

GUIDE FOR REVIEWERS OF THE ACREDITATION UNIT OF SLMC

Sri Lanka Medical Council 2022

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PART ONE

Becoming a reviewer

1. INTRODUCTION

The World Federation for Medical Education (WFME) Recognition Programme is the process through which WFME evaluates the legal standing, accreditation/regulation process, post-accreditation monitoring, and decision-making processes of an accreditation/regulatory “Agency” of basic medical education. WFME Recognition Status of an agency confers the understanding that the quality of medical education in its accredited school is to an appropriate and rigorous standard.

The proposed accreditation programme of medical schools in Sri Lanka by SLMC is targeted towards obtaining recognition status for Sri Lanka Medical Council (SLMC) as the legitimate “Accreditation Agency” of WFME in Sri Lanka. The award of such recognition status to the agency shall confirm that the policies and procedures followed by the agency are appropriate in the region where the agency operates.

The WFME recognition status of Sri Lanka Medical Council (SLMC) as the legitimate “Accreditation Agency” in Sri Lanka and the accreditation of the medical faculties that confer the MBBS degree by the agency is very important for any graduate qualified from Medical Faculties in Sri Lanka due to different reasons. These include seeking employment overseas and undergoing overseas postgraduate training.

The SLMC to comply with one of the key requirements of the WFME established the “Accreditation Unit” (AU) of SLMC in year 2021 with a Head and five members. This is an independent arm of the SLMC and accordingly important decisions are conveyed to the Council of SLMC for information. The key functions that fall under the purview of the AU include all issues and matters linked to accreditation activities and processes of medical faculties in Sri Lanka, including granting of accreditation to the relevant faculty and the MBBS qualification. Such accreditation shall be valid for a period of five years.

The proposed process for accreditation of medical faculties in Sri Lanka is identical to the process adopted to grant recognition to the MBBS or equivalent qualifications offered by foreign universities, institutes, medical schools, etc.

To implement the accreditation process effectively and successfully in Sri Lanka the AU has appointed reviewers based on eligibility criteria acceptable to the WFME. These are very similar to the eligibility criteria adopted by the Quality Assurance Council of the UGC for the programme reviews. The key tasks assigned to a reviewer within the five-member review panel appointed to accredit a medical faculty are evaluating the submitted Self Evaluation Report (SER) of the faculty, discussing the SER with other members at the Desk Review and Pre-site visit meetings, participating in the “Site visit” (Review visit) of the faculty and with other members completing and submitting the Reviewer Report to AU.

To facilitate the accreditation process and ensure quality, the appointed reviewers are expected to be very familiar and confident with the following documents developed or adopted and introduced by the AU. A soft copy of each will be made available to reviewers. The details of each will be described in subsequent sections and discussed at the training workshop for reviewers.

- Self-Evaluation Report Form with 09 sections.
- Reviewer Report Form with 09 sections, 69 standards, score card and requirements to recommend accreditation of the relevant medical faculty and study programme.
- The Accreditation process timeline with the flow chart.
- The Gazette with Minimum Standards Regulation.
- Sri Lanka Qualifications Framework Manual 2015 of the Quality Assurance Council, UGC.

The SLMC and AU wish to seek the support of all reviewers to complete the accreditation cycle of each medical faculty maintaining quality and standards.

2. WHAT IS THE EXPECTED OUTCOME OF THE PROCESS OF ACCREDITATION

The evolution and establishment of an ongoing systematic process of accreditation in a country are expected to improve the quality of medical education not only in the medical school concerned but also in all other medical schools by setting standards and expectations. The logical process of establishing an accreditation unit and the process of monitoring will contribute to evolving the best approach to accreditation while facilitating the progressive development of individual medical schools/faculties.

The process of accreditation will contribute to the progressive development of individual medical education institutes. Recognition of a set of vital standards by the Sri Lanka Medical Council would be a great impetus for the progress of individual institutes. The accreditation process will align our medical education with global standards. However, this process should not marginalize the desire to explore contextually appropriate and culturally sensitive effective innovations in education. Therefore, the introduction of minimum standards should not be prescriptive and demarcate a limit. Rather, the minimum standards should specify the expected minimum quality, while opening the scope for progress. The notion of accreditation as a process of solely finding deficiencies should be changed. Recognition of strengths and finding ways to overcome deficiencies would be a better catalyst for improvement.

Appreciative approaches in evaluation are known to support team building in higher education institutes. The traditional SWOT approach in institution reviews focuses on Strengths, Weakness, Opportunities and Threats and tend to emphasise weaknesses and threats that hinder progress. Whereas the SOAR approach focuses on Strengths, Opportunities, Aspirations and Results. This is becoming popular as it facilitates team building. Therefore, the process of accreditation should incorporate SOAR approaches to support team building in institutions.

The process of accreditation should evolve within the system to make it effective to influence the progressive improvement of the quality of medical education. Therefore, the AU of the SLMC is constantly monitoring the process by entertaining feedback from all stakeholders to ensure its quality as well as a progressive development of the process. Hence, as a reviewer engaging in constant dialogue and providing critical feedback would be beneficial.

3. WHAT IS THE PROCESS OF THE REVIEW OF A MEDICAL SCHOOL

The pre-review arrangements and requirements for the review visit and the responsibilities of the respective stakeholders to facilitate clarity, consistency and effectiveness of the review process are outlined below.

Accreditation Unit

- By an open advertisement should invite applications from eligible academics and specialists, and then select and appoint the reviewers to be included in the “Pool of Reviewers of the Accreditation Unit”.
- The Accreditation Unit (AU) in consultation with the Dean of the respective medical school appoints the Review Team and Review Chair from reviewers in the above pool of reviewers. The date of appointment of each Review Team to the relevant medical school would be decided by the Head/AU.
- There shall be 5 members (including the review chair) in each review team. Whenever possible, the AU strive to ensure that there would be one (01) member representing the pre-clinical, para-clinical, clinical departments and one (01) member from a department/unit of medical education. The other, if available, to be a specialist from the Ministry of Health.
- The Head/AC informs the Dean of the medical school and the Vice Chancellor of the university of the names of the members of the Review Team and the Review Chair immediately following the appointment letters are issued. The Dean informs the Head/AU if there are any concerns about any of the nominated reviewers within 1 week following receipt of such names.
- The Head/AU sends a soft copy of the SER submitted by the medical school to each member of the Review Team within one week following the receipt of the SER for self-study and evaluation.
- Each reviewer tentatively completes the Reviewer Form based on their SER. The ratings that a reviewer offers at this stage may change based on the findings of the site visit and the pre- and post-site visit meetings with other reviewers.
- The AU arranges the Desk Review meeting at the AU, approximately four weeks after providing the soft copy of the SER for the reviewers. The meeting shall be chaired by the Review Chair. At the meeting, based on the tentative ratings given for the standards in the Reviewer Form, the Review Team agrees on the key points, information and evidence to be checked during the site visit.
- After the Desk Review meeting the Review Chair informs the Head/AU of the agenda/schedule and the required logistics (e.g., transport, accommodation, etc.) for the site visit. The Head/AU shall discuss the site visit schedule with the Dean of the medical school and inform of the finalized agenda to the Review Team.

- The AU arranges the logistics for the site visit in consultation with the Dean of the medical school that is being reviewed.
- A member of the AU shall be present on the first day of the site visit.

Medical School

- The Dean should submit a soft copy and a hard copy of the completed SER with all relevant annexes to the Head/AU in less than 3 months either following the receipt of the application from Head/AU or before the expiry of the prior accreditation status.
- The Dean or a named appointee of the Dean of the medical school shall be the focal point of contact to coordinate communications between the medical school and the Review Team and to provide logistical support.
- The AU decides on the date of the review visit in consultation with the Review Chair, the Dean of the medical school and Head/AU. This shall be on a date less than 3 months following the submission of the SER.
- The medical school provides a room with a computer, printer, and multimedia facility and adequate space for the display of documentary evidence and for team members to hold discussions and meetings both within themselves and with the faculty members, students, administrative staff, etc.
- The Dean of the medical school arranges the logistics such as internal transport within the medical school and the teaching facilities, and other arrangements including the meals for the reviewers during the site visit, where necessary.

Review Chair & Members

- Review members shall attend the pre-review meeting following a thorough desk evaluation of the SER, with notes on the required additional information, and the tentative outcomes of desk evaluation.
- Review Chair to assign the responsibilities, where necessary, to the team members at the pre-review meeting.
- Review Chair makes a list of additional inputs required from the medical school by the Review Team for the site visit and informs the Dean of the medical school.
- The schedule or the programme/agenda of the site visit shall be drafted at this meeting and a copy of the same shall be submitted to the Head/AU, so that the Head/AU could discuss it with the Dean and finalise the site visit schedule.

Site Visit

- Review team shall arrive at the medical school on the pre-determined date. This should take place less than 3 months following submission of the SER.
- Duration will be 3-5 days.
- The first meeting of the Review team shall be with the Vice-Chancellor of the University, Dean of the relevant medical school, Director of Centre for Quality Assurance (CQA) at the University, and the Coordinator of the Internal Quality Assurance Cell (IQAC) of the relevant Faculty. This is to be followed by a meeting at the Faculty/ Institute with the Dean, Heads of Department, and all relevant academic and administrative staff involved in the teaching and learning programme management.
- Following this meeting the review should proceed according to schedule.

Review Process

The Review Team shall carry out the following during the review process.

- Scrutinizing documentary evidence provided by the medical school.
- Meeting with staff and students.
- Observation of teaching and learning sessions in the school and hospital.
- Visits to selected facilities such as lecture halls, hospitals, laboratories, hostels, community learning settings, etc.
- Debriefing of the faculty members regarding the main findings of the review.

Scrutinizing documentary evidence

- The aim is to consider evidence furnished by the institution and to verify the claims made in the SER.
- The Review Team shall carefully read the documents provided by the institution as evidence.
- If and when necessary, they may request for additional documents.
- The Review Team will endeavor to keep to a minimum the amount of documentation it requests during the visit.
- The review team should always seek to use all information provided in arriving at judgments.

Meetings/ discussions with staff and students

- The aim is to get a clear picture of the institution's processes in operation, and to clarify the claims made in the SER.
- The review team should ensure having meetings with individuals/ small groups of the following stakeholders along with scrutinizing documented evidence and observing facilities and teaching learning sessions.
- Academic staff, members of the IQAC, members of the non-academic staff, students to be invited for the discussions, representatives of alumni and other stakeholders such as moderators/ external examiners, extended faculty, visiting staff, employers, industry, community representatives involved with the faculty activities, where relevant. The members from each group could be selected by the review team in consultation with the Dean.

Observation of teaching-learning sessions, learning resources, and facilities

- Direct observation of selected ongoing teaching-learning activities in school/hospital and field/ laboratory work should be arranged in conjunction with the focal point of contact.
- The team may also request a tour of the main campus, though the extent and purpose of this should be judged in the light of the team's view of its main lines of inquiry.

