

**Indonesian Accreditation Agency
for Higher Education in Health
(IAAHEH)**



**HANDBOOK FOR PHARMACY
SCHOOLS**

**UNDERGRADUATE PHARMACY EDUCATION
PROGRAM ACCREDITATION**

FOREWORD

Thanks to the God who has given the strength, so the writers were able to finish the handbook for Study Program, entitled: “IAAHEH Accreditation Handbook for Pharmacy Program”. The purpose in writing this handbook is to assist pharmacy programs that willing to be are accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) located in Jakarta, Indonesia.

The handbook was arranged to be simple and easy to read, so every manager or faculty member of the pharmacy school will easily understand but still, with the information that leads to having a better accreditation experience.

Asia Pacific Quality Register (APQR) standards for quality improvement in basic pharmacy education and used as one of the main references for this book to maintain its international standard for pharmacy school as the IAAHEH has been recognized by APQR since 2018 and is allowed to accredit pharmacy program outside its jurisdiction. It consists of steps of accreditation process from registration to appeal.

This book is written by a team of pharmacy education experts who come from several big universities and practitioners. I thank them for their hardworking in writing and finishing the book. I believe, the expectation of the writers that by reading this handbook will provide positive motivation for the pharmacy program to prepare a better accreditation process would be achieved.

Jakarta, July 4th, 2023

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The Chairman of IAAHEH.

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Chapter 1. Accreditation Criteria

Criteria 1. Mission and Values

Stating the mission: The school has a public statement that sets out its values, priorities, and goals.

The faculty/college/school has a public statement that sets out its values, priorities, and goals.

The school has a systematic process of planning, implementation, and monitoring to support the achievement and advancement of its mission and values. Strategic planning involves input from the stakeholders of the faculty/college/school. Administrators identify and allocate the necessary resources to implement and achieve desired improvements.

Key Questions:		Criteria for Compliance	
1.1.1	How is the mission statement specially tailored to the faculty/college/school?	1.1.1.1	How did the faculty/college/school formulate its mission statement?
		1.1.1.2	How is the mission statement identified?
		1.1.1.3	How are health problems considered at the national and local level?
		1.1.1.4	What is the scientific approach in the mission statement formulation?
		1.1.1.5	What is the association of the mission of the university with the mission of the faculty/college/school?
		1.1.1.6	How are the relevance mission statements with output and outcome of the program?
1.1.2	Which interest groups were involved in its development and why?	1.1.2.1	What are the mechanisms to identify the internal and external interest groups in the mission formulation?
		1.1.2.2	What are the procedures for the engagement of these interest groups?
		1.1.2.3	How is each interest group determined? What is the judgement of their contribution and their reciprocal benefits?
1.1.3	How does the mission statement address the role of the pharmacy school in the community?	1.1.3.1	How does the mission statement mandate the school to be involved in improving the health status of the community?
		1.1.3.2	How does the pharmacy school collaborate with the healthcare services, local governments, hospitals, and communities to execute the pharmacy school's role?
1.1.4	How is it used for planning, quality assurance, and management in the faculty/college/school?	1.1.4.1	How is the mission statement translated into the faculty/college/school program and activities during the planning process?
		1.1.4.2	How are the planned program and activities implemented?
		1.1.4.3	How does the organizational structure conform with the managerial functions to achieve its mission?
		1.1.4.4	How is the internal quality assurance system developed based on its mission?
		1.1.4.5	How is monitoring and evaluation tracking the progress of achieving the mission?

		1.1.4.6	How to ensure the follow up action is completed?
		1.1.4.7	Has the organization's mission been regularly evaluated and updated, and when was the most recent evaluation conducted and the mission updated?
1.1.5	How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?	1.1.5.1	How does the faculty/college/school translate the relevant national regulations and standards into its own regulations and standards concordantly?
		1.1.5.2	How does the faculty/college/school consider the local circumstances and uniqueness in implementing the national regulations and standards?
		1.1.5.3	Do the faculty/college/school standards align with the mission of university?
1.1.6	How is it publicized?	1.1.6.1	How does the faculty/college/school use media for publication of its mission and programs?
		1.1.6.2	What are other programs or events that the faculty/college/school used to disseminate its mission and program?
		1.1.6.3	Who are involved in the programs?

Supporting documents may include, but not limited, to the following:

- 1) Minutes of meeting notes when formulating the vision and mission of the school derived from the faculty and university. The vision and mission include the role of the school in improving the community's health status.
- 2) List of attendance: students, faculty members, academic and administrative staff, alumni, stakeholders (employee)
- 3) Media use for publication of vision, mission, aim and strategy.

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes: The faculty/college/school has defined the learning outcomes that students should have achieved by graduation, as well as the intended learning outcomes for each part of the course.

Key Questions:		Criteria for Compliance	
2.1.1	How were the intended outcomes for the course as a whole and for each part of the course designed and developed?	2.1.1.1	How does the faculty/college/school use its mission and priority health problems in the formulation of intended graduate outcomes?
		2.1.1.2	How are the course outcomes consistently derived from the intended graduate outcomes?
2.1.2	Which stakeholders were involved in their development?	2.1.2.1	Who are the internal and external stakeholders involved in the curriculum development?
		2.1.2.2	What are the procedures to involve internal and external stakeholders in developing curriculum?
		2.1.2.3	How are the views of different stakeholders managed and considered?
2.1.3	How do they relate to the intended career roles of graduates in society?	2.1.3.1	What is the association of the intended graduate outcomes with the intended career roles of graduates in society.
		2.1.3.2	How does the faculty/college/school trace their graduates?

2.1.4	What makes the chosen outcomes appropriate to the social context of the faculty/college/school?	2.1.4.1	How do the intended graduate outcomes associate with the priority health problems in the faculty/college/school catchment areas?
		2.1.4.2	How does the faculty/college/school select appropriate methods of needs analysis in line with available resources?

2.2 Curriculum Organisation and Structure: The faculty/college/school has documented the overall organization of the curriculum, including the principles underlying the curriculum model employed and the relationships among the component disciplines.

Key Questions:		Criteria for Compliance	
2.2.1	What are the principles behind the faculty/college/school curriculum design?	2.2.1.1	How does the faculty/college/school select the principles that are used for curriculum design (I.e., social reconstructionism, essentialism, existentialism, progressivism, etc.)?
		2.2.1.2	Are the principles appropriate to the faculty/college/school mission, intended graduate outcomes, resources, and context of the faculty/college/school?
2.2.2	What is the relationship between the different disciplines of study that the curriculum encompasses?	2.2.2.1	What are the criteria identified by the faculty/college/school for the content of the curriculum to be relevance, importance and prioritize?
		2.2.2.2	How does the faculty/college/school determine the scope of the content in term of the breadth and depth of coverage and concentration?
		2.2.2.3	How does the faculty/college/school decide the sequence, i.e., hierarchy, and progression of complexity or difficulty?
2.2.3	How were the model of curriculum organization chosen? To what extent was the model constrained by local regulatory requirements?	2.2.3.1	How does the faculty/college/school choose a particular model of curriculum based on sound and scientific judgment?
		2.2.3.2	Does the faculty/college/school take into consideration the local resources and the existing regulatory framework?
2.2.4	How does the curriculum design support the mission of the faculty/college/school?	2.2.4.1	What is the approach of the curriculum design?
		2.2.4.2	How the curriculum design aligned with the faculty/college/school mission?

2.3 Curriculum Content: a) The faculty/college/school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent pharmacists and for their subsequent further training. b) Content in at least three principal domains is

described: pharmaceutical sciences, clinical sciences, and social, behavioural and administration.

