

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



HANDBOOK FOR ASSESSORS

**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: “Undergraduate Pharmacy Education Program Accreditation – Handbook for Assessors”. The purpose in writing this handbook is to support the evaluator team in perceiving the real condition of pharmacy programs that are willing to be accredited by Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) located in Jakarta, Indonesia.

Handbook for Assessor is simplified for easy reading, so that every assessor who reviews a pharmacy school will have the same perception in understanding and differentiating educational conditions on each criterion. The same perception of the evaluation team will make the accreditation process more objective and accurate about how to find findings.

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 am pretty sure the expectation of the writers is that after understanding the handbook, the evaluator team will have high motivation to review the education process of medical school in order to facilitate a continuous quality improvement.

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

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

Consider the role, audiences, and uses of the mission statement. Briefly and concisely describe the school's purpose, values, educational goals, research functions, and relationships with the healthcare service and communities. Indicate the extent to which the statement has been developed in consultation with stakeholders. Describe how the mission statement guides the curriculum and quality assurance.

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?

Guidance for Assessor

The faculty/college/school has formulated its mission statement based on the identification of health problems in its catchment areas using a sound and scientific methodological approach. The faculty/college/school has also considered the vision and mission of the university.

The faculty/college/school has a mechanism for identifying its interest groups – both internally and externally – and has procedures on how to engage them – particularly in mission formulation. The determination of each interest group is based on an objective and fair judgment of their contribution and reciprocal benefits.

The mission statement gives a mandate to faculty/college/school to be involved in improving the health status of the community. The pharmacy school has a collaboration with the healthcare services, local governments, hospitals, and communities to execute the pharmacy school's role.

The mission statement is consistently translated into the school's program and activities during the planning process. The planned program and activities are congruently implemented. An appropriate organizational structure is set up in line with the functions of its components. An internal quality assurance system is set up to monitor and evaluate the progress of achieving the mission, as well as to ensure the follow-up action is completed. The mission is regularly evaluated and updated.

The faculty/college/school translates the relevant national regulations and standards into school standards and regulations concordantly. The school considers the local circumstances and uniqueness in implementing the national regulations and standards. The school's standards are aligned with the mission of the school.

The faculty/college/school has selected media for the publication of its mission and programs based on available resources and capacity. The school has organized several events to disseminate its missions and program involving relevant stakeholders.

The faculty/college/school also ensure relevance mission statements with output and outcome of the program.

Supporting documents:

- 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) including documentation such as photograph/video recording during the meeting.
- 3) Media use for publication of vision, mission, aim and strategy.
- 4) Output and outcome of the program.

Criteria 2. Curriculum

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

Outcomes can be set out in any manner that clearly describes what is intended in terms of values, behaviours, skills, knowledge, and preparedness for being a pharmacist. Consider whether the defined outcomes align with the pharmacy school mission. Review how the defined outcomes map on to relevant national regulatory standards or government and employer requirements. Analyse whether the specified learning outcomes address the knowledge, skills, and behaviours that each part of the course intends its students to attain. These curriculum outcomes can be expressed in a variety of different ways that are amenable to judgement (assessment). Consider how the outcomes can be used as the basis for the design and delivery of content, as well as the assessment of learning and evaluation 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?

Guidance for Assessor

The faculty/college/school formulates intended graduate outcomes based on the school's mission and priority health problems. The course outcomes are consistently derived from the intended graduate outcomes. Proper assessment system, regulation, and procedures have been developed to judge the achievement of graduate outcomes.

The faculty/college/school has proper procedures in curriculum development, consisting of planning and design, implementation, and evaluation guided by the school's mission. In all stages, there are clear procedures of how to involve internal and external stakeholders. Views of different stakeholders are properly managed and considered.

The intended graduate outcomes are concordant with the intended career roles of graduates in society which are derived from the vision and mission of the institutions, the education philosophy, and need analysis. The faculty/college/school develops proper tracer study to track its graduates.

The intended graduate outcomes are formulated based on the priority health problems in the school's catchment areas and the results of consultation with external stakeholders and internal stakeholders. The faculty/college/school selects appropriate methods of needs analysis in line with available resources and support from the stakeholders. The graduate outcomes are aligned with the school's mission.

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.

This standard refers to the way in which content (knowledge and skills), disciplines, and experiences are organised within the curriculum. There are many options and variants, ranging from different models of integration to traditional pre-clinical and clinical phases, involving varying degrees of clinical experience and contextualisation. Choice of curriculum design is related to the mission, intended outcomes, resources, and context of the school.

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?

Guidance for Assessor

The faculty/college/school has consciously selected principles that are used for curriculum design (i.e., social reconstructionism, essentialism, existentialism, progressivism, etc.) that are appropriate to the faculty/college/school mission, intended graduate outcomes, resources, and context of the faculty/college/school.

The faculty/college/school identifies criteria consisting of relevance, importance, and priority of the content of the curriculum. The faculty/college/school determines the scope of the content consisting of the amount and depth of coverage and concentration. The faculty/college/school also decides the sequence, i.e., hierarchy and progression of complexity or difficulty. The criteria and sequence clearly demonstrate the relationship between the disciplines of study.

The faculty/college/school consciously chooses a particular model of curriculum based on sound and scientific judgment. The faculty/college/school takes into consideration the local resources and the existing regulatory framework.

The curriculum design is carefully selected based on a sound and appropriate approach. The curriculum design is aligned to achieve the faculty/college/school mission.

2.3 Curriculum Content: a) The school can justify inclusion in the curriculum of the content needed to prepare students for their role as competent junior doctors and for their subsequent further training. b) Content in at least three principal domains is described: basic biomedical sciences, clinical sciences and skills, and relevant behavioural and social sciences

Curriculum content in all domains should be sufficient to enable the student to achieve the intended outcomes of the curriculum, and to progress safely to the next stage of training or practice after graduation. Curriculum content may vary according to school, country, and context,

even where a national curriculum is specified. Content from at least three principal domains would be expected to be included: Basic bio pharmacy sciences which are the disciplines fundamental to the understanding and application of clinical science; Clinical sciences and skills which include the knowledge and related professional skills required for the student to assume appropriate responsibility for patient care after graduation; Behavioural and social sciences which are relevant to the local context and culture, and include principles of professional practice including ethics. Content of other types may also be included: Health systems science which includes population health and local healthcare delivery systems; Humanities and arts which might include literature, drama, philosophy, history, art, and spiritual disciplines.

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?

Key Questions:		Criteria for Compliance	
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?

Guidance for Assessor

The faculty/college/school establishes a structure responsible for curriculum development. This structure coordinates representatives of departments through various recognized means to formulate the curriculum content. The structure involves internal and external stakeholders that are relevant to the faculty/college/school.

Curriculum content is identified based on course learning outcome related to disciplines and multidiscipline. Standards of content that are formulated by professional associations or education associations at the national level should be used as the main reference. If there are no such standards, the school may develop their own standards of content using clear benchmarks. Standards of content at the international level formulated by the international professional association might be used.

The curriculum content might be determined using the following criteria:

1. Self-Sufficiency: This criterion means that students should be given a chance to experiment, observe, and do field study. This system allows them to learn independently.
2. Significance: The subject matter or content is significant if it is selected and organized to develop learning activities, skills, processes, and attitudes.
3. Validity: Validity refers to the authenticity of the subject matter or content selected. The contents are not easily obsolete.
4. Interest: Students learn best if the subject matter is interesting, thus making it meaningful to them.
5. Utility: This is the usefulness of the content or subject matter. This relates to what extent the contents are needed in the future job/career and life.
6. Learnability: The subject matter or content must be within the schema of the learners. Teachers should apply theories in the psychology of learning to know how subjects are presented, sequenced, and organized to maximize students' learning capacity.
7. Feasibility: Feasibility means the full implementation of the subject matter. Students must learn within the allowable time and the use of resources available.

