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GUIDE FOR REVIEWERS OF MEDICAL SCHOOLS

ACCREDITATION UNIT OF THE SLMC

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Preface

Why Accreditation?

The accreditation of medical education comprises the certification of the suitability of medical education programmes, and of the competence of medical schools in the delivery of medical education. It aspires to achieve progressive wellness of the nation, patient safety, improved health care delivery and competent doctors[1] for practice. Accreditation of medical education programmes and institutions are normally carried out by national governments, or by agencies receiving their authority from national governments.

In practical terms, accreditation is the process by which a credible independent body assesses the quality of medical (health professionals) education programme to provide assurance that it produces graduates who are competent, experts attuned to practice safely and effectively and have a foundation for lifelong learning.

Accreditation can be used to ensure and improve the quality of medical education – for example, by ensuring the acquisition of core competences; to improve cost-effectiveness; to serve as a lever for reform; to foster respect for the humanity and health care system; to assist in resource mobilization and resilient and ready to adopt the any catastrophes along with the society. The long-term purpose of accreditation is to improve the health status of the population.

The process of accreditation in medical education globally has long been the prerogative and the responsibility of the relevant authorized institution of each country. Each country has its own Directory of recognized medical schools and in Sri Lanka, the Sri Lanka Medical Council (SLMC) discharged this responsibility and *recognized* the medical schools in the country in a formal process. *Accreditation* has been used globally for about 40 years, but Sri Lanka had not used that word formally, using *recognition* instead. The SLMC also has additional responsibilities of maintaining discipline and ensuring the ethical conduct of the practicing doctors. The SLMC is therefore duty bound to move towards accreditation of the medical schools in a formal manner.

For this purpose, the SLMC has established an Accreditation Unit in 2021 and has granted complete independence for the formal technical processes involved in Accreditation of Medical and Dental Schools in Sri Lanka. The Accreditation Unit has its own terms of reference including the prescribed structure, staff and budget and is linked to the SLMC only for the purpose of formalizing its Accreditation decisions.

The Sri Lankan scenario for quality assurance and recognition of medical education

There are 11 medical schools or medical faculties within the universities, established under Universities Act 16 of 1978 in Sri Lanka, funded by the UGC. There are no functioning private medical schools in the country at present. While adhering to the uniform, broad outcomes and

[1] Includes dental schools and dental practitioners

objectives of medical education, stipulated by the Minimum Standards of Medical Education Regulations of the SLMC and other quality assurance guidelines of the UGC, each of these schools has been granted the flexibility to design its curriculum in an appropriate format. Whichever type of curriculum, apart from the SLMC developed Minimum Standards of Medical Education Regulations, all medical schools also must adhere to the quality assurance guidelines of the UGC. Ensuring that each undergraduate medical education programme conforms to the underpinnings of outcome-based education is a core aim in the quality assurance processes of the UGC and the SLMC.

As mentioned above, the Sri Lankan medical schools are therefore subjected to two mandatory quality assurance processes. One is by the Quality Assurance Council of the UGC and the other is by the SLMC. The former is concerned with the quality assurance related to academic matters. With regard to the latter, as the professional body with the responsibility and authority for accrediting medical education programmes, the SLMC is concerned with both academic and professional matters. The AU is the body that has been assigned this task by the SLMC and it is deemed to function independently in all its decisions.

Recognition and accreditation of medical schools at the global level

At the global level the WHO maintained a Directory of Medical Schools of the World from 1953 until 2007 which included all the medical schools that were reported by each of the countries as being recognized by them. The WHO then handed over this process to the World Federation of Medical Education and it was continued as the Avicenna Directory for Medicine. A separate International Medical Education Directory (IMED) was being published by the Foundation for Advancement of International Medical Education and Research (FAIMER), a part of the ECFMG, since 2002 and continued until 2013. Thereafter the Directory of Organizations that Recognize/Accredit Medical Schools (DORA) – a list of known accrediting agencies for each country came into being through FAIMER. DORA lists the Sri Lanka Medical Council and the Quality Assurance and Accreditation Council of the University Grants Commission in its publication. However, FAIMER is not an accrediting agency and the listing only reflects the position adopted by the national body.

An extra stimulus to make sure that the standards and processes adopted by accreditation agencies are satisfactory has come from the policy of the Educational Commission for Foreign Medical Graduates (ECFMG) of the USA on accreditation. ECFMG stated in 2010 that **"...effective in 2023 (postponed to 2024), physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, the physician's medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria, such as those put forth by the World Federation for Medical Education (WFME)".** Since this stipulation, many countries that did not have accreditation systems for basic medical education have begun to develop them with the support of, and consistent with the guidelines of the WFME.

The SLMC after a series of deliberations with relevant stakeholders have has also decided that it would seek the recognition for the Accreditation Unit (and thereby the SLMC) from the WFME

as the Accrediting Agency for Medical and Dental Schools and programmes in the country. The current plan is to invite the WFME team towards the end of 2022 as the SLMC wishes to ensure that the recognition by the WFME is obtained well in advance of the current deadline of 2024. Recognition of the AU of SLMC by the WFME will enable the Sri Lankan doctors to undertake post graduate and other studies in the developed countries. Therefore, it is mandatory to AU of SLMC to be recognized as the national accrediting agency by the WFME. It will also help the SLMC to use the WFME recognition as a reliable external reference.

Requirements of an accreditation system

The basic requirement is that the accreditation system must be trustworthy and recognized by all: the medical schools, students, the profession, the health care system, the public and relevant governmental authorities. Trust must be based on the academic competence, efficiency and fairness of the system. These characteristics of the system must be known by the users, and consequently, the system must possess a high degree of transparency and be accessible to all relevant partners.

Global guidelines are too broad to be adapted to national and local needs; national standards will be more detailed. The process of establishing accreditation systems could take time. We view accreditation as a tool for protecting and improving the health of the population as well as for improving the quality of education. Many agree that Accreditation should be compulsory, be based on a legal instrument, be nonprofit and transparent, include the ability to sanction, be accountable, have national legitimacy, represent all major stakeholders, have adequate and dependable financing and be efficiently administered. The accreditation process should include a provision and procedure for appeal.

The process of review needs to be meticulously designed, logical and feasible. The AU of SLMC has taken steps to ensure the accuracy and uniformity of the process and presented in a separate chapter of this guide.

Reviewers as a group of committed academics has taken up this rather mundane job with the purpose of serving the system. Therefore, their vision, mission and mindset would be of utmost importance and it is discussed further in the relevant chapter.

Acknowledgements

On behalf of the Accreditation Unit of the SLMC I wish to place on record our deepest appreciation to Prof. Mudiyanse Rasanayake who prepared the initial draft so that it could be adopted for use from the early stages of the accreditation process of the AU and the SLMC. I also sincerely thank the Members of the Unit who reviewed and made valuable comments on different sections of the draft. Finally our thanks go to all the reviewers who made practical suggestions for improving the different processes involved in accreditation. This guide will remain a live document and the Accreditation Unit will continue to revise and update it as and when necessary.

Dr Palitha Abeykoon

Abbreviations

A/L – Advanced Level

CBML - Community Based Medical Learning

CSTH – Colombo South Teaching Hospital

CTHE – Certificate of Teaching Higher Education

DME – Department of Medical Education

ELCT - English Language Competency Test

Faculty – Faculty of Medical Sciences

G.C.E. – General Certificate of Education

ILO – Intended Learning Outcome

K-SAM – Knowledge, Skills, Attitudes, Mindset

LO – Learning Outcome

MBBS – Bachelor of Medicine and Bachelor of Surgery

MCQ – Multiple Choice Question

MOCE – Mini Objective Clinical Examination

MOH – Medical Officer of Health

OSCE – Objective Structured Clinical Examination

OSPE – Objective Structured Practical Examination

PLO – Programme Learning Objective

PPD – Personality and Professionalism Development

SAARC – South Asian Association of Regional Cooperation

SEQ – Structured Essay Question

SLMC – Sri Lanka Medical Council

SLQF – Sri Lanka Qualification Framework

SOP – Standard Operating Procedures

SPICES – Student centered, Problem based, Integrated, Community Base, Electives,

Systematic ToR – Terms of Reference

UGC – University Grants Commission

UTEL - University Test of English Language

CONTENT

PART ONE
INTRODUCTIONS

Part one of this document explain basic concepts and scientific nature of the review process and the legislative requirements of the process. It is always better to reflect on the fact that any reviewer is intrinsically motivated to serve the system with dedication. What we share in this section is mostly dealing with the background and preparation to do the real work of logical and holistic evaluating an institution for the purpose of facilitating the progress of an individual institution as well as the entire medical education system in the country.