Debriefing

At the conclusion of the review visit, an interactive meeting shall be held between the Review Team and the following:

- Dean of the Faculty.
- Professors of Departments.
- Heads of Departments.
- Academic Coordinators.
- Senior members of the academic staff.
- Chair of CQA of university.
- Chair and members of the IQAC.
- Two (02) specialists from the extended faculty.
- Student representatives of the Faculty Board.
- Representatives from Academic Support Staff.

At this meeting, the Review Chair will present the highlights of the findings with strengths, weaknesses and areas that may need improvement, and also facilitate an interactive discussion. The final or even the tentative decision of the review should not be conveyed at this meeting.

Review Report

- The Review Chair along with the members should prepare the “Review Report” and submit a soft and hard copy to the Head/AU of SLMC within 2-4 weeks of the review visit.
- To facilitate this process the review members shall meet to discuss their individual ratings and observations. The Chair of the Review Team should lead the discussion, especially on standards that the reviewers vary their ratings widely, i.e., standards where all ratings do not fall within one broad rating category such as ‘unsatisfactory’, ‘satisfactory’ or ‘very satisfactory’.
- Through the above discussion on a particular standard with a wide discrepancy of ratings, the review members shall be informed of the reasons why each reviewer (or the reviewer/s who has/have marked a standard differently from others) has given a particular rating. Based on all the reasons provided by all members, the reviewers may change their original ratings.
- The final decision on a particular standard would be based on the mean rating of all reviewers, rounded up to an integer.

Final Report

- Following the receipt of the “Review Report”, the Head/AU should arrange a meeting with the members of the AU to agree on the “Review Report”. However, in doing so major changes should not be done without consulting the Review Chair.
- Following the above meeting the “Review Report” shall be sent to Dean immediately for observations, comments and appeals if any.
- The Dean should submit observations, comments and appeals if any, with all specific information and evidence, to the Head/AU in less than 4 weeks following receipt of the “Review Report”.
- The Head/AU shall convene a meeting with the reviewers to discuss the appeals and finalise the the “Final Review Report” with modifications if any to the “Review Report” in less than 2 weeks following receipt of the appeals from the Dean. This Final Review Report shall be submitted to the Council of the SLMC for ratification.
- The Council to endorse the “Final Review Report”.
- The “Final Review Report” and the decision on the accreditation of the medical school by SLMC shall be conveyed by the Registrar to the Dean with a copy to the Vice Chancellor immediately following the above Council meeting.

Reaccreditation

- If the medical school is not accredited, another repeat review cycle shall be carried out in 2 years. A new completed SER should be submitted addressing the recommended remedial measures adopted by the medical school.
- However only in exceptional situations, this period may be less than 2 years following the previous review if only a few minor adjustments are recommended in the Final Review Report. This decision is to be taken by Head/AU.

- If the medical school is accredited, the SER for the next accreditation cycle should be submitted by the Dean to the Head/AU in four and half (4 1/2) years following the date of previous of accreditation. The AU will not remind the medical school to do so.

Remuneration

- An appropriate allowance determined by the AU in consultation with the Council shall be paid to the Review Chair (Rs. 60,000.00) and members of the Review Team (Rs. 50,000.00 each) following acceptance of the Final Review Report.

4. BECOMING A REVIEWER: YOUR MINDSET, VISION AND MISSION

The reviewers are selected by the Accreditation Unit of the SLMC on application. The AU of SLMC expects a certain level of qualifications, integrity and experience to be a reviewer. Becoming a reviewer is a great opportunity to serve the nation by supporting to ensure the quality of medical education. You represent the topmost organization that governs the quality of medical education in the country. Therefore, your attitudes and conduct should reveal the high standards expected by the SLMC.

As a reviewer, you have been entrusted with a responsible duty. You will explore and probe into the practices of an institution with the purpose of evaluating the ongoing practices against set standards in the SLMC guide. This process should be respectful and appreciative of the ongoing process. It is vital to be an attentive listener and tendency. Exploration of deviated or inadequate practices is a sensitive step that needs careful handling. Giving reasons for asking some of the probing questions would be a sensible approach in conversation.

You need to come out from a mindset of punitive judging to a mindset of constructive evaluation and appreciation. Descriptive analysis would be better and conducive to creating a growth mindset whereas judgmental feedback creates a fixed mindset within the reviewee.

6. DESK REVIEW OF THE SELF-EVALUATION REPORT (SER)

Evolution of the education programme of a medical school/faculty in 3 days is a mammoth task. This process is facilitated by developing a Self-evaluation Report (SER) by the faculty and providing an opportunity for the reviewer to do a preliminary evaluation well in advance. This important step is recognized as desk review.

The SER along with a set of attachments would be submitted to the AU of the SLMC before the actual review process commences. The SLMC in turn will send you a copy of the SER and attachments along with the review form that gives you an explicit guide to scoring each and every standard. You are expected to do a preliminary review of the respective faculty entirely based on the information in the SER.

At this stage, you are expected to decide on a tentative rating/score for each standard independently, while keeping notes for clarifications and discussions with the review team as well as the quality assurance unit and the dean of the medical school/faculty at the pre-review meeting.

It is better to note down questions and queries that may arise during the desk review process, so that you may plan how, where and when to clarify them. Some of the questions should be directed to academic staff, some to nonacademic staff and some to students.

Some of the queries could be sorted out only after the inspection of facilities or observation of some of the educational activities or discussion with students or staff members.

7. PRE-SITE VISIT MEETING OF THE REVIEW TEAM: WHY, WHAT AND HOW

Pre-visit meeting with the review team should be a well-planned event. Pre-visit meeting will contribute to harmonize the perceptions and approaches during the site visit, as it is important to resolve contradictions and differences of opinion before actual site visit.

All the members of the team should submit their marking and evolving comments after desk review to the team leader in advance so that he/she can study opinion of all the members and plan the discussion with special attention to discrepancies of opinion as well as special issues recognized by individual member of the review team.

When there are discrepancies team leader will invite to explain reasons for deviation in opinion and try to understand the rationale behind each reviewer's rating. It is not necessary to arrive at a consensus at this stage. Purpose of this discussion is to explore the aspects that the review team should concentrate on during the site visit.

The team will plan questions to ask for clarifications at the pre-visit meeting with SER team and dean and documents, facilities, or events that the team would like to inspect during the visit. At the same time, it may be appropriate to start compiling queries to submit to AU of SLMC at this stage.

8. PRE-SITE VISIT MEETING WITH SER TEAM AND DEAN

The pre-visit meeting with the SER team and the dean can save a lot of time spent on searching documents during the visit. At this meeting the review team can clarify some of the queries raised during the pre-visit meeting of the review team.

Some of the missing information due to lapses in writing SER could be rectified at this meeting. Required documents and events or activities that we would like to inspect could be indicated in advance.

The pre-visit meeting would be a useful opportunity to clarify traveling and accommodation requirements of the review team. Attention to facilities and comfort of review team during the site visit would be essential to offer totally committed service.

9. THE SITE VISIT - GENERAL COMMENTS:

BEHAVIOUR, ROLE MODELLING, AND COMMUNICATION SKILLS

The review visit is a complex process. Friendly and cordial behaviour of the review team is essential. Usually, the medical school/faculty will arrange the best possible facilities to conduct the site visit review. The review team should be flexible and extend their maximum cooperation with the faculty. Introductions, greeting and friendly disposition makes the process of exploration of the performance of the medical school/faculty smooth and non-threatening.

The review team will conduct several meetings with academic staff, nonacademic staff, and students. Most of the questions and queries could be clarified at these meetings.

Advance planning for each meeting would be a good practice. The review team leader should have a brief meeting (a chat in the corridor). Every meeting should follow good practices of communication.

Introductions and developing rapport can start even before the formal meeting. Meeting old friends should be a pleasurable opportunity to enjoy, but as a reviewer, one should not enter into exchanging pleasantries before the review work is done. Seating should have parallel positioning. Formal introduction should not be considered a waste of time.

Meetings will be chaired by a faculty member(dean) and follow a predetermined agenda. There will be a key presentation that will focus on some important aspect of the review process. Attentive listening and taking important notes during these presentations is vital. It is essential for reviewers not to interrupt the presenter unless he/she ask to clarify during the presentation.

At the end of the presentation, it will be the time for clarifications; the review team would be invited to clarify matters relevant to the presentation. At this stage it is better to adopt some of the good practices of giving feedback. The process would be initiated by the team leader with a compliment and facilitating the faculty to recognize their strengths and to reflect on them. Some of the clarifications would be best approach as " descriptive observations" rather than judgmental statements. For example, " we noticed that you have allocated 18 hours for lectures and only 4 hours for small group activities" " .. " how do you ensure active learning? " would be a better approach than making a judgmental statement like; " Your faculty seems rely on lecture-based teaching according to your allocation of time; 18 hours for lectures and 4 hours for small group activity" Why is that?"

It is better to rely on open ended questions and close ended question should be used only when it is essential.

Some of the clarification can be intimidating unless the wordings and phrases are designed carefully. Prior explanations for asking for some of the information can negate such feeling in conversations.

These meetings are not suitable to impose ideas and debate a point of view based on personal opinions. Instead, the meetings should be used to verify facts and clarify doubts or unclear areas of evaluation. It is important to display the attitude of keen interest to know/understand good practices of the faculty/school.

However, the educational value of these meeting need not be underestimated and there should not be any hesitation in sharing your experiences on demand by the faculty.

The closure of each meeting should have summery and time for clarifications and a contract to follow.

It is a good practice for the review team to conduct a brief meeting to summarize the day's work every day.

The review team will judge each standard independently as the process of reviewing/monitoring progress. Preferably adding some explanatory notes based on personal observations.

10. CONCLUSION AND REMARKS

The post visit review take place towards the end of the 3rd day in preparation for the final meeting with the faculty. At this meeting the review team will discuss the format of the briefing that they are going to present during the conclusion remarks.

It is better to invite the dean or a representative to initiate the discussion allowing them to reflect on the process of review visit and providing them an opportunity to recognize their strengths and weakness. This self-reflection will contribute to eliminate the defensive reaction to possible unavoidable judgmental statements from the review team.

The review team do a brief presentation to give descriptive analysis of their observations but avoid any judgmental comments or any indication to the results of the review. Each member of the team also adds comments at this stage preferably it is better to plan those comments in collaboration in advance.

Pondering on draw backs and weaknesses may not be a good idea and once a faculty has realized an effective way forward, that should be appreciated.

This meeting should be concluded with appreciations and with the assurance of the final report in time.

PART TWO:

Guide to scoring of standards

11. THE REVIEW PROCESS

The review process begins with the evaluation of the Self-evaluation Report (SER) of the applicant medical school and ends with the finalization of the Reviewer Report and submission of the final report to the Accreditation Unit of the SLMC. The following is a broad guide to reviewing the standards within the eight sections of the Reviewer Report.

SECTION A. GENERAL INFORMATION

The objective of Section A is to evaluate the adherence to essential requirements by the faculty stipulated by the SLMC and UGC. Section A gathers factual information about the school and recognizes mandatory requirements for accreditation. The review team will scrutinize and endorse factual information given by the faculty and evaluate the adherence and intention to sustain such basic requirements. There are 6 standards and a maximum of 100 marks out of 2000 for this section.