The faculty/college/school ensure the curriculum cover basic scientific method and basic science (10%), biomedical science (20%), pharmaceutical science and pharmaceutical industry (20%), clinical science, social, and administration (20%). For the sake of coherence and consistency, learning materials, such as textbooks, should be developed in line with the broader curriculum perspective that is usually defined in a curriculum framework. This is achieved by counting the 'hours of work' involved in studying for the various modules offered by a teaching establishment. To calculate the number of student hours which will be involved in successfully completing a new module is by being very precise, during its planning stage, in identifying and enumerating the Learning Outcomes and Competences.

The faculty/college/school have identified clinical disciplines in line with the graduate learning outcomes. This process involves internal and external stakeholders, including data from health care delivery. There is a list of internships during the rotation where the students gain practical experiences. The faculty/college/school establishes a planning team for the clerkship to decide choices of internships placements based on the graduate learning outcomes, the availability of internships resources and preceptors. Various theories have been proposed relating to how a pharmacist practical reasons through a professional pharmacist consultation to novice learners. Novice learners, such as pharmacy students, have limited pharmacist practical experience and therefore need to approach most consultations with preceptors. The practical rotation planning team considers the importance and urgency of pharmacy practice in the workforce.

The faculty/college/school explains the behavioural and social sciences that are included in the curriculum which are in line with the graduate learning outcome, as well as the reasons for selection. The faculty/college/school establishes a curriculum team that will decide the time allotted for these contents and the arguments that are applied.

The faculty/college/school explains the content of health system science that is included in the curriculum based on the graduate learning outcome, as well as the reason for selection. The faculty/college/school has demonstrated that consultations with relevant external stakeholders are conducted. The faculty/college/school provides arguments on how allocation of time for health system is conducted.

The faculty/college/school explains the curricular content related to social and humanities. The curriculum team determines the time allocation for these content after conducting need analysis.

The faculty/college/school has an internal quality assurance system in place where regular review of curriculum is conducted based on certain procedures embracing input, process, output, outcome, and impact. Appropriate numbers and representativeness of internal and external stakeholders are involved in curriculum review.

The curriculum includes principles of scientific methods and pharmacy research which are accommodated in modules or blocks or subjects. Time is allocated proportionally to address this content. A specific team or unit is assigned to be responsible for modules/blocks/subjects' development and implementation.

The faculty/college/school explains the elective modules included in the curriculum. The faculty/college/school could explain the reasons for deciding which topics are needed for elective.

The faculty/college/school appoints a Coordinating Team in each module/block/course who are responsible for planning, developing, and implementing the curriculum to achieve the graduate learning outcome. Where students are not exposed to specific experiences, the coordinators must produce alternative experiences to compensate.

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

Educational methods and experiences include techniques for teaching and learning designed to deliver the stated learning outcomes, and to support students in their own learning. Those experiences might be formal or informal, group-based or individual, and may be located inside the pharmacy school, in the community, or in secondary or tertiary care institutions. Choice of educational experiences will be determined by the curriculum and local cultural issues in education, and by available human and material resources. Skilfully designed, used and supported virtual learning methods (digital, distance, distributed, or e-learning) may be considered, presented, and defended as an alternative or complementary educational approach under appropriate circumstances, including societal emergencies.

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?
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Guidance for Assessor

The faculty/college/school has decided on principles that are used in selecting educational methods and experiences based on educational philosophy. The principles are formulated in consultation with internal and external stakeholders, as well as experts in educational psychology.

The faculty/college/school explains the sound and scientific principles that are applied in deciding educational methods and experiences throughout the curriculum.

The faculty/college/school demonstrates thorough analysis regarding the local context, resources, and culture in deciding which educational methods and experiences are most appropriate.

Supporting documents:

- 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, and the priority health problems. The outcomes can be measured using appropriate assessment.
- 2) Curriculum book (curriculum organization: principle, content, sequence), learning outcomes, educational methods, assessment.
- 3) List of rotation sites for student's placement
- 4) List of teaching pharmacist practical workforce
- 5) Minutes of curriculum committee's meeting on educational methods

Criteria 3. Assessment

The faculty/college/school has a policy that describes its assessment practices. b) It has a centralized system for ensuring that the policy is realized through multiple, coordinated assessments that are aligned with its curriculum outcomes. c) The policy is shared with all stakeholders.

3.1 Assessment Policy and System

An assessment policy with a centralised system that guides and supports its implementation will entail the use of multiple summative and formative methods that lead to acquisition of the knowledge, clinical skills, and behaviours needed to be a doctor. The policy and the system should be responsive to the mission of the school, its specified educational outcomes, the resources available, and the context.

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	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?

Key Questions:		Criteria for Compliance	
	coordination across the range of educational outcomes and the curriculum?	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?

Guidance for Assessor

The faculty/college/school uses appropriate assessment methods for each of the specified educational outcomes. The assessment methods that are used meet the validity, reliability, and educational impact criteria. The following are examples of assessment methods: The faculty/college/school uses various assessment types, multiple summative and formative assessments on the knowledge, skills, and behaviour for each of the educational outcomes. The faculty/college/school anticipates any limitation that may occur related to the suitable assessment of students' skills. Policy and system should be centralized and related to the faculty/college/school mission, resources available, and the context.

The decisions about the number and type of assessments are based on the graduate educational outcomes as well as the course learning outcomes. Both formative and summative assessment are planned in line with the stages of achievement of the learning outcomes. The timing of formative and summative assessment is decided based on the progress of learning outcome achievements. The decisions are made by the Assessment Committee and approved by the faculty/college/school. The policies should be shared with all students and other stakeholders.

The assessment committee develops assessment blueprint at program level to demonstrate the integration and coordination across the range of educational outcomes and curriculum content.

The Assessment blueprint at program level is evaluated regularly. The module team develops an assessment blueprint for each module to integrate and coordinate learning outcomes and content for each module.

3.2 Assessment in Support of Learning:

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.

Feedback is one of the biggest drivers of educational achievement. Students need to be assessed early and regularly in courses and clinical placements for the purposes of providing feedback that guides their learning. This includes early identification of underperforming students and the offer of remediation.

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?

Guidance for Assessor

The faculty/college/school provides feedback for summative and formative assessments. A narrative assessment such as a portfolio or logbook could be included where there is direct feedback from the teacher to student in a timely manner. During the internship rotation, the faculty/college/school designs a system to guarantee that all pharmacy students can obtain learning experiences and direct feedback from the internship supervisor.

Every student has an academic counsellor who evaluates and monitors students' learning progress using a centralized system (learning management system) such as students' achievement on each module, GPA, a portfolio and progresses test result. Data across all levels of education is used to identify students who need support.

School provides a student support system that is assigned to fulfil students' needs in academic issues.

3.3 Assessment in Support of Decision-Making: a) The 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

Assessment for decision-making is essential to institutional accountability. It is also critical to the protection of patients. These assessments must be fair to students and, as a group, they must attest to all aspects of competence. To accomplish these ends, they must meet standards of quality.

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	3.3.3.1	How is the policy/system regarding appeal mechanism for the assessment results?

	results are in place for students?	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?

Guidance for Assessor

Assessment blueprints are developed by making a cross-tabulation of test content, educational outcomes, and the appropriate type of assessment. The assessment blueprint is included in the curriculum and set by the Assessment Committee.

The assessment committee applies standards setting procedures to establish passing marks on summative assessment. The faculty/college/school ensures that every student who passes the summative examination meets the expected standard. The assessment system should include decisions on progression and graduation in all educational levels across all expected learning outcomes. The standards and procedures of assessment should be clearly stated, shared with students, and applied consistently.