1. INTRODUCTION

The WFME recognition status for Sri Lanka Medical Council (SLMC) as the legitimate "Accreditation Agency" of WFME 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 will include to seek employment overseas and undergo overseas postgraduate training.

The SLMC to comply with one of the key requirements of 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 the important decisions are conveyed to the Council of SLMC for information only. The key functions that fall under the purview of the AU includes 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. In addition, the AU has been assigned with the task of obtaining WFME recognition status for SLMC.

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. The responsibility of this activity has been assigned by the Council to the Foreign Degrees Unit arm of the SLMC.

To implement the accreditation process effectively and successfully in Sri Lanka to the satisfaction of WFME the AU has appointed reviewers based on eligibility criteria acceptable to WFME. These are almost identical to the eligibility criteria adopted by the Quality Assurance Council of UGC for the programme reviews. The key tasks assigned to a reviewer will include; be a member of the five-member review panel appointed to accredit a medical faculty, evaluate the submitted completed Self Evaluation Report (SER) of the faculty, discuss the SER with other members at the Desk Review and Pre-site visit meetings, participate in the "Site visit" (Review visit) of the faculty and with other members complete and submit 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 of 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 time line with the flow chart.

- The Gazette with Minimum Standards Regulation.
- Sri Lanka Quality Frame Work Manual 2015 of 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 to the satisfaction of WFME.

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 schools or programmes. 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.

2. THE EXPECTED OUTCOMES OF THE PROCESS OF ACREDITATION

Evolution and establishment of an ongoing systematic process of accreditation in a country is expected to improve the quality of medical education not only in the medical school concerned but also in all other medical school by setting standards and expectations. Such a process will ensure the quality and safe graduate who will have the capacity to deliver high quality care, preventive and curative, to the citizens. The ultimate target of the above would be to ensure the progressive holistic wellbeing of the nation. The logical process of establishing an accreditation unit and the process of monitoring will contribute to evolve the best approach of accreditation for global recognition while facilitating the progressive development of individual medical schools/faculties. In addition, such a process will assist the medical faculty to obtain the required finances, staff, infrastructure and equipment from the governing authority.

The process of accreditation will contribute to progressive development of individual medical education institute. Recognition of a set of vital standards by the Accreditation Unit of 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, introduction of minimum standards should not be prescriptive and demarcate a limit but open up the scope for progress. Notion about accreditation as a process of finding deficiencies or ranking of medical faculties should be changed. Recognition of strengths is a better catalyzer for improvement.

Appreciative approaches in evaluation is known to support team building in higher education institutes. Traditional SWOT approach in institution review focus on Strengths, Weakness, Opportunities and Threats and tend to emphasis weaknesses and threats that hinder progress. Whereas the SOAR approach that is becoming popular in team building focusses on Strengths, Opportunities, Aspirations and Results. Therefore, the process of accreditation should incorporate SOAR approaches to support team building in institutions. In the team building process all stake holders must be consulted.

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, AU of the SLMC is constantly monitoring the process by entertaining feedback from all stakeholders to ensure its quality as well as progressive development of the process. Therefore, as a reviewer engaging in a constant dialogue and providing critical constructive feedback to the medical faculty and Accreditation Unit would be of immense benefit. To do so it would be beneficial for the reviewer to be familiar with the accreditation process of the of quality assurance unit of Sri Lanka Medical Council as well as Quality Assurance Council of the University Grants Commission, Sri Lanka.

3. THE PROCESS OF ACCREDITATION OF MEDICAL FACULTIES

It is the responsibility of the AU to assure the Sri Lanka Medical Council that the process of accrediting medical schools in the country are technically sound and that they address the main dimensions of outcomes based on sound medical education principles. In order to make this review process consistent across the different medical and dental schools and to ensure that it is of the highest technical quality, the AU deemed it necessary to develop a practical reviewer guide. This guide will facilitate the work of the review teams to provide valid and reliable judgements of the different dimensions that are being assessed by them during the visits. It will help to ensure consistency in the assessments made by different review teams visiting different medical and dental schools.

Following is a brief description of the accreditation process.

The process begins with the Accreditation Unit inviting the relevant medical school to submit the completed Self Evaluation Report (SER). Any clarifications or assistance needed for its completion would be provided by the Unit acting through the Dean of the concerned Faculty.

Prior to the actual visit to the medical school, the Accreditation Unit (AU) will organize a meeting for the review team members to a pre-visit meeting to discuss the contents of the SER sent by the school and to identify its strengths and any weakness that need to be explored. This desk review will also enable the team members to understand each other' points of view regarding the mission and the tasks that they are undertaking. The reviewers will also plan to divide the work among themselves during the visit to make the assessments meaningful. The teams will have a mix of expertise and the AU will endeavour to include in the team experts in basic sciences, paramedical sciences and clinical sciences and when possible, in medical education. This way the team will be able to examine all aspects of the academic programme and also the key educational aspects.

Following the desk review, the reviewers will visit the school and undertake the review and make the necessary assessments on the basis of the agreed protocols. The visit will normally be of 3 days duration but this can be adjusted if a longer period of time is deemed necessary. At the end of the visit the team will discuss the key findings with the Dean and his or her team and then finalize the review report and submit the same to the Unit. The Unit will share this draft report with the Dean to determine if there are any clarifications or queries. At the end of the latter process two outcomes are possible: accreditation or non-accreditation. In the event of non-accreditation, the medical school concerned will be granted a period of time, decided by the AU for remedial action.

The Guide is to facilitate the conduct of the technical and procedural activities which are involved in the review process.

After this process, the completed final report and the final recommendation regarding the suitability or otherwise for Accreditation is submitted by the AU to the SLMC for formal announcement of accreditation of the school.

This guide will help the reviewers to plan the review methodically, make reliable and accurate assessments of the different sections in the SER, and make the final recommendations to the Accreditation Unit. The guide will be updated and revised, whenever it is felt to be necessary, based on the experiences of the early rounds of reviews that will be conducted.

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

Responsibilities of the stakeholders

Accreditation Unit

- The Accreditation Unit (AU) in consultation with the Dean of the respective medical school to appoint 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 to be decided by the Head/AU.
- There shall be 5 members (including the review chair) in each review team. There should be one (01) member representing the pre-clinical, para-clinical, clinical departments and one (01) member from department of medical education. The other, if available, to be a specialist from the Ministry of Health.
- The Head/AC to inform the Dean of the medical school and the Vice Chancellor of the university the names of the members of the review team and their contact information naming the Review Chair as the focal point of contact immediately following the appointment letters are issued. The Dean to inform the Head/AU if there are any concerns of such appointments within 1 week following receipt of such names.
- AU to provide a soft copy of the SER submitted by the medical school to each member by the Head/AU within one week following receipt of SER for self-study and evaluation.
- Arrange the Desk Review meeting at the AU which shall be chaired by the Review Chair within four weeks following providing the soft copy of SER. At the meeting agree on key points, information and evidence to be checked during the site visit and tentatively agree on the scores for each section based on the SER subject to change during the site visit.
- Organize a pre-site-review meeting among the panel of reviewers within four weeks following the Desk Review to discuss the Desk Review findings and to plan the “Review visit” or “Site visit”. The Head/AU or a member shall attend the meeting to discuss logistics such as transport, accommodation, etc.
- Decide on transport from the places of residence of reviewers to the medical school and accommodation in consultation of the Dean.
- Assign one member of the AU to be present on the first day of the review visit.=

- 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. Above rates are subject to change.
- Accommodation and cost of transport would be arranged by the accreditation unit.

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 following receipt of the application from Head/AU.
- The Dean of the medical school to be the focal point of contact to co-ordinate communications between the medical school and the review team and to provide logistical support and inform the AU of the contact information of the focal point of contact.
- Decide on the date of the review visit in consultation with the Review Chair, the Dean of the medical school and Head AU. This to be on a date within 3 months following submission of the SER.
- Allocation of a room with a computer, printer, and multimedia facility and adequate space for display of documentary evidence and for team members to hold discussions and meetings.
- Provision of secretarial assistance and arrangements for refreshment and meals by the Dean.
- Provision of internal transport if required.

