MMC GUIDELINES

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Prepared by:	MMC Audit Committee	Signature (C)	Date
Datuk Dr. Rohaizat bin Yon (C) Prof. Dr. Azad Hassan bin Abdul Razack Dr. Sri Wahyu binti Taher Prof. Dr. G. R. Letchuman Ramanathan Dato' Dr. Jiffre bin Din Dr. Rafidah binti Abdullah Dr. Veronica Lugah Dr. Hirman bin Ismail Prof. Datin Dr. Yong Rafidah binti Abdul Rahman Prof. Dr. Shatriah binti Ismail Prof. Dato' Dr. April Camilla Roslani Dr. Noor Ashani bin Md Yusoff			

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1 BACKGROUND

1.1 Introduction/Preamble

i. This document serves to perform the duties of Medical Education Committee (MEC) as stated in Draft Medical (Amended) Regulations 2024, on Regulations 22 (6).
ii. This document needs to be read together with Malaysian Standards for Medical Specialist Training and Specialty Specific Requirements (SSR).
iii. The purpose of this document is to guide Panel of Assessor (PoA) for the event of accreditation visit.

2 TASKS AND DUTIES AS PANEL OF ASSESSORS

Evaluation of specialist training programmes are for the purposes of the following:

i. Provisional Accreditation
ii. Full Accreditation
iii. Compliance Evaluation

Tasks as Panel Assessors are in accordance with the process of programme evaluation:

i. **Before the Evaluation Visit**
ii. **Panel of Assessors Coordination Meeting**
iii. **During the Evaluation Visit**
iv. **Exit Report**
v. **Final Evaluation Report**

All these three evaluations share common tasks and external audit processes as summarized in the following:

2.1 Before the Evaluation Visit

Pre-visit evaluation processes include the following:

a. Education Training Provider (ETP) submits a complete Provisional Accreditation / Full Accreditation/ Compliance Evaluation application to MQA.

b. MQA records the application, checks whether the information submitted is complete, and assigns the application to the relevant MQA officer. The ETP is notified that the evaluation process will commence.
c. Upon receiving the request for panel nomination from the MQA, the MMC nominates the POA, and MQA appoints the chairman and the members of the POA.
d. Upon receiving complete documentation from the ETP, the documents are forwarded by the MQA to the POA for preliminary evaluation whereby the Chairman shall determine the distribution of tasks among the panel members. (refer roles and responsibilities 3.2.2)
e. The POA informs the MQA of any incomplete documents that must be sent within the/an agreed timeframe.
f. The MQA officer in charge will propose suitable dates for the coordination meeting and the visit for the POA's agreement.
g. POA uses the Evaluation Instrument to prepare the preliminary evaluation report prior to the Coordination Meeting.

2.2 Panel of Assessors Coordination Meeting

The coordination meeting consists of two parts:
a. Meeting among the panel members and the secretariat.
b. Meeting of the POA, secretariat with ETP

a. **In the first part of the meeting, the POA will**:

i. Discuss each other's views and findings
ii. Highlight the main issues that need to be evaluated during the visit
iii. Identify any further information, clarification, or documents required from the ETP within a time frame.
iv. Review the schedule provided by ETP for the evaluation visit, the POA may alter the schedule as needed.

b. **In the second part of the meeting with the ETP, the POA will**:

i. Inform the final visit schedule to the ETP
ii. Clarify any information with the ETP.
iii. Inform the ETP of any added information or documents that must be sent before the visit within an agreed timeframe.

c. Following the coordination meeting, the MQA officer will follow up with ETP for the documents requested. The ETP will provide all documents

or information requested by the POA through the MQA officer in charge of the visit.

2.3 During the Evaluation Visit

a. The objectives of the evaluation visit are for the POA to verify the information submitted by ETP and to look for **compliance.**
b. The Chairman of the POA will formally introduce the panel members and the terms and references of the evaluation visit.
c. The Head of the Program from ETP will do a presentation on the program.
d. The questions and answers session will follow the presentation of the ETP.
e. The POA conducts interviews with staff, trainees/students, and other relevant stakeholders and conducts facility visits as per the agreed schedule to check for compliance with the Standards. The schedule may be adjusted as necessary during the visit.
f. The Chairman may divide the team members into smaller groups for verification of information or visits. These small groups must comprise of at least two team members per group. Team members may include MMC secretariat/MQA Officer.
g. The POA must verify all additional evidence during the visit to reach a final and objective conclusion.
h. The findings during the visit will be discussed by the POA at a dedicated meeting at the conclusion of the day's activities. A collective conclusion will be made and if further information is needed, the POA will be required to review such information.
i. The POA prepares a verbal exit report that will be communicated to the ETP at the conclusion of the visit. The POA will not include any recommendation in the verbal report to the ETP.
j. The activities of an evaluation visit and the personnel involved are summarized in the following table:

No.	Activity during Visit	Personnel Involved
1.	Coordination Meeting	- POA - ETP Liaison Officer - MMC Secretariat
2.	Meeting with Senior Management team and academic staff of ETP. Presentation by the head of the program	- POA - ETP

3.	Meeting/interview with program head, coordinators, academic staff, trainees, and other relevant stakeholders.	- POA and secretariat - All relevant stakeholders from ETP
4.	Visit premises and verify facilities and resources	- POA and secretariat= - Relevant stakeholders from ETP
5.	Review of additional documents	POA and secretariat
6.	Prepare verbal exit report as generated by the Evaluation Instrument (EI) to be presented to the ETP	Chairman of POA

Note: The visit activities will be scheduled accordingly to specific audit priorities, issues and availability of evidences, as agreed by the MQA, MMC, POA and ETP.

2.4 Exit Report

a. The exit report presentation is a one-way presentation.
b. The Chairperson shall remind the ETP that they are prohibited from rebutting the details of the presentation.
c. The Chairperson shall remind the ETP that the presentation cannot be recorded by audio-visual means.
d. The chairperson shall present the verbal exit report emphasizing the strengths and areas of concern.
e. All key elements highlighted in the oral presentation, and final written report must be clear and consistent.
f. The Chairperson shall not make any recommendations regarding the period of accreditation or provide any accreditation decision to the ETP.
g. The chairperson should advise the ETP that the final written report is subject to subsequent factual verification by the ETP.
h. ETP reserves its rights to decide on the management personnel present at the verbal exit report.

2.5 Factual Verification

a. Before the report is finalised, the MQA Liaison Officer will send the report to the ETP for factual verification*.
b. The ETP is expected to verify on the factual matters of the draft which must be returned to MQA within a specified time.
c. If there is factual correction, the MQA officer will forward the report to the POA for corrections before the final report will be submitted to the MMC liaison officer to be tabled in Joint Technical Committee (JTC).
d. If there is no factual correction by ETP, the final report will be submitted to the MMC liaison officer to be tabled in Joint Technical Committee (JTC).

*Note: Factual verification refers to accurate data in reference

2.6 Final Evaluation Report

a. The chairperson is responsible for overseeing the preparation of the final report using the Evaluation Instrument, in full consultation with, and cooperation of, the panel members, to ensure that it represents the consensus view of the POA.
b. The POA is required to complete the draft final report before the conclusion of the accreditation exercise.
c. The draft final report that has been amended after factual correction will be submitted to the MQA liaison officer for the purpose of presentation at the JTC.

