# POLICY FOR PANEL OF ASSESSORS FOR RECOGNITION OF NEW OVERSEAS MEDICAL SCHOOLS FOR INCLUSION IN SECOND SCHEDULE

Developed by:

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Approved by the Malaysian Medical Council (MMC):
21 July 2026

*(Reference from COPPA MQA 2nd Edition April 2018)*

## 1. INTRODUCTION

Medical school make submissions to Malaysian Medical Council (MMC) for the purpose of recognition of programmes. Assessment for recognition will be based on the information provided in MQA-02 Recognition. These assessments will also be based on other documents submitted, and further supported by observation, written and oral evidence, and personal interaction during the evaluation visit by assessors appointed by MMC.

Programmes are assessed or evaluated for the purposes of recognition. In this section, the terms assessment and evaluation are used interchangeably.

The medical school and relevant departments are expected to have mechanisms in place for verification and at the same time, to be able to demonstrate to the Panel of Assessors (POA) that the procedures are effectively utilised and that there are plans to address any shortfalls.

The primary task of the POA is to verify the compliance to policies and standards, and that the processes, mechanisms and resources are appropriate for the effective delivery of the programme. Verification includes evaluation on the effectiveness of the quality assurance procedures. For this purpose, the assessors must investigate the application of these procedures, and the extent to which the programme achieves the expected learning outcomes.

## 2. PANEL OF ASSESSORS (POA)

The POA consist of

2.1. A chairperson

2.1.1. The chairperson is the key person in an recognition exercise and should have prior experience as an assessor. It is the Chair's responsibility to create an **atmosphere in which critical professional discussion**s 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 recognition 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.

2.1.2. 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 medical school. 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.

2.1.3. 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.

2.2. Three members of POA

2.2.1. Panel members are selected so that the panel as a whole, possesses the expertise and experience to enable the recognition to be carried out effectively.

2.2.2. In evaluating the medical school application for Recognition, the panel members will:

2.2.2.1. Assess the programme for compliance with the current policy, programme standards and the seven areas of evaluation, as well as against the educational goals of the medical school and the programme objectives and outcomes;

2.2.2.2. Verify and assess all information about the programme submitted by the medical school and the proposed improvement plans;

2.2.2.3. 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

2.2.2.4. Reach a judgement.

2.3. MMC Secretariat

2.3.1. MMC will assign a secretariat for each recognition visit and the roles as follows;

2.3.1.1. Represents the professional body,
2.3.1.2. To act as resource person for matters relating to the standards imposed by the professional body,
2.3.1.3. To ensure that the panel conducts itself in accordance with its terms of reference.

## 3. DEMEANOUR: PERSONAL AND GENERAL ATTRIBUTES OF ASSESSORS

3.1. Assessors should be competent, ethical, open-minded, mature and demonstrate the following attributes:

3.1.1. good listeners;
3.1.2. sound judgment, analytical skills and tenacity;
3.1.3. ability to perceive situations in a realistic way;
3.1.4. understand complex operations from a broad perspective;
3.1.5. understand the role of individual units within the overall organisation;
3.1.6. ability to work in a team;
3.1.7. maintain integrity and discretion and;
3.1.8. ensure commitment, diligence and timeliness.

3.2. Equipped with the above attributes, the assessors should be able to:

3.2.1. obtain and assess evidence objectively and fairly;
3.2.2. remain true to the purpose of the evaluation exercise;
3.2.3. be cognisant of interpersonal communications and body language during interactions throughout the visit;
3.2.4. treat stakeholders concerned in a way that will best achieve the purpose of the evaluation;
3.2.5. commit full attention and support to the evaluation process without being unduly distracted;
3.2.6. react effectively in stressful situations;
3.2.7. arrive at objective conclusions based on rational considerations and;
3.2.8. remain true to a conclusion based on evidence despite pressure to change.

## 4. RESPONSIBILITIES OF THE ASSESSORS

4.1. Assessors are responsible for:

4.1.1. complying with the evaluation requirements;
4.1.2. communicating and clarifying evaluation requirements;
4.1.3. planning and carrying out assigned responsibilities effectively and

efficiently;
4.1.4. documenting observations;
4.1.5. reporting the evaluation findings;
4.1.6. safeguarding documents pertaining to the accreditation exercise;
4.1.7. ensuring documents remain confidential;
4.1.8. treating privileged information with discretion;
4.1.9. cooperating with, and supporting, the chairperson;
4.1.10. producing evaluation report within the time frame given.