Key Questions:		Criteria for Compliance	
2.3.1	Who is responsible for determining the content of the curriculum?	2.3.1.1	How does the faculty/college/school establish a committee/ unit/ team responsible for determining the content of the curriculum?
		2.3.1.2	How are departments involved in formulating the curriculum content?
		2.3.1.3	How are internal and external stakeholders involved in formulating the curriculum content?
2.3.2	How is curriculum content determined?	2.3.2.1	What principles or methodologies are used to identify the curriculum content?
		2.3.2.2	What references at international, national, and local level are used to determine the curriculum content?
2.3.3	How are biomedical sciences and technology elements selected and allocated in the curriculum?	2.3.3.1	How does the faculty/college/school identify the biomedical sciences (i.e. : cell and molecular biology, anatomy, physiology, pharmacology and genetics), that are relevant with the graduate learning outcomes?
		2.3.3.2	How does the faculty/college/school decide content of the biomedical sciences and time allocation?
2.3.4	How are pharmaceutical sciences and technology elements selected and allocated in the curriculum?	2.3.4.1	How does the school identify the pharmaceutical sciences and technology (i.e. : drug discovery and design, dosage form, drug delivery, drug action, drug analysis, pharmaceutical chemistry and pharmacy devices) that are relevant with the graduate learning outcomes?
		2.3.4.2	How does the faculty/college/school decide content of the pharmaceutical sciences and technology time allocation?
2.3.5	How are clinical sciences elements selected and allocated in the curriculum?	2.3.5.1	What content of clinical disciplines (i.e: pharmacotherapy, pharmaceutical care, evidence-based medication, drug information, therapeutic drug monitoring) is included in the curriculum that are in line with graduate learning outcomes?
		2.3.5.2	How does the faculty/college/school decide content of the clinical sciences and time allocation?
2.3.6	How are social, behavioural and administration elements selected and allocated in the curriculum?	2.3.6.1	How social, behavioural and administration are included in the curriculum (i.e : pharmacy administration, managed care pharmacy, pharmacy law, ethics and health promotions and disease prevention) which are in line with the graduate learning outcome?
		2.3.6.2	How do you decide the choices and time allocation for the behavioural and social content?
2.3.7	How does the faculty/college/school modify curriculum content related to advances in knowledge?	2.3.7.1	How do you evaluate your curriculum content?
		2.3.7.2	How do you involve your internal and external stakeholders in curriculum evaluation?
		2.3.7.3	How do you use the result of your evaluation to modify your curriculum content in relations to the advancements in knowledge?

2.3.8	How are principles of scientific methods research addressed in the curriculum?	2.3.8.1	How do you address the principle scientific methods research in the curriculum?
		2.3.8.2	Who decides how these are addressed in the curriculum?
		2.3.8.3	Who delivers these contents?
2.3.9	Which fields (if any) are elective? How are elective fields decided?	2.3.9.1	How do you decide which fields or disciplines are included in the elective courses?
2.3.10	The programme provides opportunities for interprofessional education and activities	2.3.10.1	How does the faculty/college/school provide the students the opportunities for interprofessional education and activities?
2.3.11	Educational content appropriately and adequately addresses traditional, contemporary, and future practice	2.3.11.1	How does the faculty/college/school appropriately and adequately address traditional, contemporary, and future practice in education?

Note: Curriculum of pharmacy program must cover basic scientific method and basic science (10%), biomedical science (20%), pharmaceutical science and pharmaceutical industry (20%), clinical science, social, and administration (20%)

2.4 Educational methods and experiences: The faculty/college/school employs a range of educational methods and experiences to ensure that students achieve the intended outcomes of the curriculum.

Key Questions:		Criteria for Compliance	
2.4.1	What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?	2.4.1.1	What principles are used in selecting educational methods and experiences?
		2.4.1.2	How are these principles formulated?
		2.4.1.3	How do internal and external stakeholders are involved including experts in educational psychology?
2.4.2	According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?	2.4.2.1	How do you distribute the chosen educational methods and experiences distributed throughout the curriculum?
		2.4.2.2	What principles are adopted for these purposes?
2.4.3	In what ways are the educational methods and experiences provided for students appropriate to the local context, resources, and culture?	2.4.3.1	How the educational methods and experiences provided for students are appropriate to the local context, resources, and culture?

Supporting documents may include, but not limited, to the following:

- 1) Minutes of curriculum committee's meeting on formulating the intended graduate's outcomes of each course (including knowledge, skills, and behaviours) based on school's vision and missions. The outcomes can be measured using appropriate assessment.
- 2) Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.

- 3) List of hospital, pharmacy, pharmaceutical company, drug distributors for student's placement.
- 4) Minutes of curriculum committee's meeting on educational methods.

Criteria 3. Assessment

The faculty/college/school has a policy that describes its assessment practices.

- a) It has a centralized system for ensuring that the policy is realized through multiple, coordinated assessments that are aligned with its curriculum outcomes.
- b) The policy is shared with all stakeholders.

3.1 Assessment Policy and System:

Key Questions:		Criteria for Compliance	
3.1.1	Which assessments does the faculty/college/school use for each of the specified educational outcomes?	3.1.1.1	Which assessment method to apply for each of the specified educational outcomes?
		3.1.1.2	How do you ensure that these assessment methods meet the validity, reliability, and educational impact criteria?
3.1.2	How are decisions made regarding the number and timing of assessments, as well as their integration and coordination across the range of educational outcomes and the curriculum?	3.1.2.1	How do you decide the number of assessments and the timing to ensure the achievement of graduate educational outcomes as well as the course learning outcomes?
		3.1.2.2	Who takes the decision about the number of assessments and their timing?
		3.1.2.3	How do you ensure that staff and students are well informed?
		3.1.2.4	How are the integration and coordination of assessments across the educational outcomes and the curriculum?
		3.1.2.5	How do you develop assessment blueprint at program level and how do you evaluate it?
		3.1.2.6	How do you develop assessment blueprints at across levels and how do you evaluate them?

- 3.2 Assessment in Support of Learning:** a) The faculty/college/school has in place a system of assessment that regularly offers students actionable feedback that identifies their strengths and weaknesses and helps them to consolidate their learning. b) These formative assessments are tied to educational interventions that ensure that all students have the opportunity to achieve their potential.

Key Questions:		Criteria for Compliance	
3.2.1	How are students assessed to support their learning?	3.2.1.1	How do you give feedback for students based on the result of the assessments across the curriculum?
3.2.2	How are students assessed to determine those who need additional help?	3.2.2.1	How do you decide which students need additional help based on their assessment across the curriculum?

3.2.3	What systems of support are offered to those students with identified needs?	3.2.3.1	How do you support the students with the identified needs?
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3.3 Assessment in Support of Decision-Making: a) The faculty/college/school has in place a system of assessment that informs decisions on progression and graduation. b) These summative assessments are appropriate to measuring course outcomes. c) Assessments are well-designed, producing reliable and valid scores.

Key Questions:		Criteria for Compliance	
3.3.1	How are blueprints (plans for content) developed for examinations?	3.3.1.1	How do you develop blueprint examination?
		3.3.1.2	Who develops blueprint examination?
3.3.2	How are standards (pass marks) set on summative assessments?	3.3.2.1	How do you apply the standard setting procedures to establish passing mark summative assessments?
		3.3.2.2	How do you make decisions on progression and graduation in all educational levels across all expected learning outcomes?
		3.3.2.3	Who makes decisions on progression and graduation in all educational levels across all expected learning outcomes?
3.3.3	What appeal mechanisms regarding assessment results are in place for students?	3.3.3.1	How is the policy/system regarding appeal mechanism for the assessment results?
		3.3.3.2	How do you ensure that the students are well informed about the appeal mechanisms?
		3.3.3.3	Who is involved in implementing these appeal mechanisms?
		3.3.3.4	What happens if there are disputes between the students and the faculty/college/school?
3.3.4	What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?	3.3.4.1	How do you ensure the validity and reliability of the assessment program?
		3.3.4.2	How do you communicate your content, style, and quality of assessments to your student and other stakeholders?
3.3.5	How are assessments used to guide and determine student progression between successive stages of the course?	3.3.5.1	How do you decide student progression between successive stages of the course?
		3.3.5.2	How do you use assessment results to guide and determine student progression across the program?
		3.3.5.3	How do you provide feedback to students regarding their progression across the program?

3.4 Quality control: a) The faculty/college/school has mechanisms in place to ensure the quality of its assessments. b) Assessment data are used to improve the performance of academic staff, courses, and the school.

Key Questions:		Criteria for Compliance	
3.4.1	Who is responsible for planning and implementing	3.4.1.1	How do you plan and implement the quality assurance system for your assessments system?

	a quality assurance system for assessment?	3.4.1.2	Who is involved in the planning and implementation of quality insurance system for your assessments?
3.4.2	What quality assurance steps are planned and implemented?	3.4.2.1	How are the quality assurance steps planned and implemented?
3.4.3	How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders (alumni, employer, partners)?	3.4.3.1	How do you collect comments and experiences about your assessment system from students, teachers, and other stakeholders (alumni, employer, partners)?
		3.4.3.2	How do you ensure that those comments and experiences are trustworthy?
3.4.4	How are individual assessments analysed to ensure their quality?	3.4.4.1	How the procedure for the analysis of individual assessment to ensure their quality?
		3.4.4.2	Who is involved in developing and implementing these procedures?
3.4.5	How is data from assessments used to evaluate teaching and the curriculum in practice?	3.4.5.1	How do you use assessment results to evaluate the teaching and the curriculum in practice?
		3.4.5.2	Who is involved in this process?
3.4.6	How is the assessment system and individual assessments regularly reviewed and revised?	3.4.6.1	How are the procedure for reviewing and revising your assessment system in individual assessment?