Refer to Appendix A: Guidelines & Best Practices in Audit Report-Writing

3 GUIDELINE ON PANEL SELECTION FOR EVALUATION OF SPECIALIST TRAINING PROGRAMMES

3.1 Guideline on Panel Selection

3.1.1 The Evaluation Panel for Provisional Accreditation:

a. The panel team will consist of THREE (3) to FOUR (4) members.
b. Composition of the team:
   i. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person

is unavailable, the chairperson shall be appointed from within the relevant cluster*.

ii. The other panel members (2 or 3 persons) will be selected from the discipline / cluster / SEC / MEC / MMC.

iii. For provisional accreditation, 1 panel member must possess expertise in medical education. **

3.1.2 The Evaluation Panel for Full Accreditation:

a. The panel team will consist of THREE (3) to FOUR (4) members.
b. Composition of the team:
   i. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person is unavailable, the chairperson shall be appointed from within the relevant cluster*.
   ii. The other panel members (2 or 3 persons) will be selected from the discipline / cluster / SEC / MEC / MMC
   iii. At least one of the panel members must have participated in the previous evaluation exercise.

3.1.3 Compliance Evaluation:

a. The panel team will consist of TWO (2) to THREE (3) members.
b. Composition of the team:
   i. The chairperson will be in the Specialist Register in the discipline being evaluated. In the event that such person is unavailable, the chairperson shall be appointed from within the relevant cluster*.
   ii. The other panel members (1 or 2 persons) will be selected from the discipline / cluster / SEC / MEC / MMC
   iii. At least one of the panel members must have participated in the previous evaluation exercise.

*Medical or Surgical Cluster
**Medical Education Expertise: Medical specialists who have previously participated in educational activities such as designing and reviewing the curriculum, selection of relevant education contents, developing teaching and learning methods, review of the assessment modes, building staff capacity. (Based on Standards on Undergraduate Medical Education, Second Edition 2022)

3.2 Roles and Responsibilities of Parties involved in Accreditation

3.2.1 The Chairperson

a. MQA will appoint a chairperson for the POA who will be responsible for the overall conduct of the external programme evaluation exercise.
b. The chairperson is the key person in an accreditation exercise and should have prior experience as an assessor. It is the Chair's responsibility to create an **atmosphere in which critical professional discussions** can take place, where opinions can be liberally and considerately exchanged, and in which integrity and transparency prevail. Much of the mode and accomplishment of the accreditation exercise depends on the chairperson's ability to facilitate the panel to do its work as a team rather than as individuals, and also to bring out the best in those whom the panel meets.
c. The chairperson is responsible for ensuring that the **oral exit report** accurately summarises the outcomes of the visit and is consistent with the reporting framework. The chairperson presents the oral exit report that summarises the tentative findings of the team to the representatives of the ETP. The chairperson also has a major role in the preparation of the written report and in ensuring that the oral exit report is not materially different from the final report.
d. The chairperson is expected to collate the reports of the members of the panel and to work closely with them to complete the draft report within the specified time frame. He is responsible for organising the contributions from the other team members and to ensure that the overall report is evidence-based, standard-referenced, coherent, logical and internally consistent.

3.2.2 The Panel Members

a. MQA will appoint the members of the POA.
b. Panel members are selected so that the panel as a whole, possesses the expertise and experience to enable the accreditation to be carried out effectively.

c. In evaluating the ETP's application for Provisional, Full Accreditation or Compliance Evaluation of a programme, the panel members will:
   i. Assess the programme for compliance with the Malaysian Qualifications Framework (MQF), current policy, programme standards and the seven areas of evaluation, as well as against the educational goals of the ETP and the programme objectives and outcomes;
   ii. Verify and assess all information about the programme submitted by the ETP, and the proposed improvement plans;
   iii. Highlight aspects of the Programme Self-Review Report (if applicable) which require attention that would assist it in its effort towards continual quality improvement; and
   iv. Reach a judgment.

3.2.3 **MQA Officer**

a. MQA will assign an accreditation officer for every application received from the ETP. The MQA officer has the following responsibilities:
   i. To act as a resource person on policy matters;
   ii. To coordinate and liaise with the panel members;
   iii. To liaise with the department liaison officer;
   iv. To ensure that the panel conducts itself in accordance with its responsibilities;
   v. To ensure that the accreditation process is conducted effectively and in a timely manner;
   vi. To keep copies of handouts, evaluation reports, organizational charts, for incorporation, as appropriate, in the Final Report; and
   vii. To provide other relevant administrative services.

3.2.4 **MMC Secretariat**

a. MMC will assign a secretariat for each accreditation visit and the roles as follows;
   i. Represents the professional body
   ii. To act as resource person for matters relating to the standards imposed by the professional body.
   iii. To ensure that the panel conducts itself in accordance with its terms of reference

3.2.5 The Liaison Officer

a. The ETP should appoint a liaison officer to coordinate with MQA in the programme accreditation. The liaison officer has the following responsibilities:
   i. To act as a resource person on behalf of the ETP;
   ii. To coordinate and liaise with MQA officer;
   iii. To assist in arranging the tentative schedule for the visit and informing all the relevant people of the audit plan;
   iv. To provide the evaluation team with the necessary facilities;
   v. To provide copies of relevant documents and records; and
   vi. To provide other relevant administrative services.

3.2.6 Representatives of the ETP

a. The ETP will be advised as to the groups of people the panel will want to interview for the purpose of the evaluation visit. The POA may request to meet the following people or categories of people:
   i. The Chief Executive Officer;
   ii. Senior management of the ETP, which may include the Registrar;
   iii. The head of Internal Quality Unit;
   iv. The head of department;
   v. The programme leader;
   vi. Members of the internal review committee;
   vii. Members of the board of the department;
   viii. Trainee leaders;
   ix. Academic staff
   x. A cross-section of trainees / students in the programme;
   xi. A selection of graduates (alumni), where appropriate;
   xii. Representatives of the industry and government relevant to the programme; and
   xiii. Others as appropriate.

b. It is important for the POA to meet representatives of each of the above categories to obtain a cross-sectional perspective of the programme and its quality. Trainees and the academic staff are two key constituents in getting feedback on the effectiveness of learning-teaching and the attainment of learning outcomes.

c. **Trainees' opinion** will be sought regarding the quality and adequacy of the academic programme and the provision of student support services, as well as their role in providing feedback to the department on these matters. Trainee can also be requested to serve as guides in the visits to the library, classroom, laboratories and other learning-teaching facilities.
d. **Academic staff's opinion** is sought regarding staff development, promotion and tenure, workload distribution, teaching skills, understanding of the programme educational objectives and learning outcomes. In addition, POA will obtain their perception of the programme, students, the academic culture of the department, and the appropriateness and sufficiency of available facilities.

