Regional Guidelines and instruments for Institutional Quality Assurance in Medical Education

World Health Organization

Regional Office for South-East Asia

Regional Guidelines and instruments for Institutional Quality Assurance in Medical Education

World Health Organization

Regional Office for South-East Asia

Printed in India

Contents

Preface

Undergraduate medical institutions in developing countries are offering academic courses according to the goals and objectives relevant to local and national healthcare needs. Although in most cases public investment is a major challenge, private institutions in many countries in South-East Asia are participating in this field to improve the current healthcare system and to develop future health professionals in their respective countries.

Currently, the big challenge is to ensure the quality of undergraduate medical education as well as the totality of the system, and the resources devoted including the standards of teaching, scholarship, research and students' exposure to a series of learning experience.

This guideline will help respective institutions in achieving stated academic standards and teaching quality. In addition it will support academic staff in their personal development and job satisfaction and to identify their own need, as well as the need of the community they serve.

The guideline and instruments developed will help to assess the standards of education through a QA mechanism and also benefit institutions in the South-East Asia Region to remove barriers of recognition of medical qualifications among countries. Thus, respective countries will be benefited through this mechanism to meet their healthcare needs having quality physicians with required competencies.

Introduction

Quality assurance (QA)

<u>Quality Assurance</u> is the guarantee that the required standards are being met (Australian Higher Education Council).

The Quality Assurance Agency in UK, Higher Education, defines quality assurance as: the totality of systems, resources and information devoted to maintaining and improving the quality and standards of teaching, scholarship and research, and the student's learning experience.

Quality Assurance Scheme (QAS)

There are two parts to a quality assurance system:

- an internal and
- an external process.

The internal process is most important because ultimately the quality of medical education depends on the interaction between the teacher and student, and the collective integrity and professionalism of the academic community. The medical institution develops its own goals and objectives relevant to local and

national healthcare needs, as well as the methods to achieve those goals. It is then necessary to conduct periodic reviews to assess the extent to which those goals have been met within the framework of the guidelines, and whether the methods of teaching and learning, the facilities, and the financial and human resources for the delivery of the curriculum support the goals. The institution may invite external reviewers to assist in the review process as well.

The external QA process practised in most countries is through mechanisms such as accreditation, validation and audit. External scrutiny is needed to confirm that the institution's responsibilities are being properly discharged and there must be reasonable evidence that competent and technically sound medical graduates are being produced to meet the needs of the nation.

For the purpose of external QA, most countries establish an independent agency that carries out its functions in a continuous and transparent way. The external agency is usually called the accrediting authority or quality assurance agency. This external agency usually includes in its QA process representatives from universities, medical institutions, the medical professional or analogous bodies, the healthcare authorities, registration authorities and the community.

This guideline outlines the roles and responsibilities of the groups and individuals involved in the course appraisal, faculty development and review scheme. These are described in detail along with the process and procedures of QA. All related proformas are given in annex 1 and 2.

Purpose and aims of quality assurance

Purpose:

- To achieve stated academic standards
- To improve teaching/learning quality and enhance students' achievement.

Aims:

- Support academic staff to enhance job satisfaction
- Improve performance of the institution
- Provide an opportunity for better communication between staff and stakeholders.

Principles of quality assurance

- Accountability
- Institutional self-evaluation
- Peer review
- External review.

Global movement for quality assurance in medical education

The World Health Organization (WHO) has been actively advocating reform and improved medical education to meet the changing needs of health care. For the past three to four decades, WHO has intensified its efforts and has collaborated with a number of organizations and institutions at both global and regional levels to carry out activities aimed at improving human resources for health through better quality education. The growth of the networks of Community-Oriented Institutions for Medical and Health Sciences and the World Federation for Medical Education (WFME) have made significant contributions through conferences on medical education and their regional follow-ups, the global consensus consultations on quality in medical education, fellowships and numerous training workshops on medical education.

The need for quality assurance programmes for medical education worldwide has been recognised by WFME, which has committed itself to the project, "International Standards in Medical Education, Assessment and Accreditation of Medical Schools, Education programme". The aim of the WFME project is to provide a general quality assurance instrument for medical education that could be used worldwide on a voluntary basis. The primary aims of the project are to stimulate all medical institutions to identify their own needs and those of the communities they serve, to assess their strengths and weaknesses, and to consider their potential for reorientation to existing and emerging health imperatives. WHO has been collaborating with WFME, a global umbrella organization for the six regional associations for medical education, since it was founded in 1972.

WHO was a principal signatory to the founding of WFME and has accorded it nongovernmental organization (NGO) status. The shared objectives of WHO and WFME on medical education are expressed in World Health Assembly resolutions WHA 42.38 (May 1989) and WHA 48.8 (May 1995) which led to the development of a global collaborative programme for the re-orientation

of medical education. The key component of this global collaboration is the adoption of international standards in basic medical education. The project to formulate these standards was initiated by WFME in 1998, and the final document, Quality Improvement in Basic Medical Education, was adopted by the WFME Executive Council in June 2001.

Best practice in quality assurance system

A credible QA process should have the following attributes. It should:

- include all major stakeholders
- be open to external public scrutiny
- be conducted in a consultative and consensus-building fashion
- be collegial without collusion
- balance academic priorities with those of regulating authorities
- identify both strength and weakness
- encourage innovation and reorientation towards changing health needs
- have the means and authority to implement its conclusions/ recommendations
- monitor progress regularly on an ongoing cycle of review
- focus on the achievement of self-specified objectives
- encourage a variety of methods of teaching and learning
- ensure the choice of credible student assessment methods appropriate for teaching and learning
- ensure adequate resource mobilization to deliver the curriculum
- be concerned with good outcomes and not detailed specifications of curriculum content.

Benefits of quality assurance by accreditation

The benefit flows from the feedback provided by external reviewers and reports, including opinions of experts in particular fields of medical education, the shared experiences of colleagues, the ideas from institutions adopting different methods and the local and national reports that can provide feedback in rectifying deficiencies. Regional quality assurance mechanisms can remove

many barriers to formal mutual recognition of medical qualifications between countries. These barriers include differences in healthcare needs and systems, as well as workforce and immigration considerations.

Apart from the above benefits to the institutions, a quality assurance mechanism also serves many useful purposes for its stakeholders. These include prospective students, employers of the medical graduates, and ultimately the community that relies on these institutions to produce competent and compassionate doctors.

Part: A

Educational guidelines for basic medical education

Medical education needs to be compatible with the healthcare system and the needs of the community, which vary within regions and countries. Irrespective of the state of development of the medical education system in a country, each medical institution in the Region can use the guidelines to measure itself within its own organizational setup. Medical institutions are expected to define their own educational objectives which should be broadly consistent with those contained in these guidelines. The guidelines cover the same areas as the international standards, namely:

- Mission and objectives
- Educational programme
- Assessment of students
- Student selection and support
- Academic staff
- Educational resources

- Programme evaluation
- Governance and administration
- Continuous renewal.

Mission and objectives

Medical institutions need to define their overall mission and objectives in consultation with major stakeholders in the parent university, the community and the government. The institutions are responsible for developing and implementing curricula appropriate to their mission.

General objectives

(1) To produce graduates with an appropriate foundation for further training in any branch of medicine including family medicine, as well as for careers in medical research, public health and health systems management.

(2) Knowledge should be firmly based on scientific principles, and graduates should develop appropriate learning and clinical skills and professional attitudes.

