



STANDARDS FOR UNDERGRADUATE MEDICAL EDUCATION

Prepared by:

**SUBCOMMITTEE ON UNDERGRADUATE MEDICAL EDUCATION OF THE MEDICAL
EDUCATION COMMITTEE, MALAYSIAN MEDICAL COUNCIL**

Adopted by The

MALAYSIAN MEDICAL COUNCIL

28th May 2019

STANDARDS FOR PROGRAMME ACCREDITATION OF UNDERGRADUATE MEDICAL PROGRAMMES

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Annotation

1.1.4	Annotation: The 2 nd Second Malaysian Qualification Framework (MQF) was published in April 2018 (Pekeliling MQA.100-1/7/1 Jilid (4). Detail explanation of MQF learning domain in Appendix 1 and explanation of MQF level 6 descriptors in Appendix 2.
1.2.4	Annotation: Provide detail course information in Table 4. Please use appendix 3 as guide to calculate students learning time and credit value. The total credit shall not be less than 200 for the whole programme.
2.2.1	Annotation: A variety of methods and tools: Medical school must use a valid and reliable assessment tool to assess different learning domains. It is best shown by assessment blueprint. Annotation: Competencies: Refer Section 4 for Core competencies of undergraduate medical curriculum. Annotation: External expertise: Content expert in a particular field who are external to the HEP
3.1.1	Annotation: The medical school should adhere to prevailing guidelines issued by the MOH and Malaysian Medical Council on the requirements for pre-admission medical examinations and tests. Medical schools must ensure the ability of individuals to technically function as doctors. This calls for assessment of the observation, communication, motor function, intellectual and integrative abilities as well as behavioural and emotional attributes of the candidates. Each medical school must adhere to any additional national requirements for foreign students who may require specific clearance by the Immigration authority of Malaysia and Ministry of Education. Each medical school are required to ensure all prospective students declare all previous criminal convictions.
3.2.1	Annotation: Students transfer involving credit transfer either vertical or horizontal must adhere to Dasar Pindah Kredit as stated in Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi 2009-2017. Page 92-94 (http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI DASAR JAMINAN KUALITI PENDIDIKAN TINGGI 2009-2017 (EDISI KEDUA)-update.pdf) http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI%20DASAR%20JAMINAN%20KUALITI%20PENDIDIKAN%20TINGGI%202009-2017%20(EDISI%20KEDUA)-update.pdf
4.1.1	Annotation: Appropriate balance between medical and non-medical staff with non-medical staff not exceeding 30%.

4.1.3	Annotation: Academic staff workload- Average teaching hours for each staff should not exceed 15 hours/week.
4.1.4	Annotation: Adequate- In computing the ratio, the medical school must convert the part time to full time equivalent (FTE) using the normal full time workload. Annotation: Qualified academic staff - For clinical teaching the medical practitioner must have valid registration with Malaysian Medical Council.
6.2.2	Annotation: The programme leader is the chief official of the medical school, must have ready access to the Vice Chancellor or President or other official in-charged with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the programme leader. The programme leader usually holds the position of the Dean or Head of School.

GLOSSARY

Definition of terms use in the Standard for Medical Education

1.	Academic staff workload	Average teaching hours for each staff should not exceed 15 hours/week.
2.	Affirmations	Proposed improvements by the medical school on aspects of the programme, which the panel believes significant and which it welcomes
3.	Appropriate student conduct	A written code of conduct.
4.	Areas of concern	Aspect of the programmes that is below the standards and require improvement.
5.	Assessment blueprint	The assessment blueprint, also known as table of specifications, is a two-way grid outlining the major course content or the learning outcomes (which specify the learning domain and competency level) versus and tool of assessment.
6.	Assessment: Summative	Summative assessment is the assessment of learning, which summarises the progress of the learner at a particular time and is used to assign the learner a course grade.
7.	Assessment: Continuous	Continuous Assessment is data collection processes that are continuously done throughout the duration of a course/module or throughout the duration of a Programme to gather evidences of learning for the purpose of improving learning, modifying teaching and adjusting the curriculum design. It also includes data gathering that are used to assess how well courses offered by the programme support attainment of the programme learning outcomes.

8.	Assessment: Formative	Formative Assessment is a form of low-stakes assessment FOR learning and is part of the instructional process. It is about continuously collecting data as learning is in progress. When incorporated into classroom practice, it provides the information needed to adjust teaching and learning while they are happening. In this sense, formative assessment informs both teachers and students about student understanding at a point when timely adjustments can be made. These adjustments help to ensure students achieve the targeted learning outcomes within a set time frame.
9.	Basic biomedical sciences	Include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.
10.	Clinical sciences	The clinical sciences - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, internal medicine, geriatrics, gynaecology & obstetrics, ophthalmology, orthopaedics surgery, oto-rhino-laryngology, paediatrics, palliative care, psychiatry, surgery.
11.	Competency	A student's knowledge, skills and abilities which enable the student to successfully and meaningfully complete a given task or role
12.	Condition	A mandatory requirement, which the medical school must comply within a stipulated time period
13.	Dean (Programme leader)	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 in charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the dean's office.

14.	Educational Expertise	Educational experts and specialists who are available, and, used on planning programmes such as designing and reviewing the curriculum, selecting relevant contents, developing teaching and learning methods, advising on the assessment modes, building staff capacity and conducting educational research and providing consultancy services.
15.	e-Learning	Learning facilitated and supported through the use of information and communications technology.
16.	Evidence-based medicine	Medicine founded on documentation, trials and accepted scientific results.
17.	Full-time Equivalent	A measure to convert part-time staff workload to full-time equivalent using a normal full-time staff workload. This is only used for the purpose of computing staff- student ratio.
18.	Full-time Staff	Staff with permanent appointment or contract appointment (minimum one year) who works exclusively for a Higher Education Provider.
19.	Health sector	Health sector would include the health care delivery system, whether public or private, and medical research institutions.
20.	Higher Education Provider (HEP)	A higher education provider is a body corporate, organisation or other body of persons which conducts higher education or training programmes leading to the award of a higher education qualification.
21.	Institutional autonomy	Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private co- operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as

		design of curriculum, assessments, students admission, staff recruitment/selection and employment conditions, research and resource allocation.
22.	Interprofessional education (IPE)	The occurrence of two or more health or social professions learning interactively about, from and with each other, all with the common goal of enabling effective collaboration and improving patient health outcomes.
23.	Interprofessional collaborative practice (IPP)	Interprofessional practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.
24.	Learning Outcomes	Learning outcomes are statements on what a learner should know, understand and can do upon the completion of a period of study.
25.	Malaysian Qualifications Framework (MQF)	The Malaysian Qualifications Framework is an instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices.
26.	Medical ethics	Medical ethics deals with moral issues in medical practice such as values, rights and responsibilities related to physician behavior and decision making.
27.	Medical law	Medical law is the branch of law which concerns the prerogatives and responsibilities of medical professionals and the rights of the patient.
28.	Medical research	Medical research encompasses scientific research in basic biomedical, clinical, behavioural and social sciences.

29.	Medical School	The educational organisation providing a basic (undergraduate) programme in medicine and is synonymous with medical faculty, medical college, medical academy or medical university. The medical school can be part of or affiliated to a university or can be an independent institution at equal level.
30.	Mission	The overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institutions' vision.
31.	MQF Level	An MQF level, as described in the Malaysian Qualification Framework, is an award level described with generic learning outcomes and qualification descriptors which characterises a typical qualification.
32.	Postgraduate medical education	Postgraduate medical education would include post-registration education, which could be vocational/professional education, specialist/ subspecialist education and other formalised education programmes for defined expert functions.
33.	Programme	A programme is an arrangement of modules that are structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to an award of a qualification.
34.	Programme Accreditation	<p>An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are three stages of programme accreditation:</p> <p>Provisional Accreditation is an accreditation exercise to</p>

		<p>determine whether a proposed programme meets the minimum quality standards prior to its launch.</p> <p>Full Accreditation is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a provisionally accredited programme meet the quality standards.</p> <p>Compliance Evaluation is an exercise to monitor and ensure the maintenance and enhancement of accredited programmes.</p>
35.	Programme Aims	Programme aims is an overarching statement on the purpose, philosophy and rationale in offering the programme.
36.	Programme Objectives	Programme objectives are specific statements on what a learner is expected to learn to achieve the programme aims.
37.	Quality Assurance	Quality assurance comprises planned and systematic actions (policies, strategies, attitudes, procedures and activities) to provide adequate demonstration that quality is being achieved, maintained and enhanced, and meets the specified standards of teaching, scholarship and research as well as student learning experience.
38.	Quality Enhancement	Quality enhancement is steps taken to bring about continual improvement in quality.
39.	Self-Review Report (SRR)	Self-Review Report is a report submitted by a higher education provider that demonstrates whether it has achieved the quality standards for purposes of a full programme accreditation.

40.	Stakeholders	A person, group or organization that has interest or concern in an organization. This includes all parties that are directly affected by the success or failure of an educational system, as well as those indirectly affected
41.	Stakeholders: Principal stakeholders	Include the dean, the faculty board/council, the curriculum committee, representatives of staff and students, alumni, the university leadership and administration, relevant governmental authorities and regulatory bodies.
42.	Stakeholders: Other stakeholders	Include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

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Table 1.1	Matrix of Programme Learning Outcomes (PLO) against the five clusters MQF learning domains.
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Table 3	Brief description of courses offered in the programme
Table 4	Course information
Table 5	Summary information on academic staff involved in the programme
Table 6	List of physical facilities required for the programme
Table 7	Reference materials supporting the programme
Table 8	Administrative staff for the programme

Note: All Tables are link to evaluation tool

SECTION 1
INTRODUCTION TO
PROGRAMME
ACCREDITATION

SECTION 1

INTRODUCTION

Malaysia is committed to the highest standards of professionalism in medical practice. Accreditation of its undergraduate medical education programme has been introduced as a quality assurance mechanism. This exercise will promote public confidence and provide assurance to society and to the medical profession that the quality of provision and standards of 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 medical training. All doctors wish to be licensed for medical practice in Malaysia must graduated from accredited medical schools. The accreditation of Medical programmes is under the purview of Malaysian Qualification Agency (MQA)

The standards and procedures for accreditation of medical programmes was first developed in 1998, then reviewed in year 2000 to align with the standards with the World Federation of Medical Education (WFME) global standards in Medical Education. The standards was reviewed again in 2006 and 2010. In 2018, Malaysian Qualification Agency (MQA), the agency that is responsible in accreditation of all academic programmes in Malaysia published a new version of Code of Practice of Programme Accreditation (COPPA), which has lead to the current revision of the standards which adopted the COPPA 2nd version. The objectives for this review were: i- to ensure that the standards reflect current shift of learning strategies from traditional teacher-centred to students-centred and ii- students active learning, using the principles of outcome-based education. While the standards aims to safeguard the public in terms quality education and producing safe medical practitioners, it does not limit the institutions from being creative and innovative and expand the scope of medical knowledge. Instead this standards encourages and celebrates diversity in acquiring knowledge and clinical skills with appropriate attitude and high standard of professionalism.

This standards covers 7 areas namely: Area1- Programme Development and Delivery, Area 2- Assessment of Student Learning, Area 3- Student Selection and Support

Services, Area 4- Academic Staff, Area 5- Educational Resources, Area 6- Programme Management and Area 7- Programme Monitoring, Review and Continual Quality Improvement.

This standards formed the basis for accreditation of undergraduate medical programmes. The undergraduate sub-committee of Malaysian Medical Council with support from Malaysian Qualification Agency developed an evaluation tool that is aligned with the standards. The evaluation tool consists of 100 items is published online together with the standards. All institutions are required to self-evaluate and submit it together with institutional databases. This is an important step to encourage quality enhancement among the Higher Education Providers.

In order to facilitate HEP and panel accreditors in the evaluation process, other supporting documents were also produced which include guideline to Data Submission for Programme Accreditation and List of Core competencies and their expected level that should be acquired upon graduation.

This document must be read together with other quality assurance documents and other policies by MQA and related agencies. These include but not limited to:

1. Malaysian Qualifications Framework (MQF)
2. Code of Practice for Institutional Audit (COPIA)
3. Code of Practice for Programme Accreditation (COPPA)
4. Guidelines to Good Practices (GGP)
5. Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi

Acknowledgement

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The Undergraduate Medical Education subcommittee wish to thanks Malaysian Qualification Agency for valuable technical support on the development of the standard and in preparing of guidelines for submissions of database from HPE and guidelines for writing accreditation report. We would also like thanks participants from various workshops for their valuable input and feedback.

1. Pembentangan Cadangan Standard Akreditasi Undergraduate kepada semua stakeholders at Agensi Kelayakan Malaysia dated on 8th October 2018.
2. Focus Group Discussion on the Stakeholders Feedback for New Standards for Undergraduate at Malaysian Medical Council dated 22nd January 2019.
3. Workshop on Development of Core Competency Undergraduate Medical Curriculum at Malaysian Medical Council dated on 17th April 2019.
4. Workshop on Development of Evaluation tool for Undergraduate Medical Curriculum at International Medical University dated on 5th August 2019.
5. Workshop on Development of Core Competency II Undergraduate Medical Curriculum at Malaysian Medical Council dated on 7th August 2019.