3.2.7 Observer

a. The observer must have attended an Accreditation Training Course and prior to attending an accreditation visit.
b. A maximum of 2 observers are allowed to accompany the panel of assessors for any accreditation visit.
c. The observers are required to conduct themselves in a manner that is appropriate in the accreditation exercise.
d. Involvement of the Observer in any part of the accreditation exercise is allowed only upon the consent and direction of the Chairperson.
e. The observer is nominated by the professional body and their nominations are submitted to ETP via MQA prior to any accreditation visit.
f. The ETP may refuse any individual from becoming an observer to the accreditation visit of their programme. This decision shall be accompanied by adequate justification.
g. The observer shall be evaluated by the Chairperson and panel members on the following parameters:
    i. Collegiality/ Ability to work in a team
    ii. Proficiency on Accreditation Process
    iii. Proficiency on Application of Specialty Standards (if applicable)
    iv. Other parameters that the professional body sees fit
h. The observer will be considered for appointment as panel of assessor if the individual has accomplished the following:
    i. Completed an Accreditation Training Course
    ii. Obtains a good evaluation report whilst attending the accreditation visit as an Observer

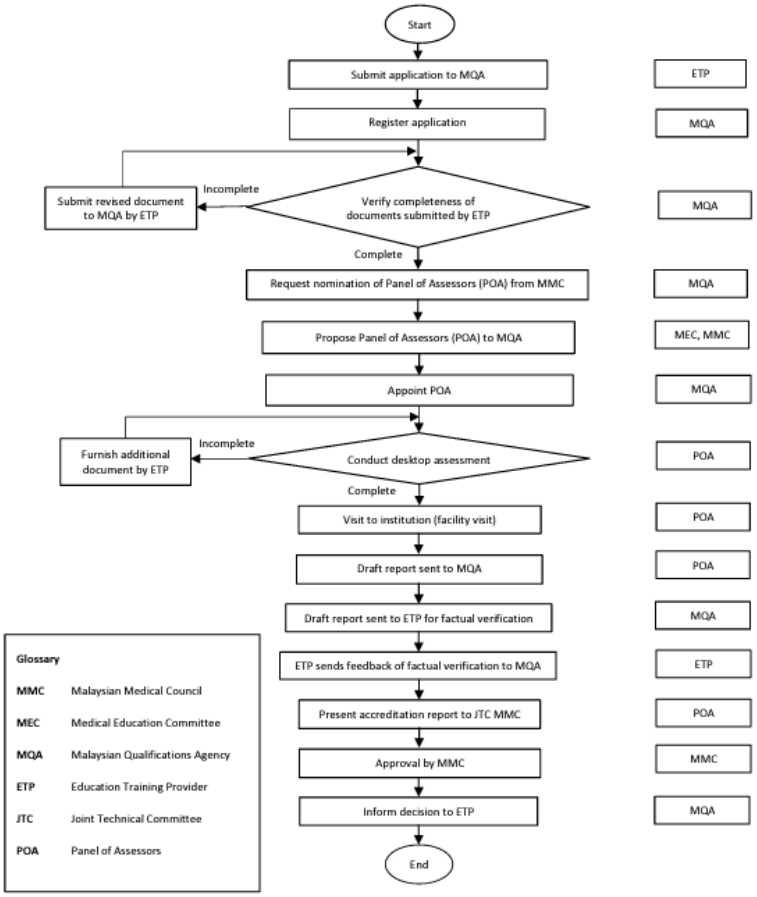
4 ACCREDITATION FLOWCHART

4.1 Provisional Accreditation

a. The purpose of Provisional Accreditation exercise is to ascertain that the minimum requirements are met in order to conduct a programme of study. [COPPA 2nd Ed].
b. Source: https://mmc.gov.my/wp-content/uploads/2023/12/FLOW-MEDICAL-SPECIALTY-PROGRAM-ACCREDITATION-MMC-Provisional-Accreditation.pdf

MEDICAL SPECIALTY PROGRAM ACCREDITATION FLOWCHART

Figure 1: The flowchart for the Provisional Accreditation process for Postgraduate Programme

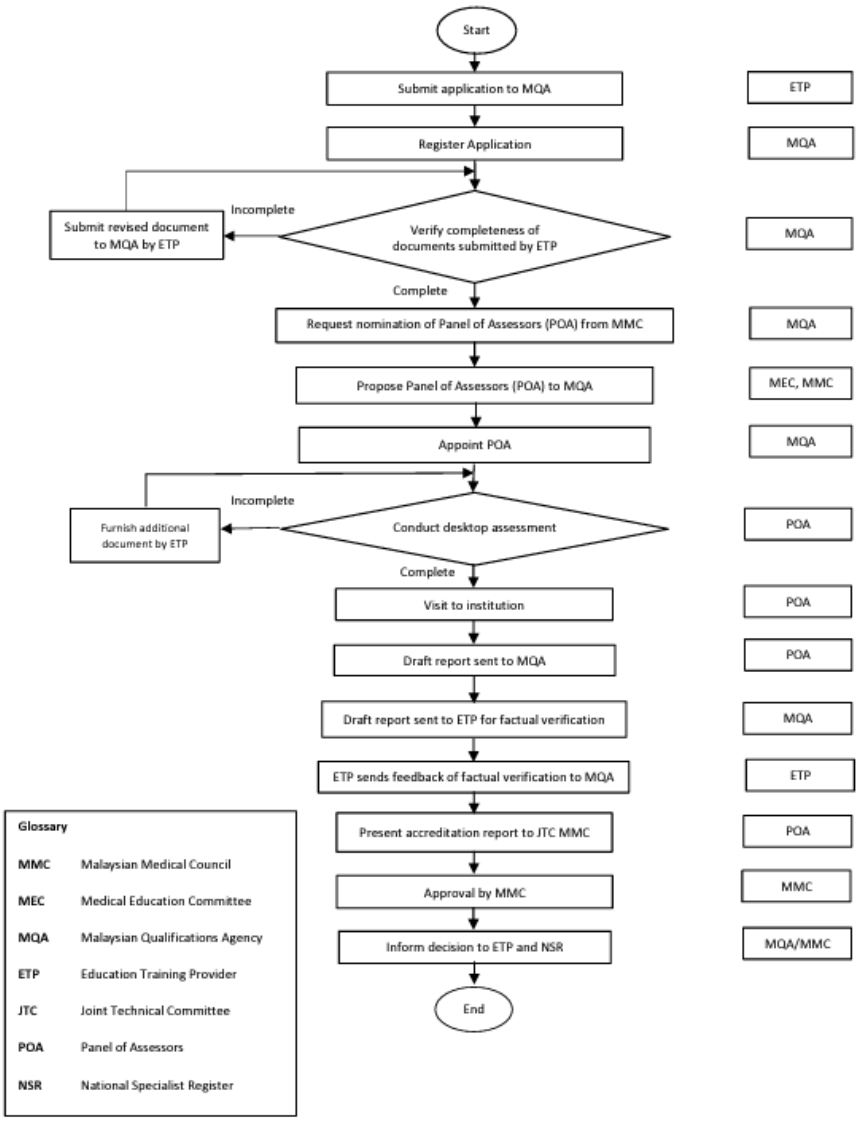


Endorsed by Malaysian Medical Council (MMC)
in Mesyuarat MPM 415 on 22 February 2022

4.2 Full Accreditation

a. The Full Accreditation exercise is usually carried out when the first cohort of students are in their final year [COPPA 2nd Ed].
b. Source: https://mmc.gov.my/wp-content/uploads/2023/12/FLOW-MEDICAL-SPECIALTY-PROGRAM-ACCREDITATION-MMC-Full-Accreditation.pdf

Figure 2: The flowchart for the Full Accreditation process for Postgraduate Programme



Endorsed by Malaysian Medical Council (MMC)
in Mesyuarat MPM 415 on 22 February 2022

4.3 Compliance Visit

a. Source: https://mmc.gov.my/wp-content/uploads/2024/05/Flowchart-for-Medical-Specialty-Program-Accreditation-MMC-%E2%80%93-Compliance-Evaluation.pdf