(3) Graduates should be competent to practice safely, ethically and effectively under supervision while undergoing further training to become independent practitioners. Graduates should be willing to enhance their knowledge and skills throughout their professional career.

(4) Emphasis in basic medical education should be placed more on the principles underlying medical science, fundamental practical skills and critical judgment based on evidence and experience, than on the acquisition of a detailed compendium of current knowledge or a comprehensive list of clinical skills.

(5) The quality of an institution will ultimately be judged by the ability of its graduates to responsibly perform the roles the community requires of its medical practitioners. This requires responsiveness to changing needs and a commitment to a lifetime of continuing medical education.

Objectives relating to knowledge

Graduates completing basic medical education should have knowledge of the following areas:

(1) Scientific methods relevant to biological, behavioural and social sciences at a level sufficient to understand the basis for present medical practice, and to assimilate the advances in knowledge that will occur over their professional life.

(2) The normal structure, function and development of the human body and mind at all stages of life, the interaction between body and mind, and the factors that influence these.

(3) The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the elderly.

(4) Common diagnostic procedures, their uses and limitations.

(5) Management of common health conditions.

(6) Normal pregnancy and childbirth, antenatal and postnatal care, common obstetrical care and medical aspects of family planning.

(7) The principles of health education, disease prevention, amelioration of suffering and disability, rehabilitation, and the care of the dying.

(8) Cultural, social and spiritual factors affecting health, human relationships, the psychological wellbeing of patients and their families.

(9) Systems of provision of health care including their advantages and limitations, the costs associated with health care, the principles of efficient and equitable allocation of finite resources, and the method of meeting the healthcare needs of disadvantaged groups within the community.

(10) The principles of ethics that relate to health care and the legal responsibilities of medical and other health professionals.

Objectives relating to skills

Graduates completing basic medical education should have developed skills to an appropriate level. They should have the ability to:

(1)   Take a proper and complete medical history.

(2)   Perform complete general and systemic physical examination.

(3)   Interpret the history and physical examination to arrive at an appropriate diagnosis.

(4)   Select the appropriate and cost effective diagnostic procedures.

(5)   Formulate a logical and rational management plan, in consultation with the patient.

(6)   Communicate effectively with patients and their families and with professional colleagues.

(7)   Counsel effectively with patients, their families to obtain informed consent.

(8)   Recognize serious illness and to perform common emergency and life-saving procedures.

(9)   Interpret medical evidence in a critical and scientific manner, and to use libraries and other information sources.

Objectives relating to attitudes

Students should acquire the following professional attitudes, which are regarded as fundamental to medical practice:

(1)   Respect for every human being, with an appreciation of the diversity of human background and cultural values.

(2)   An appreciation of the complexity of ethical issues related to human life and death including the allocation of scarce resources.

(3)   A desire to ease pain and suffering.

(4)   An awareness of the need to communicate with patients and their families, and to involve them fully in planning and management of their condition.

(5)   A desire to achieve the optimal patient care for the least cost to allow maximum benefit from the available resources.

(6)   Recognition that the health interests of the patient and the community are paramount.

(7)   A willingness to work effectively in a team with other healthcare professionals.

(8)   An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout their professional career.

(9)   An appreciation of the need to recognize their own capabilities and limitations and to refer the patient appropriately.

Educational programme

Educational principles

The minimum foundation for medical training requires a combination of knowledge, skills and attitudes. The challenges for all medical institutes are to teach sufficient factual knowledge and practical skills, and also to encourage students to be enquiring, analytical and to develop desirable professional attitudes. Institutes should encourage student's participation in the education process through self-directed learning and provide opportunities for studying some areas in depth and for clinical experience in a range of settings. The students should have opportunities to learn the complex interplay of pathogenic processes, and of social, psychological and physical factors. Students need to understand the role of family and community support, and the influence of physical and social environment in determining the expression and course of disease in different individuals. It is essential that students are taught in an environment where patients as a whole are considered rather than individual organ systems or disease. Students must also acquire appropriate knowledge, skills and attitudes relating to disease prevention, health promotion and public health. Students must also be made aware of alternative health practices used by the community including their cultural significance and their possible danger.

Design and implementation of the curriculum

Medical institutes should be able to demonstrate that the content and balance of the curriculum and its assessment matches the explicit objectives of the institution. They should also be able to demonstrate that they can implement the curriculum with the resources available. Institutions should have in place an identified group of individuals with expertise and interest in medical education who are responsible for the overall curriculum, implementation and student assessment. It should also have mechanisms to evaluate, review and change the curriculum.

Organization of topics and integration of the curriculum

The traditional setting of the basic science curriculum and the clinical setting in major teaching hospitals affiliated with the university are changing. The basic science teaching should be relevant to the overall objectives of the medical course and its relevance should be clear to the students. Therefore, beginning with the basic sciences, the entire course should illustrate the importance of the principles of human health and disease with a holistic view. Qualified teachers should participate in the teaching of basic sciences using combined teaching sessions based around clinical problems. It will not only help to enforce basic concepts, but also highlight the relevance of the basic sciences to later clinical practice.

Special health topics requiring emphasis

A number of special topics that are of considerable contemporary importance may fail to be adequately represented because they cross several disciplines. For example, evidence-based medicine, the specific health needs of indigenous people, minority ethnic groups and socially challenged groups, traditional health practices, gender and environmental issues need to be incorporated into the curriculum.

Elective periods

Elective periods provide students with the opportunity to study certain areas in depth or to experience the practice of medicine in other environments, including other countries and other settings, both urban and rural.

Teaching and learning methods

Teaching and learning methods should be consistent and fascinating with institutional educational objectives. Medical institutions should consider other educational strategies that promote student-centred learning, stimulate analytical skills and organization of knowledge, and foster life-long learning skills. Problem-based learning and community-based learning are educational tools that have considerable educational merit.

Computer-assisted learning should supplement other educational methods, and medical institutions should ensure that students acquire an understanding of medical informatics.

Clinical teaching settings

Students need broad exposure to a range of common medical, surgical, paediatric, gynaecological and psychiatric problems, in addition to the complex and severe illnesses found in tertiary teaching hospitals. Students should have the opportunity to work in rural, suburban, community as well as in community health centres and in general practice settings that will allow then to gain the necessary clinical experience.

The objectives and the assessment of all clinical placements, in hospitals and in the community, should be clearly defined and known to both the students and the teachers. When students are placed outside the main teaching hospitals, every effort must be made to ensure equal opportunities with appropriate support services. The medical institutes should make a special effort to monitor the educational experiences in these settings.

Assessment of students

Student assessment should match and reinforce the goals and objectives of the medical course. Assessment methods should be explicit and made known to students at the outset of the course or the course component. When an institution changes the objectives of its course, the assessment process should reflect these changes.

Conventional assessment tools are unlikely to be helpful in measuring abilities such as independent learning, communication with patients, working as a part of a health team and problem-solving skills. Institutions should therefore seek to develop valid and reliable instruments to assess all their specific educational objectives.