- A1. Recruiting high-quality students; Adherence to the entry criteria stipulated by national authorities
- A2. Adherence to legal and administrative requirements of national authorities
- A3. Maintenance of recognition and accreditation of the institution
- A4. Accreditation by an independent body of another country
- A5. Maintenance of a logical and scientifically determined total number of students
- A6. Duration of the degree programme and internship

A1. Recruiting high-quality students: Adherence to the entry criteria stipulated by national authorities

Recruiting high-quality students is vital to produce good-quality doctors. Medical faculties ensure the quality of medical students at the stage of entry into a medical faculty. At present, almost all medical degree-awarding schools in the country are a part of free education. There is high demand and competition. Therefore, the government-imposed selection, determining the merit order and district ranking, is based on the performance at the advanced level examination. Some of the medical schools may stick to entry criteria tailor-made to the mission of their institution.

There is a different set of entry criteria for foreign students and for those students seeking entrance through examinations parallel to A/L in Sri Lanka like London A/L.

Medical faculties should not only adhere to stipulated requirements but also should monitor the process and evaluate the impact of the system. Refer essential entry criteria to medical faculties stipulated by SLMC. (Annex 2)

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Entry criteria for medical students are transparent and match the minimum standards defined by the SLMC in all instances.			

Reviewers shall look for

- Recognition and adherence to entry criteria with regards to minimal requirements
- Evidence of monitoring the minimum qualification in each cohort of students over 10-year period
- Evidence of monitoring trends of average/highest qualification of students over 10 year period
- Evidence of monitoring trends of entry of students from other routes
 - Foreign students
 - Over sea category (expatriates)
- Strategic plan to ensure the quality of students at the time of entrance

A2. Adherence to legal and administrative requirements of national authorities

The establishment of medical degree awarding institutes (medical faculties) demands a set of legal and administrative requirements. Medical faculties should fulfil and sustain those essential criteria that demand basic essential requirements to function as a degree-awarding institute. The medical faculty should recognize and uphold those requirements and explicitly demonstrate them in their strategic plans. Refer to legal and administrative requirements for registration as a medical degree awarding institute. (Annex 1)

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school is governed by an authority with adequate legal and regulatory backing.			

Reviewers shall look for

- Evidence of authenticity granted to function as a medical faculty by national authorities
- Recognition and sustenance of those essential requirements
- Strategic plan to uphold legal and administrative requirements to register as a degree awarding institution

A3. Maintenance of recognition and accreditation of the institution

Medical schools should be recognized and accredited by local authorities such as UGC and SLMC. Medical faculties should uphold and sustain those requirements stipulated for recognition and accreditation as an inbuilt strategy with the intention of progressive development. The development process should focus on the most recent accreditation reports.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has been accredited/recognized by a national regulatory body established for the said purpose.			

Reviewers shall look for

- Evidence of recognition by UGC
- Evidence of accreditation by SLMC
- Intent and strategic plan to sustain requirements for recognition and accreditation

A4. Accreditation by an independent body of another country

Some of the medical schools may pursue additional accreditation from international organizations. Although accreditation from an overseas accrediting body is not essential, any functioning medical degree-awarding institute requires accreditation from the national authority.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has received accreditation/recognition from a recognized overseas accreditation body			

Reviewers shall look for

- Evidence of additional accreditation from international degree-awarding bodies
- The acceptability of the international degree-awarding bodies that have accredited the school.

A5. Maintenance of logical and scientifically determined total number of students

Medical faculties should determine the optimum number of students to be recruited depending on the availability of resources such as physical structures, funding, human

resources and hospital facilities. There should be a maximum that should not be exceeded to avoid constrain and decaying quality as well as a minimum to ensure cost effectiveness.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The total number of students admitted during the last 5 years matches the resources available at the medical school.			

Note: Please refer E2.1 and G when marking this standard

Reviewers shall look for

- The process of determining the maximum and minimum number of students to be recruited
- Evidence of monitoring for the maximum number over a period of 10 years
- Monitoring the trend of increasing the number of students
- Evidence of logical decision-making for increasing the number of students

A6. Duration of the degree programme and allocation of time for hands-on practice (internship)

The duration of the degree programme is determined by the national authorities in Sri Lanka based on SLQF and social requirements. However, completing the degree programme during the stipulated time period becomes a challenge due to many unavoidable circumstances like student trade union actions, disease epidemics or community unrest. Medical faculties should handle such a situation without compromising the quality of the degree programme.

In the current practice internship is not a requirement for awarding the MBBS degree but it is essential for registration as a practitioner in Sri Lanka. The internship ensures the capacity to function as an independent practitioner after obtaining the license to practise from SLMC. Therefore, accreditation of a degree programme would be complete only after the assurance of mandatory internship.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Total duration of the study programme is adequate and utilised optimally to train a competent doctor.			

Note: Please refer C when marking this standard

Reviewers shall look for

- Evidence of adherence to mandatory requirements stipulated by UGC or the respective governing authority

- Monitoring the duration of the degree programme over a period of 10 years
- Evidence of hands-on experience in preparation for the internship during the degree programme
- Quality of internship training and assessment
- Evidence of monitoring student's performance during internships

SECTION B. VISION AND MISSION

The objective of Section B is to evaluate how the vision and mission of the medical school is aligned effectively with the rest of the degree programme to establish a strong education system. There are 4 standards to evaluate the value of Vision and Mission statements and their alignment with social expectations and the course content, methods of delivery, assessment and evaluation. This section will contribute to 100 out of 2000 marks in the final score.

Section B has following standards to be evaluated.

- B1. Validity of the vision and mission statements including the process of their development
- B2. Addressing the needs and expectations of the stakeholders and the country
- B3. Planning, delivery, management, and quality assurance of the curriculum
- B4. Ensure minimum Standards of Medical Education in Sri Lanka.

B1. Validity of the vision and mission statement including the process of their development

Vision and mission statements of a medical school should drive its study programme to fulfill the needs and aspirations of society. Vision and mission will create a strong basis to develop a medical education programme and its implementation and governance.

A very satisfactory vision and mission statement should provide the thrust towards all the expected good qualities of the medical graduate embedded in it. The statement will emphasize the commitment to learning the holistic spectrum of competencies for the benefit to the society based on the demand of society. Developing such vision and mission statements to align with the teaching and learning approaches and aspirations of the school requires a detailed consultative process with various stakeholders.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The process followed in developing the vision and mission statements complies with expected practices for an academic higher education institution.			

Reviewers shall look for

- Recognition of a vision and mission for the faculty
- Based on socially accepted philosophies
- Respected by the society
- The process followed in aligning the vision and mission statements with the programme learning outcomes and the graduate profile
- Quality of the vision and mission statement with regards to
 - Supporting intended graduate profile
 - Expectations and aspirations of the society
 - Fairness integrity and social justice
 - Sustain minimum standards of the graduate programme

B2. Address the needs and expectations of the stakeholders and the country

Addressing the aspirations of society is an essential mandate of a medical school. This requirement and expectations of the nation, society, students, staff and administration should be explicit in the vision and mission (V/M) statements. Comprehensive and explicit evidence of such a process would make a faculty very satisfactory on this standard. This process should be an established practice in curricular development as well as curricular revision. If the stakeholder expectation has been ignored it would be considered unsatisfactory.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Vision and mission statements address the needs and expectations of the stakeholders and the country and fulfil the Minimum Standards of Medical Education in Sri Lanka			

Reviewers shall look for

- Explicit alignment of V/M statements with the aspirations and expectations of the country
- Explicit alignment of V/M statements with the aspirations and expectations of the Minimum Standards of Medical Education of the SLMC

B3. Planning, delivery, management, and quality assurance of the curriculum

Vision and Mission statements should be the philosophical basis that govern the process of planning, delivery, management, and quality assurance of the curriculum. The faculty should have such a policy and there should be evidence of implementing that policy. Not

adopting a policy of following the vision and mission as well as not following such a policy makes it unsatisfactory.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Vision and mission statements are used for planning, delivery, management, and quality assurance of the curriculum			

Reviewers shall look for

- Explicit alignment of curriculum development with the V/M statements
- Explicit alignment of planning, and delivery of the curriculum with the V/M statements
- Explicit alignment of quality assurance with the V/M statements

SECTION C. EDUCATIONAL PROGRAMME

The objective of Section C is to evaluate the education programme, which includes the curriculum, programme learning outcomes, curriculum model, pedagogical approaches, intended learning outcomes and overall approaches adopted by the medical school. This section evaluates the comprehensive nature of the syllabus, including the number of hours dedicated to essential training components like clinical and community-based learning.

Section A has already evaluated mandatory and stipulated hours of training in clinical and community settings. Clinical practice demands at least 2650 hours of exposure to patient-centred, hands-on experiences. Community-based learning requires 200 hours of learning in either family medicine or community medicine that provides insights into healthcare as practised in primary care or community settings.

The curriculum model, along with the underpinning principles of curriculum design from which the model is derived should be described in detail in the attached curriculum. A school can adopt any one or combination of several models of curriculum, such as a discipline/subject-based curriculum, problem-based curriculum or mixed approach. However, those models should be able to achieve expected programme learning outcomes using student-centred learning. Therefore, features like vertical and horizontal integration in teaching and learning as well as in assessment and programme evaluation should be explicit.

Outcome-based education and active learning are essential features of a curriculum that focus on developing a responsible professional such as a medical graduate. There are 10 standards to assess the education programme of a medical school.

There are 9 standards (with 10 ratings) that will contribute to 400 out of 2000 marks in the final score. This section evaluates the principal learning outcomes and the curriculum model.

- C1. Model of curriculum and its underpinning principles
- C2. Overall structure of the education programme
- C3. Teaching learning programme: the years in which different subjects are taught
- C4. Teaching and learning methods
- C5. Total number of hours for skills training/learning and their quality
- C6. Subject-wise number of hours for skills training/learning and their quality
- C7. Active learning and student-centred learning in the clinical setting
- C8. Spectrum of clinical skills achieved and their level of achievement
- C9. Opportunities to develop clinical skills during mandatory internship or final year training

C1.1-1.3 Model of the curriculum and its underpinning principles

The model of the curriculum and its underpinning principles should be capable of achieving the Vision and Mission of the programme and producing graduates expected in the graduate profile. This standard look at the policy matters related to curriculum. There are several models of curricula; discipline-based curricula, body system-based curricula, lifecycle-based curricula, problem-based curricula, etc. Unlike the discipline-based curricula, the other curricular models are built on the principle of 'integrated learning'. Integrated learning is considered the key to showing the relationship between theory and practice. Two vital features horizontal integration; link between subjects offered at the same chronological stage of the study programme and vertical integration; link between subjects offered at different chronological stages within the programme becomes important. Whatever the curricula it is vital to recognize the approach in achieving the expected outcome that refers to the graduate profile. A very satisfactory education programme will recognize outcome-based education, learner-centred approaches, active learning, horizontal integration, early clinical exposure, and vertical integration and apply the same policies on assessment explicitly within the model of the curriculum.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Vision, mission, and curriculum model have been appropriately developed.			