Name of participants attending all the workshops are listed in appendix 6

SECTION 2

**CRITERIA AND
STANDARDS FOR
PROGRAMME
ACCREDITATION**

AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1.	Statement of Educational Objectives of Academic Programme and Learning Outcomes
1.1.1.	<p>The medical school must:</p> <ul style="list-style-type: none"> ▪ have its programme to be consistent with, and supportive of, the vision, mission and goals of the medical school. ▪ in its mission, outline the aims and the educational strategy resulting in a competent medical doctor. ▪ have a mission that encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.
1.1.2.	A new medical programme shall be considered only after a needs assessment has indicated that there is a need for the programme to be offered.
1.1.3.	<p>The medical school must:</p> <ul style="list-style-type: none"> ▪ state its programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment, and ensure constructive alignment among them. ▪ define the programme learning outcomes that students should exhibit upon graduation in relation to their achievements regarding knowledge, skills, and attitudes; the appropriate foundation for a future career in any branch of medicine; their future roles in the health sector; their commitment to life-long learning; the health needs of the community and the needs of the health care delivery system.
1.1.4.	<p>The programme learning outcomes must correspond to the Malaysian Qualifications Framework (MQF) level descriptors at Level 6 and the five clusters of MQF learning outcomes:</p> <ol style="list-style-type: none"> 1. Knowledge and understanding 2. Cognitive skills 3. Functional work skills with focus on: <ol style="list-style-type: none"> a. Practical Skills b. Interpersonal skills c. Communication skills d. Digital skills e. Numeracy skills f. Leadership, autonomy and responsibility 4. Personal and entrepreneurial skills. 5. Ethics and professionalism.

<p><i>Annotation 1: The 2nd Second Malaysian Qualifications Framework (MQF) was published in April 2018 (Pekeliling MQA.100-1/7/1 Jilid (4). Appendix 1: Detailed explanation of MQF learning clusters and the descriptions. Appendix 2: Description MQF level 6.</i></p>	
1.1.5.	Considering the stated learning outcomes, the programme must prepare and ensure that the graduates are ready for housemanship and subsequent postgraduate medical education.
1.2.	Programme Development: Process, Content, Structure and Teaching-Learning Methods
1.2.1.	The medical school must have adequate institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding the design of the curriculum and the use of the allocated resources necessary for implementation of the curriculum.
1.2.2.	The medical school must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP and the relevant regulatory bodies.
1.2.3.	The medical school must consult the stakeholders in the development of the curriculum including educational experts as appropriate.
1.2.4.	<p>The curriculum must:</p> <ul style="list-style-type: none"> ▪ apply the principles of scientific method, including analytical and critical thinking, medical research methods and evidence-based medicine. ▪ identify and incorporate aspects of the basic biomedical sciences to create an understanding of scientific knowledge and concepts fundamental to acquiring and applying the clinical sciences. ▪ identify and incorporate aspects of the behavioural sciences, social sciences, medical ethics and medical laws that are relevant to the practice of medicine. ▪ identify and incorporate aspects of the professional skills and attitudes to ensure that students: <ul style="list-style-type: none"> ○ acquire sufficient clinical competency to function effectively as medical house officers after graduation. ○ spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. ○ participate in health promotion and preventive medicine activities. ▪ specify the amount of time spent in training of major clinical disciplines.

- emphasise healthcare economics in the context of Malaysia and include funding frameworks, cost of care and clinical decisions.

Annotation: Provide detail course information in Table 4. Please use appendix 3 as guide to calculate students learning time and credit value. For credit value, the total credit shall not be less than 200 for the whole programme.

Appendix 3: Guideline on Credit and Student learning time

Appendix 4: Framework of the medical curriculum and core contents

- 1.2.5. The medical school must:
- have the appropriate learning and teaching methods relevant to the programme educational objectives and learning outcomes.
 - ensure that the content, extent and sequencing of courses and other curricular elements are relevant.

- 1.2.6. There must be co-curricular activities to enrich student experience, and to foster personal development and social responsibility.

1.3. Programme Delivery

- 1.3.1. The medical school must:
- have a curriculum committee that has the responsibility and authority for planning, implementing and reviewing the curriculum.
 - in its curriculum committee ensure representation of staff, students, and other stakeholders.

- 1.3.2. Students must be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies.

- 1.3.3. The medical school must have an appropriate programme leader such as the Dean, Head of School or any other suitable designation and a team of academic staff with adequate qualifications and **authority** for the effective delivery of the programme.

- 1.3.4. The medical school must provide students with conducive learning environment which:
- have adequate physical facilities for students to ensure that the curriculum can be delivered adequately.
 - match the physical facilities to the developments in medical education.

1.3.5.	The medical school must encourage innovations in teaching, learning and assessment.
1.3.6.	The medical school must obtain regular feedback from stakeholders to improve the delivery of the programme outcomes.

AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1.	Relationship between Assessment and Learning Outcomes
2.1.1.	The medical school must define the assessment principles, methods and practices use for assessment of its students and it must be aligned to the learning outcomes of the programme.
2.1.2.	The alignment between assessment and the learning outcomes in the programme must be systematically and regularly reviewed to ensure its effectiveness.
2.2.	Assessment Methods
2.2.1.	<p>The medical school must ensure:</p> <ul style="list-style-type: none"> ▪ that there are a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies. ▪ it assesses medical students against the learning outcomes at appropriate points, and make sure they achieve all outcomes upon graduation. ▪ that students who graduate have demonstrated that they are competent in all the outcomes. ▪ that the assessments are open to scrutiny by external expertise. <p><i>Annotation: A variety of methods and tools: Medical school must use a valid and reliable assessment tool to assess different learning domains. It is best shown by assessment blueprint.</i></p> <p><i>Annotation: Competencies: Refer Section 4 for Core competencies of undergraduate medical curriculum.</i></p> <p><i>Annotation: External expertise: Content expert in a particular field who are external to HEP.</i></p>
2.2.2.	There must be mechanisms to ensure, and to periodically review the assessment system, and establish the validity, reliability, integrity, and fairness of the assessment methods and tools.
2.2.3.	The medical school must document and communicate to students the frequency, methods, and criteria of student assessment - including the grading system, the criteria for setting pass marks, grade boundaries, rules of progression, number of allowed retakes and appeal policies.

2.2.4.	Changes to student assessment methods must follow established procedures and regulations and be communicated to students prior to their implementation.
2.3.	Management of Student Assessment
2.3.1.	The medical school and its academic staff must have adequate level of autonomy in the management of student assessment.
2.3.2.	There must be mechanisms to ensure the security of assessment documents and records.
2.3.3.	The assessment results must be communicated to students before the commencement of a new academic session.
2.3.4.	The medical school must have appropriate guidelines and mechanisms for students to appeal their results.
2.3.5.	The medical school must periodically review its student assessment system, act on the findings of the review and incorporate new assessment methods where appropriate.

AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1.	Student Selection
3.1.1.	<p>The programme must have clear criteria and processes for student selection (including that of transfer students) and these must adhere to prevailing guidelines on minimum entry requirements issued by the relevant regulatory bodies.</p> <p><i>Annotation: The medical school should adhere to prevailing guidelines issued by the Ministry of Higher Education and Malaysian Qualifications Agency on the requirements for admission such as the academic entrance qualifications, medical examinations and tests. Medical schools must ensure the ability of individuals to technically function as medical students and medical practitioners. This calls for assessment of the observation, communication, motor function, intellectual and integrative abilities as well as behavioural and emotional attributes of the candidates. Each medical school must adhere to any additional national requirements for foreign students who may require specific clearance by the Immigration authority of Malaysia and Ministry of Education. Each medical school will require all prospective students to declare all previous criminal convictions.</i></p> <p><i>Each medical school are required to ensure all prospective students declare all previous criminal convictions</i></p>
3.1.2.	<p>The criteria and processes of student selection must be transparent, objective and comply with regulatory requirements.</p>
3.1.3.	<p>Student enrolment must comply with the requirements of the relevant regulatory bodies and within the capacity of the medical school to effectively deliver the programme.</p>
3.1.4.	<p>The medical school must:</p> <ul style="list-style-type: none"> ▪ state the relationship between selection of students and the mission of the school, the educational programme and desired qualities of graduates. ▪ periodically review the admission policy. ▪ have a system for appeal of admission decisions.
3.1.5.	<p>The medical school must offer appropriate developmental or remedial support to assist students, including incoming transfer students who are in need.</p>

3.2. Articulation and Transfer

- 3.2.1. The medical school must have well-defined policies and mechanisms to facilitate student mobility, which may include student transfer within and between institutions as well as cross-border.

Annotation:

Students transfer involving credit transfer either vertical or horizontal must adhere to Dasar Pindah Kredit as stated in Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi 2009-2017. Page 92-94

([http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI DASAR JAMINAN KUALITI PENDIDIKAN TINGGI 2009-2017 \(EDISI KEDUA\)-update.pdf](http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI%20DASAR%20JAMINAN%20KUALITI%20PENDIDIKAN%20TINGGI%202009-2017%20(EDISI%20KEDUA)-update.pdf))

[http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI%20DASAR%20JAMINAN%20KUALITI%20PENDIDIKAN%20TINGGI%202009-2017%20\(EDISI%20KEDUA\)-update.pdf](http://www.mqa.gov.my/pv4/document/compilationPolicy/KOMPILASI%20DASAR%20JAMINAN%20KUALITI%20PENDIDIKAN%20TINGGI%202009-2017%20(EDISI%20KEDUA)-update.pdf)

- 3.2.2. The medical school must ensure that the incoming transfer students have the capacity to successfully follow the programme and comply with all relevant regulations.

3.3. Student Support Services

- 3.3.1. Students must have access to appropriate and adequate support services, such as physical, social, religious, financial, recreational and online facilities, academic and non-academic counselling and health services.

- 3.3.2. There must be a designated administrative unit, with a distinct organisational structure in the HEP, responsible for planning and implementing student support services and adequately staffed by individuals who have the appropriate experience.

- 3.3.3. An effective induction to the programme must be available to new students with special attention given to international students as well as students with special needs.

- 3.3.4. Academic, non-academic and career counselling must be provided by adequate and qualified staff.

- 3.3.5. There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social support.

- 3.3.6. The medical school must have clearly defined and documented processes and procedures in handling student disciplinary cases.

3.3.7.	The medical school must: <ul style="list-style-type: none">▪ have an effective mechanism for students to voice their grievances and seek counselling and resolution on academic and non-academic matters.▪ ensure confidentiality in relation to counselling and support.
3.3.8.	Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.
3.4.	Student Representation and Participation
3.4.1.	There must be well-disseminated policies and processes for active student engagement especially in areas that affect their interest and welfare.
3.4.2.	There must be adequate student representation and organisation at the institutional and medical school levels.
3.4.3.	Students must be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for medical practice.
3.4.4.	Student activities and organisations must be facilitated to encourage character building, inculcate a sense of belonging and social responsibility, be a change advocate and promote active citizenship.
3.5.	Alumni
3.5.1.	The medical school must foster active linkages with alumni to develop, review and continuously improve the programme.

AREA 4: ACADEMIC STAFF

4.1.	Recruitment and Management
4.1.1.	<p>The medical school must have a clearly defined plan for its academic manpower needs consistent with institutional policies and programme requirements:</p> <ul style="list-style-type: none"> ▪ which outline the type, responsibilities and a balance of the academic staff/faculty numbers between the basic biomedical sciences and the clinical sciences to ensure effective delivery of the programme. There should also be an appropriate balance between medical and non-medical academic staff especially in the basic sciences. ▪ that address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. ▪ which specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences and the clinical sciences. <p><i>Annotation: Appropriate balance between medical and non-medical staff with non-medical staff not exceeding 30%.</i></p>
4.1.2.	<p>The medical school must have a clear and documented academic staff selection and recruitment policy where the criteria for selection are based primarily on academic merit and/or relevant experience.</p>
4.1.3.	<p>The staff–student ratio for the programme must be appropriate to the teaching-learning methods and relevant to the various curricular components.</p> <p><i>Annotation: For the academic staff workload, the average face to face teaching hours for each staff should not exceed 15 hours/week.</i></p> <p><i>Appendix 5: Suggestion for Teacher-students ratio in teaching-learning activities.</i></p>
4.1.4.	<p>The medical school must have adequate and qualified academic staff responsible for implementing the programme.</p> <p><i>Annotation: Adequate - In computing the ratio, the medical school must convert the part time to full time equivalents (FTEs) using the normal full time workload. The minimum recommended ratio of full-time and part-time academic staff is 60:40.</i></p> <p><i>Annotation: Qualified academic staff - A medical practitioner teaching in hospitals/clinics must have the annual practicing certificate issued by the Malaysian Medical Council.</i></p>

4.1.5.	The medical school must have a policy that reflects an equitable distribution of responsibilities and workload among the academic staff in terms of teaching, research, service and management roles.
4.1.6.	The recruitment policy for medical programme must seek diversity among the academic staff in terms of qualification, experience and background.
4.1.7.	The medical school must have a policy and procedures for recognition of staff performance through promotion, salary increment or other incentives which are clear, transparent and based on merit.
4.1.8.	The medical school must have national and international linkages for exchange of ideas, experience and best practices among academics, professionals and practitioners in order to enhance teaching and learning in the programme.
4.2.	Service and Development
4.2.1.	The medical school must have policies addressing matters related to professional development of the academic staff which allow a balance of capacity between teaching, research and service functions.
4.2.2.	The medical school must provide opportunities for academic staff to focus on their respective areas of expertise.
4.2.3.	The medical school must have clear policies on conflict of interest and professional conduct, including procedures for handling disciplinary cases among academic staff. For registered medical practitioners, the Code of Professional Conduct of the Malaysian Medical Council shall apply accordingly.
4.2.4.	The medical school must have mechanisms and processes for regular student evaluation of the academic staff for quality improvement.
4.2.5.	The medical school must have a continuous professional development programme for its staffs.
4.2.6.	The medical school must provide opportunities for academic staff to participate in professional, academic and other relevant activities, at national and international levels to obtain professional qualifications to enhance teaching-learning experience.
4.2.7.	The medical school must encourage and facilitate its academic staff to play an active role in community engagement activities.

