>
<tr>
<td>or</td>
<td><strong>or</strong></td>
</tr>
</tbody>
</table>

36
| Australian Matriculation (Ausmat) | National Certificate of Educational Achievement (NCEA) Level 3 or New Zealand Bursary | Average of 80% in any 3 subjects i.e.  
  - Biology; and  
  - Chemistry; and  
  - Physics or Mathematics |
|----------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Canadian Pre-University (CPU) or Canadian International Matriculation Program (CIMP / Canadian Grade 12/13 or Ontario Secondary School Diploma Grade 12) | Average of 80% in any 3 subjects i.e.  
  - Biology; and  
  - Chemistry; and  
  - Physics or Mathematics |
| Indian Pre-university | Average of 70% in any 3 subjects i.e.  
  - Biology; and  
  - Chemistry; and  
  - Physics or Mathematics |
| International Baccalaureate (IB) | 30 points with a minimum of 2 science subjects or Mathematics at Higher Level (HL) and 1 science subject at Standard Level  
and  
at attained a minimum score of 4 each in  
  - Biology; and  
  - Chemistry; and  
  - Physics or Mathematics |

Or

b. Diploma Level:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| Diploma in Health Sciences | CGPA 3.5 (out of 4.0)  
and  
Provided the course is not less than 5 semesters or 2 1/2 years in the same accredited institution  
and  
the minimum entry qualification is 2 Bs each in  
  - Biology; and/or  
  - Chemistry; and/or  
  - Physics; and  
  
3 Credits each in  
  - English; and  
  - Mathematics or Additional Mathematics; and  
  - another subject |
at School Certificate level or its equivalent

Or

c. Bachelor’s degree Level:

<table>
<thead>
<tr>
<th>Examinations</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Degree in Health or Pure or Applied Sciences</em></td>
<td>CGPA 3.0 (out of 4.0) 5-year medical programme</td>
</tr>
<tr>
<td><em>Degree in Health or Pure or Applied Sciences</em></td>
<td>CGPA 3.3 (out of 4.0) 4-year graduate entry medical programme</td>
</tr>
<tr>
<td><em>Degree in the Arts or Humanities</em></td>
<td>CGPA 3.5 (out of 4.0) 5-year medical programme</td>
</tr>
<tr>
<td><em>Degree in the Arts or Humanities</em></td>
<td>CGPA 3.75 (out of 4.0) 4-year graduate entry medical programme</td>
</tr>
</tbody>
</table>

6. Applicants may be required to pass an aptitude test and/or an interview and/or a university entrance examination.

7. There shall be NO exemption from any year of a 4-year undergraduate medical programme.

8. A medical school shall not exempt any person from a year of a 5-year undergraduate medical programme without the prior approval of the Council. Such applications, together with the supporting documents, shall be made to the Council at least three months prior to the commencement of the course.

9. Clarifications shall be sought from the Council in situations for which there are no provisions in this guideline.

10. Graduates from a medical programme who seek employment in the public sector shall attain a credit in Bahasa Malaysia and English at SPM or its equivalent.

11. All applicants for the examination under the Medical (Setting of examination for Provisional Registration) Regulations shall have complied with the requirements in this guideline.
Appendix II

Guidelines to preparing a Database for a Medical Degree Programme
GUIDE TO PREPARING A DATABASE FOR A MEDICAL DEGREE PROGRAMME

The database is in two parts:

Part 1: Aggregate Faculty data to describe the general characteristics of the course

Part 2: Departmental database

PART I: GENERAL CHARACTERISTICS OF THE COURSE (Aggregate Faculty Data)

1. Mission and General Objectives

Provide a copy of the mission of the school and the general objectives of the medical degree programme.
How has the school involved major stakeholders in the formulation and renewal of the mission and objectives?

2. Educational Programme

2.1 State the name of the course and the degree awarded.

2.2 Status of course of study

a) Check the mode by which the course is conducted:

<table>
<thead>
<tr>
<th>Mode of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal to the school</td>
</tr>
<tr>
<td>Twinning</td>
</tr>
<tr>
<td>Franchise</td>
</tr>
<tr>
<td>External</td>
</tr>
<tr>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

b) If the course is conducted in a mode other than internal to the school, please provide the relationship and arrangements with the parent school or schools in all the following aspects, either in this section or in the relevant sections in the database:

- General Information
  - Provide the name of partner school(s) and the name of equivalent degree(s) awarded.
  - What is the accreditation status of the partner school(s)?
  - What is the name of degree to be granted by this programme?
  - Is the degree to be granted recognised by the Malaysian Medical Council?
  - What are the student characteristics and credit transfer requirement?
• Course arrangements
  o Indicate the duration of the course and the role of your school and the partner school(s) in the curriculum structure, provide the course detail and assessment system both in your school and the partner school(s).

• Describe the mechanisms for quality control by the parent school(s).

• Attach all documents pertaining to the agreement between your school and the parent school(s).

2.3 Provide information on the structure of the curriculum:

a) Total number of weeks and years (excluding vacation and holidays) required to complete the degree: _____ years _____ weeks

b) Number of weeks in each academic year:

<table>
<thead>
<tr>
<th>Year</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
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<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

c) Draw a diagram illustrating the placement and duration of all units/modules/postings (including electives) of the course in all years of the curriculum.

d) Describe the teaching-learning approach adopted in the curriculum. Indicate the percent of time devoted to disciplinary and interdisciplinary courses in both the basic and clinical sciences:

<table>
<thead>
<tr>
<th>No.</th>
<th>Course</th>
<th>Basic Science (%)</th>
<th>Clinical (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>department/disciplinary courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td>interdisciplinary courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td>others (please describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Explanation:* Examples of a disciplinary course is Anatomy (basic science) and surgical clerkship (clinical). An interdisciplinary may be cardiovascular module (basic science) and Introduction to Clinical Medicine or Liaison Psychiatry (clinical). Under “Others” may be included courses which have graded clinical experience starting from the first year and basic science subjects that continue into the clinical part of the course (spiral curriculum).

e) For the following content areas, indicate whether the subject is covered in a department-based (D) course or contained in an interdisciplinary (I)
course. Provide the number of weeks or hours (whichever is more relevant) devoted to these areas:

<table>
<thead>
<tr>
<th>Content Area</th>
<th>D/I</th>
<th>Weeks</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Medicine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Biostatistics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Community health</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Death and dying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical problems in medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence based medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family violence/abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of the Elderly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Human development/life cycle</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Human sexuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical humanities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical informatics</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical jurisprudence</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical socioeconomics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Socio-cultural aspects of medicine</td>
<td></td>
<td></td>
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<tr>
<td>Nutrition</td>
<td></td>
<td></td>
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<tr>
<td>Occupational health</td>
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<tr>
<td>Pain management</td>
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<tr>
<td>Palliative care</td>
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<tr>
<td>Patient health education</td>
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<tr>
<td>Practice management</td>
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<tr>
<td>Prevention and health maintenance</td>
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<tr>
<td>Research methods</td>
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<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Technology assessment</td>
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<td></td>
<td></td>
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<tr>
<td>Women's health</td>
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</tbody>
</table>

f) Describe the location in the curriculum, duration of experience(s), lead and participating departments, and educational settings where students acquire the following clinical skills, attitudes and behaviours in preparation for the clinical clerkships.

- patient interviewing: obtaining, organising and recording a patient history.
- physical examination.
- ethical principles in caring for patients and skills in relating to patients’ families and other persons involved in the care of patients.
g) Please indicate the clinical subjects offered in the form of patient-related clerkship for each year of study. Provide total duration in weeks (equivalent):

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td></td>
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<tr>
<td>Internal Medicine</td>
<td></td>
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<tr>
<td>Paediatrics</td>
<td></td>
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<td>O &amp; G</td>
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<tr>
<td>Surgery</td>
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<tr>
<td>Others (state):</td>
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</tbody>
</table>

h) Describe the location in the curriculum, duration of experience(s), lead and participating departments and educational settings for each of the following content areas:

<table>
<thead>
<tr>
<th>Family Medicine/ Ambulatory Care</th>
<th>Location in Curriculum</th>
<th>Duration</th>
<th>Participating Departments</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of the Elderly/ Geriatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation and Care of the Disabled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care of Abused Children and Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

i) Does the curriculum contain formal experiences in clinical problem-solving and decision-making? _______ Yes _______ No

If Yes, describe the location in the curriculum, duration of experience, lead and participating department and educational settings.

j) Describe the location in the curriculum, duration and lead/participating departments for experiences designed to prepare students for critical review of the literature and for evaluation of new methods of diagnosis and therapy.

2.4 Compulsory subjects

Indicate how the compulsory subjects are integrated into the educational programme.

2.5 Provide information on the teaching-learning methods

3. Assessment of Educational Outcomes

3.1 Examination Standards and Procedures
Please attach a copy of the school’s standards and procedures for the evaluation, advancement and graduation of students; a copy of the procedures for disciplinary action; and a copy of the due process policies and procedures for dealing with an adverse academic action involving a medical student.

### 3.2 Management of Student Assessment

**a)** Name the committee which decides on medical student promotions

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic Title</th>
<th>Date Appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>Members</td>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iv.</td>
<td></td>
</tr>
</tbody>
</table>

Does this or another (if another, please identify) committee determine whether students have attained the school’s standards of achievement and have met national standards of performance? Explain how the committee ensures that standards are met.

Does this or another (if another, please identify) committee ensure the consistency and reliability of the grading system? Explain how this is accomplished.

**b)** How does the school ensure that students in clinical clerkships are evaluated consistently, over time and across sites?

**c)** How does the school ensure that appropriate attitudes are inculcated? (e.g. respect for socio-cultural differences, sensitivity to patient’s well being and best interest, cost effectiveness, team work, continuing learning, recognition of limitation – see document on criteria and standards).

**d)** As a general rule, are students evaluated and given formal feedback during the course in time for remediation if necessary?  ____Yes ____ No

Describe how the school ensures that such evaluation and feedback occur.

**e)** Is there a system for coordinating the various examinations given to the same group of students? If Yes, describe the process.

### 3.3 Methods of assuring satisfactory proficiency

Describe how the school assures each student achieves satisfactory proficiency. Identify the methods employed, including structured and unstructured observations by attending faculty and others including real and standardised patients, objective structured clinical examination, patient management problems or simulations, etc. Is each student observed taking a history and examining a patient?
3.4 Marking system

Indicate how student performance is recorded:

<table>
<thead>
<tr>
<th>Basic Sciences</th>
<th>Clinical Clerkships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass-fail (or variant)</td>
<td></td>
</tr>
<tr>
<td>Narrative evaluation</td>
<td></td>
</tr>
<tr>
<td>Letter grade</td>
<td></td>
</tr>
<tr>
<td>Numerical grade</td>
<td></td>
</tr>
<tr>
<td>Rank</td>
<td></td>
</tr>
<tr>
<td>Others (specify):</td>
<td></td>
</tr>
</tbody>
</table>

3.5 Graduation requirements

Are students required to pass all required courses before obtaining the degree? ______ Yes ______ No

If No, please explain:

Are your students required to take:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USMLE Step 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other external examinations (state):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “Yes”, is a passing grade in the USMLE required for promotion/graduation?

3.6 Study Period and Remediation

Does the school provide a period of study before examinations? __ Yes ___ No

Does the school provide students with review courses, drills or other organised faculty-directed preparatory sessions for the examination? _____ Yes _____ No

Does the school provide special remedial programme/s for students who fail examinations? ______ Yes _____ No

3.7 Results

Please provide the results (by first-time takers) of all units/modules, clerkship as well as terminal or professional examinations of the most recent year, 20__/20__ for all years of the curriculum.

<table>
<thead>
<tr>
<th>Unit/modules/clerkship/Examination</th>
<th>Class mean score</th>
<th>School mean</th>
<th>Number examined</th>
<th>Percent failing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Percent Graduation

What percentage of a class typically graduates in five years? ________%  
What additional percentage of a class eventually graduates? ________%

3.8 Student Attrition and Academic Difficulty

Complete the following table for the last academic year 20___/___.

<table>
<thead>
<tr>
<th></th>
<th>1st Year</th>
<th>2nd Year</th>
<th>3rd Year</th>
<th>4th Year</th>
<th>5th Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Beginning-Year Class Size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissed/Academic Failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrew for Poor Academic standing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrew/Dismissed for all other reasons (except transfer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferred to another school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total student attrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to repeat entire year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to repeat one or more courses but promoted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required to take remedial course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work not accounted for above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of students in academic difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promoted to next year/ graduated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.9 Students on leave of absence

Show the number of students on leave of absence for the year corresponding to that used in the above. Include:

(a) students who were enrolled at the beginning of the school year but were granted a leave of absence during the year;

(b) students who were eligible to enrol but were granted a leave of absence before the beginning of the year;
(c) any students on leave carried over from the prior academic year.

<table>
<thead>
<tr>
<th>Reason for leave</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor academic performance/remediation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic enrichment/research/study for another degree, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal including financial, health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.10 Student records

a) Filing system

Is there a central file within the medical school (e.g. Dean’s Office, Registrar’s office) containing student records? _____ Yes _____ No

Where ________________________________

If Yes, indicate which records are filed:

___________ Application materials
___________ Academic record of medical school performance
___________ Attendance
___________ Faculty comments on performance
___________ Counsellor’s comments or recommendations
___________ Student Affair’s dean’s comments

b) Confidentiality

Are students records handled in a confidential manner? _____ Yes _____ No

Explain your answers.

c) Access to students

Are all of these records available to students for feedback on performance and/or correction of error? _____ Yes _____ No

Are records of evaluation in each unit/module/clerkship available for review by students? _____ Yes _____ No

Do students have the right to challenge the accuracy of their record of evaluation? _____ Yes _____ No
4. STUDENTS

4.1 Entry requirements

a) List the premedical courses, subjects and minimum score/grade that are required for admission:

<table>
<thead>
<tr>
<th>Premedical courses(s)</th>
<th>Subjects</th>
<th>Minimum score/grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) State the criteria for student selection

Are all selection criteria established by official faculty/university authority? Please describe.
Describe how the criteria are published and disseminated.

Provide a copy of any technical standards that have been deployed for the admission of handicapped students.

c) Provide the following information about the last entering class 20___/

<table>
<thead>
<tr>
<th>Total number of applicants</th>
<th>No. of applicants fulfilling the school’s criteria</th>
<th>No. of applicants actually considered by the admission committee</th>
<th>No. of applicants offered enrolment</th>
<th>No. of applicants who accepted enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d) Provide the entry background of the present first year class (exclude repeating students)

<table>
<thead>
<tr>
<th>Score</th>
<th>No. of Students</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 - 4.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.00 - 3.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.60 - 2.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2.60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Convert grades into credit points and GPA score, using Jadual 14, Skema Pemarkahan, Gred, Abjad dan Matapelajaran Penilaian Gred, given on page 22 of Buku Kecil Bimbingan Menyediakan Dokumen Memohon Kelulusan dan Perakuan Akreditasi Kursus Pengajian IPTS)

What is the overall GPA for the present first year class (excluding repeating students)? __________

e) Please give the number and percent of students in the most recent entering class with the following premedical qualification:

| Class entering year 20___/
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelors degree</td>
<td>No. of students</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
f) Please provide information on the Admission Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Category (*)</th>
<th>Date appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note *use the following designations:
1 = basic science faculty member  
2 = clinical faculty member  
3 = student/postgraduate  
4 = public member  
5 = medical school administrative staff  
6 = community doctor

Describe the structure and mode of operation of the Admission Committee.

Describe, with the aid of diagram if necessary, the process of medical students selection, beginning with receipt of application forms and proceeding through to tender of acceptance and registration. Cite the criteria for selection.

4.2 Class size

a) For the current academic year, 20__/__, include all students who began classes even though some were dropped or withdrew during the year:

<table>
<thead>
<tr>
<th>Year</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Graduates for current year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Bumiputera</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (state)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Please show the number of students the school plans to enrol at each first year class over the next five years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.3 Transfer students

a) Describe the process of selecting students for admission to advanced standing.

In the current academic year 20__/20___, did all students accepted for transfer demonstrate achievements in their previous school which are
comparable to those of students in the class which they have joined? ______Yes ______No

Present the relevant data to support your answer.

b) List the number of students admitted with advanced standing for the current academic year 20____.

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students from other local medical school</td>
</tr>
<tr>
<td>Students from foreign medical schools</td>
</tr>
<tr>
<td>Students from postgraduate/other professional programme</td>
</tr>
</tbody>
</table>

c) From the total number of foreign students in the current academic year, how many were admitted for each of the three previous years?

<table>
<thead>
<tr>
<th>Academic year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c) Are there units/modules during the first two years that students can bypass/waive: ______Yes ______No

If Yes, what criteria are used for the exemption (e.g. previous basic science education, degree from another health profession school, PhD, challenge examination)?

4.4. Academic Counselling

a) Describe your academic advisory system for medical students. How satisfied are you with your system? (Put an X below your answer)

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) How do you deal with situations where you anticipate a student might encounter academic difficulty (e.g. a student entering with a marginal academic record)?

c) For each listed problem or issue, please indicate which source(s) of counsel customarily are employed at your institution. (There may be more than one in each category).