Review Chair & Members

- Review members to attend the pre-review meeting following thorough desk evaluation of the SER, with notes on required additional information, and the tentative outcomes of desk evaluation.
- Review Chair to assign the responsibilities to the team members at the pre-review meeting.
- Review Chair to make a list of additional inputs required by the review team for the review visit and informs the Dean of the Medical School.
- The schedule or the programme of the Review visit to be finalized at this meeting and a copy of same to be submitted to the Dean and Head/AU.

Review Process

The review process shall consist of the following stages.

- Scrutinizing documentary evidence provided by the medical school.
- Review visit
- Meetings/ discussions with staff and students.

- Observation of teaching learning sessions in faculty and hospital.
- Visits to selected facilities such as lecture halls, hospitals, laboratories, hostels, etc.
- Debriefing.

Scrutinizing documentary evidence

- The aim is to consider evidence furnished by the institution to verify the claims made in the SER.
- The review team to carefully read the documents provided by the institution as evidence.
- If and when necessary, may request for additional documents.
- It 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.

Review Visit

- Review team shall arrive at the medical school on the pre-determined date. This to be within 3 months following submission of the SER.
- Duration will be 3-5 days.
- The first meeting of the Review team to be with the Vice-Chancellor of the University, Dean of the relevant medical school, Director of CQA and the Chair of the IQAC of the relevant faculty. This to be followed by a meeting at the Faculty/ Institute with the Dean, Heads and all relevant academic and administrative staff involved in programme management.
- Following this meeting the review should proceed according to schedule.

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 on-going teaching-learning activities in faculty/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 to 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, 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.

Reporting, accreditation decision and re-accreditation

Draft 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.

Final Review Report

- Following receipt of the “Draft Review Report” the Head/AU should arrange a meeting with the members of the AU to agree on the “Draft Review Report”. However, in doing so major changes should not be done without consulting the Review Chair.
- Following the above meeting, the “Draft Review Report” to 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 within 4 weeks following receipt of the “Review Report”.
- The Head/AU to convene a meeting with the reviewers to discuss the appeals and submit the “Final Review Report” to the Council with modifications if any to the “Draft Review Report” within 2 weeks following receipt of the appeals from the Dean.
- The Council to endorse the “Final Review Report”.

- The “Final Review Report” and the decision on the accreditation of the medical school by SLMC to be conveyed by the Registrar to the Dean with a copy to the Vice Chancellor immediately following the above Council meeting. (Is it beneficial to submit a copy to Chairman, UGC)

Reaccreditation

- If the medical school is not accredited, another repeat review cycle to be carried out in 2 years. A new completed SER to 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 few minor adjustments are recommended in the Final Review Report. This decision to be taken by Head/AU.
- If the medical school is accredited, the SER for the next accreditation cycle to be submitted by the Dean to the Head/AU in four and half (4 1/2) years following the date of previous accreditation. The AU will not remind the medical school to do so.

4. THE MINDSET, VISION AND MISSION OF THE REVIEWER

The reviewers are experts who have volunteered to support the SLMC through the Accreditation Unit to undertake valid and reliable reviews of the medical schools and their programmes and governance. Accreditation is an extremely onerous responsibility of the SLMC and the Accreditation Unit and this makes the role of the reviewer profoundly important. The reviewers should visualize the purpose and the process of accreditation of medical and dental schools from a quality control perspective and, equally importantly, from a developmental perspective to enable the authorities of the medical schools to steer the educational and administrative process of the schools in the desirable direction. The mindset of the reviewers therefore needs be attuned to this developmental perspective, while ensuring that the school meets the criteria and standards that are necessary for achieving accreditation. When a school does not seem to satisfy the criteria to be granted accreditation it is the responsibility of the reviewer to clearly indicate in the report the areas which need to be improved or processes that should be set in place.

The reviewers are selected by the Accreditation Unit of the SLMC on application. The AU of SLMC expects 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 govern the quality of medical education in the country. Therefore, your attitudes and conduct should satisfy the high standards expected by the SLMC.

As a reviewer you have been entrusted with a responsible duty. You will explore and probe in to the practices of an institution of higher education with the purpose of evaluation of ongoing policies and practices against set criteria and standards as per the SLMC guide. This process should be fair, unbiased, independent and comply with the approved process by the accreditation unit of SLMC. It is vital to be an attentive listener with an analytical mind. Exploration of deviated or inadequate practices can be sensitive and stressful needing careful handling. This process of asking some of the probing, yet relevant questions can be made more acceptable by giving reasons for asking such questions.

Reviewers are expected to hold a mindset of constructive evaluation based on evidence and appreciation. Descriptive analysis would be better and conducive to create a growth mindset whereas judgmental feedback creates a fixed mindset.

In evaluation of higher education institutes SOAR approach is increasingly recognized as much as SWOT approach. SOAR approach looks at Strengths, Opportunities, Aspirations and Results and weakness and threats are marginalized, whereas in SWOT approach, Strengths are assessed against Weakness and Opportunities are evaluated over Threats. SOAR approach is encouraging and contribute for progressive development and team building. Therefore, as reviewers we should adopt SOAR approach along with SWOT approach as we embark on a process of evaluation, nevertheless reviewers should be mindful about the stresses of exploring weakness and threats of an institution.

6. THE DESK REVIEW OF SELF EVALUATION REPORT

The evaluation of the education program of medical faculty based on written and oral evidence in 3 days is a mammoth task. This process is facilitated by completing and submission of the "Self-Evaluation Report" by the faculty based on the template provided by the AU. The SER report will provide an opportunity for the reviewer to do a preliminary evaluation prior to the desk evaluation. The desk evaluation is the process in which all members of the review team will meet for a brain storming session to critically analyze the submitted SER and arrive at provisional judgments.

The SER along with annexes will be submitted to the AU of the SLMC prior to the commencement of the formal review process. The SLMC in turn will send you a copy of the SER and annexes along with the "Review Form" that give you an explicit guide to score each and every standard in each of the nine sections; A to I and to indicate the average score for each section. You are expected to do a preliminary review and complete the above scoring of the respective faculty SER entirely based on the information in the SER prior to the desk review.

At this stage you are expected to decide on a tentative rating/score for each standard independently, while keeping notes for clarifications to be raised at the discussions with the other members of the review team at the desk review as well as the quality assurance unit and the dean of the medical 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 during the review visit. 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 during the review visit.

It is desirable to prepare the programme of the review visit of the faculty and submit same to the Dean through the Head/AU. If necessary, the programme may be modified if such a request is made by the Dean.

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

Pre-review visit meeting of the review team should be a well-planned event. Pre-review visit meeting will contribute to harmonize the perceptions and approaches during the review visit, as it is important to resolve contradictions and differences of opinion before actual review 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-REVIEW VISIT MEETING WITH SER TEAM AND DEAN

This meeting is entirely devoted to discuss the logistics of the site visit. This is not a meeting to give feedback and it should not lead any change in SER or producing new documents. The pre-review 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 academic, non-academic and student groups to be interviewed during the review visit too may be agreed at this meeting.

At this meeting, if necessary, the programme of the review visit too may be modified with mutual agreement.

The pre-review 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

Overview

The review visit is a complex process. Friendly and cordial behavior of the review team is essential. Usually the medical faculty will arrange the best possible facilities to conduct the review visit. The review team should be flexible and extend their maximum corporation with the faculty. Introductions, greeting and friendly disposition make the process of exploration of the performance of the medical faculty smooth and non-threatening. All reviewers should use the best of their communication skills to accomplish the task successfully.

Introductions and developing rapport can start even before the formal meeting. Meeting old friends should be a pleasurable opportunity to enjoy. Arrangement of chairs in meetings should have parallel position. Formal introduction should not be considered as a waste of time.

Meetings

The review team will conduct several meetings with academic staff, nonacademic staff, students on each day. Most of the questions and queries could be clarified at these meetings and additional documents too may be requested if necessary.

Advance planning for each meeting initiated by the review team leader with the review team would be a good practice. Every meeting should follow good practices of communication.

Each meeting will be chaired by the team leader 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. Unless the presenter invites to ask for clarifications during the presentation, it is best practice to keep clarification questions to the end.

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 questions 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.

Progress meeting of activities of each day

Each day, following completion of the planned activities for the day, it is best to have a meeting to discuss the proceedings of the day before concluding the review visit for the day.
The review team will judge each standard independently as the process of reviewing/monitoring progresses, preferably adding some explanatory notes based on personal observations.