Assessment comprises summative, which serves to determine student progression, and formative assessment, where assessment is relevant to guide students. MediCAL (Medical Computer Assisted Learning) and OSLER (Objective Structured Long Examination Record) systems may be included. Methods of formative and summative assessment may include written assessments, oral assessment, projects, documentation of the performance of practical procedures (such as log books) and clinical case examinations. Greater reproducibility can be achieved by using simulated and standardized patients and by testing specific skills in a structured, multiple-station assessment process known as Objective Structured Clinical Examination (OSCE) and Objective-Structured Practical Examination (OSPE). Even when these forms of assessment are used,

there may still be a need for an in-depth examination of a patient. This allows assessing the student's ability to take a complete history, conduct a full clinical examination, and interpret the findings and develop a management plan. Thus, assessment should include observation of the student performing a complete clinical evaluation.

Students' selection and support

Methods of student selection

There is no "best" method for selecting medical students. Whatever selection process is chosen, the methods must be clearly defined, be consistent, transparent and free of discrimination or bias. A description of the selection process should be published and available to potential students. The possibility of using an aptitude test may be considered.

Student support and facilities

The institution should provide adequate student support services and physical facilities for study and recreation. Support services should include access to counselling services with trained staff, health services, and academic advisers. These services should provide personal support for emotional and stress related problems as well as assistance for vocational counselling, the development of learning skills, as well as financial advice and support.

Personal development of students

The curriculum should encourage personal development rather than being focused too narrowly on professional development. Elective periods, self-directed learning, advanced study units in optional areas and operational years of research or work experience locally or abroad can help in student development.

Academic staff

Medical institutions should have policies on staff development and review. Staff development should be formative, and provide opportunities for the mentoring of younger staff by the senior academics. In order to undertake and sustain curriculum evaluation and reform, the institutes require independent staff with

educational expertise that can be utilized not only for curriculum design but also for teaching and learning methods, staff development, student assessment and course evaluation. Creating a medical education unit or centre within the institution that can facilitate and support development is essential. There are also advantages in exploring the shared use of the educational expertise and resources of other medical institutions both nationally and internationally.

Educational resources

Teaching rooms

The institution should have access to facilities for lectures, tutorials and practical classes that are adequate to allow the educational objectives to be achieved. This includes auditoriums, tutorial rooms, computers and audio-visual equipment, and laboratories and laboratory equipment. The library should maintain an adequate collection of reference materials to meet the curriculum and research needs of the students and faculty. Supportive staff should be available to help students. Computer access should also be provided.

Facilities in hospitals and other teaching centres

There should be hospital accommodation to allow students to stay overnight to see acute medical conditions and emergencies. There should be facilities for study and relaxation. Library facilities and computer-based literature should be provided in other teaching centres, such as community centres and other out-of-campus hospitals in some settings.

Research

Undergraduate medical education is greatly enhanced by an institutional environment where research is actively pursued. An active research environment within an institution provides medical students with opportunities to observe and participate in ongoing programmes, which are either mandatory or elective components of their curriculum. A proportion of students should have an opportunity for in-depth research experience to encourage their interest in medical research as a career.

Programme evaluation

Each medical institution should develop mechanisms for monitoring and evaluating its curriculum. Student questionnaires have limitations; however, the information gained is valuable in identifying problem areas. There should be other pathways for student feedback as well. The student body should be represented on curriculum committees, preferably by students from each phase of the course. A medical institution can also evaluate its curriculum by examining pass rates in individual components.

Theoretically, the best method of evaluating the appropriateness and effectiveness of the medical course is to examine the quality of the graduates. Institutions should have follow-up mechanisms for obtaining feedback from the hospitals where their students work as interns and residents after graduation and from the graduates themselves. Institutions should monitor and, where appropriate, respond to community perceptions about deficiencies of their graduates.

Governance and administration

Administration and structure within the university

The institution should be able to demonstrate sufficient control over its curriculum to enable its objectives to be achieved. There should be a clear and direct line of responsibility for the curriculum and mobilization of its resources.

The dean, as chief academic manager of the institution, should be appropriately qualified by education and experience and have the managerial authority to provide leadership. The institution must be able to demonstrate that its resources are sufficient to allow its objectives to be achieved and to maintain high standards of medical education for the proposed period of accreditation.

Relationship of medical institutions with health departments

Medical education depends on strong and supportive government-financed healthcare institutions. It is essential that the medical institution has a cordial relationship with the government health department and collaborate and work as a team.

Healthcare institutions benefit from being centres for undergraduate medical education and students benefit from access to patients and teachers within institutions and through the government as appropriate.

Institutions need a supportive health authority and appropriate channels of communication to allow problems to be addressed and new initiatives to be developed.

Relationship with affiliated institutions and the community

There should be effective communication and liaison between the university, the institution and the healthcare and research institutions affiliated with the university. Academic staff of the institution working within teaching hospitals or other healthcare institutions must be integrated into the service and administrative activities of the institution so that they have appropriate access to patients for teaching and clinical research and are able to maintain their clinical skills. The institutions should have effective methods for communicating with and receiving the opinions of medical practitioners, recipients of health care and community leaders.

Continuous renewal

Communities increasingly demand more accountability from their public institutions including medical institutions. Communities need accessible doctors who are competent to treat common conditions and to serve the needs of groups such as the elderly, the mentally ill, and the socially and geographically disadvantaged. Institutions need to focus more on the healthcare needs in their region. The World Health Organization has developed measures of social responsiveness of medical institutes that take into account the relevance, quality, cost effectiveness and equity of these activities. To meet these challenges institutions need robust and dynamic procedures for reviewing, modifying and renewing its fundamental structures and activities.

Part: B

Framework of quality assurance

A. Organizational framework (Table-1)

Council and committees within which quality of teaching and learning is considered:

- National Quality Assurance Body (NQAB)
- Local Quality Assurance Body (LQAB)

A.1 National Framework QAB

- Responsible for QA in undergraduate medical education
- Ensure standards in all medical institutions
- Review QA process through visits every five years
- Members of NQAB (depending on country protocols)
    - DGHS- Chairman
    - Joint secretary (Ministry of Health & Family Welfare)
    - President, Medical & Dental Council

- – Director, Medical Education
- – Deans of universities
- – Centre for Medical Education (CME): to act as Secretariat

A.2 Local Framework QAB

- Academic council
- Course committee
- Phase coordinator groups
- Subject coordinators
- External examiners
- External assessor

The lines of communication and reporting as indicated below:

National Quality Assurance Body (NQAB)

Academic Council

External accessor → Course committee → Academic coordinator → MBBS course

External Examiners

Phase Coordinator Groups
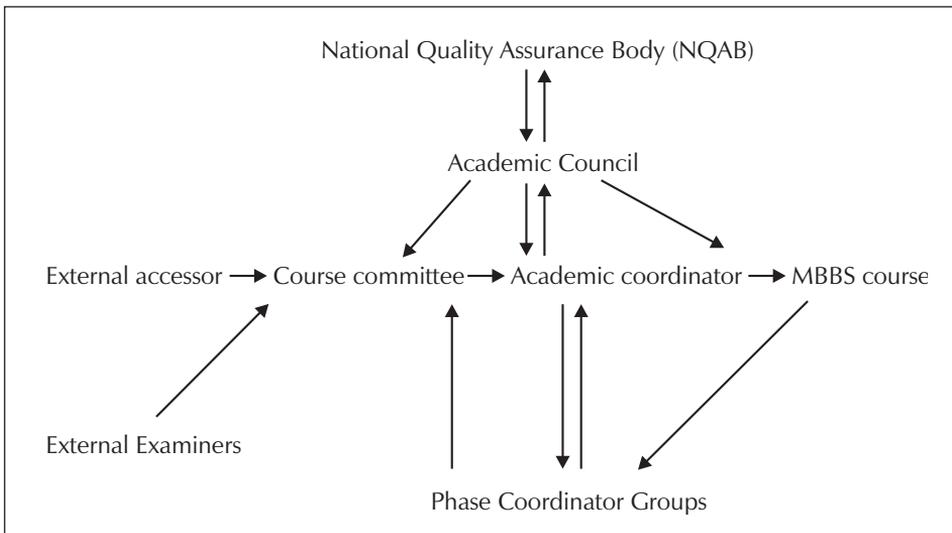
Table 1: Organizational framework