The faculty/college/school has developed a policy/system regarding assessment appeal, which is clear, distributed to all students, and implemented continuously. The system includes the course organizer and faculty members who are responsible for reviewing and solving these issues. If an agreement is not reached among all the parties involved, it will be reported to a higher authority. The faculty/college/school provides a system to ensure the validity and reliability of the assessment program. The faculty/college/school has procedures to develop and review items for each assessment program. This information is shared with the students and other stakeholders.

The course coordinators regularly evaluate and monitor students' learning progress after the formative and summative examination. The student's progress is then informed to the students via a system that can also be monitored by their academic counsellors. Feedback should be provided by staff to improve students' achievement.

3.4 Quality control: a) The 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 institution

It is important for the school to review its individual assessments regularly, as well as the whole assessment system. It is also important to use data from the assessments, as well as feedback from stakeholders, for continuous quality improvement of the assessments, the assessment system, the course, and the institution.

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

Guidance for Assessor

The faculty/college/school assigns a quality assurance and quality team who is responsible for assuring the quality of individual as well as the program assessment. The team includes experts in assessment who plan and implement quality assurance consistently.

The quality assurance steps are planned and implemented regularly (e.g., at the end of each semester). Data obtained is then distributed to improve the performance of staff, course organizers, and institutions.

The faculty/college/school develops a system to collect information regarding assessment from the students, teachers, and other stakeholders (e.g., distributing a questionnaire or google form, focus group discussion).

The quality assurance team collects, reviews, and analyses data from course organizers for each assessment regularly. Data collected included the assessment instruments, item analysis (discrimination index, difficulty index), standard setting, portfolio or logbook based on predetermined standards of competencies, alignment on writing assignment, essay questions and discussions process with rubrics.

Data from assessments are shared with staff and other stakeholders to be considered as a basis to improve the teaching and learning process as well as curriculum reform.

The faculty/college/school designates a quality assurance team, pharmacy education unit, or assessment centre to review and revise the assessment system and individual assessments regularly.

Supporting document:

- 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.

Where selection and admissions procedures are governed by national policy, it is helpful to indicate how these rules are applied locally. Where the school sets aspects of its own selection and admission policy and process, clarify the relationship of these to the mission statement, relevant regulatory requirements, and the local context. The following admissions issues are important in developing the policy: the relationship between the size of student intake (including any international student intake) and the resources, capacity, and infrastructure available to educate them adequately; equality and diversity issues; policies for re-application, deferred entry, and transfer from other schools or courses.

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?

Guidance for Assessor

The faculty/college/school develops student admission and selection policies in accordance with its vision and mission. An admission and selection team/committee are established to develop guidelines for implementing/ determining student admissions and selection. The committee has autonomous authority and is free from intervention.

The faculty/college/school considers government regulations, national accreditation standards, and university policies in developing admission policies. Based on this admission policy, the faculty/college/school establishes criteria for student selection and develops procedures, such as decisions making on admission, selection, student applications, compliance with national regulations.

The operationalization of government/ university policies is adjusted to the faculty/college/school, based on, capacity, number of teaching staff, infrastructure, school's vision and mission, and equality of student background.

The faculty/college/school develops and publishes technical standards for the admission, retention, and graduation of applicants for pharmacy students in accordance with the requirements. Central and local government policies regarding the need for a healthy workforce. Selection and acceptance policies are tailored to the needs of health workers.

Fair and equitable selection and admissions policies according to the local context are developed based on acceptable principles. Affirmative policies are accommodated to recruit students from economically and socially disadvantaged communities.

Admission information should be publicized through information technologies with adequate capacity, such as widely accessible websites, sufficient IT support, and social media engagement.

There is a clear procedure to review and improve the selection and admission system on a regular basis.

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

Students might require support in developing academic skills, in managing disabilities, in physical and mental health and personal welfare, in managing finances, and in career planning. Consider what emergency support services are available in the event of personal trauma or crisis. Specify a process to identify students in need of academic or personal counselling and support. Consider how such services will be published, offered, and accessed in a confidential manner. Consider how to develop support services in consultation with students' representatives.

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 communicated to students and staff?	4.2.2.1	How is information on services made available to staff and students?
		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?

Guidance for Assessor

The faculty/college/school provides effective student services to all pharmacy students to assist them in achieving program learning outcomes. All pharmacy students have equal rights and receive comparable services, 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.

The faculty/college/school has student service guidelines which are disseminated to students and staff which can be accessed easily.

The faculty/college/school has clear implementation procedures for the involvement of student organizations to carry out these services.

There are a variety of complete and appropriate service instructions/guidelines for students and staff to use according to local culture. Counselling procedures are in accordance with counselling principles (mechanism of handling) and tailored to the local cultures.

The faculty/college/school regularly conducts a user satisfaction survey to evaluate the student services in terms of human, financial and physical resources. The feasibility of the services is judged based on the results of the survey and complaints.

The faculty/college/school conducted regular reviews together with student representatives to ensure relevance, access, and confidentiality of counselling services. Procedures for these are available.

Supporting documents

- 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 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.

Determining academic staff establishment policy involves considering: the number, level, and qualifications of academic staff required to deliver the planned curriculum to the intended number of students; the distribution of academic staff by grade and experience.

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?

Guidance for Assessor

The faculty/college/school has procedures on how to analyse the required number and qualification of the academic staff based on the number of the student body, the designed curriculum, the burden of research activities, community services, training programs, alignment of discipline mix as well as managerial responsibilities. The faculty/college/school analyses and decides the optimal academic staff to student ratio and evaluates it regularly. The workload of the academic staff is monitored and

reviewed systematically. The methods to monitor and review the workload are known to all academic staff. The faculty/college/school has a manpower plan for academic staff and supporting staff based on those analyses, implementing the plan, evaluating the progress, and reviewing it regularly.

The faculty/college/school has a human resources policy covering the characteristics of the academic staff to be aligned with the design, delivery, and quality assurance of the curriculum. The manpower plan is adequate to implement the curriculum, including its development of education programs and the missions of the faculty/college/school, staff development, and continuing education and regeneration plan of the existing academic staff.

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

Develop a clear statement describing the responsibilities of academic staff for teaching, research, and service. Develop a code of academic conduct in relation to these responsibilities.

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 pharmacy to provide the welfare of faculty and staff, and are consistent with those of the governing organization?	5.2.2.1	How did the policies for academic staff can sustain their welfare?
		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,	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?

	pharmaceutical industry, and other settings to enact 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?

Guidance for Assessor

The faculty/college/school provides information on the school's policies regarding human resource policy and other related policies. For the existing academic staff, the faculty/college/school provides (for example) scholarships, travel grants, research grants, and publication grants as required.

The faculty/college/school organizes induction programs on regular basis. The contents of the induction program are government policies in teaching, research, community services. The training and development plan reflects the university and study program's mission and objectives. The training programs are evaluated and reviewed regularly.

The faculty/college/school organizes faculty development programs, which are operated by pharmacy education unit. Academic staff/lecturer and preceptors who are responsible for delivering curriculum in pharmaceutical practice are obliged to attend the training in internship curriculum. The pharmacy education unit designs the training in accordance with the needs and the roles.

The faculty/college/school has procedures for staff performance appraisal. The faculty/college/school has the authority and structure to carry out these procedures. The roles and relationships of academic staff members are well defined and clearly understood by all academic staff. The policy and procedure are clearly understood by all the relevant parties. A system for the responsible unit (e.g., Head of Department towards the members of the department) to carry out the evaluation is set and well known by all the staff. Each member of staff must prepare an annual plan including the key performance indicators which are monitored, evaluated, and reviewed systematically. The faculty/college/school also has clear policies and procedures for retention,

promotion, granting rewards, retraction, demotion, and dismissal. The policies and procedures are clearly understood by all academic staff. The faculty/college/school ensures that all the staff will get regular and sufficient information related to their responsibilities, benefits, and remuneration. The faculty/college/school has 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 school implements a stated policy on the continuing professional development of its academic staff.