PART 2

GUIDE TO SCORING OF STANDARDS

This section provides a guide for reviewers to mark for each standard classified under 9 sections named as A to I. There are 56 standards. It is vital for reviewers to understand the philosophy and the purpose of each standard before evaluating based on available evidence. This section explicitly addresses both needs. As reviewer it is always better to work with open mind and you may learn new and better approaches by some of medical school and be ready to appreciate and learn new ideas and approaches in medical education. Therefore, it is better to recognize this document only as a guide rather than protocol for judging.

To give a high mark in a very satisfactory category the faculty should have appropriate documented policies, successful implementation of those policies and monitoring and evaluation to ensure establishment of good practices and progressive evolution and development of those good practices.

SECTION A. GENERAL INFORMATION

The objective of the section A is to evaluate the adherence to essential requirements by the faculty stipulated by the SLMC and UGC. Section A gather factual information about the faculty and recognize 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 5 standards and 100 marks out of 2000 for this section.

1. Adherence to legal and administrative requirements of national authorities
2. Recruiting high quality students; Adherence to the entry criteria stipulated by national authorities
3. Maintenance of recognition and accreditation of the institution
4. Maintenance of logical scientifically determined total number of students
5. Duration of degree program and internship

A.1. Adherence to legal and administrative requirements of national authorities

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

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
A.1. Adherence to legal and administrative requirements of national authorities and strategic plans for sustenance of legal requirements			

Reviewers will 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

A.2. 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 in to a medical faculty. At present all most all medical degree awarding in the country are a part of free education. There is high demand and competition. Therefore, government impose selection criteria based on the merit

order and district ranking based of the performance at the advance level examination. Some of the medical faculties may stick to entry criteria tailor made to the mission of those institution.

There is a different set of entry criteria for foreign students and for those students seeks 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)
A.2.Quality of students and adherence to national entry criteria monitoring trends and strategic plans to over come issues pertaining to quality of students			

Reviewers will 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

A.3. Maintenance of recognition and accreditation of the institution

Medical faculties 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 inbuild strategy with the intention of progressive development. Development process should focus on most recent accreditation reports.

Some of the medical faculties may pursue on additional accreditation from international organizations. However, any functioning medical degree awarding institute require accreditation from a national authority. Such accreditation may need renewal periodically.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
A.3. Maintenance of recognition and accreditation of the institution			

Reviewers should look for

- Evidence of recognition by UGC and period
- Evidence of accreditation by SLMC and period
- Intent and strategic plan to sustain requirements for recognition and accreditation
- Evidence of additional accreditation from international degree awarding bodies
- International Ranking of the faculty such as QS and Times Higher Education

A.4. 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. The minimum resources to match a specific number of students are specified in the minimum standards regulations.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
A.4. Maintenance of logical and scientifically determined total number of students and internal adaptations			

Reviewers will 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

A.5. Duration of degree program and allocation of time for hands on practice

Duration of degree program is determined by the national authorities in Sri Lanka based on SLQF, SLMC Minimum Standards Regulation and social requirements. In general, the minimum period is 05 years or 10 semesters or 15 terms with a total of 150 credits. However, completing the degree program during the stipulated time period become a challenge due to many unavoidable circumstances like student's trade union actions, disease epidemics or community unrest. Medical faculties should handle such situation without compromising the quality of the degree program.

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

Reviewers will look for

- Evidence of adherence to mandatory requirements stipulated by UGC and SLMC

- Monitoring the duration of degree program over a period of 10 years
- Evidence of hands-on hospital or community-based skills training in preparation for internship during the course of the degree program

SECTION B. VISION AND MISSION

The objective of the section B is to evaluate how the vision and mission of the faculty has aligned effectively to establish a strong education program. There are 4 standards to evaluate the value of V/M statement and its alignment with social expectations and the course content, methods of delivery, assessment and evaluation. This section will contribute to 70 out of 2000 marks in the final score.

Section B has following standards to evaluate
B.1. Validity of the Vision and mission statement
B.2. Addressing the needs and expectations of the stakeholders and the country
B.3. Planning, delivery, management, and quality assurance of the curriculum
B.4. Ensure minimum Standards of Medical Education in Sri Lanka.

B.1. Validity of the Vision and mission statement

Vision and mission statement of a medical faculty should drive its study program to fulfil needs and aspirations of the affiliated university and society. Vision and mission will create a strong basis to develop a medical education program and its implementation and governance.

A very satisfactory vision and mission statement should provide thrust towards all the expected good qualities of the medical graduate embedded in it. Statement will emphasize the commitment for learning the holistic spectrum of competencies for the benefit of the society based on the demand of the society.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
B.1. Validity of the Vision and mission statement and functional alignment			

Reviewers will look for

- Recognition of a vision and mission for the faculty
- Alignment with the university mission and vision
- Alignment with the graduate profile of the faculty
- Based on socially accepted philosophies
- Respected by the society
- 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 program

B.2. Address the health care priorities and needs and expectations of the of the country

Addressing the aspirations of the society is an essential quality of a medical faculty. This requirement and expectations of the nation, society, students, staff and administration should be explicit in V/M statement. 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)
B.2.The vision and mission address the health care priorities and needs and expectations of the of the country as well as stakeholders			

Reviewers will look for

- Explicit alignment of V/M statement with social aspirations and expectations
- Explicit alignment of V/M statement with students' aspirations and expectations
- Explicit alignments of V/M statement with aspirations and expectation of the staff
- Explicit alignment with national and global needs impacted by changing demographic factors

B.3. 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)
B.3. Vision and mission-based planning, delivery, management, and quality assurance of the curriculum			

Reviewers will look for

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

B.4. Ensure Minimum Standards of Medical Education in Sri Lanka

Usually countries have established minimum standards for medical education. The V/M adopted by the faculty should be conducive to ensure minimum standards stipulated in the country. If a faculty is adopting a V/M that is conducive to ensure minimum standard and if they adhere to that policy, it will be very satisfactory. (annex minimum standards document)

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
B.4. Vision and mission support and ensure adherence to minimum standards of medical education in Sri Lanka.			

Reviewers will look for

- Explicit alignment of minimum standards with V/M statement
- Intention to sustain and maintain minimum standards by the faculty
- Monitoring the adherence to minimum standards

SECTION C. EDUCATIONAL PROGRAMME

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

The section A has already evaluated mandatory and stipulated hours of training in clinical practice and community setting. The required planned and guided skills training minimum hours in hospital or/and community-based settings for the seven key clinical subjects are listed in the minimum standards regulation.–Community-based learning requires ??? hours of learning in either family medicine or community medicine that provides insights into healthcare as practiced in primary care or community settings.

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 10 standards that will contribute to 320 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
C4. Teaching and learning methods
C5. Quality of skills training/learning
C6. Small group activities
C7. Active learning and student-centered learning
C8. Quality of *clinical practice and community-based learning*
C9. Opportunities to develop clinical skills
C10. Developing independence in clinical practice

C.1. Model of the curriculum and its underpinning principles

Model of the curriculum and its underpinning principles should be capable of achieving the Vision and Mission of the programme and to produce graduate 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, life cycle-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 show the relationship between theory and practice. Two vital features horizontal integration; link between subjects offered at the same chronological stage of the study program and vertical integration; link between subjects offered at different chronological stages within the programme become important. Whatever the curricula it is vital to recognize the approach in achieving the expected outcome that refers to graduate profile. A very satisfactory education program will recognize outcome-based education, learner centered approaches, active learning, horizontal integration, early clinical exposure, vertical integration and apply same policies on assessment explicitly within the model of the curriculum. In presenting the curriculum it is desirable to adopt the recommended SLQF including KSAM model.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
C.1. Vision, mission, and curriculum model havebeen appropriately developed.			

Reviewer will look for.

- 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?
    - Has allocated hours or credits to each subject
    - Has allocated practical skills training hours to non-clinical subjects
    - Has allocated the mandatory clinical skills training hours to each subject of the seven clinical subjects
    - Has allocated hours for self-study or independent learning
- 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?

C.2. 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 program in practice.

In a very satisfactory education program a comprehensive education program 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)
C.2. 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 with the relevant terms or semesters?
- 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?
- To what extent does the curriculum organizational structure capable of addressing all the clinical and practical skills training?