AREA 5: EDUCATIONAL RESOURCES

5.1.	Physical Facilities
5.1.1.	The medical school must have sufficient and appropriate physical facilities and educational resources to ensure that the curriculum can be delivered adequately. This shall include facilities for practical and clinical training
5.1.2.	The physical facilities must comply with the relevant laws and regulations and ensure a teaching-learning environment which is safe for staff, students, patients and their relatives.
5.1.3.	The library or resource centre must have adequate and up-to-date reference materials and qualified staff that meet the needs of the programme and research amongst academic staff and students.
5.1.4.	The educational resources, services and facilities must be maintained and periodically reviewed to improve the quality and appropriateness.
5.1.5.	<p>The medical school must:</p> <ul style="list-style-type: none"> ▪ have a clear policy on ethical use of information and communication technology. ▪ ensure access to web-based or other electronic media.
5.2.	Research and Development
5.2.1.	The medical school must have a research policy with adequate facilities and resources to sustain them.
5.2.2.	The interaction between research and learning must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research, scholarship and development.
5.2.3.	The medical school must periodically review its research resources and facilities and take appropriate action to enhance its research capabilities and to promote a conducive research environment.
5.3.	Financial Resources
5.3.1.	The HEP must demonstrate financial viability and sustainability for the programme.

- 5.3.2. The medical school must have:
- clear procedures to ensure that its financial resources are sufficient and managed efficiently.
 - a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget.

- 5.3.3. The HEP of the Medical School must have clear procedures to ensure its financial resources are sufficient for the implementation of the curriculum and distribute the educational resources in relation to the educational needs.

5.4. Educational Expertise

- 5.4.1. The medical school must:
- have access to educational expertise.
 - have a clear policy on the use of educational expertise in curriculum development and development of teaching-learning and assessment methods.
 - demonstrate evidence of the use of in-house or external educational expertise in staff development.

AREA 6: PROGRAMME MANAGEMENT

6.1.	Programme Management
6.1.1.	The medical school must clarify its management structure and function, including their relationship within the HEP and ensure the transparency of its governance.
6.1.2.	The medical school must provide accurate, relevant and timely information about the programme which is easily and publicly accessible, especially to prospective students.
6.1.3.	The medical school must have policies, procedures and mechanisms for regular review and updating of its management structures, functions, strategies and core activities to ensure continuous quality improvement.
6.1.4.	The medical school must have an effective decision-making committee / board with an adequate degree of autonomy in implementing the curriculum.
6.1.5.	For programmes conducted in different campuses or with partner institutions, mechanisms must be established to ensure functional integration and comparability of educational quality.
6.1.6.	<p>The medical school must:</p> <ul style="list-style-type: none"> ▪ have constructive interaction with the health and health related sectors of society and government. ▪ conduct internal and external consultations, and market needs (for new programme) and graduate employability analyses
6.2.	Programme Leadership
6.2.1.	The medical school must state clearly the criteria for the appointment and the responsibilities of the programme leader.
6.2.2.	<p>The programme leader, preferably is a medical practitioner, qualified by education and experiences to provide leadership in medical education, in scholarly activity and in research and development.</p> <p><i>Annotation: The programme leader is the chief official of the medical school, must have ready access to the Vice Chancellor or President or other official in charged with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the programme leader. The programme leader usually holds the position of the Dean or Head of School.</i></p>

6.2.3.	There must be mechanisms and processes for communication between the programme leader, medical school and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.
6.3.	Administrative Staff
6.3.1.	The medical school must have sufficient number of qualified administrative staff to support the implementation of the programme and related activities and to ensure good management and resource deployment.
6.3.2.	The medical school must conduct regular performance review of the administrative staff of the programme.
6.3.3.	The medical school must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.
6.4.	Academic Records
6.4.1.	The medical school must have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records.
6.4.2.	The medical school must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.
6.4.3.	The medical school must implement policies on the rights of individual privacy and the confidentiality of records and comply with the relevant laws of Malaysia.
6.4.4.	The medical school must continually review policies on the security and confidentiality of records, including the increased use of electronic technologies and safety systems.

AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

7.1.	Mechanisms for Programme Monitoring, Review and Continual Quality Improvement
7.1.1.	<p>The medical school must:</p> <ul style="list-style-type: none"> clear policies and appropriate mechanisms for regular programme monitoring and review.
7.1.2.	<p>The medical school must have a Quality Assurance (QA) unit for internal quality assurance of the medical school to work hand-in-hand with the QA unit of the HEP.</p>
7.1.3.	<p>The medical school must:</p> <ul style="list-style-type: none"> have a designated head responsible for continual review of the programme to ensure it remains current and relevant. have procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme.
7.1.4.	<p>The medical school's review system must systematically seek, analyse and respond to teacher, student, alumni and other stakeholder's feedback in relation to the mission and intended educational outcomes, curriculum and provision of resources.</p>
7.1.5.	<p>The medical school must make the programme review report accessible to stakeholders.</p>
7.1.6.	<p>The medical school must:</p> <ul style="list-style-type: none"> Implement the continual quality improvement based on the analysis of various aspects of student performance, progression, attrition, graduation and employment. adapt the student admissions policy, selection methods and student intake to changing expectations and circumstances, institutional resources, and the requirements of the educational programme.
7.1.7.	<p>In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.</p>
7.1.8.	<p>The findings of a programme review must be presented to the HEP for its attention and further action.</p>
7.1.9.	<p>There must be an integral link between the medical school quality assurance processes and the achievement of the institutional purpose.</p>

SECTION 3

DATA SUBMISSION

FOR PROGRAMME

ACCREDITATION

(MQA 02-UG

MEDICAL

PROGRAMME)

SECTION 3

MQA-02 2019 (FULL ACCREDITATION) Medical Programme

PART B: PROGRAMME DESCRIPTION

Part B of the MQA-02 (2017) requires the HEP to furnish information on the programme. The information required includes the name of the programme, the Malaysian Qualifications Framework (MQF) level, the graduating credits, the duration of study, entry requirement, mode of delivery and the awarding body.

1. Name of the Higher Education Provider (HEP):
2. Name of the programme (as in the scroll to be awarded):
3. MQF level:
4. Graduating credit:
5. Has this programme been accredited by MQA for other premises? If yes, please provide the following details:

No.	Name and Location of the Premises (main campus / branch campuses / regional centre)	Mode of Delivery	Accreditation Status	
			Provisional	Full
1.				
2.				
3.				

6. Type of award (e.g., single major, double major, etc.):
7. Field of study and National Education Code (NEC):
8. Language of instruction:
9. Type of programme (e.g., own, collaboration, external, joint award/joint degree, etc.):
10. Mode of study (e.g., full-time/part-time):
11. Mode of offer (please (/) where appropriate):

Undergraduate Programme		Postgraduate Programme	
Coursework		Coursework	
Industry Mode (2u2i)		Mixed mode	
		Research	

12. Method of learning and teaching (e.g. lecture/tutorial/lab/field work/studio/blended learning/e-learning, etc.):

13. Mode of delivery (please (/) as appropriate):

Conventional (traditional, online and blended learning)	
Open and Distance learning (ODL)	

14. Duration of study:

	Full-time		Part-time	
	Long Semester	Short Semester	Long Semester	Short Semester
No. of Weeks				
No. of Semesters				
No. of Years				

Note: Number of weeks should include study and exam week.

15. Entry requirements:

16. Estimated date of first intake: month/year

17. Projected intake and enrolment: (applicable for provisional accreditation)

Year	Intake	Enrolment
Year 1	e.g.: 100	e.g.: 100
Year 2	e.g.: 100	e.g.: 200
Year 3	e.g.: 100	e.g.: 300
Total		

18. Total enrolment of student (applicable for full accreditation):

Year	Intake	Enrolment
Year 1	e.g.: 60	e.g.: 60
Year 2	e.g.: 70	e.g.: 130
Year 3	e.g.: 90	e.g.: 220
Year 4		
Year 5		
Total		

19. Estimated date of first graduation: month/year

20. Types of job/position for graduate:

21. Awarding body:

○ Own

○ Others (Please name)

(Please attach the relevant documents, where applicable)

- i. Proof of collaboration between HEP and the collaborative partner such as copy of the Validation Report* of the collaborative partner** and the Memorandum of Agreement (MoA)
- ii. Approval letter from the Higher Education Department (*Jabatan Pendidikan Tinggi*, JPT) of the Ministry of Higher Education for programmes in collaboration with Malaysian public universities
- iii. Proof of approval and supporting letter to conduct the programme from certification bodies/awarding bodies/examination bodies
- iv. A copy of the programme specification as conducted by the collaborative partner (eg. Handbook)
- v. Proof of collaboration with Quality Partners* for the programme, where applicable
- vi. For programmes which require clinical training, please attach proof of approval from the relevant authority
- vii. Any other document where necessary

22. A sample of scroll to be awarded should be attached.

23. Address(s) of the location where the programme is/to be conducted:

24. Contact person for the submission:

- i. Name and Title:
- ii. Designation:
- iii. Tel.:
- iv. Fax:
- v. Email:

Note:

* Validation report is an evaluation by the collaborative partner on the readiness and capability of the institution to offer the programme.

** Collaborative partner is the institution who owned the curriculum of the programme and conferred the award (franchisor), while the programme delivery is conducted by another institution (franchisee).

*** Quality partners are usually better established universities which attest to the quality of a programme through the involvement or oversight of curriculum design, teaching and learning, or assessment.

PART C: PROGRAMME STANDARDS

Part C of the MQA-02 requires the HEP to furnish information on all the standards in the seven areas of evaluation for quality assurance on the programme to be accredited. The following pages provide a series of questions and statements that guide the HEP in furnishing such information.

In Area 1 (Programme Development and Delivery), there are 25 questions and statements related to the 17 standards.

In Area 2 (Assessment of Student Learning), there are 21 questions and statements related to the 11 standards.

In Area 3 (Student Selection and Support Services), there are 29 questions and statements related to the 20 standards.

In Area 4 (Academic Staff), there are 22 questions and statements related to the 15 standards.

In Area 5 (Educational Resources), there are 25 questions and statements related to the 12 standards.

In Area 6 (Programme Management), there are 22 questions and statements related to the 16 standards.

In Area 7 (Programme Monitoring, Review and Continual Quality Improvement), there are 12 questions and statements related to the 9 standards.

HEPs are required to use Evaluation Instrument of Undergraduate Medical Programme (Excel) to conduct self-review for each Area which should include the following:

- i. **Strengths of the programme in meeting its goals;**
- ii. **Steps taken in maintaining and enhancing the strengths/practices of the programme;**
- iii. **Areas of concern that need to be addressed; and**
- iv. **Steps taken to address the problem areas.**

(Refer to Section 4.1 in COPPA for complete requirement of a Programme Self-Review).

INFORMATION ON AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY**1.1 Statement of Educational Objectives of Academic Programme and Programme Learning Outcomes**

- 1.1.1 Explain how the programme is aligned with, and supportive of, the vision, mission and goals of the HEP.
- 1.1.2 Provide evidence and explain how the school has considered market and societal demand (new programme only) for the programme. In what way is this proposed programme an enhanced of the other?
- 1.1.3 a) State the programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment of the programme.
- b) Map the programme learning outcomes against the programme educational objectives. (Provide information in Table 1).

Table 1: Matrix of Programme Learning Outcomes (PLO) against the Programme Educational Objective (PEO).

Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)			
	PEO1	PEO2	PEO3	PEO4
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

- c) Describe the strategies for the attainment of PLOs in term of teaching and learning strategies, and assessment
- 1.1.4 Map the programme learning outcomes to MQF level descriptors and the five cluster of MQF learning outcomes domains.

Table 1.1: Matrix of Programme Learning Outcomes (PLO) against Malaysian Qualification learning domain (MQF).

Programme Learning Outcomes (PLO)	Malaysian Qualification Framework (MQF) learning outcomes									
	1. Knowledge & understanding	2. Cognitive Skills	3. Functional Work Skills:						4. Personal & Entrepreneurial Skills	5. Ethics & Professionalism
			a) Practical Skills	b) Interpersonal Skills	c) Communication Skills	d) Digital Skills	e) Numeracy Skills	f) Leadership, Autonomy, & Responsibility		
PLO 1										
PLO 2										
PLO 3										
PLO 4										
PLO 5										

- 1.1.5
- a) How are the programme learning outcomes related to students' preparedness for housemanship and postgraduate medical education options upon completion of the programme?
 - b) Do the learning outcomes relate to the existing and emergent needs of the healthcare industry and the community? How was this established?