4.2. Assessors should:

4.2.1. remain within the scope of the programme accreditation;
4.2.2. exercise objectivity;
4.2.3. collect and analyse evidence that is relevant and sufficient to draw conclusions regarding the quality system;
4.2.4. remain alert to any indications of evidence that can influence the results and possibly require further assessment; and
4.2.5. act in an ethical manner at all times;
4.2.6. at all times represent the MMC (not their respective organization/institution) throughout the accreditation exercise.

## 5. ASSESSOR CODE OF CONDUCT

5.1. This section outlines the code of conduct applicable to all assessors engaged by the Malaysian Medical Council (MMC) in conducting recognition of medical programmes. The code encompasses areas such as conflict of interest, confidentiality, and general conduct.

5.2. Adherence to this code is considered a fundamental expectation for all assessors. The recognition agency reserves the right to conduct formal investigations into any serious or repeated violations of this code, with potential legal consequences.

5.3. Represent MMC.

## 6. CONFLICT OF INTEREST

6.1. Representatives of MMC and those affiliated with it acknowledge their trusted positions with individuals and organizations. This fiduciary relationship necessitates the disclosure of conflicts of interest that may be perceived as improper and could undermine confidence in the recognition work. Any person associated with the recognition agency must promptly disclose potential conflicts of interest and be willing to withdraw from relevant assessments or decisions. If the prospective assessor has a direct interest, he/she will be excluded from consideration.

6.2. In addition, the medical school can register its objections to the assessor's appointment. If medical school disagrees with an assessor, it is obliged to provide reasons for its objection.

6.3. However, the final decision whether to select a particular person as an assessor rest with the MMC.

6.4. Conflict of interest may be categorised as personal or professional:

6.4.1. **Personal conflict** could include:

6.4.1.1. animosity or close relationship between an assessor and the Chief Executive Officer or other senior manager of the medical school,
6.4.1.2. being related to one,
6.4.1.3. being a graduate of the programme,
6.4.1.4. having close relative in the programme,
6.4.1.5. excessive bias for, or against, the medical school due to some previous events,
6.4.1.6. unresolved conflict due to the differing world views and value systems.

6.4.2. **Professional conflict** could occur if an assessor had been a failed applicant for a position in the medical school, is a current applicant or a candidate for a position in the medical school, is a senior advisor, examiner or consultant to the medical school, or is currently attached to an medical school that is competing with the one being evaluated.

## 7. CONFIDENTIALITY

7.1. Assessors are reminded that recognition 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.

7.2. Assessors engaged by the recognition agency will also have access to confidential information during recognition 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 recognition evaluation, it should be appropriately disposed of.

7.3. Breaches of confidentiality will be thoroughly investigated.

## 8. CODE OF CONDUCT DECLARATION

8.1. Upon appointment, assessors will be expected to acknowledge and sign a

Code of Conduct Declaration. Assessors must declare their commitment to the following:

8.1.1. Maintain strict confidentiality of information received during recognition duties.
8.1.2. Use the prescribed standards, documents and the evaluation processes for recognition purposes.
8.1.3. Report findings solely to the medical school being assessed and the Medical Education Committee for Primary Medical Qualifications (MEC 1).
8.1.4. Securely store all downloaded documentation.
8.1.5. Seek permission before copying or reproducing any materials from the medical school and MMC.
8.1.6. Adhere strictly to prescribed standards during assessments and to steer clear from being judgmental and giving unsolicited comments.
8.1.7. Disclose any relationships with the medical school undergoing assessment.
8.1.8. Refrain from accepting inducements, gifts, or any form of profit from the medical school being assessed.
8.1.9. Avoid actions prejudicial to the MMC interests.
8.1.10. Seek permission from the MMC before representing the MMC in their capacity as a trained POA.
8.1.11. Fully cooperate in any investigative procedure in case of alleged breaches.

## 9. HONORARIUM

The honorarium for the POA shall be remunerated by the MMC.

## 10. TERMINATION AS ASSESSORS

The assessor appointment may be terminated if an assessor engages in serious breaches, gross misconduct, neglect of duties, serious incompetence, repeated violations, fraud, dishonesty, criminal convictions, or any conduct tarnishing the MMC reputation.