Reviewer will look for the following.

- To what extent the curriculum
 - has considered key stakeholder opinion, current health status (e.g., epidemiological disease pattern) of the country, future health requirements of the country)?
 - has promoted developing holistic graduates fit for practice?
 - is based on a vision and mission that can be mapped to the graduate profile and/or programme learning outcomes stated in the SER?
- To what extent the curriculum

- has been built on a curriculum model and a set of educational principles that are congruent with each other?
- shown in the curriculum attached in Annex C1 conform to the model and the principles stated in the SER?
- what extent the curriculum
 - shown in Annex C1 has features capable of achieving the vision and mission stated in the SER?

C2. Overall organizational structure of the education programme

Overall organizational structure of the programme of study offered by the Medical School is smoothly leading to award of the medical qualification. The overall structure should be visible in the overall teaching/learning blue print and the faculty matt. This standard will scrutinize whether faculty is implementing its policies in education programme in practice.

In a very satisfactory education programme a comprehensive education programme with horizontal and vertical integration would be evident in these documents along with alignment to the graduate profile.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The curriculum organizational structure is appropriate.			

The reviewer will look for the following.

- Is there a diagram that summarizes the temporal distribution of the major parts of the curriculum over the entire period of the programme?
- To what extent does the curriculum organizational structure congruent with the curriculum model and underlying principles, e.g., if an underlying principle is vertical integration, then is there provision in the organizational structure for early clinical exposure for students?
- To what extent does the curriculum organizational structure capable of addressing all the programme learning outcomes?

C3. Teaching learning programme: the years in which different subjects are taught

Teaching and learning programme is efficient, effective and supportive. Efficiency means that they deliver the programme on time, efficiency indicates relevance and comprehensiveness as indicated in the curriculum to achieve the final goal of accomplishing the expected graduate profile and/or programme learning outcomes. Teaching/learning programmes should be visible in module-level planning for teaching and assessments. Intended learning outcomes

should contribute to programme outcomes and contribute to accomplishing the graduate profile. ILO should align with the PLO and graduate profile.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The listed subject areas are taught in the relevant and appropriate years.			

The reviewer will look for the following.

- Are years in which the curriculum components are taught appropriate for the curriculum model and its underlying principles (e.g., more of basic sciences in the earlier part, but not necessarily only in the earlier part, of the curriculum)?
- Does the curriculum stated in Annex C1 congruent with the years stated in this standard?
- Evidence of horizontal integration in teaching/learning activities and assessments
- Evidence of vertical integration in teaching/learning and assessments
- Evaluation of the quality of teaching learning programme by stake holder feedback

C4. Teaching and learning methods

Teaching and learning methods used are comprehensive, adequate and fulfill the educational needs and requirements. Here the focus is the methods of teaching. The programme must have

a mixture of lecture-based content teaching, hands on teaching of clinical skills as well as explicit methods teaching soft skills and character development.

What percentage of the teaching/learning time in the curriculum is devoted to lecture based teaching and how much for students centered/active learning?

What percentage of the content in the curriculum is accomplished by self-directed/student centered/active learning? How do you ensure the success of each component of teaching/learning programme?

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Teaching and learning methods are appropriate to address educational needs.			

The reviewer should look for the following.

- Is there variety in the teaching and learning methods?
- Are there teaching and learning methods to accomplish all the programme learning outcomes?

- Is the rough proportion (or percentage) of teaching and learning methods appropriate to sufficiently address all the programme learning outcomes?
- How much teaching/learning is based on SCL and SDL?
- How much time is allocated for SDL and SCL?

C5. & C6. Total and subject-wise number of hours for skills training/learning and their quality

Training skills and facilitating to master skills is a vital component in a medical graduation process. The study programme should specify an adequate and high-quality number of hours for

every student to spend in planned and guided skills training/learning of all subjects. Skills training for medical students should begin early in their carrier. This should be inbuilt in the education programme to support students to develop those skills and practice them regularly so that they will master those important skills during the study programme. Availability of equipment's, staff training, familiarity with skills teaching methods. In built methods of formal assessments would be good qualities of a study programme.

C5.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Total number of hours that every student is expected to spend in planned skills training and learning in a hospital based clinical setting or a community-based setting, related to given subjects are adequate and complies with the minimum standards.			

C6.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The subject-wise number of hours per student for planned guided skills training allows for gaining of these skills.			

The reviewer will look for the following.

- Adequacy and impact of the total number of hours dedicated for training skills per discipline
- Quality of skills training process
 - adequacy of equipments
 - proper guidance (handouts, instructions and feedback)
 - Process of self-reflection (self-evaluation, portfolio)

- Assessments (formative and feedback and summative and barriers and retraining)
- Evaluation - learner satisfaction and achievements and work place based assessments

C7.1. Introduction to clinical learning

Clinical training takes place in small groups. Small group activities are an essential ingredient of any education programme leading to a professional qualification. Small groups can induce critical thinking, active learning and self-directed and reflective learning. Therefore, medical faculties should allocate adequate time and facilities for clinical training in small group activities. The study programme should have adequate number of dedicated hours for small group activities and numbers in each group is conducive to achieving the specific objective (ILO) of the study programme. The arrangement of the physical structure in the clinical setting should be satisfactory for small group discussions. The success of clinical training is monitored by students' feedback and formative assessments.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Introduction to clinical skills training is compatible with the overall curriculum structure.			

The reviewer will look for the following.

- Number of hours allocated for small group activities/clinical training
- The year in which clinical training starts is in keeping with overall curriculum structure
- Whether ILO s for clinical learning is defined and explicit
- Whether the number of students per training group is satisfactory (not exceeding 15 per group)
- Physical structure/setting for clinical small group activities
- Assessment of the learning during small group activities
- Evaluation of small group-based teaching/learning process

C7.2. Number of students per clinical group and active/student-centred learning

Study programmes can promote active learning/student-centred learning by recognizing and allocating adequate time and content area. This standard addresses the process of facilitating students to become lifelong learners, active learners. Whether the study programme recognises the value of self-directed learning? what are the strategies adopted to promote self-directed learning? how do you assess and evaluate the success of self-directed learning?

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Students allocated for each group during clinical rotation allow optimum clinical exposure and interaction between students, and between students and the tutor/teacher.			

The reviewer will look for the following.

- How appropriate is the time that clinical skills training starts to suit the curriculum model and its underlying principles?
- Is the number of hours of clinical learning in each stage of learning appropriate?
- Is there continuous spirally evolving (rather than patchy) clinical learning over the years?
- Is there a gradual increase in the clinical exposure over the years?
- Is there a mechanism to monitor the quality of clinical training (e.g., some kind of student ongoing assessment)?

C8. Quality and adequacy of clinical skills training

This standard will evaluate how well the Study programme has been designed to allocate adequate time and ensure the quality of clinical practice and community-based learning. In addition to the adequacy of the time allocation clinical practice and community-based learning education programme should be well structured and organized.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Clinical skills and the competency levels defined by the medical school are adequate and comprehensive.			

When rating this standard, the reviewer should look for the following.

- Are all the skills listed in Annex C8.1 covered?
- Is the level of each skill appropriate? (If only certain skills are level-appropriate give a rating accordingly)
- Are adequate number and diversity of patients and clinical scenarios ensured?
- How is it structured in timetable?
- How do you ensure students acquisition of competencies?
- Whether the clinical and community-based training has embedded formative assessment and / or self-reflection?

- How is the success of clinical and community-based education programme monitored?

C9. Opportunities to develop clinical skills during mandatory internship/final year before the award of degree

In the current Sri Lankan context, the internship takes place after the award of the degree. So, this standard should be rated based on the final year training.

The adequacy, quality and comprehensiveness of the opportunities to learn clinical skills is vital in education programme. This standard verifies the quality and adequacy of opportunities for students to gain clinical skills. Availability and accessibility to patients. Arrangements to gain hands on experiences, independence and confidence. Adequacy of guidance and supervision and observed feedback from facilitators. Formative assessments and facilitation of self-reflective learning. Defined ILO and their alignment with the graduate profile. Clinical skills should embrace vital competencies like communication, collaboration, managerial skills, professionalism and scholarship.

For hands-on experience and developing independent capacity in clinical practice, adequacy and quality of training during the internship/final year is essential. Hence, developing independence and confidence in clinical practice is important.

	Good (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Mandatory internship/final year training when present contributes to and complements the overall clinical learning appropriately and does not limit opportunities to gain overall clinical exposure.			

When rating this standard, the reviewer should look for the following.

- Is the time duration assigned to each subject appropriate?
- Is clinical material offered during the internship/final year sufficient in variety and number? (Note: This will have to be verified only during the site visit)
- Is the quality of student supervision offered appropriate?
- How well does the internship/final year programme gel with the rest of the curriculum?
- Whether students are given opportunities to gain hands-on experiences to mimic the practice of an intern doctor?
- What is the mechanism of monitoring to ensure the acquisition of competency?
- Whether vital soft skills tested?

SECTION D. ASSESSMENT OF STUDENTS

The objective of the section D is to evaluate the process of assessments of the faculty. There are 7 standards to address assessments of students that will contribute to 300 marks in the final score.

Assessment provides the stimulus for learning/teaching process and provides vital feedback to the faculty and ensure the quality of the final product. To achieve these targets, assessment should be a well-established, ongoing, and scientifically designed collaborative activity.

Assessment should be comprehensive and developed using an assessment blueprint to reflect intended or programme learning outcomes (ILO/PLO) and qualities of the expected graduate profile. Validity of the assessment should be ensured by using appropriate tools and processes of peer evaluation to align with curricular expectations. Reliability of assessment that indicates the extent of error that an examination contains should be minimized by following sound assessment practices. Those practices should include maintaining confidentiality and elimination of conflicts of interest. Assessment should boost learning; formative assessments with early feedback should be promoted. Assessment should not be confined to judging students but also should be used as feedback to the faculty and the education programme. Analysis of results as well as students' and examiners' feedback become vital in evaluating the assessment system.

This section evaluates assessments along 7 standards

- D1. Validity and accuracy of tools used for assessments, including criteria for passing
- D2. Alignment of assessment with PLO and graduate profile
- D3. Results of assessments are used to guide decisions
- D4. Procedures to avoid conflict of interest
- D5. Scrutiny of assessment/examination/evaluation procedures by external experts
- D6. Procedures adopted to ensure confidentiality and integrity of examination results
- D7. Feedback system adopted to provide strengths and weaknesses of students at assessments

D1.1. Validity and accuracy of tools used for assessment

The faculty/medical school should use variety of tools appropriate for the task to test knowledge, technical skills, soft skills and other attributes. Assessment of knowledge should extend to application, analysis and creation in an education programme to develop professional competencies. This should be explicit as a policy and there should be evidence of implementing. Technical skills should be assessed by an OSCE/OSPE in an authentic setting. Faculty should explore methods of assessment of soft skills and attributes like communication skills, viva, portfolio and projects using a robust comprehensive assessments tools.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school utilizes appropriate tools for student assessment			

When rating this standard, the reviewer should look for the following.