Supporting documents may include, but not limited, to the following:

- 1) Standard operational procedure on assessment
- 2) Student's logbook, document of revision on teaching strategies: assessment as student's (evaluation and monitoring student's progress), teacher's feedback (teacher's teaching strategies), and stakeholder's feedback.
- 3) Procedures for remediation and counselling
- 4) Assessment blueprint
- 5) Procedure of appeal mechanism
- 6) Document of Quality Assurance system: planning and implementation

Criteria 4. Students

4.1 Selection and Admission Policy: The pharmacy school has a publicly available policy that sets out the aims, principles, criteria, and processes for the selection and admission of students.

Key Questions:		Criteria for Compliance	
4.1.1	How is alignment determined between the selection and admission policy, and the mission of the faculty/college/school?	4.1.1.1	How do you align your selection and admission policy to the mission of your faculty/college/school?
		4.1.1.2	Who is involved in developing the selection and admission policy?
		4.1.1.3	How do you ensure that the implementation of selection and admission policy are free from direct intervention from unauthorized parties?

4.1.2	How does the selection and admission policy fit with regulatory (accreditation) or government requirements?	4.1.2.1	How do you ensure that the selection and admission policy align with the requirements set by regulatory bodies or the government?
		4.1.2.2	What actions are taken if the condition does not meet the regulatory or government requirements?
4.1.3	How is the selection and admission policy tailored to the faculty/college/school?	4.1.3.1	How is the selection and admission policy are tailored to the faculty/college/school?
4.1.4	How is the selection and admission policy tailored to local and national workforce requirements?	4.1.4.1	How is the selection and admission policy tailored to local and national workforce requirements?
		4.1.4.2	Who are involved in this process?
4.1.5	How is the selection and admission policy designed to be fair and equitable, within the local context?	4.1.5.1	What are the procedures to design the selection and admission policy to be fair and equitable, within the local context?
		4.1.5.2	How are students from economically and socially disadvantaged background selected?
4.1.6	How is the selection and admission policy publicized?	4.1.6.1	How do you disseminate selection and admission policy to internal and external stakeholders?
4.1.7	How is the selection and admission system regularly reviewed and revised?	4.1.7.1	How are the procedures for regularly reviewing and revising the selection and admission system?
		4.1.7.2	Who are involved in these procedures?

4.2 Student Counselling and Support: The pharmacy school provides students with accessible and confidential academic, social, psychological, and financial support services, soft skills, as well as career guidance.

Key Questions:		Criteria for Compliance	
4.2.1	How are academic and personal support, as well as counselling services, tailored to meet the needs of students?	4.2.1.1	How is the faculty/college/school providing an appropriate package of support that meets the academic and spiritual needs of students, such as academic and career advisor, financial assistance/education financial management counselling, health and disability insurance, counselling/personal welfare program, student access to health care services, a student interest, and talent development, etc.?
4.2.2	How are these services recommended and	4.2.2.1	How is information on services made available to staff and students?

	communicated to students and staff?	4.2.2.2	How do you ensure that students and staff are aware of the availability of these student support services?
4.2.3	How do student organizations collaborate with the pharmacy school management to develop and implement these services?	4.2.3.1	How do you ensure that students and management of student organization are involved in developing and implementing these services?
4.2.4	How appropriate are these services both procedurally and culturally?	4.2.4.1	How do you ensure that student services meet the needs of the diversity of the student population, as well as meeting the needs of the local/national culture?
		4.2.4.2	Who is involved in the provision of student services that are culturally sensitive?
4.2.5	How is the feasibility of the services judged, in terms of human, financial, and physical resources?	4.2.5.1	How do you ensure that these services are feasible in terms of human, financial, and physical resources?
4.2.6	How are the services regularly reviewed with student representatives to ensure relevance, accessibility, and confidentiality?	4.2.6.1	What are the procedures to evaluate the effectiveness of these services through a range of methods, e/g surveys, complaints, representative groups?
		4.2.6.2	How appropriate changes are accommodated?
4.2.7	How are soft skills developed?	4.2.7.1	How is the development of soft skills carried out?
		4.2.7.2	How to ensure student involvement in soft skills development?
4.2.8	How to provide the event of career guidance and development?	4.2.8.1	Who is responsible for career development?
		4.2.8.2	What's activities developed for career guidance and development?
4.2.9	How to evaluate achievement of the student counselling and support?	4.2.9.1	How effective the student counselling and supports to improve student achievement?
4.2.10	Is orientation to technology provided, and technological support available to students?	4.2.10.1	How is student-centered technology incorporated throughout the pharmacy program across all program options and locations? This includes the use of technology in the pharmacy courses' didactic component (such as the learning management system), the laboratory/simulation laboratory component, and the clinical/practicum component (such as the electronic record).
		4.2.10.2	Is technology support provided to students at each location, and if so, what kind of support is offered, how can students access it, and what are the available hours for support?

Supporting documents may include, but not limited, to the following:

- 1) Regulation on selection and admission policy schools: alignment with mission and accreditation/requirements, publicity, review, and revise.
- 2) Policy, regulation, and procedures on student support.
- 3) Policy, regulation, and procedures on student counselling.
- 4) Supporting human resources, facilities and financial for student supports system.

- 5) Monitoring and evaluation of student support system implementation.

Criteria 5. Academic Staff

5.1 Academic Staff Establishment Policy: The faculty/college/school has the number and range of qualified academic staff required to put the school's curriculum into practice, given the number of students and style of teaching and learning.

Key Questions:		Criteria for Compliance	
5.1.1	How did the faculty/college/school arrive at the required number and characteristics of their academic staff?	5.1.1.1	How do you calculate the required number and characteristics of your academic staff?
		5.1.1.2	What are your considerations in deciding the number and characteristics of your academic staff?
		5.1.1.3	How do you monitor and review the workload of your academic staffs?
5.1.2	How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?	5.1.2.1	How do you ensure there is an alignment between number and characteristics of your academic staff with the design, delivery, and quality assurance of the curriculum?
		5.1.2.2	How do you do human resource planning to ensure staffing adequacy with the development of your faculty/college/school?
5.1.3	How do the number and characteristics of the academic staff align with the road map and quality of research?	5.1.3.1	How do you ensure there is an alignment between number and characteristics of academic staff with road map of research?
		5.1.3.2	How do you develop programs to improve research?
		5.1.3.3	How do you ensure that research of the academic staff have high impact and relevance with programs?
5.1.4	Who administers the pharmacy education unit and what are the qualifications of the administrator?	5.1.4.1	How does the administrator of the pharmacy education unit have a strong pharmacy background?
		5.1.4.2	What is the educational background of the head school of pharmacy?

5.2 Academic Staff Performance and Conduct: The faculty/college/school has specified and communicated its expectations for the performance and conduct of academic staff.

Key Questions:		Criteria for Compliance	
5.2.1	What information does the school provide for new and existing academic staff and how is this provided?	5.2.1.1	How do you disseminate information on responsibilities of academic staff for teaching, research, and services for the new and exciting academic staff?
		5.2.1.2	How do you disseminate the expectations of performance and codes of conduct to the new and existing academic staff?
5.2.2	How did the policies of faculty/college/school	5.2.2.1	How did the policies for academic staff can sustain their welfare?

	pharmacy to provide the welfare of faculty and staff, and are consistent with those of the governing organization?	5.2.2.2	How did the policies are in place to provide for the welfare of academic staff?
5.2.3	What induction training does the faculty/college/school provide for academic staff?	5.2.3.1	How does the faculty/college/school conduct the induction training for new academic staff?
		5.2.3.2	How does the faculty/college/school arrange induction programs for academic staff?
		5.2.3.3	What are the contents of the induction programs?
		5.2.3.4	How does the training and development plan reflect the university and study program's mission and objectives?
		5.2.3.5	How does the faculty/college/school evaluate and review its training programs?
5.2.4	How does the school prepare academic staff and preceptors in community pharmacy, hospital, pharmaceutical industry, and other settings to enact the proposed curriculum?	5.2.4.1	How does the faculty/college/school prepare the academic staff and preceptors in community, hospital, pharmaceutical industry, and other settings to deliver the proposed curriculum?
		5.2.4.2	How does the faculty/college/school ensure sufficient number of academic staffs and preceptors in community pharmacy, hospital, pharmaceutical industry, and other settings are ready to implement the purpose curriculum?
5.2.5	Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?	5.2.5.1	What are the procedures for academic staff performance appraisal?
		5.2.5.2	Who is responsible for carrying out these procedures?
		5.2.5.3	What are the policies and procedures for monitoring and reviewing the academic staff performance and conduct?
		5.2.5.4	What are the policies and procedures for retention, promotion, granting rewards, retraction, demotion, and dismissal for the staff?
		5.2.5.5	Are the policies and procedures clearly understood?
		5.2.5.6	How could the staff get regular and sufficient information related to their responsibilities, benefits, and remuneration?
		5.2.5.7	What are the policies and procedures for feedback provision to the academic staff performance and progress toward retaining, promotion, granting rewards and tenure?