Develop and publicise a clear description of how the school supports and manages the academic and professional development of each member of staff.

Key Questions:		Criteria for Compliance	
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?

Guidance for Assessor

The faculty/college/school has a professional development program and career pathway for the academic staff. The program and pathway are socialized with the newly recruited and the existing academic staff. The development program and career pathway are based on the merit system and

performance evaluation. Each tenure academic staff has a developed program and career pathway. The development program involves senior academic staff in mentoring and/or training the junior/new academic staff. The program is regularly evaluated and reviewed. The development program is designed by taking the curriculum development and its institutional roadmap, research, and community services into account.

The faculty/college/school accommodates and supports the continuing professional development of the academic staff, including pursuing additional or higher academic degree deemed suitable.

The faculty/college/school monitors, evaluates, and reviews the continuing professional development program of the academic staff. The faculty/college/school has a system of appraisal and rewards for academic staff related to their continuing professional development.

The faculty/college/school has policies to support its academic staff in their continuing professional development.

The faculty/college/school provides funds and permits for continuing professional development. The policy and procedure of the support are clearly understood by the academic staff.

Supporting documents

- 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.

Physical facilities include the physical spaces and equipment available to implement the planned curriculum for the given number of students and academic staff.

Key Questions:		Criteria for Compliance	
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?

Guidance for Assessor

The classroom is shown to be sufficient, in good condition and up to date in terms of all types of classrooms and meeting space as well as the learning management system. The number of faculty offices is sufficient, in good condition and up to date. The number of laboratories and equipment are adequate and shown to be up to date, in good condition, readily available, and effectively deployed. The faculty/college/school provides digital and physical libraries resources that are sufficient, up to date, well-maintained and readily accessible. Library services are supervised by professional staff. There is a policy and facility for access for people with special needs. Physical, social, and psychological environment supports education, research, and community involvement programs. The number and competencies of the support staff are shown to be sufficient. There are excellent quality facilities (library, laboratory, IT, and student services)

When students are required to participate in late-night or overnight learning experiences, they have good access to a call room. There are adequate facilities used for teaching and assessment procedural skills with an adequate scheduling program. There are significant changes in facilities for education and/or research anticipated by the pharmacy school over the next three years, especially if there will be an increase in class size soon. There are adequate security systems in place at all locations to ensure student safety and address emergency and disaster preparedness. Student support services are subjected to monitoring, evaluation, and enhancement. Budget is sufficiently provided for facilities and infrastructure development, maintenance, and enhancement.

Distance or distributed learning methods to replace or supplement classroom teaching are limited to lectures and implemented during certain conditions only (pandemic, disaster, etc.). When needed, lectures are followed by an online discussion group. Lectures are recorded and uploaded into the system to be available as podcasts. IT support is available via the online IT help desk. Examination and assessment of distance or distributed learning process is part of the student development assessment. The online platform is designed to be user-friendly, enjoyable to use, very accessible, and includes all the familiar online functions and capabilities including tutorials and seminars, study forums, libraries, journals, course content, videos, etc.

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.

Consider the facilities that are required to provide adequate training in pharmacist practical skill, and an appropriate range of experience in pharmacy practice settings, to fulfil the internship requirements of the curriculum.

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 patient's pharmacy practice setting in this regard?	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?
		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?

Guidance for Assessor

The faculty/college/school's affiliated internship facilities and information resources are of sufficient size, quality, and accessibility to serve the needs of the faculty/college/school to fulfil its mission. The internship agreement at least should describe responsibility of the institution, responsibility of the facility, application of the rules and procedures of the facility, student and faculty status, student removal, term and termination, non-discrimination and anti-harassment, liability, and governing law. The pharmacy faculty/college/school and internship facilities affiliates ensure that all pharmacy students have access to needed facilities such as classrooms, study space, lounge areas, personal lockers, or other secure storage facilities. All internship sites that will be used for core internship program for the first cohort of pharmacy students have been identified.

The faculty/college/school has adequate numbers and types of skill laboratories dedicated to the teaching of practical skills. These skills laboratories should help to ensure that all students acquire the necessary techniques and are properly assessed before practicing. The faculty/college/school has a monitoring and evaluation program which shows that the skill laboratories support the acquisition, maintenance, and enhancement of the practical skills of students.

The basis of the policy on the use of simulated patients is patient safety and enhancement of student self-learning. Simulation is an important component of the clinical and communication skill centres and clinical skills laboratories and encourages self-learning. Practical skills laboratories have been designed to support the intended learning outcome and to form an integral part of the overall curriculum. The faculty/college/school has developed various types of simulators which include part-time trainers, simulated patients and environments, computer-based systems (multimedia programs, interactive systems, virtual reality) and integrated simulators.

The faculty/college/school has identified all internship sites that will be used for internship. There is a written agreement between the institution and all internship affiliates that are used regularly for required internship. The faculty/college/school has a comprehensive plan of internship program for students in all internship sites which support the intended learning outcome. The internship program has been designed and developed in cooperation with the institution for internship. If there are any students from other health professions programs or residents that also use these facilities the pharmacy school has a policy as to how scheduling conflicts are resolved. The pharmacy school has

mandatory requirements and documents to access hospital wards for students participating in internships. The faculty/college/school has information for services used for all required internships at each hospital. Only provide information for services used for required internships at each hospital. The faculty/college/school has a policy and implements monitoring and evaluation for internship programs. Students, faculty, hospitals, and other internships site staff feedback is available.

The pharmacy school has a community - based education and services program to expose pharmacy students early in their training and throughout their education to the public health and primary health care needs of communities. The program has been designed and developed to support the intended learning outcome in public health and community health. The program also aims to create awareness among students of the importance of developing community partnerships to implement sustainable healthcare initiatives. The faculty/college/school considered community-based training placements are important to provide situated or contextual learning. The faculty shows a strong commitment to community- based training by providing sufficient resources for the program.

The faculty/college/school has a policy that helps improve high quality preceptors' recruitment, retaining and performance by providing clear mission. The faculty/college/school encourages preceptors' participation in decision- making related to pharmacy education programs including but not limited to policy making discussion.

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.

Consider the school's provision of access to information resources for students and academic staff, including online and physical library resources. Evaluate these facilities in relation to the school's mission and curriculum in learning, teaching, and research.

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?

Guidance for Assessor

Students, academics, and researchers require paper-based and electronic-based or computer-based information resources. The information technology systems are up to date and well maintained to meet the needs of staff and students.

A digital library is shown to be set up, in keeping with progress in information and communication technology. The faculty/college/school provides ready access to well-maintained library resources sufficient in the numbers and variety of textbooks, journals and other sources and technology to support its educational and other missions. The university is shown to provide a highly accessible computer and network infrastructure. Students, faculty, and administration have access to sufficient information technology resources, including access to Wi-Fi, to support learning outcomes and the achievement of the school's goals.

The institution implements a program of regular monitoring, evaluation, and feedback regarding information resources from students, academic staff, and administration. The library and information centres have built up collection, management, and dissemination of information resources to meet the needs of the academic, research and administrative users. A policy and plan are in place for continuous improvement, updating and renewal of adaptive information resources.

The quality of the facilities shown to be subjected to evaluation and enhancement. Library services are supervised by a professional staff that is responsive to the needs of the pharmacy students, faculty members, and others associated with the institution. The library has sufficient number and quality of textbooks and journals. It has opening hours sufficient for students to have ready access to its resources. Information technology staff with appropriate expertise are available to assist students, academic staff, and administration. Off-campus access to electronic resources should be seamless from any pharmacy school networked computer. It is eligible for all students, faculty, and staff members with valid ID. Students, academics, and researchers require paper-based and electronic-based or computer-based information resources. The information technology systems are up to date and well maintained to meet the needs of staff and students.