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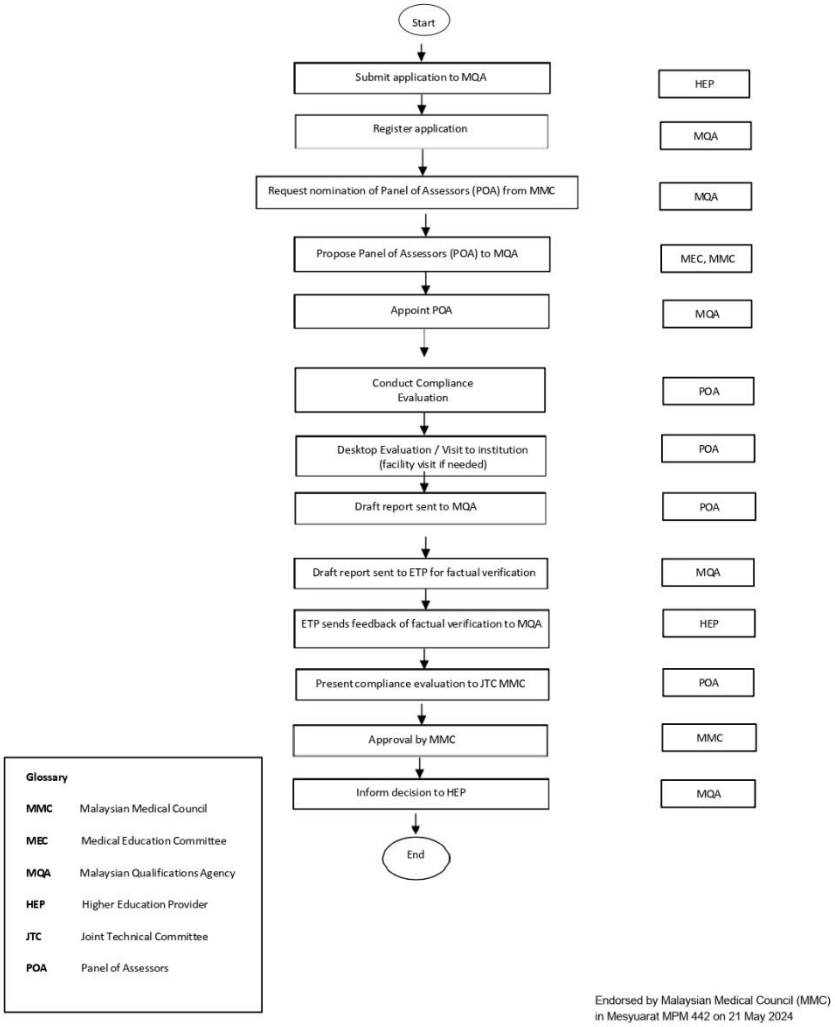
MEDICAL SPECIALTY PROGRAM ACCREDITATION FLOWCHART

Figure 3: The flowchart for the Compliance Evaluation process for Postgraduate Programme



Endorsed by Malaysian Medical Council (MMC) in Mesyuarat MPM 442 on 21 May 2024

5 DEMEANOUR, RESPONSIBILITIES AND ASSESSOR CODE OF CONDUCT

(Reference from COPPA MQA 2nd Edition April 2018)

5.1 Demeanour: Personal and General Attributes of Assessors

a. Assessors should be competent, ethical, open-minded, mature and demonstrate the following attributes:
   i. Good listeners
   ii. Sound judgment, analytical skills and tenacity
   iii. Ability to perceive situations in a realistic way
   iv. Understand complex operations from a broad perspective
   v. Understand the role of individual units within the overall organisation
   vi. Ability to work in a team
   vii. Maintain integrity and discretion and
   viii. Ensure commitment, diligence and timeliness

b. Equipped with the above attributes, the assessors should be able to:
   i. Obtain and assess evidence objectively and fairly
   ii. Remain true to the purpose of the evaluation exercise
   iii. Be cognisant of interpersonal communications and body language during interactions throughout the visit;
   iv. Treat stakeholders concerned in a way that will best achieve the purpose of the evaluation
   v. Commit full attention and support to the evaluation process without being unduly distracted
   vi. React effectively in stressful situations
   vii. Arrive at objective conclusions based on rational considerations; and
   viii. Remain true to a conclusion based on evidence despite pressure to change.

5.2 Responsibilities of the Assessors

a. Assessors are responsible for:
   i. Complying with the evaluation requirements;
   ii. Communicating and clarifying evaluation requirements;
   iii. Planning and carrying out assigned responsibilities effectively and efficiently;
   iv. Documenting observations;
   v. Reporting the evaluation findings;

vi. Safeguarding documents pertaining to the accreditation exercise;
vii. Ensuring documents remain confidential;
viii. Treating privileged information with discretion;
ix. Cooperating with, and supporting, the chairperson;
x. Producing evaluation report within the time frame given.

b. Assessors should:
i. Remain within the scope of the programme accreditation;
ii. Exercise objectivity;
iii. Collect and analyse evidence that is relevant and sufficient to draw conclusions regarding the quality system;
iv. Remain alert to any indications of evidence that can influence the results and possibly require further assessment; and
v. Act in an ethical manner at all times.
vi. At all times represent the MQA/MMC (not their respective organization/institution) throughout the accreditation exercise

5.3 Assessor Code of Conduct

a. The following sections outline the code of conduct applicable to all assessors engaged by the Malaysian Medical Council (MMC) and Malaysian Qualification Agency (MQA) (known as accreditation agency) in conducting accreditation of medical programmes in Malaysia. The code encompasses areas such as conflict of interest, confidentiality, and general conduct.
b. Adherence to this code is considered a fundamental expectation for all assessors. The accreditation agency reserves the right to conduct formal investigations into any serious or repeated violations of this code, with potential legal consequences.

5.4 Conflict of Interest

The Panel of Assessor is required to declare any Conflict of Interest (COI) to ensure transparency and consistency in the assessment process.

5.4.1 Definition of Conflict of Interest

Conflict of interest (COI) is defined as a situation in which an assessor's personal, professional, or financial interests compromise

or are perceived to compromise their capacity to make fair, objective, and impartial judgments in programme evaluation.

5.4.2 Categories of Conflict of Interest

Conflicts of interest may generally be categorised as **personal** or **professional** in nature.

5.4.2.1 Personal Conflict

A *personal conflict* may arise when an assessor's personal relationships, affiliations, or attitudes may affect their impartiality.

Examples include:

- **Animosity or close relationship** between an assessor and the Chief Executive Officer or other senior managers of the Education and Training Provider (ETP);
- **Family relationship** with any member of the ETP's management, staff, or students;
- **Being a graduate** of less than 5 years of the programme under review;
- **Having a close relative** currently enrolled in or employed by the programme or institution;
- **Strong bias** for or against the ETP due to previous interactions or experiences;
- **Unresolved personal conflict** arising from differing world views, professional philosophies, or value systems;

5.4.2.2 Professional and Financial Conflict

A *professional conflict* may occur when an assessor's past or current professional engagements could compromise objectivity. Examples include:

- Having been a **failed applicant** for a position at the ETP;
- Being a **current applicant or candidate** for a position at the ETP;
- Serving as a **senior advisor or consultant** to the ETP **within the past two (2) years**.
- Holding **financial interests** in the institution, such as shareholding, funding, or any form of financial benefit;
- Making **public statements, publications, or social media posts** that demonstrate bias toward or against the institution. *Example:* An assessor who owns shares in a private university or who has publicly criticised the institution's leadership on social media may be perceived as biased and should not be appointed.