5.3 Continuing Professional Development for Academic Staff: The faculty/college/school implements a stated policy on the continuing professional development of its academic staff.

Key Questions:	Criteria for Compliance
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5.3.1	What information does the school give to new and existing academic staff members on its facilitation or provision of continuing professional development?	5.3.1.1	What is the school plan for continuing professional development program and career pathway for the academic staff?
		5.3.1.2	How is the plan socialized to the academic staff?
		5.3.1.3	What are the considerations for the development program and career pathway?
		5.3.1.4	What is the development program for the tenure academic staff?
		5.3.1.5	Who is involved in the development program of the junior/new academic staff?
		5.3.1.6	How does the school review and evaluate the program?
		5.3.1.7	What are the aspects that are considered in the development program?
		5.3.1.8	How does the school support and accommodate the professional development of the academic staff?
5.3.2	How does the faculty/college/school take administrative responsibility for the implementation of the staff's continuing professional development policy?	5.3.2.1	How does the faculty/college/school monitor, evaluate and review the continuing professional development program of the academic staff?
		5.3.2.2	How could the faculty/college/school appraise and reward the academic staff related to their continuing professional development?
5.3.3	What protected funds and time does the faculty/college/school provide to support its academic staff in their continuing professional development?	5.3.3.1	How could the faculty/college/school support its academic staff in their continuing professional development?
		5.3.3.2	What are the policies for this?
		5.3.3.3	How could the academic staff understand the policy and procedure clearly?

Supporting documents may include, but not limited, to the following:

- 1) Manpower plan (CY =current year)
- 2) Minutes of meetings and list of attendance during development of manpower plan
- 3) Mapping of discipline of the curriculum
- 4) Form for monitoring and evaluation of academic staff performance, sampled a filled in form from several academic staffs.
- 5) Induction training program report
- 6) Reports of the training programs for new and existing academic staff members.
- 7) Research roadmap, number and quality of output and outcome of research
- 8) Summary of the professional development of the academic staff

Criteria 6. Educational Resources

6.1 Physical Facilities for Education and Training: The faculty/college/school has sufficient physical facilities to ensure that the curriculum is delivered adequately.

Key Questions:	Criteria for Compliance
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6.1.1	How does the faculty/college/school determine the adequacy of the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum?	6.1.1.1	How do you ensure that the physical infrastructure (space and equipment) provided for the theoretical and practical learning specified in the curriculum are adequate – including for people with special needs – including for people with special needs?
		6.1.1.2	How do you ensure that the laboratory and equipment are up to date, in good condition, readily available, and effectively deployed?
		6.1.1.3	How do you ensure that digital and physical libraries resources are sufficient, up to date, well-maintained and readily accessible?
		6.1.1.4	How do you ensure that the student safety and security systems are in place at all locations?
6.1.2	Is it appropriate or necessary to supplement or replace classroom teaching by distance or distributed learning methods? If so, how does the school ensure that these offer a commensurate level of education and training?	6.1.2.1	How do you decide whether distance or distributed learning methods are necessary to replace or supplement classroom teaching?
		6.1.2.2	How do you ensure that once you decide to employ distance learning for the classroom teaching you are able to offer a commensurate level of education and training?

6.2 Teaching Learning Internship Resources: The faculty/college/school pharmacy has appropriate and sufficient resources to ensure that students receive the required internship training.

Key Questions:		Criteria for Compliance	
6.2.1	What range of opportunities are required and provided for students to learn skills in pharmacy practice clinical skills?	6.2.1.1	What opportunities are provided for students to learn skills in community pharmacy, hospital, pharmaceutical industry, and other settings?
		6.2.1.2	How do you ensure that all students have equal access to learning opportunities for community pharmacy, hospital, pharmaceutical industry, and other settings skills on campus and outside campus?
		6.2.1.3	How do you ensure that the facilities and infrastructure for learning community pharmacy, hospital, pharmaceutical industry and other settings skills are well maintained and up to date?
6.2.2	What use is made of skills laboratories, and simulated patients, and of actual	6.2.2.1	How do you utilize skills laboratories, simulated and actual pharmacy practice settings simulated patients and actual patients for learning clinical skills?

	patient's pharmacy practice setting in this regard?	6.2.2.2	How do you ensure that the skills laboratories, simulated and actual pharmacy practice settings simulated patients and actual patients support the acquisition of students' clinical skills?
		6.2.2.3	What clinical skills are learnt using skills laboratories, simulated and actual pharmacy practice settings simulated patients and actual patients?
6.2.3	What is the basis of the policy on the use of simulated and actual pharmacy practice settings simulated and actual patients?	6.2.3.1	What policies are used as the basis for the use of simulated and actual pharmacy practice settings simulated and actual patients?
		6.2.3.2	How have these policies been developed?
		6.2.3.3	Who is involved in the development of these policies?
6.2.4	How does the faculty/college/school ensure that students have adequate access to pharmacy practice facilities?	6.2.4.1	What pharmacy practice facilities can be utilized by students for clerkships?
		6.2.4.2	How do you ensure that your faculty/college/school has guaranteed and sustained access for these facilities?
		6.2.4.3	How do you organize the students' access to the facilities to support the achievement of intended learning outcomes?
		6.2.4.4	How do you monitor and evaluate these facilities?
6.2.5	How does the school faculty/college/school engage preceptors in the required range in pharmacy practice settings?	6.2.5.1	How do you recruit preceptors in the required range in pharmacy practice settings?
		6.2.5.2	How do you ensure that preceptors understand their roles and responsibilities in relation to students learning in practice settings?
		6.2.5.3	How do you maintain engagement with preceptors?
6.2.6	How does the faculty/college/school ensure consistency of curriculum delivery in pharmacy practice settings?	6.2.6.1	How do you ensure that all preceptors understand the faculty/college/school curriculum?
		6.2.6.2	How do you organize your curriculum delivery in pharmacy practice settings to achieve consistency?
		6.2.6.3	How do you ensure that the curriculum delivery in pharmacy practice settings is effective?

6.3 Information Resources: The faculty/college/school provides adequate access to virtual and physical information resources to support the school's mission and curriculum.

Key Questions:		Criteria for Compliance	
6.3.1	What information sources and resources are required by students, academics, and researchers?	6.3.1.1	How do you identify the needs of information sources and resources for students, academics, and researchers?
		6.3.1.2	How do you ensure that the information sources and resources are up to date and well maintained?
6.3.2	How are these provided?	6.3.2.1	How do you provide information sources and resources required by students, academics, and researchers?

6.3.3	How is their adequacy evaluated?	6.3.3.1	How do you monitor and evaluate information sources and resources that serve the needs of the students, academics, and researchers?
		6.3.3.2	How do you improve, update, and renew the information sources and resources?
6.3.4	How does the faculty/college/school ensure that all students and academic staff have access to the needed information?	6.3.4.1	How students and academic staff get access to the needed information?

6.4 Financial Resources: Financial resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

Key Questions:		Criteria for Compliance	
6.4.1	How do the faculty/collage/school employed strategies to secure sustainable funding resources for education programs?	6.4.1.1	What strategies do schools employ to ensure sufficient and sustainable financial resources to support programs at all locations and for all delivery methods?
		6.4.1.2	How sufficient are the total budget for pharmacy programs and unit management?

Supporting documents may include, but not limited, to the following:

- 1) List of physical infrastructure
- 2) List of other learning supporting systems. Learning Management System, Internet speed
- 3) List of academic hospital network and teaching clinics
- 4) List of facilities in the academic hospitals and Teaching Clinics (discussion rooms, room for night shift, library, etc.)
- 5) List of mannequins available for clinical skill training of the students
- 6) List of training and its reports of the preceptors
- 7) List of databases of available journals
- 8) Forms for evaluation and feedback from students and academic staff and administration for available information resources
- 9) Facilities to access information resources
- 10) Data on the results of satisfaction surveys for the services provided by the management to all stakeholders (students, faculty, staff, associates, and employer of the alumni).
- 11) Data on the results of satisfaction surveys for adequateness, quality and access to physical facilities and equipment and information resources for education and clinical training.