Committees	Composition	Membership
Academic Council	Chair Academic Coordinator Members of academic staff	**Responsible to Course Committee** College Principal Appointed by Academic Council Heads of departments and others
Course Committee	Chair Academic Coordinator Members of academic staff Three student representatives	**Responsible to Academic Council** Vice Principal Appointed by Academic Council Heads of departments and others Selected students from phase coordination group
Phase I Coordination Group	Phase I Coordinator Subject Coordinators (Anatomy, Physiology, Bio-chemistry, Community Medicine) Two student representatives	**Responsible to Course Committee** Appointed by Academic Council Responsible to Academic Coordinator Designated Heads of Departments Students selected on merit from top ten of each Year 1 and 2
Phase II Coordination Group	Phase II Coordinator Subject Coordinators (Community Medicine, Pharmacology, Pathology, Microbiology, Forensic Medicine, Medicine, Surgery, and Gynaecology & Obstetrics) Two student representatives	**Responsible to Course Committee** Appointed by Academic Council Responsible to Academic Coordinator Designated Heads of Departments Students selected on merit from top ten of each Year 3 and 4

Committees	Composition	Membership
Phase III Coordination Group	Phase III Coordinator Subject Coordinators (Medicine, Paediatrics, Surgery, Community Medicine, Ophthalmology, ENT and Gynaecology & Obstetrics) Two student representatives	**Responsible to Course Committee** Appointed by Academic Council Responsible to Academic Coordinator Designated Heads of Departments Students selected on merit from top ten of Year 5
External Examiners External Assessor	One / two persons One senior person	Appointed for a single round of examinations. Appointed by Academic Council with faculty approval, renewable for 3-5 years

B. Operational framework

The process and procedures by which an undergraduate medical course is monitored and evaluated is given in Table-2.

B.1 Course appraisal:

For planning, approval and review of courses, examining performance indicators, obtaining feedback from students, graduates and employees and analysing external examiner's and external assessor's reports (Table-3)

B.2 Faculty development and review scheme:

Implementing staff appraisal and development.

B.3 External review:

Responding to inspection by National Quality Assurance Body (NQAB)

The regional guidelines provide a framework for establishing a QAS system at national, subregional or regional levels. Therefore, those countries with one or a few medical institutions may wish to participate in regional quality assurance systems, with the decision arising from the evaluation process separately ratified in each individual country. Each country will incorporate their terminologies in their organizational and operational framework according to their specific settings.

Table 2: Operational framework

Committees	Membership	Responsibilities
Academic Council	Chair (Principal) Academic Coordinator Heads of Departments	**Ultimate responsibility for MBBS course, QA and Faculty Development** Guide critical appraisal of Course Committee's annual report Prepare course schedule for academic calendar Coordinate delivery and appraisal of course Review of academic staff
Course Committee	Chair (Vice-Principal) Academic Coordinator Heads of Departments Three student representatives	**Development, delivery and evaluation of MBBS course and review of resources** Ensure Academic Council's recommendations for course development are acted upon Plan appropriate staff development activities Prepare annual report for Academic Council (based on minutes of meetings, cohort analysis and annual reports) On-going appraisal of respective subject areas Present student views

Committees	Membership	Responsibilities
Three Phase Coordination Groups (each comprising)	Phase Coordinator Subject Coordinators Two student representatives	**Delivery of respective phases of MBBS course, monthly evaluation and annual report to Course Committee** Lead Group Analysis of student questionnaires Meet quarterly with Academic Coordinator Coordinate delivery of respective subjects Collect feedback from students on all aspects of MBBS course
External Examiners External Assessors		Prepare reports on specific examinations Consider external examiners report Consult with external examiners, students and staff Prepare annual report for Academic Coordinator
Proposed National Quality Assurance Body		Review MBBS course every five years

Organizational Framework of Local Quality Assurance Body (LQAB)

LQAB

↓↑

Academic Council

↑↓

External Assessor ⟶ **Course Committee** ⟶ External Examiner

Phase 1 Gr ← Phase 2 Gr ← Phase 3 Gr

Subject Coordinators | Subject Coordinators | Subject Coordinators
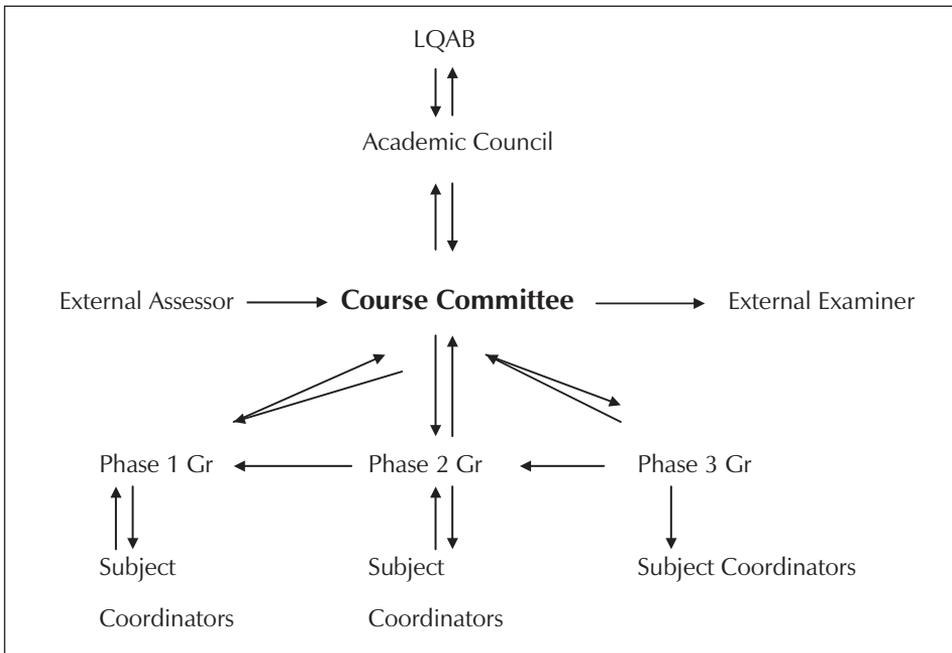
Communication and Reporting of Local Quality Assurance Body (LQAB)