5.4.3 Duration Thresholds for Prior Relationships

5.4.3.1 Prior Employment

Any employment with the institution **within the past three (3) years** will be considered a conflict of interest.

Example: A former lecturer who left the institution two years ago should not be appointed to assess its programmes, as their recent affiliation may influence their judgment.

5.4.3.2 Consultancy or Advisory Roles

Any consultancy or advisory engagement with the institution **within the past two (2) years** is considered a conflict.

Example: An individual who provided curriculum development advice to the institution last year should not be appointed as an assessor for that programme, as their recent involvement may affect objectivity.

5.4.3.3 Supervisor Role

Any appointment as active students' supervisor is considered a conflict.

Example: An individual who previously supervised students in the programme but are no longer actively engaged may be considered as assessors, subject to review and provided that no ongoing relationship exists.

5.4.3.4 Senior Leadership Roles

An individual who has held senior positions (e.g., **Vice-Chancellor, Dean, Board Member) within the past five (5) years** is considered to have a conflict of interest.

Example: A former Dean who left four years ago should not assess programmes from the same faculty, as their leadership role may still affect institutional dynamics.

5.4.4 Disclosure and Management

- All assessors are required to **complete a Conflict of Interest Declaration Form** prior to appointment.
- The POA TWG will review all disclosures and determine eligibility.
- In cases of uncertainty, the principle of **"when in doubt, disclose"** applies.
  Example: An assessor unsure whether their past collaboration with a faculty member constitutes a conflict should disclose it for review.

5.4.5 Enforcement and Review

- Breaches of this policy may result in **disqualification, removal from the assessor pool, or other disciplinary actions.**
- This policy shall be **reviewed every three (3) years** or as necessary to reflect evolving standards and best practices.

5.5 Confidentiality

a. Assessors are reminded that accreditation is a privileged and confidential exercise. Information including pictures of visits should not be shared in the public sphere as it is not a social event.
b. Assessors engaged by the accreditation agency will also have access to confidential information during accreditation evaluation. Such information must be treated with the utmost confidentiality. This information must not be distributed in any manner including through electronic and social media. Assessors are obligated to formally confirm their commitment to abide by the code of conduct. Confidential information, including individually identifiable data, should only be accessed, used, or disclosed to authorized individuals. Secure methods, such as online systems or encrypted devices, should be employed for document transfer. All confidential information must be securely stored, and upon completion of accreditation evaluation, it should be appropriately disposed of.
c. Breaches of confidentiality will be thoroughly investigated.

5.6 Code of Conduct Declaration

a. Upon appointment, assessors will be expected to acknowledge and sign a Code of Conduct Declaration. Assessors must declare their commitment to the following:
   i. Maintain strict confidentiality of information received during accreditation duties.
   ii. Use the prescribed standards, documents and the evaluation processes for accreditation purposes.
   iii. Report findings solely to the ETP being assessed and the Joint Technical Committee
   iv. Securely store all downloaded documentation
   v. Seek permission before copying or reproducing any materials from the ETP, MMC and MQA
   vi. Adhere strictly to prescribed standards during assessments and to steer clear from being judgmental and giving unsolicited comments
   vii. Disclose any relationships with the education training provider undergoing assessment.
   viii. Refrain from accepting inducements, gifts, or any form of profit from the education training provider being assessed.
   ix. Avoid actions prejudicial to the MMC and MQA's interests.
   x. Seek permission from the MMC/MQA before representing the MMC and MQA in their capacity as a trained POA.
   xi. Fully cooperate in any investigative procedure in case of alleged breaches

5.7 Termination as Assessors

a. Assessors are reminded that accreditation is a privileged and confidential exercise. Information including pictures of visits should not be shared in the public sphere as it is not a social event.

6 GUIDELINE FOR PRESENTATION

OF PROVISIONAL AND FULL ACCREDITATION REPORT TO THE JOINT TECHNICAL COMMITTEE (JTC) (FOR EVALUATION OF SPECIALIST TRAINING PROGRAMMES)

6.1 Background

6.1.1 A **This segment explains the requirement of the chairperson or an appointed member of the panel to present their final report to the attention of the JTC.**

6.1.2 A **Joint Technical Committee is established by the professional body under the provisions of Section 51, MQA Act 2007. ***

Section 51(1) The Joint Technical Committee consisting of representatives of the relevant professional body, an officer of the Agency and such other persons as may be deemed necessary by the relevant professional body shall be established by the relevant professional body for the purpose of—

(a) considering an application for accreditation under subsection 50(1);

(b) making recommendations to grant or refuse the application for accreditation under subsection 52(1);

(c) making recommendations for imposing conditions under section 54;

(d) entering and conducting an institutional audit under subsection 52(3); and

(e) making recommendations for the revocation of accreditation under section 55.

(2) The representatives of the relevant professional body and the officer of the Agency in the Joint Technical Committee established under subsection (1) may differ as between different professional programmes or professional qualifications.

6.1.3 The chairperson of the JTC is the President of the Malaysian Medical Council.

6.1.4 The JTC membership consists of: *

i. 1 officer of the MQA

ii. Deputy Director General of Health (Medicine)
iii. Deputy Director General of Health (Public Health)
iv. 5 representatives of the Malaysian Medical Council (MMC)
v. 2 representatives of the Higher Education Department, MOHE
vi. 1 representative of the Public Institution of Higher Education (nominated by MOHE)
vii. 1 representative of the Private Institution of Higher Education (nominated by MOHE)
viii. 1 representative of the Public Service Department (PSD)

6.2 Presentation of the Accreditation Report to the Joint Technical Committee

a. A Chairperson of panel or an appropriate panel member **(in absence of chairperson)** shall present the report to the JTC.* Refer to **Conduct of Chairperson.**
b. The presenter is required to be well versed with the accreditation report and nuances of the programme evaluation.
c. The presentation shall take no longer than 15 minutes
d. The presentation shall include the following*:
   i. Overview: (refer to Result page)
      - A total Area of Strengths refers to (AL 5)
      - total Area of Concerns refers to (AL 1 & 2)
      - total Opportunities For Improvement refers to (OFI - AL 3 & 4)
      - total Standards evaluated (of the Area)
   ii. Emphasis on the programme's prominent Strengths
   iii. All Areas of Concern (AL 1 & 2) must be presented for the attention of the *JTC to assist in its decision making
   iv. The presenter is required to present the conclusions of the report with recommendations on the accreditation outcomes.
e. The recommendations shall include (and is not limited to)
   i. A period of accreditation
   ii. need for monitoring visit / compliance evaluation
   iii. interventional measures where applicable.
f. The presenter will then take questions from the Joint Technical Committee.
g. The Joint Technical Committee shall conclude after deliberating on the report and the presentation, after the presenter has been excused from the meeting.

h. The recommendations of the JTC shall be brought to the MMC for deliberation and endorsement or otherwise.

