STANDARDS FOR UNDERGRADUATE MEDICAL EDUCATION

Prepared by:

UNDERGRADUATE EDUCATION SUBCOMMITTEE,

MEDICAL EDUCATION COMMMITTEE, MALAYSIAN MEDICAL COUNCIL

Adopted by The

MALAYSIAN MEDICAL COUNCIL

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STANDARDS FOR PROGRAMME ACCREDITATION OF UNDERGRADUATE MEDICAL PROGRAMMES

CONTENTS

List of Annotation

1.1.4	The 2nd Malaysian Qualification Framework (MQF) was published in April 2018 (Pekeliling MQA.100-1/7/1 Jilid (4)). Detail explanation of MQF learning domain in Appendix 1 and explanation of MQF level 6 descriptors in Appendix 2.
1.2.4	Refer to Section 4 for Core Competencies and provide detail course information in Table 4. Please use Appendix 3 as guide to calculate Students Learning Time and Credit Value. The total credit shall not be less than 200 for the whole programme.
1.3.4	For new medical programme, the medical student intake should not exceed 50 students per year. Subsequently, the school can apply to the Joint Technical Committee for an increase in the student intake.
2.2.1	A variety of methods and tools: Medical school must use a valid and reliable assessment tool to assess different learning domains. It is best shown by assessment blueprint. External expertise: Content expert in a particular field who are external to the HEP
3.1.1	The medical school should adhere to prevailing guidelines issued by the MoH and Malaysian Medical Council on the requirements for pre-admission medical examinations and tests. Medical schools must ensure the ability of individuals to technically function as doctors. This calls for assessment of the observation, communication, motor function, intellectual and integrative abilities as well as behavioural and emotional attributes of the candidates. Each medical school must adhere to any additional national requirements for foreign students who may require specific clearance by the Immigration authority of Malaysia and Ministry of Higher Education. Each medical school are required to ensure all prospective students declare all previous criminal convictions.
3.1.3	Requirement from Malaysian Medical Council: Pursuant to the Age of Majority Act 1971 (Act 21) and taking into cognisance of intimate issues and procedures, student should be at least 18 years old during admission (MMC 398 meeting dated 22 September 2020), no serious physical or mental illness; and/or serious communicable disease which may impact upon their future practice.
3.2.1	Students transfer involving credit transfer either vertical or horizontal must adhere to Dasar Pindah Kredit as stated in Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi 2009-2020. Edisi ketiga. Page 157-162

4.1.1	Appropriate balance between medical and non-medical staff with non-medical staff not exceeding 30%. Local (Malaysian) faculty should be AT LEAST 50% of the total number of staff.
4.1.3	Academic staff workload - Average teaching hours for each staff should not exceed 18 hours/week.
4.1.4	Adequate - In computing the ratio, the medical school must convert the part time to full time equivalent (FTE) using the normal full-time workload. The part-time academic staff should not be more than 40%. Qualified academic staff - The qualification must match the subject taught. For clinical teaching the medical practitioner must have valid registration with Malaysian Medical Council.
5.1.1	The number of students who can be enrolled will be based on the number of beds available for teaching purposes, at a ratio of **1 student to 5 beds**. Hence for a faculty that admits 150 students in one year, the total number of beds available for teaching must be at least 750.
6.2.2	The programme leader is the chief official of the medical school, must have ready access to the Vice Chancellor or President or other official in-charged with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the programme leader. The programme leader usually holds the position of the Dean or Head of School.

PRESIDENT FOREWORD
MALAYSIAN MEDICAL COUNCIL
STANDARDS FOR UNDERGRADUATE MEDICAL EDUCATION

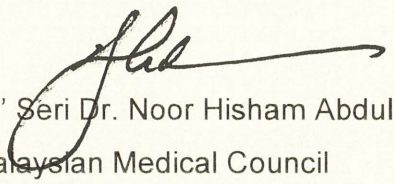
Medical Education Committee (MEC) under Malaysian Medical Council (MMC) with Malaysian Qualifications Agency (MQA) facilitates quality through the development of quality assurance documents namely Standards for Undergraduate Medical Education. This standard is aligned with current Malaysian Qualifications Framework (MQF), Codes of Practice of Programme Accreditation (COPPA), and Guidelines to Good Practices all of which must be used as a reference point in the conduct of a programme of study in Malaysia.

After many rounds of discussions and stakeholders' engagement for feedback, the Standards for Undergraduate Medical Education is now officially ready for publication. I must congratulate the Undergraduate Education of the Medical Education Committee, Malaysian Medical Council for the job well done. A special thank you goes to Prof. Dr. Nabishah Mohamad for dedication and exemplary leadership in heading the team to complete the daunting task.

Quality assurance is an ongoing process and it is the responsibility of all parties involved. Thus, it is of utmost importance for MEC MMC to continuously review its quality assurance practices ensuring their relevancy, reliability, adaptability and effectiveness to address the ever-changing environment within which medical schools operates. The MEC MMC hopes that this Standard for Undergraduate Medical Education would assist institutions to enhance their quality provisions through the self-review and internal assessment processes as well as the external audit conducted by the MQA and MMC. This document serves as a guide for all medical schools in Malaysia in ensuring that their medical faculty is capable of offering quality medical education according to the standards sets. The standards listed are the minimum requirements that every medical school should provide to their medical graduates. The Ministry of Health will not compromise on the quality of the graduates produced because patient safety is its utmost priority. Therefore, medical schools are encouraged to offer more clinical exposure than what is listed in the standards. In the

spirit of shared responsibility and balancing the demands of autonomy, flexibility and accountability, the MEC MMC looks forward to continuous collaboration with all stakeholders in enhancing the quality of medical education in Malaysia.

On behalf of the MMC, I wish to extend our sincere appreciation and gratitude to all those who have contributed towards the preparation of Standards for Undergraduate Medical Education. It is our hope that this Standards will serve the purpose of our common endeavour to achieve medical education of the highest quality.



Tan Sri Dato' Seri Dr. Noor Hisham Abdullah
President Malaysian Medical Council

GLOSSARY

Definition of terms use in the Standard for Medical Education

1.	Academic staff workload	Average teaching hours for each staff should not exceed 18 hours/week.
2.	Affirmations	Proposed improvements by the medical school on aspects of the programme, which the panel believes significant and which it welcomes.
3.	Appropriate student conduct	A written code of conduct.
4.	Aptitude test	An assessment to test a candidate's abilities through a variety of different **testing** formats. **Aptitude tests** will **test** candidate ability to perform tasks and react to situations at work. This includes problem-solving, prioritisation and numerical skills, amongst other things.
5.	Areas of concern	Aspect of the programmes that is below the standards and require improvement.
6.	Assessment blueprint	The assessment blueprint, also known as table of specifications, is a two-way grid outlining the major course content or the learning outcomes (which specify the learning domain and competency level) versus and tool of assessment.
7.	Assessment: Summative	Summative assessment is the assessment of learning, which summarises the progress of the learner at a particular time and is used to assign the learner a course grade.
8.	Assessment: Continuous	Continuous Assessment is data collection processes that are continuously done throughout the duration of a course/module or throughout the duration of a programme to gather evidences of learning for the purpose of improving learning, modifying teaching and adjusting the curriculum design. It also includes data gathering that are used to assess how well courses offered by the programme support attainment of the programme learning outcomes.

9.	Assessment: Formative	Formative Assessment is a form of low-stakes assessment for learning and is part of the instructional process. It is about continuously collecting data as learning is in progress. When incorporated into classroom practice, it provides the information needed to adjust teaching and learning while they are happening. In this sense, formative assessment informs both teachers and students about student understanding at a point when timely adjustments can be made. These adjustments help to ensure students achieve the targeted learning outcomes within a set time frame.
10.	Basic biomedical sciences	Include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.
11.	Clinical sciences	The clinical sciences - include anaesthetics, dermatology, radiology, emergency medicine, general practice/family medicine, internal medicine, geriatrics, gynaecology & obstetrics, ophthalmology, orthopaedics surgery, otorhinolaryngology, paediatrics, palliative care, psychiatry, surgery.
12.	Commendation	Aspects of the provision of the programme that are considered worthy of praise.
13.	Competency	A student's knowledge, skills and abilities which enable the student to successfully and meaningfully complete a given task or role
14.	Condition	A mandatory requirement, which the medical school must comply within a stipulated time period
15.	Dean (Programme leader)	The chief official of the medical school, who usually holds the title 'Dean' must have ready access to the Vice Chancellor or President or other official in charged with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the dean's office.

16.	Educational Expertise	Educational experts and specialists who are available, and, used to plan programmes such as designing and reviewing the curriculum, selecting relevant contents, developing teaching and learning methods, advising on the assessment modes, building staff capacity and conducting educational research and providing consultancy services.
17.	e-Learning	Learning facilitated and supported through the use of information and communications technology.
18.	Evidence-based medicine	Medicine founded on documentation, trials and accepted scientific results.
19.	Full-time Equivalent	A measure to convert part-time staff workload to full-time equivalent using a normal full-time staff workload. This is only used for the purpose of computing part-time to full-time academic staff whereby the part-time staff should not be more than 40%.
20.	Full-time Staff	Staff with permanent appointment or contract appointment (minimum one year) who works exclusively for a Higher Education Provider.
21.	Health sector	Health sector would include the health care delivery system, whether public or private, and medical research institutions.
22.	Higher Education Provider (HEP)	A higher education provider is a body corporate, organisation or other body of persons which conducts higher education or training programmes leading to the award of a higher education qualification.
23.	Institutional autonomy	Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private co- operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum, assessments, students admission, staff recruitment/selection and employment conditions, research and resource allocation.

24.	Interprofessional Education (IPE)	The occurrence of two or more health or social professions learning interactively about, from and with each other, all with the common goal of enabling effective collaboration and improving patient health outcomes.
25.	Interprofessional Collaborative Practice (IPP)	Interprofessional practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.
26.	Learning Outcomes	Learning outcomes are statements on what a learner should know, understand and can do upon the completion of a period of study.
27.	Malaysian Qualifications Framework (MQF)	The Malaysian Qualifications Framework is an instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices.
28.	Medical Ethics	Medical ethics deals with moral issues in medical practice such as values, rights and responsibilities related to physician behaviour and decision making.
29.	Medical Law	Medical law is the branch of law which concerns the prerogatives and responsibilities of medical professionals and the rights of the patient.
30.	Medical Research	Medical research encompasses scientific research in basic biomedical, clinical, behavioural and social sciences.

31.	Medical School	The educational organisation providing a basic (undergraduate) programme in medicine and is synonymous with medical faculty, medical college, medical academy or medical university. The medical school can be part of or affiliated to a university or can be an independent institution at equal level.
32.	Mission	The overarching frame to which all other aspects of the educational institution and its programme have to be related. Mission statement would include general and specific issues relevant to institutional, national, regional and global policy and needs. Mission in this document includes the institution's vision.
33.	MQF Level	MQF level, as described in the Malaysian Qualification Framework, is an award level described with generic learning outcomes and qualification descriptors which characterises a typical qualification.
34.	Postgraduate Medical Education	Postgraduate medical education would include post-registration education, which could be vocational / professional education, specialist / subspecialist education and other formalised education programmes for defined expert functions.
35.	Programme	A programme is an arrangement of modules that are structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to an award of a qualification.

36.	Programme Accreditation	An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are two stages of programme accreditation: Provisional Accreditation is an accreditation exercise to determine whether a proposed programme meets the minimum quality standards prior to its launch. Full Accreditation is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a provisionally accredited programme meet the quality
37.	Programme Aims	Programme aims is an overarching statement on the purpose, philosophy and rationale in offering the programme.
38.	Programme Objectives	Broad statements that describe the career and professional accomplishments that the programme is preparing graduates to achieve after they graduated.
39.	Programme Learning Outcomes	Statements that describe the specific and general knowledge, skills, attitude and abilities that the programme graduates should demonstrate upon graduation.
40.	Quality Assurance	Quality assurance comprises planned and systematic actions (policies, strategies, attitudes, procedures and activities) to provide adequate demonstration that quality is being achieved, maintained and enhanced, and meets the specified standards of teaching, scholarship and research as well as student learning experience.
41.	Quality Enhancement	Quality enhancement is steps taken to bring about continual improvement in quality.

42.	Self-Review Report (SRR)	Self-Review Report is a report submitted by a higher education provider that demonstrates whether it has achieved the quality standards for purposes of a full programme accreditation. (Incorporated in the Evaluation Instrument).
43.	Stakeholders	A person, group or organization that has interest or concern in an organization. This includes all parties that are directly affected by the success or failure of an educational system, as well as those indirectly affected
44.	Stakeholders: Principal Stakeholders	Include the dean, the faculty board / council, the curriculum committee, representatives of staff and students, alumni, the university leadership and administration, relevant governmental authorities and regulatory bodies.
45.	Stakeholders: Other Stakeholders	Include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies and postgraduate medical educators.

List of Table

Note: All tables are link to evaluation instrument

SECTION 1
INTRODUCTION TO PROGRAMME ACCREDITATION

SECTION 1

INTRODUCTION

Malaysia is committed to the highest standards of professionalism in medical practice. Accreditation of its undergraduate medical education programme has been introduced as a quality assurance mechanism. This exercise will promote public confidence and provide assurance to society and to the medical profession that the quality of provision and standards of degree in Medicine are being safeguarded and enhanced.

The accreditation process assists medical schools in the attainment of standards of structures and function as well as the performance of graduates in compliance with national norms of preparation for practice and further medical training. All doctors wish to be licensed for medical practice in Malaysia must graduate from accredited medical schools. The accreditation of Medical programmes is under the purview of Malaysian Qualification Agency (MQA)

The standards and procedures for accreditation of medical programmes was first developed in 1998, then reviewed in year 2000 to align the standards with the World Federation of Medical Education (WFME) global standards in medical education. The standards was reviewed again in 2006 and 2010. In 2018, Malaysian Qualification Agency (MQA), the agency that is responsible in accreditation of all academic programmes in Malaysia published a new version of Code of Practice of Programme Accreditation (COPPA), which has led to the revision of the standards which adopted the COPPA 2nd edition. The objectives for this review were: 1) to ensure that the standards reflect current shift of learning strategies from traditional teacher-centred to students-centred and 2) students active learning, using the principles of outcome-based education. While the standards aims to safeguard the public in terms quality education and producing safe medical practitioners, it does not limit the institutions from being creative and innovative and expand the scope of medical knowledge. Instead this standards encourages and celebrates diversity in acquiring knowledge and clinical skills with appropriate attitude and high standard of professionalism.

This standards covers 7 areas namely: Area 1: Programme Development and Delivery, Area 2: Assessment of Student Learning, Area 3: Student Selection and Support

Services, Area 4: Academic Staff, Area 5: Educational Resources, Area 6: Programme Management and Area 7: Programme Monitoring, Review and Continual Quality Improvement. In view of rapid development in the area of Medical education and in tandem with feedback from various stakeholders, the revised standard is now ready to be published as the second edition.

This standards formed the basis for accreditation of undergraduate medical programmes. The undergraduate sub-committee of Malaysian Medical Council with support from Malaysian Qualification Agency developed an evaluation instrument that is aligned with the standards. The evaluation tool consists of 100 items is published online together with the standards. All institutions are required to self-evaluate and submit it together with institutional databases. This is an important step to encourage quality enhancement among the Higher Education Providers.

In order to facilitate HEP and panel accreditors in the evaluation process, other supporting documents were also produced which include guideline to Data Submission for Programme Accreditation and List of Core Competencies and their expected level that should be acquired upon graduation.

This document must be read together with other quality assurance documents and other policies by MQA and related agencies. These include but not limited to:

1. Malaysian Qualifications Framework (MQF). 2nd Edition
2. Code of Practice for Institutional Audit (COPIA)
3. Code of Practice for Programme Accreditation (COPPA). 2nd Edition- updated Nov 2018
4. Guidelines to Good Practices (GGP)
5. Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi (2009-2020). Edisi ketiga

Acknowledgement

Undergraduate Education Subcommittee, Medical Education Committee

Chairperson

Prof. Dr. Nabishah Mohamad

Members

Dr. Mohamad Nurman Yaman
Universiti Kebangsaan Malaysia (UKM)

Dr. Mohd Nasri Awang Besar
Universiti Kebangsaan Malaysia (UKM)

Assoc Prof. Dr. Suhaila Sanip
Universiti Sains Islam Malaysia (USIM)

Prof. Dr. Adinegara Lufti Abas
Manipal University College Malaysia (MUCM)

With the assistance of:

Dato' Dr. Mohd Khairi Yakub

Dr. Ahmad Soufi Bin Ahmad Fuad

En. Abdul Saman Taip

En. Muhammad Faiz Asyraf Bahrudin

We would like to record our sincere appreciation to those who were involved in the development of the Standards Version 1

Prof. Datuk Dr. Abdul Razzak Mohd Said

Dr. Wan Md. Shihabudin Wan Mamat

Hj. Mohamed Nadzri Mohd. Yusoff

En Zamrin bin Salim

Pn. Nurin Aliman

The Undergraduate Medical Education subcommittee wish to thank Malaysian Qualification Agency for valuable technical support on the development of the standard and in preparing of guidelines for submissions of database from HEP and guidelines for writing accreditation report. We would also like thanks participants from various workshops for their valuable input and feedback.