LQAB

↓↑

Academic Council

↑↓

Course Committee ⟶ **Academic Coordinator** ⟶ MBBS Course

External assessor | Phase Coordination Group

External Examiners
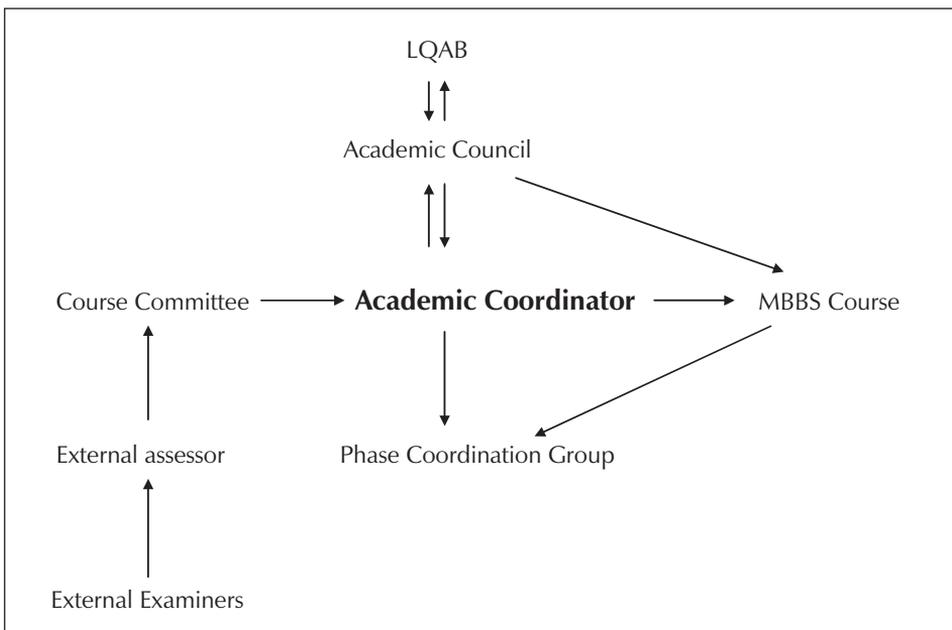
B.1 Course Appraisal

Academic Council

- Responsible for taking appropriate actions and make recommendations for course development.
- Critically appraises the annual report from the Course Committee
- Ultimate responsibility for undergraduate medical course, QA and faculty development
- Takes appropriate action in response to annual report, particularly in relation to QA and academic standards
  - Chairman: Principal (Head of the Institute)
  - Academic coordinator: Appointed by Academic Council
  - All heads of departments.

Principal

The principal, as chairperson of the Academic Council, has to guide the critical appraisal of the annual report from the course committee chairman. The principal also has to ensure that necessary action is taken for compliance with the QA process and the maintenance of academic standards. Any deficiencies cannot be ignored; the academic council has to be seen to be maintaining academic standards by the actions it takes.

Academic coordinator

The academic coordinator is responsible for:

- development and delivery of the teaching and learning programme of undergraduate MBBS course
- course schedule for academic calendar
- appraisal and evaluation of the course
- preparation of annual report on the operation of MBBS course to the Academic Council.

Heads of departments

The heads of departments are responsible for management of QA in their own departments. They are also responsible for critical appraisal of the course committee's annual report.

Course Committee

Chairman: **Vice principal** or any senior faculty member as per protocol

Academic coordinator: Focal person appointed by the academic council.

All heads of departments

Three student representatives (one each from pre-para-and clinical disciplines)

Responsibilities:

- Development, delivery and evaluation of undergraduate medical course and review of resources
- Ongoing course appraisal and evaluation
- Submission of an annual report on respective phase and student's opinion
- Plan staff development activities
- Ensure action upon Academic Council's recommendations for course development.

Phase coordinator groups (pre-clinical, para-clinical and clinical)

Academic coordinator is the focal person of phase coordinator groups.

Phase coordinators are responsible for delivery of respective phases of the undergraduate medical course and for monthly evaluation of the course.

Responsible for analysis of student course evaluation questionnaires.

Also responsible for preparation of annual report to the course committee.

Subject coordinators

Responsible for coordinating the delivery of respective subjects.

Phase-I coordination group (pre-clinical) including coordinator, subject coordinators and student representatives

- Coordinator: appointed by the Academic Council to coordinate among the subjects of this phase
- Subject coordinators: One person from the disciplines of anatomy, physiology, bio-chemistry and community medicine or any other discipline of pre-clinical course
- Two student representatives.

Phase-II coordination group (para-clinical) including coordinator, subject coordinators and student representatives.

- Coordinator: appointed by the academic council to coordinate among the subjects of this phase.
- Subject coordinators: One person from the discipline of community medicine, pathology, microbiology, pharmacology, and forensic medicine, medicine, surgery, gynaecology & obstetrics or any other discipline of para-clinical course.
- Two student representatives.

Phase-III coordination group (clinical) including coordinator, subject coordinators and students representatives

- Coordinator: appointed by the Academic Council to coordinate among the subjects of this phase.
- Subject coordinators: One person from the discipline of medicine, surgery, gynaecology & obstetrics, paediatrics, ophthalmology, ENT and community medicine or any other discipline of clinical course
- Two student representatives.

Student representatives
(selected on merit from the first ten in each year)

Represent students' opinion on committees by collecting views from fellow students about:

- total course, including quality of teaching and current assessment system with suggestions for improvement.
- facilities available, general environment and individual subject appraisal with suggestions for improvement.

External examiners

External examiners are subject specialists appointed by the dean's office for a single round of examinations.

They prepare reports on specific examinations covering:

- Standard of assessment
- Student's performance
- Conduct of examination
- Recommendations.

External assessor

- Renewable for 3-5 years.
- Considers external examiners' report.
- Consults with external and internal examiners, students and staff on course organization, teaching, assessment, resources and facilities.
- Prepares annual report for academic coordinator.

Table 3: Course appraisal

Activity	Responsible	Survey of information	Reported to	Frequency
Phase coordination group meetings	Phase coordinator			Monthly
Phase coordination group reports	Phase coordinator	Minutes of phase coordination group meetings	Academic Coordinator	Quarterly
Distribution of proforma to External Examiners	Vice-Principal			At the time of Summative Examinations
Distribution of proforma to External Assessor	Principal			Annual
Distribution of Students' Evaluation Questionnaire	Academic Coordinator and Phase Coordinators			Annual

Activity	Responsible	Survey of information	Reported to	Frequency
Analysis of student data	Phase Coordinators	Student Evaluation Questionnaires	Academic Coordinator	Annual
Annual report to Course Committee	Phase Coordinators	Student Evaluation Questionnaires Phase Coordination Group Meetings	Course Committee	Annual
Completion of External Examiners' Reports	External Examiners and External assessor	Observation of Examinations Examination Results Consultation with staff and students	Principal Academic Coordinator	Annual
Completion of cohort analysis	Academic Coordinator assisted by student clerk	Examination results Admission book	Course Committee	Annual
Completion of Course Committee annual report (course appraisal proforma)	Academic Coordinator	Phase Coordinators' reports External examiners' reports Cohort analysis Course Committee minutes Formal/informal discussion	Academic Council	Annual
Response to annual report	Academic Council	Course Committee's annual report		Annual

B.2 Faculty development and review scheme (Academic staff)

The quality of teaching and learning depends largely on the abilities of the teaching staff. Within the QA process the opportunity is given to teaching staff to develop their abilities in relation to teaching and learning through the Faculty Development and Review Scheme (Table-4).

The Academic Council is responsible for the Faculty Development and Review Scheme and the heads of departments are responsible for implementing it.

The aims are to:

- help academic staff develop as individuals by supporting their professional development.

- provide a means of communication between the staff member and the medical college towards an effective relationship between the needs of the individual and the institution that can be achieved within the available resources.