<table>
<thead>
<tr>
<th>Source of Counsel*</th>
<th>Problem or Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Difficulties in a single course</td>
</tr>
<tr>
<td></td>
<td>General academic difficulties</td>
</tr>
<tr>
<td></td>
<td>Selection of electives/structuring of fourth year</td>
</tr>
<tr>
<td></td>
<td>Internship/residency selection</td>
</tr>
<tr>
<td></td>
<td>Desire to pursue research interests</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>
**GUIDELINES FOR THE ACCREDITATION OF MALAYSIAN UNDERGRADUATE MEDICAL EDUCATION PROGRAMMES**

1. Full-time deputy/assistant dean
2. Part-time deputy/assistant dean
3. Department/course advisor/coordinator
4. Assigned faculty advisor
5. Student-selected faculty advisor
6. Upper class student advisor

---

d) Describe your system for career and residency counselling. How satisfied are you with your system? (Put a X below your answer)

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

4.5 **Disciplinary Action**

State the procedures for disciplinary action. Attach a copy of all due process policies and procedures for dealing with adverse academic action involving a student.

4.6 **Co Curriculum**

Describe the activities (co-curriculum) that the school provides to ensure a holistic life for the students and which contribute to the development of the full potential of the student into productive citizenry.

4.7 **Financial aid**

a) Financial aid officer

Please identify the person in charge of financial aid for students

Name ____________________  Title/position _______________
Academic degree ___________  Date appointed ______________

To whom does the financial aid director/officer report?

__________ medical school dean
__________ student or academic affairs dean
__________ university/health sciences administrator (specify)

b) The financial aid director is responsible for:

__________ medical students
__________ other health professions students
__________ postgraduate students
__________ fellows

Location of financial aid director

__________ medical school campus
__________ university campus

Identify areas of responsibility

__________ Pre-admission counselling
__________ Entrance interview
Counselling for specific financial aid programs (e.g. PSD, MARA, etc)

Tracking primary care loan recipients

Awarding/packaging financial aid

Debt management/deferment counselling

Financial planning beyond debt management

Exit interviews

c) Does the financial aid officer have a role in (check all that applies):

Need-based scholarship budget/determination

Tuition negotiations/determination

Residency vs. non-residency requirements/appeals

Satisfactory academic progress determination

Determination of leaves/extended curriculum

d) Does the financial aid office have the necessary personnel, equipment, software, and other resources to carry out its responsibilities?

e) Please state your policy for refund of tuition payments to students who withdraw or are dismissed from enrolment.

f) What is the magnitude of students requesting loans and grants/scholarships?

<table>
<thead>
<tr>
<th>Enrolment</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
<th>Fifth Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of students requesting aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>from all sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of students receiving loans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of students receiving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average total expense per</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>student (including tuition, fees,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>room, board) in RM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

g) Total Aid Provided (RM)

<table>
<thead>
<tr>
<th></th>
<th>One Year Prior 20___/___</th>
<th>Two Years Prior 20___/___</th>
<th>Current 20___/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assistance determined necessary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total amount funded by loans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total amount funded by scholarships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of needed assistance NOT funded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of students receiving funds</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
h) Report the total education indebtedness for all students graduating at the end of the last academic year for which data are available. Date for ____/_____.

<table>
<thead>
<tr>
<th>Amount of indebtedness</th>
<th>No. of graduating students</th>
</tr>
</thead>
<tbody>
<tr>
<td>RM 19,999 or less</td>
<td></td>
</tr>
<tr>
<td>RM 20,000 – 39,999</td>
<td></td>
</tr>
<tr>
<td>RM 40,000 – 59,999</td>
<td></td>
</tr>
<tr>
<td>RM 60,000 – 79,999</td>
<td></td>
</tr>
<tr>
<td>RM 80,000 – 99,999</td>
<td></td>
</tr>
<tr>
<td>RM 100,000 or more</td>
<td></td>
</tr>
</tbody>
</table>

The average indebtedness of graduates is RM

i) Describe the system for counselling students about financial aid and debt management.

4.8 Amenities for students

a) Describe the amenities for students, including study space, lounge and relaxation areas, food service, recreational/fitness facilities, housing and parking.

b) Describe the system of security for students on the medical school campus and at affiliated hospital/clinical sites.

4.9 Personal Counselling and Student Health Services

a) Describe the system for personal counselling of students (including by mental health professionals) and comment on its accessibility, confidentiality and effectiveness.

b) Student Health Services

Describe the system for preventive and therapeutic health services and health education for students. Include your policies relating to exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination and HIV testing.

If your school has a policy dealing with exposure to infectious and environmental hazards, check which of the following are addressed in the policy:

<table>
<thead>
<tr>
<th>Education of students about methods of prevention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures for care and treatment after exposure, including definition of financial responsibility.</td>
</tr>
<tr>
<td>Effects of infectious and/or environmental disease or disability on student educational activities.</td>
</tr>
<tr>
<td>Others (please specify) ...</td>
</tr>
</tbody>
</table>

When in the course of their education is students briefed on policies and procedures for prevention of and exposure to infectious diseases, especially from contaminated body fluids.

Briefly describe your student immunization policies and procedures.

c) Is health insurance required for students? Yes _______ No ________
If YES, briefly describe the scope of benefits and premium costs.
Who pays the premium? ______

If NO, what provisions are made for students without insurance to receive health care?

Is disability insurance made available to all students? Yes_____ No _____
If yes, briefly describe the scope of benefits and premium costs.
Who pays the premium?

5. ACADEMIC STAFF

5.1 Brief CV

Provide a brief CV for each faculty member (including part-time staff) in the respective units/divisions/departments.

Include the name of the academic staff, the appointment status, academic positions, university and their qualifications, citizenship, working experience, current academic responsibilities, teaching/contact hours in the current academic year (including in other programmes/or courses), research interest and projects, publications, involvement in professional organisations, participation in continuing education and community service.

5.2 Academic positions, appointment status, and qualifications of the faculty members

Guidelines for defining full-time faculty: Full time faculty (FT) are all faculty members who are considered by the medical school to be in the full-time faculty, whether funded by the medical school directly or supported by affiliated institutions and organization. Include full-time faculty members based in affiliated hospitals, in schools of basic health sciences, and research faculty. Do not include residents/postgraduate and fellows, or faculty members who do not receive full-time remuneration from institutional sources (the medical school, parent university, or an affiliated hospital or healthcare organization

a) Summarise the academic positions and appointment status by departments

<table>
<thead>
<tr>
<th>Departments/Divisions/Units</th>
<th>Position/Rank</th>
<th>Appointment status</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prof. Assoc. Prof. Asst. Prof/ Lecturer Instructor/ Tutor/other</td>
<td>FT PT Vol</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
b) Summarise the number of faculty members by rank, appointment status and qualification

<table>
<thead>
<tr>
<th>Rank/position</th>
<th>FT</th>
<th>PT</th>
<th>V</th>
<th>Total</th>
<th>PhD/MD</th>
<th>MBBS/DP</th>
<th>Masters</th>
<th>Specialty</th>
<th>Others (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
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<td></td>
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<tr>
<td>Asst Prof/ Lecturer</td>
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<tr>
<td>Tutor/ Instructor</td>
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<td>Other</td>
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</tr>
</tbody>
</table>

(See faculty database for definition of full time faculty.)
FT = full-time; PT = part-time (paid); Vol = voluntary (unpaid)

b) Summarise the number of faculty members by rank, appointment status and qualification

<table>
<thead>
<tr>
<th>Rank/position</th>
<th>FT</th>
<th>PT</th>
<th>V</th>
<th>Total</th>
<th>PhD/MD</th>
<th>MBBS/DP</th>
<th>Masters</th>
<th>Specialty</th>
<th>Others (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Assoc Prof</td>
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<tr>
<td>Asst Prof/ Lecturer</td>
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<tr>
<td>Tutor/ Instructor</td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

(See faculty database for definition of full time faculty.)
FT = full-time; PT = part-time (paid); Vol = voluntary (unpaid)

c) Summarise the data for Basic Science Faculty

<table>
<thead>
<tr>
<th>Rank/position</th>
<th>FT</th>
<th>PT</th>
<th>V</th>
<th>Total</th>
<th>PhD/MD</th>
<th>MBBS/DP</th>
<th>Masters</th>
<th>Specialty</th>
<th>Others (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
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<td></td>
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<tr>
<td>Asst Prof/ Lecturer</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutor/ Instructor</td>
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<td></td>
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<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

(See faculty database for definition of full time faculty.)
FT = full-time; PT = part-time (paid); Vol = voluntary (unpaid)

d) Summarise data for Clinical Science Faculty (faculty who have direct patient care responsibilities)

<table>
<thead>
<tr>
<th>Rank/position</th>
<th>FT</th>
<th>PT</th>
<th>V</th>
<th>Total</th>
<th>PhD/MD</th>
<th>MBBS/DP</th>
<th>Masters</th>
<th>Specialty</th>
<th>Others (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asst Prof/ Lecturer</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutor/ Instructor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>TOTAL</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(See faculty database for definition of full time faculty.)
FT = full-time; PT = part-time (paid); Vol = voluntary (unpaid)

e) Summarise the citizenship and work experience

<table>
<thead>
<tr>
<th>Rank/position</th>
<th>Citizenship</th>
<th>Work experience (years)</th>
<th>Professional Organisation Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Malaysian</td>
<td>&lt;5</td>
<td>5-10</td>
</tr>
<tr>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asst Prof/lecturer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutor/Instructor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3 Teaching obligations:

<table>
<thead>
<tr>
<th>Faculty teaching activities</th>
<th>No. of students per academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students:</td>
<td></td>
</tr>
<tr>
<td>• Required subjects</td>
<td></td>
</tr>
<tr>
<td>• Elective subjects</td>
<td></td>
</tr>
<tr>
<td>• Students from other schools</td>
<td></td>
</tr>
<tr>
<td>Postgraduate Medical Education:</td>
<td></td>
</tr>
<tr>
<td>• Master’s Degree students</td>
<td></td>
</tr>
<tr>
<td>Ph.D. Degree students:</td>
<td></td>
</tr>
<tr>
<td>• Clinical specialty</td>
<td></td>
</tr>
<tr>
<td>• Allied Health Students</td>
<td></td>
</tr>
<tr>
<td>Postdoctoral Fellows:</td>
<td></td>
</tr>
<tr>
<td>• Continuing Education</td>
<td></td>
</tr>
<tr>
<td>• Students from Arts &amp; Science</td>
<td></td>
</tr>
<tr>
<td>• Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

* Continuing education are those activities that are designed to upgrade knowledge and skills of health professionals but which do not necessarily lead to a degree or formal certification.

5.4 Summary of faculty activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>% Faculty time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Clinical Service</td>
<td></td>
</tr>
<tr>
<td>Administration (Including committee work)</td>
<td></td>
</tr>
<tr>
<td>Community/social service*</td>
<td></td>
</tr>
<tr>
<td>TOTAL*</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Community/social services refer to the activities undertaken by the department or individual faculty members which reflect the social responsiveness in meeting the needs of the community or nation (e.g. involvement in community care of abuse children, HIV/AIDS, chronic illnesses, gender equity, etc)
5.5 Faculty Research

a) Indicate the number and percent of full-time basic science and clinical faculty members who were principal investigators during the past academic year ______/______.

<table>
<thead>
<tr>
<th></th>
<th>Basic Science Faculty</th>
<th>Clinical Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>For institutionally-funded grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For external-funded grants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Summarise the major scholarly and research interests of the faculty. Evaluate the extent and quality of the research effort. Indicate the amount of money spent, the number of papers published in refereed journals, and the number of books and book chapters completed in the last year, ______/______.

5.6 Community and social services

Describe briefly the major community/social service activities of the faculty. Evaluate the extent to which the activities reflect the social responsiveness of the faculty and its members.

5.7 Balance of activities

Evaluate the balance between teaching, research and service responsibilities. Is the balance appropriate?

At the departmental level, and at the level of individual faculty members

Identify any problem areas, and describe corrective actions needed and planned.

Briefly describe how responsibility for teaching medical students distributes amongst the faculty. If there is a core teaching faculty, please indicate its size and composition by relative academic seniority.

5.8 Recognition

Give evidence of national/international recognition of faculty members (e.g. journal editorships, service as peer reviewers, study/expert-groups and national committee membership)

5.9 Management of Academic Staff

a. Faculty Appointment, Promotion and Tenure

Describe the institution-wide criteria and administrative procedures for initial appointment, promotion and tenure. Include a copy of the written guidelines. If there are multiple tracks for faculty, describe here and include criteria for advancement in each.
b. Private Practice:

Is there a policy about private practice and income? ____ Yes _____ No

If yes, state the policy:

Conflict of Interest

Does your school have a conflict of interest policy? ____ Yes _____ No

If Yes, check the area(s) of application:

_______ conflict of interest in research
_______ conflict of private interest of faculty or staff with academic responsibilities
_______ conflict of private interest in commercial support of continuing medical education

State the policy(ies)

c. Faculty development:

Does the school provide assistance to faculty members for improving their skills as teachers and evaluators of medical students? ____ Yes _____ No

If YES, describe how and by whom this is done.

6. EDUCATIONAL RESOURCES

6.1 General facilities

a. Please complete the table for buildings used for undergraduate medical student teaching. Include common user buildings such as administration blocks, auditorium, lecture halls, multi-disciplinary laboratories etc.

<table>
<thead>
<tr>
<th>Building/facilities Name</th>
<th>Year Construction Completed</th>
<th>Function(s)*</th>
<th>Total Net Square Feet (NSF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Use the following to indicate the major function(s) in descending order. Note that each building/facility may have more than one function.

1 = Undergraduate teaching; 2 = Graduate teaching; 3 = Other teaching; 4 = Inpatient care; 5 = Clinical research; 6 = Other laboratory research; 7 = Administration; 8 = Others.

b) Evaluate the adequacy of the faculty’s physical facilities, faculty offices, research, and teaching needs. Identify current unmet needs and needs that may arise within the next several years.
6.2 Laboratories

a) State the number, size and number of students who use the laboratories.
b) Describe the adequacy of the equipment.
c) Describe the adequacy of the human resources for laboratory administration and number of full time laboratory professional
d) Describe the nature of any additional resources needed.
e) To whom does the laboratory manager report?
f) What mechanisms are used to obtain input from medical school, faculty and students and to get information to these constituencies? How effective are they? Mark those methods used with an X and rank in order of effectiveness (1 = most effective).

<table>
<thead>
<tr>
<th>Method</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory staff liaison to special medical school/departments</td>
<td></td>
</tr>
<tr>
<td>Laboratory committee</td>
<td></td>
</tr>
<tr>
<td>Laboratory publications</td>
<td></td>
</tr>
</tbody>
</table>

g) Have laboratory staff participated in the medical school’s planning process?  

________ Yes  __________ No

Comment on the effectiveness of the planning.

6.3 Library

a) General Information
List of professional schools served by the library
Is the medical school library on the same campus as the university library?  

________ Yes  __________ No

b) Physical resources and facilities

When was the present library built or substantially remodelled?

Please provide data on all library facilities that serve the medical school program, including both the central health sciences library and its satellites, if any. (Include facilities outside the central medical library only if they are administered by the main library. Do not include departmental libraries or independent libraries in affiliated hospitals).

<table>
<thead>
<tr>
<th>Facility/Resource</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total square feet</td>
<td>____________sq. ft</td>
</tr>
<tr>
<td>Total user seating</td>
<td>____________</td>
</tr>
<tr>
<td>Number of public/user photocopies</td>
<td>____________</td>
</tr>
<tr>
<td>Audio visual capabilities</td>
<td>_____ Yes  _____ No</td>
</tr>
<tr>
<td>Number of small group study rooms</td>
<td>____________</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>____________</td>
</tr>
</tbody>
</table>

c) Comment on the extent of use of these facilities by medical school, faculty and students.

d) Library Financial Resources in ringgit:
GUIDELINES FOR THE ACCREDITATION OF MALAYSIAN UNDERGRADUATE MEDICAL EDUCATION PROGRAMMES

This Year (20\_\_\_) | One Year Ago (20\_\_\_) | Two Years Ago (20\_\_\_)  
--- | --- | ---  
Journals | | |  
Books | | |  
Audiovisuals | | |  
Grants and contracts | | |  
Gifts and endowment income | | |  
Total acquisitions | | |  

Comment on adequacy of funding:

e) Human resources and administration:

Name of library director _____________________  
Year of appointment _____________________  
Highest professional degree/Institution _____________________  
Date obtained _____________________  

Total full-time library staff:

| Number of professionals | | |  
| Number of library specialists/paraprofessionals | | |  
| Number of technical and clerical support staff | | |  
| Number of student or hourly support staff | | |  
| Total staff | | |  

Comment on adequacy of staffing and describe the nature of any additional resources needed:

To whom does the library director report?

f) What mechanisms are used to obtain input from medical school, faculty and students and to get information to these constituencies? How effective are they? Mark those methods used with an X and rank in order of effectiveness (1 = most effective).