1. *Pembentangan Cadangan Standard Akreditasi Undergraduate kepada semua stakeholders at Agensi Kelayakan Malaysia* dated on 8th October 2018.
2. Focus Group Discussion on the Stakeholders Feedback for New Standards for Undergraduate at Malaysian Medical Council dated 22nd January 2019.
3. Workshop on Development of Core Competency Undergraduate Medical Curriculum at Malaysian Medical Council dated on 17th April 2019.
4. Workshop on Development of Evaluation tool for Undergraduate Medical Curriculum at International Medical University dated on 5th August 2019.
5. Workshop on Development of Core Competency II Undergraduate Medical Curriculum at Malaysian Medical Council dated on 7th August 2019.
6. Workshop on Development of Core Competency II Undergraduate Medical Curriculum at Malaysian Medical Council dated on 24th February 2020
7. *Bengkel Latihan Panel Lawatan Akreditasi Sesi 2020* dated on 30th September 2020

Name of participants attending all the workshops are listed in Appendix 11.

SECTION 2

CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

SECTION 2: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1.	**Statement of Educational Objectives of Academic Programme and Learning Outcomes**
1.1.1.	The medical school must: ▪ have its programme to be consistent with, and supportive of, the vision, mission and goals of the medical school. ▪ in its mission, outline the aims and the educational strategy resulting in a competent medical doctor. ▪ have a mission that encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability.
1.1.2.	A new medical programme shall be considered only after a needs assessment has indicated that there is a need for the programme to be offered.
1.1.3.	The medical school must: ▪ state its programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment, and ensure constructive alignment among them. ▪ define the programme learning outcomes that students should exhibit upon graduation in relation to their achievements regarding knowledge, skills, and attitudes; the appropriate foundation for a future career in any branch of medicine; their future roles in the health sector; their commitment to life-long learning; the health needs of the community and the needs of the health care delivery system.
1.1.4.	The programme learning outcomes must correspond to the Malaysian Qualifications Framework (MQF) level descriptors at Level 6 and the five clusters of MQF learning outcomes: 1. Knowledge and understanding 2. Cognitive skills 3. Functional work skills with focus on: a. Practical Skills b. Interpersonal skills c. Communication skills d. Digital skills e. Numeracy skills f. Leadership, autonomy and responsibility

	4. Personal and entrepreneurial skills. 5. Ethics and professionalism. *Annotation 1: The 2nd Second Malaysian Qualifications Framework (MQF) was published in April 2018 (Pekeliling MQA.100-1/7/1 Jilid (4)). Appendix 1: Detailed explanation of MQF learning clusters and the descriptions. Appendix 2: Description MQF level 6.*
1.1.5.	Considering the stated learning outcomes, the programme must prepare and ensure that the graduates are ready for housemanship and subsequent postgraduate medical education.
1.2.	**Programme Development: Process, Content, Structure and Teaching-Learning Methods**
1.2.1.	The medical school must have adequate **institutional autonomy** to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding the design of the curriculum and the use of the allocated resources necessary for implementation of the curriculum.
1.2.2.	The medical school must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP and the relevant regulatory bodies.
1.2.3.	The medical school must consult the stakeholders in the development of the curriculum including educational experts as appropriate.
1.2.4.	The curriculum must: ▪ apply the principles of scientific method, including analytical and critical thinking, medical research methods and evidence-based medicine. ▪ identify and incorporate aspects of the basic biomedical sciences to create an understanding of scientific knowledge and concepts fundamental to acquiring and applying the clinical sciences. ▪ identify and incorporate aspects of the behavioural sciences, social sciences, medical ethics and medical laws that are relevant to the practice of medicine. ▪ identify and incorporate aspects of the professional skills and attitudes to ensure that students: ○ acquire sufficient clinical competency to function effectively as medical house officers after graduation. ○ spend a reasonable part of the programme in planned contact with patients in relevant clinical settings.

	○ participate in health promotion and preventive medicine activities. ▪ specify the amount of time spent in training of major clinical disciplines. ▪ emphasise healthcare economics in the context of Malaysia and include funding frameworks, cost of care and clinical decisions. *Annotation: Refer to Section 4 for Core Competencies and provide detail course information in Table 4. Please use appendix 3 as guide to calculate students learning time and credit value. For credit value, the total credit shall not be less than 200 for the whole programme.* *Appendix 3: Guideline on Credit Value and Student learning time* *Appendix 4: Framework of the medical curriculum and core contents*
1.2.5.	The medical school must: ▪ have the appropriate learning and teaching methods relevant to the programme educational objectives and learning outcomes. ▪ ensure that the content, extent and sequencing of courses and other curricular elements are relevant.
1.2.6.	There must be co-curricular activities to enrich student experience, and to foster personal development and social responsibility.
1.3.	**Programme Delivery**
1.3.1.	The medical school must: ▪ have a curriculum committee that has the responsibility and authority for planning, implementing and reviewing the curriculum. ▪ in its curriculum committee ensure representation of staff, students, and other stakeholders.
1.3.2.	Students must be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies.
1.3.3.	The medical school must have an appropriate programme leader such as the Dean, Head of School or any other suitable designation and a team of academic staff with adequate qualifications and **authority** for the effective delivery of the programme.
1.3.4.	The medical school must provide students with conducive learning environment which:

	▪ have adequate physical facilities for students to ensure that the curriculum can be delivered adequately. ▪ match the physical facilities to the developments in medical education. *Annotation: For new medical programme, the medical student intake should not exceed 50 students per year. Subsequently, the school can apply to the Ministry of Higher Education for an increase in the student intake.*
1.3.5.	The medical school must encourage innovations in teaching, learning and assessment.
1.3.6.	The medical school must obtain regular feedback from stakeholders to improve the delivery of the programme outcomes.

AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1.	**Relationship between Assessment and Learning Outcomes**
2.1.1.	The medical school must define the assessment principles, methods and practices use for assessment of its students and it must be aligned to the learning outcomes of the programme.
2.1.2.	The alignment between assessment and the learning outcomes in the programme must be systematically and regularly reviewed to ensure its effectiveness.
2.2.	**Assessment Methods**
2.2.1.	The medical school must ensure: ▪ that there are a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies. ▪ it assesses medical students against the learning outcomes at appropriate points, and make sure they achieve all outcomes upon graduation. ▪ that students who graduate have demonstrated that they are competent in all the outcomes. ▪ that the assessments are open to scrutiny by external expertise using a structured format. *Annotation: A variety of methods and tools: Medical school must use a valid and reliable assessment tool to assess different learning domains. It is best shown by assessment blueprint.* *Annotation: External expertise: Content expert in a particular field who are external to HEP.*
2.2.2.	There must be mechanisms to ensure, and to periodically review the assessment system, and establish the validity, reliability, integrity, and fairness of the assessment methods and tools.
2.2.3.	The medical school must document and communicate to students the frequency, methods, and criteria of student assessment - including the grading system, the criteria for setting pass marks, grade boundaries, rules of progression, number of allowed retakes and appeal policies.
2.2.4.	Changes to student assessment methods must follow established procedures and regulations and be communicated to students prior to their implementation.

2.3.	**Management of Student Assessment**
2.3.1.	The medical school and its academic staff must have adequate level of **autonomy** in the management of student assessment.
2.3.2.	There must be mechanisms to ensure the security of assessment documents and records.
2.3.3.	The assessment results must be communicated to students before the commencement of a new academic session.
2.3.4.	The medical school must have appropriate guidelines and mechanisms for students to appeal their results.
2.3.5.	The medical school must periodically review its student assessment system, act on the findings of the review and incorporate new assessment methods where appropriate.

AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1.	**Student Selection**
3.1.1.	The programme must have clear criteria and processes for student selection (including that of transfer students) and these must adhere to prevailing guidelines on minimum entry requirements issued by the relevant regulatory bodies. *Appendix 5: Minimum qualifications for entry into a medical programme as approved by MoHE.*
3.1.2.	The criteria and processes of student selection must be transparent, objective and comply with regulatory requirements.
3.1.3.	Student enrolment must comply with the requirements of the relevant regulatory bodies and within the capacity of the medical school to effectively deliver the programme. *Annotation: Requirement from Malaysian Medical Council: Pursuant to the Age of Majority Act 1971 (Act 21) and taking into cognisance of intimate issues and procedures, student should be at least 18 years old during admission (MPM 398 meeting dated 22 September 2020),* no serious physical or mental illness ; and/or serious communicable disease which may impact upon their future practice.
3.1.4.	The medical school must: ▪ state the relationship between selection of students and the mission of the school, the educational programme and desired qualities of graduates. ▪ periodically review the admission policy. ▪ have a system for appeal of admission decisions.
3.1.5.	The medical school must offer appropriate developmental or remedial support to assist students, including incoming transfer students who are in need.
3.2.	**Articulation and Transfer**
3.2.1.	The medical school must have well-defined policies and mechanisms to facilitate student mobility, which may include student transfer within and between institutions as well as cross-border.

	Annotation: Students transfer involving credit transfer either vertical or horizontal must adhere to Dasar Pindah Kredit as stated in Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi 2009-2020. Page 157-162 *Appendix 6: Transfer students*
3.2.2.	The medical school must ensure that the incoming transfer students have the capacity to successfully follow the programme and comply with all relevant regulations.
3.3.	**Student Support Services**
3.3.1.	Students must have access to appropriate and adequate support services, such as physical, social, religious, financial, recreational and online facilities, academic and non-academic counselling and health services.
3.3.2.	There must be a designated administrative unit, with a distinct organisational structure in the HEP, responsible for planning and implementing student support services and adequately staffed by individuals who have the appropriate experience.
3.3.3.	An effective induction to the programme must be available to new students with special attention given to international students as well as students with special needs.
3.3.4.	Academic, non-academic and career counselling must be provided by adequate and qualified staff.
3.3.5.	There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social supports.
3.3.6.	The medical school must have clearly defined and documented processes and procedures in handling student disciplinary cases.
3.3.7.	The medical school must: ▪ have an effective mechanism for students to voice their grievances and seek counselling and resolution on academic and non-academic matters. ▪ ensure confidentiality in relation to counselling and support.
3.3.8.	Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.

3.4.	**Student Representation and Participation**
3.4.1.	There must be well-disseminated policies and processes for active student engagement especially in areas that affect their interest and welfare.
3.4.2.	There must be adequate student representation and organisation at the institutional and medical school levels.
3.4.3.	Students must be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for medical practice.
3.4.4.	Student activities and organisations must be facilitated to encourage character building, inculcate a sense of belonging and social responsibility, be a change advocate and promote active citizenship.
3.5.	**Alumni**
3.5.1.	The medical school must foster active linkages with alumni to develop, review and continuously improve the programme.

AREA 4: ACADEMIC STAFF

4.1.	Recruitment and Management
4.1.1.	The medical school must have a clearly defined plan for its academic manpower needs consistent with institutional policies and programme requirements: ▪ which outline the type, responsibilities and a balance of the academic staff/faculty numbers between the basic biomedical sciences and the clinical sciences to ensure effective delivery of the programme. There should also be an appropriate balance between medical and non-medical academic staff especially in the basic sciences. ▪ that address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. ▪ which specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences and the clinical sciences. ▪ Local (Malaysian) faculty should be AT LEAST 50% of the total number of staff *Annotation: Appropriate balance between medical and non-medical staff with non-medical staff not exceeding 30%.*
4.1.2.	The medical school must have a clear and documented academic staff selection and recruitment policy where the criteria for selection are based primarily on academic merit and/or relevant experience. *Refer to Appendix 7 for minimum number of academic staff for each discipline*
4.1.3.	The staff-student ratio for the programme must be appropriate to the teaching-learning methods and relevant to the various curricular components. *Annotation: For the academic staff workload, the average face to face teaching hours for each staff should not exceed 18 hours/week.* *Appendix 8: Teacher-students ratio in teaching-learning activities.*
4.1.4.	The medical school must have adequate and qualified academic staff responsible for implementing the programme. *Annotation: Adequate - In computing the ratio, the medical school must convert the part time to full time equivalents (FTEs) using the normal full-time workload. The part-time academic staff should not be more than 40%. – Refer to Appendix 9 for*

	the guideline to calculate FTE *Number of lecturer per discipline- Refer to appendix 7* *Annotation: Qualified academic staff - The qualification must match the subject taught. A medical practitioner teaching in hospitals/clinics must have the annual practicing certificate issued by the Malaysian Medical Council.*
4.1.5.	The medical school must have a policy that reflects an equitable distribution of responsibilities and workload among the academic staff in terms of teaching, research, service and management roles.
4.1.6.	The recruitment policy for medical programme must seek diversity among the academic staff in terms of qualification, experience and background.
4.1.7.	The medical school must have a policy and procedures for recognition of staff performance through promotion, salary increment or other incentives which are clear, transparent and based on merit.
4.1.8.	The medical school must have national and international linkages for exchange of ideas, experience and best practices among academics, professionals and practitioners in order to enhance teaching and learning in the programme.
4.2.	**Service and Development**
4.2.1.	The medical school must have policies addressing matters related to professional development of the academic staff which allow a balance of capacity between teaching, research and service functions.
4.2.2.	The medical school must provide opportunities for academic staff to focus on their respective areas of expertise.
4.2.3.	The medical school must have clear policies on conflict of interest and professional conduct, including procedures for handling disciplinary cases among academic staff. For registered medical practitioners, the Code of Professional Conduct of the Malaysian Medical Council shall apply accordingly.
4.2.4.	The medical school must have mechanisms and processes for regular student evaluation of the academic staff for quality improvement.
4.2.5.	The medical school must have a continuous professional development programme for its staffs.

4.2.6.	The medical school must provide opportunities for academic staff to participate in professional, academic and other relevant activities, at national and international levels to obtain professional qualifications to enhance teaching-learning experience.
4.2.7.	The medical school must encourage and facilitate its academic staff to play an active role in community engagement activities.

AREA 5: EDUCATIONAL RESOURCES

5.1.	**Physical Facilities**
5.1.1.	The medical school must have sufficient and appropriate physical facilities and educational resources to ensure that the curriculum can be delivered adequately. This shall include facilities for practical and clinical training. *Annotation: The number of students who can be enrolled will be based on the number of beds available for teaching purposes, at a ratio of **1 student to 5 beds**. Hence for a faculty that admits 150 students in one year, the total number of beds available for teaching must be at least 750.*
5.1.2.	The physical facilities must comply with the relevant laws and regulations and ensure a teaching-learning environment which is safe for staff, students, patients and their relatives.
5.1.3.	The library or resource centre must have adequate and up-to-date reference materials and qualified staff that meet the needs of the programme and research amongst academic staff and students.
5.1.4.	The educational resources, services and facilities must be maintained and periodically reviewed to improve its quality and appropriateness.
5.1.5.	The medical school must: ▪ have a clear policy on ethical use of information and communication technology. ▪ ensure adequate access to web-based or other electronic media.
5.2.	**Research and Development**
5.2.1.	The medical school must have a research policy with adequate facilities and resources to sustain them.
5.2.2.	The interaction between research and learning must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research and scholarly activities.
5.2.3.	The medical school must periodically review its research resources and facilities, take appropriate action to enhance its research capabilities and promote a conducive research environment.

5.3.	**Financial Resources**
5.3.1.	The HEP must demonstrate financial viability and sustainability for the programme.
5.3.2.	The medical school must have clear procedures to ensure that its financial resources are sufficient and managed efficiently.
5.3.3.	The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the Medical School.
5.4.	**Educational Expertise**
5.4.1.	The medical school must: ▪ have access to educational expertise. ▪ have a clear policy on the use of educational expertise in curriculum review, curriculum development and the development of methods in teaching-learning and assessment. ▪ demonstrate evidence of the use of in-house or external educational expertise in faculty development initiatives.