1. Knowledge – Is there a defensible use of selected response (e.g., single best answer questions, extended matching questions) and constructed response question examinations?
2. What percentage of the assessments test higher order thinking?
3. Technical skills – Is there a defensible use of OSCE/OSPE and WPBA in skills assessment?
4. How much time/weight is allocated for assessment of skills?
5. Non-technical skills – are the socio-emotional skills assessed appropriately?
6. Personal attributes – are a set of personal attributes essential for medical officer assessed appropriately, i.e., using the right method for the right attribute?

D1.2. Determination of pass/fail standards

This standard evaluates the outcome of assessment.

Summative assessment needs well defined criteria for pass marks, grade boundaries and need to decide how to allow re-takes. Results should be released in time and students should receive feedback so that they can work on their progress remedial action.

In formative assessment students should get feedback and guidance for remedial actions.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Criteria set for pass marks, grade boundaries, allowed re-takes, etc. complies with best practices for undergraduate medical education.			

When rating this standard, the reviewer should look for the following.

- Are there stipulated criteria in By Laws/Regulations to decide passing/failing?
- Are criteria in By Laws/Regulations being followed in practice of assessment?
- Are appropriate standard setting methods used for deciding the pass mark?

D2. Alignment of assessment with PLOs and graduate profile

Assessment should align with learning outcomes and teaching learning strategies and

should be expressed explicitly in the curriculum “Blueprint” and open for students as well as staff. Overall assessment blueprint should reflect the expected final achievement of the curriculum; application and analytical levels of knowledge and mastery level of basic skills. The overall blueprint should highlight and track towards the graduate profile intended to achieve at the end of the programme. Subject-specific or module-specific blueprints should expand the overall picture in detail. Assessment should reflect horizontal integration as well as vertical integration in a subject or body system-orientated model.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
There is alignment between learning outcomes and assessments.			

When rating this standard, reviewer should look for the documentation and implementation of the following.

- Whether an assessment blueprint is comprehensive (covers adequately all intended learning outcomes and contents) and aligns with the graduate profile/PLOs
- Whether module assessment blueprints refer to both the PLOs and ILOs of the module
- Whether appropriate assessment methods are used to assess the ILOs and PLOs
- Adequacy of formative and summative roles in assessments

D3. Assessment results are used to guide decisions

Results of assessments can guide decisions about the progress of the student to different stages of the training programme described in the curriculum as per submitted Regulations and By-Laws. These decisions should be explicit and decision-making should be transparent.

Results should be analysed in such a way to provide feedback to the faculty and respective staff. Students’ performance with respect to the modules would be specific feedback to that module.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Results of assessments guide decisions about the progress of the student to different stages of the training programme described in the curriculum as per submitted Regulations and By-Laws			

When rating this standard, the reviewer should look for the following.

- Are the stipulations in the By-Laws and Regulations appropriate given the curriculum model and the nature of the assessments used?
- Do the By-Laws and Regulations clearly specify how decisions should be taken at assessment, covering all eventualities, e.g., steps to be followed when a student has been absent for one part of an assessment?
- To what extent are the stipulations in the By-Laws and Regulations followed by the programme in the implementation of its assessments?
- Are the results of an assessment analysed to inform staff about the quality of the assessment items?
- Are the above analyses routinely used to improve the quality of assessment?

D4. Procedures to avoid conflict of interest

Assessment should be reliable. There should be no favouritism and anybody with conflict of interest should not take any active role in assessment. There should be an established practice to screen individuals for conflicts of interest.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school implements robust mechanisms to avoid conflicts of interest during student assessments.			

When rating this standard, the reviewer should look for the following.

- Are there specific practices/guidelines in place to eliminate conflict of interest?
- Is there conflict of interest forms in use for examiners?
- What are the consequences of non-disclosure of conflict of interest?

D5. Scrutiny of assessment

Scrutiny of assessment/examination/evaluation should be integrated into the system. All the questions should be scrutinized within the department by a process of peer review and final scrutiny should involve an external resource person in all summative examinations. The process of examination and paper marking also should be scrutinized by policies like double marking.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Assessment/examination/evaluation procedures are scrutinized by external experts in line with acceptable best practices.			

When rating this standard, the reviewer should look for the following.

- Are there guidelines/SoPs for scrutiny of assessment, e.g., who can scrutinize, what should be scrutinized?
- Is the scrutiny of papers built into the assessment process as an integral part of it, i.e., examination timetable containing a time slot for scrutiny?
- Is the proper documentation of the scrutiny process?

D6. Confidentiality and integrity of results

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has adopted procedures that ensure confidentiality and integrity of examination results.			

When rating this standard, the reviewer should look for the following.

- Are there guidelines to ensure confidentiality of assessment material (both written and clinical assessment) that all staff involved in assessment should follow prior to the assessment, e.g., confidential rooms to prepare assessment, scrutinize assessment, print papers, store assessment material, examiner confidentiality forms, etc.?
- Are there guidelines for marking and handling marks confidentially?
- Is there evidence for the above guidelines being followed?
- Are there consequences for breaching of confidentiality during the process of the assessment?

D7. Feedback to students

Feedback on student performance at examinations should be built into the system. The examination results alone would not indicate to the students about their strengths and

weaknesses. Hence, more detailed feedback should be given to students to inform them about their strengths and weaknesses in different areas in the curriculum.

Feedback about students' performance at the assessments should be provided preferably by a designated mentor and opportunity should be provided for further progress or remedial actions.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school implements a system for providing feedback to students following assessments regarding their strengths and weaknesses.			

When rating this standard, the reviewer should look for the following.

- Is there evidence for giving feedback to students based on their performance at the assessment?
- Who provides feedback to students?
- How are students who perform poorly at assessment monitored and supported?

SECTION E. STUDENTS

The objective of Section E is to evaluate how quality students are nurtured and sustained by the faculty. There are 5 (with 6 ratings) standards to address this section to provide 200 out of the total of 2000 marks in the evaluation. This section evaluates admission criteria, facilities for counselling and feedback, and students' engagement in self-directed learning and student-centred learning.

- E1. Adherence to policy on admission
- E2. Number of students
- E3. Policy on the transfer of students
- E4. Process of providing feedback to students
- E5. Facilities for counselling

E1. Adherence to policy on admission

The admission policy of the Medical School and the selection process for admission of medical students from Sri Lanka if any [Other than the minimum results of the AL Examination, given in A6]. Faculty should stick to the policy laid down by the UGC and SLMC.

Policy of recruiting foreign students also should be documented and adhered to in a

transparent manner.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The admission policy of the Medical School and the selection process for admission of medical students from Sri Lanka are acceptable and are in line with the minimum standards published by the SLMC.			

Reviewers should look for

- The minimum qualification of the students over a period of last 10 years (A6)
- Observation on the trends of an average z score or the percentage of students from above 50th centile and 75th centile may show the popularity of the faculty
- Trends of recruiting foreign students' numbers and their qualifications

E2.1 and E2.2 Student numbers

Student numbers should not exceed the recognized capacity of the faculty. Any increasing the number of entrants should be through a process of consensual agreement of the faculty board after a thorough evaluation of physical and human resources constraints.

Admission of international students to the school also should base on a predetermined policy. Adherence to the policy would be essential. Student numbers can have an adverse impact on the education programmes. Therefore, the impact of an increasing number of students should be monitored.

E2.1

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Student numbers provided match with the available resources of the medical school.			

E2.2

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)

Medical school has been able to attract international medical students for its courses.			
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Reviewer should look for

- The table A6 will provide details about numbers of students
- Any change in numbers of students
- Evidence of rational analysis of availability of resources in advance
- Evidence of monitoring of the impact of increasing/decreasing number of students
 - either by feedback
 - and/or students' performance and outcome

E3. Student transfer policy

Faculty should have a student transfer policy and should stick to such policy.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The student transfer policy adopted by the Medical School is transparent and in line with the best practices in higher education.			

Reviewers should look for

- Policy documents
- Evidence of adherence to the policy in a specific instance if any

E4. Process of providing feedback and guidance to students

Faculty should have a policy of providing regular guidance and feedback to students at the end of every formative assessment as well as summative assessment. Allocation of time and responsible staff members to provide one-to-one feedback would be a good practice. Group feedback should ideally be followed up with one-to-one feedback. Teachers need training on how to give effective and supportive feedback that will contribute to the progressive development of students. Students' readiness to receive feedback is also an important factor in establishing a community of learners that harnesses the value of the culture of feedback.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)

Medical school has established a mechanism to counsel and provide feedback to students following examinations.			
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Reviewers should look for

- A policy of providing feedback to students
- How the quality of feedback is ensured; effective efficient and supportive
- How the practice of feedback is established; has the faculty allocated time slots in the time table and whether facilitators are recognized and allocated to students Measure of effectiveness of feedback
- How the faculty has empowered students to receive feedback effectively at an early stage of their course.

E5. Facilities for counselling

Facilities available for counseling of students (such as student counselling units, counsellors, mentors, etc.) regarding their academic, examination and other problems, including available hours and available staff in the Medical School. There should be a team of students counsellors trained to attend to students' psychosocial issues and take appropriate actions such as referral to a professional counsellor or psychiatrist for further action. The feasibility to contact and availability of a suitable location/physical structure would be beneficial for students.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has enough facilities and staff to provide counselling for students (such as student counselling units, counsellors, mentors, etc.) regarding their academic, and other problems.			

Reviewers should look for

- Policy documents of the faculty with regard to mentoring/counselling
- Policies and practices of training mentors/counsellors
- Monitoring and evaluation of the practice of mentoring/counselling; number of students who came for counselling/mentoring, student feedback and outcomes
- Student feedback/research for progressive improvement/substance of practice

SECTION F. ACADEMIC AND NON-ACADEMIC STAFF

The objective of Section F is to evaluate the quality of the academic staff of the faculty. There are 10 standards to address the process of recruitment, training and professional development and monitoring their performances that will contribute to 300 marks in the final score of 2000.

The academic and non-academic staff is the driving force of the entire education programme of a medical faculty. Their recruitment, proper assignment of duties and collaborative engagement of staff members and facilitating continuous professional development would be essential features of a progressive medical faculty. Faculty would be evaluated along the following 10 standards.

- F1. Policies for recruitment and promotion of staff
- F2. Process of entrusting responsibilities to ensure the efficiency of service
- F3. Qualifications of academic staff
- F4. Availability and qualifications of the extended faculty
- F5. Adequacy of permanent academic staff (students staff ratio)
- F6. Quality and availability of non-academic staff
- F7. Availability of staff development programmes
- F8. Availability and functions of a staff development centre
- F9. Availability of qualified medical educationists
- F10. Quality and comprehensive nature of staff development programmes

F1 Policies for recruitment and promotion of staff

Faculty should have an established policy for recruitment and promotion of staff, that aligns with stipulated regulations of the UGC. The process of advertising and filtering for the best resources through a process of unbiased, fair and competitive selection can ensure high quality resource availability. Similar process of promotion that stimulate professional development and sustained contribution to the faculty will contribute to the quality of education.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The policies for recruitment and promotion of staff in the medical school have been clearly defined and allows recognition for academic excellence.			