<table>
<thead>
<tr>
<th>Method</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library staff liaison to special medical school/departments</td>
<td></td>
</tr>
<tr>
<td>Library committee</td>
<td></td>
</tr>
<tr>
<td>Library publications</td>
<td></td>
</tr>
<tr>
<td>Faculty contacts</td>
<td></td>
</tr>
<tr>
<td>Campus publications</td>
<td></td>
</tr>
<tr>
<td>Suggestion book/box</td>
<td></td>
</tr>
<tr>
<td>Library membership on medical school committees</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Comment on effectiveness, problems, and any needed solutions:

g) Library Planning:
What is the date of the last plan for library programs and services? ________
Are library programs and services included in:

- The medical school plan? ________ Yes ________ No
- The university’s plan? ________ Yes ________ No
- Have library staff participated in the medical school’s planning process? ________ Yes ________ No

Comment on effectiveness of planning:

h) Network Arrangements:

What resources-sharing and access mechanisms are available to extend the library’s capabilities? How effective are they? Mark those methods used with an X and rank in order of importance (1 = most important) in meeting the needs of medical school, faculty and student.

<table>
<thead>
<tr>
<th>Method</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other medical school library</td>
<td></td>
</tr>
<tr>
<td>Other medical networks (specify)</td>
<td></td>
</tr>
<tr>
<td>Non-medical networks (specify)</td>
<td></td>
</tr>
<tr>
<td>University library system</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Comment on methods needing improvement:

i) Information Resources:

Please provide the following data on resources in the library’s collections

<table>
<thead>
<tr>
<th>Resources</th>
<th>This Year</th>
<th>One Year Ago</th>
<th>Two Years Ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current journals subscription</td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
<td><em><strong>/</strong></em></td>
</tr>
<tr>
<td>Books titles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio visuals titles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microcomputer software titles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CD-ROM data files</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comment on adequacy of these resources in meeting the needs of the medical school’s programs.

j) Does the library have sufficient play back equipment/microcomputers for use with all formats of non-print material the library holds? ____ Yes ____ No

k) Indicate the number of items borrowed or received from other libraries during the last academic year 20____/20___ on behalf of users: ________

Comment on whether borrowing is indicative of particular weaknesses in the library’s collection.

l) Library Information Services:
Please provide data on services provided by the library

Hours library is open ________ hrs/week

Academic year schedule
- Monday-Friday ________ to ________
- Saturday ________ to ________
- Sunday ________ to ________

Hours reference service ________ hrs/week

Do users have computer access to information on your library’s holdings?
_______ Yes _______ No

Can users access library holdings information from non-library sites?
_______ Yes _______ No

Are on-line data bases available on the institutional computer (e.g. locally mounted Medline subset?) _______ Yes _______ No

Do users have access to external data bases (e.g. BRS Colleague, PaperChase) from computers in the library? _______ Yes _______ No

Does the library provide mediated search services? _______ Yes _______ No

Are there clinical medical librarians? _______ Yes _______ No

List other services:

Comment on the extent of use and adequacy of the library’s information services.

m) Instructional Services

Please provide data on the library’s instructional programs during the last year ____/___

<table>
<thead>
<tr>
<th>Program</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courses in the curriculum of other medical school in which the library teaches information management (please provide a brief descriptive listing)</td>
<td>No. of courses/year ________</td>
</tr>
<tr>
<td></td>
<td>No. of hours/year ________</td>
</tr>
<tr>
<td></td>
<td>No. of student attending ________</td>
</tr>
<tr>
<td>Formal courses for which the library is solely responsible (please provide a brief descriptive listing)</td>
<td>No. of courses/year ________</td>
</tr>
<tr>
<td></td>
<td>No. of hours/year ________</td>
</tr>
<tr>
<td></td>
<td>No. of student attending ________</td>
</tr>
</tbody>
</table>

Does the library provide informal consultation services to individual medical students and faculty on information management? ____ Yes _____ No

Is there instruction in computer-assisted teaching and learning under library auspices? (Describe briefly) _____ Yes _______ No

Does the library provide support and instruction for the use of computers?
_______ Yes _______ No
6.4 Computers, Information Technology and Telecommunication

a) Does the medical school have a separate office/unit responsible for some or all of the information technology activities/programs? ____ Yes ____ No

If YES, briefly describe the office/unit in terms of location/reporting in the organization, the title/background/degree of director, number of staff, budget and scope of responsibilities.

b) Does the medical school have an information network connecting all of its units? _______ Yes _______ No

If YES, briefly describe the type of network and whether it is connected to a university network.

Describe the extent to which there has been an organized approach to the development of an integrated network, for example, spanning all health professions, schools, the teaching hospital(s) and the university.

c) Describe the extent to which computer or telecommunications linkages have been established with other teaching hospitals used by the medical school and other peripheral sites where the educational program takes place. Include a brief description of the kinds of programs for which these networks are employed.

d) Please indicate which of the following computer applications are used in courses in the medical school. Mark with an X all that applies.

______ Computerized bibliographic search.
______ Computerized instructional programs used as study aids.
______ Computer-based programs employed as a required part of course instruction.
______ Computer-based instruction involving students’ interaction to demonstrate understanding (i.e. interactive computer program responding to learner input).
______ Computerized case simulation to teach or test diagnostic and/or therapeutic decision-making.
______ Internet or other on-line content-based programs originating from outside the medical school.
______ On-line content-based programs originating within the institution and distributed through local area network or net-browser technology.

e) Please indicate whether there are organized programs to teach the following to students and indicate the auspice or unit responsible in each case.

<table>
<thead>
<tr>
<th>Auspice</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized bibliographic search</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
f) Are students required to own or obtain access to individual personal computer equipment for use in the curriculum? ______ Yes ______ No

If Yes, which of the following is done to facilitate access for each student to individual computer equipment?

_____ Desk computer loaned to students.
_____ Laptop computer loaned to students.
_____ Personal computer equipment is rented to students.
_____ There is an institutional discount for the purchase of computer equipment.

Do medical students have access to the Internet via medical school facilities?

_____ Yes, unrestricted access at no cost.
_____ Yes, unrestricted access for a fee.
_____ Yes, limited access.
_____ No.

6.5 Teaching Hospital

a) Hospitals used

List the names of the hospitals used in the teaching program of the medical school. Indicate if owned (O) or affiliated (A), and if it serves for clinical clerkship (CC) and/or postgraduate medical education (GME).

<table>
<thead>
<tr>
<th>Clinical facility</th>
<th>A/O</th>
<th>CC</th>
<th>GME</th>
<th>Total No. of Beds</th>
<th>Total No. of student per year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

b) Clinical characteristics of hospitals

For each hospital, provide the following information:

General information
Name of Director/Chief Executive Officer: ______________________
Qualification: ______________ Year appointed: ______________
Year of affiliation with medical school: ______________
Is there a formal affiliation agreement in place: ______ Yes _____ No
If yes, please attach a copy of the agreement.
Number of annual admissions ______________
Average occupancy rate ______________
Average length of stay ______________
Number of outpatient visits ______________
Number of day care beds ______________
c) Clinical characteristics according to specific services/departments
   List the services that are available and summarise the clinical education activities in the hospital. Delete or add service as appropriate.

<table>
<thead>
<tr>
<th>Clinical Services</th>
<th>O/Pt</th>
<th>Beds</th>
<th>Average Daily Census</th>
<th>Medical Students*</th>
<th>Resident</th>
<th>Allied Health Students</th>
<th>Nursing Students</th>
<th>Visiting Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthesiology</td>
<td></td>
<td></td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Diag Radiology</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Family Practice</td>
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<tr>
<td>General Surgery</td>
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<tr>
<td>Internal Medicine</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
<td>Nuclear Medicine</td>
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<tr>
<td>Obs/Gynaecology</td>
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<tr>
<td>Ophthalmology</td>
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<tr>
<td>Orthopaedic/Trauma</td>
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<tr>
<td>Otolaryngology</td>
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<tr>
<td>Pathology**</td>
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<tr>
<td>Paediatrics</td>
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<td></td>
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<tr>
<td>Phys Med/Rehab</td>
<td></td>
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<td></td>
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<tr>
<td>Psychiatry</td>
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<tr>
<td>Radioth/Oncology</td>
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<td></td>
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<tr>
<td>Surg Specialties***</td>
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<td></td>
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<tr>
<td>Urology</td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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<td></td>
<td></td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*: In Medical Students column, list only your own school’s students.
**: Provide relevant data
***: Breakdown as applicable e.g. Cardiothoracic, Colorectal, Plastic and Vascular.

d) Learning Resources and Amenities for Students

Which of the following are available to medical students at your hospital? (Check all that apply)

<table>
<thead>
<tr>
<th>Library</th>
<th>Call room(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness room</td>
<td>Shower/changing area</td>
</tr>
<tr>
<td>Food service</td>
<td>Lecture/conference room(s)</td>
</tr>
<tr>
<td>Study area(s)</td>
<td>Computers or terminal for educational use</td>
</tr>
</tbody>
</table>
6.6 Other clinical facilities used in ambulatory and community-based care

a) Facilities used

List the names of the other facilities used in the teaching of ambulatory care and community based care in the medical school. Indicate if owned (O) or affiliated (A), and if it serves for clinical clerkship (CC) and/or postgraduate medical education (GME). If a group of doctors’ offices are utilised, identify the program and number of locations collectively.

<table>
<thead>
<tr>
<th>Clinical/community facility</th>
<th>A/O</th>
<th>CC</th>
<th>GME</th>
<th>Clerkship</th>
<th>Total No. Students/year</th>
<th>No. of student clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) Clinical characteristics

For each facility, provide the following information:

Name of Facility:
Name of Director/Chief Executive Officer: ______________________
Qualification: __________________ Year appointed: __________
Year of affiliation with medical school: __________
Is there a formal affiliation agreement in place: _____ Yes _____ No
If yes, please attach a copy of the agreement.

Where applicable provide the following information:
Number of annual admissions __________
Average occupancy rate __________
Average length of stay __________
Number of outpatient visits __________
Number of day care beds __________
Number of ER visits/year __________
Inpatient per diem cost __________
Number of salaried staff physicians (non faculty) __________
Annual operating budget __________
Direct research grant budget __________

6.7 Financial resources

a) Fees

Please provide the tuition and fees charged to both Malaysian and foreign students for the previous, current and that projected for the next two years.

<table>
<thead>
<tr>
<th>Prior year</th>
<th>Current year</th>
<th>Projected in 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• Malaysian students
b) Revenue and Expenditure Summary

Supply a Revenue and Expenditure Summary (one-page chart) for the four years including the fiscal year. See example below.

<table>
<thead>
<tr>
<th>Revenue and Expenditure Summary*</th>
<th>Three Years</th>
<th>Two Years</th>
<th>One Year</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ago</td>
<td>Ago</td>
<td>Ago</td>
<td>of Survey</td>
</tr>
<tr>
<td>Current Funds Revenues (Adjusted)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition and Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Program</td>
<td>(1) n _____</td>
<td>n _____</td>
<td>n _____</td>
<td>n _____</td>
</tr>
<tr>
<td>Other</td>
<td>(2) n _____</td>
<td>n _____</td>
<td>n _____</td>
<td>n _____</td>
</tr>
<tr>
<td>Total Current Funds Revenues</td>
<td>(3) c _____</td>
<td>c _____</td>
<td>c _____</td>
<td>c _____</td>
</tr>
<tr>
<td>Total Expenditures &amp; Transfers</td>
<td>(4) c _____</td>
<td>c _____</td>
<td>c _____</td>
<td>c _____</td>
</tr>
<tr>
<td>Excess (Deficit) of Revenues over (Under)</td>
<td>(5) c _____</td>
<td>c _____</td>
<td>c _____</td>
<td>c _____</td>
</tr>
</tbody>
</table>

- Total should represent sum of values and not recorded on medical school books.
- # Includes general university/parent appropriations sales and services of college activities and miscellaneous sources.

b) Evaluation of adequacy of financial resources

Comment on the general nature of financing, adequacy of funding for salaries and operations, and extent to which pressures to generate research or service income may be distorting academic missions.

7. Monitoring, Evaluation and Review

7.1 Management of the Educational Program

a) Officials and Committee:

Provide the name/title of the principal academic officer responsible for educational programme (usually called vice or deputy dean for academic / curricular/educational affairs)

b) Curriculum committee and its members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Academic title</th>
<th>Date appointed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the charge (functions) to the faculty committee responsible for the curriculum? Cite the authority for that charge (i.e. medical school by-laws, instructions from the dean, etc).

How often does the curriculum committee (or equivalent) meet?
What is the role of the curriculum committee in the development and review of course and clerkship objectives, and in monitoring their achievement?

c) Medical Education Units:

Is the principal academic officer (deputy dean) supported by educational specialists or an office of medical education/evaluation/research?

_________ Yes _______ No

If yes, does/do the educational specialists hold faculty appointment?

_________ Yes _______ No

7.2 Curriculum implementation:

How does the school ensure that the programme is implemented according to plan?

How does the school ensure that aspects of acute, chronic, continuing, preventive and rehabilitative care are incorporated?

How does the school ensure equivalent educational experiences across different sites?

How is faculty supervision instituted?

7.3 Programme Evaluation and Development

When were the objectives of the undergraduate medical program adopted? When were they last reviewed? (The objectives of the educational program are the skills and behavioural outcomes that the school expects its students to achieve. Objectives differ from the missions of the school that usually are statements of broad institutional purposes for education, research, health care, and community service).

How are the objectives of the medical education program made known to faculty and students? Is there general agreement with the objectives?

Are the institution’s programs and activities consistent with the objectives? Please indicate the cause of any discordance, e.g. factors thwarting more successful organization of programs and resources, changing objectives, needed redirection/reallocation of resources, etc.

Is there reason to believe that the objectives are being achieved? What is the evidence?

7.4 Curriculum revision

When was the last major revision of the curriculum implemented? _________
Describe and qualify the scale of any changes in the curriculum or pedagogy, made or pending, in the direction of:

- Reducing overall course content and contact hours.
- Providing more unscheduled time for self-study.
- Shifting from didactic/lecture format to interactive discussion.
- Introducing small group problem-based learning.
- Introducing early clinical.
- Others (specify)

How often does the curriculum committee review:

- Required courses/modules ____________
- Required clerkships ____________
- Curriculum years ____________
- The entire curriculum ____________

### 7.5 Curriculum monitoring

a) Please designate by X all sites where responsibility for monitoring the following aspects of the curriculum resides. Mark with an asterisk (*) the site where the primary responsibility rests.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Department Head/Course or Module Director</th>
<th>Curriculum Committee</th>
<th>Associate Dean(s)</th>
<th>Dean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring appropriate content is covered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimizing content duplication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring unscheduled time for study</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination of exam scheduling</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Collecting faculty and student critiques of curriculum and teaching</td>
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</tr>
<tr>
<td>Analyzing results of critiques of curriculum and teaching</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Monitoring quality of teaching</td>
<td></td>
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</tr>
<tr>
<td>Ensuring use of appropriate curricular format (lectures, labs, self-study etc)</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Monitoring student performance</td>
<td></td>
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</tbody>
</table>
b) Is an inventory of the curriculum used for detection of deficiencies, identification of unnecessary redundancy and promotion of integration of teaching and learning?

c) Indicators used in evaluation

Check all outcome indicators used by the curriculum committee to evaluate the medical school’s educational program effectiveness:

- [ ] Student scores on written exams developed by:
  - [ ] Department
  - [ ] School
  - [ ] Extramural body (such as specialty society)

- [ ] Student evaluation of courses
- [ ] Performance-based assessment of student skills and abilities
- [ ] Student advancement and graduation rates
- [ ] Extern examiners reports
- [ ] Assessment of residency/postgraduate performance of graduates
- [ ] Residency/postgraduate completion rates
- [ ] Specialty choice of graduates
- [ ] Practice location of graduates (e.g. rural, urban, inner city)
- [ ] Academic/research careers/opportunities of graduates
- [ ] Practice type of graduates
- [ ] Results of USMLE exams or other standards (specify)
- [ ] Other (specify) _______________________________________

For each check mark in the sections above, briefly describe what is done and how the information about performance is used for curriculum evaluation and change.

If available, provide any data on the performance of your students in postgraduate education, percent of most recent graduates accepting appointments to first-year residency programs, percent of graduates engaging in full-time primary care (general internal medicine, general paediatrics, family practice).

8. LEADERSHIP, ADMINISTRATION AND GOVERNANCE

8.1 Characteristics of school

a) Type of school: ________ Private ________ Public

b) Is the school a component of a university? ______ Yes ______ No

  If yes, state the name of the university ___________________________

c) If the school is free-standing, state the relationship with a university(s)

d) Give date of charter by the government: ________

  Type of charter: _____ Not-for-profit _____ Commercial/for-profit

e) What is the population of the city/area in which the school is located?
f) Attach a brief history of the medical school and the university. Cite enrolment in the university by schools/colleges.

g) Describe the geographic relationship of the medical school with:
The main campus of the university.
The principal teaching hospitals, and
Branch clinical sites in other cities/areas (if applicable).

Insert a diagram-map to show the geographic relationships.

