

GLOSSARY

Definition of terms use in the Standard for Medical Education

1.	Academic staff workload	Average teaching hours for each staff should not exceed 18 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.	Aptitude test	An assessment to test a candidate's abilities through a variety of different testing formats. Aptitude tests will test candidate ability to perform tasks and react to situations at work. This includes problem-solving, prioritisation and numerical skills, amongst other things.
5.	Areas of concern	Aspect of the programmes that is below the standards and require improvement.
6.	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.
7.	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.
8.	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.

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9.	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.
10.	Basic biomedical sciences	Include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.
11.	Clinical sciences	The clinical sciences - include anaesthetics, dermatology, radiology, emergency medicine, general practice/family medicine, internal medicine, geriatrics, gynaecology & obstetrics, ophthalmology, orthopaedics surgery, otorhinolaryngology, paediatrics, palliative care, psychiatry, surgery.
12.	Commendation	Aspects of the provision of the programme that are considered worthy of praise.
13.	Competency	A student's knowledge, skills and abilities which enable the student to successfully and meaningfully complete a given task or role
14.	Condition	A mandatory requirement, which the medical school must comply within a stipulated time period
15.	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 fulfil the responsibilities of the dean's office.

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16.	Educational Expertise	Educational experts and specialists who are available, and, used to plan 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.
17.	e-Learning	Learning facilitated and supported through the use of information and communications technology.
18.	Evidence-based medicine	Medicine founded on documentation, trials and accepted scientific results.
19.	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 part-time to full-time academic staff whereby the part-time staff should not be more than 40%.
20.	Full-time Staff	Staff with permanent appointment or contract appointment (minimum one year) who works exclusively for a Higher Education Provider.
21.	Health sector	Health sector would include the health care delivery system, whether public or private, and medical research institutions.
22.	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.
23.	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.

24.	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.
25.	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.
26.	Learning Outcomes	Learning outcomes are statements on what a learner should know, understand and can do upon the completion of a period of study.
27.	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.
28.	Medical Ethics	Medical ethics deals with moral issues in medical practice such as values, rights and responsibilities related to physician behaviour and decision making.
29.	Medical Law	Medical law is the branch of law which concerns the prerogatives and responsibilities of medical professionals and the rights of the patient.
30.	Medical Research	Medical research encompasses scientific research in basic biomedical, clinical, behavioural and social sciences.

31.	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.
32.	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 institution's vision.
33.	MQF Level	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.
34.	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.
35.	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.

36.	Programme Accreditation	An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are two stages of programme accreditation: Provisional Accreditation is an accreditation exercise to determine whether a proposed programme meets the minimum quality standards prior to its launch. 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
37.	Programme Aims	Programme aims is an overarching statement on the purpose, philosophy and rationale in offering the programme.
38.	Programme Objectives	Broad statements that describe the career and professional accomplishments that the programme is preparing graduates to achieve after they graduated.
39.	Programme Learning Outcomes	Statements that describe the specific and general knowledge, skills, attitude and abilities that the programme graduates should demonstrate upon graduation.
40.	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.
41.	Quality Enhancement	Quality enhancement is steps taken to bring about continual improvement in quality.

42.	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. (Incorporated in the Evaluation Instrument).
43.	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
44.	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.
45.	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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