***Note: A presentation template is provided by the MMC Secretariat**

7 CONCLUSION OF THE REPORT & RECOMMENDATIONS

7.1 Criteria for Award of Full Accreditation [Endorsed by MMC 450 on 14 January 2025]

All specialist training programmes in Malaysian must fulfil all three (3) criteria for award and duration of full accreditation by the Malaysian Qualification Agency.

a. Criteria 1: Overall Score

Total Evaluation Score	Year of Accreditation
≥80%	6 years
70 – 79 %	4 years
60 – 69 %	2 years
Less than 60%	0 year (Failed accreditation / unsatisfactory)

b. Criteria 2: Satisfactory Performance in Critical Accreditation Areas

Critical Accreditation Area	Minimum Mark for Evaluation of Critical Areas
Area 1: Programme Development and Delivery	≥60%
Area 2: Assessment of Student Learning	≥60%
Area 4: Trainer	≥60%

c. Criteria 3: Satisfactory Performance in other Accreditation Areas

Accreditation Area	Minimum Mark for Evaluation of Other Area
Area 3: Trainee	≥50%
Area 5: Learning Resources	≥50%
Area 6: Programme Management	≥50%
Area 7: Quality Assurance	≥50%

7.2 Recommendation Outcomes for Award of Provisional Accreditation for Medical Specialty Programme

[Endorsed by MMC 455 on 17 June 2025]

a) Recommendation Outcomes

i. Provisional Accreditation to be granted without condition.
ii. Provisional Accreditation to be granted. Fulfilment of the stipulated conditions to be reviewed during monitoring visit.
iii. Provisional Accreditation to be granted. Fulfilment of the stipulated conditions to be reviewed and approved by Joint Technical Committee (JTC) before commencement of the programme.
iv. No Provisional Accreditation to be granted

b) Conditions and Requirements

i. A monitoring evaluation will be conducted after 2 years of commencement for all new programmes.
ii. Application for full accreditation must be submitted 6 months before the graduation of the first cohort.

7.3 Recommendations

(Reference from COPPA MQA 2nd Edition April 2018)

The panel of assessors comes to its conclusions and recommendations through observed facts and through its interpretation of the specific evidences received from the various sources or that it has gathered itself. The panel of assessors' report will generally include

commendations (aspects of the provision of the programme that are considered worthy of praise), affirmations (proposed improvements by the department on aspects of the programme, which the panel believes significant and which it welcomes) and areas of concern to improve the programme.

a. Full Accreditation

i. With respect to status of the application for Full Accreditation of the programme, the panel will propose one of the following:
- Grant the Accreditation without conditions
- Grant the Accreditation with conditions
- Conditions specified by the evaluation panel which do not prevent or delay accreditation but completion of which must be confirmed to the MQA by a date to be agreed between the ETP and the MQA.
- Denial of Accreditation
- Denial is where the evaluation panel recommends accreditation is not granted. The
- Panel will provide reasons for the denial.

ii. The report on the evaluation findings, together with the recommendations, is presented to the MQA Accreditation Committee (Joint Technical Committee) for its decision.

iii. In general, the report should adhere to the points presented orally in the exit meeting with the ETP and best follow the sequence in which the items were listed in the oral exit report. For the areas of concerns (or problems), the panel should indicate their relative urgency and seriousness, express recommendations in generic or alternative terms, and avoid giving prescriptive solutions.

b. Provisional Accreditation

i. The types of recommendations in the conclusion of the report of the evaluation for Provisional Accreditation will be largely similar to that of the Full Accreditation as outlined above. However, suitable to its provisional status and as an interim phase before Full Accreditation, there will be differences in emphasis and the degree of compliance in the seven areas of evaluation.

c. Compliance Evaluation

i. Based on the compliance evaluation conducted on the programme, the panel of assessors may propose one of the following:
- The programme accreditation be continued with or without condition; or
- The programme accreditation be withdrawn, in which case a list of reasons must be provided.

8 LOGISTIC GUIDE

a. Accommodation are provided for the panel members and the MQA / MMC officers.

b. All accreditation exercises involve the following:

i. visit to the institution's premises
ii. daily pre and post-visit meetings
iii. completion of visit report

c. To ensure smooth-running of tasks, all panel members are required to peruse the accommodation provided throughout the visit.

d. Panel members are prohibited from leaving the accommodations provided for personal/recreational reasons without justification and permission of the Chairperson.

e. Charges incurred from transportation services engaged throughout travel to the designated institution or from accommodations provided (not provided for by the accreditation agency/institution) can be submitted to the accreditation agency for claims.

f. Observer assigned to any particular accreditation exercise are to submit their claims to the MMC for processing. (refer Guidelines for Observer's Claims throughout the Accreditation Exercise)

9 REFERENCES

9.1 MMC Meeting No.467/2026 dated 23rd June 2026.

10 AMENDMENT RECORDS

REVISION NO.	DATE	DESCRIPTION	AMENDED BY

11 APPENDIX

NO.	ATTACHMENT TYPE	APPENDIX
11.1	**Guidelines & Best Practices of Audit Report Writing (COPIA 2nd Section)**	A
11.2	**Guideline on Completing the Evaluation Instrument**	B
11.3	**Guidelines for Accreditation Visit Claims For Observers**	C
11.4	**Criteria to Appoint Assessor and Criteria of Chair of POA**	D
11.5	**Guidelines for the Chairperson of the PoA during Accreditation Visits**	F
11.6	**Guidelines for The Schedule of Provisional/Full Accreditation Visit for Medical Specialty Programmes**	G

12 GLOSSARY

12.1 Provisional Accreditation

A Upon receipt of a complete application for Provisional Accreditation of a programme from a ETP, MQA will commence the evaluation process. At the successful completion of the evaluation process, the MQA will grant the Provisional Accreditation to the programme. A flow chart for Provisional Accreditation process is provided in page 13.

12.2 Full Accreditation

An application for Full Accreditation is made when the first cohort of students reaches final year. Full Accreditation requires a site visit by the POA. The Full Accreditation process can be divided into three main

components: before, during and after the site evaluation visit. A flow chart for Full Accreditation process is provided in page 14.

12.3 Compliance Evaluation

Compliance Evaluation applies a process similar to Full Accreditation. Its evaluation focuses on the relevancy and sustainability of accredited programmes. The flow chart for Compliance Evaluation process is provided in page 15.

12.4 Assessor

An assessor, as defined in this context, is an individual who is deemed competent following the successful completion of the assessor training program and participates in ongoing educational training/educational activities to stay current. Assessors are authorized to perform accreditation evaluation and represent the MMC and MQA.

APPENDIX A

Guidelines & Best Practices of Audit Report Writing
(Adapted from COPIA 2nd Edition - publication year 2009)

General principles of report writing:

Audit reports are formal and legal documents. The language of the Panel of Assessors accreditation and compliance reports shall be English and the writing is of a formal nature.

The report should adhere to the findings reported verbally at the Exit Meeting with the ETP. The audit report is generated from the Evaluation Instrument (refer Guidelines for Completion of Evaluation Instrument)

With this in mind, the following may serve as a guide to good report writing:

1. **The summary of the audit report shall contain the following:**

   A. Previous quality assurance or accreditation assessments and progress
      - The panel must summarise the key findings and recommendations of the most recent assessment of the ETP or its academic programmes, including progress reports addressing any problems identified previously.
      - The panel must cite the dates of previous assessments and reports.
      - The panel is required to include in its report a summary of the Areas of Concern that have been corrected, and problems that still remain

   B. Current programme evaluation findings
      - The panel is required to include Strengths in their report on the programme being evaluated. This includes aspects of the provision of the programme that are considered worthy of praise.
      - The panel is required to include Opportunity for Improvement in their report. This refers to proposed improvements to aspects of the programme, which the panel believes are significant and which the ETP welcomes.