8.2 Officials

a) Medical School

Official name of school
Mailing address
Name of Dean
Date appointed

Attach a brief resume of the academic and administrative experience of the dean.

b) University

Name and title of chief executive officer of university:

Date appointed:
Mailing address:

Vice President for Health Affairs (or equivalent; leave blank if no such position):
Name and title:
Mailing address:

8.3 Governing Body

a) Chairperson, Board of Trustees (or equivalent)

Name and title
Date appointed
Mailing address:

List the members of the governing board, indicating their business or profession. If there is a separate committee of the board for the medical school, identify members by an asterisk (*).
b) Is there a separate Board of Trustees (or equivalent) for the medical school?

______ Yes  _______ No  _______ Not Applicable

If YES, please list the name and occupation of the members

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.4 Medical School Governance/Administration

a) The Dean

Identify the role of each person/group listed below to recommend (R) or to confirm (C) the appointment of the dean of the medical school. Write (NA) if not applicable.

__________ Search committee of medical school/university faculty members.
__________ Executive committee of the faculty.
__________ Vice President for Health Affairs (or equivalent).
__________ President/chancellor of the university
__________ The Board of Trustees/Regents

In the process of selecting a new dean, is the local (city, state) medical community consulted either formally or informally?

______ Yes, formally
______ Yes, informally
______ No

Provide a job description for the dean and diagrams of the following reporting relationships (if applicable).

Dean to the Vice President for Health Affairs (or equivalent).

Dean to the university president.

Describe the administrative style of the dean. What mechanisms exist for the dean to obtain input from department heads, faculty members (e.g. executive committee of the faculty, faculty council, faculty assembly) and students? Indicate how these mechanisms are used, describing the general types of issues for which such input is sought and the frequency of meetings with these groups.

b) Office of the Dean

Which of the following staff functions are served by assistant or associate deans? (Use your institution's staff titles if they vary from those listed below).
Indicate if the position is full-time (FT) or part-time (PT). If part-time indicate the percent effort put in.

<table>
<thead>
<tr>
<th>Staff Function</th>
<th>PT/FT</th>
<th>Name/Title of holder</th>
<th>% Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Affairs (Faculty)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Affairs (Undergraduate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education/Curriculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postgraduate Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In the Basic Sciences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In the clinicals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Medical Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach a chart showing the organization of the Dean’s Office. Provide another chart showing the relationship between the medical school and university administration, other schools and colleges, institutes, centres, etc.

c) Departments

Do department chairs, heads serve at the pleasure of the dean?

_______ Yes  _______ No

Are department chairs/heads appointed for a specified term?

_____ Yes  _______ No

If YES, what is the term? ______________________

Is there a formal review of the performance of department chairs/heads?

_____ Yes  _______ No

If YES, how often? _________________________

Is there a formal departmental review?

_____ Yes  _______ No

If YES, how often? _________________________

Who conducts the departmental review? (Check all that apply)

_____________ Internal faculty and administration.
_____________ External reviewers.
_____________ Other (Please specify)

Does each department prepare and submit an annual budget request to the dean?

_______ Yes  _______ No
8.5 Finance

a) After approval of the general budget, does the dean have final responsibility for the allocation of allotted funds? ________ Yes ________ No

If NO, who has this responsibility? ______________________

Comment on the general nature of faculty financing, adequacy of funding, and extent to which pressures to generate research or service income may be distorting academic missions.

Do the departments submit annual reports of departmental performance to the dean? ________ Yes ________ No

8.6 Academic units

List the academic administrative units in the school, e.g. departments, institutes, centres.

<table>
<thead>
<tr>
<th>Academic Administrative</th>
<th>Unit Head/Chair/Director</th>
<th>Year Appointed</th>
<th>Highest Degree(s)</th>
<th>Where Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

For each department/unit, provide the following information:
Describe the purpose(s), philosophy and goals/objectives of the department, generally and with specific reference to the education of medical students.

What is the department opinion of the appropriateness of the goals and objectives, generally and with specific reference to the education of medical students?

Are the departmental goals and objectives being achieved? Provide the evidence.

How frequently does the department meet? For what purposes?

8.7 By-laws and Regulations

Are there medical school faculty by-laws? ________ Yes ________ No

If YES, when were they enacted? ______________________

What is the date of the last revision or amendments to the faculty by-laws? __________________

How are faculty by-laws made known/distributed to the faculty?
Please attach a copy of the faculty by-laws that apply to the medical school.

8.9 Major Permanent Medical School Faculty Committees

List the names of the major permanent committees, the number of members, name of committee chairperson, name of the person or group appointing the committee, to whom the committee reports, and whether the committee is charged to make recommendations (R), empowered to take action (A), or both (B).

<table>
<thead>
<tr>
<th>Committee</th>
<th>No. of Members</th>
<th>Chairperson</th>
<th>Appointed by</th>
<th>Responsible to</th>
<th>A/R/B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.10 Faculty Meetings

Indicate the number and type of faculty meetings held during the past academic year. Account for meetings of the general faculty, the basic-science and clinical chairs, and the group of chairs/elected faculty (faculty council/board) if such exists.

8.11 Geographically Separated Programs

This section is to be completed by medical schools operating geographically separated campuses where components of the educational program are conducted. (A geographically separated campus is a branch campus that is geographically remote but under the central administrative or program governance of the medical school).

Define geographically separated campus for your school. List the site designated as the “main” campus and all the other campuses.

Do all student spend time at one or more geographically separated location?

______ Yes  ________ No

If No, what number and percentage of each class goes to one or more geographically separated campus(es)?

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fourth year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fifth year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How do students rotate to the campus(es)?

- Spend all or part of the preclinical years at the campus __________
- Spend all or part of the clinical years at the campus __________
- Spend only one or several clerkships at the campus __________
- Others (specify) __________
Approximately how many students are there at the geographically separated campus at any given time? Number __________ % of class __________

How are students assigned to the various sites? What is the process for students to appeal for assignment to a different location?

Does the principal academic officer of each site operate under the general direction and authority of the chief academic officer of the medical school? _______ Yes _______ No

If NO, please explain:

Describe the administrative mechanisms employed to ensure that the educational experiences occurring at all sites are equivalent in quality.

Describe how the faculty members in each discipline are functionally integrated across sites to assure comparability of educational experiences and of student evaluation (e.g. visits by faculty and administrators, joint faculty meetings, joint planning committees). For the past year, enumerate the purposes and participants of any joint meetings.

9.0 CONTINUOUS QUALITY IMPROVEMENT

9.1 Strategic Plan

Does the medical school have a written strategic plan to guide program development over the next years? ______ Yes ______ No

If YES, what was the date of the latest version of the strategic plan? ______

How often is the plan reviewed/revised?

What is the composition of the group(s) that develop(s) /review(s) the strategic plan?

9.2 Professional Development

Does a system of “mentoring” exist for junior faculty members? Describe.

How does the school help faculty members evaluate and improve their teaching skills. In which of the following areas related to teaching and evaluation do faculty regularly receive feedback (check all that apply?).

______ Lecturing skills
______ Expertise in leading or facilitating discussions
______ Knowledge of pedagogy
______ Construction of a curriculum consistent with learning objectives
______ Knowledge of methods for measuring student performance (e.g. quality of tests, test item performance)
______ Other (specify)
How and by whom is this information collected and how are the results disseminated to the faculty? How effective is this effort?

9.3 Continuing Education Activities

How does the school organise continuing medical education activities for both internal and external audience?

In the last year, how many doctors participate in these program __________

In the last year, how many programs were offered with designated credit hours for CME (e.g. courses, grand rounds?) ________

How does the school finance continuing medical education:

CME Revenue from Institutional Sources __________
CME Revenue from Enrolment Fees __________
CME Revenue from Other Sources __________
Total CME Revenue __________
Total CME Expenses __________

Describe any major changes in your continuing medical education program during the past year and/or anticipated for the next?

Describe how the CME program contributes to the education of medical students.

9.4 Research

Describe any programs to teach faculty/house staff about ethics in research methodology.

Does your school have a formal policy related to scientific misconduct in research (deliberate deception, fabrication of results, plagiarism, conduct outside the norm of scientific behaviour?) _____ Yes _____ No

If there is a policy, how is it disseminated?

At your institution, what administrative unit/body is responsible for protecting the integrity of the research process?

Please state whether there have been any allegations of scientific misconduct in your faculty within the past three years, identify the nature of personnel involved, and state the disposition of the case(s).

Concisely describe the opportunities for medical students to participate in research (exclude students who have entered discrete research training programs), indicating the timing, auspices and funding.
PART 2: DEPARTMENTAL DATABASE

For each unit/module/clerkship (including electives) of each year of the program, describe the following:

1. OBJECTIVES

Provide the name, duration and timing of the subject/discipline in the curriculum.

Provide specific objectives in terms of expected knowledge, skills and behaviour of students.

How has the department involved its stakeholders in formulating the objectives and their ongoing refinement?

How are the objectives of the medical education program made known to faculty and students? Is there general agreement with the objectives?

2. EDUCATIONAL PROGRAMME

What are the principles guiding the design of the module/posting?

How are the basic sciences integrated with the clinical sciences?

How does the department/module provide for contributions of behavioural sciences, the social sciences and medical ethics?

What is the process by which the department/module adapts the curricular contributions of the various basic sciences, behavioural sciences, the social sciences and medical ethics to developments in the science, practice and delivery of health care?

What are the types of teaching and learning methods used to deliver the module/subject? Breakdown into contact hours or provide time-tables and other relevant schedule of teaching-learning activities.

How will these methods encourage students to take active responsibility for their learning and the evidence that these methods prepare students for life long learning.

How does the module/subject inculcate the principles of scientific and evidence based medicine and enable analytical and critical thinking, e.g. preparing students for critical review of the literature and for evaluation of new methods of diagnosis and therapy.

What specific opportunities are there for students to acquire scientific training? (exclude students who have entered discrete research training programs, indicating the timing and funding).

Provide a brief synopsis of topics/subjects.

For clinical clerkship add the following information:
Indicate whether topics listed in the educational guidelines are dealt with in the subject/department.

What links exist between the departmental program and the next stage of training for practice? What specific transition programs occur in the final year of the course?

How does the department obtain the participation of health services in effecting the transition between the basic medical program and the next stage of training?

Provide a list of required reading

3. ASSESSMENT OF EDUCATIONAL OUTCOME

How are assessment practices made compatible with educational objectives and learning methods?

State the methods in assessing students, in both theory and practical, including structured and unstructured observations by attending faculty, other health professional, patients, including standardised patients, objective structured clinical examination, patient management problems or simulations, etc. Is each student observed taking a history and examining a patient?

How does the department ensure that appropriate attitudes are inculcated? (e.g. respect for socio-cultural differences, sensitivity to patient’s well being and best interest, cost effectiveness, team work, continuing learning, recognition of limitation).

Provide samples of questions that have been used for each method.

How does the department set standards and how are these standards validated against national/international standards of performance?

Provide the general policy on assessment including the documents provided to students that specify timing, weighting and criteria for progression.

How does the department ensure the consistency, validity and reliability of the grading system? Explain how this is accomplished.

How does the department ensure that students are evaluated consistently, over time and across sites?
As a general rule, are students evaluated and given formal feedback during the course in time for remediation of necessary? ______ Yes ______ No

Describe how the department ensures that such evaluation and feedback occur.

**Student Performance**

Give the scores (%) of the past three classes in this unit/module/ clerkship:

<table>
<thead>
<tr>
<th>No. examined</th>
<th>20___/___</th>
<th>20___/___</th>
<th>20___/___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard deviation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent pass</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If available, provide any data on the performance of your students in postgraduate education, percent of most recent graduates accepting appointments to first-year postgraduate programs

**Student records**

Is there a central file within the department containing student records?

______ Yes ______ No

Where ________________________________

If Yes, indicate which records are filed:

____________ Application materials
____________ Academic record of performance
____________ Faculty comments on performance
____________ Counsellor’s comments or recommendations
____________ Head of department’s comments

How does the department ensure confidentiality of student records?

Are all of these records available to students for feedback on performance and/or correction of error? ______ Yes ______ No

Are records of evaluation available for review by students? ___ Yes ____ No

Do students have the right to challenge the accuracy of their record of evaluation? _____ Yes _____ No

4. STUDENTS

Describe the department’s advisory system for medical students.

How satisfied are you with your system? (Put an X below your answer)

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
</table>
How does the department deal with situations where a student is anticipated to encounter academic difficulty (e.g. a student entering with a marginal academic record)? Describe the departmental amenities for students, e.g. study space, lounge and relaxation areas, food service.

What is the department’s policy on student contribution to curriculum matters? How have students contributed to the development of this policy? What practical measures does department have for encouraging student participation and self-government?

5. ACADEMIC STAFF/ FACULTY

Append a brief CV for each department member

Include the:
- name
- appointment status
- academic position
- qualifications and granting institution
- citizenship
- years of work experience
- current academic responsibilities
- teaching/contact hours in the current academic year (including in other programmes/or courses)
- research interest and projects
- major recent publications
- involvement in professional organisations
- participation in continuing education and community service.

Summarise the academic positions, appointment status, and qualifications of the department members

Indicate the number of department members:

<table>
<thead>
<tr>
<th>Appointment status</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank/position</td>
<td>FT</td>
</tr>
<tr>
<td>Professor</td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
<td></td>
</tr>
<tr>
<td>Asst Prof/ Lecturer</td>
<td></td>
</tr>
<tr>
<td>Tutor/ Instructor</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

(See faculty database for definition of full time faculty.)

FT = full-time; PT = part-time (paid); Vol = voluntary (unpaid)
Summarise the citizenship status and work experience

<table>
<thead>
<tr>
<th>Citizenship</th>
<th>Work Experience (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Malaysian</td>
</tr>
<tr>
<td>Professor</td>
<td></td>
</tr>
<tr>
<td>Assoc Prof</td>
<td></td>
</tr>
<tr>
<td>Asst Prof/lecturer</td>
<td></td>
</tr>
<tr>
<td>Tutor/Instructor</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Fill out the teaching obligations:

<table>
<thead>
<tr>
<th>Departmental teaching activities</th>
<th>No. of students per academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Medical Students:</td>
<td></td>
</tr>
<tr>
<td>• Required subjects</td>
<td></td>
</tr>
<tr>
<td>• Elective subjects</td>
<td></td>
</tr>
<tr>
<td>• Students from other schools</td>
<td></td>
</tr>
<tr>
<td>b. Postgraduate Medical Education:</td>
<td></td>
</tr>
<tr>
<td>• Master’s Degree students</td>
<td></td>
</tr>
<tr>
<td>c. Ph.D. Degree students:</td>
<td></td>
</tr>
<tr>
<td>• Medical specialty</td>
<td></td>
</tr>
<tr>
<td>• Allied Health Students</td>
<td></td>
</tr>
<tr>
<td>d. Postdoctoral Fellows:</td>
<td></td>
</tr>
<tr>
<td>• Continuing Education</td>
<td></td>
</tr>
<tr>
<td>• Students from Arts &amp; Science</td>
<td></td>
</tr>
<tr>
<td>e. Other (Specify)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

* Continuing education are those activities that are designed to upgrade knowledge and skills of health professionals but which do not necessarily lead to a degree or formal certification.

Summarise the departmental activities;

<table>
<thead>
<tr>
<th>Activity</th>
<th>% Faculty time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Clinical Service</td>
<td></td>
</tr>
<tr>
<td>Administration (Including committee work)</td>
<td></td>
</tr>
<tr>
<td>Community/social service*</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Community/social services refer to the activities undertaken by the department or individual faculty members which reflect the social responsiveness in meeting the needs of the community or nation (e.g. involvement in community care of abuse children, HIV/AIDS, chronic illnesses, gender equity, etc)

Provide information on Department Research

Indicate the number and percent of full-time faculty members who were principal investigators during the past academic year _____/_____.

81
<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>For institutionally-funded grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For external-funded grants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe briefly the major scholarly and research interests of the department. Evaluate the extent and quality of the research effort. Indicate the amount of money spent, the number of papers published in refereed journals, and the number of books and book chapters completed in the last year, ______ / ______.

Provide information on Continuing education and community service activities
Describe briefly the major community/social service activities of the department members. Evaluate the extent to which the activities reflect the social responsiveness of the faculty and its members.

Evaluate the balance between teaching, research and service responsibilities. Is the balance appropriate at the departmental level?

Give evidence of national/international recognition of departmental members (e.g. journal editorships, service as peer reviewers, study/expert-groups and national committee membership)

What policies does the department have for ensuring that the staffing profile matches the range and balance of teaching skills required to deliver programme? What are the requirements related to the qualifications for appointment? Are there institutional or government policies or requirements that affect the medical school's staffing decisions? How frequently does the department review its priority list for staffing?

How does the department propose to improve its recruitment of staff to meet its objectives?

What is the department’s policy for ensuring that teaching, research and service contributions are appropriately recognised and rewarded?

What staff development programs exist or are proposed to enable teachers to upgrade their skills and to obtain appraisals of their teaching performance? How is participation in staff development programs encouraged?