Criteria 7. Quality Assurance

7.1 The Quality Assurance System: The faculty/college/school has implemented a quality assurance system that addresses the educational, administrative, and research components of the school's work.

Key Questions:		Criteria for Compliance	
7.1.1	How are the purposes and methods of quality	7.1.1.1	How are the methods used in internal quality assurance system which includes the PDCA cycle?

	assurance and subsequent action in the faculty/college/school defined and described, and made publicly available?	7.1.1.2	How are the needs and expectations of interested parties identified?
		7.1.1.3	How has the internal quality assurance system been established, implemented, maintained, and continuously improved?
		7.1.1.4	What are the processes required for the quality management system and their application throughout the organization?
		7.1.1.5	How the faculty/college/school determines the sequence and interaction of these processes?
		7.1.1.6	How does the faculty/college/school determine and apply the criteria and methods (including monitoring, measurement, and related performance indicators) necessary to ensure the effective operation and control of these processes?
		7.1.1.7	How does the school determine the resources required for this process and ensure their availability?
		7.1.1.8	How does the school assigns responsibilities and authorities for these processes?
		7.1.1.9	How does the faculty/college/school addresses risks and opportunities?
		7.1.1.10	How does the school evaluate these processes and implement any necessary changes to ensure that these processes achieve the desired result?
		7.1.1.11	How the faculty/college/school provides and disseminates information to the public?
7.1.2	How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?	7.1.2.1	How does the board of management assigns responsibility and authority to ensure that the quality management system complies with the requirements of standards that are used?
		7.1.2.2	How does the board of management ensure that reporting on the performance of the quality management system and opportunities for improvement have been established?
		7.1.2.3	How does board management ensure that the integrity of the quality management system is maintained? What changes occur when the quality management system is planned and implemented?
		7.1.2.4	How does the board of management provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes?
7.1.3	How are resources allocated to quality assurance?	7.1.3.1	How does the school identify resources needed for the implementation, maintenance, and continuous improvement of the quality assurance system?
		7.1.3.2	How does the school justify that the allocated resources are sufficient?

7.1.4	How has the faculty/college/school involved external stakeholders?	7.1.4.1	How does the school justify that the allocated resources are sufficient?
7.1.5	How is the quality assurance system used to update the faculty/college/school educational design and activities and hence ensure continuous renewal?	7.1.5.1	How does the faculty/college/school utilize the results of the quality assurance system to identify, review and control changes made during, or after, the design and development of educational programs?
		7.1.5.2	How does the faculty/college/school evaluate the performance and effectiveness of the education program?
		7.1.5.3	How does the faculty/college/school identify and select opportunities for improvement and implement any necessary actions to meet stakeholder needs and to increase stakeholder satisfaction?

Supporting documents may include, but not limited, to the following:

- 1) Organization chart of the internal quality assurance system.
- 2) Documents of quality assurance of the pharmacy school and quality standard
- 3) Reports on the internal quality audit.
- 4) Resources allocated to quality assurance.
- 5) Minutes of meeting and report of the involvement of the external stakeholders in the quality management system.
- 6) Follow up documents on the quality assurance feedback for continuous quality improvement.

Criteria 8. Governance and Administration

8.1 Governance: The faculty/college/school has a defined governance structure in relation to teaching, learning, research, and resource allocation, which is transparent and accessible to all stakeholders, aligns with the faculty/college/school mission and functions, and ensures stability of the faculty/college/school.

Key Questions:		Criteria for Compliance	
8.1.1	How and by which bodies are decisions made about the functioning of the institution?	8.1.1.1	Which bodies are responsible for decisions made related to the functioning of the faculty/college/school?
		8.1.1.2	How do the faculty/college/school bodies make decisions on the functioning of the faculty/college/school?
8.1.2	By what processes and committee structures are teaching, learning, and research governed in the institution?	8.1.2.1	How are the teaching-learning and research activities governed by the faculty/college/school?
		8.1.2.2	Which structures are responsible for managing teaching-learning and research activities?
8.1.3	How is the budget aligned with the mission of the faculty/college/school?	8.1.3.1	How is the budget allocation aligned with the mission of the faculty/college/school?
8.1.4	What governance arrangements are there to review the performance of the faculty/college/school?	8.1.4.1	Which body is responsible for reviewing the performance of the faculty/college/school?
8.1.5	How are risks identified and mitigated?	8.1.5.1	How does the faculty/college/school identify and mitigate risks which may occur during teaching-learning, research, and budget allocation?

8.2 Student and academic staff representation: The school has policies and procedures for involving or consulting students and academic staff in key aspects of the school's management and educational activities and processes.

Key Questions:		Criteria for Compliance	
8.2.1	To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?	8.2.1.1	How are the students and academic staff involved in school decision-making and functioning?

8.3 Administration: The school faculty/college/school has appropriate and sufficient administrative support to achieve its goals in teaching, learning, and research

Key Questions:		Criteria for Compliance	
8.3.1	How does the administrative structure support the functioning of the institution?	8.3.1.1	How does the faculty/college/school design the administrative structure?
		8.3.1.2	What are the roles of the administrative structure in supporting the functioning of the school faculty/college/school?

8.3.2	How does the decision-making process support the functioning of the institution?	8.3.2.1	What are the roles of the decision-making process regarding the functioning of the school faculty/college/school?
8.3.3	What is the reporting structure for administration in relation to teaching, learning, and research?	8.3.3.1	How does the school faculty/college/school design the administrative reporting structure on teaching-learning and research programs/activities?
8.3.4	How does the administrative structure support the functioning of an institution?	8.3.4.1	What is the role of administrative structure in the schools' function?
8.3.5	How does the decision-making process support the functioning of the institution?	8.3.5.1	How do you exercise the decision-making process?
		8.3.5.2	How do these support the functioning of the institution?

Supporting documents may include, but not limited, to the following:

- 1) Organization chart of the management and administrative of the faculty/college/school.
- 2) Standard operating procedure for budget allocation.
- 3) Report on the school performance review.
- 4) Document on risk identification and mitigation.
- 5) Reports on students and academic staff in decision making and functioning. Minutes of meeting of the discussion.
- 6) Standard operating procedure for decision making process.
- 7) Standard operating procedure for reporting of teaching, learning and research.

Chapter 2. How to Conduct Self Evaluation Report

This chapter describes membership and registration, training, how to conduct self-evaluation, writing a self-evaluation report, and identifying supporting documents. The school needs to read them thoroughly to produce a readable Self-Evaluation report and a well-prepared site visit.

2.1 How to conduct Self-Evaluation Activities

The purpose of an external quality evaluation is to determine the status of the pharmacy school in complying with the IAAHEH standard on quality of education of a pharmacy school. The process of evaluation includes studying a written self-evaluation report of the school.

To conduct an objective and accurate self-evaluation, a series of activities need to be carried out by the school and coordinated by the accreditation team. The school will obtain data and information that will be used as tools to evaluate themselves. All findings will be written as a self-evaluation report.

A self-evaluation report needs to represent the real condition of the school, specifically in the education process and to what extent the school may maintain compliance with the IAHEH standards. Therefore, a series of steps need to be conducted by the school and lead by the accreditation team of the school.

The following steps are carried out by the team, as follows:

- 1) To identify the people whom, they need to communicate with in exploring the information.
- 2) To collect all relevant documents such as vision and mission, strategic plan, management system, curriculum implementation, data on students (including recent tables), faculty members and their academic performance and the future expectation related to the vision achievement.
- 3) To study the vision and mission and the efforts of achieving the vision and mission, the strengths, and weaknesses of the school in managing the education process which could be compared with the strategic plans of the school. A series of interventions to manage the issues is identified as well.
- 4) To schedule several meetings with internal and external stakeholders to gain accurate information by exploring their perception of how far they perceive on the quality of education offered by the school.
- 5) To identify and analyse the strengths, weaknesses, opportunity, and threats and how the team uses these data in developing a plan toward a better perceived quality of education. A process of planning/determining, implementation, evaluation, controlling and improvement of the education program needs to be reflected in the process of self-evaluation activities and be presented as a Self-Evaluation Report.

2.2 Guidance of Writing a Self-Evaluation Report (Preliminary and Final)

Following the activities of self-evaluation, a written report needs to be designed by the accreditation team of the school. There are two steps of writing a Self-Evaluation Report (SER), namely: Writing a preliminary self-evaluation report and a final Self-Evaluation Report. The preliminary SER is a FIRST DRAFT of SER which is like the final SER. The report is liable to

change based on the feedback of the trainers. The structure and content are the same as the final SER (*refer to information below as follows*).