Reviewers should look at the following to determine the grading of the respective faculty.

- UGC or SLMC document relevant for recruitment
- Adaptations of adherence to stipulated rules and/or guidance

- Process of recruitment; authenticity and transparency
- Process of promotion, policy matters and implementing policies

F2. Process of entrusting responsibilities to ensure efficiency of service

Responsibilities and duties should be explicitly delineated to respective officers. The process of monitoring is embedded in the system to ensure efficacy. The openness of in this process would be very useful to the harmonious functioning of a faculty.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Responsibilities assigned to different grades of academic staff members facilitate efficient delivery of the curriculum.			

Reviewers should look at the following documents and information.

- Duties and responsibilities of all categories of staff are documented
- Such documents are officially handed over to respective officers
- Any modifications or adaptation are done collaboratively
- Stipulated responsibilities are comprehensive for smooth functioning of the faculty
- Key stakeholders to conduct examinations, manage the time table and allocation of lectures.

F3. Qualifications of academic staff

Qualifications of the academic staff are an important indicator of the quality of an educational programme. Annex F3 gives details of the subject-specific qualifications as well as pedagogical competencies.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Designations and qualifications of the academic staff are appropriate to deliver the curriculum effectively.			

Reviewers should look for

- Details of academic staff, qualifications, and designations

- Proportions of PhD holders and other clinical related higher degree qualifications
- Proportion undergone UGC recommended CTHE programme or equivalent programmes
- Availability of subject specific/relevant professional specific departments/module

F4. Quality and availability of adjunct / extended faculty

Using the service of adjunct / extended faculty such as in hospitals and community settings may be essential requirement for study programme. However, such a programme should be carefully designed and strategically developed and monitored in collaboration with the respective departments/ministries. Their qualifications as well as professional development with regards to scholarship become mandatory. The faculty should promote and facilitate their professional development that should include pedagogical competencies.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Adjunct / extended faculty associated with the medical school are adequate in terms of number of competencies to effectively train a medical student.			

Reviewers should look for

- Availability of extended/adjunct faculty
- Qualifications matched to the expected tasks in education programme
- What proportion of the syllabus is entrusted to the extended faculty
- Whether the extended faculty is facilitated to learn education-related competencies
- Whether performance of the extended faculty is monitored
 - By students' feedback
 - Students' assessment results

F5. Student: staff ratio equal to or better than 14:1

It is always better to sustain adequate number of academic staffs for smooth functioning of the study programme. Sustaining a healthy student staff ratio is a process of long term

planning. The faculty and respective departments should have policies to ensure the adequacy of qualified staff members based on the numbers retiring leaving for higher studies and number returning after higher studies.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Student: staff ratio maintained by the medical school meets with the minimum standards requirement.			

Reviewers should look for

- Trends of student-academic staff ratio over a period of the last 10 years
- Projection of student-staff ratio for the next 5 years
- Faculty and module-based projection about the staff availability
- Strategic plans to ensure availability of academic staff

F6. Quality and availability of non-academic staff

This standard evaluates the quality of the service provided by the nonacademic staff. They should be available and adequately qualified for specific tasks and there should be an integrated mechanism for their professional development.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school employs non-academic staff members adequate to conduct its day-to-day operations including training and assessments, providing the necessary support to academic staff and students, and to ensure effective administrative functioning.			

Reviewers should look for

- Trends of student: nonacademic staff ratio over a period of the last 10 years
- Projection of student: nonacademic staff ratio for the next 5 years
- Faculty and module-based projection about the nonacademic staff availability
- Strategic plans to ensure sufficiency of the services of nonacademic staff

F7. Availability of staff development programmes

All the academic and non-academic staff members need continuous professional development programmes not only to overcome decaying competencies due to ageing but also to be abreast with recent developments and current trends in education. Availability of well-developed, relevant, ongoing, monitored and validated staff development/training programmes/courses would be vital. There should be opportunities for everybody and the faculty should ensure to enrol everybody in such education programmes.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school provides adequate opportunities for staff development for academic and non-academic members of the school.			

Reviewers should look for

- Number of sustained, ongoing education programmes available for academic staff, nonacademic staff and administrative staff per year
- Number of staff members (proportion) attending such programmes per year
- Whether those CPD programmes are monitored by feedback and performance
- Whether there is sustainable fund allocation for such programmes

F8. Availability and functions of a staff development centre

The faculty should have a medical education department/unit with facilities and adequately trained/qualified staff dedicated to serving. This unit/department should embark on training all the categories of staff and monitor performance of all categories of staff as an ongoing process. Training or CPD needs should be recognized and education programmes should be updated or new programmes should be initiated. The effectiveness of such education programmes

should be evaluated by participants' feedback and outcomes of education programmes.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has established a dedicated unit with trained staff to support curriculum development and medical education.			

Reviewers should look for

- Availability of the faculty staff development center

- Physical structure
- Facilities
- Staff
- ongoing activities as an establishment
- Number of mandatory programmes conducted or coordinated per year
 - Number of participants
 - programme evaluation - participants satisfaction and outcomes
- Process of need analysis and curriculum revision and development of new curriculum

F9. Availability and involvement of qualified medical educationists

Availability of qualified medical educationist would be a great asset to a medical faculty. Ideally, they should be serving in the staff development center but service could be rendered from any other department. Engaging experts’ medical educationists in relevant tasks would be essential for progressive development of a faculty.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The number of staff members with medical education qualifications are adequate to provide the medical school with in-house capacity to develop, review and implement curriculum effectively.			

Reviewers should look for

- Number of medical educationists available in the faculty
- Whether the faculty has given due recognition and harnessed their services
- Whether faculty has ensured their carrier progress

F10. Quality and comprehensive nature of staff development programmes

This standard evaluates the content coverage of educational activities offered by the faculty through staff development centre. Staff development centre should focus on enhancing knowledge, technical skills, soft skills and character qualities of the entire staff as well as the extended faculty. Knowledge and technical skills should cover the process in teaching and

learning, assessment, curricular development as well as monitoring and quality assurance.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has established a well-defined process to enhance knowledge and skills on the curriculum among all academic staff.			

Reviewers should look for:

- Whether education programmes were developed based on need analyses
- Availability of syllabus or curricula for ongoing study programmes
- Attention given to all the categories of staff
- How much time is devoted to enhance
 - Knowledge
 - Technical skills
 - Soft skills (interpersonal skills)
 - Intrapersonal skills (character qualities)

SECTION G. EDUCATIONAL RESOURCES AND FACILITIES

The objective of Section G is to evaluate the educational resources of the medical school. There are 13 standards (with 16 ratings) to address all the physical structures required for the teaching/learning process that will contribute to 300 marks out of 2000 in the final score.

Educational resources include permeant structures as well as reusable semi-permanent structures and consumable material that is essential to facilitate learning. Availability alone does not indicate the quality of a medical faculty, their effective utilization, sustenance of such facilities and students' involvement would be good qualities of a progressive medical school. Scarcity of educational resources is a never-ending dilemma for a financially restricted country amidst the progressive development of the rest of the world. However, a good school will have futuristic plans to overcome this situation.

Evaluation of educational resources would be done along the following topics.

- G1. Lecture halls
- G2.1. Tutorial / discussion rooms
- G2.2. Examination hall(s)

- G3. Museums and laboratories for teaching
- G4. Clinical skills laboratory/centre with essential equipment
- G5. Medical school library
- G6. Teaching hospital/s
- G7. Field practice area for community medicine
- G8. Facilities for training in clinical forensic medicine and forensic pathology
- G9. ICT facilities
- G10. Residential (hostel) facilities
- G11. Health promotion and medical treatment facilities for students
- G12. Cafeteria facilities
- G13. Recreational facilities

G1. Lecture halls

Lecture halls should be quiet, comfortable and good quality and have adequate seating capacity. Modern audio-visual facilities will facilitate student engagement and contribute to the quality of education. Accessibility and special features should address the needs of students with special needs. Facilities to use advanced IT facilities would be added advantage.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The lecture halls available for the medical school are adequate to fulfil the needs of all students.			

Reviewers should look for

- Number of lecture halls available
- Size, comfort and basic facilities
- Advanced audio visual and IT facilities
- How is the constraint of lecture hall facilities are managed in the faculty (time tabling)?
- How is the allocation of lecture halls is managed smoothly
- Future plans for improvement correlating with increasing student intake

G2.1. Tutorial / discussion rooms

Small group discussions are essential component of any educational programme. Physical structure to facilitate small group discussion is mandatory. Tutorial and small group discussions should facilitate more interactions to ensure active learning. In order to achieve effective interactions, the freedom to rearrange furniture and audio visuals would be

essential.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Tutorial and discussion rooms allow accommodating all students in groups of appropriate size simultaneously in delivering the curriculum and its activities.			

Reviewers should look for

- availability of adequate number of facilities for tutorial and discussions
- Whether facilities are conducive for small group discussions
- How is the allocation of discussion rooms managed to ensure optimum use of facilities?

G2.2. Examination hall(s)

Conducting high-stake examinations needs proper examination halls that is conducive for students to concentrate on their subject matters as well as to prevent copying or any other form of plagiarism. This could be achieved by seating arrangements, physical barriers, CCTV cameras and strict supervision. Faculties should have a proper examination hall facility or adopt a mechanism of utilizing an optimum examination hall facility on a regular basis.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school is in possession of examination halls that facilitate evaluation of all students of a single batch simultaneously without disrupting the academic activities of other students.			

Reviewers should look for

- Availability and adequacy of dedicated or adopted examination halls
- Quality of those facilities
- Other strategies adopted to prevent copying or plagiarism
- Monitoring process and feedback from students and facilitators

G3. Museums and laboratories for teaching

Museums and laboratories play a major role in medical education. Availability of specimens as well as effective display that is conducive for learning would be beneficial. Using IT

technology, digital images, video recordings of procedures, scanning, and endoscopies could be more informative as well as stimulating for learners.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has established museums and laboratories for teaching purposes fitting the needs of all students.			

Reviewers should look for

- Availability of preserved specimens and models
- Effective ways of displaying and facilitating learning process
- Availability of digital images, videos of procedures, scanning and endoscopies
- Effective utilization of those material to enrich educational experience
- Evidence of monitoring the usage and satisfaction and success in learning by students
- Strategic plan for maintenance and further development

G4. Clinical skills laboratory/Centre with essential equipment

Students should be provided with opportunities to practice clinical skills during early part of their education programme. There should be adequate number manikins with facilities to practice skills such as checking pulse, BP, examination of abdomen, CVS and chest. IV cannulation, wound dressing, lumbar puncture and pleural or peritoneal aspirations could be practiced safely on a manikin and master the skills before embarking on performing same procedure with actual patients. Availability of high fidelity manikins would be an added advantage for a faculty. However, it is possible to adopt low cost improvisations effectively.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has established clinical skills laboratory (ies)/centre (s) with essential equipment required for such training of a medical student.			