Does a system of “mentoring “exist for junior faculty members? Describe.

How does the department help faculty members evaluate and improve their teaching skills. In which of the following areas related to teaching and evaluation do faculty regularly receive feedback (check all that apply?)

- _____ Lecturing skills
- _____ Expertise in leading or facilitating discussions
- _____ Knowledge of pedagogy
- _____ Construction of a curriculum consistent with learning objectives
- _____ Knowledge of methods for measuring student performance (e.g. quality of tests, test item performance)
- _____ Other (specify)

How and by whom is this information collected and how are the results disseminated to the faculty? How effective is this effort?
6. **MONITORING AND EVALUATION**

How does the department ensure that the programme is implemented according to plan?

Who is the coordinator/person in-charge of the unit/module/clerkship and the departments members involved?

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Qualification and specialty</th>
</tr>
</thead>
</table>

How does the school ensure that aspects of acute, chronic, continuing, preventive and rehabilitative care are incorporated?

How does the department ensure equivalent educational experiences across different sites (if relevant)?

How is faculty supervision instituted?

How does the department evaluate its program? What evaluation data is being collected?

Describe how evaluation activities are being enhanced to cover all components of the medical education program.

How does the department sample the opinions of staff and students about its educational program?

How does the department encourage individual staff, students and principal stakeholders to participate in its evaluation activities?

What statistical data on student performance is collected and analysed?

What individual student parameters are monitored in relation to performance during the course and how is this fed back into curriculum planning?

How is information gathered from program evaluation used to modify the curriculum or to introduce innovations?

What steps are being taken to ensure that there is an evidence-based approach to the enhancement of the quality of the medical education program?

Check all outcome indicators used to evaluate the department’s educational program effectiveness:

<table>
<thead>
<tr>
<th>Student scores on written exams developed by the department.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student scores on written exams developed by Extramural body (such as specialty society)</td>
</tr>
</tbody>
</table>
### 7. EDUCATIONAL RESOURCES

Evaluate the adequacy of the department’s physical facilities, faculty offices, research, and teaching needs. Identify current unmet needs and needs that may arise within the next several years. Indicate what plans exist for improving these facilities.

What mechanisms exist for gathering feedback from students and staff on the facilities? What authority does the department have to direct resources to respond to deficiencies?

State the number, size and number of students who use the laboratories. Describe the adequacy of the equipment.

Comment on adequacy of laboratory and clerical staffing and describe the nature of any additional resources needed.

Is there a departmental library? If yes, comment on its functions and usefulness to students and faculty.

What resources-sharing and network access mechanisms for library information are available to the department?

Assess the adequacy of the department’s computer, IT and telecommunication services

Describe the computer applications that are used in courses in the department. Mark with an X all that apply:

| Computerized bibliographic search. |
| Computerized instructional programs used as study aids. |
| Computer-based programs employed as a required part of course instruction. |
| Computer-based instruction involving students’ interaction to demonstrate understanding (i.e. interactive computer program responding to learner input). |
| Computerized case simulation to teach or test diagnostic and/or therapeutic decision-making. |
| Internet or other on-line content-based programs originating from outside the |
medical school.

On-line content-based programs originating within the institution and distributed through local area network or net-browser technology.

How does the department review the adequacy of the facilities and patients available for clinical teaching? What mechanisms exist to deal with deficiencies?

How is the department adjusting and expanding its use of clinical training facilities including skills laboratories and affiliated institutions?

For hospital clerkship provide the following information:

<table>
<thead>
<tr>
<th>Hospitals used for clerkships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of hospitals</td>
</tr>
<tr>
<td>Departmental daily bed census</td>
</tr>
<tr>
<td>No. of students per rotation</td>
</tr>
<tr>
<td>Percent of class each rotation</td>
</tr>
<tr>
<td>No. of Faculty per rotation</td>
</tr>
<tr>
<td>No. of residents/postgraduate students per rotation</td>
</tr>
<tr>
<td>No. of elective students</td>
</tr>
</tbody>
</table>

For clerkship that is predominantly ambulatory provide the following information:

<table>
<thead>
<tr>
<th>Ambulatory sites used for clerkships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of clinics</td>
</tr>
<tr>
<td>Daily patient volume (no. of visits)</td>
</tr>
<tr>
<td>Number of students per rotation</td>
</tr>
<tr>
<td>Percent of class each rotation</td>
</tr>
<tr>
<td>Number of Faculty per rotation</td>
</tr>
<tr>
<td>No. of residents/postgraduate students per rotation</td>
</tr>
</tbody>
</table>

Describe any other facilities used in ambulatory and community-based care

After approval of the general budget, does the head of department have final responsibility for the allocation of allotted funds? ________ Yes ________ No

If NO, who has this responsibility? ______________________

Comment on the general nature of departmental financing, adequacy of funding, and extent to which pressures to generate research or service income may be distorting academic missions.

8. LEADERSHIP, GOVERNANCE AND ADMINISTRATION

Describe the purpose(s), philosophy and goals/objectives of the department, generally and with specific reference to the education of medical students. Name of head of department, qualifications and experience. Provide a job description for the head of department.
How is the head of department selected and the term of appointment? What mechanisms exist for the head of department to obtain input from faculty members and students? Indicate how these mechanisms are used, describing the general types of issues for which such input is sought and the frequency of meetings with these groups.

Is there a formal review of academic leadership (the performance of department chairs/head)? ______ Yes ________ No

If YES, how often? ___________________________

How frequently does the department meet? For what purposes?

List the names of the major committees of the department, the number of members, and the functions.

Evaluate the administrative staffing structure to support the functions of the department.

**Exchange with Other Educational Institutions**

What policies does the department have for collaborating with other educational institutions? Provide a summary of the existing collaborative links with other institutions and describe the nature of those links, student exchanges, staff exchanges, and research. What is the department’s policy on the transfer of educational credit?

Describe any activities directed towards regional and international co-operation with other departments/medical schools.

**Geographically Separated Programs**

This section is to be completed by departments operating geographically separated campuses where components of the educational program are conducted. (A geographically separated campus is a branch campus that is geographically remote but under the central administrative or program governance of the medical school).

List the site designated as the “main” campus and all the other campuses.

Do all students spend time at one or more geographically separated location? ________ Yes ________ No

If No, what number and percentage of each class goes to one or more geographically separated campus(es)?

How do students rotate to the campus(es)?
Approximately how many students are at the geographically separated campus at any given time? Number ________ % of class ________

How are students assigned to the various sites? What is the process for students to appeal for assignment to a different location?
Does the principal academic officer of each site operate under the general direction and authority of the chief academic officer of the department?

If NO, please explain:

Describe the administrative mechanisms employed to ensure that the educational experiences occurring at all sites are equivalent in quality.

9. DEPARTMENTAL QUALITY IMPROVEMENT

Does the department have a written strategic plan to guide program development over the next years? ______ Yes ______ No

When was the last major revision of the departmental programme implemented? Describe and qualify the scale of any changes in the curriculum or pedagogy, made or pending.

Continuing Education Activities

How does the department continuing medical education activities for both internal and external audience?

In the last year, how many doctors participate in these program ______

In the last year, how many programs were offered with designated credit hours for CME (e.g. courses, grand rounds?) ______

Describe how the CME program contributes to the education of medical students.

Continuous quality improvement

Does the department have a quality assurance program and how is it reviewed?

If YES, how often? _______________________

Who conducts the departmental review? (Check all that apply)

______ Internal faculty and administration.
______ External reviewers.
______ Others (Please specify)

Assess the adequacy of the quality improvement activities in the department

Does the department submit annual reports of departmental performance? ________ Yes ________ No

Describe recent and projected activities undertaken to ensure that the department remains responsive to its changing environment.
Departmental self-evaluation

Give a critique of the department/module in terms of appropriateness and consistency of content, teaching/learning methods, and method of assessment with the achievement of the objectives. Please indicate the cause of any discordance, e.g. factors thwarting more successful organization of programs and resources, changing objectives, needed redirection/reallocation of resources, etc.

Mention any deficiencies and state how improvements can be made.
Appendix III

Guidelines for Performing and Writing an Institutional Self Study
Appendix III

GUIDE FOR PERFORMING AND WRITING AN INSTITUTIONAL SELF STUDY

This guide contains the following sections:

1. Purpose of an institutional self-study
2. Self-study task force
3. Self-study analysis
4. Writing the self study report

1. PURPOSE OF INSTITUTIONAL SELF-STUDY

The institutional self-study is an important part of the accreditation process. Through the self-study process the school brings together representatives of the administration, the academic faculty, students and other constituents to:

a. Collect and review data about the medical school and its educational programme
b. Identify the institutional strengths and problem areas; and
c. Define strategies to ensure that the strengths are maintained and problems addressed.

The self study report together with the database is to be submitted to MQA. The accreditation panel which is constituted uses them to evaluate the school’s sufficiency and organisation of resources as well as the performance and effectiveness of its programme prior to the accreditation visit. In addition the school can use the data collected and the analysis done in its overall strategic planning.

2. THE SELF-STUDY TASK FORCE

The self-study requires time and effort of administrators, faculty members, students and others associated with the medical school and its teaching hospitals.

The Dean is usually the chairperson of the taskforce. Chairpersons should also be appointed for each section of the database. The Deputy Dean for academic affairs or a person who is familiar with medical schools and the medical education process should be appointed as coordinator for the self study. The coordinator’s responsibilities include distributing and collecting the database forms, preparing the final unified version of the database, answering questions during database preparation, coordinating the activities of the task force and writing the final self-study report.

Members of the task force should include administrators (academic, fiscal, managerial), heads of departments, junior and senior academics, students, alumni and teaching hospital representatives.
3. **SELF-STUDY ANALYSIS**

The task force set up by the school reviews each section of the database with the view to determine how individual components contribute to the ability of the school to fulfil its educational objectives and to educate the students. Examples of questions to be answered in the analysis of each section of the database include:

3.1. **Mission and Objectives:**

Has the institution clearly established its educational objectives? How are the objectives of the school developed? Are the objectives clear and specific enough to serve as planning guides? In what ways are the objectives used for program planning and development? What is the process for review and revision of objectives?

Describe how students are expected to show that they have mastered the knowledge, skills and behavioural objectives of the programme. Evaluate the attainment of the objectives.

3.2. **Educational programme**

What is the evidence to show that the programme is designed to meet the educational objectives? Does your program provide a general professional education that prepares students for all career options? Explain and justify.

Review the workload of students in the preclinical years, evaluating the balance between didactic teaching and other passive learning formats, and the opportunities for active and self-directed learning. Is there sufficient unscheduled time (i.e., for independent study)?

Review the workload of students in the clinical clerkships, evaluating:

a) the time available for learning experiences, as opposed to time spent in repetitive clinical duties,

b) the level of teaching and supervision – during the posting formative evaluation and feedback as well as summative assessment at the end - provided by attending faculty/consultants and house staff,

c) the suitability of the clinical sites used for the general professional education of students and

d) the balance between ambulatory and inpatient education and the sufficiency of the experiences in primary and specialty care.

What is the extent of integration of basic science with the clinical education in the curriculum?

3.3. **Assessment of Educational Outcomes**

Assess the appropriateness of the methods to evaluate students throughout the curriculum and across sites used for teaching. Are evaluation methods congruent with learning objectives and consistently applied across educational sites? Is there an appropriate mix of formative and summative evaluation of students? Is there timely feedback to students about their performance, especially as they proceed through the clinical clerkships?
Assess the methods used and the accomplishment of the curriculum in fostering scholarship, self-study, and habits for life-long learning amongst students.

3.4. **Students**

Considering the objectives of the school, critically review the process of recruitment and selection of students, and evaluate the results of that process. Is the size of the applicant pool appropriate for the established class size, both in terms of number and quality? How do you validate your selection criteria?

Evaluate the level of tuition and fees. Contrast this with the level of financial aid needed and available, and assess whether the costs of undergraduate education are affecting the applicant pool.

Evaluate the number of students in relation to the constellation of resources available for teaching all categories of students (number of faculty members, space, clinical facilities, patients, educational resources, student services, etc.)

Evaluate the adequacy of student support that contributes to the quality of student life:
- Personal counselling,
- Preventive and therapeutic health services and health insurance.
- Study space and resources.
- Accessibility of administrators and faculty members.
- Housing, parking/transportation, security.

Evaluate whether the acceptance of transfer students or visiting students affects the educational programme of regular students (i.e. in the context of competition of the school’s own students for available resources, patients, educational venues, etc).

3.5. **Academic Staff**

Is the faculty organised to bring reasonable and appropriate faculty influence into the governance and policy-making process of the school?

Assess the adequacy of the number and types of faculty across the various basic science and clinical disciplines (and major subspecialties) for the teaching, research, and service missions of the medical school.

Evaluate the system for the appointment, evaluation, promotion, and tenure of faculty members. Are criteria explicit and consistent with the objectives of the institution? What general factors facilitate and what factors hinder the recruitment and retention of faculty members?

Assess the level of interaction/communication among members of the faculty. What factors facilitate and what factors inhibit cooperation in research and education.

To what extent is excellence in teaching a prominent criterion for faculty advancement and reward? How prevalent and effective are faculty development activities?
Evaluate the research activities of the faculty (areas of emphasis, level of commitment, quality, and quantity) in the context of the mission and objectives of the medical school. Assess the adequacy of the resources (equipment, space, graduate students) for research. Evaluate the amount of internal support for research and the level of assistance available to faculty members in securing external support. Assess the impact of research activities on the education of medical students, including opportunities for medical students to participate in research.

3.6. **Educational Resources**

Are the resources (human, physical, budget, material, patients) organised to meet these objectives? (teaching, research, patient care, service/administration). Cite any specific instances where resources are not in balance.

**Finances**: Discuss the appropriateness of the balance between the various sources of financial support for the school (i.e., government grants (national, state and local), income from patient care, endowments, tuition income, research income, hospital revenues). Are revenue sources stable? How do you view the prospects over the next five years?

To what degree does the financial condition of the school affect the attainment of the school’s mission/objectives?

Does the need to generate revenue (from patient care or research funding) significantly distort the balance of activities of faculty members?

How present and future capitals needs are being addressed? Is the financial condition of the school such that these needs can be met?

**General Facilities**: Evaluate the adequacy of the general facilities for the teaching, research, and service activities of the medical school. Evaluate the support and administrative services available for teaching and research (e.g., animal facilities, availability of equipment, purchasing, personnel, accounting and maintenance).

Using data from the individual departments, develop a composite assessment of the educational, research, patient care (and other services) activities of the departments, in the context of the mission and objectives of the medical school. Include the following areas in the assessment:

- Faculty (including numbers, experience and expertise).
- Finances.
- Space and facilities.
- Quality and quantity of teaching, research, and service.

**Library**: Evaluate the print and non-print holdings of the library as a resource for medical students, graduate students, and faculty members. Evaluate the usability and functional convenient of the library. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate? Assess the library staff contribution to the education of the medical students and the professional development of faculty members in the following areas:
• Teaching specific skills, such as instruction in computer usage and bibliographic search.
• Retrieving and managing information.
• Interaction with the faculty to coordinate various library resources with the planned curricular design

*IT facilities:* Evaluate the school’s experience using computer-assisted instruction (CAI) as a) a study aid and b) an integral part of the course instruction. What barriers if any, exist?

Evaluate the effectiveness of using CAI as a substitute for more traditional teaching and assessment of students

*Clinical Teaching Facilities:* Analyze the clinical resources available to the medical school.

For the size of the student body (undergraduate and postgraduates), are there adequate numbers of patients, supervisors, facilities, equipment, and support services available at all sites? Is the patient mix appropriate? Are clinical facilities, equipment, and support services appropriate for exemplary patient care?

What is the availability, quality and sufficiency of ambulatory care facilities for teaching? Are sufficient community faculties available to meet the teaching needs in primary care? How does the school assure the qualifications of community-based practitioners for supervising, teaching, and evaluating medical students? How do you prepare these faculties for the teaching role?

Describe and evaluate the interaction between the administrator(s) of the hospitals(s) used for teaching and the medical school administration. Does the level of cooperation promote the education of medical students?

Describe and evaluate the level of interaction/cooperation between the staff members of the hospital(s) used for teaching and medical school faculty members and department heads, related especially to the education of medical students.

3.7. *Monitoring and Evaluation*

Evaluate the adequacy of curriculum monitoring and the mechanisms to ensure a coherent and coordinated curriculum. Assess the process used to identify and rectify problems with the curriculum. How feasible is educational change and curricular innovation and the correction of identified problems?

How does the curriculum committee assure that courses and clerkships examine the performance of students as evidence that they have acquired the knowledge, skills and behaviour laid out in the instructional objectives?

What is the system for assuring consistency of educational quality and the evaluation of students across different sites of instruction within a given discipline, and how well does the system function?

Evaluate the quality of your graduates. Describe the methods and measures that you used to arrive at your assessment.
Analyze the pattern of career choice among your recent graduates. Is the pattern congruent with your school objectives? Evaluate the processes used for career counselling.

Assess the adequacy of internal and external measures used to evaluate the educational program.

Is there appropriate support for the curricular review process (e.g. persons with expertise in programme evaluation)?