2.2.1 Introduction

Self-evaluation is the process of an organisation collecting comprehensive data about its own activities and achievements without any external assistance or pressure. Self-evaluation is undertaken within the given time-limits and for a specific purpose. Self-evaluation in a higher education school is a thoughtful analysis of all components of the study program, compared against agreed and accepted standards. The analysis should draw on the expertise of the school and its local environment. It represents the opportunity to appreciate the strengths of the school and to identify areas for improvement. This needs to be a formal part of quality assurance that provides the opportunity to record and document changes and improvements in a school.

The purpose of self-evaluation is to elicit the school's description and analysis of itself, and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognised as an important planning instrument to enable the school to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its program.

An effective self-evaluation is time-consuming as it requires effort and time. However, the gains from a good self-evaluation are invaluable. It gives information and facts about the quality assurance system and provides a platform for stakeholders to discuss issues on the quality of education.

There are very many reasons for undertaking a self-evaluation as follows (Banda, et al., 2016):

For improvement:

- a) Identifies and specifies problems.
- b) Identifies and specifies possible causes and means to change.
- c) Identifies avenues for change and improvement.
- d) Providing information that may not normally be evident (such as localised innovative practices in teaching and learning)

For accountability:

- a) If there are external standards set by accreditation bodies, you may want to know how well you are achieving them.
- b) Or a self-evaluation might be part of the entire review process and required by the external body. In this case, though, you should aim to understand, evaluate, and improve, not simply to describe and defend.
- c) To find solutions to a known problem:
 - o Where problems have been highlighted or indicated, a self-evaluation can address these and help you to understand the context – for example, students might not be achieving their course objectives as well as expected, or teachers might have raised concerns about their programs.
- d) Verifying those processes are in place, and whether these are operating effectively.
- e) Providing evidence of quality processes in place
- f) Enabling self-identification of improvement gaps and development of associated strategies to address these prior to external audit.

As part of the school's managerial process:

- a) Self-evaluation allows you to look at your educational program and services.

- b) You should pay particular attention to the student's experience, particularly to their learning and performance. You will be able to assess how well you are meeting your educational goals and any external standards which apply to your school.
- c) Self-evaluation allows evidence-based educational planning and management.
- d) You will experience the greatest benefit if the self-evaluation process becomes part of the school's regular planning cycle.
- e) Determining whether existing policies and procedures are effective in meeting schoolable goals and identifying any gaps.
- f) Enhancing understanding (across staff, student and/or other stakeholders) of organisational processes and outcomes
- g) Disclosing weaknesses and forcing confrontation
- h) Promoting honest communication
- i) Encouraging benchmarking, internally and/or externally
- j) Identifying activities that are misaligned with organisational goals/objectives.
- k) Promoting an evidence-based culture

Two principles that relate to the assessment process are:

- a) Independence as the basis for the impartiality and objectivity of the assessment conclusions.
- b) Evidence as the rational basis for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Evidence is based on records and statements of fact or information which are relevant to the assessment criteria and are verifiable.

Adherence to these fundamental principles is a prerequisite for providing a reliable and relevant assessment process and outcome. The following considerations should be made before carrying out a self-assessment:

- a) Management must fully support the self-assessment and provide access to relevant information that is needed for an effective quality assurance system. The self-assessment serves to acquire structural insight into the operation and performance of the school.
- b) Gaining management support to carry out a self- assessment is not enough. The whole organisation must prepare itself for the self-assessment. Assessing quality is more than evaluating the performance of a program; it is also about developing and shaping the school. Staff members should be made responsible for the quality and all staff should be involved in the self-assessment.
- c) Writing a critical self-evaluation of the quality assurance system demands good organisation and coordination. Primarily, someone must lead and coordinate the self-assessment process. The chosen leader should have good contacts within the school including key management staff, faculty, and support staff; have access to obtain the required information at all levels; and have the authority to make appointments with stakeholders.
- d) It is desirable to install a working group in charge of the self-assessment. It is important that the group is structured in such a way that the involvement of all sections is assured. The working group should oversee the self-assessment, gathering and analysing data and drawing conclusions.
- e) As it is assumed that the self-assessment is supported by the school, it is important that all staff members should be acquainted with the contents of the SAR. The working group might organise a workshop or seminar to discuss or communicate the SAR.

2.2.2 Conducting Self-Evaluation

The period to write a draft is four weeks. The accreditation team of the school needs to revise the draft of SER according to the input and feedback from the trainers.

Figure 1 illustrates the approach for preparing a self-assessment which encompasses the Plan-Do-Check-Act (PDCA) cycle of improvement.

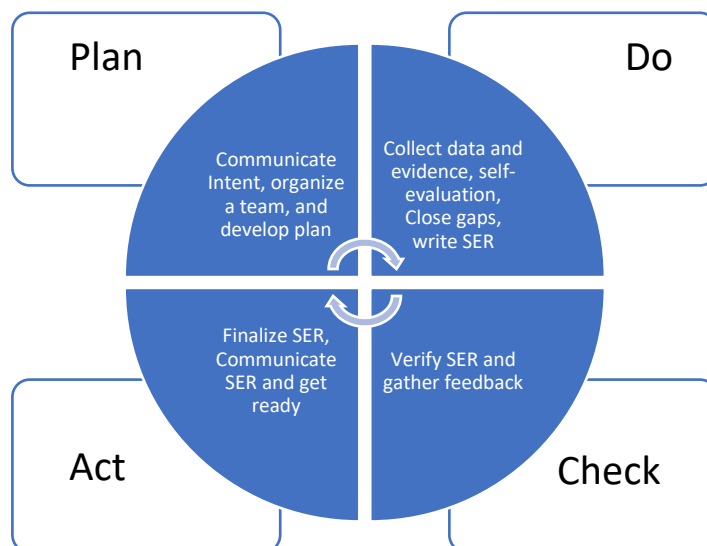


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. Identifying persons who will be involved in the SER team and resource person to obtain information or data. Appoint a group responsible for writing the SER. The group should consist of key people representing various departments and led by someone appointed by the faculty or university. This group should have financial, and staff support from the school management. The group could then be divided into subgroups in which each subgroup is assigned to address one or several standards. As part of the change management process, early engagement with stakeholders is crucial to get their buy-in and commitment before the start of the project. A clear timetable should be set up to develop the SER. Each member in the group should be made responsible for collecting and analysing data and information, and writing the SER. Each member must have a good understanding of the accreditation criteria before proceeding to the next phase. Figure 2 is an example of a timetable that could be developed.

Activity/Week		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Deadline	Assigned to	Status
P L A N	Communicate Intent																			
	Organizing Team																			
	Development Plan																			
	Understanding IAAHEH Criteria and Process																			
D O	Self-assessment																			
	Collect Data & Evidence																			
	Close Gaps																			
	Write SER																			
	Review SER																			
C H E C K	Verify SER																			
	Gather Feedback																			
A C T	Improve QA																			
	Finalise SER																			
	Communicate SER																			
	Get Ready																			
Change Management																				

Figure 2. Example of a timetable to develop the SER

Note: The plan in this table is conducted during the nurturing and writing preliminary SER.

In summary, the following are steps that need to be taken during the planning stage, namely (1) to appoint a group/committee with representation of relevant stakeholders, (2) to ensure sufficient financial support, (3) to ensure staffing support, (4) to clarify the task, including the standards to be addressed, (5) to plan timetable (Banda, 2016).

IAAHEH provides training and assistance in conducting self-evaluation reports during the application phase.

b. Do

The “Do” phase involves identifying the gaps in meeting the accreditation criteria. Data collection is a critical step in this phase as it helps to quantify the existing quality assurance practices as well as to identify what the school needs to do to meet the accreditation criteria. Solutions to close the gaps should be implemented before proceeding to write and review the SER. In the process of conducting its self-study, a pharmacy school brings together representatives of the administration, faculty, student body, and other constituencies to:

- a) Collect and review data about the pharmacy school and its educational program, based on determined criteria.
- b) Conducts activities to obtain data or evidence that supports the achievement of accreditation standards.
- c) Identify gaps between the existing conditions and the accreditation standards.
- d) define strategies to ensure that the gaps are closed, and any problems are addressed effectively.
- e) Write the draft according to the determined structure.
- f) Complete the draft with an executive summary and glossary (if required)
- g) Send the draft to the trainers to whom have trained the school staff in writing the preliminary SER.