Roles, responsibilities and methods

Each staff member has an annual review meeting, normally with the head of the respective department, which is expected to last at least one hour. In the case of heads of department the reviewer is the principal. The Director-General of Health Services reviews the performance of principals of medical colleges. It is vital to the scheme that the review meeting is conducted in a manner which the staff member considers to be supportive and fair so that the outcome is constructive.

The most important component of the scheme is each staff member's personal or self-review carried out prior to the review meeting. This includes observations on achievements, difficulties and aspirations, together with a factual record of work, emphasizing work undertaken since the previous meeting if appropriate (Personal Review Form). The self-review not only helps in clarifying the thoughts and ideas of the staff members, but also assists in setting the agenda for the review meeting.

The outcome of the meeting is an agreed statement setting new objectives, together with an action plan on how these are to be attained (Action Plan Form). The individual's objectives are formulated to take account of professional development needs as well as department's and the college's plans and resources.

The notification of completion of review form is sent by the head of the department to the Vice-Principal so that appropriate faculty development activities can be planned. To help staff members with their personal development, the college makes available an ongoing programme of faculty development concerned with teaching and learning, assessment and evaluation, educational media, research methodology, research and technical writing, management and information technology. The Academic Council considers, as required, the views of the staff on the operation of the scheme and makes appropriate recommendations.

Table 4: Faculty development and review scheme

Person responsible	Activities
Academic Coordinator	Prompts heads of department to distribute review forms and guidance notes
Heads of department	Distribute review forms Consult with colleagues Conduct review Submit notification of completion of review to vice-principal
Staff members	Complete and submit personal review form Complete and return action plan
Vice- Principal	Analyse action plan Liaise with medical education unit (MEU) and centre for medical education (CME) regarding training needs.

B.3 External Review

The Quality Assurance (QA) scheme in medical education has more to do with the way in which the colleges implement the course. It is therefore proposed that with government approval, a national QA body should be formed. The members of the body will be nominated by the government. They will make periodic review visits.

The views of graduates and employers will also provide valuable information on the appropriateness of the knowledge and skills acquired in the MBBS course. This ongoing monitoring and evaluation will provide feedback for individual colleges and also for the periodic national curriculum review exercise.

Instruments for course appraisal

1.1 Guidance notes for filling the course appraisal proforma

(1.1.1): This is to be completed in consultation with the phase coordinators as a concise overview of the year's activities. The proforma/form draws on various sources including Course Committee minutes, external assessor's report, formal discussion and informal feedback.

(1) Academic Coordinator's commentary:

This highlights points which require special attention

(2) Aims and objectives

This section restates the course aims and objectives as most recently agreed upon and comments on their validity or on the need to amend them. We explained from the point of view of students and staff, whether the agreed aims and objectives are being met or not.

(3) Summary of issues outstanding from last course appraisal.

This contains a clear statement of progress made with an appropriate commentary.

(4) Students' learning experience.

   The section covers the strengths and weaknesses of the student learning experience identified from student feedback and questionnaires, the external assessor's report, cohort analysis, withdrawals, results of examinations and curriculum development activities.

(5) Teaching and learning experience.

   This section highlights the main teaching and learning issues (positive and negative) which have arisen and notes subsequent action. It also records how research and faculty development activities have contributed to the delivery of the course.

(6) Resources

   It covers teaching staff, faculty development opportunities, administrative and technical support, library, educational development, staff accommodation, residential accommodation, field site student facilities and clinical placement availability.

(7) Conclusion

   This is a concise summary of the principal achievements, concerns and needs identified in the course appraisal.

(8) Summary of action points

   These are actions on the basis of analysis contained in the previous section.

1.1.1 Course appraisal proforma/form (MBBS)

Session---------------------------   Phase I / II / III / MBBS overall

1. Academic Coordinator's commentary

2. Aims and objectives of the course

    The course aims and objectives as stated in the
    definitive course document should be attached as an
    appendix to the proforma.

    2.1 Are all aims and objectives still relevant?   Yes ☐   No ☐
         If No, state those that require to be changed
         and explain why they should be changed.

         Action Taken/Proposed

    2.2 Are there additional aims and objectives that   Yes ☐   No ☐
         should be considered?

         If Yes, state suggested additions

         Action taken/Proposed

    2.3 Did the teaching and learning programme   Yes ☐   No ☐
         enable all the aims and objectives to be
         achieved?

         If No indicate reasons for this deficiency

         Action taken/Proposed

3. Summary of issues outstanding from last course
    appraisal

    3.1 Are there any issues from the last appraisal still   Yes ☐   No ☐
         to be addressed?

         If Yes, state outstanding issues and summarize
         progress to date

         Action Taken/Proposed

4. Student's learning experiences

    This section should be based upon information obtained from Course Committee minutes, student questionnaire feedback, External Examiners' report, cohort analysis (pass, withdrawals, failure) and curriculum development activities.

    4.1 Positive elements contributing to the learning experience

    4.2 Negative elements affecting the learning experience.

    Action taken/Proposed

5. Quality of teaching

    Information on this section may be obtained from external examiners' reports, phase coordinators reports and from peer review including student feedback, action notes, minutes, as well as formal and informal comments from individual staff. Staff development and research activities should be considered for improvement of a quality of teaching.

    5.1 Positive elements contributing to quality of teaching

    5.2 Negative elements affecting the quality of teaching

    Action taken/Proposed

6. Resources

    This area covers teaching staff, faculty development opportunities, technician support, library, educational development, space for class rooms, residential accommodation, facilities for students' field uses and clinical placement availability. Sources of information are students' feedback, external examiner's comments, minutes, comparative surveys, individual staff reports and phase coordinators' responses.

6.1 Do the resources available allow for the effective operation of the course?　　　　Yes ☐　No ☐

　　　If No, explain how they could be enhanced.

7. Proforma/form conclusion

　Summarize achievement and needs

8. Summary of actions taken and proposed

　8.1 Action by individual staff

　8.2 Action by course committee

　8.3 Action by department.

Cohort analysis spread sheet

This should be completed and used in conjunction with other statistical information, such as application and admission data, withdrawals and performance indicators to analyse trends. This analysis should include:

- outline comparisons with previous years
- indication of whether statistics are as expected/planned for
- confirmation of expected trends or possible causes for deviations.

1.1.2 Cohort analysis excluding internships

		2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Year 1	New entrants Repeats					
	Total					
	Withdrawals Pass (%)					

		2010/2011	2011/2012	2012/2013	2013/2014	2014/2015
Year 2	New entrants Repeats					
	Total					
	Withdrawals Pass (%)					
Year 3	New entrants Repeats					
	Total					
	Withdrawals Pass (%)					
Year 4	New entrants Repeats					
	Total					
	Withdrawals Pass (%)					
Year 5	New entrants Repeats					
	Total					
	Withdrawals Pass (%)					

Notes:

(1) The figure in each total cell is the number in the cohort (new entrants plus repeats).

(2) Information can be extracted in a number of ways:

- a horizontal scan of the totals shows the variation in cohort size over a number of sessions for a particular year

- a vertical scan shows the cohort sizes in a particular session

- a diagonal scan from upper left to lower right shows the progression of a particular cohort
- other scans horizontally, vertically and diagonally show immediately the trends in repeat and withdrawing students and pass rates.

(3)   With regard to the pass category, the number given should include all students who pass that year of the course, whether or not they proceed to the following year.