3.8. Governance

Is the governance structure appropriate for an institution of this size and characteristics? Evaluate the effects of the governance structure on the administrative functioning of the school.

Are the number and types of the school's administrators (deputy deans, other dean’s staff) appropriate for efficient and effective school administration? Assess the organizational stability of the school administration (dean, dean’s staff). Has turnover affected the school’s planning or operations?

Discuss the organizational stability of the department head's position. Has department head turnover affected planning or operations in any department?

Evaluate a) the effectiveness of the interactions between the school administration and university administration, b) the collegiality of the interactions between the school's faculty members and university faculty members, c) the effectiveness of the interactions between the school administration, the teaching hospital administration and allied health science administration and d) the collegiality and interaction between the school's faculty members, the allied health sciences faculty members and the teaching hospital staff?

How effective are mechanisms for organizational decision-making? Are necessary decisions made in a timely and efficient manner? Assess the relative roles of committees of the faculty, department heads, and the school's administrators in decision making.

Evaluate the degree of participation of faculty members in permanent committees of the school. Is committee membership appropriate in terms of representation? Are the terms of reference sufficiently clear to facilitate the activities?

3.9. Continuous Quality Improvement

Is planning a regular institutional activity?

Evaluate the impact of the postgraduate program on the education of medical students (include considerations of course content in joint courses, potential competition for faculty resources, and participation of graduate students in teaching medical students). Assess the level and quality of resident participation in teaching and the efforts to enhance the expertise of residents in teaching and evaluating medical students.
Describe and evaluate the contribution of the continuing medical education effort to the education of medical students. Is experience in continuing medical education used to shape the content and methods of undergraduate medical education? Do medical students participate in continuing medical education programmes?

Evaluate the methods used in foster the professional growth and scholarship of faculty members, and assess the effectiveness of the prevailing system. Do faculties have sufficient opportunity to pursue scholarly activities? How effective is mentoring for junior faculty?

Assess the impact of continuing education efforts on the professional development of faculty members and community physicians. Evaluate other methods used to foster the professional growth of faculty members, and assess the effectiveness of the prevailing system.

4. WRITING THE SELF-STUDY REPORT

The chairperson of each section forwards the analysis of each section of the database to the chairperson of the task force. The chairperson or coordinator synthesises and summarises the findings and analysis of each section of the database into a final report. The report should not exceed 30 pages. In addition to the analysis according to the topics above, the report should include a summary which highlights the:

- Strengths of the school in meeting its objectives
- Areas of concern
- Strategies for maintaining the strengths
- Steps taken to address the problem areas and
- Recommendations for change

End the report with an appendix that lists the members of the task force, including the titles and/or position.
Appendix IV

Guidelines for the Conduct of an Accreditation Visit
GUIDELINES FOR THE CONDUCT OF AN ACCREDITATION VISIT

This guideline sets out the procedures for conducting an accreditation visit survey. The procedures are divided into three parts:

Part 1: Procedures prior to the accreditation survey.
Part 2: Procedures related to the survey.
Part 3: Procedures after the survey.
Part 4: Standard Operating Procedure for Accreditation of Medical Schools

PART 1: PROCEDURES PRIOR TO THE ACCREDITATION SURVEY VISIT

The procedures consist of notification of the accreditation visit, preparation of the database and institutional self-study by the school to be visited and preparation of the survey team.

1. Notification
   a. Institutions to be visited by Survey Teams will be given at least FOUR MONTHS notice so that documentation can be adequately prepared. The notification is given by Technical Committee. The school will also be notified to prepare the database and institutional self-study.

   b. Members of the Survey Teams will be constituted by the Technical Committee. The membership of the team should provide for a balance of expertise, health service and community interests and should be free of conflict of interests. Team members will be given at least TWO MONTHS notice. The institution to be visited will be notified of the team members.

   c. The team should visit the school during term time, and well before the accreditation lapses

2. Preparation by Institution to be visited
   a. Institutions to be visited by the Survey Teams are encouraged to see accreditation as top priority.

   b. The institutions will set up a task force to prepare the relevant sections of the database, to analyse the data and prepare a self-study report. The database and self-study report must be submitted to the Technical Committee four weeks before the visit. This allows the team time for detailed study and clarification of issues before the visit.

   c. Each institution to be visited by a Survey Team should appoint a liaison person, preferably a relatively senior academic, to act as the key link between the institution and the team throughout the site visit. The dean should notify the team’s secretary of the person assigned to coordinate the visit. The team secretary will contact the dean/designee about plans for the visit.
d. The dean/designee will customise the tentative schedule for the visit and after mutual agreement with the survey team, informs the relevant people (course coordinators, administrators, hospital units, students etc) about the schedule.

e. The dean will provide a “home/document room” for the survey team equipped with or with access to a computer and printer compatible with the operating system used by the team’s secretary.

f. The school will also select student representatives and brief them on their role so that they may truly provide representative student input. Student’s opinions will be sought regarding the quality and adequacy of the programme, student academic and personal counselling, health service, financial aid and the role of the student institutional policy feedback. Students will be also expected to serve as guides in the visits to the hospital, library, classroom, laboratories and other teaching-learning facilities.

g. The dean’s office should assist in making hotel reservation and ground transportation but will not be responsible for paying the expenses. Useful information such as the school’s bulletin, a city map, campus guide and instructions about transportation should be mailed to the survey team.

3. Tasks and Responsibilities of the Survey Team and Observers

a. The database and self-study report will be given to the survey team at least **TWO WEEKS** before the visit. The survey team will also be provided with all guidelines related to:
   i) criteria and standards.
   ii) conduct of accreditation visit.

b. The Survey Team will meet on the day immediately preceding the commencement of the site visit to:

   • allocate specific responsibilities to scrutinise particular components of the database and report depending on members’ expertise and interests. These responsibilities are then directly linked to the program of reviews/interviews conducted during the visit and to the writing of the accreditation report. The team will have a chairperson who will lead the team deliberations. Each team will have a secretary who will make sure that the visit is smooth.

   • Clarify issues identified from the database and institutional self-study and concur on what questions to ask and what further information is required.

   • Determine which information from the database that needs to be validated during the site visit.
c. The Chairperson

The Chairperson is expected to lead the deliberations and the on-site report preparation, to collect the opinions of the team members and to serve as the team’s spokesperson during the survey visit. The chairperson makes the introductions with various groups and states briefly the purpose of the visit. He/she ensures that the team members pace their works, consolidate their observations and findings at the end of each day so that the team’s statements of strength and concerns as well as institutional opportunities are refined each evening. He/she gives the final oral report that summarises tentative findings and conclusions of the team to the dean of the medical school and/or Vice Chancellor or President of the University. This oral report should be given from a written summary finalised by the team on the last evening of the visit.

d. The secretary

The secretary will prepare a tentative schedule and draft the final report. The secretariat will assist the secretary to make all the arrangements with the school and accumulate the necessary data. The secretariat will also contact the dean’s office to supply missing information if important omissions are detected in the database by team members.

e. Team members

Team members assist the chairperson and secretary in collecting and recording additional data and impressions during the visit. They write up sections of the report assigned to them either during the survey visit or within one week of the survey and review the draft prepared by the secretary.

f. In reviewing the documents the survey team should pay attention to the following:

- Discussion of the school’s goals and directions; principal findings of institutional self-study.
- Review strengths and weaknesses of the school with regards to:
  - students characteristics
  - teachers
  - courses or units of study in the program
  - the status of facilities for education, research and patient care
  - financial status and projections
  - management of the programme
  - faculty development: appointment tracks, promotion, tenure.
  - organisational relationships of school with the university and teaching hospital(s); organisation of dean’s staff; interaction of dean with school’s governance – councils, senate, committees and academic departments.
- Before the visit, the team provides written comments on the medical school’s documentation and the school is given an opportunity to provide supplementary information.
PART 2: THE SURVEY/SITE VISIT:

1. The schedule of the visit:
   a. The secretary will give the institution a tentative schedule which it will customize. The final schedule should be mutually accepted by both the institution and the survey team.
   b. A minimum duration of **THREE DAYS** is allocated for the visit. An example of a timetable is given at the end to serve as a guide, with provision for flexibility of change so that the team can schedule additional meetings with key individuals and groups as required.
   c. The team meets the senior management of the medical school and the university, and the individuals and committees responsible for the educational program. Topics for discussion include: management of the school, the selection of students, the design and management of the curriculum, the assessment of students, the evaluation of the curriculum, staff development and student support. The team also meets representatives of the teaching staff and health services staff, recent graduates and current medical students. The team should also meet with government authorities involved in health services delivery.
   d. The team inspects the physical resources, including teaching and research laboratories, computer-assisted learning facilities, libraries, community clinics, general practice settings and hospitals.
   e. The first and last hour of each day will be set aside for the members of the Survey Team to meet as a group.
   f. For guidance, please refer to *Appendix IVA: Guidelines to Suggested Schedule of Accreditation Visit*.

2. Decorum and Conduct of Survey team
   a. The purpose of the accreditation team is to:
      - determine if the institution or programme is in essential compliance to the standards.
      - validate the database and self-study report and to fill out missing information and
      - assist institutions to improve standards and renewal.
   b. At the school, the chairperson explains the purpose of the visit and the team introduces themselves.
   c. The decorum of the team must be very professional because accreditation is a peer review process which is a positive activity, not punitive. The aim is to be helpful to the school and the spirit must be collegial.
d. All interviews are conducted with the knowledge of the Dean of the medical school although not usually in his/her presence. This ensures that dissenting views can be freely expressed without being attributed to individuals.

e. The team must remember that they are guests of the institution visited. Rules of courtesy include not getting into arguments and not getting confrontational.

f. The role of the survey team is to evaluate and they must overcome the temptation to compare the school visited with their own school. They should not play the role of consultant. They should encourage innovation and re-orientation toward changing health needs.

g. The team must validate the database and look for consistency in a programme. Four questions need to be answered:

- What are the objectives of the programme? – what has the faculty determined the students need to know.
- Has the institution organised its resources to accomplish these objectives?
- Is the faculty accomplishing its objectives?
- What is the evidence?

h. Some of the information the team should be looking for include:

- the strategic plan which sets out where the school is heading in the next 5 years – the mission statement, general objectives, specific objectives and whether these are made known to all stakeholders;
- how are the resources directed to achieve the objectives;
- the students opinion about supervision, independent study time, feedback about specific courses;
- the academic faculty’s motivation and competence.

i. All information gained during the visit is ABSOLUTE CONFIDENTIAL and there must be no sharing of information outside of the report. There must be no other comments apart from the report.

j. At the end of each day and at the end of the visit the team meets to concur on the areas of strengths and concerns which must be validated with the standards and presented at the exit conference.

3. The exit oral report

a. An oral report is given to the institution at the end of the visit by the chairperson of the team. The presentation gives the medical school immediate feedback, since the preparation of the detailed report can require an extended period of time.

b. The oral report highlights the unique areas of strength, emphasises the areas of concern which are directly linked to non-compliance with the standards and distinctive activities to be encouraged.
c. The chairperson asks whether there are any questions relevant to the report and gives an opportunity for the Dean and senior officers of the school to review and discuss the statement of findings with the team. As well as correcting any errors of fact, the discussion should extend to any draft recommendations and action that would need a response from the school.

d. The Survey Chairperson should advise the campus executives that the team’s findings are tentative and not necessarily that of the completed survey report and the Technical Committees’ action.

PART 3 : WRITING THE SURVEY REPORT

1. The draft report should be organised according to the document Guide for Writing a Survey Report (available in electronic form). The report should give primary emphasis to description and evaluation of the educational programme. Appropriate references should be made to the institutional self-study and database, to document noteworthy institutional strengths and weaknesses. The survey team’s list of strengths and concerns should be supported by documentation in the report narrative, and the deficiencies should be anchored to the standards and criteria.

2. The draft of the written report should be completed by the end of the site visit and signatures of all team members obtained. Deadline for team members to submit their write-ups to the secretary is 7 days after the visit.

3. The report is sent by the secretary to all team members within 2 weeks. Each person is asked to review and correct and/or modify the draft, returning the marked version within one week to the team secretary. Team members should assure that the report faithfully represents team findings and consensus. The team secretary may need to telephone members to reconcile differences.

4. The survey team’s secretary is responsible for completing the final version of the draft report, then the report will be send to the MQA within 1 week.

5. The report is sent by the MQA secretariat to the institution. The dean is asked to correct any errors of fact. The institution should make any factual corrections to the report and send back to the MQA.

6. MQA will submit the report to the secretary of the survey team. The survey team will review the comments from the institutions and complete the final report. The final report will be sent to MQA who will submit it to the Jawatankuasa Teknikal Pengiktirafan Pengajian Perubatan (JTPPP).

7. The report must be held in confidence and not released to anyone without authorisation from the Technical Committee.

8. The survey team report does not necessarily represent the final report from the JTPPP.

9. The school's accreditation status will be made following a consideration of the report by the Technical Committee. The secretary of the Technical Committee
will notify the Vice Chancellor or President of the institution with copies to the deans.

10. The accreditation status is public information but the survey report and the findings and deliberations of the survey team and the Technical Committee are confidential.

11. The surveyed institution is at a liberty to make public the survey report and details of the Technical Committee decision as it deems appropriate.

PART 4: STANDARD OPERATING PROCEDURE FOR ACCREDITATION OF MEDICAL SCHOOLS (SOP)

1. INTRODUCTION

The Medical Act ("Act") provides for the registration and practice of Medicine in Malaysia. Section 12 of the Act provides that a person is entitled to provisional registration if he holds a qualification listed in the Second Schedule of the Act.

The Malaysian Medical Council ("MMC") is entrusted with the responsibility of periodically reviewing and monitoring the medical programmes of all medical schools listed in the Second Schedule and taking appropriate action, as and when necessary, to maintain the standards of medical education and the quality of medical graduates.

The Council has already in place a Guideline for the Accreditation of Undergraduate Medical Education Programmes in Malaysia, which defines the process of accreditation, outlining areas and domains that need to be evaluated. This guideline shall also be used in the accreditation and recognition of foreign medical schools.

The survey team is required to grade / rate the medical programme in terms of the period of accreditation and recognition to be recommended. The report is then submitted through to the Joint Technical Committee for the Accreditation of Medical Programmes, and then to the MMC for final evaluation and decision on recognition.

2. THE OBJECTIVE

The Objective of this Standard Operating Procedure is to streamline and standardize all aspects of the Accreditation and Recognition process of all medical schools to be listed in the Second Schedule Act, and additionally and primarily to establish procedures for selection and appointment of Accreditation Teams by the MMC.

For these purposes, the following three-tier system will be established:

a. Accreditation Committee of the MMC
b. Panel of Accreditors
c. Accreditation Team
3. **ACCREDITATION COMMITTEE OF THE MMC**

The **Accreditation Committee** of the MMC shall comprise of MMC members and will select / propose the **Accreditation Team**, drawn from a pool of Accreditors, called the **Panel of Accreditors**, maintained by the MMC Secretariat.

The members of a particular Accreditation Team will be recommended by the **MMC Accreditation Committee** appointed by the MMC, which will then submit its recommendation for approval by the President.

The term of office for this Committee will be two (2) years.

The Accreditation Committee shall report to the MMC.

4. **THE PANEL OF ACCREDITORS**

**General Principles**

The following are eligible for inclusion as Panel members:

- a. Member of the MMC;
- b. Dean / Deputy Dean of a Faculty of Medicine / School of Medical Sciences (IPTA / IPTS);
- c. Professor / Associate Professor in a University Department (IPTA / IPTS);
- d. Head of Department of any Ministry of Health hospital; and
- e. Any senior member of the profession deemed fit by the MMC.

All members of the Panel of Accreditors must have:

- a. Attended a workshop on how to prepare / conduct an Accreditation visit; and
- b. Attended at least 2 accreditation visits as an official observer.

**The Accreditation Team**

An Accreditation Team for a specific accreditation / monitoring visit, drawn from the Panel, will have the following persons:

- a. Chairman (appointed by MMC);
- b. At least two other members; and
- c. Member of the MMC/MQA Secretariat.
5. OBSERVERS (MAINLY FOR TRAINING)

Not more than two observers, nominated by the MMC, MOH or any of the Universities, may be permitted to accompany and observe the workings of the Accreditation Team. Such observers will need to be cleared with the MMC Accreditation Committee.

They will normally not actively participate in the Accreditation process, but may be allowed to do so if invited by the Chairman of the Accreditation Team.

Observers must have attended an Accreditation Course.

Funding for observers (travelling, accommodation, etc.) will be borne by their respective institutions / employers.

Only the Accreditation Team and observers should be present in any official briefing or discussion with the institution / staff / students. No other persons are to be present unless he / she has a specific function, e.g. interpreter.

6. STEPS IN THE ACCREDITATION PROCESS OF A NEW LOCAL MEDICAL SCHOOL / PROGRAMME

Applications for establishment of any medical schools shall be made to the MMC and the Ministry responsible for higher education (“MOHE”).

The MMC shall assess the quality and appropriateness of the proposed medical programme. MOHE shall assess the capacity of the applicant to commence and sustain the proposed medical programme.