C. Recommendations
- The panel is required to conclude by making a Recommendation for Award/Maintenance of Accreditation (where applicable). Such a recommendation may be subject to mandatory requirements, which the ETP must comply within a stipulated time period.
- The panel may also suggest appropriate action/attention to Areas of Concern to enhance quality of the programme. Although these additional recommendations are optional, the ETP are nevertheless strongly encouraged to implement them.
- Where applicable, the panel may make a recommendation for Cessation of Accreditation. Such recommendations must be accompanied with due justification for the cessation.
- Wherever possible, specific evidence should be referenced as evidence of compliance/non-compliance to standards in the audit report.

D. The panel should indicate the relative urgency and seriousness for their audit findings and express recommendations where applicable.

E. The audit report should be reviewed for clarity, unambiguity and duplication. An effective audit report ensures that the results of the audit are communicated in a way that is useful to the party receiving the audit

Guidelines & Best Practices for Audit Report Writing (COPPA Adaptation)

The principles outlined are fundamental to effective accreditation report writing under the MQA framework (COPPA).

I. General Principles of Report Writing

Principle	Best Practice	COPPA Adaptation Note
Formal and Legal	Audit Reports are formal and legal documents.	The official status of the report emphasizes the need for **accuracy, objectivity, and the use of professional language** (typically English).
Language Consistency	The language of the report shall be formal.	This ensures the seriousness and consistency of the reporting.
Adherence to Exit Meeting	The report must adhere to the findings reported	This prevents surprises and ensures the **integrity of the audit process**.

Principle	Best Practice	COPPA Adaptation Note
	verbally at the Exit Meeting with the ETP.	
Source of Findings	The audit report is generated from the Evaluation Instrument.	The report is the official documentation of the assessment results against each accreditation standard set out in COPPA.
Clarity and Unambiguity	The report should be reviewed for clarity, unambiguity, and duplication.	An effective audit report ensures that the results are communicated in a way that is **useful and easily understood** by the ETP.

II. Key Content of the Audit Report (Summary)

The summary of the audit report (Executive Summary) must include the following points, organized by importance and chronology:

A. Previous Quality Assurance or Accreditation Assessments and Progress

- **Summary of Previous Findings:** The panel must summarise the key findings and recommendations of the most recent assessment of the ETP/its academic programmes.
- **Progress:** This includes progress reports addressing any problems identified previously (e.g., issues raised in conditional/provisional accreditation reports).
- **Reference Dates:** Cite the dates of previous assessments and reports.
- **Resolved and Remaining Issues:** The panel is required to include a summary of the **Areas of Concern** that have been corrected, and problems that still remain.

B. Current Programme Evaluation Findings

- **Strengths:** The panel is required to include aspects of the programme provision that are considered **worthy of praise** and exceed minimum standards.
- **Opportunity for Improvement:** This refers to proposed improvements to aspects of the programme, which the panel believes are **significant** and which the ETP **welcomes** (non-mandatory, but encouraged).

C. Recommendations

Type of Recommendation	Characteristics & Requirements
Main Recommendation (Mandatory)	Conclude by making a **Recommendation for Award/Maintenance of Accreditation** (where applicable). This may be subject to **mandatory requirements** that the ETP must comply with within a stipulated time period (such as Conditional Accreditation).
Additional Recommendation (Enhancement)	Suggest appropriate action/attention to **Areas of Concern** to enhance the quality of the programme. Although these additional recommendations are **optional**, the ETP are nevertheless strongly encouraged to implement them.
Cessation of Accreditation	Where applicable, a recommendation for Cessation of Accreditation must be accompanied with **due and strong justification** for the cessation.
Evidence Referencing	**Specific evidence** (e.g., document numbers, interview dates) should be referenced as proof of compliance/non-compliance to standards in the audit report.

D. Urgency and Seriousness of Findings

- The panel should indicate the **relative urgency and seriousness** of their audit findings and express recommendations where applicable. (Example: Using terms like *Mandatory Requirement* vs. *Recommendation for Enhancement*).

APPENDIX B

Guideline on Completing the Evaluation Instrument

Guideline on completing the Evaluation Instrument for Specialist Training Programme can be accessed through this link:

https://tinyurl.com/45k25w49

APPENDIX C

Guidelines for Accreditation Visit Claims For Observers

1. Observers must complete and sign the Approval Form as an Observer for Full/Provisional Accreditation Visit.
2. The total claims covered by MPM for observers have been approved in MPM Meeting 432 on July 25, 2023, as detailed in Table 1. Claims exceeding the set limits will be the responsibility of the observer.

Table 1:

No.	Cost Type	Unit Cost / Night (Maximum Claim)	Units Required	Total Cost
1.	Accommodation Cost (Standard Room)	RM 300.00	3 nights	RM 900.00
2.	Flight Cost (Economy) / Travel Claim (Round Trip)	RM 1,000.00	-	RM 1,000.00
3.	Other Travel Claims (Taxi/Airport Travel)	RM 100.00	-	RM 100.00
	TOTAL CLAIM FOR ONE OBSERVER			**RM 2,000.00**

Notes:

1. Logistics booking is the observer's responsibility (pay and claim).
2. For claims, the observer must fill out form WP 1.4 contained in the Malaysian Treasury Circular.
3. Meals are the observer's responsibility.

APPENDIX D

Guideline on the roles of Observer

1. Observers must follow the accreditation process journey, where their involvement and performance will be assessed by the Chair of Panel of Assessor before being recommended for appointment as a Panel of Assessor.

2. Observers must attend all assessment visit sessions and meetings related to the visit.

3. Observers may provide views, suggestions, or comments on the aspects being assessed; however, the visit recommendations are the responsibility of the appointed Panel Assessors.

4. Observers must assist in the preparation of the visit report through the Evaluation Instrument, where the report falls under the responsibility of the appointed Panel of Assessors.

5. Observers are responsible for obtaining feedback on their performance from the Chair of Panel of Assessor.

APPENDIX E

Eligibility Criteria for Panel of Assessors (Accreditation Panel Member)

1. The practitioner must be a Malaysian citizen.
2. Must hold a current year's Annual Practice Certificate.
3. Must be registered with the National Specialist Register (NSR), except in the field of Medical Education.
4. A minimum of 5 years' experience in quality assurance, academic management or postgraduate medical education.
5. Must be appointed by Malaysian Medical Council (MMC) upon recommendation by Medical Education Committee (MEC) and Panel of Assessor Technical Working Group (POATWG) following successful completion of accreditation training workshop.
6. A member of the Joint Technical Committee (JTC) cannot be appointed as a panel of assessor for an accreditation exercise of a medical programme.

Criteria for Chair of Panel of Assessors

1. The practitioner must be a Malaysian citizen.
2. Must hold a current year's Annual Practice Certificate.
3. Must be registered with the National Specialist Register (NSR).
4. A minimum of 5 years' experience as Panel of Assessors.
5. Must be appointed by Malaysian Medical Council (MMC) upon recommendation by Medical Education Committee (MEC) and Panel of Assessor Technical Working Group (POATWG).