AREA 6: PROGRAMME MANAGEMENT

6.1.	**Programme Management**
6.1.1.	The medical school must clarify its management **structure and function**, including their relationship within the HEP and ensure the transparency of its governance.
6.1.2.	The medical school must provide accurate, relevant and timely information about the programme which is easily and publicly accessible, especially to prospective students.
6.1.3.	The medical school must have policies, procedures and mechanisms for regular review and updating of its management structures, functions, strategies and core activities to ensure continuous quality improvement.
6.1.4.	The medical school must have an effective decision-making committee / board with an adequate degree of autonomy in implementing the curriculum.
6.1.5.	For programmes conducted in different campuses or with partner institutions, mechanisms must be established to ensure functional integration and comparability of the educational quality.
6.1.6.	The medical school must: ▪ have constructive interaction with the health and health related sectors of society and government. ▪ conduct internal and external consultations, market needs (for new programme) and graduate employability analysis
6.2.	**Programme Leadership**
6.2.1.	The medical school must clearly state the criteria for the appointment and the responsibilities of the programme leader.
6.2.2.	The programme leader, preferably is a medical practitioner, qualified by education and experiences to provide leadership in medical education, in scholarly activity and in research and development. *Annotation: The programme leader is the chief official of the medical school, must have ready access to the Vice Chancellor or President or other official in charge with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the programme leader. The programme leader usually holds the position of the Dean or Head of School.*

6.2.3.	There must be mechanisms and processes for communication between the programme leader, medical school and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.
6.3.	**Administrative Staff**
6.3.1.	The medical school must have sufficient number of qualified administrative staff to support the implementation of the programme and related activities and to ensure good management and resource deployment.
6.3.2.	The medical school must conduct regular performance review of the administrative staff of the programme.
6.3.3.	The medical school must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.
6.4.	**Academic Records**
6.4.1.	The medical school must have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records.
6.4.2.	The medical school must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.
6.4.3.	The medical school must implement policies on the rights of individual privacy and the confidentiality of records and comply with the relevant laws of Malaysia.
6.4.4.	The medical school must continually review policies on the security and confidentiality of records, including the increased use of electronic technologies and safety systems.

AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

7.1.	**Mechanisms for Programme Monitoring, Review and Continual Quality Improvement**
7.1.1.	The medical school must have clear policies and appropriate mechanisms for regular programme monitoring and review.
7.1.2.	The medical school must have a Quality Assurance (QA) unit for internal quality assurance of the medical school to work hand-in-hand with the QA unit of the HEP.
7.1.3.	The medical school must: ▪ have a designated head responsible for continual review of the programme to ensure it remains current and relevant. ▪ have procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme.
7.1.4.	The medical school's review system must systematically seek, analyse and respond to teacher, student, alumni and other stakeholder's feedback in relation to the mission and intended educational outcomes, curriculum and provision of resources.
7.1.5.	The medical school must make the programme review report accessible to stakeholders.
7.1.6.	The medical school must: ▪ Implement the continual quality improvement based on the analysis of various aspects of student performance, progression, attrition, graduation and employment. ▪ adapt the student admissions policy, selection methods and student intake to changing expectations and circumstances, institutional resources, and the requirements of the educational programme.
7.1.7.	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.
7.1.8.	The findings of a programme review must be presented to the HEP for its attention and further action.
7.1.9.	There must be an integral link between the medical school quality assurance processes and the achievement of the institutional purpose.

SECTION 3

DATA SUBMISSION FOR PROGRAMME ACCREDITATION (MQA 02-UG MEDICAL PROGRAMME)

SECTION 3

MQA-02 2020 (FULL ACCREDITATION) Medical Programme

PART B: PROGRAMME DESCRIPTION

Part B of the MQA-02 (2017) requires the HEP to furnish information on the programme. The information required includes the name of the programme, the Malaysian Qualifications Framework (MQF) level, the graduating credits, the duration of study, entry requirement, mode of delivery and the awarding body.

1. Name of the Higher Education Provider (HEP):
2. Name of the programme (as in the scroll to be awarded):
3. MQF level:
4. Graduating credit: (as stated in the license)
5. Has this programme been accredited by MQA for other premises? If yes, please provide the following details:

No.	Name and Location of the Premises (main campus / branch campuses / regional centre)	Mode of Delivery	Accreditation Status	
			Provisional	Full
1.				
2.				
3.				

6. Type of award (e.g., single major, double major, etc.):
7. Field of study and National Education Code (NEC 2020):
8. Language of instruction:
9. Type of programme (e.g., own, collaboration, external, joint award/joint degree, etc.):
10. Mode of study (e.g., full-time/part-time):
11. Mode of offer (please (/) where appropriate):

Undergraduate Programme		Postgraduate Programme	
Coursework		Coursework	
Industry Mode (2u2i)		Mixed mode	
		Research	

12. Method of learning and teaching (e.g. lecture/tutorial/lab/field work/studio/blended learning/e-learning, etc.):

13. Mode of delivery (please (/) as appropriate):

Conventional (traditional, online and blended learning)	
Open and Distance learning (ODL)	

14. Duration of study:

	Full-time		**Part-time**	
	Long Semester	**Short Semester**	**Long Semester**	**Short Semester**
No. of Weeks				
No. of Semesters				
No. of Years				

Note: Number of weeks should include study and exam week.

15. Entry requirements:

16. Estimated date of first intake: month/year

17. Projected intake and enrolment: (applicable for provisional accreditation)

Year	Intake	Enrolment
Year 1	e.g.: 100	e.g.: 100
Year 2	e.g.: 100	e.g.: 200
Year 3	e.g.: 100	e.g.: 300
Total		

18. Total enrolment of student (applicable for full accreditation):

Year	Intake	Enrolment
Year 1	e.g.: 60	e.g.: 60
Year 2	e.g.: 70	e.g.: 130
Year 3	e.g.: 90	e.g.: 220
Year 4		
Year 5		
Total		

19. Estimated date of first graduation: month/year
20. Types of job/position for graduate:
21. Awarding body:
    - Own
    - Others (Please name)

    (Please attach the relevant documents, where applicable)

    i. Proof of collaboration between HEP and the collaborative partner such as copy of the Validation Report* of the collaborative partner** and the Memorandum of Agreement (MoA)
    ii. Approval letter from the Higher Education Department (*Jabatan Pendidikan Tinggi*, JPT) of the Ministry of Higher Education for programmes in collaboration with Malaysian public universities
    iii. Proof of approval and supporting letter to conduct the programme from certification bodies/awarding bodies/examination bodies
    iv. A copy of the programme specification as conducted by the collaborative partner (eg. Handbook)
    v. Proof of collaboration with Quality Partners* for the programme, where applicable
    vi. For programmes which require clinical training, please attach proof of approval from the relevant authority
    vii. Any other document where necessary
22. A sample of scroll to be awarded should be attached.
23. Address(s) of the location where the programme is/to be conducted:
24. Contact person for the submission:
    i. Name and Title:
    ii. Designation:
    iii. Tel.:
    iv. Fax:
    v. Email:

Note:

* Validation report is an evaluation by the collaborative partner on the readiness and capability of the institution to offer the programme.

** Collaborative partner is the institution who owned the curriculum of the programme and conferred the award (franchisor), while the programme delivery is conducted by another institution (franchisee).

*** Quality partners are usually better-established universities which attest to the quality of a programme through the involvement or oversight of curriculum design, teaching and learning, or assessment.

PART C: PROGRAMME STANDARDS

Part C of the MQA-02 requires the HEP to furnish information on all the standards in the seven areas of evaluation for quality assurance on the programme to be accredited. The following pages provide a series of questions and statements that guide the HEP in furnishing such information.

In Area 1 (Programme Development and Delivery), there are 25 questions and statements related to the 17 standards.

In Area 2 (Assessment of Student Learning), there are 20 questions and statements related to the 11 standards.

In Area 3 (Student Selection and Support Services), there are 29 questions and statements related to the 20 standards.

In Area 4 (Academic Staff), there are 22 questions and statements related to the 15 standards.

In Area 5 (Educational Resources), there are 25 questions and statements related to the 12 standards.

In Area 6 (Programme Management), there are 23 questions and statements related to the 16 standards.

In Area 7 (Programme Monitoring, Review and Continual Quality Improvement), there are 12 questions and statements related to the 9 standards.

HEPs are required to use Evaluation Instrument of Undergraduate Medical Programme (Excel) to conduct self-review for each Area which should include the following:

i. **Strengths of the programme in meeting its goals;**

ii. **Steps taken in maintaining and enhancing the strengths/practices of the programme;**

iii. **Areas of concern that need to be addressed; and**

iv. **Steps taken to address the problem areas.**

(Refer to Section 4.1 in COPPA for complete requirement of a Programme Self-Review).

INFORMATION ON AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1 Statement of Educational Objectives of Academic Programme and Programme Learning Outcomes

1.1.1 Explain how the programme is aligned with, and supportive of, the vision, mission and goals of the HEP.

1.1.2 Provide evidence and explain how the school has considered market and societal demand (new programme only) for the programme. In what way is this proposed programme an enhanced of the other?

1.1.3 a) State the programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment of the programme.

b) Map the programme learning outcomes against the programme educational objectives. (Provide information in Table 1).

Table 1: Matrix of Programme Learning Outcomes (PLO) against the Programme Educational Objective (PEO).

Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)			
	PEO1	PEO2	PEO3	PEO4
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

c) Describe the strategies for the attainment of PLOs in term of teaching and learning strategies, and assessment

1.1.4 Map the programme learning outcomes to MQF level descriptors and the five cluster of MQF learning outcomes domains.

Table 1.1: Matrix of Programme Learning Outcomes (PLO) against Malaysian Qualification learning domain (MQF).

Programme Learning Outcomes (PLO)	Malaysian Qualification Framework (MQF) learning outcomes									
	1. Knowledge & understanding	**2. Cognitive Skills**	**3. Functional Work Skills:**						**4. Personal & Entrepreneurial Skills**	**5. Ethics & Professionalism**
			a) Practical Skills	b) Interpersonal Skills	c) Communication Skills	d) Digital Skills	e) Numeracy Skills	f) Leadership, Autonomy & Responsibility		
PLO 1										
PLO 2										
PLO 3										
PLO 4										
PLO 5										

1.1.5 a) How are the programme learning outcomes related to students' preparedness for housemanship and postgraduate medical education options upon completion of the programme?

b) Do the learning outcomes relate to the existing and emergent needs of the healthcare industry and the community? How was this established?

1.2 Programme Development: Process, Content, Structure and Teaching-Learning Methods

1.2.1 Describe the provisions and practices that indicate the autonomy of the medical school in the design of the curriculum, and its utilisation of the allocated resources.

1.2.2 Describe the processes to develop and approve curriculum by the highest academic authority of the HEP.

1.2.3 a) Who and how are the stakeholders consulted in the development of the curriculum?

b) Explain the involvement of educational experts (medical educationist) in this curriculum development.

1.2.4 a) Describe how the curriculum fulfils the requirements the programme standards and best practices in the medical education.

b) Provide the necessary information, where applicable, in Table 2:

Table 2: Components of the programme and its credit value

Minimum Graduating Credit: 200

	Course Classification		***Minimum Credit Value***	***HEP Credit Value***
1.	*Compulsory courses/modules**		*10*	
2.	***Core Courses***	• ***Basic Sciences***	*60*	
		• ***Clinical training*** • ***Projects Dissertation***	*110*	
3.	*Optional/Elective courses***		*2*	
4.	*Others (specify)*			

Note:

* Compulsory courses/modules refers to *Mata Pelajaran Umum* (MPU) and other courses required by the HEP.

**** Optional/elective courses refer to courses where students can exercise choice. Elective course: 1 credit= 80 notional hours

c) Provide a brief description for each course offered in the programme. Please arrange the courses by year and semester as in Table 3.

Table 3: Brief description of courses offered in the programme

No.	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory / Elective)	Credit Value	Programme Learning Outcomes (PLO)					Prerequisite/ co-requisite	Name(s) of Academic Staff
					PLO1	PLO2	PLO3	PLO4	PLO5		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10											

d) Provide information for each course, where applicable in Table 4.

Table 4: Course information (**a template in Excel format is provided separately for HEP to fill in. Please download the latest version from MQA website**)

1.	Name and Code of Course:
2.	Synopsis:
3.	Name(s) of academic staff:
4.	Semester and year offered:
5.	Credit value:
6.	Prerequisite/co-requisite (if any):
7.	Course learning outcomes (CLO): CLO 1 - …. CLO 2 - …. CLO 3 - …. CLO 4 - …. CLO 5 - ….

8. Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment Methods:

Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment Methods
	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9		
CLO 1											
CLO 2											
CLO 3											
CLO 4											
CLO 5											
Mapping with MQF Cluster of Learning Outcomes											

Indicate the primary causal link between the CLO and PLO by ticking "✓" the appropriate box.

(This description must be read together with Standards 2.1.2, 2.2.1 and 2.2.2 in Area 2.)

9. Transferable Skills (if applicable):

(Skills learned in the course of study which can be useful and utilised in other settings.)

10. Distribution of Student Learning Time (SLT):

Course Content Outline and Subtopic	CLO*	Teaching and Learning Activities									Total SLT
		Face-to-Face (F2F)								NF2F Independent Learning (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
		L	T	P	O	L	T	P	O		
1											
2											
3											
4											
SUB-TOTAL SLT											
Continuous Assessment	%	F2F								NF2F Independent Learning for Assessment (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
1											
2											
SUB-TOTAL SLT											
Final Assessment	%	F2F								NF2F Independent Learning for Assessment (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
1											
2											
SUB-TOTAL SLT											
SLT for Assessment											
GRAND TOTAL SLT											
A	% SLT for F2F Physical Componet										
B	% SLT for Online & Independent Learning Component										
C	% SLT for All Practical Component										
C1	% SLT for F2F Physical Pratical Component										
C2	% SLT for F2F Online Practical Component										

Please (✓) if this course is Elective Course using 50% of effective learning time (ELT)

L = Lecture, T = Tutorial, P = Practical, include Clinical learning, O = Others, F2F = Face to Face, NF2F = Non Face to Face

*Indicate the CLO based on the CLO's numbering in Item 8.

11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room):
12.	References (include required and further readings, and should be the most current):
13.	Other additional information:

1.2.5 Explain the appropriateness of teaching and learning methods applied to achieve the programme educational objectives and programme learning outcomes of the programme. (This is to be read together with information in 1.1.3.)

1.2.6 What are the co-curricular activities available to the students of this programme? How do these activities enrich student learning experience, and foster personal development and responsibility?

1.3 Programme Delivery

1.3.1 Provide evidence on how the curriculum committee has responsibility and authority for planning, implementing and reviewing the curriculum with representation of relevant stakeholders.

1.3.2 Show evidence that the students are provided with, and briefed on, the current information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.

1.3.3 a) Provide details of the leadership and the management structure of the programme, including members of the team responsible for the programme (example Dean, head of the departments, coordinators etc). State the manner in which the academic team manages the programme. What are their qualifications, authority and responsibility?

b) Does the programme team have access to adequate resources? Provide evidence.

1.3.4 Show how the medical school provides conducive learning environment for delivery of teaching and learning and aligned with best practices of medical education

1.3.5 Describe the medical school's initiatives to encourage innovations in teaching, learning and assessment.

1.3.6 State how the medical school obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence.

INFORMATION ON AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1 Relationship between Assessment and Learning Outcomes

2.1.1 Explain how assessment principles, methods and practices are aligned to the achievement of learning outcomes of the programme consistent with MQF level 6.
(The information given for this standard must be consistent with that of 1.2.4 in Area 1.)

2.1.2 Describe how the alignment between assessment and learning outcomes are regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

2.2 Assessment Methods

2.2.1 a) Describe how a variety of assessment methods and tools are used in assessing programme learning outcomes and competencies.

b) Show evidence that the variety of the assessment methods are valid to measure the learning outcomes and competencies. Provide assessment blueprint.

c) Show evidence the utilisation of both summative and formative assessment methods within the programme.

d) Show evidence of external review of assessment practices.

(The information given for this standard must be consistent with that of 1.2.4 in Area 1.)

2.2.2 a) Explain how the medical school ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).

b) Indicate the authority and processes for verification and moderation of summative assessments.

c) What guidelines and mechanisms are in place to address assessment misconduct among students (plagiarism, cheating etc)?

d) Are the assessment methods reviewed periodically? Describe the review of the assessment methods in the programme conducted (e.g., the existence of a permanent review committee on assessment and consultation with external assessors and examiners, students, alumni and other relevant stakeholders).

The information given for this standard must be consistent with that of 2.2.2(d).

2.2.3 a) Describe the documentation of assessment procedures, methods and regulations and how it is communicated to the students. This includes information on frequency, weightage, criteria, grading and how are appeals dealt with).

b) Explain how the department provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.

c) How are results made available to the students for purposes of feedback on performance, review and corrective measures?

d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?

2.2.4 Explain the processes in making changes to the assessment method. How are the changes made known to the students?

2.3 Management of Student Assessment

2.3.1 Explain the roles, rights and autonomy of the medical school and the academic staff in the management of student assessment.

2.3.2 Describe how the integrity of student assessment documents as well as academic records are ensured. Procedures and consequences of breach of security must also be documented and communicated.

2.3.3 Explain how and when continuous and final assessments results are made available to students.

2.3.4 What guidelines and mechanisms on students' appeal against assessment results are in place?

2.3.5 Explain how the medical school periodically reviews the management of student assessment and measures it take to address the issues highlighted by the review.