The steps in the Accreditation Process have been laid down by the MMC at its meeting in February 2011.

a. Step One: On receiving the application for the establishment of a new medical school, the President of the MMC will direct the MMC Accreditation Committee to select and appoint an Accreditation Team drawn from the Panel of Accreditors, for the Accreditation of the new medical school. MQA will be informed of the members of the Accreditation Committee if it is a Malaysian medical school or the JPA, if it is a foreign medical school.

b. Step Two: MQA or JPA will call for a Board Room presentation of the proposal by the applicant to the Accreditation Team, giving details about the school, the programme, academic staff, financial projections, sustainability, and any other relevant information.

c. Step Three: MQA or JPA will arrange for the Accreditation Team to make a visit to the School to view the facilities. This is the Pre-enrolment Visit.

The Team will make recommendations with regards to the facilities, staff, curriculum etc. and will also recommend the number of students to be enrolled in the first batch, to the Joint Technical Committee for Accreditation of Medical Schools (“JTC”).
d. **Step Four**: The Accreditation Team will make a **Post-enrollment Visit** to the School, to evaluate the programme and its progress, and staff and student matters. This visit will take place 6 - 8 months after the enrolment of the first cohort of students.

The Panel, among other aspects of the review, will also make recommendation on the number of students allowed to be enrolled in the second batch.

e. **Step Five**: The Accreditation Team will make a visit in the 2<sup>nd</sup> year of the programme. This is a **Monitoring / Review Visit**.

This visit will be before the start of the clinical phase of the programme.

A second Monitoring / Review Visit may be required after the beginning of the clinical phase.

f. **Step Six**: The Accreditation Team will make a **Pre-Graduation Visit** six months before the first batch of students take the Final Professional Examination.

This Team will evaluate the entire programme through the first batch of students.

g. **Step Seven**: In this step, the objective of the ad hoc visits will be for monitoring of specific areas of concern, as directed by the MMC or JTC, and will be carried out at any time by the same or a different Accreditation Team.

To ensure continuity of the evaluation in Steps 1 through 6, the Accreditation Teams involved in each successive step will have members who had visited the institution at an earlier step.

7. **THE PROCESS OF ACCREDITATION AND MONITORING / REVIEW**

This will be according to the **Guideline for the Accreditation of Undergraduate Medical Education Programmes** of the MMC.

All accreditation visits will be provided administrative and logistical support by the MQA, in the case of Malaysian medical schools, and the JPA, in the case of foreign medical schools.

The Accreditation Team appointed for any particular visit will normally continue to do the monitoring visits until the duration of accreditation has lapsed.

a) If the Chairman is no longer a member of Council at the time of the monitoring visit, a new Chairman will be appointed.

b) If any other member does not wish to continue as a member of the monitoring visit team, new members will be appointed to ensure that there is a minimum of 3 members (including the chairman) in the Team.

A totally new Accreditation Team is usually appointed for renewal of accreditation.
8. DECORUM OF ACCREDITATION TEAM/OBSERVERS

To ensure impartiality, transparency and professionalism, decorum is expected of the Accreditation Team.

All accreditors appointed to an Accreditation team shall declare any potential conflict of interest, and if so, shall recuse himself.

The Accreditation Committee of the MMC shall appoint an Accreditation Team that is appropriate for the individual characteristics of the medical school to be visited.

The Team shall be professional, cordial and fraternal in its relationship with the academic staff and officers of the School which is being surveyed.

The Team shall refrain from being openly critical or passing inflammatory or derogatory remarks during the survey.

The Team shall avoid expecting or accepting lavish hospitality or gifts from the School.

The Team shall not be imposing or demanding in its approach to obtain documents and data or other information from the officers of the School. Diplomacy in all approaches is essential.

Members of the Team shall not take advantage of the privileges of confidentiality accorded to the Team, like gathering of staff / student information, canvassing for lecturers for their own institutions, or financial data for their benefit.
Appendix IVA

Guidelines to Suggested Schedule of Accreditation Visit
Appendix IVA

GUIDELINES TO SUGGESTED SCHEDULE OF ACCREDITATION VISIT

DAY 1

9.00 am
Team meets with academic officers (deputy deans for curriculum and student affairs; heads, office of medical education research and development, department heads and module coordinators) to:

a. Obtain an overview of the curriculum; organization and management of the educational program.

b. review the format and implementation of:
   - Basic science courses/interdisciplinary courses.
   - Courses “bridging” basic science and clinical education (e.g. Elementary clinics).
   - Clinical Clerkships
   - Elective Courses
   - Other Courses

c. Discuss how the programme is evaluated and planned. Provide examiners reports and other evaluation reports.

d. Discuss the evaluation of student performance; grading and feedback; promotion and graduation.

e. Discuss selection procedures, academic counselling; career counselling, disciplinary actions.

f. Discuss how postgraduate medical education and continuing medical education are interphased with teaching and evaluation of medical students.

1.00 pm
Lunch with first and second year students (four of each).
Discussion of student life; personal, academic, career and financial counselling; financial aid; health services; infection control education and counselling; student evaluation of curriculum and teaching; students’ role and perceived value of student input in institutional planning, implementation and evaluation.

2.00 pm
Tour of educational and student facilities (include students as guides).

<table>
<thead>
<tr>
<th>Team A</th>
<th>Team B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student lounge</td>
<td>Lecture hall, tutorial rooms</td>
</tr>
<tr>
<td>Student affairs offices</td>
<td>Laboratories</td>
</tr>
<tr>
<td>Financial aid</td>
<td>Library (meet librarian)</td>
</tr>
<tr>
<td>Student health</td>
<td>Books, journals, study space</td>
</tr>
<tr>
<td>Counselling</td>
<td>Student computer facilities</td>
</tr>
</tbody>
</table>
DAY 2

9.00 am
Meeting with course coordinators and interdisciplinary course coordinators. Each coordinator should bring their course/module/clerkship guide showing the educational objectives, time-table of teaching-learning activities, several examples of tools of assessment in a variety of teaching settings (including sample questions, log books, case write-ups, project report) and an analysis of student performance.

Reviews any special clinical programs: ambulatory, community health, rural postings, area health centres.

<table>
<thead>
<tr>
<th>Team A</th>
<th>Team B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic science or</td>
<td>Elementary clinics</td>
</tr>
<tr>
<td>Organ system blocks</td>
<td>Clinical postings including Family Medicine</td>
</tr>
<tr>
<td></td>
<td>and Community Health</td>
</tr>
</tbody>
</table>

1.00 pm
Lunch with junior faculty members (6 each from basic science and clinical). Discuss development of academic staff, positioning for promotion and tenure, teaching skills, perceptions of curriculum and students, understanding of institutional goals, role in faculty governance, faculty life.

2.00 pm
Meetings with department heads. Discuss research, undergraduate and postgraduate education responsibilities in the basic and clinical sciences as well as socially responsive professional and community projects.

<table>
<thead>
<tr>
<th>Team A</th>
<th>Team B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Pathology</td>
</tr>
<tr>
<td>Physiology</td>
<td>Parasitology</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Community Health</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Surgery</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Obstetrics and Gynaecology</td>
</tr>
</tbody>
</table>
DAY 3

9.00 am
Continue meetings with department heads

<table>
<thead>
<tr>
<th>Team A</th>
<th>Team B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatry</td>
<td>Orthopaedics</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Otorhinolaryngology</td>
</tr>
<tr>
<td>Radiology</td>
<td>Anaesthesiology</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>Community Health</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Others</td>
</tr>
</tbody>
</table>

10.30 am
Meet with chief executive(s) (dean, assistant registrar, senior professors/heads, director(s) of principal teaching hospital(s) and prominent faculty leaders who have not otherwise participated in visit).

Discuss faculty issues: appointments, promotion and tenure policies; faculty development; faculty role in institutional governance; opportunities for interaction between basic science and clinical faculty.

12.15 pm
Lunch with clinical students (at least three from each academic year)

In addition to issues as with first and second year students, discuss clerkships, elective and postgraduate/specialty orientation and counselling experiences.

2.00 pm
Tour clinical facilities with clinical students and relevant department coordinators/representatives.

DAY 4

8.30 am
Team meeting

10.30 am
Exit conference with dean, deputy deans, heads of department and senior administrators.

Oral feedback and validation on programme’s strength, compliance with standards, concerns and perceived opportunities for improvement.

12.30 noon
End of visit.
Appendix V

Guidelines for Writing an Accreditation Report
GUIDELINES FOR WRITING AN ACCREDITATION REPORT

After the visit, the team prepares a formal report. The medical school is then given an opportunity to comment on the draft. This interchange is largely about errors and omissions rather than about the interpretation of conclusions. At all times the Technical Committee retains the right to draw its own conclusions.

I. PURPOSE OF SURVEY REPORT

a. to provide a clear picture of the medical school’s environment and objectives, program organisation, students resources, and educational outcomes.

b. to identify the strengths of the institution.

c. to document any concern of the survey team or opportunities for improvement.

d. to note major changes, recently implemented or underway, especially those that should be followed-up.

e. to assist MQA/QAD/MMC secretaries in preparing a final report that contains sufficient factual detail and is rendered in a style consistent with other reports that MQA/QAD/MMC Board will review.

II. RESPONSIBILITIES OF TEAM MEMBERS IN WRITING THE REPORT

Each team member will be given specific tasks and responsibility for a part of the report. They will use the guide when preparing their individual sections.

Portions of the survey report specially assigned to individual team members should be completed on site or sent to the team secretary within 7-10 days of the visit. The team secretary is expected to complete the draft report shortly after the visit (4 to 6 weeks is optimum). The secretary is responsible for organising the contributions from the other team members, to ensure that the overall report is coherent, logical, and internally consistent. If important areas have been omitted from a team member’s write-up it is the team secretary’s responsibility either to contact that member for additional details, or to supply the missing content himself/herself.

The report should give the team’s narrative description and comments in the front part of the report, with references to database sections collated sequentially in the Appendix at the rear of the report. This will clearly differentiate survey commentary from that of the institution.

Figures and tables from the medical education database can be included in the report as appendices. Examples of figures and tables that can be used are given in the guide. Team members and the team secretary should feel free to include additional appendix material, but this should be selected judiciously.

Please make a reference in the narrative text to material that is included in the Appendix, e.g., “See charts of organisation in the Appendix”, “See Appendix for membership of admissions committee and characteristics of applicants and
matriculants”. Then show the title and page of the Appendix document in the Table of Contents.

The team secretary should reserve original copies of hand-outs, database pages, etc. for incorporation, as appropriate, in the final report that is sent to the Technical Committee for printing. Please type material on one side of the page only, and that the type style is conventional.

It is useful for the team secretary to compare the draft report with the set of strengths and concerns identified by the survey team, to ensure that all areas are well documented in the text.

The team chair and secretary should edit the report for the propriety of attribution to individual faculty members, administrators, or students. While the commentary may be important for documentation, specific persons and departments should, if possible, remain anonymous.

The draft survey report should be sent for review to:

1. each member of the survey team.
2. the dean/head of the school.

The secretary should ask for comments to be returned within 7-10 working days. The reports are usually sent out simultaneously, but may be sent to the team members first and then to the dean if time allows.

The dean should specifically be asked to correct any errors of fact. The team chair and secretary should attempt to resolve any disagreement that the dean may have with the tone or conclusions of the report. If significant irreconcilable differences remain, the dean should be invited to write a letter to the chairman of the Technical Committee for inclusion with the printed report.

The final, corrected report (with all appendices) should be sent to the Technical Committee’s office.

III. FORMAT OF THE SURVEY ACCREDITATION REPORT

1. COVER PAGE

Should include:

Title: e.g. Report of the Survey of the Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur
Date: September 14 – 17, 2010

Prepared by: The Technical Committee of the Malaysian Medical Council

Footnote: This privileged communication is the property of the Technical Committee of Malaysian Medical Council
2. **MEMORANDUM**

This should include a signed statement from the survey committee composed as follows:

To : Name of Institution

From : The Technical Committee that visited (name of school) on (date).

Reference : Survey Report

The Technical Committee that visited the (name of school) on (date) is pleased to provide the following report of its findings and conclusions.

Respectfully,

_________________________________
Name, Chairperson

________________________________
Name, Secretary

________________________________
Name, Member

3. **TABLE OF CONTENTS**

(include that for the Appendix)

4. **INTRODUCTION AND COMPOSITION OF THE SURVEY TEAM**

A typical example:

A survey of the (medical school) was conducted on (date) by the Technical Committee of MMC. The team expresses its appreciation to Dean, (name) and the administrative staff, faculty and students for their interest and candor during the survey visit. The Faculty Coordinator (name), and (any other persons) deserve special thanks for the smooth coordination of the visit, tactful management of scheduling changes and timely provision of additional items of information requested during the visit.

After the paragraph introduction, list the members of the survey team, giving their names, titles and institutions and their roles in the survey team as chair, secretary, member or faculty fellow. For example:

Chair: Name:
Designation:
Representation: Member of Malaysian Medical Council

Secretary: Name:
5. SUMMARY OF SURVEY TEAM FINDINGS

Summarise the survey team’s findings under the following headings:

- Institutional Strength
- Areas of Concern
- Opportunities for Improvement
- Programs under Development or Areas in Transition that need to be followed up.

For each of the above heading, for example, Institutional Strength, start with Mission and Objectives, then go on to Educational Program, Assessment of Educational Outcomes, Students, Academic Staff, Educational Resources, Monitoring and Evaluation, Governance and Continuous Quality Improvement. Repeat the same sequence for Areas of Concern, Opportunities for Improvement and Program under Development/Thrust areas to be followed up.

In general, adhere to the points reported orally in the exit conferences with the dean and deputy deans, and follow the order in which the items will be listed in the body of the report. For the concerns or problems, give a sense of relative urgency and seriousness, and express any recommendations in generic or alternative terms rather than prescriptive solutions. All items cited here should be supported by documentation in the body of the report.

6. PRIOR ACCREDITATION SURVEY(S) AND PROGRESS REPORT(S)

If applicable, summarise (use bullets, paraphrase and combine items, if necessary, to be succinct) the key findings and recommendations of the most recent survey of the school, including progress reports addressing any problems identified previously. Give the dates of the prior survey(s) and reports. Conclude this by summarising the areas of concern in the previous survey that have been corrected and problems that still remain.

7. THE MEDICAL EDUCATION DATABASE AND INSTITUTIONAL SELF-STUDY

Comment on the organisation, completeness and internal consistency of the database. Were the numerical data (applicant, admissions, financial etc) updated to the current year? Comment on the self-study, in terms of the degree of participation by medical school, faculty, administrators, students, et. al; the comprehensiveness and depth of analysis; and the organisation and quality of the conclusions and recommendations. Mention the degree to which the survey team’s major conclusions are concordant with those of the self-study.
If a student report is included, comment on the methods used in the students’ self-study, including the level of student participation obtained.

8. HISTORY AND SETTING OF THE SCHOOL

Briefly summarise the history of the parent university and medical school and supply figures for undergraduate and graduate enrolment as documented in the database. Briefly describe the setting of the medical school, its public or private ownership, its mission and role in the state and local community, and its relationship with the parent university, health sciences centre, geographically separate campuses/programs, and principal hospital(s). Give metropolitan area population and geographic relationships to principal cities and other campuses and medical schools in the area.

If a previous survey had been done, a table is a helpful way to compare selected data for the reference years used for the current and past database. As an example see the table below which is taken from a medical school in the United States which compare selected data for the reference years in the databases compiled for the 1988 and 1966 accreditation surveys.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering class</td>
<td>132</td>
<td>145</td>
</tr>
<tr>
<td>Total enrolment</td>
<td>541</td>
<td>550</td>
</tr>
<tr>
<td>Residents, fellows</td>
<td>729</td>
<td>986</td>
</tr>
<tr>
<td>Full-time faculty, basic science</td>
<td>142</td>
<td>184</td>
</tr>
<tr>
<td>Full-time faculty, clinical</td>
<td>739</td>
<td>1,140</td>
</tr>
<tr>
<td>Total revenue</td>
<td>RM 185.6</td>
<td>RM 393.8</td>
</tr>
<tr>
<td>Tuition and fees</td>
<td>RM 9.0</td>
<td>RM 14.9</td>
</tr>
<tr>
<td>State and government</td>
<td>RM 5.6</td>
<td>RM 6.4</td>
</tr>
<tr>
<td>Research/training grants, direct</td>
<td>RM 43.2</td>
<td>RM 108.8</td>
</tr>
<tr>
<td>Indirect cost recoveries</td>
<td></td>
<td>RM 26.9</td>
</tr>
<tr>
<td>Professional fee income</td>
<td>RM 64.8</td>
<td>RM 128.5</td>
</tr>
<tr>
<td>Parent university allocation</td>
<td>RM 2.8</td>
<td>RM 4.6</td>
</tr>
<tr>
<td>Revenue from hospitals</td>
<td>RM 47.6</td>
<td>RM 100.0</td>
</tr>
</tbody>
</table>

Note: RM refers to RM in millions

9. CHARACTERISTICS OF THE MEDICAL COURSE

Name of Program

If “unconventional”, comment on the appropriateness of the name of the program.