1.2 Programme Development: Process, Content, Structure and Teaching-Learning Methods

- 1.2.1 Describe the provisions and practices that indicate the autonomy of the medical school in the design of the curriculum, and its utilisation of the allocated resources.
- 1.2.2 Describe the processes to develop and approve curriculum by the highest academic authority of the HEP.
- 1.2.3 a) Who and how are the stakeholders consulted in the development of the curriculum?
- b) Explain the involvement of educational experts (medical educationist) in this curriculum development.
- 1.2.4 a) Describe how the curriculum fulfils the requirements the programme standards and best practices in the medical education.
- b) Provide the necessary information, where applicable, in Table 2:

Table 2: Components of the programme and its credit value

	Course Classification	Credit Value	Percentage (%)
1.	Compulsory courses/modules*		
2.	Core**/ : • Courses • Projects/Thesis/Dissertation • Clinical training • Community		
3.	Optional/Elective courses****		
4.	Others (specify)		
Total Credit Value			100

Note:

* Compulsory courses/modules refers to *Mata Pelajaran Umum* (MPU) and other courses required by the HEP.

** Core courses also include faculty common courses.

**** Optional/elective courses refer to courses where students can exercise choice.

- c) Provide a brief description for each course offered in the programme.
Please arrange the courses by year and semester as in Table 3.

Table 3: Brief description of courses offered in the programme

No.	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory / Elective)	Credit Value	Programme Learning Outcomes (PLO)					Prerequisite/ co-requisite	Name(s) of Academic Staff
					PLO1	PLO2	PLO3	PLO4	PLO5		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10											

d) Provide information for each course, where applicable in Table 4.

Table 4: Course information (a template in Excel format is provided separately for HEP to fill in)

1.	Name and Code of Course:																																																																																												
2.	Synopsis:																																																																																												
3.	Name(s) of academic staff:																																																																																												
4.	Semester and year offered:																																																																																												
5.	Credit value:																																																																																												
6.	Prerequisite/co-requisite (if any):																																																																																												
7.	Course learning outcomes (CLO): CLO 1 - CLO 2 - CLO 3 - CLO4-..... CLO5-...																																																																																												
8.	Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment: <table border="1" data-bbox="247 1209 1444 1792"> <thead> <tr> <th rowspan="2">Course Learning Outcomes (CLO)</th> <th colspan="9">Programme Learning Outcomes (PLO)</th> <th rowspan="2">Teaching Methods</th> <th rowspan="2">Assessment</th> </tr> <tr> <th>PLO1</th> <th>PLO2</th> <th>PLO3</th> <th>PLO4</th> <th>PLO5</th> <th>PLO6</th> <th>PLO7</th> <th>PLO8</th> <th>PLO9</th> </tr> </thead> <tbody> <tr> <td>CLO 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 4</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 5</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </tbody> </table> <p>Indicate the primary causal link between the CLO and PLO by ticking “✓” the appropriate box.</p> <p>(This description must be read together with Standards 2.1.2, 2.2.1 and 2.2.2 in Area 2.)</p>												Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9	CLO 1												CLO 2												CLO 3												CLO 4												CLO 5											
Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment																																																																																		
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CLO 4																																																																																													
CLO 5																																																																																													

9.	Transferable Skills (if applicable): (Skills learned in the course of study which can be useful and utilised in other settings.)								
10.	Distribution of Student Learning Time (SLT):								
Course Content Outline		CLO*	Teaching and Learning Activities					Total SLT	
			Guided Learning (F2F)				Guided Learning (NF2F) e.g. e-Learning		Independent Learning (NF2F)
			L	T	P	O			
1									
2									
3									
4									
Continuous Assessment			Percentage (%)		F2F		NF2F	Total SLT	
1									
2									
Final Assessment			Percentage (%)		F2F		NF2F	Total SLT	
1									
2									
GRAND TOTAL SLT									
L = Lecture, T = Tutorial, P = Practical, include Clinical learning, O = Others, F2F = Face to Face, NF2F = Non Face to Face									
*Indicate the CLO based on the CLO's numbering in Item 8.									
11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room):								
12.	References (include required and further readings, and should be the most current):								
13.	Other additional information:								

- 1.2.5 Explain the appropriateness of teaching and learning methods applied to achieve the programme educational objectives and programme learning outcomes of the programme. (This is to be read together with information in 1.1.3.)
- 1.2.6 What are the co-curricular activities available to the students of this programme? How do these activities enrich student learning experience, and foster personal development and responsibility?

1.3 Programme Delivery

- 1.3.1 Provide evidence on how the curriculum committee has responsibility and authority for planning, implementing and reviewing the curriculum with representation of relevant stakeholders.
- 1.3.2 Show evidence that the students are provided with, and briefed on, the current information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.
- 1.3.3
 - a) Provide details of the leadership and the management structure of the programme, including members of the team responsible for the programme (example Dean, head of the departments, coordinators etc). State the manner in which the academic team manages the programme. What are their qualifications, authority and responsibility?
 - b) Does the programme team have access to adequate resources? Provide evidence.
- 1.3.4 Show how the medical school provides conducive learning environment for delivery of teaching and learning and aligned with best practices of medical education
- 1.3.5 Describe the medical school's initiatives to encourage innovations in teaching, learning and assessment.
- 1.3.6 State how the medical school obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence.

INFORMATION ON AREA 2: ASSESSMENT OF STUDENT LEARNING**2.1 Relationship between Assessment and Learning Outcomes**

- 2.1.1 Explain how assessment principles, methods and practices are aligned to the achievement of learning outcomes of the programme consistent with MQF level 6.

(The information given for this standard must be consistent with that of 1.2.4 in Area 1.)

- 2.1.2 Describe how the alignment between assessment and learning outcomes are regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

2.2 Assessment Methods

- 2.2.1 a) Describe how a variety of assessment methods and tools are used in assessing programme learning outcomes and competencies.

b) Show evidence that the variety of the assessment methods are valid to measure the learning outcomes and competencies. Provide assessment blueprint.

c) Show evidence the utilisation of both summative and formative assessment methods within the programme.

d) Show evidence of external review of assessment practices.

(The information given for this standard must be consistent with that of 1.2.4 in Area 1.)

- 2.2.2 a) Explain how the medical school ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).

b) Indicate the authority and processes for verification and moderation of summative assessments.

c) What guidelines and mechanisms are in place to address assessment misconduct among students (plagiarism, cheating etc)?

d) Are the assessment methods reviewed periodically? Describe the review

of the assessment methods in the programme conducted (e.g., the existence of a permanent review committee on assessment and consultation with external assessors and examiners, students, alumni and other relevant stakeholders).

The information given for this standard must be consistent with that of 2.2.2(d).

- 2.2.3
- a) Describe the documentation of assessment procedures, methods and regulations and how it is communicated to the students. This includes information on frequency, weightage, criteria, grading and how are appeals dealt with).
 - b) Explain how the department provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.
 - c) How are results made available to the students for purposes of feedback on performance, review and corrective measures?
 - d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?
 - e) Explain the mechanism to review and implement any changes to assessment procedures, methods and regulations. Append a copy of the Regulations of Examination.
- 2.2.4 Explain the processes in making changes to the assessment method. How are the changes made known to the students?

2.3 Management of Student Assessment

- 2.3.1 Explain the roles, rights and autonomy of the medical school and the academic staff in the management of student assessment.
- 2.3.2 Describe how the integrity of student assessment documents as well as academic records are ensured. Procedures and consequences of breach of security must also be documented and communicated.
- 2.3.3 Explain how and when continuous and final assessments results are made available to students.
- 2.3.4 What guidelines and mechanisms on students' appeal against assessment results are in place?

- 2.3.5 Explain how the medical school periodically reviews the management of student assessment and measures it take to address the issues highlighted by the review.

INFORMATION ON AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1 Student Selection

- 3.1.1
- a) State the criteria and the mechanisms for student selection including that of transfer students and any other additional requirements, for example, those in relation to students with special needs.
 - b) Provide evidence that the students selected fulfil the admission policies that are consistent with applicable requirements.
 - c) Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable). Provide entry criteria approved by MOE (KPM).
- 3.1.2
- a) Explain how the selection criteria are accessible to the public.
 - b) If other additional selection criteria are utilised, describe them.
 - c) Show evidence that the admission policy and mechanisms are free from unfair discrimination and bias.
- 3.1.3
- a) Provide information on student intake for each session since commencement and the ratio of the applicants to intake.
 - b) Describe how the size of student intake is determined in relation to the capacity of the medical school and explain the mechanisms for adjustments, taking into account the admission of visiting, elective, exchange and transfer students.
- 3.1.4
- Describe the policies, mechanisms and practices for appeal on student selection, if applicable.
- 3.1.5
- State the support provided for those who are selected but need additional developmental and remedial assistance.

3.2 Articulation and Transfer

- 3.2.1 Describe how the medical school facilitates student mobility, exchanges and transfers, nationally and internationally.
- 3.2.2 Describe how students accepted for transfer, demonstrate comparable achievements in their previous programme of study (Evidence can be in the form of mapping of learning outcomes and assessment of competencies of the transferring medical school).

3.3 Student Support Services

- 3.3.1 What support services are available to students? What other additional support arrangements provided by other organisations are accessible to students?
- 3.3.2
 - a) Describe the qualifications and experience, roles and responsibilities of staff in charged of student support services.
 - b) Describe the organisation and management of the student support services
- 3.3.3 How are students inducted into the programme? Highlight programmes given to international students and students of special needs.
- 3.3.4
 - a) Describe the provision of the academic, non-academic and career counselling services to students.
 - b) How are the effectiveness of the academic, non-academic and career counselling services measured, and the progress of those who seek its services monitored? What plans are there to improve the services, including that of enhancing the skills and professionalism of the counsellors?
- 3.3.5 Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.6 Describe the processes and procedures in handling student's disciplinary cases in and away from the teaching/learning settings.

- 3.3.7 What mechanism is available for students to complain, voice grievances, seek counselling and resolution on academic and non-academic matters in a confidential manner?
- 3.3.8 How are the capacity, effectiveness and safety of student support services evaluated and ensured?

3.4 Student Representation and Participation

- 3.4.1 Describe the communication of policy and processes in place for active student engagement in areas that affect their interest and welfare?
- 3.4.2 Explain and show evidence of student representation and organisation at the institutional and medical school levels.
- 3.4.3
 - a) Describe the medical school facilitation for students to develop linkages with external stakeholders?
 - b) Explain on how the medical school facilitate students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace?
- 3.4.4 Explain on how the medical school facilitate student activities and organisations that encourage character building, inculcate a sense of belonging and social responsibility, as a change advocate and promote active citizenship?

3.5 Alumni

- 3.5.1
 - a) Describe the linkages established by the Medical School with the alumni.
 - b) Describe the role of the alumni in development, review and continuous improvement of the programme. (To read together with Area 7 item 7.1.4).

INFORMATION ON AREA 4: ACADEMIC STAFF

4.1 Recruitment and Management

- 4.1.1 a) Describe how the medical school academic manpower planning is consistent with HEP's policies and programme requirements.
- b) Explain how the balance between the basic biomedical sciences, and the clinical sciences ensures appropriate balance between teaching, research and service functions.
- 4.1.2 a) State the policy, criteria, procedures, terms and conditions of service for the recruitment of academic staff.
- b) Explain the due diligence exercised by the medical school in ensuring that the qualifications of academic staff are from *bona fide* institutions.
- 4.1.3 Provide data on the staff–student ratio appropriate to the teaching-learning methods and consistent with the programme requirements
- 4.1.4 a) Provide summary information on every academic staff involved in conducting the programme in Table 5.

Table 5: Summary information on academic staff involved in the programme

No.	Name and designation of academic staff	Appointment status (full-time, part-time, contract, etc.)	Nationality	Courses taught in this programme	Courses taught in other programmes	Academic qualifications		Research focus areas (Bachelor and above)	Past work experience		
						Qualifications, Field of Specialisation, Year of Award	Name of Awarding Institution and country		Positions held	Employer	Years of Service (Start and End)
1.											
2.											
3.											
4.											

- b) Provide Curriculum Vitae of each academic staff teaching in this programme containing the following:

- i. Name
 - ii. Academic Qualifications
 - iii. Full Registration number and APC
 - iv. Registrable with National Specialist Registry: Yes / No
 - v. Current Professional Membership
 - vi. Current Teaching and Administrative responsibilities
 - vii. Previous Employment
 - viii. Conferences and Training
 - ix. Research and Publications
 - x. Consultancy
 - xi. Community Service
 - xii. Other Relevant Information
- c) Provide information on turnover of academic staff for the programme (for Full Accreditation only).
- 4.1.5 Describe how the medical school ensures equitable distribution of duties and responsibilities among the academic staff.
- 4.1.6 Describe how the recruitment policy for the medical programme seeks diversity among the academic staff such as balance between senior and junior academic staff as well as between academic and non-academic staff.
- 4.1.7 a) Explain the policies, procedures and criteria (including involvement in professional, academic and other relevant activities, at national and international levels) for appraisal, recognition, promotion, salary increment or other remuneration for academic staff.
- b) How are the above information made known to the academic staff?
- 4.1.8 Describe the nature and extent of the national and international linkages to enhance teaching and learning in the programme.

4.2 Service and Development

- 4.2.1 Provide information on the medical school policy on service, development and appraisal of the academic staff.
- 4.2.2 How does the medical school ensure that the academic staff are given opportunities to focus on their respective areas of expertise such as curriculum development, curriculum delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties?