(4)   With regard to the percentage pass, this should be the percentage of those completing the whole year, not a percentage of the number in the cohort.

1.2 Student evaluation questionnaire

All students are requested to let their respective coordinator know what they think of their course by completing the following anonymous questionnaire.

Course: Phase I /_____/ Phase II /_____/ Phase III /_____/

Please tick the most appropriate box on the five point scale for each statement / question below.

(1)   General impression of the course

Indicate your overall satisfaction / dissatisfaction with your course during the past year

Completely satisfied with course/Extremely disappointed with the course

(2)   Administration of the course

How efficient / inefficient have you found the general administration of the course during the past year?

Extremely efficient   Extremely inefficient

(3) Quality of teaching

    (a) In general how would you rate the quality of the teaching that you received during the past year?

       Extremely high quality   Extremely low quality

        | | | | | |

    (b) To what extent were you told what learning objectives you were expected to achieve during the past year?

       Fully informed   Given no information

        | | | | | |

    (c) To what extent do you feel that the teaching methods were suited to helping you achieve the learning objectives?

       Extremely well suited   Extremely ill suited

        | | | | | |

(4) Assessment

    (a) How fully were you informed about the nature of the assessment that would be carried out during the year?

       Fully informed   Given no information

        | | | | | |

(b) Taken overall, how fair / unfair did you consider the assessment to be?

Extremely fair   Extremely unfair

(c) To what extent did you find the assessment (and the feedback you received from staff) helpful to you?

Extremely helpful   Not at all helpful

(5) Staff

(a) In general, how helpful / approachable did you find the staff with whom you came in contact during the past year?

Extremely helpful &   Extremely unhelpful &
approachable   unapproachable

(b) How many staff did you approach?   ____

(6) Facilities

(a) How do you rate the overall quality of the general teaching facilities / equipment (other than library and clinical facilities) that were made available to you during the past year?

Completely   Extremely inadequate/
adequate/satisfactory   unsatisfactory

(b)   How do you rate the overall quality of the clinical facilities that were made available to you during the year?

Completely   Extremely inadequate/
adequate/satisfactory   unsatisfactory

(c)   How do you rate the overall quality of the library facilities that were made available to you during the year?

Completely   Extremely inadequate/
adequate/satisfactory   unsatisfactory

(7)   Overview

Highlight any specific strengths and/or weakness you experienced on the course.

(8) Subject evaluation (Including clinical placement)

In the light of the overall course evaluation outlined above, please indicate how this evaluation would apply to the individual subjects taken during the year as specified in the Course Curriculum Specification.

Individual subject appraisal

Please tick the most appropriate box on the six point scale

Phase				Completely satisfied with course					Extremely dissatisfied with course
1	2	3	**Course**						
			Anatomy Year-1						
			Anatomy Year-2						
			Physiology Year-1						
			Physiology Year-2						
			Biochemistry Year-1						
			Biochemistry Year-2						
			Pharmacology Year-3						
			Pharmacology Year-4						
			Forensic Medicine Year-3						
			Forensic Medicine Year-4						
			Pathology & Microbiology Year-3						
			Pathology & Microbiology Year-4						
			Community Medicine Year-1						
			Community Medicine Year-2						
			Community Medicine Year-3						
			Community Medicine Year-4						
			Community Medicine Year-5						
			Medicine Year-3						
			Medicine Year-4						
			Medicine Year-5						
			Paediatrics Year-4						
			Paediatrics Year-5						

			Surgery Year-3						
			Surgery Year-4						
			Surgery Year-5						
			Ophthalmology Year-4						
			Ophthalmology Year-5						
			ENT Year-4						
			ENT Year-5						
			Obstetrics & Gynaecology Year-4						
			Obstetrics & Gynaecology Year-5						

You are requested to return this form to the respective Phase coordinator.

Thanks for your co-operation

1.3 External examiners' report (For orals and practical)

Subject area examined...

First Professional /_____ / Second Professional /_____ / Final professional /_____ /

Date (s) of examination...

Assessment process

(a)   *Assessment regulations*

The assessment regulations were rigorously adhered to	Yes ☐ No ☐
The regulations appeared to have been understood by students	Yes ☐ No ☐
The regulations appeared to have been understood by staff	Yes ☐ No ☐

(b)   *Internal assessment procedures and documentation*

The internal assessment procedures were satisfactory	Yes ☐ No ☐
Records of in-course assessment were available	Yes ☐ No ☐
Records of in-course assessment were adequate	Yes ☐ No ☐
Examination papers and scripts were readily available	Yes ☐ No ☐
Opportunity was given to scrutinize examination scripts	Yes ☐ No ☐
Internal assessment procedures could be improved by	Yes ☐ No ☐

(2) Student performance

(a) *Quality of learning outcomes*

The level of learning outcome demonstrated by students in relation to *knowledge* was on average

below expectation ☐

about right ☐

above expectation ☐

The level of learning outcome demonstrated by students in relation to *skills* was on average

below expectation ☐

about right ☐

above expectation ☐

The level of learning outcome demonstrated by students in relation to *attitude* was on average

below expectation ☐

about right ☐

above expectation ☐

(b) *Performance in relation to pass / fail criteria*

The percentage of students meeting the criteria for passing the examination was

> 90% ☐

81-90% ☐

71-80% ☐

61-70% ☐

51-60%	☐
41-50%	☐
31-40%	☐

Signed...................................   Date....................................

Please return your completed form to the Principal

1.4 External assessor's report

Having examined the reports of the various external examiners, and having met with the staff and students on the course, my comments on the course are as follows:

(1) Assessment process

	First Professional		Second Professional		Final Professional	
	Yes	No	Yes	No	Yes	No
(a) Assessment regulations						
The assessment regulations were rigorously adhered to	☐	☐	☐	☐	☐	☐
The regulations appeared to have been understood by students	☐	☐	☐	☐	☐	☐
The regulations appeared to have been understood by staff	☐	☐	☐	☐	☐	☐
(b) Internal assessment procedures and documentation						
The internal assessment procedures were satisfactory	☐	☐	☐	☐	☐	☐
Records of in-course assessment were adequate	☐	☐	☐	☐	☐	☐
Examination papers and scripts were readily available	☐	☐	☐	☐	☐	☐
Opportunity was given to scrutinize examination scripts	☐	☐	☐	☐	☐	☐
Internal assessment procedures could be improved by	☐	☐	☐	☐	☐	☐

....

....

(c) Quality of assessment examination papers

	First Professional		Second Professional		Final Professional	
The quality assessments (clinical & practical) was appropriate and adequate	☐	☐	☐	☐	☐	☐
The quality of written examination questions was appropriate and adequate	☐	☐	☐	☐	☐	☐

The quality of assessment/examination papers could have been improved by

....

....