APPENDIX F

Guidelines for the Chairperson of the PoA during Accreditation Visits

Coordination Meeting for the Accreditation Visit

1. The Chairperson welcomes all participants, including the Accreditation Panel Members (PoA), observers, MQA officers, and the MPM secretariat.
2. The Chairperson facilitates introductions among meeting members if necessary.
3. The MQA officer presents the **draft visit schedule** for discussion among the APP members.
4. The Chairperson assigns **Areas** to each PoA member for programme document review.
5. The Chairperson reminds PoA members to:
    - Review all programme documents thoroughly.
    - Inform the MQA officer if any additional documents are needed from the **Educational Training Provider (ETP).**
6. The Chairperson provides reminders on **report writing in the Evaluation Instrument**, as follows:
    - All findings must be written **in the grey boxes**, not in the white sections.
    - Findings must be placed in the correct section:
        - **AL5** → *Strength*
        - **AL3/4** → *Opportunity for Improvement*
        - **AL1/2** → *Area of Concern*
    - Each finding must be **concise and not exceed 90 words.**
    - For *Opportunities for Improvement*, state the finding first, followed by suggestions or advice for improvement.
    - Do not copy text directly from other documents — rephrase into proper sentences.
    - Any confusion or issue regarding the Evaluation Instrument should be reported to the **MPM Secretariat.**
7. Each PoA member must prepare a **draft visit report** before the actual visit.

Conducting the Accreditation Visit

1. The Chairperson ensures that the **visit schedule** runs according to the agreed timeline.
2. Before the presentation by the ETP, the Chairperson delivers an **opening speech**, which includes:
    - Welcoming the ETP representatives (Dean, Deputy Dean, Head of Quality Assurance Unit, and others).
    - Introducing the **Panel Members, Observers, and Secretariat.**
3. At the **end of the visit**, the Chairperson delivers the **Exit Report**, which includes:
    - Words of appreciation to the ETP.
    - A summary of key findings, including:
        - **Strengths (AL5)**
        - **Areas of Concern (AL1/2)**

Finalising the Accreditation Report

1. The Chairperson ensures that **all sections of the visit report** are completed by the APP members before submission to the **MQA**, which will then forward it to the **ETP for factual verification.**
2. After receiving the factual verification feedback, the Chairperson reviews and makes **necessary corrections or amendments** through the MQA.
3. The revised report must then be **resubmitted to the MQA.**
4. The Chairperson reviews the **draft presentation slides** for the visit report before the next **JTC Meeting.**

APPENDIX F

TEMPLAT ATURCARA LAWATAN PENILAIAN AKREDITASI SEMENTARA/PENUH PROGRAM KEPAKARAN PERUBATAN
SARJANA PERUBATAN ABC

1. Dokumen ini merujuk kepada sampel rangka jadual lawatan akreditasi sementara/penuh program kepakaran perubatan.
2. Jadual lawatan sebenar boleh diubahsuai mengikut kesesuaian Pengerusi / Ahli Panel Penilai dan keperluan lawatan.
3. Dokumen ini disediakan bagi membantu pihak MQA menyediakan kemudahan hotel dan untuk tujuan penyediaan bajet/peruntukan kewangan.
4. Pegawai MQA boleh dihubungi sepanjang waktu lawatan berdasarkan keperluan.

TARIKH	MASA	AKTIVITI
HARI PERTAMA	2:00 petang	Sekretariat MPM dan APP daftar masuk hotel.
	4:00 petang – 10:00 malam	Mesyuarat Penyelarasan antara pegawai MPM dan Ahli Panel Penilai (APP).
HARI KEDUA	8:30 pagi – 9:00 pagi	Bertolak ke universiti / Mesyuarat Penyelarasan antara pegawai MPM dan Ahli Panel Penilai (APP) - jika perlu
	9:00 pagi – 10:30 pagi	Taklimat latar belakang program oleh Ketua Program (termasuk bukti pematuhan syarat- syarat di peringkat Akreditasi Sementara serta pematuhan pemantauan kualiti dalaman)
	10:30 pagi – 10:45 pagi	Rehat
	10:45 pagi – 11:15 pagi	Perjumpaan dengan Ketua Program.
	11:15 pagi – 12:15 tengah hari	Perjumpaan dengan kakitangan akademik.

	12:15 tengah hari – 1:15 tengah hari	Perjumpaan dengan pelajar Tahun 1 & 2 program Nota: Temu bual dijalankan secara individu / berkumpulan mengikut kesesuaian
	1:15 tengah hari – 2:15 petang	Rehat
	2:15 petang – 3:30 petang	Lawatan ke makmal / fasiliti pengajaran & pembelajaran dalam kampus yang berkaitan dengan program. i. Team A: Dewan Kuliah, Unit Peperiksaan, Clinical Skills Lab, Perpustakaan dan lain-lain ii. Team B: Fasiliti Universiti, Hal Ehwal Pelajar / Khidmat Sokongan Lepas Ijazah, Unit Kaunseling
	3:30 petang – 4.00 petang	Perjumpaan dengan: i. Unit Jaminan Kualiti ii. Pihak Pengurusan PPT (sekiranya perlu).
	4.00 petang – 5.00 petang	Pengesahan / semakan dokumen tambahan Nota: Semakan dokumen berdasarkan senarai semak telah dijalankan sebelum lawatan Akreditasi Penuh berdasarkan Dokumen Lawatan yang dikemukakan oleh PPT.
	5.00 petang	Tamat Lawatan Hari Pertama
	8.00 - 10.00 malam	Mesyuarat APP (penyediaan laporan)

HARI KETIGA	9:00 pagi – 11:00 pagi	Lawatan ke fasiliti klinikal*: i. Team A: Hospital Y ii. Team B: Hospital Z Termasuk perjumpaan dengan: i. Pengarah Hospital ii. Penyelaras penempatan iii. Pensyarah kehormat iv. Khidmat sokongan *Nota: semua fasiliti klinikal utama perlu dilawati. Jumlah kumpulan lawatan (*team*) adalah bergantung kepada bilangan hospital dilawati
	11.00 pagi – 12:00 tengah hari	Perjumpaan dengan pelajar Tahun 3 & 4 program
	12.00 tengah hari – 1.00 petang	Pengesahan / semakan dokumen tambahan, termasuk *i. Completed logbook* *ii. Supervisor reports / formative assessments*
	1:00 petang – 2:00 petang	Rehat
	2:00 petang – 3:30 petang	Penyediaan dapatan lawatan oleh APP (Ringkasan Eksekutif, Laporan Penilaian dan Instrumen Penilaian).
	3:30 petang – 5:00 petang	Perjumpaan dengan Ketua Program atau wakil PPT berkaitan semakan fakta dapatan lawatan (Nota: Jika perlu)
	5:00 petang	Tamat Lawatan Hari Kedua / *Exit Meeting* (sekiranya bersedia).
	8:00 malam – 10.30 malam	Mesyuarat APP (Penyediaan laporan)

HARI KEEMPAT	8:00 pagi – 8:30 pagi	Bertolak ke universiti & check out hotel
	8:30 pagi – 12.00 tengah hari	Penyediaan akhir Laporan Lawatan Akreditasi Penuh oleh APP
	12:00 tengah hari	*Exit Meeting* – pembentangan dapatan lawatan bersama pihak MPM, APP dan pihak pengurusan PPT.
	1:00 petang	Bersurai