- 4.2.3
 - a) State the HEP policies on conflict of interest and professional conduct of academic staff.
 - b) State the HEP procedures for handling disciplinary cases.
- 4.2.4 Describe the mechanisms and processes for periodic student evaluation of the academic staff. Indicate the frequency of this evaluation exercise. Show how this evaluation is taken into account for quality improvement.
- 4.2.5
 - a) State the policies for training, professional development and career advancement (e.g., study leave, sabbatical, advanced training, specialised courses, re-tooling, etc.) of the academic staff.
 - b) Describe the mentoring system or formative guidance for new academic staff.
- 4.2.6 Describe the opportunities available to academic staff to obtain professional qualifications and to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance the teaching-learning experience?
- 4.2.7 Describe how the department encourages and facilitates academic staff in community and industry engagement activities. Describe how such activities are rewarded.

INFORMATION ON AREA 5: EDUCATIONAL RESOURCES**5.1 Physical Facilities**

5.1.1 a) List the physical facilities required for the programme in Table 6.

Table 6: List of physical facilities required for the programme

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
				In Year 2		In Year 3			
		No.	Capacity	No.	Capacity	No.	Capacity		
1	Lecture Halls								
2	Tutorial Rooms								
3	Discussion Rooms								
4	Laboratories and Workshops								
	- IT lab								
	- Science lab								
	-Moot court								
	-Clinical lab								
	-Others								
5	Library and Information Centres								
	Learning Support Centres								
6	Learning Resources Support								
7	Student Social Spaces								

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
				In Year 2		In Year 3			
		No.	Capacity	No.	Capacity	No.	Capacity		
8	Other Facilities including ICT related facilities								

- b) Describe and assess the adequacy of the physical facilities and equipment (e.g., clinical skill lab and laboratories) as well as human resources (e.g., laboratory professionals and technicians).
- c) Provide information on the clinical and practical facilities for programmes which requires such facilities. State the location and provide agreements if facilities are provided by other parties.
- d) Provide information on the arrangement for clinical training if the hospital are used by more than one medical schools.
- e) How are these physical facilities user friendly to those with special needs? Provide a copy of any technical standards that have been deployed for students with special needs.

5.1.2 Show that the physical facilities comply with the relevant laws and regulations including issues of licensing.

- 5.1.3
- a) Explain the database system used in the library and resource centre.
 - b) State the number of staff in the library and resource centre and their qualifications.
 - c) Describe resource sharing and access mechanisms that are available to extend the library's capabilities. Comment on the extent of use of these facilities by academic staff and students. Comment on the adequacy of the library to support the programme.

- d) State the number of reference materials related to the programme in Table 7.

Table 7: Reference materials supporting the programme

Resources supporting the programme (e.g., books, online resources- specify, etc)		Journals		State other facilities such as CD ROM, video and electronic reference material
Number of Title	Number of Collection	Number of Title	Number of Collection	
Books:				
Eg- Ovid:				

Provides additional tables if necessary.

- 5.1.4 a) Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the medical school in these processes.

- b) Provide the information on, and provision for, the maintenance of the physical learning facilities.

- 5.1.5 a) Describe the policy on ethical use of information and communication technology including social media.

- b) Provide information on the availability and accessibility of web-based or other electronic media to students and staff.

5.2 Research and Development

(Please note that the standards on Research and Development are largely directed to universities and university colleges)

- 5.2.1 a) Describe the policies, facilities and budget allocation available to support research.
- b) Describe the research activities of the Medical School and the academic staff involved in them.
- 5.2.2 a) Describe how the HEP encourages interaction between research and learning. Show the link between the HEP's policy on research and the teaching-learning activities in the Medical School.
- b) State any initiatives taken by the Medical School to engage students in research.
- 5.2.3 Describe the processes by which the Medical School review its research resources and facilities and the steps taken to enhance its research capabilities and environment.

5.3 Financial Resources

- 5.3.1 Provide audited financial statements or certified supporting documents for the last three consecutive years. Explain the financial viability and sustainability based on the provided statements/documents.
- 5.3.2 Demonstrate that the medical school has clear procedures to ensure that its financial resources are sufficient and managed efficiently.
- 5.3.3 a) Indicate the responsibilities and lines of authority in terms of budgeting and resource allocation in the HEP with respect to the specific needs of the medical school.
- b) Describe the HEP's financial planning for the programme in the next two years.

5.4 Educational Expertise

5.4.1 a) Describe the clear policy on the use of educational expertise in curriculum development and development of teaching-learning and assessment methods.

b) Provide evidence on the use of in-house or external educational expertise in staff development.

INFORMATION ON AREA 6: PROGRAMME MANAGEMENT**6.1 Programme Management**

- 6.1.1 a) Describe the management structure and functions, and the main decision-making components of the Medical school as well as the relationships between them. How are these relationships made known to all parties involved?
- b) Indicate the major committees, TOR and frequency of meetings.
- 6.1.2 Describe the policies and procedures that ensure accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.
- 6.1.3 a) Describe the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities to ensure continuous quality improvement. Identify person(s) responsible for continuous quality improvement within the Medical school.
- b) Highlight any substantial improvements resulting from these policies, procedures and mechanisms.
- 6.1.4 Show evidence (such as terms of reference, minutes of meeting) that the academic board of the Medical school is an effective decision-making body with adequate autonomy in implementing the curriculum.
- 6.1.5 Describe the arrangements agreed upon by the HEP and its different campuses or partner institutions - to assure functional integration and comparability of educational quality.
- 6.1.6 a) Describe the interaction with the health and health related sectors of the society and government
- b) Show evidence of internal and external consultations, and market needs (for only New programme)

6.2 Program Leadership

- 6.2.1 Explain the criteria for the appointment and job description of the programme leader.
- 6.2.2 Indicate the programme leader of this programme. Describe the qualifications, experiences, tenure and responsibilities of the programme leader.
- 6.2.3 Describe the relationship between the programme leader, medical school and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.

6.3 Administrative Staff

- 6.3.1
 - a) Describe the structure of the administrative staff which supports the programme.
 - b) Explain how the number of the administrative staff is determined in accordance to the needs of the programme and other activities. Describe the recruitment processes and procedures. State the terms and conditions of service.
 - c) State (in Table 8) the numbers required and that are available, job category and minimum qualification for administrative staff of the programme.

Table 8: Administrative staff for the programme

No.	Job Category	Minimum qualification	Number of staff required	Current number
1				
2				
3				

- 6.3.2 State the mechanisms and procedures for monitoring and appraising the performance of the administrative staff of the programme.
- 6.3.3 Describe the training scheme for the advancement of the administrative staff and show how this scheme fulfils the current and future needs of the programme.

6.4 Academic Records

- 6.4.1
 - a) State the policies and practices on the nature, content and security of student, academic staff and other academic records at the medical school level and show that these policies and practices are in line with those of the HEP.
 - b) Explain the policies and practices on retention, preservation and disposal of student, academic staff and other academic records.
- 6.4.2 Explain how the medical school maintains student records relating to their admission, performance, completion and graduation.
- 6.4.3 Describe how the medical school ensures the rights of individual privacy and the confidentiality of records.
- 6.4.4 Describe the medical school's review policies on security of records and safety systems and its plans for improvements.

INFORMATION ON AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT**7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement**

- 7.1.1 Describe the policies and mechanisms for regular monitoring and review of the programme.
- 7.1.2 Describe the roles and the responsibilities of the Quality Assurance unit responsible for internal quality assurance of the medical school.
- 7.1.3
 - a) Describe the structure and the procedures of the internal programme monitoring and review committee.
 - b) Describe the frequency and mechanisms for monitoring and reviewing the programme.
 - c) Describe how the medical school utilises the feedback from a programme monitoring and review exercise to further improve the programme.
 - d) Explain how the monitoring and review processes help ensure that the programme keeps abreast with scientific, technological and knowledge development of the discipline, and with the needs of society.
- 7.1.4 Which stakeholders are involved in a programme review? Describe their involvement and show how their views are taken into consideration.
- 7.1.5 Explain how the medical school informs the stakeholders the result of a programme assessment and how their views on the report are taken into consideration for the future development of the programme.
- 7.1.6 Explain how student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement? Provide evidence.
- 7.1.7 Describe the responsibilities of the partners involved in collaborative arrangements in programme monitoring and review.
- 7.1.8 Describe how the findings of the review are presented to the HEP and its further action therefrom.
- 7.1.9 Explain the integral link between the medical school quality assurance processes and the achievement of the institutional purpose.

SECTION 5

DATA SUBMISSION

FOR CURRICULUM

REVIEW (MQA 04 –

UG MEDICAL

PROGRAMME)

SECTION 5

MQA-04 2019 (Curriculum Review)
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Requirement to submit MQA-04:

Medical school is required to submit database using MQA-04 form when the curriculum review involved any of the changes listed below.

1. Change of Programme Structure / Framework (e.g. traditional Discipline-based to integrated Organ- based)
2. Significant moved/shift of curriculum delivery that affect credit values (e.g. from Teacher-centred to student- centred learning)
3. Assessment
4. Learning Outcomes (program learning outcomes and/or most of the course learning outcomes)

PART B: PROGRAMME DESCRIPTION

1. Name of the programme (as in the scroll to be awarded):
2. MQF level:
3. Graduating credit:
4. Has this programme been accredited by MQA for other premises? If yes, please provide the following details:

No.	Name and Location of the Premises (main campus / branch campuses / regional centre)	Mode of Delivery	Accreditation Status
			Full
1.			
2.			
3.			

5. Type of award (e.g., single major, double major, etc.):
6. Field of study and National Education Code (NEC):
7. Language of instruction:
8. Type of programme (e.g., own, collaboration, external, joint award / joint degree, etc.) and mode of study:
 - i. Frequency of curriculum review:
 - ii. Date of last review:
 - iii. Briefly summarise the major changes in the previous curriculum review

9. Duration of study:

	Full-time	
	Long Semester	Short Semester
No. of Weeks		
No. of Semesters		
No. of Years		

Note: Number of weeks should include study and exam week.

10. Entry requirements (as approved by MOHE/ KPM):

PART C: Data Submission

HEP are required to submit

1. Part C of Area 1 and Area 2.
2. Comparison of the curriculum content of the existing curriculum and the newly proposed curriculum.
3. Comparison the new assessment method/format of the existing curriculum and the newly proposed curriculum
4. **Any other relevant information** to support the institutions ability to implement the revised curriculum such as process of student selection, staff training, infrastructure, equipment etc.

INFORMATION ON AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes

- 1.1.1. Explain how the programme is in line with, and supportive of, the vision, mission and goals of the HEP.
(Please highlight the changes done with provision of evidence)
- 1.1.2.
 - a) Map the programme learning outcomes to MQF level descriptors and the five clusters of MQF learning outcomes domains.

Table 1.1: Matrix of Programme Learning Outcomes (PLO) against the MQF Learning Outcomes Domains.

Programme Learning Outcomes (PLO)	Malaysian Qualification Framework (MQF) learning outcomes						
	1. Knowledge & understanding	2. Cognitive Skills	3. Functional Work Skills:				4. Personal & Entrepreneurial Skills
			a) Practical Skills	b) Interpersonal Skills	c) Communication Skills	d) Digital Skills	
			e) Numeracy Skills	f) Leadership, Autonomy, & Responsibility			
5. Ethics & Professionalism							

PLO 1										
PLO 2										
PLO 3										
PLO 4										
PLO 5										

- b) Map the programme learning outcomes against the programme educational objectives. (Provide information in Table 2)

Table 1: Matrix of Programme Learning Outcomes (PLO) against the Programme Educational Objective (PEO)

Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)			
	PEO1	PEO2	PEO3	PEO4
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

- c) Describe the strategies for the attainment of PLOs in term of teaching and learning strategies, and assessment.

1.1.3.

- a) Describe how the learning outcomes relate to the career and further studies options of the student on completion of the programme?
- b) Do the learning outcomes relate to the existing and emergent needs of the medical and health, industry and the discipline? How was this established?

1.2. Programme Development: Process, Content, Structure and Teaching-Learning Methods

1.2.1. Describe the provisions and practices that indicate the autonomy of the department in the design of the curriculum, and its utilisation of the allocated resources.

1.2.2. Describe the processes involve in reviewing the curriculum and the procedure to approve the revised curriculum.

1.2.3.

- a) Who and how are the stakeholders consulted in the curriculum review?
- b) Explain the involvement of educational experts (medical educationist) in this curriculum review.

1.2.4.

- a) Describe how the curriculum fulfils the requirements of the programme standards and good practices in the medical and health sciences.
- b) Provide the necessary information, where applicable, in Table 2:

Table 2: Components of the programme and its credit value

	Course Classification	Credit Value	Percentage (%)
1.	Compulsory courses/modules*		
2.	Core**/Major(s)***/Specialisation:		
	<ul style="list-style-type: none"> • Courses • Projects 		
3.	Optional/Elective courses****		
4.	Minor courses (if applicable)		
5.	Clinical		
6.	Others (specify)		
Total Credit Value			100

Note:

* Compulsory courses/modules refers to *Mata Pelajaran Umum* (MPU) and other courses required by the HEP.

** Core courses also include faculty common courses.

*** Provide information on major including double major if applicable.

**** Optional/elective courses refer to courses where students can exercise choice.

- c) Provide a brief description for each course offered in the programme.
Please arrange the courses by year and semester as in Table 4.