C.3. Teaching learning program

Teaching learning program is efficient, effective and supportive. Efficiency means that they deliver the program in time, efficiency indicate 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 programs should be visible in module level planning for teaching and assessments. Intended learning outcomes should contribute to programme outcomes and contribute to accomplish the graduate profile. ILO should align to the PLO and graduate profile.

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

C.3. The listed subject areas are taught in therelevant 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 activates and assessments
- Evidence of vertical integration in teaching/learning and assessments
- Evaluation of the quality of teaching learning program by stake holder feedback

C.4. 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 program must have a mixture of lecture-based content teaching, seminars, SGD, tutorials, hands on hospital & community-based teaching of clinical skills, laboratory based practical skills teaching as well as explicit methods of teaching of soft skills and personality 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 program?

Module	% of content delivered by lectures	% of time table for lectures

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

C. 5. Quality of skills training/learning of all subjects

Training skills and facilitating to master skills is a vital component in a medical graduation process. The study program 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 program to support students to develop those skills and practice them regularly so that they will master those important skills during the study program. Availability of equipment's, staff training, familiarity with skills teaching methods. In built methods of formal assessments would be good qualities of a study program.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
C.5. The subject-wise number of hours per studentfor planned guided skills training allows 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
    - Availability of skills laboratory with relevant equipment and staff
    - Adequacy of equipment in the hospital and faculty laboratories
    - Record keeping and certification of acquired skills with different relevant skill levels with the use of Log Books, Portfolio etc.
    - 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
    - Maximum student numbers of each group

C.6. Quality of Small group activities, seminars, tutorials

Small group activities are an essential ingredient of any education program 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 small group activities. The study program should have adequate number of dedicated hours for small group activities and numbers in each group is conducive to achieve

the specific objective (ILO) of the study program. The arrangement of the physical structure should be satisfactory for small group discussion. Success of the small group activities are monitored in students' feedback and formative assessments.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
C.6.Total number of hours that every student is expected to spend in planned skills training and learning in a hospital based clinical settingor a community-based setting, related to givensubjects are adequate and complies with the minimum standards.			

The reviewer will look for the following

- Number of hours allocated for small group activities and percentage of the total subject hours
- Whether ILO s for SG learning is defined and explicit
- Whether the number of students per training group is satisfactory (not exceeding 15 per group)
- Physical structure/setting for small group activities are satisfactory
- Assessment of the learning during small group activity
- Evaluation of small group-based teaching/learning process

C.7. Active learning and student-centered learning

Study programs can promote active learning/student centered learning by recognizing and allocating adequate time and content area. These hours should reflect in the allocated hours for the subject. This standard addresses the process of facilitating students to become lifelong learners, active learners. Whether study program recognize 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?

Module /subject	% of content entrusted for SDL/SCL	% of time table allocated for SDL/SCL

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

C.7. Introduction to clinical skills training is compatible with the overall curriculum structure.			

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)?

C 8 - Quality and adequacy of clinical practice and community-based learning

This standard will evaluate how well the Study program 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 program should be well structured and organized. Determine whether in the curriculum there are dedicated hours for community-based learning in subjects other than community medicine, such as obstetrics, family medicine, psychiatry et.

	Total number of hours	credits
Basic science		
Paramedical		
Clinical practice		
Community health		
Family medicine		
Forensic medicine		
Softs skills		
Research		

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

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 program monitored?

C.9. Opportunities to develop clinical skills

This standard evaluates the quality of clinical training for students in hospital and community-based training program in 7 clinical subjects. The total number of allocated hours for clinical skills training of each of the seven clinical subjects, the maximum number of students in each clinical group and whether the acquired skills levels comply with the regulations should be determined. The quality of clinical skills training requires wide range of patients, active process of patient care, routine wards rounds, clinical procedures and student's engagement and adequate facilities conducive for learning. Clinical skills training should be meticulously planned and well-coordinated with clinicians. Clinical skills training process should spirally evolve and progress.

Table C.9.1. Number hours allocated for clinical skills training

Subject	1st year	2nd year	3rd year	4th year	5th year	TOTAL
Medicine						
Surgery						
Gyn and Obs						
Pediatrics						
Community medicine						
Forensic medicine						
Family medicine						

Table C.9.2 – Number of hours dedicated for clinical disciplines according to hospital based and community based learning

Clinical disciplines	Minimum Hours of learning in clinical setting			Minimum require hours
	In hospital	In community	Total Hours	
I. Internal medicine and related subspecialties (including cardiology, dermatology, neurology and venereology / sexually transmitted infections)				800
II. Surgery and related subspecialties (including anesthesiology, ophthalmology, orthopaedic surgery, oto-rhino-laryngology)				800

III. Obstetrics & Gynaecology				400
IV. Paediatrics				400
V. Psychiatry				200
VI. Forensic Medicine				50
VII. Community Medicine				200
VIII. Family Medicine				

Please note:

There are no minimum hours in Family Medicine listed in the "Minimum Standards Regulation Gazette". However, In calculating the **total planned skills training and learning** in a hospital based clinical setting or a community-based setting for clinical subjects, the **number of hours in Family Medicine, if available, shall be included**

	Good (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
C.9. The adequacy and quality of clinical training for students in hospital and community-based training program in 7 clinical subjects.			

Reviewers will look for

- Facilities available for students in hospital setting
- Arrangement of the clinical skills rotation
- Quality of ward round teaching/bed side teaching
- Teaching program by clinicians
- Continues assessment of clinical practice involved with respective teachers
- Evaluation of clinical skills teaching program

SECTION D. ASSESSMENT OF STUDENTS

The objective of the section D is to evaluate the process of assessments of the faculty. There are 8 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, scientifically designed collaborative activity in a faculty.

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 8 standards

1. Alignment of assessment with PLO and graduate profile
2. Validity and accuracy of tools used for assessments
3. Outcomes of assessments; summative and formative
4. Assessments results to give feedback to students and the faculty
5. Reliability of assessments
6. Scrutiny of the assessments
7. Confidentiality and integrity of results
8. Feedback from students and other stakeholders
9. Evaluation of the assessment and feedback from students and other stakeholders

D.1. Alignment of assessment with PLO 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. Over all assessments blue print should reflect the expected final achievement of the curriculum; application and analytical levels of knowledge and mastery level of basic skills. The overall blue print should highlight and tract towards the graduate profile intended to achieve at the end of the program. Subject specific or module specific blue print should expand the overall picture in detail. Assessment should reflect horizonal integration as well as vertical integration in a subject or body system orientated model.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
D.1. There is alignment between learning outcomes, teaching learning strategies andassessments.			

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

D.2. Validity and accuracy of tools used for assessment /Determination of pass/fail standards

The medical faculty 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 program to develop professional competencies. This should be explicit as a policy and there should be evidence of implementing. Technical skills should be assessing by an OSCE/OSPE in an authentic setting. Faculty should explore methods of assessment of soft skills and attributes like communication skills-using a robust comprehensive assessments tools such as viva, OSCE and portfolio.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
D.2. Medical school utilizes appropriate tools for student assessment			

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

Knowledge – Is there a defensible use of selected response (e.g., single best answer questions, extended matching questions) and constructed response question examinations?

a. What percentage of the assessments test higher order thinking?
b. Technical skills; Is there a defensible use of OSCE/OSPE and WPBA in skills assessment?
c. How much time/weight is allocated for assessment of skills?
d. Non-technical skills – are the socio-emotional skills assessed appropriately?
e. Personal attributes – are a set of personal attributes essential for medical officer assessed appropriately, i.e., using the right method for the right attribute?

f. Whether assessment blue print support the coverage of the content in the syllabus and holistic evaluation of students

D.3. Outcomes of assessments; summative and formative/ 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)
D.3. 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?

D.4. Assessments of results to give feedback to students and the faculty

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 analyzed in such a way to provide feedback to the faculty and respective staff. Student's performance with respect to the modules would be specific feedback to that module.

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)
D.4. Results of assessments guide decisions about the progress of the			

student to different stagesof 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 is the stipulations in the By-Laws and Regulations followed by the programme in the implementation of its assessments?
- Are the results of an assessment analyzed to inform staff about the quality of the assessment items?
- Are the above analysis routinely used to improve quality of assessment?

D.5. Reliability of assessment; procedures to avoid conflict of interest

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

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

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

- Are there specific practices/guidelines in place to eliminate conflict of interest.
- Are there conflict of interest forms in use for examiners?
- What are consequences of non-disclosure of conflict of interest?
- Examiners should try to observe the specific practices set in place to ensure reliability of assessments and eliminate conflict of interest.