A digital library is shown to be set up, in keeping with progress in information and communication technology. The school provides ready access to well-maintained library resources sufficient in the numbers and variety of textbooks, journals and other sources and technology to support its educational and other missions. The university is shown to provide a highly accessible computer and network infrastructure. Students, faculty, and administration have access to sufficient information technology resources, including access to Wi-Fi, to support learning outcomes and the achievement of the school's goals.

The institution implements a program of regular monitoring, evaluation, and feedback regarding information resources from students, academic staff, and administration. The library and information centres have built up collection, management, and dissemination of information resources to meet the needs of the academic, research and administrative users. A policy and plan are in place for continuous improvement, updating and renewal of adaptive information resources.

The quality of the facilities shown to be subjected to evaluation and enhancement. Library services are supervised by a professional staff that is responsive to the needs of the pharmacy students, faculty

members, and others associated with the institution. The library has sufficient number and quality of textbooks and journals. It has opening hours sufficient for students to have ready access to its resources. Information technology staff with appropriate expertise are available to assist students, academic staff, and administration. Off-campus access to electronic resources should be seamless from any pharmacy school networked computer. It is eligible for all students, faculty, and staff members with valid IDs.

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

- 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.

Consider the purposes, role, design, and management of the school's quality assurance system, including what the school regards as appropriate quality in its planning and implementation practices. Design and apply a decision-making and change management structure and process, as part of quality assurance. Prepare a written document that sets out the quality assurance system.

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?

Guidance for Assessor

It is advisable for the institution to explain the method used which includes the PDCA cycle:

- a. the organization explains whether it understands the needs and expectations of interested parties.
- b. the organization should explain the scope of the quality management system.
- c. the organization should explain that it has established, implemented, maintains, and continuously improves a quality management system, including the necessary processes and their interactions, in accordance with the requirements of the Standard.
- d. the organization should describe the processes required for the quality management system and their application throughout the organization,
 - determine the required inputs and expected outputs from the process.
 - determine the sequence and interaction of these processes.
 - 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.
 - determine the resources required for this process and ensure their availability.
 - assign responsibilities and authorities for this process.
 - address risks and opportunities
 - evaluate this process and implement any necessary changes to ensure that this process achieves the desired result.

Top management should assign responsibility and authority to ensure that the quality management system complies with the requirements of international standards. Top management should ensure that reporting on the performance of the quality management system and opportunities for improvement for top management has been established. Top management should ensure that the integrity of the quality management system is maintained. When changes occur to the quality management system is planned and implemented. Top management should explain how to determine and provide the people needed for the effective implementation of its quality management system and for the operation and control of its processes.

The faculty/college/school explains how the implementation, maintenance and continuous improvement of resources is carried out.

The faculty/college/school determines the external stakeholders relevant to the quality management system.

The faculty/college/school identifies, review and control of changes made during, or after, the design and development of educational programs. The faculty/college/school evaluates the performance and effectiveness of the quality management system. The faculty/college/school retains appropriate documented information as evidence of results. The faculty/college/school identifies and selects opportunities for improvement and implements any necessary actions to meet customer needs and increase customer satisfaction.

Supporting Documents

- 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

Describe the leadership and decision-making model of the institution, and its committee structure, including membership, responsibilities, and reporting lines. Ensure that the school has a risk management procedure.

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?
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Guidance for Assessor

The faculty/college/school has an appropriate organizational structure of governing board, school administrator and faculty members that describes their function related to teaching, learning, research, and resource allocation. This structure is transparent and can be accessed by all stakeholders and aligns with the university vision and mission. The faculty/college/school governance also aligns with the teaching hospitals function as a resource for clinical teaching. School provides policies, procedures, and regulations to prevent conflict of interest at the level of governing administration and faculty members.

Teaching, learning, and research are governed by a body and its committee structures. All members of the committee have responsibilities for planning, implementing, monitoring-evaluating, and reporting all activities regarding teaching, learning, and research from team members-committee chairman-the Dean.

The budget allocation is developed based on the mission of the faculty/college/school related to teaching, learning, and research activities; accessible and transparent.

There is a body (under the university) that is assigned to review the performance of the faculty/college/school periodically e.g., Internal Quality Assurance Body.

The faculty/college/school develops a risk management system including risks in clinical setting outside the faculty/college/school to identify and mitigate all risks which may occur regarding the activities of teaching, learning, research, and resource allocation.

8.2 Student and academic staff representation: The faculty/college/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.

Consider how students and academic staff might participate in the school's planning, implementation, student assessment, and quality evaluation activities, or provide comment on them. Define mechanisms for arranging student and academic staff involvement in governance and administration, as appropriate.

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?

Guidance for Assessor

The faculty/college/school involves students and staff in pharmacy education programs (e.g.,

curriculum revision, student assessment) and institution management (governance: school decision-making and functioning) to improve the quality of the faculty/college/school.

There is no obstacle to socio-cultural aspects of student involvement in school governance. Students are given the opportunity to freely sound their thinking and argumentation.

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

Develop a policy and review process to ensure adequate and efficient administrative, staff, and budgetary support for all school activities and operations.

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?

Guidance for Assessor

The administrative structure is designed by the institution based on its need and function in supporting the faculty/college/school. Schools provide appropriate administration staffing to be able to plan and develop programs including developing policy and review processes to warrant adequate and efficient administrative matters.

The faculty/college/school conducts regular meetings involving all governing boards, academic staff, students, and other stakeholders to plan, implement, evaluate, and take any action regarding school activities and operations so that the institution can function appropriately.

The reporting structure for administration in relation to teaching, learning, and research includes administrative, staff, budget, outcomes, and obstacles (plan and realization).

Supporting Documents

- 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. Guidance for 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.

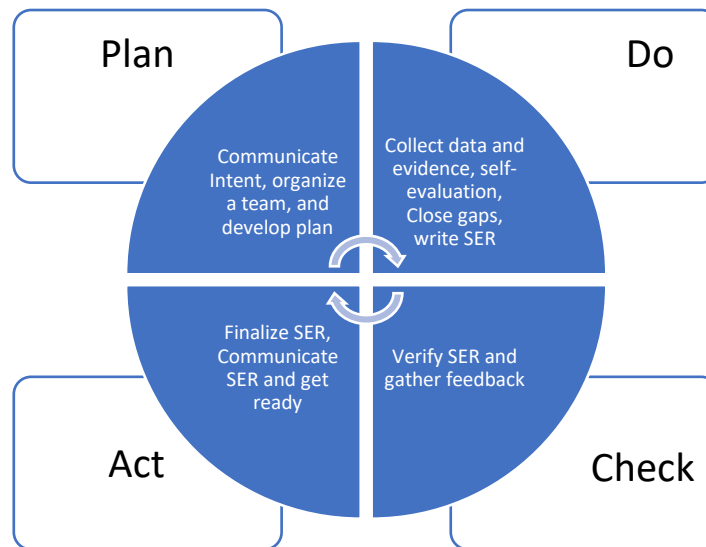


Figure 1. Plan-Do-Check-Act (PDCA) cycle of improvement

Details of each step are explained in the following paragraphs:

a. Plan

The “Plan” phase starts with the communication of intent for quality assessment. 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 pharmacy 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.

Table 1. The structure of Self-Evaluation Report

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

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 2. 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 3. 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 Desk Evaluation Report

IAAHEH assigns an Assessor Team consisting of 3 (three) people after nurturing process is complete. This team consist of a chairperson, a secretary, and a members. After receiving the Self Evaluation Report as described in Chapter 2, the assessor reviews the SER and conducts a desk evaluation independently for two weeks (online) by filling in the assessment form 1 (Appendix 1) through SIMAk-Int.