Reviewers should look for

- Availability of a clinical skills laboratory
- Availability of facilities with or without high fidelity manikins
- Scheduled programme for students to practice procedures repeatedly
- Qualified facilitators to guide students
- Usage of manikins is monitored
- Effectiveness of developing skills is assessed at OSCE
- Care and sustenance of manikins is in place

G5. Medical school library

The library is an essential requirement for a medical faculty. However, modern libraries are inclined to use more digital space and students also prefer to use online access to reading material. Therefore, the role of modern libraries has evolved beyond searching for information to the stage of facilitating advanced techniques of assimilating and analysis of data and sharing information in groups of active learners. Hence, libraries should contribute to developing a community of learners and facilitating online learning.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school library is able to cater to the learning needs of all students through physical/online educational material at any given time.			

Reviewers should look for

- Availability of a physical structure for a library
- Availability of printed reading material
- Availability and utility of digital space
- Facilitating and guiding students to use library and IT
- Monitoring the utilization and effectiveness of library facility

G6. Teaching hospital/s

Teaching hospital/s is one of the most important and mandatory requirements in medical

degree awarding programme. The hospital may or may not be dedicated for teaching. However, internal arrangements can be conducive to conduct a clinical training programme. Presence of large number of students in hospital wards and clinics can be disturbing the routine functions of the hospital in turn leading to poor quality learning experience for students. Therefore, proper planning and monitoring is mandatory. Exposure to a wide range of clinical scenarios with the guidance from experienced and qualified teachers is of paramount importance.

Accessibility, transport facilities, acceptance by the staff and availability of basic facilities for medical students become mandatory.

Proper scheduling and coordination are vital to ensure long-term continuity of the education programme.

G6.1 Teaching hospitals: training capacity and facilities

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school is able to provide adequate training in teaching hospitals for all its students eligible for such training at any given time.			

G6.2 Teaching hospitals: coverage of clinical specialities

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Teaching hospitals affiliated with the medical school cover all relevant clinical specialities required to train a medical student.			

G6.3 Teaching hospitals: bed strength

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Teaching hospitals affiliated with the medical school generate enough patient turnover to facilitate student learning.			

Reviewers should look for

- Availability of hospital facility to accommodate all the students require clinical training
- Adequate number of patients with common medical and surgical conditions as well as diversity of cases
- Facilities for students; toilets, canteen and changing rooms
- Programme is well scheduled in collaboration with respective specialists
- Corporation and acceptance of students by the staff and patients
- Monitoring and evaluation of the clinical study programme

G7. Field practice area for community medicine

The practice of community medicine and first-contact doctor practice is a mandatory requirement. This standard will evaluate the quality of the field practice area for community medicine. During the module/sections of training community medicine and or family medicine students should be exposed to an authentic scenario of clinical practice. A place of practice along with its accessibility, facilities and availability of opportunities for clinical practice should be evaluated.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with adequate opportunities to learn community medicine through the named field practice settings.			

Reviewers should look for

- Designated location/institution to practice community medicine/family medicine
- Availability of clinical material and experience of community medicine in practice
- The programme is well organized and scheduled to coordinate with on going activities
- The effectiveness of community health programme is monitored and evaluated for its effectiveness by learner satisfaction and learning outcomes

G8. Facilities for training in clinical forensic medicine and forensic pathology

Training in clinical forensic medicine is mandatory to practice as a doctor in Sri Lanka because once they register as a doctor, they are expected to practice forensic medicine

independently. Training in the practice of forensic medicine needs clinical practice as well as postmortem practice. This experience would be best obtained under the guidance of a qualified and experienced forensic pathologist.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with adequate exposure to forensic medicine and forensic pathology during their training in line with the minimum standards defined by the SLMC.			

Reviewers should look for

- Availability of a postmortem room with facilities for teaching
- Opportunities to witness clinical practice in forensic medicine
- Forensic pathology museum arranged to induce curiosity and learning
- Opportunities to witness the practice of forensic pathology in real scenario
- Evaluation and monitoring of utilization of the museum and forensic practice

G9. ICT facilities

ICT facilities have become an essential component in education programmes. ICT facilities can optimize teaching /learning, assessments as well as programme evaluation. In the teaching/learning process, library facilities, online teaching platforms, and learning management systems (LMS) can be used effectively. The use of ICT facilities can support synchronous or asynchronous modes of delivery of lectures and create more interactions and induce active learning by adopting surveys, flipped classes and other modes of creative teaching practices. Online assessment formative or summative can be feasible and effective and prompt feedback could be built into the system.

ICT facilities make student feedback and programme evaluation simple.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school offers ICT facilities adequate to support student learning at any given time.			

Reviewers should look for

- Availability of functioning, strong (bandwidth) and accessible LMS
- Evidence of optimum use of ICT for teaching/learning
- Evidence of optimum use of ICT for assessments
- Evidence of optimum use of ICT in feedback and programme evaluation
- Evidence of optimum use of ICT for SDL and SCL practices
- Training students and staff on ICT

G10. Residential (hostel) facilities

Residential facilities are a unique and important consideration in evaluation of a medical degree awarding programme. Residential facilities for medical students become special when they start clinical practice. Adequacy of the basic facilities, comfort and privacy would be essential. Non-sharing room facilities would be ideal. However, sharing with 1 or 2 has become unavoidable. Internal adaptation to make the best use of available facilities become vital in a constrained situation.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with hostel facilities complying with adequate quality and safety standards fulfilling the basic needs of the students including water, electricity, sanitary facilities, recreation, internet, etc.			

Note: Some of the above facilities will have to be verified at the site visit, as this may not be evident in the SER.

Reviewers should look for

- Availability and adequacy of residential facilities for all students
- Availability of acceptable level of basic facilities (water, light, dining and toilet)
- Accessibility and transport
- Safety and socio-cultural environment
- Students feedback and involvement in progressive development
- Strategic plans for future developments of students accommodation

G11. Health promotion and medical treatment facilities for students

Medical faculties should strive to enforce and bring medical students to focus on to their own physical and mental health as they are more vulnerable. The scope should extend beyond the availability of dedicated healthcare facilities for prompt and effective treatment

facilities that focus more on secondary or tertiary prevention. Medical schools should focus on the holistic wellness of students that focus on a proactive approach to develop wellness as individuals as well as a community along the physical, mental, psychosocial, environmental, spiritual, financial and intellectual wellness. Such a proactive approach will not only create a healthy generation of doctors and they become fit to be role models and effective advocates for a healthy life in society.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with basic medical and nursing care through a medical centre staffed and equipped adequately by the medical school or its governing authority.			

Reviewers should look for

- Availability, functionality and accessibility of a health center or alternative facility for acute and chronic medical treatments
- Routine practice of surveillance of health status and wellness of students
- Measures to create student’s awareness and engagement of promoting holistic wellness initiative
- Student engagement in enriching their own wellness
- Student capacity building as advocates in promoting holistic health and wellness

G12. Cafeteria facilities

In a medical faculty, cafeteria facilities are not only a place to prevent starving but also become a place to create a movement of relaxation amidst their busy schedule. At the same time cafeteria should provide nutritionally balanced, adequate and affordable meal. Provision of a range of choices to group of students from diverse socio economic and cultural background become an unavoidable challenge to a faculty.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with basic meals and refreshments in keeping with the required hygienic standards by the medical school.			

Reviewers should look for

- Availability of cafeteria facility; adequacy of space, table chairs
- Quality of facilities; water, washing facility and toilets
- Quality of food
- Quality of service provided
- Affordability of food items
- Involvement of students in maintaining and sustaining of the service
- Strategic plans to overcome barriers and future developments

G13. Recreational facilities

Recreation is not only an essential component of the holistic wellness of an individual but also a valuable educational intervention in character building of medical students by inculcating qualities like empathy, resilience, tolerance and self-actualization. A wide range of recreational facilities should be available to replenish the needs of the diverse groups of youths that the faculty is dealing with. They can be literature, theatre, drama, music, dance, sports, games or any other leisure activities. The school should ensure they serve an educationally sound purpose; release tension and support interpersonal skills and character qualities.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical students are provided with recreational facilities adequate for them to maintain a high level of physical, mental, social and spiritual wellbeing.			

Note: Please verify mental, social and spiritual wellbeing at the site visit, as this may not be evident in the SER.

Reviewers should look for

- Availability of a range of recreational facilities/activities
- Functionality of those recreational facilities/activities
- Usage of those recreational facilities/activities
- Student engagement and satisfaction
- Evaluation of the impact of recreation on students outcomes
- Strategic plans for progress and/or sustenance of the recreational activities

SECTION H. PROGRAMME EVALUATION & QUALITY ASSURANCE

The objective of Section H is to evaluate the process of programme evaluation and quality assurance of the faculty. There are 4 standards to address the entire process of quality assurance, which will contribute to 200 marks out of 2000 marks in the final score.

Education programmes need an ongoing and inbuilt process of evaluation and quality assurance not only to keep abreast with evolving trends in education as well as the practice of healthcare in the rest of the world but also to overcome the impact of ageing, lethargy, ignorance, decaying of practices, complacency and corruptions that can creep into any system. Programme evaluation can have a significant positive impact on the system. In order to harness such an impact, it should be established as a collaborative, ongoing engaged function of the faculty. However, quality assurance activities for the sake of providing evidence for external reviewers may not be helpful and may even be detrimental to the quality of education.

Programme evaluation and quality assurance are evaluated along the following standards.

- H1. Effective programme evaluation and quality assurance and their implementation
- H2. Regular students' feedback regarding the quality of the study programme
- H3. Comprehensive evaluation of the degree programme
- H4. Tracer studies as evidence of programme outcomes

H1. Effective programme evaluation and quality assurance and their implementation

The faculty should have an established programme evaluation and quality assurance system preferably supported by a group of dedicated staff and a physical structure and facilities. Agreed policies and ongoing processes of self-monitoring and self-evaluation should be the established culture of all the departments and units of a faculty. Information generated during this process should lead to progressive development of functions and contribute to innovations and progress. Information gathered during this cycle of progressive development could be produce as evidence of quality for external reviewers.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has established a robust quality assurance system capable of addressing quality concerns related to the medical curriculum, training and other academic and non-academic affairs.			

Reviewers should look for

- Presence of a quality assurance unit and established process of programme evaluation
- Functions of the quality assurance unit are comprehensive and explicit as a consensus agreement in the faculty
- Functions of the programme evaluation unit are comprehensive and explicit as a consensus agreement in the faculty
- Process of programme evaluation and quality assurance are scientific and evidence-based and involve all stakeholders
- The process of programme evaluation and quality assurance seems to be like an ongoing established practice

H2. Regular feedback from students and staff

Entertaining feedback from students, staff and other relevant stakeholders should be a standard, established and ongoing practice of the faculty. There should be a standard system and format for obtaining feedback and feedback information should be analyzed with a view to improvement. Summarized feedback should be utilized in the process of programme evaluation and quality improvements.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has established a mechanism that will allow students and staff members to provide regular feedback on various aspects related to teaching, learning and administration without any room for adverse repercussions.			