As data collection is an important step, it is crucial that data collection is done according to sound methodology. Wherever possible, it is suggested to use the existing data. The same set of data could be used for more than one standard. In case new data is required, data collection methods should be designed that can demonstrate achievement of the accreditation standards.

There might be some barriers during the data collection, such as lack of access to the required documentation, low response rates, scattered information, missing information, or limited access to data. These barriers need to be overcome. All data that has been collected needs to be analysed and presented in simple and understandable formats to answer each key question. Table, charts, graphs, narratives might be used.

Once the data collection is completed, the writing of the SER could be started. Each key question in the Accreditation Standards needs to be answered according to the existing conditions and supported with evidence.

c. Check

To prepare a creditable and objective report, the assessment team must verify the evidence gathered. The “Check” phase involves verifying the SER as well as the quality assurance

practices and giving feedback to improve them. An independent team should be appointed to assess the SER and the existing quality assurance practices against the accreditation criteria. The draft of SER will be reviewed by the team of trainers for two weeks. Recommendations to improve the SER and close the gaps in the existing quality assurance practices should be made. The accreditation team of the school prepares to conduct Self-Evaluation Activities to improve and make the report more complete to be a final SER.

d. Act

The “Act” phase involves implementing the recommendations raised in the “Check” phase. The SER is finalised before communicating it to relevant stakeholders and getting ready for the external assessment.

2.3 Structure and Format of Self-Evaluation Report

An executive summary is required to provide an overall picture of the program, follows with a glossary to clarify the specific terminologies. A brief description of the study program is written at the beginning of a Self-Evaluation Report. Further, the self-evaluation report is developed through a specific design consisting of structure of the SER, the used format, the dissemination of SER to stakeholders and content, as described below.

a. Structure

In writing the Self-Evaluation Report (SER), each key question in the Accreditation Standards needs to be addressed. The evidence that supports the achievement of each substandard needs to be referred, attached, and linked in the designated cloud location.

The structure of Self-Evaluation Report can be seen in **Appendix 1**.

In Chapter IV, the study program summarises the overall results for each sub criteria and determines whether it is compliance, partially compliance and non-compliance, as shown in the table below:

Table 1. Categories of Summary of the Overall Results

Accreditation Standards	Compliance	Partial Compliance	Non-Compliance
1.1. Stating the mission			
2.1. Intended curriculum outcomes			
2.2. Curriculum organisation and structure			
2.3. Curriculum content			
...etc.			

b. Format

The SER should be written in size 12 Times New Roman font in A4 paper with single space. The maximum page is 80 pages excluding Executive Summary, Glossary and Appendices.

c. Dissemination

The school needs to identify who will receive the full reports and the executive summary, for both internal and external stakeholders. Many have been involved in completing the Self-Evaluation and would need to be informed of the results. A communication strategy needs to be planned. The main point of this entire process should be to facilitate change where change is required. Therefore, the last element that must be addressed is the issue of securing the commitment to act on the recommendation of the SER.

Table 2. Description of the Term Self-Evaluation Result

Compliance	Almost all components in each sub criterion can be fulfilled
Partial Compliance	Some components in each sub criterion can be fulfilled. But there are components in some sub criteria which cannot be fulfilled. These unfilled components of sub criteria are not systemic and will not affect the education process, will not disrupt the achievement of vision, mission, objectives, and targets of the institutions, and will not hinder the achievement of learning outcomes and competencies.
Non-Compliance	All components in each sub criterion cannot be fulfilled

d. Content

IAAHEH has developed 8 (eight) criteria consisting of mission and values, curriculum, assessment, student, academic staff, resources, quality assurance, governance and administration as described in Chapter 1.

Chapter 3. Guidance for Survey Visit

3.1 Survey Visit Guidance

One important step of the accreditation process is the survey visit. The survey visit aims to obtain evidence through interview and observation of all criteria in WFME standards based on the result of Self-Evaluation Report (SER) Review. The targeted sites of the survey visit include building, infrastructure, and facilities to deliver the study program. This guidance aims to provide key points for the study program in preparing the survey visit. It consists of an explanation of the assessors, survey visit, and survey visit report.

Principles of the survey visit

The survey visit should focus on:

- a. The continuous quality improvement, such as PDCA (*plan, do, check, and action*).
- b. Achievements in education, research, and public services, competition, and internationalisation.
- c. Compliance with WFME Standards.
- d. Academic and non-academic achievement, including assessment of input, process, and output.
- e. Availability of evidence and traceability.
- f. Management of the study program.
- g. Effectiveness of internal quality assurance system

3.2 Administrative Preparation for Survey Visit

The team and the study program achieve an agreement on the schedule during the survey visit, especially schedule for interview with faculty, students, and alumni; progress report session, the closing session, and other activities such as post accreditation meeting with dean or administrator, including confirmation of the schedule on observing student learning activities, and assessing facilities.

- a. The date of survey visit is organised by the secretariat of IAAHEH.
- b. Invitation letter for the Assessor
- c. Booking accommodation for the Assessor
- d. Dietary requirements such as vegetarian, halal food, etc.
- e. Health protocol
- f. The interviewee cannot be replaced.
- g. The school provides local transport, airport transfer.
- h. The school invites school board, senate, academic staff, students, alumni, user, supporting staff, and translator.
- i. The school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- j. The school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- k. The school prepares documents related to internal quality assurance system (school academic policy, academic regulations, other manual and procedures as required).
- l. The school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- m. The school provides translator if English is not native language and documents are primarily not in English.
- n. The school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.3 The Survey Visit Procedure

The activities of the survey visit would include:

- a. An introductory meeting with the management of the study program and the faculty
- b. Interview sessions with:
 - 1) Management of the study program
 - 2) Internal quality assurance team
 - 3) Faculty members from various departments (10-12 faculty members)
 - 4) Students represented from each academic year (10-12 students)
 - 5) Supporting staff (8-10 staff, including laboratory technicians/analysts, IT, administration, librarians, etc.)
 - 6) Alumni who graduated in the last 3 years. (8-10 alumni)
 - 7) Employers of the graduates (6-8 employers preferably non-alumni)
 - 8) Management of the teaching hospitals and teaching clinics
- c. Observation and assessment of the teaching and learning processes (in the classroom, practical/skill laboratory, and the teaching hospitals)
- d. Visitation and assessment of physical facilities: library, laboratories, simulation centre, teaching hospitals, teaching clinics, student services, and other facilities for students
- e. Clarification and validation of documents
- f. Closing meeting with the school management

If needed, an interpreter from a non-related party should be provided to bridge communication between the assessor team and the local staff.

Table 3. The Typical Schedule for the Survey Visit

Day -1	:	
08.30-09.00	:	Introductory meeting of the management of the study program and assessors
09.00-10.00	:	Presentation of the profile of the study program by the management of the study program (and Q&A session)
10.00-11.30	:	Interview and discussion with the faculty members
11.30-12.30	:	Interview with the supporting staff
12.30-13.30	:	Lunch break
13.30-15.00	:	Visitation and assessment of the library, laboratories, classroom, and other facilities in the program.
15.00-16.00	:	Interview and discussion with the Internal Quality Assurance team of the study program
16.00-17.00	:	Internal discussion of the assessors

Day-2	:	
08.30-09.00	:	Introductory meeting with the management of hospitals
09.00-11.00	:	Visitation of the hospitals: outpatient clinics, in-patient wards, emergency room, and other facilities for students in the hospitals.
11.00-12.00	:	Interview and discussion with the hospital's preceptors
12.00-13.00	:	Lunch break
13.00-14.30	:	Interview and discussion with the students
14.30-16.00	:	Document verification
16.00-17.00	:	Internal discussion of the assessors
Day-3	:	
08.30-09.00	:	Introductory meeting with the management of pharmaceutical company and pharmacy community.
09.00-11.00	:	Visitation to the pharmaceutical company and pharmacy community.
11.00-12.00	:	Interview and discussion with the preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussions with the alumni of the study program
14.30-16.00	:	Discussions with the employers of the graduates and other stakeholders
16.00-17.00	:	Internal discussion of the assessors
Day-4	:	
08.30-09.30	:	Observation of the teaching and learning process
09.30-10.30	:	Additional Documents verification
10.30-12.00	:	Clarification and verification with the management of the study program

12.00-13.00	:	Lunch break
13.00-16.00	:	Internal discussion of the assessors to draft the initial report to be presented in exit meeting
16.00-17.00	:	Closing meeting and discussion

The typical schedule above could be rearranged to suit the situation. However, all the agenda should be conducted.