INFORMATION ON AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1 Student Selection

3.1.1 a) State the criteria and the mechanisms for student selection including that of transfer students and any other additional requirements, for example, those in relation to students with special needs.

b) Provide evidence that the students selected fulfil the admission policies that are consistent with applicable requirements.

c) Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable). Provide entry criteria approved by MOE (KPM).

3.1.2 a) Explain how the selection criteria are accessible to the public.

b) If other additional selection criteria are utilised, describe them.

c) Show evidence that the admission policy and mechanisms are free from unfair discrimination and bias.

3.1.3 a) Provide information on student intake for each session since commencement and the ratio of the applicants to intake.

b) Describe how the size of student intake is determined in relation to the capacity of the medical school and explain the mechanisms for adjustments, taking into account the admission of visiting, elective, exchange and transfer students.

3.1.4 Describe the policies, mechanisms and practices for appeal on student selection, if applicable.

3.1.5 State the support provided for those who are selected but need additional developmental and remedial assistance.

3.2 Articulation and Transfer

3.2.1 Describe how the medical school facilitates student mobility, exchanges and transfers, nationally and internationally.

3.2.2 Describe how students accepted for transfer, demonstrate comparable achievements in their previous programme of study (Evidence can be in the form of mapping of learning outcomes and assessment of competencies of the transferring medical school).

3.3 Student Support Services

3.3.1 What support services are available to students? What other additional support arrangements provided by other organisations are accessible to students?

3.3.2 a) Describe the qualifications and experience, roles and responsibilities of staff in-charge of student support services.

b) Describe the organisation and management of the student support services

3.3.3 How are students inducted into the programme? Highlight programmes given to international students and students of special needs.

3.3.4 a) Describe the provision of the academic, non-academic and career counselling services to students.

b) How are the effectiveness of the academic, non-academic and career counselling services measured, and the progress of those who seek its services monitored? What plans are there to improve the services, including that of enhancing the skills and professionalism of the counsellors?

3.3.5 Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.

3.3.6 Describe the processes and procedures in handling student's disciplinary cases in and away from the teaching/learning settings.

3.3.7 What mechanism is available for students to complain, voice grievances, seek counselling and resolution on academic and non-academic matters in a confidential manner?

3.3.8 How are the capacity, effectiveness and safety of student support services evaluated and ensured?

3.4 Student Representation and Participation

3.4.1 Describe the communication of policy and processes in place for active student engagement in areas that affect their interest and welfare?

3.4.2 Explain and show evidence of student representation and organisation at the institutional and medical school levels.

3.4.3 a) Describe the medical school facilitation for students to develop linkages with external stakeholders?

b) Explain on how the medical school facilitate students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace?

3.4.4 Explain on how the medical school facilitate student activities and organisations that encourage character building, inculcate a sense of belonging and social responsibility, as a change advocate and promote active citizenship?

3.5 Alumni

3.5.1 a) Describe the linkages established by the Medical School with the alumni.

b) Describe the role of the alumni in development, review and continuous improvement of the programme. (To read together with Area 7 item 7.1.4).

INFORMATION ON AREA 4: ACADEMIC STAFF

4.1 Recruitment and Management

4.1.1 a) Describe how the medical school academic manpower planning is consistent with HEP's policies and programme requirements.

b) Explain how the balance between the basic biomedical sciences, and the clinical sciences ensures appropriate balance between teaching, research and service functions.

4.1.2 a) State the policy, criteria, procedures, terms and conditions of service for the recruitment of academic staff.

b) Explain the due diligence exercised by the medical school in ensuring that the qualifications of academic staff are from *bona fide* institutions.

4.1.3 Provide data on the staff–student ratio appropriate to the teaching-learning methods and consistent with the programme requirements

4.1.4 a) Provide summary information on every academic staff involved in conducting the programme in Table 5.

Table 5: Summary information on academic staff involved in the programme

No.	Name and designation of academic staff	Appointment status (full-time, part-time, contract, etc.)	Nationality	Courses taught in this programme	Courses taught in other programmes	Academic qualifications		Research focus areas (Bachelor and above)	Past work experience		
						Qualifications, Field of Specialisation, Year of Award	Name of Awarding Institution and country		Positions held	Employer	Years of Service (Start and End)
1.											
2.											
3.											
4.											

b) Provide Curriculum Vitae of each academic staff teaching in this programme containing the following:

i. Name
ii. Academic Qualifications
iii. Full Registration number and APC
iv. Registrable with National Specialist Registry: Yes / No
v. Current Professional Membership
vi. Current Teaching and Administrative responsibilities
vii. Previous Employment
viii. Conferences and Training
ix. Research and Publications
x. Consultancy
xi. Community Service
xii. Other Relevant Information

c) Provide information on turnover of academic staff for the programme (for Full Accreditation only).

4.1.5 Describe how the medical school ensures equitable distribution of duties and responsibilities among the academic staff.

4.1.6 Describe how the recruitment policy for the medical programme seeks diversity among the academic staff such as balance between senior and junior academic staff as well as between academic and non-academic staff.

4.1.7 a) Explain the policies, procedures and criteria (including involvement in professional, academic and other relevant activities, at national and international levels) for appraisal, recognition, promotion, salary increment or other remuneration for academic staff.

b) How are the above information made known to the academic staff?

4.1.8 Describe the nature and extent of the national and international linkages to enhance teaching and learning in the programme.

4.2 Service and Development

4.2.1 Provide information on the medical school policy on service, development and appraisal of the academic staff.

4.2.2 How does the medical school ensure that the academic staff are given opportunities to focus on their respective areas of expertise such as curriculum development, curriculum delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties?

4.2.3 a) State the HEP policies on conflict of interest and professional conduct of academic staff.

b) State the HEP procedures for handling disciplinary cases.

4.2.4 Describe the mechanisms and processes for periodic student evaluation of the academic staff. Indicate the frequency of this evaluation exercise. Show how this evaluation is taken into account for quality improvement.

4.2.5 a) State the policies for training, professional development and career advancement (e.g., study leave, sabbatical, advanced training, specialised courses, re-tooling, etc.) of the academic staff.

b) Describe the mentoring system or formative guidance for new academic staff.

4.2.6 Describe the opportunities available to academic staff to obtain professional qualifications and to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance the teaching-learning experience?

4.2.7 Describe how the department encourages and facilitates academic staff in community and industry engagement activities. Describe how such activities are rewarded.

INFORMATION ON AREA 5: EDUCATIONAL RESOURCES

5.1 Physical Facilities

5.1.1 a) List the physical facilities required for the programme in Table 6.

Table 6: List of physical facilities required for the programme

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
				In Year 2		In Year 3			
		No.	Capacity	No.	Capacity	No.	Capacity		
1	Lecture Halls								
2	Tutorial Rooms								
3	Discussion Rooms								
4	Laboratories and Workshops								
	- IT lab								
	- Science lab								
	-Moot court								
	-Clinical lab								
	-Others								
5	Library and Information Centres								
	Learning Support Centres								
6	Learning Resources Support								
7	Student Social Spaces								

No.	Facilities required	Provisional Accreditation						Full Accreditation	
		Available for Year 1		To be provided				No.	Capacity
				In Year 2		In Year 3			
		No.	Capacity	No.	Capacity	No.	Capacity		
8	Other Facilities including ICT related facilities								

b) Describe and assess the adequacy of the physical facilities and equipment (e.g., clinical skill lab and laboratories) as well as human resources (e.g., laboratory professionals and technicians).

c) Provide information on the clinical and practical facilities for programmes which requires such facilities. State the location and provide agreements if facilities are provided by other parties.

d) Provide information on the arrangement for clinical training if the hospital are used by more than one medical schools.

e) How are these physical facilities user friendly to those with special needs? Provide a copy of any technical standards that have been deployed for students with special needs.

5.1.2 Show that the physical facilities comply with the relevant laws and regulations including issues of licensing.

5.1.3 a) Explain the database system used in the library and resource centre.

b) State the number of staff in the library and resource centre and their qualifications.

c) Describe resource sharing and access mechanisms that are available to extend the library's capabilities. Comment on the extent of use of these facilities by academic staff and students. Comment on the adequacy of the library to support the programme.

d) State the number of reference materials related to the programme in Table 7.

Table 7: Reference materials supporting the programme

Resources supporting the programme (e.g., books, online resources- specify, etc)		**Journals**		**State other facilities such as CD ROM, video and electronic reference material**
Number of Title	Number of Collection	Number of Title	Number of Collection	
Books:				
E.g.- Ovid:				

Provides additional tables if necessary.

5.1.4 a) Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the medical school in these processes.

b) Provide the information on, and provision for, the maintenance of the physical learning facilities.

5.1.5 a) Describe the policy on ethical use of information and communication technology including social media.

b) Provide information on the availability and accessibility of web-based or other electronic media to students and staff.

5.2 Research and Development

(*Please note that the standards on Research and Development are largely directed to universities and university colleges*)

5.2.1 a) Describe the policies, facilities and budget allocation available to support research.

b) Describe the research activities of the Medical School and the academic staff involved in them.

5.2.2 a) Describe how the HEP encourages interaction between research and learning. Show the link between the HEP's policy on research and the teaching-learning activities in the Medical School.

b) State any initiatives taken by the Medical School to engage students in research.

5.2.3 Describe the processes by which the Medical School review its research resources and facilities and the steps taken to enhance its research capabilities and environment.

5.3 Financial Resources

5.3.1 Provide audited financial statements **or** certified supporting documents for the last three consecutive years. Explain the financial viability and sustainability based on the provided statements/documents.

5.3.2 Demonstrate that the medical school has clear procedures to ensure that its financial resources are sufficient and managed efficiently.

5.3.3 a) Indicate the responsibilities and lines of authority in terms of budgeting and resource allocation in the HEP with respect to the specific needs of the medical school.

b) Describe the HEP's financial planning for the programme in the next two years.

5.4 Educational Expertise

5.4.1 a) Describe the clear policy on the use of educational expertise in curriculum development and development of teaching-learning and assessment methods.

b) Provide evidence on the use of in-house or external educational expertise in staff development.

INFORMATION ON AREA 6: PROGRAMME MANAGEMENT

6.1 Programme Management

6.1.1 a) Describe the management structure and functions, and the main decision-making components of the Medical school as well as the relationships between them. How are these relationships made known to all parties involved?

b) Indicate the major committees, TOR and frequency of meetings.

6.1.2 Describe the policies and procedures that ensure accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.

6.1.3 a) Describe the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities to ensure continuous quality improvement. Identify person(s) responsible for continuous quality improvement within the Medical school.

b) Highlight any substantial improvements resulting from these policies, procedures and mechanisms.

6.1.4 Show evidence (such as terms of reference, minutes of meeting) that the academic board of the Medical School is an effective decision-making body with adequate autonomy in implementing the curriculum.

6.1.5 Describe the arrangements agreed upon by the HEP and its different campuses or partner institutions - to assure functional integration and comparability of educational quality.

6.1.6 a) Describe the interaction with the health and health related sectors of the society and government

b) Show evidence of internal and external consultations.

c) For a new programme, show evidence of market needs.

6.2 Program Leadership

6.2.1 Explain the criteria for the appointment and job description of the programme leader.

6.2.2 Indicate the programme leader of this programme. Describe the qualifications, experiences, tenure and responsibilities of the programme leader.

6.2.3 Describe the relationship between the programme leader, medical school and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.

6.3 Administrative Staff

6.3.1 a) Describe the structure of the administrative staff which supports the programme.

b) Explain how the number of the administrative staff is determined in accordance with the needs of the programme and other activities. Describe the recruitment processes and procedures. State the terms and conditions of service.

c) State (in Table 8) the numbers required and that are available, job category and minimum qualification for administrative staff of the programme.

Table 8: Administrative staff for the programme

No.	Job Category	Minimum qualification	Number of staff required	Current number
1				
2				
3				

6.3.2 State the mechanisms and procedures for monitoring and appraising the performance of the administrative staff of the programme.

6.3.3 Describe the training scheme for the advancement of the administrative staff and show how this scheme fulfils the current and future needs of the programme.

6.4 Academic Records

6.4.1 a) State the policies and practices on the nature, content and security of student, academic staff and other academic records at the medical school level and show that these policies and practices are in line with those of the HEP.

b) Explain the policies and practices on retention, preservation and disposal of student, academic staff and other academic records.

6.4.2 Explain how the medical school maintains student records relating to their admission, performance, completion and graduation.

6.4.3 Describe how the medical school ensures the rights of individual privacy and the confidentiality of records.

6.4.4 Describe the medical school's review policies on security of records and safety systems and its plans for improvements.

INFORMATION ON AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement

7.1.1 Describe the policies and mechanisms for regular monitoring and review of the programme.

7.1.2 Describe the roles and the responsibilities of the Quality Assurance unit responsible for internal quality assurance of the medical school.

7.1.3 a) Describe the structure and the procedures of the internal programme monitoring and review committee.

b) Describe the frequency and mechanisms for monitoring and reviewing the programme.

c) Describe how the medical school utilises the feedback from a programme monitoring and review exercise to further improve the programme.

d) Explain how the monitoring and review processes help ensure that the programme keeps abreast with scientific, technological and knowledge development of the discipline, and with the needs of society.

7.1.4 Which stakeholders are involved in a programme review? Describe their involvement and show how their views are taken into consideration.

7.1.5 Explain how the medical school informs the stakeholders the result of a programme assessment and how their views on the report are taken into consideration for the future development of the programme.

7.1.6 Explain how student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement? Provide evidence.

7.1.7 Describe the responsibilities of the partners involved in collaborative arrangements in programme monitoring and review.

7.1.8 Describe how the findings of the review are presented to the HEP and its further action therefrom.

7.1.9 Explain the integral link between the medical school quality assurance processes and the achievement of the institutional purpose.

SECTION 4

CORE COMPETENCIES

SECTION 4: Core Competencies

[Approved by Council on 21st May 2020]

TABLE OF CONTENTS:

DISCIPLINE: INTERNAL MEDICINE

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems/Presentation

System: Respiratory

No	Problem (Respiratory)	Level
1	Haemoptysis	4
2	Cough	4
3	Stridor	4
4	Breathlessness	4

System: Gastroenterology

No	Problem (Gastroenterology)	Level
1	Anorexia	4
2	Vomiting	4
3	Diarrhoea	4

4	Dysphagia	4
5	Constipation	4
6	Abdominal pain	4
7	Abdominal distension	4
8	Hematemesis	4
9	Melaena	4
10	Weight loss	4
11	Jaundice	4

System: Rheumatology

No	**Problem (Rheumatology)**	**Level**
1	Joint complaint (pain, swelling and stiffness)	4
2	Muscle pain	4

System: Neurology

No	**Problem (Neurology)**	**Level**
1	Headache	4
2	Vertigo	3
3	Weakness	3
4	Loss of sensation	3
5	Incoordination	3
6	Speech disorders	3
7	Seizures	4
8	Acute confusion	4
9	Syncope/Loss of consciousness	4
10	Cognitive impairment	3

System: Skin

No	Problem (Skin)	Level
1	Blisters	3
2	Skin redness	3
3	Lump	2
4	Dry skin	3
5	Keloid	2
6	Hair loss	2
7	Oral ulcers	2

System: Immunology/Haematology

No	Problem (Haematology)	Level
1	Spontaneous bleeding	3
2	Pallor	3

System: Cardiology

No	Problem (Cardiology)	Level
1	Chest pain	4
2	Breathlessness	4
3	Palpitation	3

System: Endocrine

No	Problem (Endocrine)	Level
1	Polyuria, polydipsia, increased urinary frequency	3
2	Neck swelling	3

System: Nephrology

No	Problem (Nephrology)	Level
1	Frothy urine	2
2	Reduced urine volume	3

3	Haematuria	3
4	Dysuria	3

System: Infectious Disease

No	Diagnosis	Level
1	Fever	4
2	Needlestick Injuries	3

System: Palliative Care

No	Diagnosis	Level
1	Pain Management	4
2	End of Life Care	3

2. List of Diagnosis

System: Infectious Disease

No	Diagnosis	Level
1	Dengue Fever	4
2	Leptospirosis	4
3	Malaria	4
4	Influenza/Influenza Like Illness	3
5	Melioidosis	2
6	HIV Infection	3
7	Sexually Transmitted Disease	2

System: Emergency Medicine

No	Diagnosis	Level
1	Hypotension/Shock	4
2	Hypertensive Emergency/Urgency	4

System: Respiratory

No	Diagnosis	Level
1	Bronchial Asthma	4
2	Bronchiectasis	2
3	Lung Carcinoma	2
4	Pneumonia	4
6	Pulmonary Tuberculosis	4
9	Pneumothorax	4
10	Pleural Effusion	4
11	COPD (including Acute Exacerbation)	4
13	Pulmonary Embolism	3
17	Obstructive Sleep Apnoea	3