Table 3: Brief description of courses offered in the programme

No.	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory Major/Minor/ Elective)	Credit Value	Programme Learning Outcomes (PLO)					Prerequis ite/ co- requisite	Name(s) of Academi c Staff
					PLO1	PLO2	PLO3	PLO4	PLO5		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10											

- d) Indicate new courses introduced in the revised curriculum as well as courses in the existing curriculum that has been removed.

Table 3.1: Comparison between the existing curriculum and the proposed revised curriculum

	Existing Curriculum	Revised (New) Curriculum	Justification for the changes
1.			
2.			
4.			
5.			

- e) Provide information for each course, where applicable in Table 4.

Table 4: Course information (a template in Excel format is provided separately for HEP to fill in)

1.	Name and Code of Course:																																																																																														
2.	Synopsis:																																																																																														
3.	Name(s) of academic staff:																																																																																														
4.	Semester and year offered:																																																																																														
5.	Credit value:																																																																																														
6.	Prerequisite/co-requisite (if any):																																																																																														
7.	Course learning outcomes (CLO): CLO 1 - CLO 2 - CLO 3 - CLO4-..... CLO5-...																																																																																														
8.	Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment: <table border="1" data-bbox="247 1220 1444 1803"> <thead> <tr> <th rowspan="2">Course Learning Outcomes (CLO)</th> <th colspan="9">Programme Learning Outcomes (PLO)</th> <th>Teaching Methods</th> <th>Assessment</th> </tr> <tr> <th>PLO1</th> <th>PLO2</th> <th>PLO3</th> <th>PLO4</th> <th>PLO5</th> <th>PLO6</th> <th>PLO7</th> <th>PLO8</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>CLO 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 4</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> <tr> <td>CLO 5</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td> </tr> </tbody> </table> <p>Indicate the primary causal link between the CLO and PLO by ticking “✓” the appropriate box.</p> <p>(This description must be read together with Standards 2.1.2, 2.2.1 and 2.2.2 in Area 2.)</p>												Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8				CLO 1												CLO 2												CLO 3												CLO 4												CLO 5											
Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment																																																																																				
	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8																																																																																							
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CLO 3																																																																																															
CLO 4																																																																																															
CLO 5																																																																																															

9.	Transferable Skills (if applicable): (Skills learned in the course of study which can be useful and utilised in other settings.)								
10.	Distribution of Student Learning Time (SLT):								
Course Content Outline		CLO*	Teaching and Learning Activities					Total SLT	
			Guided Learning (F2F)				Guided Learning (NF2F) e.g. e-Learning		Independent Learning (NF2F)
			L	T	P	O			
1									
2									
3									
4									
Continuous Assessment			Percentage (%)		F2F		NF2F	Total SLT	
1									
2									
Final Assessment			Percentage (%)		F2F		NF2F	Total SLT	
1									
2									
GRAND TOTAL SLT									
L = Lecture, T = Tutorial, P = Practical include Clinical learning, O = Others, F2F = Face to Face, NF2F = Non Face to Face									
*Indicate the CLO based on the CLO's numbering in Item 8.									
11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room):								
12.	References (include required and further readings, and should be the most current):								
13.	Other additional information:								

1.2.5. Describe the processes involve in reviewing the curriculum and the procedure to approve the revised curriculum.

1.2.6. What are the co-curricular activities available to the students of this programme? How do these activities enrich student learning experience, and foster personal development and responsibility?

1.3. Programme Delivery

1.3.1. Provide evidence on how the department ensures the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.

1.3.2. Show evidence that the students are provided with, and briefed on, the current information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.

1.3.3.

a) Provide details of the coordinator of the programme and members of the team responsible for the programme. State the manner in which the academic team manages the programme. What are their authority and responsibility? What are the procedures that guide the planning, implementation, evaluation and improvement of the programme?

b) Does the programme team have access to adequate resources? Provide evidence.

1.3.4. Show how the medical school provides favourable conditions for teaching and learning.

1.3.5. Describe the medical school's initiatives to encourage innovations in teaching, learning and assessment.

1.3.6. State how the medical school obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence

INFORMATION ON AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1. Relationship between Assessment and Learning Outcomes

- 2.1.1. Explain how assessment principles, methods and practices are aligned to the achievement of learning outcomes of the programme consistent with MQF level 6.
- 2.1.2. Describe how the alignment between assessment and learning outcomes are regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

2.2. Assessment Methods

- 2.2.1. Describe how a variety of assessment methods and tools are used in assessing learning outcomes and competencies. Show the utilisation of both summative and formative assessment methods within the programme. Highlight the new assessment introduced in the revised curriculum. Provide assessment blueprint.
- 2.2.2.
 - a) Explain how the department ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).
 - b) Indicate the authority and processes for verification and moderation of summative assessments.
 - c) What guidelines and mechanisms are in place to address plagiarism among students?
- 2.2.3.
 - a) Describe the student assessment methods in term of its duration, diversity, weight, criteria and coverage. Describe the grading system used. How are these documented and communicated to the students?
 - b) Explain how the department provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.

- c) How are results made available to the students for purposes of feedback on performance, review and corrective measures?
- d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?
- e) Explain the mechanism to review and implement new methods of assessment. Explain the processes in making changes to the assessment method.

2.2.4. How are the changes in assessment made known to the students?

2.3. Management of Student Assessment

- 2.3.1. Explain the roles, rights and power of the medical school and the academic staff in the management of student assessment.
- 2.3.2. Describe how the confidentiality and security of student assessment documents as well as academic records are ensured.
- 2.3.3. Explain how and when continuous and final assessments results are made available to students.
- 2.3.4. What guidelines and mechanisms on students' appeal against course results are in place?
- 2.3.5. Explain how the medical school periodically reviews the management of student assessment and measures it take to address the issues highlighted by the review.

ANY OTHER RELEVANT INFORMATION RELATES TO THE REVISED CURRICULUM (Example- staff development programme, bench marking visit to other institution etc)

SECTION 6

**GUIDELINES FOR
PREPARING THE
PROGRAMME
ACCREDITATION
REPORT**

SECTION 6

GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

AREA 1 - PROGRAMME DEVELOPMENT AND DELIVERY

1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes

- 1.1.1. How does the programme relate to, and is consistent with, the larger institutional goals of the HEP?
- 1.1.2. What are the evidence that show the demand for this programme? How was the needs assessment for the programme conducted?
- 1.1.3. Comment on the relevancy, clarity and specificity of the programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment, and the constructive alignment between them.
- 1.1.4. Comment on the alignment of the programme learning outcomes to an MQF level descriptors and the five cluster of MQF learning outcomes.
- 1.1.5. Evaluate the link between the student's competencies expected at the end of the programme and those required by the Ministry of Health as well as for purposes of higher studies.

1.2. Programme Development: Process, Content, Structure and Teaching-Learning Methods

- 1.2.1. Evaluate the level of autonomy given to the department in the design of the curriculum and in the utilisation of the allocated resources available to the department. How does the above vary with collaborative programmes and joint programmes? (if applicable)
- 1.2.2. Comment on the appropriateness of the processes, procedures, and mechanisms by which the curriculum is developed and approved.
- 1.2.3.
 - (a) Evaluate the involvement of stakeholders in curriculum development.
 - (b) Evaluate the effectiveness of the educational experts (medical educationist) involvement in the development of curriculum.

1.2.4.

- (a) Does the curriculum fulfil the requirements of undergraduate medical programme in line with good practices in the field?
- (b) Comment on the alignment of the course learning outcomes to the programme learning outcomes, as well as to the teaching and assessment methods, as presented in Table 4: Item 8. At the macro level, are the programme content, approach and teaching-learning methods appropriate, consistent and does it support the achievement of the programme learning outcomes?
- (c) Evaluate the diverse teaching-learning methods that help to achieve the learning outcomes and ensure that students take responsibility for their own learning.

1.2.5. Evaluate the appropriateness of teaching and learning methods applied to achieve the objectives and learning outcomes of the programme. *(This is to be read together with information in 1.1.3.)*

1.2.6. Comment on the co-curricular activities available for the students to enrich their experience, and to foster personal development and responsibility.

1.3. **Programme Delivery**

1.3.1. Evaluate the methods and approaches used by the medical school to ensure the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.

1.3.2. Evaluate on their currency and appropriateness. Comment on how students are informed about the key elements of the programme.

1.3.3.

- (a) Comment on how the programme is managed. Who is responsible for the planning, implementation and improvement of the programme? Is he/she appropriate for the responsibility? How effective is the academic team in managing the programme?
- (b) Evaluate the adequacy of the resources provided to the programme team to implement teaching-learning activities, and to conduct programme evaluation for quality improvement.

1.3.4. Does the medical school provide students with favourable conditions for teaching and learning? Explain how?

1.3.5. Comment on the innovative efforts made by the medical school to improve teaching, learning and assessment.

1.3.6. Comment on how the medical school obtain feedback and uses it to improve the delivery of the programme outcomes.

AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1. Relationship between Assessment and Learning Outcomes

- 2.1.1. Comment on the alignment between assessment, learning outcomes and MQF level.
- 2.1.2. Comment on the policy (if any) and effectiveness of regular reviews in aligning assessment and learning outcomes.

2.2. Assessment Methods

- 2.2.1. Evaluate the effectiveness of the various methods and tools in assessing learning outcomes and competencies. Evidences of formative and summative assessment.
- 2.2.2.
 - (a) Evaluate how the medical school ensures the validity, reliability, integrity, currency and fairness of the assessment methods.
 - (b) Comment on the guidelines and mechanisms to address academic plagiarism among students.
 - (c) How and how often is the method of assessment reviewed?
- 2.2.3.
 - (a) How frequent and at what point are the assessment methods and appeal policies documented and communicated to students?
 - (b) Are the grading and assessment practices publicised? If so, comment on the evidence provided on the publications. How widely is this carried out?
 - (c) How does the medical school ensure due process as well as opportunities for fair and impartial hearing?
 - (d) Are the grading, assessment and appeal policies published consistent with the actual practices?
- 2.2.4. How are changes to the student assessment methods made? How are they communicated to the students?

2.3. Management of Student Assessment

- 2.3.1. Comment on the roles, rights and power of the department and the academic staff in the management of student assessment.
- 2.3.2. Comment on the mechanisms to ensure the security of assessment documents and records.

- 2.3.3. How promptly do the students receive feedback on the assessment of their performance? Are the final results released before the commencement of a new semester?
- 2.3.4. Evaluate the guidelines and mechanisms on students' appeal against course results.
- 2.3.5. Evaluate the periodical review on the management of student assessment undertaken by the medical school and actions taken to address the issues highlighted by the review.

AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1. Student Selection

3.1.1.

- (a) Comment on the clarity and appropriateness of the HEP's policies on student selection and student transfer, including those in relation to students with special needs?
- (b) How does the HEP ensure that the selected students have capabilities and fulfil the admission policies that are consistent with applicable requirements?

3.1.2.

- (a) Comment on the public dissemination of the selection criteria and mechanisms for student selection.
- (b) Where other additional selection criteria are utilised, examine the structure, objectivity and fairness.
- (c) How does the department ensure that the student selection process is free from unfair discrimination and bias?

3.1.3.

- (a) Comment on the information of the past, present and forecasted (refer to Item 16, Part B) student intake in relation to the medical school's capacity to effectively deliver the programme. Comment also on the proportion of applicants to intake.
- (b) How does the HEP ensure the availability of adequate resources to admit "non-conventional", i.e., visiting, elective, exchange, and transfer students?

3.1.4. Comment on the policies and practices (if applicable) for appeal on student selection.

3.1.5. Evaluate the developmental and remedial support available to the students who need them.

3.2. Articulation and Transfer

3.2.1. Comment on how the medical school facilitates national and transnational student mobility.

3.2.2. Comment on the procedures to determine the comparability of achievement of incoming transfer students.

3.3. Student Support Services

3.3.1.

(a) Evaluate the adequacy and quality of student support services listed. How do they contribute to the quality of student life?

(b) If there are programmes conducted in campuses that are geographically separated, how is student support provided at the branch campuses? How well do these mechanisms work?

3.3.2.

(a) Comment on the unit responsible for planning and implementing student support services? How does it fit into the overall structure of the organisation in terms of hierarchy and authority? How qualified are the staff of this unit? Who does the head of this unit report to?

(b) How prominent are the student support services compared to other major administrative areas within the HEP?

3.3.3. Appraise the orientation of incoming students.

3.3.4.

(a) Comment on adequacy and qualifications of the academic, non-academic and career counsellors.

(b) Evaluate the effectiveness of student counselling and support programmes, including plans for improvements in counselling staff and services.

3.3.5. Evaluate the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.

3.3.6. Comment on the processes and procedures in handling disciplinary cases involving the students.

3.3.7. Appraise the mechanisms for complaints and appeals on academic and non-academic matters.

3.3.8. Comment on the effectiveness of the evaluation of student support services.

3.4. Student Representation and Participation

3.4.1. Evaluate the policy and processes that are in place for active student engagement especially in areas that affect their interest and welfare.

3.4.2. Evaluate the adequacy of student representation and organisation at the institutional and medical school levels.

3.4.3.

(a) Comment on students' linkages with external stakeholders.

(b) Evaluate the medical school's role facilitating students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.

3.4.4. Evaluate how the medical school facilitates student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.

3.5. **Alumni**

3.5.1.

(a) Evaluate the linkages established by the department with the alumni.