3.4 Guidance for Introductory Meeting

a. Preparation for the Venue

The school must provide the venue with equipment (LCD, Screen, microphone) that can accommodate all the invitees.

b. Preparation for the invitee

The following are the person or the parties to be invited:

- 1) The Dean
- 2) Vice Dean
- 3) Head of Study Program
- 4) Accreditation Team
- 5) Head of Quality Assurance Unit
- 6) Representative of pharmacy practice site (e.g., hospital, pharmaceutical industry, pharmacy community)
- 7) Education Unit
- 8) Research and Community Service Unit
- 9) Heads of Department
- 10) Heads of Administrations
- 11) Preceptors
- 12) etc.

c. Preparation for the presentation

The profile of the pharmacy school will be presented during the first session of the visit.

- 1) The Dean/ Vice Dean will prepare a presentation on the highlight of the school's profile and the school's strategic planning and management, resources available to run the pharmacy program, human resources and other physical and non-physical resources required for the pharmacy program, counselling, and student supports.
- 2) The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- 3) Head of the quality assurance unit to prepare a presentation on internal quality assurance system.

It is advised that the presentations will stress the important points and updated information.

It is strongly suggested that the presentations will not repeat all the information that is already in the SER. In total the presentation lasts 30 minutes and Q&A session should last about 30 minutes.

3.5 Guidance for Interviews

This guidance is intended for assessors and the pharmacy school during the visit. The interview session will be held without the presence of the school management and accreditation team. The interview will be:

- 1) The faculty/college/school appoints academic staff that will be interviewed, the academic staff represent the faculty members, as well as representing different department and academic ranks.
- 2) The school invites students that will be interviewed, which represents different academic years and achievement, student organization.
- 3) The school invites support staff representing different functions, such as technician, librarian, administrative, finance.
- 4) The school invites alumni, such as fresh graduates and senior alumni.
- 5) The school invites employer of the alumni, representing various kind of workplaces (or such as hospitals, health offices, universities, pharmaceutical companies, pharmacy, drug distributors, other health services)

3.6 Guidance for Observation

Observation is a way of gathering data by watching behavior, events, process, activities, and physical setting.

- 1) The faculty/college/school prepares physical facilities of the university, hospital, pharmaceutical companies, pharmacy, drug distributors, other health services to be visited by assessors.
- 2) The physical facilities of the university that will be visited may include an office, laboratories, classroom, skill labs (CBT/OSCE centre), library, IT, small room for discussion, and student lounge.

3.7 Guidance for Document Checking

If there are any new information/data/documents which had not been included in SER, the school may display during the visit of assessors, otherwise the assessors will not require any additional document.

The purposes of the document checking are:

- a. To verify that the evidence is genuine, valid, and current.
- b. Sample syllabi, sample examination questions, samples of theses, dissertations, capstone projects, samples of academic advising and referral system, schedule of the current term, list of thesis advisers/supervisors and number of advisees per adviser/supervisor, performance in the licensure examinations. List of co-curricular activities, and a sample of minutes of curricular review and evaluation.
- c. Research agenda, research manual, faculty research journal/s, graduate research journal, list of faculty and student research and publications, research budget and performance report, research contracts with government and private agency and institutions, ethics review board composition and functions
- d. Tuition fee schedule, admission and retention policies, enrolment figures per program and year level, statistical data on dropouts, graduation/completion rates, scholarships and grants, support and auxiliary services student satisfaction survey visit results, health clearance certificate of canteen personnel, safety and sanitation inspection reports/documents of the canteen/cafeteria, Memorandum of Agreement (MoA) with accredited dormitories, sample minutes of meetings of

student services offices, list of graduate student organisations, tracer and employer satisfaction surveys and exit interviews, list of student activities and collaborations.

- e. Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services and off-campus, monitoring of online campus, the sample of minutes of faculty meetings.
- f. Library staff development program, library fees, library budget and performance reports, instructional/Orientation program for users, list of print, non-print, electronic resources, utilisation report.
- g. Organisational chart, the profile of Board of Trustees and key institutional and program administrators, latest institutional and program strategic plans and program operational plan, contingency plan or emergency and business continuity plan, audited financial statements for the last three years, graduate school budget, data privacy policy, MoA/MoU with local and/or international academic, professional, research, private and/or government institutions/organisations, list of chairs, grants, and donations from foundations, minutes of consultation meetings with stakeholders.
- h. Description of outreach activities/service-learning program, classroom utilisation statistics, list of classrooms and/or special rooms dedicated for graduate school activities, facilities and laboratory maintenance, sanitation and/or inspection schedule and report, documentation of the following (videos and/or photos): faculty room, consultation rooms including those used for counselling, student lounges and student organisation rooms, classrooms and laboratories used by the graduate school, co-curricular, extra-curricular, and community service activities. There are any new information/data/documents which had not been included in SER, the school may display during the visit of assessors, otherwise the assessors will not require any additional document. To verify that the evidence is genuine, valid, and current.

3.8 Guidance for Closing Meeting

A closing meeting needs to be prepared by the Study Program to allow the assessor team to present their finding in front of the Study Program. The study program needs to invite relevant invitees specifically their accreditation team. It is usually attended by the management of the Study Program. The Study program also prepares all the needed equipment for the presentation.

The following is the procedure for the Closing Meeting. closing meeting needs to be prepared by the Program to allow the assessor team to present their finding in a meeting which attended by president of university, dean, and head of the program. The program needs to invite relevant invitees, specifically their accreditation team. It usually attended by the management of the Program. The program also prepares all the needs for the presentation.

The following is the procedure for the Closing Meeting.

- 1) The draft of summary findings will be given to study program to be read thoroughly.
- 2) The accreditation team of the Study Program discusses each sub-criterion.
- 3) The accreditation team will write comments or criticize the findings if there is any irrelevant description with the real condition.
- 4) In the following morning, the Study Program prepares a representative room for discussion with the assessors, required equipment such as audiovisual, LCD, white screen, a printer with sufficient ink, etc.
- 5) The Study Program invites all relevant invitee from the study program especially the accreditation team.

- 6) The representative of the Study Program will open the meeting and ask the team of assessor to lead the meeting.
- 7) The head of the assessor team assigns one of the team members to present the summary of findings.
- 8) Each sub criterion will be read and discussed.
- 9) All invitees will listen carefully and respond to a relevant sub-criterion.
- 10) The Study Program will show related evidence/s to support their assumption on related sub-criteria.
- 11) Each sub-criteria will have a new description based on an agreed statement from the Study Program.
- 12) The Study Program representatives will listen to the recommendation for each sub-criteria after been adjusted with the recent changes.
- 13) After discussing all sub criteria, and both sides are agreed with the findings, the accreditation team of Study Program will listen to the summary findings, re-describe the commendation and the recommendation.
- 14) The head of the team concludes the summary findings, re-describe the commendation and the recommendation, then allow the assessor team to print.
- 15) While the assessor team prints the documentation, the Study Program will wait for the next session.
- 16) The head of assessor returns the session to the Study Program.
- 17) The responsible person of the Study Program will receive the session and then deliver his/her closing remarks.
- 18) The meeting is dismissed.

Executive Summary

Glossary

Chapter I Pharmacy School Context

Chapter II Self-Evaluation

1.1. The Need for Self-Evaluation

1.2. The Team

1.3. The Process of Self-Evaluation (who is involved and how)

1.4. Methods (sample, data collection and analysis)

Chapter III Accreditation Standards

1. MISSION AND VALUES

1.1 Starting the mission.

1.2. Recommendation

2. CURRICULUM

2.1 Intended curriculum outcomes.

2.2 Curriculum organisation and structure

2.3 Curriculum content

2.4 Educational methods and experiences

2.5. Recommendation

3. ASSESSMENT

3.1 Assessment Policy and System

3.2 Assessment in support of learning

3.3 Assessment in support of decision-making

3.4 Quality control

3.5. Recommendation

4. STUDENTS

4.1 Selection and admission policy

4.2 Student counselling and support

4.3. Recommendation

5. ACADEMIC STAFF

5.1 Academic staff establishment policy

5.2 Academic staff performance and conduct

5.3 Continuing professional development for academic staff.

5.4. Recommendation

6. EDUCATIONAL RESOURCES

6.1 Physical facilities for teaching and learning

6.2 Teaching Learning Internship Resources

6.3 Information resources

6.4. Financial Resources

7. QUALITY ASSURANCE

7.1 The quality assurance system

7.2. Recommendation

8. GOVERNANCE AND ADMINISTRATION

8.1 Governance

8.2 Student and academic staff representation

8.3. Administration

8.4. Recommendation

Chapter IV Summary of the Overall Results

Chapter V Appendices