System: Gastroenterology

No	Diagnosis (Gastroenterology)	Level
1	Acute gastroenteritis	4
2	Food poisoning	4
3	Irritable bowel syndrome	3
4	Gastrointestinal bleeding	4
5	Peptic ulcer disease	3
6	Acute hepatitis	3
7	Chronic Liver Disease	3
8	Hepatitis B	2
9	Hepatitis C	2
10	Acute Pancreatitis	2
11	Liver abscess	2
12	Food Allergy/Intolerance	2

System: Rheumatology

No	Diagnosis	Level
1	Osteoarthritis	4
2	Rheumatoid arthritis	2
3	Gout	3
7	Reactive arthritis	2
8	Septic arthritis	2
9	Systemic lupus erythematosus	2

System: Neurology

No	Diagnosis	Level
1	Stroke	4
2	Transient Ischemic attack	4
3	Epilepsy	4
8	Migraine headache	4
13	Alzheimer’s disease	3
14	Parkinson’s disease	3
16	Guillain-Barre syndrome	2
17	Myasthenia gravis	2
22	Meningitis	4
23	Encephalitis	4
24	Bell’s palsy	4

System: Skin

No	Diagnosis	Level
1	Herpes zoster	4
2	Herpes simplex	4
3	Impetigo	4
4	Superficial Folliculitis	4
7	Scabies	4

7	Contact/Atopic Dermatitis	3
10	Psoriasis vulgaris	3
11	Acne vulgaris	3
12	Toxic Epidermal Necrolysis	2
13	Stevens-Johnson syndrome	2
14	Acute Urticaria	3

System: Immunology/Haematology

No	**Diagnosis**	**Level**
2	Iron Deficiency Anaemia	4
3	Haemolytic Anaemia	3
6	Hemoglobinopathy	2
8	ITP	3
9	DIC	3
11	Blood Group Incompatibility	4
13	Lymphoma	2
14	Leukaemia	2
15	Multiple Myeloma	2
28	Anaphylactic Reaction	4

System: Cardiology

No	**Diagnosis**	**Level**
1	Acute coronary syndrome	4
2	Heart failure	4
3	Hypertension	4
4	Arrhythmias	4
5	Infective endocarditis	2
6	Valvular heart disease	2
7	Cardiogenic shock	4

System: Nephrology

No	Diagnosis	Level
1	Acute kidney injury	4
2	Chronic kidney disease	3
3	Urinary tract infection	4
4	Nephrotic syndrome	2
5	Glomerulonephritis	2
6	ESRF/RRT	3

System: Endocrinology and metabolic

No	Diagnosis	Level
1	Diabetes mellitus	4
2	Diabetic ketoacidosis	4
3	Hyperosmolar hyperglycemic state	4
4	Hypoglycemia	4
5	Thyrotoxicosis	3
6	Hypothyroidism	3
7	Thyroid crisis	3
8	Obesity	3
9	Dyslipidemia	3

3. Clinical skills

1. Physical examination: general and organ specific
2. Investigations
3. Procedures: diagnostics, therapeutics

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task.

	May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

Physical examination: General

No	Physical examination: General	Level
1	General appearance	4
2	Glasgow coma scale	4
3	Mental state examination	4
4	Vital sign	4
5	Pallor	4
6	Jaundice	4
7	Skin rashes	3
8	Oral cavity	3
9	Muscle wasting	4
10	Tremors	4
11	Neck Inspection and palpation (e.g. Submandibular, parotid glands, Lymph node, Thyroid)	4
12	Neck stiffness	4
13	Nail inspection (e.g. Clubbing, Leukonychia)	4
14	Gynecomastia	4
15	Hair loss	4

Physical examination: Organ specific

No	Physical examination: Organ specific	Level

1	Respiratory system examination (e.g. Chest inspection, Chest palpation, Chest percussion, Chest auscultation)	4
2	Abdominal examination (e.g. Liver, Spleen, Kidneys, Ascites)	4
3	PR examination	4
4	Peripheral joint examination	4
5	Spine examination	4
6	Neurology examination (e.g. Gait, Cranial nerves, Motor system, Cerebellar system, Sensory system, Speech and language)	4
7	Skin examination (e.g. Skin inspection, Membrane mucosa inspection, Perianal area inspection, Nail inspection, Hair and Scalp inspection, Skin palpation)	4
8	Describe skin lesion (primary/secondary changes, size, distribution, spread and configuration)	4
9	Cardiovascular examination (e.g. Heart sound, assessment of JVP)	4
10	Thyroid examination (e.g. Signs of hyperthyroidism and hypothyroidism)	4

Investigations and Procedures

No	**Investigations**	**Level**
1	Blood culture	3
2	ECG – able to perform and interpret	4
No	**Procedures**	**Level**
1	Venepuncture	4
2	Inserting an IV cannula	4
3	Insertion of urinary catheter	3
4	Insertion of Ryles tube	3
5	Cardiopulmonary Resuscitation (bag mask, chest compression, intubation, defibrillation)	4
6	Long line insertion	2

7	Central line insertion (jugular or subclavian)	2
8	Echocardiogram	2
9	Dialysis catheter insertion	2
10	Lumbar puncture	2
11	Joint aspiration	2
12	Joint injection	2
13	Abdominal paracentesis	2

DISCIPLINE: PAEDIATRICS

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on history taking, physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on history taking, physical examination and basic investigations. Initiate initial treatment, identify priorities in treatment Refer to the relevant specialist
4	Able to make diagnosis based on history taking, physical examination and basic investigations. Manage and solve the problem

1. List of Problems

General:

No	Problem	Level
1	Normal growth and development in children	2
2	Secondary sexual characteristics	2
3	Breastfeeding	2
4	Childhood immunization	2
5	Fever	3
6	Weight loss and failure thrive	3
7	Poor feeding	2
8	Rash	2
9	Features of child abuse and neglect	2
10	Common poisoning and bites	2

11	Unexplained infant/cot death	2
12	Emergencies - A child with shock - Poisoning and bites - Near-drowning - Choking	 2 2 2 2

System: Respiratory

No	Problem	Level
1	Cough- acute	2
2	Cough- chronic	2
3	Breathlessness	2
4	Stridor	2
5	Wheeze	2
6	Sore throat	2
7	Hoarseness of voice	2
8	Chest tightness	2
9	Rhinorrhoea	2
10	Ear ache/discharge	2

System: Cardiovascular

No	Problem	Level
1	Cyanosis	2
2	Breathlessness	2
3	Feeding difficulties	2
4	Oedema	2
5	Failure to thrive	2
6	A child with fever, rash and joint pain	2
7	Palpitation	2
8	Syncopal attack	2
9	Hypertension	2

System: Gastrointestinal

No	Problem	Level
1	Vomiting and regurgitation	2
2	Diarrhoea	2
3	Abdominal distension	2
4	Abdominal pain	2
5	Melaena and per rectal bleed	2
6	Haematemesis	2
7	Constipation	2
8	Jaundice	2
9	Difficulty swallowing	2

System: Genitourinary

No	Problem	Level
1	Dysuria	2
2	Haematuria/discoloured urine	2
3	Oliguria	2
4	Oedema	2
5	Enuresis	2
6	Poor urinary stream	2

System: Haematological and Oncological

No	Problem	Level
1	Pallor	2
2	Bruise and petechiae	2
3	Mucosal bleed	2
4	Joint bleed	2
5	Jaundice	2

6	Abdominal distension	2
7	Lymphadenopathy	2

System: Neurological

No	Problem	Level
1	Seizure	3
2	Altered consciousness/behaviour and blank stare	2
3	Weakness of the limbs	2
4	Headache	2
5	Vomiting	2
6	Visual disturbance/Squint	2

System: Developmental issues

No	Problem	Level
1	Developmental delay	2
2	Learning disabilities	2
3	Specific speech delay	2
4	Behavioural issues including temper tantrum, sleep problems	2
5	Attention deficit and hyperactivity	2

System: Endocrine, metabolic and nutrition

No	Problem	Level
1	Polyuria	2
2	Polydipsia	2
3	Short stature	2
5	Failure to thrive/poor growth	2
6	Overweight and obesity	2

System: Neonatology

No	Problem	Level
1	Respiratory distress	2
2	Neonatal jaundice	2
3	Prolonged neonatal jaundice	2
5	Neonatal seizures	2
6	Infant of diabetic mother	2
7	Prematurity and low birth weight	2

System: Genetics/metabolic

No	Problem	Level
1	A child with dysmorphic features	2

System: Infection, Immunology/autoimmune disease/immune-mediated disease, musculoskeletal and rheumatology

No	Problem	Level
1	A child with joint pain	2
2	A child with fever and rash	2
3	Failure to thrive and recurrent infections (thrush and abscesses)	2

System: Dermatology

No	Problem	Level
1	Common rash manifestations: bullous, maculopapular, urticarial, petechial	2
2	Birth mark	2
3	Neurocutaneous stigmata	2
4	Cutaneous vascular manifestation	2

2. List of Diagnosis

General

No	Diagnosis	Level
1	Non-accidental injury	2
2	Shock	2
3	Dehydration	
	A: Hyponatraemic dehydration	2
	B: Hypernatraemic dehydration	2
4	Drug poisoning	2
5	Animal and insect bites	2
6	SIDS	2

System: Respiratory

No	Diagnosis	Level
1	Acute tonsillitis	2
2	Laryngotracheobronchitis	2
3	Acute epiglottitis	2
4	Acute bronchiolitis	2
5	Chronic stridor (including laryngomalacia)	2
6	Recurrent viral-induced/multi-trigger wheeze	2
7	Bronchial asthma	2
8	Pneumonia	2
9	Tuberculosis	2
10	Foreign body inhalation	2
11	Pertussis	2
12	Otitis media	2

System: Cardiovascular

No	Diagnosis	Level
1	Congenital cyanotic heart diseases	2
2	Congenital acyanotic heart disease	2
3	Rheumatic heart disease	2
4	Bacterial endocarditis	2
5	Heart failure	2
6	Hypertension	2

System: Gastrointestinal

No	Diagnosis	Level
1	Acute gastroenteritis	2
2	Dysentery	3
3	Acute abdomen and structural GI disorders, e.g. Hirschsprung's, duodenal atresia, pyloric stenosis (Paediatric Surgery)	2
4	Functional GI disorders (constipation)	2
5	Gastroesophageal reflux	2
6	Infantile colic	2

System: Genitourinary

No	Diagnosis	Level
1	Urinary tract infection	2
2	Nephrotic syndrome	2
3	Nephritic syndrome	2
4	Enuresis	2

System: Haematological and Oncological

No	Diagnosis	Level

1	Anaemia:	
	A: Iron deficiency anaemia	2
	B: Acute haemolytic anaemia	3
	C: Chronic haemolytic anaemia and haemoglobinopathy	2
2	Haemophilia	2
3	Immune thrombocytopaenic purpura	2
4	Leukaemia and lymphoma	2
5	G6PD deficiency	2

System: Neurological

No	**Diagnosis**	**Level**
1	Afebrile seizures	2
2	Febrile seizures	2
3	Meningitis and encephalitis	2
4	Acute flaccid paralysis including Guillain-Barré	2
5	Cerebral palsy	2
6	Hydrocephalus	2
7	Spina Bifida	2

System: Developmental issues

No	**Diagnosis**	**Level**
1	Autistic spectrum disorder	2
2	Attention deficit hyperactivity disorder	2
3	General and Specific Developmental Delay	2

System: Endocrine, metabolic and nutrition

No	**Diagnosis**	**Level**
1	Diabetes mellitus	2
2	Hypothyroidism	2

3	Short stature	2
4	Overweight and obesity	2
5	Failure to thrive	2
6	Protein-energy malnutrition (Kwashiorkor, Marasmus)	2

System: Neonatology

No	Diagnosis	Level
1	Respiratory distress syndrome	2
2	Meconium aspiration syndrome	2
3	Neonatal jaundice	3
4	Prolonged jaundice	2
5	Neonatal sepsis	2
6	Neonatal encephalopathies	2
7	Infant of diabetic mother	2
8	Prematurity and low birth weight	2
9	Neonatal seizures	2
10	Birth injuries	2
11	Neonatal skin conditions	2

System: Genetics/metabolic

No	Diagnosis	Level
1	Down syndrome	2
2	Turner syndrome	2
3	Edward and Patau Syndrome	1
4	Inborn errors of metabolism	1

System: Immunology/allergy/autoimmune disease or immune-mediated diseases

No	Diagnosis	Level
1	Kawasaki disease	2

2	Henoch-Schönlein Purpura	2
3	Anaphylaxis and hypersensitivity reaction	2
4	Cow's milk protein hypersensitivity	2
5	Juvenile idiopathic arthritis (JIA)	2
6	Systemic lupus erythematosus (SLE)	2
7	Primary immunodeficiencies	1

System: Infection

No	Diagnosis	Level
1	Vaccine-preventable diseases: measles, mumps, rubella, diphtheria, pertussis, hepatitis, H. influenza diseases	2
2	Scarlet fever	2
3	Meningococcaemia	2
4	Human Immunodeficiency Virus (HIV)	1
5	Intrauterine infections	2
6	Varicella zoster	2
7	Dengue	2
8	Typhoid	2
9	Helminthic infestation	2
10	Malaria	2
11	Leptospirosis	2
12	Hand foot mouth disease	2
13	Pyrexia of unknown origin	2

System: Dermatology

No	Diagnosis	Level
1	Impetigo	2
2	Scabies	2
3	Eczema	2

4	Seborrheic dermatitis	2
5	Haemangiomas	2
6	Urticaria	2
7	Nappy rash	2
8	Neurocutaneous disorders	2

3. Clinical skills

1. History and Physical examination
2. Investigations
3. Procedures- diagnostics, therapeutics.

Clinical Skills Levels Descriptors:

Level	**Descriptors**
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

Physical examination: General

No	**Physical examination** **General**	**Level**
1	General appearance	4
2	Anthropometric measurement and centile chart	4
3	Vital signs	
	A: Pulse examination (rate, rhythm, volume)	4
	B: Blood pressure	4
	C: Respiratory rate	4

	D: SpO2	4
4	Nutritional assessment	3
5	Hydration status assessment	4
6	General inspection for anaemia and jaundice	4
7	General inspection for cyanosis (peripheral and central)	4
8	Inspection of the nails: clubbing, leukonychia	4
9	Able to describe common dysmorphic features	4
10	Skin features: rash, bruises, marks	4
11	Examination of the ear, nose and throat	4
12	Examination of the neck: cervical lymph node and other masses	4
13	Examination of the spine and back: webbed neck, spina bifida, neurocutaneous stigmata	3

Physical examination: Organ system

No	**Physical examination**	**Level**
1	Complete cardiovascular system examination *	4
2	Complete respiratory system examination *	4
3	Complete gastrointestinal examination *	4
4	Central nervous system examination (higher mental function, cranial nerves, upper and lower limb examination)	4
5	Musculoskeletal system examination	4
6	Developmental assessment	4
7	New-born screening	4

* Follows the standard systemic examination which includes inspection, palpation, percussion and auscultation, whenever appropriate

Procedures: General

No	Procedures General	Level
1	Measurements of weight, height and head circumference	4
2	Preparation and administration of oral rehydration solution	4
3	Application of pulse oximeter	4
4	Peak flow measurement	4
5	Delivery of bronchodilator devices	4
6	Administering oxygen using different delivery devices	3
7	Venepuncture (children)	2
8	Intravenous cannulation (children)	2
9	Venepuncture (neonates)	2
10	Intravenous cannulation (neonates)	2
11	Nasogastric tube insertion	2
12	Heel prick	2
13	ECG – record and interpretation	3
14	Resuscitation of children	2
15	Blood culture	2
16	Lumbar puncture	2
17	Bladder catheterization	2
18	Suprapubic aspiration and catheterization	1
19	Neonatal resuscitation	2
20	Intraosseous line insertion	1
21	Umbilical venous catheterisation	1
22	Exchange transfusion	1
23	Arterial blood sampling	1
24	Chest tube insertion	1

No	Investigations (includes interpretation)	Level
1	FBC	3
2	FBP	3
3	RP	3
4	LFT	3
5	ABG	3
6	UFEME	3
7	CSF analysis	3

DISCIPLINE: PSYCHIATRY

Clinical problems and diseases level descriptors

1	Aware of the condition based on literature at level of overview, and refer to the relevant specialist when necessary
2	Able to make provisional diagnosis based on history taking, mental state examination, physical examination and basic investigations. Refer to the relevant specialist.
3	Able to make provisional diagnosis based on history taking, mental state examination, physical examination and basic investigations. Initiate treatment, and refer to relevant psychiatrist
4	Able to make provisional diagnosis based on history taking, mental state examination, physical examinations and basic investigations. Manage and solve the problem.