	First Professional	Second Professional	Final Professional

(d) Standard of marking

The standard of marking by internal examiners was in general (5 Scales)

	First Professional	Second Professional	Final Professional
slightly low	☐	☐	☐
about right	☐	☐	☐
slightly high	☐	☐	☐

(2)   Student performance

(a) Quality of learning outcome

The level of learning outcome demonstrated by students in relation to *knowledge* was on average

	First Professional	Second Professional	Final Professional
below expectation	☐	☐	☐
about right	☐	☐	☐
above expectation	☐	☐	☐

The level of learning outcome demonstrated by students in relation to *skill* was on average

	First Professional	Second Professional	Final Professional
below expectation	☐	☐	☐
about right	☐	☐	☐
above expectation	☐	☐	☐

The level of learning outcome demonstrated by students in relation to *attitude* was on average

	First Professional	Second Professional	Final Professional
below expectation	☐	☐	☐
about right	☐	☐	☐
above expectation	☐	☐	☐

(b) Performance in relation to pass/fail criteria

Overall, in relation to other medical colleges, the percentage of students meeting the criteria for passing the examination was

	First Professional	Second Professional	Final Professional
slightly lower	☐	☐	☐
about the same	☐	☐	☐
slightly higher	☐	☐	☐

Annex 2

Instruments for faculty development and review scheme

2.1 Guidance note for review meeting

Introduction

The following notes care intended to help you make the most effective use of the review meeting. They are not in themselves a statement of the Faculty Development and Review Scheme.

- There are three forms in total, but only the action plan, which is a statement of current objectives and means of attaining them, will be kept as a permanent record.

- The personal review form will not be a permanent record, but will strongly influence the discussion at the review meeting. It is intended to stimulate self-review and to enable you to draw your reviewer's attention to particular aspirations, achievements, difficulties etc. The form deals with progress towards past objectives (if applicable), other achievements, teaching, research and other activities and responsibilities within or outside the college.

- The personal review form should be completed by you and given to your reviewer two weeks before the meeting. The action plan form will be completed after the meeting and must be agreed to by your reviewer.

- These guidance notes contain checklists to help you to complete these forms. You are advised to include items from the checklists which you consider relevant in your own case and you should include any other items which you believe to be pertinent.

2.2 Personal review

The personal review form should be completed and given to your reviewer two weeks before the review meeting. It will be detached and returned to you after the review meeting. You should use it to put forward your own views about your career development and your role in the department and college.

(1) Progress

The first session gives you an opportunity to review progress towards achieving previously agreed to objectives. If this is your first meeting there will be no previous agreed objectives.

(2) Teaching

The teaching section of the form is intended to help you assess the effectiveness of your teaching, to identify areas to which you devote too much or too little attention and give you an opportunity to highlight any development needs.

(3) Research (where applicable)

Research activities vary widely from one individual to another, but many of the basic activities are common to all.

(4) General

The college relies on the academic staff to serve on its committees and to undertake a wide variety of activities, some mundane and others more challenging. Often these activities involve teamwork and help to simplify your colleagues' task. Likewise the college needs to participate in the community in a variety of ways and you might benefit from external activities.

(5) Current Objectives

Please identify a small number of current objectives for the future. You will no doubt wish these to be challenging, but be careful not to be over ambitious. Indicate how you will know in due course whether you have achieved these objectives.

The objectives of the review scheme are corporate as well as individual. If you have any suggestions arising from the review process, please make a note of them here. Ideas are the lifeblood of the college.

(7) Suggestions

Remember that this form is confidential to you and your reviewer. It is intended to provide some of the basis for discussion at your review meeting and it provides an opportunity to put forward your own ideas in the expectation of eliciting a well considered response.

Action plan

This form will be the only permanent record of the review meeting. It is important that the information it contains is correct and representative of the combined views of your reviewer and yourself. You should sign the final document and ask for a photocopy for your future reference.

Current objectives

You should agree on a limited number of challenging but achievable objectives for the future. Some, but not necessarily all of these, should be realizable before the next review meeting. You are jointly responsible for deciding on realistic goals and the action plan by which they are to be achieved e.g.:

- current objectives- *to learn to produce and use multimedia teaching aids*

    - Success criteria- *have learned to produce, and currently use, multimedia/teaching aids*

- action required- *attend short course on production and use of multimedia teaching aids; acquire slide projector for department.*

Other notes

Occasionally there may be an advantage in setting out special factors or opinions that are not already reflected. If necessary, attach additional sheets and indicate on the form that this has been done.

Notification of completion of review

This form is completed by the head of department, detached and sent to the vice-principal so that appropriate faculty development activities can be planned.

2.2   Personal review proforma

Please complete this fully and give to your reviewer three weeks before the review meeting. Retain a copy for yourself.

Reviewee...Reviewer..

Post and department..

Period Covered...

Tick the appropriate box

(1) Progress towards achieving past objectives

All the objectives were achieved ☐

Most of the objectives were achieved ☐

Some of the objectives were achieved ☐

None of the objectives were achieved ☐

No previously agreed objectives ☐

(2) Teaching activities (qualitative)

I was satisfied with my teaching ☐

I was fairly satisfied with my teaching ☐

There is room for improvement ☐

I need help to improve my teaching ☐

(3) Teaching activities (quantitative)

Scheduled class contact:

on lectures leading to first professional ☐ hours

on lectures leading to second professional ☐ hours

on lectures leading to final professional ☐ hours

on laboratory or other small group teaching ☐ hours

on clinical teaching ☐ hours

on supervising independent study ☐ hours

Community visits ☐ hours

Other (please specify) ☐ hours

Is the environment supportive for teaching? Yes or No. If No, given reasons.

(4) Research activities (where applicable)

The number of papers published during the period was ....

Is the environment supportive for research? Yes or No. If, No, given reasons

....

The number of research students being supervised was

....

(5) Wider activities   *Yes*   *No*

State your involvement in institutional, national and international committees

Number of continuing medical education (CME) programmes attended within the last one year

(6) Objectives for the coming year

Personal objectives e.g. I wish to learn how to run an OSCE

Objectives relating to the MBBS course e.g. I wish to introduce an OSCE at the end of each course in the Department

(7) Any other comment or observation

....

....

....

....

....

2.3 Action plan

Please discuss the action plan and get the agreement of your reviewer and complete it within two weeks of the review meeting. It will be retained at departmental level.

Reviewee....................................... Reviewer...

Post and department...

Period covered..

Please set out under separate headings:

(Please refer to the Guidance Notes)

(1)   Current objectives and their success criteria

(2)   Specific actions required

(3)   Other notes, as appropriate

....

Signatures:

.... Date:.....................
Reviewee   Reviewer

2.4 Notification of completion of review

This form must be detached and sent to the vice-principal by the head of the department.

Deaprtment: ....Reviewee: ....

Reviewer:.....................................
          Head of the Department

Date of Review Meeting: ....../........./............/

Date action plan agreed and signed: ..../............/.............../

Follow-up action

- Is there any development need for the reviewee which might be met through the college's faculty development programme ?

- Are there any general comments arising from your meeting (e.g. regarding the Faculty Development and review Scheme or other college matters) ?

_____

Signatures:

....   Date:.......................
Reviewee   Reviewer

Quality Assurance in medical education is defined as a mechanism to maintain and improve the quality and standards of teaching and learning to guarantee that the set standards are met by the institutions.

A teaching and learning exercise through a quality educational process contributes to better learning and thereby improved competencies among medical graduates. Institutes with a quality assurance mechanism are always in a better position to defend their graduates and training programmes.

In order to meet the present challenges of acquiring the standards of quality in undergraduate medical education, an expert group meeting of senior experts in this field was organized by HRH, WHO/SEARO. The experts reviewed the existing curriculum implementation process in countries of the Region and developed regional guidelines and instruments for ensuring quality in medical education.

It is expected that the guidelines, if followed, will help standardize the teaching in medical schools while ensuring the quality of teaching learning process in regional institutions.

SEA-HSD-335