The assessors make the summary of findings from the Self Evaluation Report by extracting important data and information that is entered into the Summary of Findings from Self Evaluation Reports columns. Based on the summary of findings, the assessors decide whether each element of the sub criteria is full compliance, partial compliance, or non-compliance that is entered into the Performance in Accreditation Element columns. Each assessor of the Assessor Team then meets online to consolidate the results of the desk evaluation within two weeks before conducting the survey visit and entering the consolidated results into SIMAK-Int.

3.2 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:

- 1) The continuous quality improvement, such as PDCA (*plan, do, check, and action*).
- 2) Achievements in education, research, and public services, competition, and internationalisation.
- 3) Compliance with WFME Standards.
- 4) Academic and non-academic achievement, including assessment of input, process, and output.
- 5) Availability of evidence and traceability.
- 6) Management of the study program.
- 7) Effectiveness of internal quality assurance system

3.3 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.

- 1) The date of survey visit is organised by the secretariat of IAAHEH.
- 2) Invitation letter for the Assessor
- 3) Booking accommodation for the Assessor
- 4) Dietary requirements such as vegetarian, halal food, etc.

- 5) Health protocol
- 6) The interviewee cannot be replaced.
- 7) The pharmacy school provides local transport, airport transfer.
- 8) The pharmacy school invites pharmacy school board, senate, academic staff, students, alumni, user, supporting staff, and translator.
- 9) The pharmacy school prepares facilities infrastructure (management office, classroom, laboratory, clinical practice setting, community practice setting, student facilities, student counsellor office, academic staff room, etc)
- 10) The pharmacy school prepares documents related to curriculum (curriculum map, module, syllabus, samples of student work, sample of examinations, practical guidance, clinical rotation/clerkship guidance.
- 11) The pharmacy school prepares documents related to internal quality assurance system (pharmacy school academic policy, academic regulations, other manual and procedures as required).
- 12) The pharmacy school prepares information resources system (library, internet connection, IT, application, Learning Management System-LMS, etc).
- 13) The pharmacy school provides translator if English is not native language and documents are primarily not in English.
- 14) The pharmacy school provides working room for the assessor (LCD and screen, flipchart, internet connection, printer, paper, whiteboard marker, etc).

3.4 The Survey Visit Procedure

The activities of the survey visit would include:

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

The typical schedule in appendix 2 could be rearranged to suit the situation. However, all the agenda should be conducted.

3.5 Guidance for Introductory Meeting

The introductory meeting is aimed to inform both the assessors and the study program during the four-day visit concerning each responsibility.

- 1) The leader collaborates with the pharmacy school in determining the fixed schedule of introductory meeting.
- 2) Assessors introduce themselves as well as their roles on the survey visit.
- 3) The leader gives a summary of the whole survey visit activities including the deliverables that should be completed by the assessors. He or she informs the study program that the team will end up with the recommendation based on the survey visit results and deliver the recommendation to the council.
- 4) The leader informs the study program that the aim of the accreditation is mainly to improve the quality of the study program.
- 5) The assessors and the study program should work collaboratively and support each other according to their responsibilities.
- 6) The leader reminds the team and the study program to encourage open and honest discussions.
- 7) Assessors should report their initial findings based on the self-survey visit report according to his/her responsibility.
- 8) 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.
- 9) The leader reminds the secretariat of IAAHEH to provide form to be fulfilled by the team.
- 10) The leader reminds the procedure of the survey visit, including each member's assignment.
- 11) The leader reminds assessors to take notes during the survey visit and report it by the end of the visit.
- 12) Leader reminds on the prohibition of using laptop or mobile phones during the meeting, interview, and observation, or doing other unrelated activities with the study program except activities required for accreditation process.
- 13) The leader reminds the team to always consider private data information and the confidential matters of the accreditation process.

3.5.1 Preparation for the Venue

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

3.5.2 Preparation for the Invitee

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

- a) The Dean
- b) Vice Dean
- c) Head of Study Program
- d) Accreditation Team
- e) Head of Quality Assurance Unit
- f) Directors of Teaching Hospitals
- g) Education Unit
- h) Research Unit
- i) Community Service Unit
- j) Heads of Departments
- k) Heads of Administrations

- l) etc.

3.5.3 Pharmacy School Preparation for the Presentation

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

- a) 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.
- b) The head of the study program will prepare a presentation on the graduate profiles, graduate competencies, curriculum, and assessment system.
- c) 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.

3.6 Guidance for Interview

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

- 1) Interview with the management of the pharmacy school about governance, quality assurance, human resource management, curriculum management, finance and asset management, program development, collaboration program, academic environment, description of how research is disseminated and utilised, research rewards and incentives, ethics review board composition and functions.
- 2) The school appoints academic staff that will be interviewed, the academic staff represent the clinical and non-clinical departments/units (basic pharmacy sciences, public health, bioethical and pharmacy education), as well as representing different academic ranks. The interview with academic staff will cover leadership, faculty development program, working atmosphere, relationship with management and colleague, workloads (teaching, research, and community services), learning, teaching and research facilities, job security and satisfaction, relevant academic issues, academic and non-academic support system, ranking and promotion system, faculty orientation program, salary scale, faculty performance evaluation, academic advising and referral system, description of how research is disseminated and utilised, research rewards and incentives
- 3) The school invites support staff representing different function, such as technician (Mechanical and Electrical (ME) and laboratories), librarian, administrative, IT support, finance.
- 4) The interview will cover leadership, supporting staff, development program, working atmosphere, relationship with management and colleague, workloads, staff qualification relevant to the assignment, job security and satisfaction, relevant issues, information technology support system, library acquisition and collection development plan and profile of library staff.
- 5) The school invites students that will be interviewed, which represent different academic years and achievement, student organisation.
- 6) The interview will cover academic atmosphere, learning, teaching and research facilities, student learning and teaching satisfaction, student support system, academic advising and referral system, non-academic development program, job and career information.

- 7) The school invites alumni that graduated in the last five years. The interview will cover learning experiences, job preparedness, relevance of the acquired competencies with the current job, alumni feedback and contribution, time to get the first job, involvement in the academic, research, community services of the school, and internship program.
- 8) The school invites employer of the alumni, representing various kind of workplaces (or such as hospitals, health offices, universities, clinics, other health services, companies). Preferably the employer is not alumni. Otherwise, a maximum of 30% of the interviewees are alumni. The interview will cover hard skills and soft skills of the alumni employed, employer feedback to the school.

3.7 Guidance for Observation

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

- 1) The school prepares physical facilities of the university, hospital, and health center to be visited by assessors.
- 2) The physical facilities of the university observed include equipment and instrument. The observation may include office, bio-medical laboratories, classroom, clinical skill labs, library (library acquisition and collection development plan and profile of library staff), IT, small room for discussion, student lounge, student lockers.
- 3) The visit to the hospital may include the emergency department, OPD, IPD, ICU, CCU, surgery theatre, student room for the night shift, and some pharmacy departments.
- 4) Physical facilities for student support, such as clinics, sport facilities, dormitory, classroom size.
- 5) Observation of some activities, such as teaching and learning, small group discussion, laboratory activities. The observations are focused to check consistencies between descriptions in the SER with the curriculum implementation.

3.8 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:

- 1) To verify that the evidence is genuine, valid, and current.
- 2) Sample syllabi, sample examination question, sample of theses, dissertations, capstone projects, sample of academic advising and referral system, schedule of current term, list of thesis advisers and number of advisees per adviser, performance in the licensure examinations. List of co-curricular activities, and sample of minutes of curricular review and evaluation
- 3) 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
- 4) 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.
- 5) Faculty profile, samples of accomplished evaluation forms, list of visiting and/or exchange professors, list of in-services an off campus, monitoring of online campus, sample of minutes of faculty meetings.
- 6) 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.