1. List of Problems/ Presentation

General:

No	Problem	Level
1	Changes in mood (including depression and elation)	3
2	Anxiety	3
3	Stress (including acute and chronic)	3
4	Psychosis	3
5	Cognitive impairment	2
6	Changes in appetite	3
7	Sleep disturbances	3
8	Aggression	3
9	Suicidal risk	3
10	Self-harm	3
11	Learning disability and developmental delay	2
12	Behavioural problems in children	2

13	Impairment in psychosocial function (eg: low work performance, absenteeism etc)	2
14	Sociological issues in psychiatry (ethics, law and human's rights, life events, stigma, spirituality)	2
15	Sexual dysfunction	2
16	Gender dysphoria	1

2. List of Diagnosis and theoretical knowledge

No	Diagnosis	Level
1	Simple classification of psychiatric disorders (DSM and ICD)	3
2	Anxiety disorders	3
3	Mood disorders	3
4	Psychosis and specifically schizophrenia	3
5	Substance related disorders especially alcohol and drugs (acute and chronic effects)	3
6	Neurocognitive disorders (dementia)	2
7	Acute reactions to stress and PTSD	2
8	Eating disorders	2
9	Disorders of personality	2
10	Psychiatric condition due to general medical condition (including delirium)	3
11	Deliberate self-harm	3
12	Major disorders in childhood and differences in assessment	2
13	Differences in presentation in older people	2
14	Problems of those with learning disability	2
15	Psychosomatic disorders and comorbidity (mental with physical illnesses	2
16	Obsessive compulsive disorder and related disorder	2
17	Dissociative disorder	1

18	Psychiatric emergencies (eg: Neuroleptic Malignant Syndrome, Serotonin Syndrome, Delirium Tremens, acute dystonia, Lithium toxicity, serious side effect of clozapine)	3
19	Promoting recovery in persons with mental illness	2

3. List of Clinical skills

Clinical Skills level descriptors

	Clinical skills
1	Able to describe task
2	Able to apply principles or theory of specific task. May have seen task being performed
3	Have experience performing task or perform under supervision
4	Able to relate theory and principles and indications of specific task. Able to perform task.

No	**Skills**	**Level**
1	History taking	
	a. Interview techniques	4
	b. Case formulation (making diagnosis and problem list)	4
2	Mental state examination	4
3	Physical examination	4
4	Differentiate between mental disorder and normal psychological responds to life stressors	4
5	Summarize and present a psychiatric case	4
6	Investigations (biological & psychosocial)	4
7	Basic management	
	a. Pharmacological	4
	b. Psychological	3
	c. Social	2

8	Procedures	
	a. ECT	1
	b. Psychoeducation	3
	c. Supportive psychotherapy	3
	d. Counselling	3
	e. De-escalation & restraining	2
	f. Suicidal risk assessment and initial management	3
	g. Dealing with persons with psychological distress	3
	h. Mental health promotion	2

DISCIPLINE: PUBLIC HEALTH

Level of Descriptors of Public Health

Level	Descriptor
1	Have a basic knowledge and able to describe programmes / activities
2	Able to do situational analysis based on available information / data.
3	Able to do situational analysis based on available information / data. Propose recommendations.
4	Able to do situational analysis based on available information / data. Manage and solve the public health problem. Dissemination of information.

List of Topics under Public Health

No	Topics
1.	Epidemiology
2.	Medical Statistics
3.	Maternal and Child Health
4.	Occupational Safety and Health
5.	Environmental Health and Sanitation
6.	Nutrition
7.	Health Promotion
8.	Health Management
9.	International Health
10.	Public Health Policy and Legislation
11.	Health Information Management

12.	Healthcare of the Elderly and Special Needs
13.	Adolescent, Woman & Men Health

List of Public Health Core Competencies

No	Monitoring and Analysis of Health Situation	Level
1	Epidemiologic Principles Dynamics of Disease Transmission Spectrum of Disease Levels of Disease Prevention Prevention Strategies and Evaluation of Screening Measures of morbidity and mortality International Classification of Diseases	2
2	Population demography Health data Vital statistics Death certification Population pyramid	2
3	Issues in Maternal & Perinatal Health Risk assessment – i.e. colour coding Maternal mortality ratio (MMR) Perinatal mortality Prevention of maternal & perinatal problems – ie safe motherhood programme	3
4	Issues in Child Health Neonatal screening	3

	Immunization Child growth and developmental assessment Screening for Children with special needs Child Neglect & Maltreatment Adolescent Health Nutrition problems – undernourished / obesity / stunting Under-5 mortality	
5	Occupational Safety and Health Occupational diseases & Injuries Risk Assessment & level of prevention	2
6	Environmental Health and Sanitation Pollution – Air, Water, Land pollution Sanitation & waste management Safe water supply Food safety & quality	1
7	International Health International Health Regulation Migration and Travelling health Global health	1
8	Community Nutrition Nutritional assessment Nutritional intervention – i.e. food basket programme, supplementation of iodide salt etc. Breastfeeding initiatives	2

No	Epidemiologic Surveillance, Prevention and Control of Disease/Problem in Public Health	Level
1	Levels of Disease Prevention	3
2	Surveillance	2
3	Epidemiologic Investigation – outbreak investigation	2
4	Screening programme	2
5	Prevention and control of Communicable diseases Airborne diseases Vector borne diseases Food and Waterborne diseases Zoonotic diseases Vaccine preventable disease Sexually transmitted diseases Emerging & Re-emerging diseases	3
6	Prevention and control of non-communicable diseases Cardiovascular diseases Cerebrovascular diseases Cancers Substance Abuse Motor-vehicle injuries Mental health Community empowerment & community mobilization	3

No	Policy and Implementation of Public Health Laws	Level
1	Legislations & enforcement related to: Communicable diseases	 1

	Non-communicable diseases Food Safety and Quality Environmental health Occupational Safety and Health International Health	
2	Available policy related to health ie. *Dasar kesihatan warga emas negara*	1

No	**Awareness of Strategic Planning and Administration in Health System including Human Resource Management**	**Level**
1	Health Care Services Management	1
2	Health Information System	1
3	Managing a healthcare team	1
4.	Maintaining quality of health services i.e. health indicators	1

No	**Health Promotion and Social Involvement**	**Level**
1	Planning and Implementation of Health Promotion activities	4
2	Community empowerment & mobilization	3
3	Lifestyle diseases and wellness promotion	3
4	Disaster Preparedness plan	1

No	**Community Health Research, Epidemiologic Research, Statistics and Analysis of Data**	**Level**
1	Epidemiological Studies Cross-sectional study design Case-Control study design Cohort study design Intervention studies	3

	Measures of association & causation Sampling method & sample size calculation	
2	Principles of Medical Statistics Presentation of data, types of data Measures of central tendency Measures of dispersion Probability distributions Estimation Basic Hypothesis testing (*t*-test, Chi^2 test, ANOVA, Correlation and regression)	3

Field work Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

Field work skills

No	Skills	Level
1	Public Health Research – Data collection, Data analysis, Report	3
2	Health promotion activities – Health screening, Talks, Home visit, Individual advice	3
3	Disease Surveillance activities	1
4	Notification of diseases	2
5	HIRARC (Hazard identification, Risk assessment and Risk Control)	1

DISCIPLINE: PRIMARY CARE

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	• Aware of the condition based on literature at the level of overview
2	• Able to make provisional diagnosis based on history, physical examination and basic investigations and, • Consults with a senior doctor/specialist or refer to the relevant specialist/ team for further management
3	• Able to make provisional diagnosis based on history, physical examination and basic investigations and, • Initiate initial treatment/management and • Consults with a senior doctor/specialist or refer to the relevant specialist/team for further management
4	• Able to make provisional diagnosis based on history, physical examination and basic investigations and • Manage and solve the problem independently

1. List of Problems/ Presentation

No	Problem	Level
1.	Abdominal Pain	3
2.	Men's Health I. Cancer Screening II. Erectile Dysfunction III. Prostate Disease	2
3.	Allergy / Allergic Reaction	3
4.	Women's Health i. Cancer screening ii. Family planning iii. Pre pregnancy care iv. Abnormal uterine bleeding v. Menopause vi. Vaginal discharge vii. Basic antenatal care viii. Postnatal care	3
5.	Anxiety	3

6.	Chronic Lung Disease i. Bronchial Asthma ii. Chronic Obstructive Pulmonary Disease (COPD)	3
7.	Chest Pain	3
8.	Common Skin Problems seen in Primary Care i. Dermatitis/ Eczema ii. Scabies/Lice Infestation iii. Fungal Skin Infections iv. Impetigo v. Acne vi. Herpes Zoster vii. Lumps and Bumps	3
9.	Red Eye	3
10.	Cough	3
11.	Dengue	3
12.	Depression	2
13.	Diabetes Mellitus	3
14.	Dizziness	3
15.	Elderly Health Care i. Impaired cognition ii. Urinary incontinence iii. Instability iv. Falls v. Immobility	2
16.	Fatigue	3
17.	Fever	3
18.	Acute Respiratory Tract Infections	3
19.	Diarrhoea	3
20.	Headache	3
21.	Hypertension	3
22.	Joint Pain	3
23.	Cardiovascular Risk Assessments	3
24.	Lipid Disorders	3
25.	Low Back Pain	3
26.	Child Health	3

	i. Development Disorders ii. Childhood immunization iii. Neonatal Jaundice iv. Feeding problems and failure to thrive v. Rash in Children	
27.	Adolescent Health	2
28.	Tuberculosis	3
29.	Urinary Tract Infection	3
30.	Chronic Kidney Disease	3
31.	Sexually Transmitted Infection	3
32.	Travel Medicine	1
33.	Addiction i. Smoking ii. Alcohol iii. Opioids	1
34.	Human Immunodeficiency Virus (HIV)	2
35.	Weight Loss	3
36.	Thyroid Problems	3

2. Clinical skills

1. Physical examination
2. Investigations
3. Procedures- diagnostics, therapeutics.

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task independently.

2.1 Physical examination: General

No	Physical examination General	Level
1	General appearance	4
2	Blood pressure, pulse measurement and perfusion	4
3	Height measurement	4
4	Weight measurement	4
5	Waist circumference measurement	4
6	Head circumference measurement	4
7	Temperature measurement	4
8	Mental status examination	4
9	Respiratory Rate	4
10	Pain Score	4

2.2 Physical examination: Organ system

No	Physical examination	Level
1	Respiratory examination	4
2	Cardiovascular examination	4
3	Abdominal examination	4
4	Musculoskeletal examination	4
5	Neurological examination	4
6	Antenatal examination including the usage of handheld foetal doppler monitor	4
7	Eye examination including direct ophthalmoscopy	4
8	Ear examination	4
9	Per rectal examination	4
10	Foot examination	4
11	Development Assessment	4
12	Assessment of Activity of Daily Living	4
13	Breast Examination	4

2.2 Investigations

No	Investigations	Level
	Interpretation of the following blood investigations • Full blood count • Glucose/glucose tolerance • Electrolytes, urea & creatinine • Lipid profile • Liver function test • HbA1c • Urate/uric acid • Thyroid function • Hepatitis serology • HIV investigations • Total serum bilirubin	3
2	Interpretation of urine pregnancy test	4
3	Interpretation of urine test (urine analysis, dipstix test)	3
4	Interpretation of sexual transmitted disease investigation results	3
5	Interpretation of Tuberculosis investigation results (radiological investigations, microbiology tests, sputum investigations, Mantoux test and others)	3
6	Basic Obstetric ultrasound	1
7	Chest X-ray interpretation	3
8	Electrocardiogram	4
9	Spirometry	2
10	Interpret commonly used point of care testing i. HIV Rapid Test ii. Dengue Combo test	3
11	Fundus camera examination	2

2.3 Procedure

No	Procedure	Level
1	Venepuncture	4
2	Pap smear	3

3	Toilet & suturing	3
4	Incision and drainage	2
5	Delivery of bronchodilators – MDI & Nebulizer	4
6	Eye irrigation	3
7	Insulin injection technique	4
8	Urethral swab and smear	3
9	Throat swab	3
10	Perform Directly Observed Therapy (DOTS)	3
11	Performing referral (written or verbal)	3
12	IUCD counselling, insertion / removal	2
13	Mantoux test	3
14	Vaccination	3
15	Wound care	3
16	High Vaginal Swab	3
17	Proctoscopy	3

DISCIPLINE: RADIOLOGY

Level	Descriptors
1	Able to describe the imaging investigation
2	Identify the clinical indication(s) of the investigation
3	Able to justify the optimal imaging modality required for that particular clinical scenario under guidance.
4	Able to interpret the investigation under guidance.

1. Principles of Radiological Techniques and Radiation Safety

No	Task	Level
1.	Communicate the procedure of common radiological methods to the patient	2
2.	Identify basic radiological anatomy	3
3.	Request for appropriate investigations and have knowledge of the respective indications	3
4.	Understand the basics of radiation safety and basic contrast medium safety	3

Systems:

1. Chest

No	Task	Level
1.	Basic normal radiological anatomy of heart and lungs	3
2.	Basic understanding of main imaging techniques (radiography, CT and MRI) in thoracic imaging	2
3.	Pneumothorax	4
4.	Pleural effusion	4
5.	Lung/lobar collapse	3
6.	Lung consolidation	3
7.	Heart failure	3

2. Abdomen

No	Task	Level
1.	Basic normal radiological anatomy of abdomen	3
2.	Basic understanding of main imaging techniques (radiography, ultrasound and CT) in abdominal imaging	2
3.	Pneumoperitoneum	4
4.	Acute abdomen - traumatic or non-traumatic	3
5.	Bowel obstruction - mechanical and paralytic ileus	3
6.	Common causes of abdominal calcification	3
7.	Foreign body	3

3. Musculoskeletal

No		Level
1.	Basic normal radiological anatomy of musculoskeletal system	3
2.	Basic understanding of main imaging techniques (radiography, CT and MRI) in musculoskeletal imaging	2
3.	Skeletal and spinal fractures	3
4.	Skeletal joint dislocation / spinal dislocation	3
5	Bone and soft tissue infection	1
6	Bone and soft tissue tumour	1

4. CNS

No		Level
1.	Basic normal radiological anatomy of CNS	2
2.	Basic understanding of main imaging techniques (radiography, CT and MRI) in CNS imaging	2
3.	Infarct	3
4.	Intracranial bleed / Trauma	4
5.	Infection and tumour	1

5. Paediatrics

No		Level
1.	Basic normal understanding of main imaging techniques (radiography, CT and MRI) in paediatric imaging	2
2.	Radiation protection in children	2
3.	Non-accidental trauma	1
4.	Basic imaging features of the most common disorders of the brain, spine, chest, abdomen, and musculoskeletal system in neonates, infants, children and adolescents	1

6. Breast imaging

No		Level
1.	Basic normal understanding of main imaging techniques (mammogram and ultrasound) in breast imaging	1

7. Genitourinary Imaging

No		Level
1.	Basic normal radiological anatomy of genitourinary system	3
2.	Basic understanding of main imaging techniques (radiography, ultrasound, CT and MRI) in genitourinary imaging	2

8. Head and Neck Imaging

No		Level
1.	Basic understanding of main imaging techniques (radiography, ultrasound, CT and MRI) in head and neck imaging	1

DISCIPLINE: ANAESTHESIA

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

1. List of Problems (Clinical Skills)

General:

No	Items	Level
1	Airway management	2
2	Oxygen therapy	3
3	Induction of anaesthesia	2
4	Understanding of anaesthesia machine	1
5	Post op anaesthetic care (recovery room)	2
6	Patient safety (SafeSurgerySavesLives checklist)	2
7	Pain Score assessment	2
8	CPR	3
9	Peripheral IV access	3
10	Central IV access	1
11	Perioperative fluid management and resuscitation	1

12	Arterial Blood Gas (performing)	2
13	Preparation of IV drugs	2
14	Endotracheal tube suctioning	2
15	Intra hospital transport of the critically ill patient.	2
16	Local anaesthetic toxicity (dosage)	2
17	Discharge from recovery room (checklist)	2

2. Theory (Clinical Problems and Diseases)

System:

No	Item	Level
1	General anaesthesia (including reversal of GA)	2
2	Regional anaesthesia	2
3	Local anaesthesia toxicity - Management - Complications	2
4	Airway management	3
5	Patient safety (Preparation of IV medication)	2
6	ICU invasive & non-invasive ventilation (including ultrasound-guided)	1

3. Clinical skills

4. History
5. Physical examination
6. Investigations
7. Procedures- diagnostics, therapeutics.

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on History, Physical examination and Basic investigations.

