

SECTION 2

CRITERIA AND

STANDARDS FOR

PROGRAMME

ACCREDITATION

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AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

<p>1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes</p>
<p>1.1.1. 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.
<p>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.</p>
<p>1.1.3. 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.
<p>1.1.4. 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.

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.

- 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. The curriculum must:
 - 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:
 - 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: Refer to Section 4 for Core Competencies and 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 Value 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.

Annotation: For new medical programme, the medical student intake should not exceed 50 students per year. Subsequently, the school can apply to the Ministry of Higher Education for an increase in the student intake.

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 using a structured format. <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: 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>Appendix 5: Minimum qualifications for entry into a medical programme as approved by MoHE.</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> <p><i>Annotation: Requirement from Malaysian Medical Council: Pursuant to the Age of Majority Act 1971 (Act 21) and taking into cognisance of intimate issues and procedures, student should be at least 18 years old during admission (MPM 398 meeting dated 22 September 2020), no serious physical or mental illness ; and/or serious communicable disease which may impact upon their future practice.</i></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.	<p>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.</p>

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 2009-2020. Page 157-162

Appendix 6: Transfer students

- 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 supports.

- 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:
- 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. The medical school must have a clearly defined plan for its academic manpower needs consistent with institutional policies and programme requirements:
- 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.
 - Local (Malaysian) faculty should be AT LEAST 50% of the total number of staff

Annotation: Appropriate balance between medical and non-medical staff with non-medical staff not exceeding 30%.

- 4.1.2. 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.

Refer to Appendix 7 for minimum number of academic staff for each discipline

- 4.1.3. The staff-student ratio for the programme must be appropriate to the teaching-learning methods and relevant to the various curricular components.

Annotation: For the academic staff workload, the average face to face teaching hours for each staff should not exceed 18 hours/week.

Appendix 8: Teacher-students ratio in teaching-learning activities.

- 4.1.4. The medical school must have adequate and qualified academic staff responsible for implementing the programme.

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 part-time academic staff should not be more than 40%. – Refer to Appendix 9 for

the guideline to calculate FTE

Number of lecturer per discipline- Refer to appendix 7

Annotation: Qualified academic staff - The qualification must match the subject taught. A medical practitioner teaching in hospitals/clinics must have the annual practicing certificate issued by the Malaysian Medical Council.

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.	<p>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.</p> <p><i>Annotation: The number of students who can be enrolled will be based on the number of beds available for teaching purposes, at a ratio of 1 student to 5 beds. Hence for a faculty that admits 150 students in one year, the total number of beds available for teaching must be at least 750.</i></p>
5.1.2.	<p>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.</p>
5.1.3.	<p>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.</p>
5.1.4.	<p>The educational resources, services and facilities must be maintained and periodically reviewed to improve its quality and appropriateness.</p>
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 adequate access to web-based or other electronic media.
5.2. Research and Development	
5.2.1.	<p>The medical school must have a research policy with adequate facilities and resources to sustain them.</p>
5.2.2.	<p>The interaction between research and learning must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research and scholarly activities.</p>
5.2.3.	<p>The medical school must periodically review its research resources and facilities, take appropriate action to enhance its research capabilities and promote a conducive research environment.</p>

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.

5.3.3. The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the Medical School.

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 review, curriculum development and the development of methods in teaching-learning and assessment.
- demonstrate evidence of the use of in-house or external educational expertise in faculty development initiatives.

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 the 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, market needs (for new programme) and graduate employability analysis
6.2.	Programme Leadership
6.2.1.	The medical school must clearly state 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 charge 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.	The medical school must have clear policies and appropriate mechanisms for regular programme monitoring and review.
7.1.2.	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.
7.1.3.	The medical school must: <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.	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.
7.1.5.	The medical school must make the programme review report accessible to stakeholders.
7.1.6.	The medical school must: <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.	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.
7.1.8.	The findings of a programme review must be presented to the HEP for its attention and further action.
7.1.9.	There must be an integral link between the medical school quality assurance processes and the achievement of the institutional purpose.