- 7) Organisational chart, 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/MOUs 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.
- 8) 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.

3.9 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 needs for the presentation.

The following is the procedure for the Closing Meeting:

- 1) The draft of summary findings will be given to a 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 criticise 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 audio-visual, LCD, white screen, a printer with sufficient ink, etc.
- 5) The study program invites all relevant invitees 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 criteria 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 agree 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.

3.10 Guidance for Survey Visit Report

1. The Assessment Team meets online to prepare the survey visit report (including conclusions of the survey visit and recommendations) in Assessment Form 3 (Appendix 4).

Format Report:

- 1) Written in A4 format, with 1 inch for left and right margin, 1.2 inch for top and bottom margin. Using Times New Roman black font, 12 pt. 1.15 space between each line. The heading and subheading could use a different font size.
 - 2) The report should be written in British English.
 - 3) The report consists of:
 - a) Cover of the report
 - b) List of pages
 - c) Identification of the school under survey visit
 - d) The date of received of the self-evaluation report, desk evaluation of the SER, date of survey visit
 - e) The assessors' member
 - 4) Summary of the findings
 - a) Brief profile of the school
 - b) Strength of the school
 - c) Area of concern
 - d) Area that needs further evidence
 - 5) Findings of each standard and its sub criteria. This should be written in the following sequence:
 - a) Findings of sub criteria of the standard
 - b) Area of strength of the school in the described standard and its sub criteria
 - c) Area of concern
 - d) Area that needs further evidence
 - e) Recommendation for the standards and their sub criteria
 - 6) List of appendices
Appendices arranged in sequential order as its appearance in the narrative.
2. The assessor completes Assessment Form 4 Summary of Compliance (Appendix 5) based on the conclusions of the Self Evaluation Report and Survey Visit Report.

Summary of Accreditation Report

Criteria 1. Mission and Values

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
1.1.1	How is the mission statement specially tailored to the faculty/college/school?				
1.1.2	Which interest groups were involved in its development and why?				
1.1.3	How does the mission statement address the role of the pharmacy school in the community?				
1.1.4	How is it used for planning, quality assurance, and management in the faculty/college/school?				
1.1.5	How does it fit with regulatory standards of the local accrediting agency and with relevant governmental requirements, if any?				
1.1.6	How is it publicized?				

Criteria 2. Curriculum

2.1 Intended Curriculum Outcomes

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.1.1	How were the intended outcomes for the course as a whole and for each part of the course designed and developed?				
2.1.2	Which stakeholders were involved in their development?				
2.1.3	How do they relate to the intended career roles of graduates in society?				
2.1.4	What makes the chosen outcomes appropriate to the social context of the faculty/college/school?				

2.2 Curriculum organisation and structure

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.2.1	What are the principles behind the faculty/college/school curriculum design?				
2.2.2	What is the relationship between the different disciplines of study that the curriculum encompasses?				
2.2.3	How were the model of curriculum organization chosen? To what extent was the model constrained by local regulatory requirements?				

2.2.4	How does the curriculum design support the mission of the faculty/college/school?				
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2.3 Curriculum Content

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.3.1	Who is responsible for determining the content of the curriculum?				
2.3.2	How is curriculum content determined?				
2.3.3	How are biomedical sciences and technology elements selected and allocated in the curriculum?				
2.3.4	How are pharmaceutical sciences and technology elements selected and allocated in the curriculum?				
2.3.5	How are clinical sciences elements selected and allocated in the curriculum?				
2.3.6	How are social, behavioural and administration elements selected and allocated in the curriculum?				
2.3.7	How does the faculty/college/school modify curriculum content related to advances in knowledge?				
2.3.8	How are principles of scientific methods research addressed in the curriculum?				

2.3.9	Which fields (if any) are elective? How are elective fields decided?				
2.3.10	The programme provides opportunities for interprofessional education and activities				
2.3.11	Educational content appropriately and adequately addresses traditional, contemporary, and future practice				

2.4 Educational methods and experiences

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
2.4.1	What principles inform the selection of educational methods and experiences employed in the school's curriculum? How were these principles derived?				
2.4.2	According to what principles are the chosen educational methods and experiences distributed throughout the curriculum?				
2.4.3	In what ways are the educational methods and experiences provided for students appropriate to the local context, resources, and culture?				

Criteria 3. Assessment

3.1. Assessment Policy and System

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.1.1	Which assessments does the faculty/college/school use for each of the specified educational outcomes?				
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?				

3.2. Assessment in Support of Learning

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.2.1	How are students assessed to support their learning?				
3.2.2	How are students assessed to determine those who need additional help?				
3.2.3	What systems of support are offered to those students with identified needs?				

3.3. Assessment in support of decision-making

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
3.3.1	How are blueprints (plans for content) developed for examinations?				
3.3.2	How are standards (pass marks) set on summative assessments?				
3.3.3	What appeal mechanisms regarding assessment results are in place for students?				
3.3.4	What information is provided to students and other stakeholders, concerning the content, style, and quality of assessments?				
3.3.5	How are assessments used to guide and determine student progression between successive stages of the course?				

3.4. Quality Control

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element

3.4.1	Who is responsible for planning and implementing a quality assurance system for assessment?				
3.4.2	What quality assurance steps are planned and implemented?				
3.4.3	How are comments and experiences about the assessments gathered from students, teachers, and other stakeholders (alumni, employer, partners)?				
3.4.4	How are individual assessments analyzed to ensure their quality?				
3.4.5	How is data from assessments used to evaluate teaching and the curriculum in practice?				
3.4.6	How is the assessment system and individual assessments regularly reviewed and revised?				

Criteria 4. Students**4.1 Selection and Admission Policy**

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.1.1	How is alignment determined between the selection and admission policy, and the mission of the faculty/college/school?				
4.1.2	How does the selection and admission policy fit with regulatory (accreditation) or government requirements?				
4.1.3	How is the selection and admission policy tailored to the faculty/college/school?				
4.1.4	How is the selection and admission policy tailored to local and national workforce requirements?				
4.1.5	How is the selection and admission policy designed to be fair and equitable, within the local context?				
4.1.6	How is the selection and admission policy publicized?				
4.1.7	How is the selection and admission system regularly reviewed and revised?				

4.2 Student Counselling and Support

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.2.1	How are academic and personal support, as well as counselling services, tailored to meet the needs of students?				
4.2.2	How are these services recommended and communicated to students and staff?				
4.2.3	How do student organizations collaborate with the pharmacy school management to develop and implement these services?				
4.2.4	How appropriate are these services both procedurally and culturally?				
4.2.5	How is the feasibility of the services judged, 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?				
4.2.7	How are soft skills developed?				

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
4.2.8	How to provide the event of career guidance and development?				
4.2.9	How to evaluate achievement of the student counselling and support?				
4.2.10	Is orientation to technology provided, and technological support available to students?				

Criteria 5. Academic Staff**5.1 Academic Staff Establishment Policy**

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.1.1	How did the faculty/college/school arrive at the required number and characteristics of their academic staff?				
5.1.2	How do the number and characteristics of the academic staff align with the design, delivery, and quality assurance of the curriculum?				
5.1.3	How do the number and characteristics of the academic staff align with the road map and quality of research?				
5.1.4	Who administers the pharmacy education unit and what are the qualifications of the administrator?				

5.2 Academic Staff Performance and Conduct

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
5.2.1	What information does the school provide for new and existing academic staff and how is this provided?				
5.2.2	How did the policies of faculty/college/school pharmacy to provide the welfare of faculty and				

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
	staff, and are consistent with those of the governing organization?				
5.2.3	What induction training does the faculty/college/school provide for academic staff?				
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?				
5.2.5	Who is responsible for academic staff performance and conduct? How are these responsibilities carried out?				