D.6. Scrutiny of assessment/examination/evaluation procedures by external experts

Scrutiny of assessment/examination/evaluation should be integrated in to 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. Independent marking by two examiners of each theory question and clinical

components to be implemented to maintain integrity and acceptance of the results.

	Good (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
D.6. Assessment/examination/evaluation proceduresare 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?

D.7. Confidentiality and integrity of results

Procedures adopted to ensure confidentiality and integrity of examination results should be built into the system. The entire process of examination should ensure the confidentiality and integrity of the examination. Security of questions papers and process of handing over should be monitored with a great deal of authenticity.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
D.7.Medical school has adopted procedures thatensure 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?

D.8. 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)
D.8. 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?

D.9. Monitoring/evaluation of the assessments and feedback from students and other stakeholders

Examination process should be evaluated by feedback from all the stakeholders that includes students, internal and external examiners. Such feedback to be taken immediately and independently following completion of the examination but not following release of results. Examination results should be evaluated and summarized as feedback to maintain effectiveness of teaching/learning process as well the quality of examination process. Reviewers will look at the established system of analysis of feedback from students, including the available forms to be completed by extended and internal faculty members. Examination results when analyzed with regards to specific section/module would be a feedback for facilitators of the respective section. Calculation of difficulty index and or discrimination index will give an indication about the quality of questions.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
D.9. Feedback from students and other stakeholders to evaluate the assessments and utilizing assessment as feedback			

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

- Whether faculty has a policy of obtaining feedback from students, examiners and other stakeholders like patients and nonacademic staff.

- Whether the faculty analyze results for the purpose of reflecting on assessment; difficulty index, discrimination index.
- Whether faculty use assessment as feedback to the faculty/module or any other mode of teaching

SECTION E. STUDENTS

The objective of the section E is to evaluate how the quality of students are nurtured and sustained by the faculty. There are 6 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 counseling and feedback, and student's engagement in self-directed learning and student-centered learning.

1. Adherence to policy on admission
2. Number of students
3. Policy on transfer of students based on credit transfer principle
4. Process of providing feedback to students
5. Facilities for counselling
6. Students readiness for SDL and SCL
7. Students involvement in curricular and policy matters

E.1. 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 above]. 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. In addition, determine whether faculty has other requirements the students should complete such as proficiency in English, IT etc.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.1. Adherence to policy on admission and monitoring the process			

Reviewers will 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

E.2. Student numbers

Students 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 in school also should base on a predetermined policy.

Adherence to the policy would be essential. Student number can have adverse impact on the education programs. Therefore, impact of any increasing number of students should be monitored.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.2. Student numbers; ensure a manageable number of students are entertained and monitor impact on the study program			

Reviewer will look for

- The SER will provide details about numbers of students over last 5 years
- Any change in numbers of students will be evident
- Student staff ratio should be calculated
- 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

E.3. Student transfer policy

Faculty should have a student transfer policy and stick to such policy. The policy should be based on norms of UGC (applicable to medical faculties too) and other overseas HEI. Generally, such are based on credit transfer policies.
Is it good to have a transfer policy and what is the score for a faculty if they do not have a transfer policy? (But the faculty will have to comply with QAC/UGC policy) Accordingly the faculty must stick to the policy. Accordingly, appropriate score may be given. However, the faculty should not be penalized if no requests have been received for such transfers.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.3. Student transfer policy and adherence to the policy			

Reviewers will look for

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

E.4. 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 assessments. Allocation of time and responsible staff member 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 progressive development

of students. Students readiness to receive feedback is also an important factor in establishing a community of learners that harness the value of the culture of feedback.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.4. Process of providing feedback and guidance to students; the policy and process of implementation and faculty and students training			

Reviewers will 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.

E.5. 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 of 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)
E.5. Policy and provision of facilities and required training for counselling and how substance is ensured			

Reviewers will 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, students' feedback and outcomes
- Students feedback/research for progressive improvement/substance of practice

E.6. Students seems to have self-directed learning and student-centered learning attitudes

Students engaging in self-directed learning and student-centered learning would be an indicator of creating lifelong learners from the respective faculty. There will be visible evidence

from students' activities and faculty can facilitate this process by providing physical structure and recognizing time slots and content area for SDL.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.6. Students seems to have self-directed learning and student-centered learning attitudes and practice SDL and SCL			

Reviewer will look for evidence

- Whether faculty and staff appreciate SDL and SCL as a policy
- Whether students are primed to be SDL
- How much time is allocated in time table and how much content in blue print
- Whether there are facilities and physical structure
- How is the effectiveness or impact SDL/SCL monitored?

E.7. Students involvement in curricular and policy matters

Students involvement in some of the policy matters, curriculum development and study program is a good quality of a progressive faculty. Students feedback on teaching/learning process and assessment is mandatory. Such feedback should be utilized for quality improvements in the curriculum, teaching methods and time allocation. Students involvement for curriculum development and revisions and monitoring is also very useful. Some of the evolving policy matters need students' contributions.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
E.7. Students involvement in curricular and policy matters as resource as well as feedback providers			

Receivers will look for

- Policies of student's feedback on teaching/learning, curricular development and policy matters
- Implementation of the practice of entertaining students feedback
- Whether students' feedback has been analyzed to make it tangible to relevant authorities/personnel
- Whether students' feedback or contributions have been given due respect and consideration
- Available methods to provide independent student's feedback and analysis of such information

SECTION F. ACADEMIC AND NON-ACADEMIC STAFF

The objective of the section F is to evaluate the quality of 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 nonacademic staff is the driving force of the entire education program 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 following 10 standards.

1. Policies for recruitment and promotion of staff
2. Process of entrusting responsibilities to ensure efficiency of service
3. Qualifications of academic staff
4. Availability and qualifications of the extended faculty
5. Adequacy of permanent academic staff (students staff ratio)
6. Quality and availability of non-academic staff
7. Availability of staff development programs
8. Availability and functions of a staff development center
9. Availability of qualified medical educationists
10. Quality and comprehensive nature of staff development programs

Table F.1. Number of students and staff over the last 10 years

Year	number of students	Minimum qualification	total number of students	academic staff number	Students: staff ratio	Non academic staff number	Students: non academic ratio
2022							
2021							
2020							
2019							
2018							
2017							
2016							

F.1. 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)
F.1. The faculty follows policies for recruitment and promotion of staff in a transparent manor while ensuring the best quality staff			

Reviewers will look at 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 polices

F.2 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)
F.2. Process of entrusting responsibilities to ensure efficiency of service by providing duty list and ensuring implementation			

Reviewers will look at following documents and information's

- 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, mange the time table and allocation of lectures.

F.3. Qualifications of academic staff

Qualifications of the academic staff is an important indicator of the quality of an educational program. Section A gives details of the subject specific qualifications as well as pedagogical competencies.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
F.3. Qualifications of academic staff at recruitment and ensuring professional development			

Reviewers will 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 program or equivalent programs
- Availability of subject specific/relevant professional specific departments/module

F.4. 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 program. However, such a program should be carefully designed and strategically developed and monitored in collaboration with the respective departments/ministries. Their qualifications, specialties, numbers 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)
F.4. Ensure the quality and availability of adjunct / extended faculty and ensure developing their competencies and evaluate their performances			

Reviewers will look for;

- Availability of extended/adjunct faculty
- Qualifications matched to the expected tasks in education program
- 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

F.5. 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 program. 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)
F.5. Student: staff ratio equal to or better than 14:1; Refer to table F.1			

Reviewers will look for

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

F.6. 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)
F.6. Quality and availability of non-academic staff; refer to table F.1.			