	Refer to the relevant specialist
3	Able to make provisional diagnosis based on History, Physical examination and Basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on History, Physical examination and Basic investigations. Manage and solve the problem

History : General (**Clinical Problems and Diseases)**

No	Items	Level
1	Previous anaesthetic history	2
2	Allergy	2
3	Comorbid	2
4	Medical/Surgical history (e.g. respiratory tract infections, previous op)	2
5	History of difficult intubation/airway	2
6	History of ICU/HDW admissions	2
7	ASA classification	2

Investigations/Procedures- diagnostics, therapeutics. (**Clinical Problems and Diseases)**

No	Items	Level
1	Airway assessment	2
2	Basic monitoring (patient vitals)	2
3	General, CVS, Respiratory, BMI status	2
4	Back assessment- regional anaesthesia	2

DISCIPLINE: EMERGENCY MEDICINE

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer/consult to the superior (medical officer/specialist)
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer/consult to the superior (medical officer/specialist)
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems

General Emergency Medicine:

No	Problem	Level
1	Physiology of Resuscitation	4
2	Cardiopulmonary resuscitation	4
3	Trauma resuscitation	4
4	Resuscitation Special population: Paediatrics	1
5	Resuscitation Special population: Obstetrics & Gynaecology	1
5	Triage	3
6	Disaster management	1
7	Patient transfer	2

General:

No	Problem	Level
1	Fever	3
2	Weight and appetite lost	2
3	Oedema	3
4	Jaundice	2
5	Rash	3
6	Altered mental status	3
7	Chills and rigors	3
8	Joint pain and swelling	3
9	General weakness and lethargy	3
10	Palpitations	3
11	Myalgia and arthralgia	3
12	Pallor	2
13	Breathlessness	3
14	Shock	3

System: Cardiovascular

No	Problem	Level
1	Chest pain/discomfort	3
2	Breathlessness	3
3	Shock (peripheral hypoperfusion, hypotension, diaphoresis)	3
4	Oedema	3
5	Palpitations	3
6	Syncope and giddiness	2
7	Limb pain/cyanosis/pale	2

System: Respiratory

No	Problem	Level
1	Breathlessness	3
2	Noisy breathing	3
3	Cough	3
4	Cyanosis	3
5	Sore throat	3
6	Epistaxis	3
7	Haemoptysis	3

System: Neurology

No	Problem	Level
1	Syncope	3
2	Seizures	3
3	Altered mental status	3
4	Dizziness and vertigo	2
5	Coordination	2
6	Focal neurological deficits	2
7	Headache	3

System: Genitourinary

No	Problem	Level
1	Acute urinary retention	3
2	Oedema	3
3	Haematuria	2
4	Loin pain	3
5	Sallow	2
6	Dysuria	3
7	Oliguria/anuria	2

System: Gastroenterology and hepatobiliary

No	Problem	Level
1	Abdominal pain/discomfort	3
2	Jaundice	2
3	Nausea and vomiting	3
4	Altered bowel habits	2
5	Oedema	3
6	Haematemesis	3
7	Melaena/haematochezia	3
8	Abdominal distention	3
9	Dysphagia	2

System: Haematology

No	Problem	Level
1	Bruises and bleeding tendency	3
2	Pallor	3
3	Lumps and bumps	2
4	Abdominal mass	2
5	Rashes	3
6	Painful calf	2
7	Bone pain	2

System: Trauma

No	Problem	Level
1	Head and neck injury	3
2	Chest injury	3
3	Abdominal injury	3
4	Musculoskeletal injury	3
5	Spine injury	3

6	Wound	3
7	Burns	3

System: Eye, ENT and maxillofacial

No	Problem	Level
1	Tinnitus and vertigo	2
2	Ear discharge and pain	2
4	Foreign body	3
5	Red eye	3
6	Eye pain	3
7	Vision loss	2
8	Toothache	3
9	Lock jaw	3

System: Obstetrics and gynaecology

No	Problem	Level
1	Lower abdominal pain	3
2	Antepartum haemorrhage	3
3	Postpartum haemorrhage	3
4	Seizures in pregnancy	3
5	Hypertension in pregnancy	3
6	Fever in pregnancy	3
7	Breathlessness and palpitations in pregnancy	3
8	Severe vomiting in pregnancy	3

2. List of Diagnosis

System: Cardiovascular

No	Diagnosis	Level
1	Acute coronary syndrome	3

2	Heart failure and pulmonary oedema	3
3	Hypertension emergencies	3
4	Tachycardia and brady arrythmias	3
5	Aortic dissection and aneurysm	2
6	Cardiac arrest	3

System: Respiratory

No	Diagnosis	Level
1	Upper respiratory tract infection	4
2	Pneumonia (Community/Hospital/Healthcare associated)	3
3	Bronchial asthma	3
4	Chronic Obstructive Airway Disease (COAD)	3
5	Airway obstruction	3
6	Pneumothorax	3
7	Haemothorax and pleural effusion	3
8	Acute respiratory distress syndrome	3
9	Pulmonary embolism	2

System: Gastrointestinal and genitourinary

No	Diagnosis	Level
1	Lower gastrointestinal bleed	3
2	Upper gastrointestinal bleed	3
3	Acute kidney injury	3
4	Testicular torsion and infection	2

System: Neurology

No	Diagnosis	Level
1	Stroke and transient ischaemic attack	3
2	Status epilepticus	3

3	Intracranial haemorrhage	3
4	Meningitis and encephalitis	3

System: Endocrine

No	Diagnosis	Level
1	Diabetic emergencies	3
2	Adrenal crisis	3
3	Thyroid emergencies	3

System: Haematology

No	Diagnosis	Level
1	Deep vein thrombosis	2
2	Over-warfarinisation/Anti-coagulant related bleeding	3

System: Toxicology and environmental

No	Diagnosis	Level
1	Drug overdose	3
2	Poisoning	3
3	Biohazard exposure	3
4	Envenomation	2
5	Animal bites	2
6	Heat stroke	3
7	Thermal and chemical injuries	3

System: Infectious disease

No	Diagnosis	Level
1	Sepsis	3
2	Disease Outbreaks	3
3	Dengue	3

4	Malaria	2
5	Leptospirosis	3

System: Obstetrics and gynaecology

No	Diagnosis	Level
1	Eclampsia and pre-eclampsia	2
2	Postpartum haemorrhage	2
3	Ectopic pregnancy	3

System: Trauma

No	Diagnosis	Level
1	Traumatic head injury	3
2	Eye, ear and maxillofacial trauma	3
3	Chest trauma	3
4	Intraabdominal injury	3
5	Pelvic and genitourinary injury	3
6	Fractures and dislocation	3
7	Wound	3
8	Compartment syndrome	2

System: skin, soft tissue and musculoskeletal

No	Diagnosis	Level
1	Steven Johnson Syndrome	3
2	Toxic Epidermal Necrosis	3
3	Allergy and anaphylaxis	3

System: Miscellaneous

No	Diagnosis	Level
1	Psychiatric emergencies	3

2	Child abuse	1
3	Sexual abuse	1
4	Domestic violence	1

3. Clinical skills

Clinical Skills Levels Descriptors:

Level	**Descriptors**
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

General

No	Skills	**Level**
1	Triage	3
2	History taking	4
3	Physical examination	4

Airway management

No	Skills	**Level**
1	Airway manoeuvres	4
2	Airway adjunct	3
3	Oxygen supplementation	4
4	Bag-valve-mask	4
5	Rapid sequence intubation	3
6	Surgical airway	2

Breathing and ventilation

No	Skills	**Level**
1	Non-invasive ventilation	2
2	Invasive ventilation	2

Circulation

No	Skills	**Level**
1	Cardiopulmonary resuscitation	4
2	Defibrillation and synchronized cardioversion	3
3	Transcutaneous pacing	2
4	Haemodynamic monitoring	4
5	Peripheral intravenous cannulation	3
6	Central venous canulation	2
7	Arterial puncture	3
8	Setting up intravenous drip	4
9	Blood transfusion procedure	3
10	Intraosseous cannulation	1
11	Haemorrhage control	3

Trauma

No	Skills	**Level**
1	Primary survey	3
2	Secondary survey	3
3	Cervical immobilisation	3
4	First aid	4
5	Tetanus immunisation	
6	Fracture immobilisation	3

7	Closed manual reduction of dislocated fractures and joints	2
8	Needle thoracocentesis	2
9	Chest tube insertion	2
10	Focused assessment with sonography in trauma (FAST)	2

Miscellaneous

No	Skills	**Level**
1	Intramuscular/subcutaneous injections	4
2	Venepuncture	4

PRINCIPLE OF SURGICAL PRACTICES

(GENERAL SURGERY/ORTHOPAEDIC/OBGYN/ORL/OPHTHALMOLOGY)

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. Clinical Problems and Diseases

No	Problem	Level
1	Fluid and electrolyte	3
2	Trauma	3
3	Use of antibiotics	3
4	Management of shock	3
5	Blood transfusion	3
6	Preoperative assessment	3
7	Postoperative management	3
8	Use of analgesics	3
9	Surgical consent	2
10	Infection control	3

11	Palliative care	2
12	Communication skills	3

2. Clinical skills

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

No	Clinical Skills	Level
1	History taking	4
2	Physical examination	4
3	Formulate diagnosis	4
4	Formulate investigation plan	4
5	Formulation of management plan	4
6	Cardiopulmonary resuscitation	4
7	Endotracheal intubation	3
8	Venepuncture and IV cannulation	4
9	Arterial blood puncture	3
10	Blood culture	4
11	Insertion of central venous line	2
12	Urethral catheterization (male and female)	4
13	Nasogastric tube insertion	4
14	Gowning and gloving	4

Clinical skills: Diagnostic and therapeutic

No	Clinical Skills	Level
1	Incision and drainage	2
2	Toilet and suturing	3
3	Desloughing and dressing of wound	2
4	Chest tube insertion	2
5	Peritoneal lavage	2
6	Suprapubic catheterization	2
7	Application of local anaesthesia	3
8	Handling of surgical instrument	3
9	Insertion of Chemo-port	2

DISCIPLINE: GENERAL SURGERY

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems

General:

No	Problem	Level
1	Fluid and electrolyte	3
2	Trauma	3
3	Use of antibiotics	3
4	Management of shock	3
5	Jaundice	3
6	Blood transfusion	3
7	Preoperative assessment	3
8	Postoperative management	3
9	Use of analgesics	3
10	Surgical consent	2
11	Infection control	3

12	Palliative care	3
13	Communication skills	3

System: Gastrointestinal

No	Problem	Level
1	Colostomy	3
2	Ileostomy	3
3	Acute abdomen	3
4	Recurrent abdominal pain	3
5	Abdominal mass	3
6	Abdominal distension	3
7	Intestinal obstruction	3
8	GI haemorrhage	3
9	Difficulty in swallowing	3
10	Jaundice	3
11	Vomiting	3
12	Heartburn	3
13	Altered bowel habit	3
14	Inguinoscrotal swelling	3
15	Abdominal trauma	3

System: Genitourinary

No	Problem	Level
1	Haematuria	3
2	Dysuria	3
3	Frequency urination	3
4	Incontinence	3
5	Urinary retention	3
6	Poor stream urine	3

7	Renal colic	3
8	Testicular pain	3
9	Testicular swelling	3
10	GU trauma	3

System: Breast

No	Problem	Level
1	Breast swelling	3
2	Nipple discharge	3
3	Breast infection	3
4	Breast pain	3

System: Vascular diseases

No	Problem	Level
1	Varicose veins	3
2	Leg ulcers	3
3	Swollen limb	3
4	Painful limb	3
5	Pulsating mass	3
6	Claudication	3
7	Bleeding	3
8	Gangrene limb	3
9	Vascular trauma	3

System: Integumentary

No	Problem	Level
1	Skin ulcers	3
2	Skin infection	3
3	Lumps and bumps	3

4	Skin lacerations	3
5	Burns	3

System: Cardiothoracic

No	Problem	Level
1	Trauma	3
2	Pneumothorax	3
3	Haemothorax	3
4	Empyema thoracis	2

System: Endocrine

No	Problem	Level
1	Thyroid swelling	3
2	Adrenal tumour	2
3	Parathyroid	2
4	Pituitary	2

2. List of Diagnosis

System: Gastrointestinal

No	Diagnosis	Level
1	Oesophageal Cancer	3
2	Achalasia	2
3	Hiatus Hernia	2
4	Oesophageal Stricture	2
5	Oesophageal Varices	3
6	Foreign Body	3
7	Gastric Ulcer	3
8	Duodenal Ulcer	3
9	Gastric Cancer	3

10	Erosive gastritis	3
11	GERD	3
12	Gastric Polyp	2
13	Gastric volvulus	2
14	Perforated Peptic Ulcer	3
15	Acute appendicitis	3
16	Acute cholecystitis	3
17	Acute pancreatitis	3
18	Liver abscess	3
19	Hepatocellular Cancer	3
20	Liver cyst	2
21	Gallstone	3
22	CBD stone	3
23	Pancreatic Cancer	2
24	Chronic Pancreatitis	3
25	Empyema Gallbladder	3
26	Cholangitis	3
27	Pancreatic Cyst	2
28	Meckel’s Diverticulum	2
29	Small bowel volvulus	3
30	Intussusception	3
31	GIST tumour	2
32	Small bowel obstruction	3
33	Caecal tumour	2
34	TB caecum	2
35	Carcinoid tumour	2
36	Diverticular disease	3
37	Colon cancer	3
38	Angiodysplasia	2

39	Crohn’s disease	2
40	Ulcerative colitis	2
41	Pseudomembranous colitis	2
42	Rectal cancer	3
43	Fistula-in-ano	3
44	Perianal abscess	3
45	Haemorrhoids	3
46	Anal fissure	3
47	Anal warts	2
48	Large bowel volvulus	3
49	Abdominal wall hernias	3
50	Inguinal hernia	3
51	Lumbar hernia	2
52	Polyposis Coli	2
53	Amoebic colitis	2

System: Genitourinary

No	**Diagnosis**	**Level**
1	Renal tumour	2
2	Hydronephrosis	3
3	Pyonephrosis	3
4	Pyelonephritis	3
5	Perinephric abscess	3
6	Renal calculi	3
7	Renal cyst	2
8	Ureteric stricture	2
9	Ureteric calculi	2
10	Urinary bladder calculi	2
11	Bladder Cancer	2

12	Vesico-ureteric reflux	2
13	Bladder diverticulum	2
14	Cystitis	3
15	Prostatitis	3
16	Benign prostatic hyperplasia	3
17	Prostatic cancer	3
18	Urethral stricture	2
19	Urethral calculi	2
20	Phimosis	2
21	Hypospadias	2
22	Peyronie’s disease	2
23	Balanitis	2
24	Testicular Cancer	2
25	GU trauma	2
26	Hydrocele	3
27	Varicocele	2
28	Testicular torsion	3
29	Undescended testis	2
30	Fournier’s gangrene	3
31	Erectile dysfunction	2

System: Breast

No	**Diagnosis**	**Level**
1	Breast cancer	3
2	Breast abscess	3
3	Fibroadenoma	3
4	Fibroadenosis	2
5	Mastitis	3
6	Ductal papilloma	2

7	Duct ectasia	2
8	Phyllodes tumour	2
9	Paget's disease	2
10	Aberrations in the Normal Development and Involution of the breast (ANDI)	2
11	Supernumerary nipple	2

System: Vascular diseases

No	Diagnosis	Level
1	Varicose veins	2
2	Peripheral arterial disease	2
3	Deep venous thrombosis	3
4	Aneurysm	2
5	Vascular trauma	2

System: Integumentary

No	Problem	Level
1	Skin neoplasm	2
2	Skin infection	3
3	Sebaceous cyst	3
4	Lipoma	3
5	Dermoid cyst	2
6	Keloid	2
7	Neurofibromatosis	2

System: Head and Neck

No	Diagnosis	Level
1	Salivary gland swelling	2
2	Thyroglossal cyst	2
3	Cystic hygroma	2

4	Branchial cyst	2
5	Cervical lymphadenopathy	2
6	Carotid body tumour	2
7	Ludwig's Angina	2
8	Ranula	2

3. Clinical skills

Clinical Skills Levels Descriptors:

Level	**Descriptors**
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

General

No	Clinical Skills	**Level**
1	History taking	4
2	Physical examination	4
3	Formulate diagnosis	4
4	Formulate investigation plan	4
5	Formulation of management plan	4
6	Cardiopulmonary resuscitation	4
7	Endotracheal intubation	3
8	Venepuncture and IV cannulation	4
9	Arterial blood puncture	3

10	Blood culture	4
11	Insertion of central venous line	3
12	Urethral catheterization (male and female)	4
13	Nasogastric tube insertion	4
14	Gowning and gloving	4

Clinical skills: Diagnostic and therapeutic

No	**Clinical Skills**	**Level**
1	Incision and drainage	3
2	Toilet and suturing	3
3	Desloughing and dressing of wound	3
4	Chest tube insertion	3
5	Peritoneal lavage	2
6	Suprapubic catheterization	3
7	Application of local anaesthesia	3
8	Handling of surgical instrument	3
9	Insertion of Chemo-port	2

DISCIPLINE: OBSTETRICS AND GYNAECOLOGY

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment, under supervision Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems (Individual)

General:

System: Non Pregnant

No	Problem	Level
1	Abdominal pain	3
2	Pelvic abdominal mass	2
3	Genital tract bleeding	2
4	Menstrual disorders - Menorrhagia - Dysmenorrhea - Amenorrhea (primary & secondary)	2
5	Subfertility	2
6	Abdominal distension	2