5.3 Continuing Professional Development for Academic Staff

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				
5.3.2	How does the faculty/college/school take administrative responsibility for the implementation of the staff's continuing professional development policy?				

5.3.3	What protected funds and time does the faculty/college/school provide to support its academic staff in their continuing professional development?				
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Criteria 6. Educational Resources

6.1. Physical Facilities for Teaching and Learning

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
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?				
6.1.2	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?				

6.2. Teaching Learning Internship Resources

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.2.1	What range of opportunities are required and provided for students to				

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
	learn skills in pharmacy practice clinical skills?				
6.2.2	What use is made of skills laboratories, and simulated patients, and of actual patient's pharmacy practice setting in this regard?				
6.2.3	What is the basis of the policy on the use of simulated and actual pharmacy practice settings simulated and actual patients?				
6.2.4	How does the faculty/college/school ensure that students have adequate access to pharmacy practice facilities?				
6.2.5	How does the school faculty/college/school engage preceptors in the required range in pharmacy practice settings?				
6.2.6	How does the faculty/college/school ensure consistency of curriculum delivery in pharmacy practice settings?				

6.3 Information Resources

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.3.1	What information sources and resources are required by students, academics, and researchers?				
6.3.2	How are these provided?				
6.3.3	How is their adequacy evaluated?				
6.3.4	How does the faculty/college/school ensure that all students and academic staff have access to the needed information?				

6.4 Financial Resources

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
6.4.1	How do the faculty/collage/school employed strategies to secure sustainable funding resources for education programs?				

Criteria 7. Quality Assurance

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
7.1.1	How are the purposes and methods of quality assurance and subsequent action in the faculty/college/school defined and described, and made publicly available?				
7.1.2	How is responsibility for implementation of the quality assurance system clearly allocated between the administration, academic staff, and educational support staff?				
7.1.3	How are resources allocated to quality assurance?				
7.1.4	How has the faculty/college/school involved external stakeholders?				
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?				

Criteria 8. Governance And Administration**8.1. Governance**

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.1.1	How and by which bodies are decisions made about the functioning of the institution?				
8.1.2	By what processes and committee structures are teaching, learning, and research governed in the institution?				
8.1.3	How is the budget 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?				
8.1.5	How are risks identified and mitigated?				

8.2 Student and academic staff representation

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.2.1	To what extent and in what ways are students and academic staff involved in the school decision-making and functioning?				

8.3. Administration

KEY QUESTIONS		Summary of Findings from Self Evaluation Reports	Performance in Accreditation Element	Summary of Findings from Survey Visit Reports	Performance in Accreditation Element
8.3.1	How does the administrative structure support the functioning of the institution?				
8.3.2	How does the decision-making process support the functioning of the institution?				
8.3.3	What is the reporting structure for administration in relation to teaching, learning, and research?				
8.3.4	How does the administrative structure support the functioning of an institution?				
8.3.5	How does the decision-making process support the functioning of the institution?				

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, simulation centre, and other facilities in the study 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 academic hospitals.
09.00-11.00	:	Visitation of the academic 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 clinical preceptors of the academic hospitals
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 teaching clinics or teaching facilities in the community

09.00-11.00	:	Visitation to the teaching clinics or teaching facilities in the community.
11.00-12.00	:	Interview and discussion with the clinical preceptors and stakeholders
12.00-13.00	:	Lunch break
13.00-14.30	:	Discussion with the alumni of the study program
14.30-16.00	:	Discussion 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

Executive Summary

Glossary

Criteria 1. Missions and Values

Narrative response:

- The use of vision and mission for planning, quality assurance, and management in the study program.
- Alignment with regulatory standards of the local agency and with the relevant governmental requirements
- Alignment of vision, mission, aim and strategy; developed during study programs' activities and program planning process.

Criteria 2. Curriculum

Narrative response:

- The graduate's outcomes in line with teacher's teaching and learning planning strategy
- Narrative of curriculum development process (planning, implementation, evaluation): note's meeting, list of attendance, other supporting documents
- Alignment of intended graduate outcome with graduate career role in society derived from institution vision and missions, the education philosophy and need analysis.

Criteria 3. Assessment

Narrative response:

Brief description on assessment policy (centralised system), alignment with its curriculum outcomes, management (frequencies, timing), Standard assessment, criteria, and decision

Criteria 4. Students

Narrative response:

- Description of the students support system (relevance, accessibility, confidentiality)
- Students support systems: academic and non-academic, communication with students

Criteria 5. Staffing

Narrative response:

- Description on academic staff planning (manpower plan) including the number, discipline mix, academic and professional development plan of the academic staff.
- Initial training for academic staff should there is any.
- Performance evaluation and reports of the academic staff.
- Feedback provided to the academic staff.

Criteria 6. Educational Resources, Settings, and Scholarship

Narrative response:

- Judgement for the study program to provide certain physical infrastructures (buildings, classrooms, etc.) based on the curriculum designed and the national or university standard (e.g., room per students in class, in laboratory, internet bandwidth per students, academic staffs, etc.).
- policies for students to learn clinical skills, in a simulated setting, but also in the real setting,

- with mannequins, simulated patients or real patients.
- Policies on students' clinical education, either in the hospital, clinic, or community-based setting
- Policies on study resources provision, library (incl. Books, journals, electronic or hard copies), internet bandwidth, etc.

Criteria 7. Monitoring and Evaluation of the Educational Process

Narrative response:

- Policies on quality assurance, its purposes and methods and subsequent action.
- Quality assurance system is embedded in the structure of the organisation, with its allocated resources.
- Involvement of external stakeholders in quality assurance

Criteria 8. Governance and Administration

Narrative response:

- The organisation chart of the institution and its function and responsibilities
- Budget decision making in the organisation
- Involvement of students and academic staff in decision making and functioning
- Reporting structure for administration in relation to teaching.

Criteria 1: Mission and Values
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 2: Curriculum
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 3: Assessment
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 4: Students
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 5: Staffing
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence

<ul style="list-style-type: none"> ● Recommendation for the standards and their sub criteria
Criteria 6: Educational Resources, Settings, and Scholarship
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 7: Monitoring and Evaluation of the Educational Process
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria
Criteria 8: Governance and Administration
<p>Narrations findings from the survey visit and judgment assessor: ...</p> <ul style="list-style-type: none"> ● Findings of sub criteria of the standard <ul style="list-style-type: none"> ○ Area of strength of the school in the described standard and its sub criteria ○ Area of concern ○ Area that needs further evidence ● Recommendation for the standards and their sub criteria

Appendix 5 Summary of Compliance (Assessment Form 4)

Standard	Summary of Self Evaluation Report Conclusion	Summary of Survey Visit Report Conclusion
1. MISSION AND VALUES		
1.1 Stating the mission		
2. CURRICULUM		
2.1 Intended Curriculum Outcomes		
2.2 Curriculum Organisation and Structure		
2.3 Curriculum Content		
2.4 Educational methods and experiences		
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		
4. STUDENTS		
4.1 Selection and Admission Policy		
4.2 Student Counselling and Support		
5. ACADEMIC STAFF		
5.1 Academic Staff Establishment Policy		

5.2 Academic Staff Performance and Conduct		
5.3 Continuing Professional Development for Academic Staff		
6. EDUCATIONAL RESOURCES		
6.1 Physical Facilities for Education and Training		
6.2 Clinical Training Resources		
6.3 Information Resources		
7. QUALITY ASSURANCE		
7.1 The Quality Assurance System		
8. GOVERNANCE AND ADMINISTRATION		
8.1 Governance		
8.2 Student and academic staff representation		
8.3 Administration		