Reviewers will look for

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

F.7. Availability of staff development programs

All the academic and nonacademic staff members need continues professional development program 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 programs/courses would be vital. There should be opportunities for every body and the faculty should ensure to enroll everybody in such education programs.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
F.7. Availability and effective implementation of staff development programs			

Reviewers will look for

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

F.8. Availability and functions of a staff development center

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

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
F.8. Availability and functions of a high quality staff development center and implementation of its functions			

Reviewers will look for

- Availability of the faculty staff development center
    - Physical structure
    - Facilities
    - Staff
    - ongoing activities as an establishment
- Number of mandatory programs conducted or coordinated per year
    - Number of participants
    - program evaluation - participants satisfaction and outcomes
- Process of need analysis and curriculum revision and development of new curriculum

F.9. 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)
F.9. Availability and involvement of qualified medical educationists			

Reviewers will 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

F.10. Quality and comprehensive nature of staff development programs

This standard evaluates the content coverage of educational activities offered by the faculty through staff development center. Staff development center 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)
F.10. Quality and comprehensive nature of staff development programs			

Reviewers will look for:

- Whether education programs were developed based on need analyses
- Availability of syllabus or curricula for ongoing study programs
- 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 the section G is to evaluate educational resources of the faculty. There are 15 standards to address all the physical structures required for teaching/learning process that will contribute to 300 marks out of 2000 in the final score.

Educational resources include permeant structures as well 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 student's involvement would be good qualities of a progressive medical faculty. Scarcity of educational resources is a never-ending dilemma for financially restricted country amidst progressive development of the rest of the world. But a good faculty will have futuristic plans to over come this situation.

Evaluation of educational resource would be done along following topics

1. Lecture halls
2. Tutorial / discussion rooms
3. Examination hall(s)
4. Physical structure and resources for student centered approach's in teaching/learning
5. Museums and laboratories for teaching
6. Clinical skills laboratory/Centre with essential equipment
7. Medical school library
8. Teaching hospital/s
9. Field practice area for Community Medicine
10. Facilities for training in clinical forensic medicine and forensic pathology
11. ICT facilities
12. Residential (hostel) facilities
13. Health promotion and medical treatment facilities for students
14. Cafeteria facilities
15. Recreational facilities

G.1. Lecture halls

Lecture halls should be quiet, comfortable and good quality and have adequate seating capacity. Modern audio-visual facilities will facilitate student's 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)
G.1. Adequacy, quality and functionality of lecture halls			

Reviewers will look for

- Number of lecture halls available
- Size, comfort and basic facilities

- Advanced audio visual and IT facilities
- Availability of chairs dedicated for left handers
- Availability for access of differently able students
- Safety features life fire exit and availability of fire extinguishers
- How is the constraint of lecture hall facilities are managed in the faculty (time tabling)?
- Whether there is a central mechanism to allocate of lecture halls for its optimum use
- Future plans for improvement correlating with increasing student intake

G.2. Tutorial / discussion rooms

Small group discussions are essential component of any educational program. 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)
G.2. Adequacy quality and functionality of Tutorial / discussion rooms			

Reviewers will 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?

G.3. 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)
G.3. Examination hall(s); adequacy, quality and functionality of examination halls			

Reviewers will look for

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

G.4. Physical structure and resources for student centered approach's in teaching/learning

Student centered learning and self-directed learning should be facilitated and encouraged by providing physical space and essential facilities such as tables, chairs and Maggi boards.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.4. Physical structure and resources for student centered approach's in teaching/learning			

Reviewers will look for

- Availability of physical space accessible for students to engage in group activities and discussions.
- Facilities available for students at their disposal such as chairs table and Maggi boards

G.5. 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, endoscopies could be more informative as well as stimulating for learners.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.5. Museums and laboratories for teaching are adequate and high quality to facilitate learning			

Reviewers will 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

G.6. Clinical skills laboratory/Centre with essential equipment

Students should be provided with opportunities to practice clinical skills during early part of their education program. 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, lumber 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)
G.6. Clinical skills laboratory/Centre is adequately equipped and maintained and learning experience is ensured by a qualified staff and proper scheduling and monitoring			

Reviewers will look for

- Availability of a clinical skills laboratory
- Availability of facilities with or without high fidelity manikins
- Scheduled program for students to practice procedures repeatedly
- Students' progress is monitored by a structured program of self-reflective process
- 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

G.7. Medical school library

Library is an essential requirement for a medical faculty. However, modern libraries 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 stage of facilitating advance techniques of assimilating and analysis of data and sharing information in groups of active learners. Therefore, libraries should contribute for community of learners and facilitate online learning.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.7. Medical school library is well equipped with text books periodicals and hard copies and digital formats are available. Students usage in information gathering and research is monitored and promoted.			

Reviewers will look for

- Availability of a physical structure for a library
- Availability of printed reading material or e books
- Whether the library is accessible via internet

- Students are encouraged to engage in literature survey for research
- Facilitating and guiding students to use library and IT
- Monitoring the utilization and effectiveness of library facility

G.8. Teaching hospital/s

Teaching hospital/s is one of the most important and mandatory requirements in medical degree awarding program. The hospital may or may not be dedicated for teaching. However, internal arrangements can be conducive to conduct a clinical training program. 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 coordinating are vital to ensure long term continuity of the education program.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.8. Dedicated teaching hospital/s are available for clinical practice with essential facilities, adequate number of diverse patients and supportive staff and facilitators			

Reviewers will look for

- Availability of hospital facility to accommodate all the students require clinical training including the specialties, number of total beds in each specialty, bed occupancy rate and facilities for investigations
- Adequate number of patients with common medical and surgical conditions as well as diversity of cases
- Facilities for students; toilets, canteen and changing rooms
- Program 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 program

G.9. Field practice area for community Medicine

Practice of community medicine and first contact doctor practice is a mandatory requirements. This standard will evaluate the quality of the filed practice area for community medicine. During the module/sections of training community medicine and or family medicine students should be exposed to 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)
G.9. Field practice area for community Medicine is well defined and educational experiences are planned and learning process is monitored.			

Reviewers will look for

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

G.10. 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 need 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)
G.10. Facilities for training in clinical forensic medicine and forensic pathology is satisfactory			

Reviewers will 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

G.11. ICT facilities

ICT facilities has become an essential component in education programs. ICT facilities can optimize teaching /learning, assessments as well as programme evaluation. In teaching/learning process, library facilities, online teaching platforms, learning management systems (LMS) can be used effectively. Use of ICT facilities can support synchronous or

asynchronous mode of delivery of lectures and create more interactions and induce active learning by adopting surveys, flipped class and other modes of creative teaching practices. Online assessment formative or summative can be feasible and effective and prompt feedback could be built in to the system.

ICT facilities make students feedback and program evaluation simple.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.11. ICT facilities are optimum and utility is optimized by training of students and staff			

Reviewers will look for

- Availability of functioning, strong (band width) 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 program evaluation
- Evidence of optimum use of ICT for SDL and SCL practices
- Training students and staff on ICT

G.12. Residential (hostel) facilities

Residential facilities are a unique and important consideration in evaluation of a medical degree awarding program. 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)
G.12. Residential (hostel) facilities are adequate accessible, safe and acceptable quality			

Reviewers will 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

G.13. Health promotion and medical treatment facilities for students

Medical faculties should strive to enforce and bring medical students focus on to their own physical and mental health as they are more vulnerable. Scope should extend beyond the availability of dedicated health care facility for prompt and effective treatment facilities that focus of more like secondary or tertiary prevention. Medical faculties should focus on 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 proactive approach will not only create healthy generation of doctors and they become fit to be role models and effective advocates for healthy life in the society.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
G.13. Medical faculty embark of health promotion of students and ensure availability of medical treatment facilities for students			

Reviewers will 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
- Students engagement in enriching their own wellness
- Students capacity building as advocates in promoting holistic health and wellness

G.14. 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)
G.14. Cafeteria facilities are adequate, hygienic and high quality for students satisfaction			

Reviewers will 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

G.15. Recreational facilities

Recreation is not only an essential component of 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, theater, drama, music, dance, sports, games or any other leisure activities. The faculty 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)
G.15. Adequate and diverse recreational facilities are available and promoted and there is a process of maintenance			

Reviewers will look for

- Availability of a range of recreational facilities/activities
- Functionality of those recreational facilities/activities
- Usage of those recreational facilities/activities
- Students 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 the section H is to evaluate the process of program evaluation and quality assurance of the faculty. There are 4 standards to address the entire process of quality assurance, that will contribute to 200 marks out of 2000 marks in the final score.

Education programs needs ongoing and inbuild process of evaluation and quality assurance not only to keep abreast with evolving trends in education as well as practice of health care in the rest of the world but also to overcome impact of ageing, lethargy, ignorance, decaying of practices, complacency and corruptions that can creep in to any system. Program evaluation can have significant positive impact to 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.