(b) Evaluate the involvement of the alumni in programme development, review and continuous improvement.

AREA 4: ACADEMIC STAFF

4.1. Recruitment and Management

- 4.1.1. Evaluate the consistency of the medical school's academic staff plan with HEP's policies and programme requirements.
- 4.1.2.
 - (a) Appraise the academic staff selection policy, criteria, procedures, terms and conditions of service in terms of getting adequately qualified and/or experienced staff.
 - (b) Comment on the due diligence exercised by the medical school in ensuring that the qualifications of academic staff are from *bona fide* institutions.
- 4.1.3. Assess the appropriateness of staff–student ratio to the programme and the teaching methods used.
- 4.1.4.
 - (a) Assess whether the medical school has adequate and qualified academic staff, including part-time academic staff necessary to implement the programme.
 - (b) Comment on the turnover of the academic staff for the programme (for Full Accreditation only).
- 4.1.5. Assess the policies and procedures on work distribution. Is the workload equitably distributed? (Refer to Table 5 for information on workload distribution.)
- 4.1.6. How does the medical school ensure diversity among the academic staff in terms of experience, approaches, and backgrounds?
- 4.1.7.
 - (a) How does appraisal of academic staff take into account their involvement in professional, academic and other relevant activities, at national and international levels?
 - (b) Are the policies, procedures and criteria for recognition through promotion, salary increment or other remuneration of the academic staff clear, transparent and merit-based?
- 4.1.8. Evaluate the nature and extent of the national and international linkages and how these enhance teaching and learning in the programme.

4.2. Service and Development

- 4.2.1. Comment on the medical school's policy on service, development and appraisal of the academic staff.
- 4.2.2. Comment on the opportunities given to the academic staff in order to focus on their areas of expertise such as curriculum development, curriculum delivery, supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties.
- 4.2.3.
 - (a) Comment on the HEP's policies on conflict of interest and professional conduct.
 - (b) Comment on the HEP's procedures for handling disciplinary cases.
- 4.2.4. Evaluate the mechanisms and processes for periodic student evaluation of the academic staff. Assess how this feedback is used for quality improvement.
- 4.2.5.
 - (a) Evaluate the extent and effectiveness of the academic staff development scheme.
 - (b) Assess the formative guidance and mentoring provided for new academic staff.
 - (c) Comment on the organised support available to assist academic staff to enhance teaching expertise in line with current trends in pedagogy, curriculum design, instructional materials and assessment.
- 4.2.6.
 - (a) Evaluate the support provided by the HEP and/or medical school for academic staff to participate in national and international activities.
 - (b) How useful is this participation for the enrichment of the teaching-learning experience?
- 4.2.7. Comment on how the department encourages and facilitates academic staff in community and industry engagement activities.

AREA 5: EDUCATIONAL RESOURCES

5.1. Physical Facilities

5.1.1.

- (a) Evaluate the sufficiency and appropriateness of physical facilities including clinical facilities for the effective delivery of the curriculum. Particularly when there is sharing of clinical facilities by more than one institutions.
- (b) Evaluate the adequacy and appropriateness of equipment and facilities provided for practical-based programmes and for students with special needs.

5.1.2. Examine evidence of compliance of physical facilities to relevant laws and regulations including issues of licensing.

5.1.3.

- (a) Evaluate the adequacy of the library services.
- (b) Evaluate the adequacy and suitability of learning spaces in and around the library.
- (c) Comment on the quality of the library's databases and bibliographic search, computer and audio-visual capabilities in relation to the programme.

5.1.4.

- (a) Evaluate how the HEP maintains, reviews and improves the adequacy, currency and quality of educational resources and assess the role of the department in these processes
- (b) Assess the condition and the provision for the maintenance of the physical learning facilities.

5.1.5.

- (a) Evaluate the effectiveness the policy on ethical use of information and communication technology including social media.
- (b) Evaluate adequacy and accessibility of web-based or other electronic media to students and staff.

5.2. Research and Development

5.2.1.

- (a) Appraise the research policy. How does the department policy foster the relationship between research and scholarly activity and education?
- (b) Comment on the research priorities, allocation of budget and facilities provided.
- (c) Comment on the extent of research activities in the department by looking into the number of academic staff members who are principal investigators, the value of research grants, and the priority areas for research.

5.2.2. Evaluate the interaction between research and learning reflected in the curriculum. How does it influence current teaching, and prepare students for engagement in research, scholarship and development?

5.2.3. Comment on the effectiveness of the medical school's review of its research resources and facilities. Comment on the steps taken to enhance its research capabilities and environment.

5.3. Financial Resources

5.3.1. Comment on the financial viability and sustainability of the HEP to support the programme.

5.3.2.

(a) Evaluate the medical school's procedures to ensure that its financial resources are sufficient and managed efficiently

(b) Are there indications that the quality of the programme is being compromised by budgetary constraints? If there is a current or potential financial imbalance in this regard, does the HEP have a credible plan to address it?

5.3.3. Comment on the responsibilities and lines of authority of the HEP with respect to budgeting and resource allocation for the department.

5.3.4.

(a) Evaluate the policy on the use of educational expertise in curriculum development and development of teaching-learning and assessment methods.

(b) Comment on the use of in-house or external educational expertise in staff development.

AREA 6: PROGRAMME MANAGEMENT

6.1. Programme Management

6.1.1.

- (a) Comment on the management structures and functions of the medical school and how their relationship within the department is defined. How are these being communicated to all stakeholders involved based on principles of transparency, accountability and authority?
- (b) Comment on the structure and composition of the committees in the department.
- (c) What effect do these relationships have on the programme?

6.1.2. Comment on the policies and procedures to ensure accurate, relevant, timely, and easily and publicly accessible information about the programme, especially to prospective students.

6.1.3.

- (a) Comment on the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities.
- (b) Comment on the continuous quality improvement resulting from these policies, procedures and mechanisms.

6.1.4. Comment on the academic board of the department as an effective decision-making body and its degree of autonomy.

6.1.5. Comment on the arrangement between the main campus and the branch campuses or partner institutions. Evaluate the mechanisms that exist to assure functional integration and comparability of educational quality.

6.1.6. Comment on the evidence of internal and external consultations, and market needs and graduate employability analyses.

6.2. Programme Leadership

6.2.1. Comment on the criteria for the appointment and the responsibilities of the programme leader.

6.2.2.

- (a) Comment on the appropriateness and suitability of the programme leader.
- (b) Evaluate the effectiveness of programme leader's relationship with the academic staff and students.

- 6.2.3. Comment on the mechanisms and processes of communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.

6.3. Administrative Staff

- 6.3.1. Comment on the appropriateness and sufficiency of the administrative staff who support the implementation of the programme.
- 6.3.2. Evaluate how the medical school reviews the performance of the administrative staff of the programme.
- 6.3.3. Evaluate the effectiveness of the training scheme for the advancement of the administrative staff and how it fulfils the current and future needs of the programme.

6.4. Academic Records

- 6.4.1.
 - (a) Comment on the policies and practices of the nature, content and security of student, academic staff and other academic records
 - (b) Evaluate the policies and practices on retention, preservation and disposal of these records.
- 6.4.2. Evaluate the maintenance of student records by the medical school relating to their admission, performance, completion and graduation.
- 6.4.3. Evaluate the implementation of the policy on privacy and the confidentiality of records.
- 6.4.4. Comment on the effectiveness of the department's review of its policies on security of records and safety systems.

AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

7.1. Mechanisms for Programme Monitoring, Review and Continual Quality Improvement

- 7.1.1. Comment on the policies and mechanisms for regular monitoring and review of the programme.
- 7.1.2. Assess the roles and the responsibilities of the Quality Assurance unit responsible for the internal quality assurance of the department.
- 7.1.3.
 - (a) Comment on the structure and workings of the programme monitoring and review committee.
 - (b) Evaluate the frequency and effectiveness of the mechanisms for monitoring and reviewing the programme in identifying strengths and weaknesses to ensure the achievement of programme learning outcomes
 - (c) How are the findings from the review utilised to improve the programme?
 - (d) How current are the contents and how are these updated to keep abreast with the advances in the discipline and to meet the current needs of the society?
- 7.1.4.
 - (a) How does the medical school ensure the involvement of stakeholders in a programme review?
 - (b) Comment on the nature of their involvement and how their views are taken into consideration.
- 7.1.5. Evaluate how the programme review report is made accessible to stakeholders and how their views are used for future development of the programme.
- 7.1.6.
 - (a) Evaluate how the various aspects of student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement.
 - (b) Comment on the rate of attrition and the reasons for it.
- 7.1.7. In collaborative arrangements, evaluate the relationship between the parties involved in programme monitoring and review.
- 7.1.8. Evaluate how the findings of the review are disseminated to the HEP. Comment on the action taken thereon.
- 7.1.9. Evaluate the integral link between the departmental quality assurance processes and the achievement of the institutional purpose.

APPENDIX 1

MQF 2ND EDITION

DOMAINS/CLUSTERS

OF LEARNING

OUTCOMES

A. MQF 2nd edition Domains/Clusters of Learning Outcomes

In MQF 2nd edition, the 8 learning domains in MQF first edition have been clustered, re-profiled and retained. The listed outcomes resonate and mostly align with the aspirations of the National Education Philosophy (1961), the Malaysia Education Blueprint 2013-2025 as well as the Malaysia Education Blueprint 2015-2025 (Higher Education). The MQF 2nd edition is linked to, and a continuum of, the educational outcomes from basic education to higher education as set in the national blueprints.

These learning outcomes clarify the demands and complexities of learning by each level. It is within the context of study and/or work/practice situations, where for example, knowledge and understanding is required concurrently as these traits are dominant and important in pursuing higher education and advanced skills training. The five clusters of learning outcomes are:

1. Knowledge and understanding
2. Cognitive skills
3. Functional work skills with focus on:
 - a. Practical skills
 - b. Interpersonal skills
 - c. Communication skills
 - d. Digital skills
 - e. Numeracy skills
 - f. Leadership, autonomy and responsibility
4. Personal and entrepreneurial skills
5. Ethics and professionalism.

B. Description on Learning Outcomes Clusters and Application Context

1. Knowledge and Understanding

Knowledge and understanding refers to a systematic understanding of facts, ideas, information, principles, concepts, theories, technical knowledge, regulations, numeracy, practical skills, tools to use, processes and systems.

It may relate to a subject, a field of study or discipline as well as to technical and occupational or workplace aspects of knowledge and understanding. It starts with basic general knowledge and progress to varied, broader, specialised and advanced knowledge including those relating to sustainable practices, rules and regulations, health and safety, especially relevant to TVET type and even professional programmes.

The scope of knowledge should include the common everyday knowledge within the learners' environment. This may also be acquired through formal, informal, and non-formal learning circumstances-experiences. Developing personal values and ethics may derive from knowledge and experiences.

Knowledge and understanding enables the learners to relate to their prior knowledge in the course of learning or work as well as to expand to related fields. Knowledge provides the basis for applications of all other learning outcomes.

2. Cognitive Skills

This relates to thinking or intellectual capabilities and the ability to apply knowledge and skills. The capacity to develop levels of intellectual skills progressively begins from understanding, critical/creative thinking, assessment, and applying, analysing, problem solving as well as synthesizing to create new ideas, solutions, strategies or new practices. Such intellectual skills enable the learner to search and comprehend new information from different fields of knowledge and practices.

3. Functional Work Skills

a. Practical work skills

These are generally work skills and operational skills applicable in common employment environment such as planning; organisational skills; selection of tools, material, technology methods and procedures, while in study context, it may include study skills and preparations, undertaking procedures, scientific skills, designs, research and so forth. It also includes specialised skills which are set by specific subject, discipline, technical or occupation-related work skills and professional practice which enhance professional competence. It should include safe and sustainable practices.

b. Interpersonal skills

Interpersonal skills refer to a range of skills which, amongst others, include interactive communications; relationships and collaborative skills in managing relationships in teams and within the organisations; networking with people of different cultures; as well as social skills/etiquette.

c. Communication skills

Communication skills refer generally to the ability to communicate/convey information/ideas/reports cogently and professionally in appropriate language. The communication must be effective and in appropriate forms, in various medium, to a range of audience and different situations. The ability to communicate in more than one language is encouraged.

d. Digital skills

Digital skills generally refer to the ability to use information/digital technologies to support work and studies. The skills include sourcing and storing information, processing data, using applications for problem solving and communication, as well as ethics in applying digital skills.

e. Numeracy skills

These are the quantitative skills that require learners to acquire increasingly higher levels of numerical abilities. It is acknowledged as an important living skill relevant in study, work and daily life. Within the MQF levels, this learning outcome may not be specifically mentioned for every level but it is expected that numerical skills are required as an outcome ought to be indicated for every specific programme. It may include understanding of basic mathematics, symbols relating to statistical techniques and etc.

f. Leadership, autonomy and responsibility

This cluster of skills refers to an individual's ability to build relationships and work with teams made up of peers or in managerial capacities with varying degrees of autonomy to make decisions or setting goals at organisational/unit/team levels; to take responsibilities and provide accountability; to be confident, knowledgeable, articulate, honest, professional, concerned, resilient, a risk taker and possess other intrapersonal skills including working in, and leading teams.