Status of the Course of Study

If the course is conducted in a mode other than internal, evaluate the relationship of the school with the parent institution in all five sections of the standards including quality control mechanisms by the parent school.
General Objectives

Summarise the general objectives of the educational programs established by the school. Educational objectives are the items of knowledge, skills, behaviour, values and attitude that are the expected outcomes of instruction. Students should be able to exhibit these outcomes as evidence of their achievement. The process of assessment by the Technical Committee evaluators is to see if that is the case.

Do not get mislead by statements of mission and goals or vision statements about the structure, goals and aspirations of the university. These provide a context and establish strategic directions, but they are not substitutes for statements of instructional objectives that should be translated down to departments and courses. If objectives are lengthy, include them in the Appendix. If there are not outcomes-based educational objectives, say so.

Cite evidence that the objectives are understood by the school’s faculty, students and administrators and are being achieved or used in designing the courses.

Educational Programme

General organisation
Briefly describe the general organisation of the curriculum across the five (or more) years, along with diagrams from the school showing how the curriculum lays out across each year. Comment on the degree of integration between basic sciences and clinical application. Are all subject areas required in the accreditation covered adequately? How many required weeks of instruction are there in each year? What proportion of the curriculum is devoted to clinical instruction? Is there evidence of a variety of teaching-learning methods and educational settings to support the attainment of the objectives? Comment about the relative proportion of active and passive learning formats, especially for the first two years. Do students gain experience in ambulatory and community settings? What is the evidence that they learn about community health, prevention, medical socio-economics, ethics and relationship with other health personnel? How much elective time is available? How is unscheduled time apportioned?

Organisation by academic year
Organise the description of the program of undergraduate medical education by year or academic period, rather than by the traditional division into basic science, interdisciplinary, “bridging”, introductory clinical, clerkships, electives.

1. First-year Courses
2. Second-year Courses
3. Third-year Courses
4. Fourth-year Courses
5. Fifth-year Courses

(In this section, describe only the principal required courses/clerkships, not the departments).
For each course in a particular year, describe the total scheduled hours and the breakdown by instructional method (lectures, laboratories, small-group conferences, bedside teaching, etc). Summarise the course content/objectives. Evaluate the course in terms of appropriateness of assigned hours, content and timing in the curriculum, course design and teaching methodology, explication of objectives, evaluative techniques (kinds and sequencing of examinations), the accomplishment of desired educational outcomes (document them) and the adequacy of resources to support the education.

What is the balance between didactic instruction and interactive, small group, problem-based, and/or self-directed teaching-learning. Is computer assisted learning employed? What is the evidence that students acquire self-directed learning skills and use data in realistic problem-solving? For clinical courses describe whether students are observed taking patient histories and performing physical examination. Are adequate feedback and supervision provided? Is the patient base adequate? Summarise the number and variety of patients worked up weekly in both ambulatory and in-patient experience. Is the proportion of in-patient to out-patient experience appropriate? If clerkships are conducted in several hospitals or clinical sites, what efforts are made to ensure there is equivalency in educational quality of experience and the evaluation of students?

For electives, summarise the nature and quantity of electives taken by the students, including when and where they occur. Report the level of student and faculty satisfaction with the opportunities available. What are the control mechanisms to ensure quality of electives?

**Compulsory Courses**

Comment on the adherence of the program to the compulsory requirements.

**Assessment of Educational Outcomes**

Are there stated criteria, standards and procedures for student evaluation, advancement, graduation, disciplinary action, appeal and dismissal? Are there clearly understood procedures to assure due process i.e. timely notice of a disciplinary charge or an adverse academic action and an opportunity for fair impartial hearing? Are these clearly stated, adequately published, disseminated and widely understood by students, faculty and administrators? Are students aware of the standards and procedures for evaluation, advancement and graduation? Comment on their appropriateness in relation to the educational objectives and compliance with the accreditation standards.

Describe the composition and role of the evaluation/examination committee. Are examination procedures (e.g. how questions are formulated and vetted, how answer scripts are marked) fair, valid and reliable? Are examinations coordinated between courses? What are the security arrangements? Are students sufficiently supervised and given feedback?

Does the faculty have knowledge of methods for measurements for student performance in accordance with stated educational objectives?
Describe how students are evaluated. Consider the internal and external measures used. Are there midpoint evaluations to identify students in trouble, with timely counselling and remediation? What is the mix of formative and summative evaluations? Are students assessed in the core subject areas? Does the evaluation of student achievement employ a variety of measures of knowledge, competence and performance? Are the students required to take external examinations (e.g. USMLE?) How are students grades determined? Briefly describe the grading system. Evaluate the consistency of the application of the grading system across courses and years. Do students receive prompt feedback on tests of their performance?

Describe the specifics in individual clinical write-ups. Comment on the use of narrative description of student performance and of non-cognitive achievement.

Comment on the system of academic record keeping with regards to the security, confidentiality and accessibility to students.

Are the results of examinations, academic progress and graduation rates satisfactory? Include in the Appendix data on student performance.

Conclude with a judgement about the effectiveness of the assessment system in meeting the objectives of the whole programme.

Students

Admission
Summarise the requirements for admission. Describe the organisation and operation of the admission committee. Briefly describe the admission process. Comment on the number of applicants over the recent period and the number of acceptances. Evaluate the sufficiency of qualified applicants in relation to the admission standards. Mention the proportion of women and minorities. Is the class size appropriate for the resources of the school, taking into consideration the number of postgraduate and elective students, commitment to continuing education, patient care and research? What are the policies for admitting transfer students and do they have the same qualifications as regular students? Does the school have a policy for minority students?

Include in the Appendix database pages showing the admission committee members, admission scores and demographic characteristics of the applicants.

Academic Counselling
Summarise the methods of orientation of incoming students, early warning system for academic difficulty and system of academic counselling, tutoring and remediation. Discuss the attrition rate and the proportion of students on leave of absence. Evaluate the effectiveness of student counselling and support programmes, citing documentation from student input.

Financial Aid
Are student’s needs met by the loans and scholarships? Cite the median debt of indebted students. Does the school provide financial aid through its own resources? Comment on the operation and accessibility of the loan office.
Student Health Services and Personal Counselling
Describe the health service and personal counselling made available to the students. Evaluate the accessibility and costs. Are health and disability insurance available and how are they financed? Are they sufficient? Are students adequately screened for their immunization status, given appropriate vaccinations and properly instructed about infectious diseases prevention and exposure?

Academic Staff
Summarise the size and experience of the faculty and evaluate the adequacy for teaching in all settings, research and patient care missions.

Do faculty members have sufficient input into organisational decision-making, through the committee structure or directly? Comment on the opportunities for communication among faculty members and on activities that promote collegiality.

Evaluate the criteria and procedures for appointment and promotion.

How effective is the system of mentoring faculty, including encouraging professional development, scholarly activity and continuing productivity? Is organised support available to assist faculty to develop teaching skills and instructional materials? Is the faculty knowledgeable about current trends in pedagogy, circular design to accomplish educational objectives and methods of measuring student performance? How does the faculty assure that part-time and volunteer faculty possesses the required skills to teach and evaluate students?

Describe and evaluate the involvement of faculty in postgraduate programmes and the impact on undergraduate education.

Does the faculty show evidence of continuing scholarly activity? Comment on the scope of the programme and involvement of the faculty in meeting the continuing education needs of the professional community. What is the impact of continuing medical education activities, if any, on the undergraduate programme.

Summarise the number of faculty who are principal investigators and the value of research grant. What are the priority areas for research? To what extent do medical students participate in research? Are there centres of excellence on the campus?

Cite national and international recognition awarded to faculty.

Evaluate the basic and clinical departments collectively, in relation to their overall sense of mission and philosophy, resources, academic strength and cohesion in teaching, service and research.

Include in the Appendix summary database showing numbers of academic faculty.
Monitoring and evaluation of the programme

Describe the system of curriculum planning, implementation, evaluation, management and oversight. Where does the responsibility for these activities reside? Comment on the institution’s effectiveness in achieving a coherent and coordinated curriculum.

Include in the Appendix database pages showing the composition of the curriculum committee.

Curriculum implementation
How does the school coordinate and monitor the teaching-learning activities to avoid redundancies and deficiencies? How is the student workload monitored? Are there problems with scheduling?

Curriculum evaluation
Cite the evidence for educational effectiveness obtained from the outcome measures that are examined by the curriculum committee, such as student attrition rates, rates of academic progress and graduation, scores on professional examinations and other tests, success and quality of appointments of recent graduates, performance in postgraduate programmes and external examiners reports. How well have students met the school’s internal standards? How do students rate the curriculum? How do faculty members give input into programme improvement?

Summarise the mechanisms by which quality control is assured, including oversight of courses and teaching quality and avenues of student input. Does the curriculum committee receive these data and use them to make needed changes? Evaluate the adequacy and effectiveness of these processes. Who besides the students is thoroughly knowledgeable about the curriculum? Does the school maintain a curriculum inventory to guide planning and correction of omissions and unnecessary redundancies?

How do students evaluate the quality of their experience in each course?

Cite pertinent comments from the institutional self-study and database to document your findings and conclusions.

Educational Resources

General Facilities
Comment on the age, size, appearance and quality of the school’s general facilities (not including hospital). Is available space for teaching and research adequate: for the number of students, for the current or desired curriculum structure, for the number of existing and desired faculty, for anticipated research expansion? Comment on whether space for faculty, research and education activities is organised to advantage. If new construction is underway, describe the proposed new facility(ies), indicating sources of funding and expected completion date(s).
Library
Evaluate the adequacy of the library’s hours, services, holdings, staff and facilities. Does it meet the needs of the students and faculty? Is there adequate study and small-group conference space? What is the quality of the library’s automated databases and bibliographic search, computer and audio-visual capabilities? Is the library adequately funded? Is there an adequate mechanism to assure student and faculty input to the administration on matters of library policy and procedures?

Computer and Information resources
Evaluate the school’s use of computer-assisted learning, particularly as an integral part of course instruction. Comment on the availability and accessibility of hardware and software, and on the faculty’s interest and ability to use it. Is the computer-assisted instruction cultivating self-learning behaviour? Are there resources to help the faculty identify or develop educational software?

Include in the Appendix database pages on the library and information system.

Clinical facilities
Describe the major hospitals and ambulatory care facilities used for clinical experiences. For the facilities visited by the team, evaluate the quality, the general level of patient care activity and the amenities for students (conference rooms, classrooms, on-call quarters, library etc). Look at the sample history-physical examination records and progress notes and comment on evidence of counter signature and review by faculty attending and/or residents. Evaluate the appointment and information system. Evaluate the adequacy of clinical resources (e.g. number of beds, bed occupancy rate, average length of stay, number of annual admissions, number of outpatient visits etc) in assuring students in a particular clerkship to work-up and follow-up several new patients per week. Is there an acknowledged priority in “teaching”? Summarise the adequacy of student supervision.

Comment on the overall quality and the collective sufficiency of the experiences necessary of the network of teaching facilities for clinical education.

Are affiliation agreements up to date and explicit on the role of and expectations for medical students? Are the clinical services chiefs appointed by or with concurrence of the medical school? In clinical affiliations, does the medical faculty have control and authority for the educational programmes? Are there any problems intrinsic to the clinical facilities themselves, in the relationship of the school with affiliated hospitals, or from the impact of the teaching programme on teaching hospitals funding and operation? Are there adverse clinical teaching impacts relating to declining hospital utilisation, shorter length of stay and change in case mix? Is there sufficient use of out-patient settings to compensate for shifts in in-patient case mix?

Include summary database pages on each of the hospitals and the organisation of community/ambulatory facilities for clinical education.

Finances
What are the sources of funding? Are they adequate to support the education programmes? Briefly describe the trend in revenue sources and expenditure
over the years and describe the current and predicted fiscal condition. What are the priority areas in financial allocation? If there is a current or potential fiscal imbalance, does the school have a credible plan to address it? If there is evidence that the educational programme is being compromised by budgetary cuts or pressure to generate income? Are there plans for increasing fees and whether the escalation in costs will have an adverse effect on applicants and enrolled students? How is the medical school positioned for restructuring of health care financing?

Conclude with a statement about the school’s financial status and prospects, with respect to funding in operating budget and development costs for education (e.g. for curricular reforms, development of information systems, ambulatory practice settings).

Leadership, Governance and Administration

University Administration and Governance
Briefly describe the composition and role of the board of management of the university, the Senate and any committee(s) thereof at the university level and those constituted specifically for the medical school. Describe the dean’s role and his/her relationship to university officials. If there is a vice-president, provost etc., for health/medical affairs to whom the dean reports, give his/her name, a few lines about his/her credentials, and compare his/her role with that of the dean. Identify the officer to whom the administrator of the university-owned hospital reports (or any other relationship characterising the teaching hospital administrative interfaces with medical school and university authorities). Evaluate the effectiveness of these relationships and note any problems.

Include charts of organisation in the Appendix showing relations between board of management, university, academic medical centre, medical school etc.

Dean
Describe in a few lines the credentials of the dean. Indicate the date of the dean’s appointment and describe any mechanism of decanal review and reappointment. Comment on the school’s decanal stability and the consistency of its leadership and direction. Describe briefly the dean’s administrative style (manner of leadership; interaction with faculty councils; and communication with other institutional officials, faculty and students). What is the dean’s perception of institutional strengths and his/her agenda of strategic issues and directions and plans for the future?

Organisation of the Dean’s Office
Describe the organisation of the dean’s office. Is the staffing adequate and the division of responsibility reasonable, effective and understood by the faculty and students? Do students and the faculty perceive the dean’s staff to be accessible and able to solve problems?

(Include in the Appendix database pages showing a chart/table of organisation of the dean’s staff and responsibilities).
Faculty Governance; Department Chairs; Administrative Committees

Comment on the existence, currency and effectiveness of the faculty by-laws. Describe the policy-making body(ies) of the faculty (executive faculty council/board, departments etc). Judge the effectiveness of this/these organisation(s) and comment on any factors relating thereto, such as clarity of charge/responsibilities, size, representation and relationship with the dean or other governance entities.

Comment about the mix of department heads, senior, mid-career and junior faculty in the policy-making bodies. Mention the principal standing committees, the appropriateness of the process of appointment and whether there are student representatives on committees dealing with student-related matters. Judge the effectiveness of the principal standing committees. You may describe the committees in detail in the appropriate section of the report – e.g. curriculum committee under Management of the Educational Program. Are department heads appointed for a fixed period? What mechanisms exist for the periodic review of departments and heads? Note department head vacancies or long-standing acting/interim arrangements.

Include in Appendix database pages of a chart of the organisation of the medical school and list of heads of department, program coordinators and administrative committees.

Geographically Separated Campuses (if applicable)

If the school operates campuses that are geographically separated, comment briefly on the administrative relationship between the main campus and the branch(es). What mechanisms exist to assure functional integration and achieve comparability of educational quality and the evaluation of medical students across various sites of instruction? How is student support (academic and career counselling, financial aid administration, health service and personal counselling, etc) supplied at the remote campus(s)? How well do these mechanisms work?

Include in the Appendix database pages summarising the arrangement, or summarise this information in the text.

Continuous Quality Improvement

Briefly describe the regular institutional activity and assess the impact of post-graduate program and continuing medical education on education of medical students. Comment on the methods used to foster professional growth and scholarship of faculty members. Comment on the institutional quality system and the mechanisms for rectifying deficiencies.

III. SUMMARY

Comment on the school’s strategic assessment and planning (or the absence thereof) that serves as a framework to the accomplishment of the institutional goals and objectives.
Summarise the evaluation of the curriculum, listing the specific strengths, deficiencies, problem areas and opportunities for development. This is the most significant portion of the report and should judge the school's educational programme and product.

Are all the subject areas required in the accreditation covered adequately? Do the courses support the general organisation or design of the programme? Has the school laid out its specific objectives and do they support the general educational objectives? Comment about the relative proportion of active and passive learning formats in the courses and whether they support the general approach in the teaching-learning methodology of the curriculum. Is there evidence that ethical principles and appropriate attitudes are being nurtured and developed? Comment on the use of newer communication technologies. Comment on the relative amounts of primary care and specialised teaching and how adequate is the use of ambulatory care across disciplines? Has the school defined the number, disease mix and severity of patient (real or simulated) to accomplish the stated purpose? Is there a variety of assessment methods and do they support the attainment of objectives?

IV. CONCLUSION

Recommends to the Technical Committee type of accreditation to be granted on the basis of judgement that:

- the medical education provided is relevant to the health needs of the country and there is evidence that the objectives are being met.

- the intellectual components and the educational dimensions of the curriculum (the academic quality of medical education) and its supporting system meet the standard set by the Technical Committee and the global consensus on quality.

- there is appropriate balance between the size of the enrolment in each class and the total resources of the programme, including the size and variety of academic fields of the medical school, physical facilities and equipment, the budget and a spectrum of clinical resources sufficiently under the control of the school.

- there is evidence of quality management for sustainability of the programme and the embrace of change

If there are significant deficiencies and non compliance with the standards evaluated, the accreditation status that should be granted together with conditions.