Program evaluation and quality assurance is evaluated along the following standards

H.1. Effective program evaluation and quality assurance system
H.2. Entertaining students' feedback regarding the quality of study program
H.3. Comprehensive evaluation of the degree program
H.4. Tracer studies as evidence of program outcomes

H.1. Effective program evaluation and quality assurance system

The faculty should have an established program evaluation and quality assurance system preferably supported by a group of dedicated staff and a physical structure and facilities. Consensus 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 for 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)
H.1. Effective program evaluation and quality assurance system is established with a physical structure and recognized team of experts			

Reviewers will look for

- Presence of a quality assurance unit and established process of program evaluation
- Functions of quality assurance unit is comprehensive and explicit as a consensus agreement in the faculty
- Functions of program evaluation unit is comprehensive and explicit as a consensus agreement in the faculty

- Process of program evaluation and quality assurance are scientific and evidence based and involve all stakeholders
- The process of program evaluation and quality assurance sound like an ongoing established practice

H.2. Regular feedback from students and staff and students

Entertaining feedback from students, staff and other relevant stakeholders should be standard, established and ongoing practice of the faculty. There should be standard system and format of obtaining feedback and feedback information should be analyzed for logical comprehension. Summarized feedback should be utilized in the process of program evaluation and quality improvements.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
H.2. Regular feedback from students and staff and students is obtained and analyzed for action by responsible personal			

Reviewers will look for

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

H.3. 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 10 years. This process should base on the current global trends in education, scientific evidence and supported by stakeholder feedback and program outcomes evaluated by tracer studies/employee feedback.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
H.3. Comprehensive evaluation/review of the degree programme has been done in the past and recommendations are implemented.			

Reviewers will look for

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

H.4. Tracer studies as evidence of program 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)
H.4. Quality and extent of tracer studies as evidence of program outcomes and their utility for progressive development			

Reviewers will 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 program
- 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 the 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.

I.1. Smooth governance; Organogram of governance structure
I.2. Effective, efficient and supportive administration
I.3. Quality and adequacy of the administrative staff
I.4. Assurance of adequate financial and material resources for educational activities
I.5. Student involvement in the decision-making process
I.6. Strategic Plan in the governance and management of the Medical School

I.1 Smooth governance; Functional 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)
I.1 Smooth governance is evident and procedures follow organogram of the governance structure.			

Reviewers will look for

- Evidence of smooth functioning of the administrative process
- Availability of an organogram and explicit display
- Adherence to a hierarchical order in administrative process
- Alignment of standard administrative processes and procedures to the organogram
- The different meetings (council, senate, FOB, CQA etc.) and frequency

I.2. Effective, efficient and supportive administration

Management of a degree program should be effective, efficient and supportive. To achieve this, it is essential to have the contribution from a wide range of administrative officers. There 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)

I.2. Administrative process is Effective, efficient and supportive			

Reviewers will look for

- Availability of duty lists; documented responsibilities assigned to respective officers
- Recognition of responsible officers for significant events in the faculty (TOR & SOP)
    - Students registration and induction program
    - Conducting examinations and examination results
    - Recruitment staff
    - Constructions and maintenance
    - Student welfare
    - Staff welfare
    - Financial matters
- Mechanism established to monitor functionality of the office
- Mechanism established to entertain stakeholder feedback
- Supportiveness of the office functions
- Strategic plan to sustain/progressively evolve the office functions

I.3. 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 filer good candidates and there should be a process of carrier 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)
I.3. Number of administrative staff is adequate and they are qualified and efficient in their functions			

Review team will 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

I.4 Assurance of adequate financial and material resources for educational activities

Medical School needs to ensures adequate and sustained provisions of funding, equipment, consumable, books and essential services for its smooth function. Financial constraints become mots challenging hurdle to many schools. Therefore, success of a medical school

would be reflected by more on advance planning, prioritizing and managing in a cost effective manner. Provision of equipment's, consumables, text books 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)
I.4 Faculty has a mechanisms to ensure adequate financial and material resources for educational activities			

Reviewers will look for

- Overall financial status of the faculty reflected in the most recent financial statement of the faculty
- The Annual Financial and Audit reports
- 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

I.5. 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 program.

	Very satisfactory (8-10)	Satisfactory (5-7)	Unsatisfactory (0-4)
I.5. Faculty involve student in the decision-making process as a policy and ensure implementation of the policy			

Reviewers will look for evidence of;

- Availability of standard practices of official involvement of students in
    - Curriculum development
    - Students welfare and social activities

    - Scheduling of time tables and examinations
    - Faculty events
    - Financial managements
- Evidence of entertaining students' feedback
- Engaging students in planning and organizing events
- Engaging in Faculty Board meetings

I.6. 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 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 stakeholder's while focusing on targeted results (SOAR approach) Such approach could motivate and drive teams towards the target. However, the current practice in performance evaluation embark 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)
I.6. Medical faculty has an evolving strategic plan in the governance and management of the Medical School			

Reviewers will 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

PART 3

AFTER THE SITE VISIT

This part of the document discusses what to do after giving marks to each standard. The outcomes of your extensive intellectual exercise should be shared with two immediate stake holders; the medical school and SLMC. But reviewers must be of resonant that their report would be available to administrators, students and public. Therefore, what you need to do after evaluating a medical school is also a responsible and intriguing exercise. The process starts with immediate feedback to the faculty followed by writing the report and sharing with SLMC and reflective sharing experiences with SLMC.

10. MEETING WITH THE DEAN & ACADEMIC STAFF OF THE MEDICAL FACULTY

The end of the 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, opportunities, aspirations and expectations. They should be encouraged to discuss strategies that they have discovered to overcome weakness revealed during the process of the review. This self-reflection will contribute to eliminate the defensive reaction to possible unavoidable judgmental statements from the review team.

It is better to use SOAR approach in giving feedback.

Strengths; discuss about strengths of the faculty with regard to their physical and human structure process and outcomes.
Opportunities; Share your observations with regards to opportunities available for the faculty to progress further
Aspirations; Discuss about the aspirations of the nation, staff, students and other stakeholders
Results; Open discussions about their achievements so far and what are the dreams and the expected 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.

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. It may be desirable to present and discuss the overall performance of the faculty in each of the sections and discussed. 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.

12. DRAFT REVIEW TEAM REPORT

Compilation of the final report is most important task for the review team. The team leaders need a comprehensive and collaborative support to accomplish this task. For this purpose, the team will discuss about 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 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.

Is desirable to complete the report immediately following completion of the review visit.

Draft 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 program. 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 aspirations of the faculty be SMART; specific, measurable achievable realistic and timely.

3. Final score and decision - The relevant score card and tables are in the Reviewer Report form

The draft report to be submitted to the Head/AU within 2-4 weeks following completion of the review visit.

Writing the draft/final report is a joint venture for the team. Deferent sections would be drafted by individual reviewer and 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	5			10		
B	Vision and mission	4			10		
C	Educational programme	10			40		
D	Assessment of students	9			30		
E	Students	7			20		
F	Academic staff	10			30		
G	Educational resources	15			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			……. %	

13. MEETING WITH THE ACCREDITATION UNIT OF THE SLMC

Following submission of the draft report the members of the AU will meet the members of the review team. This meeting is mainly to obtain feedback on the review process completed and the draft report. The strengths and weaknesses of the process and remedial measures to be taken if any may be discussed at this meeting. If any shortcomings are noted in the SER and Reviewer Report forms those too could be highlighted and discussed. Though it is possible to discuss the draft report no major changes are not recommended. Following this meeting the agreed draft report to be sent to the Dean of the relevant faculty.

14. FINALREVIEWER TEAM REPORT

The Dean should submit observations, comments and appeals if any, with all specific information and evidence, to the Head/AU within 4 weeks following receipt of the "Draft Review Report".

The Head/AU to convene a meeting with the reviewers to discuss the appeals and submit the "Final Review Report" to the Council with modifications if any to the "Draft Review Report" in less than 2 weeks following receipt of the appeals from the Dean.

However in the absence of such appeals from the Dean it may not be necessary to have the meeting with reviewers.

The Council to endorse the "Final Review Report".

The "Final Review Report" and the decision on the accreditation of the medical school by SLMC to be conveyed by the Registrar of the SLMC to the Dean with a copy to the Vice Chancellor immediately following the above Council meeting. (It is beneficial to submit a copy to Chairman, UGC)

ANNEXES

1. Template for marking and drafting the report during the review visit
2. Template to write the final report
3. Guide and a template for a visit time table