Reviewers should look for

- Established policy of obtaining feedback from students, teachers and other stakeholders is available

- There is a formal feedback format specific for each category of stake holders
- Feedback have been analyzed and submitted for the attention of respective stakeholders
- Students and other stakeholders were informed about the outcome of their feedback.

H3. Comprehensive evaluation/review of the degree programme

It is essential for faculty to embark on a comprehensive evaluation/review of the degree programme within at least the past 10 years. This process should base on the current global trends in education, and scientific evidence and supported by stakeholder feedback and programme outcomes evaluated by tracer studies/employee feedback.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The medical school has undergone a comprehensive evaluation/review of its degree programme within the past 10 years in a satisfactory manner.			

Reviewers should look for

- Evidence of programme review
- Scientific basis of the programme review
- Entertaining feedback from students, staff and other stakeholders
- Students and staff involvement in the review process
- The process of review and modification
- The process of monitoring the impact of programme intervention

H4. Tracer studies as evidence of programme outcomes

Analysis of performance of a cohort of students and graduates in relation to the mission, intended educational outcome, training programme and assessments would be a useful exercise that will reflect the performance of the faculty. Performance appraisal of graduates of medical faculties in the form of work place-based assessment by the supervising consultant based on observations over a long period of time would be useful and authentic information. Patient feedback, nurses' feedback and self-reflections could be used as other modes of performance evaluation of graduates. Pursuing on an established practice to monitor trends over a period of time and/or comparison with other faculties would be a useful intervention that can contribute for progressive development.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Analysis of performance of cohorts of students and graduates in relation to the mission, intended educational outcomes, training programme and assessments has been performed satisfactorily.			

Reviewers should look for

- A policy of establishing a process of ongoing performance appraisal of graduates
- Assimilation of data and analysis of data as useful feedback for the study programme
- Whether performance appraisal has addressed the entire spectrum of expected learning outcomes specific attention to
 - technical skills
 - interpersonal skills; communication, collaboration, creativity care and connectivity.
 - Intrapersonal skills such as leadership, tolerance, resilience, adoptability and self-actualization
 - Attitudes of reflective learning and becoming a lifelong learner.
- Evidence of using such data for quality improvement in the faculty

SECTION I. GOVERNANCE AND MANAGEMENT

The objective of Section I is to evaluate the Governance and Management of the faculty. There are 6 standards that will contribute to 100 marks out of 2000 in the final score.

11. Smooth governance: Organogram of governance structure
12. Effective, efficient and supportive administration
13. Quality and adequacy of the administrative staff
14. Assurance of adequate financial and material resources for educational activities
15. Student involvement in the decision-making process
16. Strategic Plan in the governance and management of the medical school

11. Smooth governance: Organogram of governance structure

Governance of a faculty should be well structured and properly organized. Hierarchical arrangement would facilitate smooth functioning of an institution. The organogram should depict the administrative structure of the faculty. The organogram includes Senate, Council,

Management Board, VC, Rector, Registrar, Dean, Faculty Board, Professors, Heads etc.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The organizational structure of the medical school is well demarcated and provides opportunity for effective governance.			

Reviewers should look for

- Evidence of smooth functioning of the administrative process
- Availability of an organogram and explicit display
- Adherence to a hierarchical order in the administrative process
- Alignment of standard administrative processes and procedures to the organogram

12. Effective, efficient and supportive administration

Management of a degree programme should be effective, efficient and supportive. To achieve this, it is essential to have the contribution of a wide range of administrative officers. Their contributions would be assured by assignment of clear responsibilities. Effective and efficient functionality of an office needs specific assigned responsibilities, defined protocols and dedication of officers. Routine evaluation of the functionality of the office as well as customer feedback would help to ensuring good quality outcome of an office.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Responsibilities related to the management of the degree programme have been defined and delegated appropriately to relevant staff members.			

Reviewers should look for

- Availability of duty lists; documented responsibilities assigned to respective officers
- Recognition of responsible officers for significant events in the faculty (TOR & SOP)
 - Student registration and induction programme
 - Conducting examinations and examination results

- Recruitment staff
- Constructions and maintenance
- Student welfare
- Staff welfare
- Financial matters
- Mechanism established to monitor the functionality of the office
- Mechanism established to entertain stakeholder feedback
- Supportiveness of the office functions
- Strategic plan to sustain/progressively evolve the office functions

13. Quality and adequacy of the administrative staff

In order to carry out such a responsible and complex process, the administrative staff should be adequately qualified, efficient and dedicated with good attitudes. The process of recruitment should be rigorous enough to filter good candidates and there should be a process of career development linked with building professional development. Performance appraisal system could motivate individuals as well as entire group for team work to ensure high quality administration in a faculty.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Number and variety of administrative staff employed allow the medical school to govern the degree programme effectively.			

Review team should look for

- Adequacy of the administrative staff
- Recruitment procedure adopted to ensure selection of suitable individuals
- Performance appraisal of administrative staff
- Continues professional development process
- Strategic plan to ensure the high quality of administrative officers

14. Assurance of adequate financial and material resources for educational activities

Medical School needs to ensure adequate and sustained provisions of funding, equipment,

consumables, books and essential services for its smooth function. Financial constraints become the most challenging hurdle for many schools. Therefore, the success of a medical school would be reflected by more on advance planning, prioritizing and managing in a cost-effective manner. Provision of equipment, consumables, textbooks, etc. should be planned in advance and adhere to financial regulations. The faculty may have to handle payments for services like security, maintenance and janitorial service.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school is in a position to ensure adequate financial and material resources for educational activities.			

Note: Some of the material (e.g., equipment used for teaching purposes) available at the departments should be verified at the site visit.

Reviewers should look for

- Overall financial status of the faculty reflected in the most recent financial statement of the faculty
- Availability of standard practices, procedures and protocols
 - for purchasing equipment's, consumables and educational materials
 - disbursement of research funding
 - payments for water electricity and ICT facilities
 - payments for books, online journals etc
 - recruitment and payments for services
- Inbuild process of monitoring and internal auditing
- Transparency and stakeholder involvement in financial matters
- Strategic plan to overcome financial constraints

15. Student involvement in the decision-making process

This standard will evaluate effectiveness of students' involvement in the administrative decision-making process. Students feedback and engagements in decision making process become a valuable contribution as they are the most important stakeholders of the education process. Such involvement will empower students and contribute for harmony and collaborative functioning of the stud programme.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
Medical school has provided opportunities for the students to involve in the decision-making process alongside the medical school governing bodies without intimidation or influence.			

Reviewers should look for evidence for

- Availability of standard practices of official involvement of students in
 - Curriculum development
 - Students' welfare and social activities
 - Scheduling of timetables and examinations
 - Faculty events
 - Financial management
- Evidence of entertaining students' feedback
- Engaging students in planning and organizing events

16. Strategic plan in the governance and management of the medical school

Medical schools should have a futuristic strategic plan for governance and management that would be unique to individual faculty. Faculties need to evolve progressively along with global trends in medical education to produce doctors with the capacity to satisfy the evolving demands of the community. Proactive strategic plans are best developed based on the current strengths and foreseeable opportunities and aspirations of the stakeholders while focusing on targeted results (SOAR approach). Such an approach could motivate and drive teams towards the target. However, the current practice in performance evaluation embarks on SWOT approach. Here the emphasis on weakness and threats can create stress and conflicts in the process of team building. However, the value recognition of weakness and threats need not be marginalized, what is required is to adopt professional approach in management to support weak points and threats. Strategic management should be explicit about this.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
The institutional strategic plan has been used effectively in the governance and management of the medical school.			

Reviewers should look for

- Availability of an evolving strategic plan for the faculty

- Stakeholder involvement in development and evolution of strategic plan
- Whether medical school has recognized its strengths, opportunities and aspirations for the faculty (SOAR Approach)
- Whether faculty has a futuristic result orientated mission
- Whether the faculty searches for weaknesses and threats and plan how do manage them

12. AFTER THE REVIEW: FEEDBACK TO THE FACULTY

This is an important event that needs careful planning. It would be better to invite the faculty to reflect about their strengths and any weaknesses and their plans for future progress. Use SOAR approach in giving feedback.

Strengths
Opportunities
Aspirations
Results

Focusing on strength have a positive impact on the faculty. Dean will find that it facilitates building motivated and energetic teams. This approach will minimize the need to highlight deficiencies by the review team.

However, giving some indications about strengths and deficiencies of the faculty would be useful.

13. FINAL REPORT

Compilation of the final report is the most important task for the review team. The team leaders need comprehensive and collaborative support to accomplish this task. For this purpose, the team will discuss each standard briefly. The scores given individually at the desk review as well as after the visit would be revisited as a team at this stage. This revisiting may lead to the revision of scores/grading given at the desk review independently by reviewers.

Variation of reviewer ratings should not be viewed as an anomaly if each reviewer can justify one's own rating. However, the revision of ratings should be considered if the individual reviewer ratings do not fall within a broad rating category: very satisfactory, satisfactory, or unsatisfactory. Within a broad rating category, the variation of individual reviewer ratings should not be necessarily viewed as an undesirable discrepancy.

Final report encompasses three sections.

1. Grading and scores for sections A to I along with specific comments on each standard; in the final report rearview team will give a consensus agreed final grading and remarks to support the decision.

2. Commendations and recommendations; this section gives an overall impression about the entire education programme. Recognition of strengths and opportunities to progress would be encouraging and should have an emphasis more than weaknesses. Similarly, the aspirations of the faculty deserve with a highlight on plausible results over threats.

However, commendations should be specific and recommendations should align with the aspirations of the faculty be SMART; specific, measurable achievable, realistic and timely.

3. Final score and decision – The final score is decided by an averaging process (guided by the template overleaf) after the reviewers discuss the discrepancies of their individual scores and modify their own if necessary. The final decision is guided by the criteria stated in the Reviewer Report form reproduced below.

REQUIREMENTS TO GRANT ACCREDITATION

- i. Minimum acceptable entry criteria
AND
- ii. A minimum average section score of ≥ 6 (Grade – Satisfactory) for at least 5 out of nine sections each
And
- iii. A percentage of weighted score of $\geq 60\%$ (Grade – Satisfactory)
And
- iv. Completion of all '**Mandatory Training Indicators**' (*Hospital Based Clinical Training of 7 specialities – C.6i to C6.vii*)
- v. **Minimum total mandatory clinical hours of 7 specialities ≥ 3000**

Writing the final report is a joint venture for the team. Deferent sections would be drafted by individual reviewers and the final draft would be compiled by the team leader. Final draft would be reviewed by the entire team before submitting to the AU of SLMC.

Section Number	Name of Section	Number of Standards	Total Evaluation Score	Average (Total/ Number Standards)	Weight	Actual Weighted Score	Actual Weightage Score Section
A	General information	6			10		
B	Vision and mission	3			10		
C	Educational programme	10			40		
D	Assessment of students	8			30		
E	Students	6			20		
F	Academic staff	10			30		
G	Educational resources	16			30		
H	Programme evaluation and Quality assurance	4			20		
I	Governance & management	6			10		
Total 09				Total	200 (maximum total weighted score = 2000	
			Percentage of Weightage Score		 %	