4. Personal and Entrepreneurial Skills

Personal skills are life skills that learners are expected to use daily. They are normally portrayed through enthusiasm for independent learning, intellectual and self-development; by demonstrating confidence, self-control; social skills and proper etiquette; and commitment to professionalism in the work place. It also includes capability to plan for career development or further education. Aspects of character such as honesty, punctuality, time management, keeping to and maintaining deadlines that are important in a work environment are also important personal skills.

Entrepreneurial skills require relevant knowledge, skills and expertise in key areas of an enterprise. Important personal qualities will include creativity, grit and drive. The learning outcomes describe incremental development of these skills. The drive to be an entrepreneur is set as personal skills but also requires the requisite of relevant knowledge, cognitive and functional skills.

5. Ethics and Professionalism

Ethics and values are important at personal, organisational, societal/community and global settings as they guide personal actions, interactions, at work and within the community at large. Awareness/understanding and respect of ethical, social and cultural differences and issues are important in the exercise of professional skills and responsibilities: integrity, professional conduct (professionalism), and standards of conduct such as upholding regulations, laws and codes of good practices or code of professional conduct. A sensitive approach in dealings with other cultures adds value to this learning domain.

APPENDIX 2

MQF 2ND EDITION –

DESCRIPTOR FOR

LEVEL 6

Appendix 2

Malaysian Qualifications Framework edition 2.0: Level 6 Descriptors

DESCRIPTORS (LO) MQF LEVEL	Summary of Learners' Profile	Knowledge and Understanding	Cognitive skills	Practical skills	Communication /Interpersonal Skills	Digital Literacy/Numeracy	Autonomy and Responsibility in Context	Personal skills	Ethics and Professionalism
LEVEL 6	<p>Learners will demonstrate a thorough comprehension of broad based and coherent body of knowledge and skills for para and full professional work embedding research, innovation and creativity in specialized areas</p> <p>Demonstrate professionalism, resilience</p>	<p>Describe advanced and comprehensive, theoretical and technical knowledge and demonstrate relevant skills in a specialized field, or of a multidisciplinary nature related to the field of study, work and/or practice</p>	<p>Demonstrate intellectual independence in the application of knowledge within specific field(s) by applying critical, analytical and evaluation skills in the field of study/work/practice.</p> <p>Manage, resolve complex applications and handle unpredictable issues with creative and innovative solution(s). and</p>	<p>Apply a range of essential methods and procedures to solving a broad range of complex problems.</p> <p>Review, make adjustments and supervise related practices and processes concerning field of specialization</p>	<p>Convey ideas both in written or oral forms using appropriate and different forms of presentation, confidently, accurately and coherently in appropriate context in a well-structured manner to a diversity of audiences</p> <p>Work together with different people in diverse learning and working communities as well as other</p>	<p>Use a broad range of information, media and technology applications to support study and/or work.</p> <p>Use and combine numerical and graphical/visual data for study/work.</p>	<p>Work autonomously, and show leadership and professionalism in managing responsibilities within broad organizational parameters.</p> <p>Undertake significant levels of work related responsibilities of others as well as self.</p> <p>Demonstrate decision</p>	<p>Engage effectively in self-directed lifelong learning and professional pathways.</p> <p>Demonstrate entrepreneurial competency with selected project(s). Demonstrate an appreciation of broader socio-political economic and cultural issues at local/national and regional</p>	<p>Demonstrate adherence, and ability to identify ethical issues, make decision ethically, and act professionally within the varied social and professional environment and practice.</p> <p>Demonstrate a deep familiarity and knowledge of local and global issues relating to science,</p>

	commitment to an ethical work culture, sustainability issues and an awareness of global citizenship in alignment with national aspirations.		an awareness of global citizenship in alignment with national aspirations.		groups locally and internationally.		making capacities and professionalism by working towards pre-determined goals and outcomes Demonstrate accountabilitys, especially in professional fields.	level.	technology, business, social and environmental issues
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APPENDIX 3
GUIDELINE ON
CREDIT AND
STUDENT LEARNING
TIME (SLT)

Guideline on Credit value and student learning time (SLT)

A credit is a quantitative measurement for all learning activities required to achieve the learning outcomes.

Notional Learning Time

1 Credit = 40 notional hours

Recommended Student Learning Time (SLT)

8 hours a day

40 hours a week

Total SLT ÷ 40 = 1 credit

20-22 credits per semester

200 – 220 credits in 5 years

Elective: 80 notional hour = 1 credit

Proposed Student Independent Learning Time

General Teaching –learning activities

	Academic Activity (some examples)	Guided learning Face 2 Face	Guided learning (NF2F)/ Independent Learning	Total SLT
1	Lecture	1	1-2	2-3
2	Tutorial	1	1-2	2-3
3	Laboratory/Practical	2	1-2	3-4

4	Assignment - 2000 words	0	20	20
5	Presentation	1 *	4*	5
6	Self learning packages/ CAL	0	2 (Guided learning Non F2F)	2
7	Field work	1-2	0	1-2
8	Problem-based Learning (PBL)	4 (2 sessions)	8	12
9	Case-based Learning	1	1	2
10	Project-based Learning	2	2-3	4-5
11	Team-based learning	2	4	6
12	Flip class	1	2	3
13	E-learning/ Gamification	1	1	2

* Individual student presentation normally take about 10-15 minutes, therefore the independent learning may take less than 4 hours

Clinical learning

Teaching –learning activities	Guided Learning Face 2 Face	Independent Learning (NF2F)	Total SLT
Ward work		1	1
Bedside teaching	1		1
Student presentation/seminar	1*	4*	5
Clinical Skill lab	2	0	2
Case write up 800- 1200 words		6 to 8	6-8
On call	1	0	0.5 (effective learning time)

* Individual student presentation normally take about 10-15 minutes, therefore the independent learning may be less than 4 hours

Assessment

Assessment	Percentage (%)	Face 2 Face (Contact)	Non Face 2 Face	Total SLT (in hours)
Continuous assessment (CA) *		1	3	4
CA: Assignment/ Case write up/ Presentation, etc		0	0	0
Summative assessment (Final Examination)		3	10	13

Note: * Assessments that are not included in teaching-learning

APPENDIX 4
EXAMPLE
FRAMEWORK OF
UNDERGRADUATE
MEDICAL
CURRICULUM

Framework of Undergraduate Medical Curriculum

1.1 Curriculum Structure

Medical school curricula should be able to give medical students:

- a. early contact with patients that increases in duration and responsibility as students' progress through the programme.
- b. experience in a range of specialties (including general practice, medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery), in a variety of settings, with the diversity of patient groups that they would see when working as a doctor.
- c. experience of following patients through their care pathway.
- d. the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions.
- e. learning opportunities that integrate basic and clinical science, enabling them to link theory and practice.
- f. the opportunity to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation

1.2 Curriculum Content

The core curricular content that will provide a comprehensive coverage are:

- a. Biomedical scientific principles relating to anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.
- b. Behavioural, population and clinical sciences relevant to the healthcare and health maintenance of adults and children
- c. Clinical skills, such as taking a detailed medical history, physical and mental state examination, formulating a diagnosis and management plan.
- d. Acute care (medical and surgical emergency) skills and procedures relevant to practice at the level of a houseman.
- e. General Medicine
- f. General Surgery
- g. Family Medicine.
- h. Geriatric Medicine and Palliative Medicine
- i. Psychiatry
- j. Obstetrics and Gynaecology
- k. Paediatrics
- l. Orthopaedics.
- m. Otorhinolaryngology (ORL).
- n. Ophthalmology
- o. Forensic medicine.
- p. Anaesthesiology.
- q. Health systems
- r. Communication skills.

- s. Ethics and professionalism.
- t. Leaderships, teamwork, managerial and entrepreneurial skills.
- u. Interprofessional education and interprofessional collaborative practice
- v. Research (scientific method, critical appraisal and evidence based medicine).

The medical school curriculum should be structured using a wide range of curriculum models, such as system-based, case-based and discipline-based learning, to provide balanced and varied learning opportunities. The curriculum should include both horizontal (concurrent) and vertical (sequential) integration of curricular components that would link biomedical, clinical and behavioural/social sciences, hence enabling students to link theory with practice.

The examples of specific recommendations, are outlined below:

General Medicine and General Surgery.

- i. The exposure to General Medicine and General Surgery respectively offers a unifying clinical perspective that integrates all the patients' evaluations, treatments as well as his/her overall wishes and values (patient autonomy).
- ii. General Medicine or General Surgical Training should not be considered as a mere summation of subspecialty training.
- iii. The medical schools should liaise with hospitals in posting students to General Medical units and General Surgical units wherever possible, in preference to subspecialty units – so that the students will have opportunities to see patients presenting with an 'undifferentiated' diagnosis or multiple clinical diagnoses. Where they are posted to subspecialty wards, it is preferable to ensure that they are taught general principles on Surgery and Medicine in general.

Family Medicine.

- i. There must be early and adequate student exposure to Family Practice.
- ii. May include continuous healing relationships, whole person orientation, family and community context and comprehensive care.
- iii. May include engagement of private General Practitioners.

Communication skills.

- i. In the medical school curriculum blueprint, core skills in communication skills should include:
 - a. Effective doctor-patient relationship.
 - b. Communication about the patient
 - c. Communication about medicine and science
- ii. There should be early, horizontal integration of such communication skills into the curriculum.
- iii. The curriculum should provide opportunities for students to practise their presentation skills and be observed while doing it, so that it is not just assumed that what is taught has been assimilated.

Ethics

- i. Individual medical schools should run concurrent teaching activities within and outside of the students' clinical attachments to reinforce theoretical principles of medical ethics.
- ii. It is recommended that those involved in teaching ethics in medical schools are conversant in the subject.

Interprofessional education (IPE) and Interprofessional collaborative practice (IPP)

- i. The occurrence of two or more health or social professions learning interactively about, from and with each other, all with the common goal of enabling effective collaboration and improving patient health outcomes.
- ii. Interprofessional practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings

Research

- i. The curriculum must clearly define core as well as elective competencies in the areas of research.
- ii. Research core skills may include understanding various types of clinical studies, literature research, critical appraisal of scientific journals and translational research.
- iii. Research elective skills may include: research methodology and design, biostatistics, qualitative research methods, writing a research proposal, scientific paper writing skills and conducting and reporting on a research project.

APPENDIX 5

SUGGESTION FOR

TEACHER-STUDENTS

RATIO IN TEACHING-

LEARNING

ACTIVITIES

Teacher-students ratio in teaching-learning activities for undergraduate medical programme

1. Tutorials: 1: 16
2. Problem-based learning: 1: 12
3. Bed side clinical teaching: 1: 8
4. Lecture, team-based learning, flipped classroom - flexible

APPENDIX 6

LIST OF

PARTICIPANTS

ATTENDING

RELATED

WORKSHOPS

List of workshops participants

Prof. Dr. Azizi Ayob	Prof. Madya Dr. Hamidah Abu Bakar
Prof. Dr. Adlina Suleiman	Dr. Zahirah Tharek
Prof. Dr. Jamaludin Zainol	Dr. Tan Toh Leong
Prof. Dr. Zarida Hambali	Dr. Tai Keen Sang
Prof. Dr. Nor Fadhilah Mohamad	Dr. Suhaila Sanip
Prof. Dr. Noor Azmi Mat Adenan	Dr. Siti Soraya Ab Rahman
Prof. Dr. Nafeeza Hj Mohd Ismail	Dr. Siti Mariam Bujang
Prof. Dr. Muhammad Najib Mohamad Alwi	Dr. Siti Khadijah Hawari
Prof. Dr. Mohammed Fauzi Abdul Rani	Dr. Rizuana Iqbal Hussain
Prof. Dr. Mohamad Khairuddin Abdul Wahab	Dr. Rafidah Hod
Prof. Dr. Marhani Bidin	Dr. Nurul Kharmila Abdullah
Prof. Dr. Lai Nai Ming	Dr. Nur Faraheen Abdul Rahman
Prof. Dr. Faridah Mohd Nor	Dr. Norzian Ismail
Prof. Dr. Yogeswery A/P Sithamparanathan	Dr. Nik Munirah Nasir
Prof. Dr. Vishna Devi Nadarajah	Dr. Nadeeya 'Ay Umaisara Mohd Nor
Prof. Dr. Siva Achanna	Dr. Muhammad Yusoff Mohd Ramdzan
Prof. Dr. Samiah Yasmin	Dr. Mark Tan Kiak Min
Prof. Madawa Chandratilak	Dr. Khadijah Poh Yuen Yoong
Dato' Dr. Anas Sjahroeddin Ressang	Dr. Jacyntha Jayaram
Prof. Madya. Dr. Mohd Fahmi Lukman	Dr. Ixora Kamisan Tan
Prof. Madya Dr. Yushak Abdul Wahab	Dr. Haymond Prasad
Prof. Madya Dr. Yong Voon Fatt	Dr. Fadzlinda Shaharuddin
Prof. Madya Dr. Ramli Ibrahim	Dr. Aimi Nadia Mohd Yusof
Prof. Madya Dr. R. Ganesh	Dr. Ahmad Ramzi Bin Yusoff
Prof. Madya Dr. Intan Hakimah Ismail	En. Abdul Saman Taip
Prof. Madya Dr. Harry Surya Rangkuti	En. Zamrin Salim
Prof. Madya Dr. Sethu Thakachy Subha	Pn. Rosmaliza Mohaidin
Prof. Madya Dr. Abdul Halim Abdul Rashid	Cik Nur Atiqah Abdul Rahman