7	Vaginal discharge	3
8	Mass per vagina / perineum	2
9	Pallor & symptoms of anaemia	2

System: First Trimester Of Pregnancy

No	Problem	Level
1	Abdominal pain	2
2	Nausea and vomiting	3
3	Vaginal bleeding in early pregnancy	2

System: Second, Third Trimester Of Pregnancy

No	Problem	Level
1	Headache	2
2	Reduced foetal movements	2
3	Pregnancy related vaginal bleeding	2
4	Leaking of liquor	2
5	Abdominal pain	2

System: Puerperal

No	Problem	Level
1	Fever	2
2	Calf pain and swelling	2
3	Abnormal vaginal bleeding	2

2. List of Diagnosis

System: Basic Knowledge Of Female Reproductive System

No	Problem	Level
1	Anatomy	1

2	Physiology – menstrual cycle, physiological changes in pregnancy	1

System: Antenatal Care

No	Problem	Level
1	Normal pregnancy - Booking, screening and risk assessment - Care - Nutrition - Immunization - Breastfeeding	3
2	Anaemia in pregnancy	3
3	Infection in pregnancy	2
4	Prolonged pregnancy	2
5	Preterm labour	2
6	Rupture of membranes (PPROM / PROM)	2
7	Discrepancies in uterine size - Uterus smaller than date - Uterus larger than date	2
8	Rhesus isoimmunisation	2
9	Intrauterine death	2
10	Malposition and malpresentation	3

System: Medical Illness In Pregnancy

No	Problem	Level
1	Endocrine related disorders - Thyroid disorders in pregnancy - Diabetes in pregnancy	2
2	Hypertensive disorders - Chronic hypertension in pregnancy - Pre-eclampsia - Chronic renal diseases	2
3	Cardiac diseases in pregnancy	2
4	Connective tissue diseases in pregnancy	2
5	Respiratory diseases in pregnancy	2

6	Epilepsy in pregnancy	2
7	Thrombotic and coagulation disorders in pregnancy	2

System: Antepartum Haemorrhage

No	Problem	Level
1	Placenta praevia	2
2	Abruptio placenta	2
3	Vasa Praevia	2
4	Local causes	2
5	Indeterminate APH	2

System: Multiple Pregnancy

No	Problem	Level
1	Diagnosis	2
2	Basic managements	2
3	Antenatal complications	2

System: Intrapartum

No	Problem	Level
1	Labour progress - Partogram - Normal labour - Abnormal labour	3
2	Trial of scar	2

System: Obstetric Emergencies (Drill At University Level)

No	Problem	Level
1	Postpartum haemorrhage (PPH)	3
2	Eclampsia	2
3	Cord prolapse	2
4	Shoulder dystocia	2

5	Maternal collapse - Pulmonary embolism (venous) - Amniotic fluid embolism	2
6	Uterine inversion	2

System: Postpartum

No	Problem	Level
1	Maternal birth trauma	2
2	Retained placenta	2
3	Psychiatric and psychological illnesses	2
4	Breastfeeding	2
5	Grievances and bereavement	2

System: Early Pregnancy Complications

No	Problem	Level
1	Hyperemesis gravidarum	3
2	Ectopic pregnancy	2
3	Miscarriages	2
4	Molar pregnancy and trophoblastic diseases	2

System: Disorders Of Menstruation

No	Problem	Level
1	Endometriosis	2
2	Amenorrhoea (primary and secondary)	2
3	Abnormal uterine bleeding	2
4	Polycystic ovarian Syndrome (PCOS)	2
5	Menopause and hormone replacement therapy	2

System: Gynaecological Infections

No	Problem	Level
1	Sexually transmitted disease	2

2	Pelvic inflammatory disease	2
3	Vaginal infections	3
4	Vulval skin changes	2

System: Benign Conditions Of The Genital Tract

No	Problem	Level
1	Uterine fibroid	2
2	Ovarian cyst	2
3	Bartholin cyst	2
4	Preinvasive diseases of vulva, vagina, cervix and endometrium	2

System: Malignancies Of The Genital Tract

No	Problem	Level
1	Endometrial malignancy	2
2	Ovarian malignancy	2
3	Cervical malignancy	2
4	Vulva and vaginal malignancies	2

System: Pelvic Floor Dysfunction

No	Problem	Level
1	Pelvic organ prolapse	2
2	Urinary incontinence	1
3	Faecal incontinence	1

System: Infertility

No	Problem	Level
1	Male infertility	2
2	Female infertility	2

3. Clinical skills

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

1. History taking
2. Physical examination
3. Investigations
4. Procedures- diagnostics, therapeutics.

Physical examination: Obstetrics & Gynaecology

No	Clinical skills	Level
1	History taking - Obstetric - Gynaecology	 4 4
2	Obstetric abdominal examination	4
3	Obstetric pelvic examination - Speculum examination	3
	Obstetric ultrasound (abdominal and transvaginal)	2
	Induction of labour	2
	Augmentation of labour	2
	Gynaecological abdominal examination	4
	Gynaecological pelvic examination - Bimanual examination - Speculum examination	3

	- High vaginal swab - PAP smear	
	Pipelle endometrial sampling	2
	Gynaecology ultrasound (abdominal and transvaginal)	2
	Amniotomy	2
	Normal vaginal deliveries	3
	Instrumental deliveries	2
	Caesarean section	2
	Assisted vaginal breech delivery	2
	External cephalic version (ECV)	2
	Episiotomy – perform and repair	3
	Delivery of placenta (CCT)	3
	Manual removal of placenta	2
	Cardiotocogram application and interpretation - External - Internal	 4 2
	Magnesium sulphate preparation	2
	Partogram charting and interpretation	3
	Female bladder catheterisation	4
	Neonatal resuscitation	1
	Neonatal assessment	1
	Venepuncture	4
	Blood culture and sensitivity	4
	Insertion intravenous cannula	4
	Dilatation and curettage	2
	Hysteroscopy	2
	Laparoscopic procedures - Cystectomy - Tubal patency test - Salpingectomy	2

	Hysterectomy - Vaginal - Transabdominal - Laparoscopic	2
	Myomectomy - Transabdominal - Laparoscopic	2
	Colposcopy	2
	Contraception - Natural methods - Oral contraception - Tubal ligation - Long Acting Reversible Contraception (LARC) • Intrauterine Contraceptive Device/ System • Implanon • IM Depo Provera	 2 3 2 2
	Preoperative preparation - Preoperative counselling and assessment - Informed consent	 2 2
	Baby Friendly Hospital Initiative (BFHI) and counselling for breastfeeding	2

DISCIPLINE: ORTHOPAEDIC/TRAUMATOLOGY

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems

General:

No	Problem	Level
1	Pain over the; • Joint • Neck/Back • Shoulder region • Elbow/wrist region • Hand region • Hip region including gluteal • Knee region including popliteal fossa • Foot/ankle May include trauma related (e.g. fracture, soft tissue)	 2 2 2 2 2 2 2 2
2	Skin changes • Ulcer/wound	 2

	• Redness • Discharge	2 2
3	Limping (painful or painless)	2
4	Deformity • Upper limb • Lower limb • Back/spine	 2 2 2
5	Weakness/Numbness to upper and lower limb	2
6	Lump/Swelling on the extremity	2
7	Joint Stiffness	2
8	Joint instability	2
9	Locked joint	2

2. List of Diagnosis

System: Musculoskeletal

No	Diagnosis	Level
1	Fracture (upper/lower limbs) • Closed • Opened Pelvis (Pelvic ring and acetabular) Paediatric fractures	 3 3 2 2
2	Joint dislocation-trauma related - Shoulder / elbow / hip / knee / ankle	3
3	Trauma Complication Acute • Compartment Syndrome - Release source of compression e:g POP - Circulation Chart monitoring of affected limb • Fat embolism -Fluid resuscitation -Oxygen therapy -Vital signs monitoring • Neurovascular injury	 3 3 3

	-Compression bandage or tourniquet application -Circulation Chart Monitoring of the affected limb Chronic • Non-union/delayed union/Malunion	 3
4	Shoulder • Frozen Shoulder • Impingement Syndrome • Rotator Cuff (tendonitis / tear) and rotator cuff arthropathy • Shoulder instability	 2 2 2 2
5	Elbow • Tendinitis (e.g. Tennis elbow, Golfer elbow) • Deformity (e.g. Malunion fracture)	 3 2
6	Wrist • Ganglion • Carpal Tunnel Syndrome • De Quervain's tenosynovitis	 2 3 3
7	Hand • Trigger Finger	 3
8	Hip Adult ▪ Osteoarthritis ▪ Avascular Necrosis Paediatric ▪ DDH, Perthes, SCFE	 3 2 2
9	Knee Adult • Osteoarthritis • Ligamentous Injury • Meniscus Injury • Patellar instability • Osteochondritis dissecans Paediatric Varus/Valgus deformity	 3 2 2 2 2 2

10	Foot & Ankle • Osteoarthritis • Tendinitis • TA rupture • Plantar Fasciitis / Calcaneal spur • In-grown Toe nail • Deformity (e.g. Hallux Valgus, CTEV)	 3 3 2 3 2 2
11	Spine • Deformity (scoliosis includes adolescent and degenerative) • Herniated Nucleus Pulposus • Trauma/Fracture • Spinal Shock / Neurogenic shock / Cauda equina syndrome • Degenerative (Cervical and lumbar spondylosis)	 2 2 2 2 2
12	Infection • Septic Arthritis • TB infection • Osteomyelitis (acute and chronic) • Necrotising Fasciitis • Gas Gangrene • Diabetic foot (infected gangrene) • Finger Pyogenic tenosynovitis • Abscess (Subcutaneous and intramuscular)	 3 2 3 3 2 2 2 2
13	Tumour (bone and soft tissue) Benign Malignant (Primary and metastasis)	 2 2
14	Metabolic disorders Gouty arthritis / Pseudogout Rickets Osteoporosis	 3 2 3

3. Clinical skills

1. Physical examination
2. Investigations

3. Procedures- diagnostics, therapeutics.

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

Physical examination: General

No	Physical examination General	Level
1	Level of consciousness	4
2	Peripheral hand assessment	4
3	Vital signs PR RR BP	 4 4 4
4	Gait Assessment	3

Physical examination:

No	Physical examination	Level
1	Joint Attitude(include deformity description) Joint line tenderness Effusion test	 4 4 4

	ROM – Active Passive	4 4
2	Neurology Assessment UMN/LMN	4
3	Spine Deformity ROM	 3 3
4	Limb Length Measurement	4
5	Special Test: Shoulder Impingement test Apprehension test Hip Thomas test Trendelenburg Knee Drawer Test Lachman Varus/Valgus stress test McMurray Apprehension test	 3 3 4 4 4 4 4 4 3
6	Lump/Swelling Assessment	4
7	Wound/Ulcer Description	4

Orthopaedic procedures:

No	**Procedure**	**Level**
1	Immobilisation Cast application: Backslab	 3

	Full cast Cast split Orthosis Cervical collar	3 3 ? 3
2.	CMR	2
3.	Toilet and Suturing	3
4.	Traction: Skin traction Skeletal traction	 3 2
5.	Joint aspiration	2
6.	Joint injection	2
7.	Wound dressing including pin site	3
8.	Desloughing under LA	2
9.	Tourniquet application	2
10.	External fixation of all fractures	2
11.	Internal fixation	2
12.	K-wiring	2
13.	Major amputation of limbs	2
14.	Arthrotomy	2
15.	Fasciotomy for compartment syndrome	2
16.	Excision biopsy of superficial lumps	2
17.	Ring block	2
18.	Debridement of wounds	2

DISCIPLINE: ENT

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems (Individual)

General:

No	Problem	Level
1	Ear ache	3
2	Hearing loss	2
3	Vertigo	2
4.	Ear discharge	3
5.	Tinnitus	2
6.	Nose block	2
7.	Facial pain	2
8.	Nasal discharge	3
9	Epistaxis	3

10.	Change in smell	2
11	Sore throat	3
12	Stridor	2
13	Hoarseness of voice	2
14	Swallowing problems	2
15	Neck lumps	3
16	Sleep apnoea	2
17	Oral ulcers	3

2. List of Diagnosis

System: ENT

No	**Diagnosis**	**Level**
1	Otitis externa	3
2	Otitis media	3
3	Chronic Suppurative Otitis Media with or without cholesteatoma	3
4	Benign Paroxysmal Positional Vertigo	2
5	Acute Rhinitis & Chronic rhinitis	3
6	Sinusitis	3
7	Epistaxis	3
8	NPC	2
9	Foreign Body Ear, nose& throat	2
10	Foreign body oesophagus/ tracheo-bronchial	2
11	Tonsillitis	3
12	Pharyngitis, laryngitis	3
13	Stridor	2
14	Presbyacusis	2
15	Neck abscess	2
16	Obstructive sleep apnoea	2

17	Oral cancers	2
18	Laryngeal cancers	2
19	Laryngopharyngeal Reflux	2
20	Sudden hearing loss	2

3. Clinical skills

1. History taking
2. Physical examination
3. Investigations
4. Procedures- diagnostics, therapeutics.

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

3.1 Basic ENT History

No	Physical examination General	Level
1	Basic History taking in ENT	4

3.2 Physical examination: General

Basic ENT examination

No	Physical examination	Level

1	Basic ENT , head and neck examination	3 - 4

3.3 Investigations

No	Investigations	Level
1	X-ray Paranasal sinuses	2
2	X-ray neck	2
3	Audiometry	1
4	Nasal endoscopy	1
5.	Laryngoscopy	1
6.	Oto-endoscopy	1
7.	Other ENT related imaging (CT & MRI)	1

3.4 Procedures

No	Procedures	Level
1	Tracheostomy & care	2
2	Nasogastric tube insertion	4
3	Foreign body removal Ear, nose and throat	2
4.	Esophagoscopy & Bronchoscopy for removal of oesophagus & trachea-bronchiol foreign body	1
5	Ear syringing	2
6	Tonsillectomy	2
7	Myringoplasty	1
8	Endoscopic Sinus Surgery	1
9	Septoplasty	1
10	Adenoidectomy	2
11	Laryngectomy	1
12	Myringotomy with or without ventilation tube insertion	2

DISCIPLINE: OPHTHALMOLOGY

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. List of Problems (Individual)

General:

No	Problem	Level
1	Red eye	3
2	Blurring/loss of vision	2
3	Eye pain	2
4	Eye itchiness	3
5	Eyelid swelling	3
6	Foreign body sensation	2
7	Watery eyes	2
8	Visual field defect	2

9	Double vision	2
10	Squint	2
11	Droopy eyelid	2
12	Floaters	2
13	White reflex (Leukocoria)	2
14	Protrusion of eye (proptosis)	2
15	Foreign body in the eye	2

List of Problems (Community)

1. General

No	Problem	Level
1	Cataract	2
2	Glaucoma	2
3	Diabetic retinopathy	2
4	Infective corneal ulcer	2
5	Refractive error	2

2. List of Diagnosis

General:

No	Diagnosis	Level
1	Conjunctivitis	3
2	Refractive errors	2
3	Cataract	2
4	Diabetic retinopathy	2
5	Glaucoma	2
6	Chemical injury	3
7	Blunt and penetrating eye trauma	2
8	Corneal foreign body	2

9	Corneal ulcer/abrasion	2
10	Retinal detachment	2
11	Optic neuropathy	2
12	Uveitis	2
13	Strabismus	2
14	Eyelid lesions	3
15	Endophthalmitis	2
16	Nasolacrimal duct lesions	1
17	Orbital cellulitis	3
18	Retinopathy of prematurity	1
19	Retinoblastoma	1
20	Thyroid eye disease	2
21	Central retinal artery occlusion (CRAO)	2

3. Clinical skills

1. Physical examination
2. Investigations
3. Procedures- diagnostics, therapeutics.

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

3.1 Physical examination:

No	Physical examination	Level
1	Basic eye examination with torch light	4
2	Visual acuity test	4
3	Direct ophthalmoscopy	4
4	Pupillary examination	4
5	Visual field by confrontation	4
6	Extraocular motility examination	4
7	Colour vision using Ishihara	4

3.2 Investigation: General

No		Level
1	Automated visual field analyser	1
2	Fluorescein staining	2
3	Fundus fluorescein angiography	1
4	Fundus photography	2
5	Tonometry	2

3.3 Procedures: General

No		Level
1	Instillation of eyedrops	4
2	Eye irrigation	3
3	Removal of superficial foreign body	2
4	Incision and curettage	1
6	Cataract surgery	1
7	Pterygium surgery	1
8	Lid hygiene and warm compression	1

DISCIPLINE: FORENSIC MEDICINE

Clinical Problems and Diseases: Level Descriptors

Level	Descriptors
1	Aware of the condition based on literature at the level of overview
2	Able to make provisional diagnosis based on Physical examination and basic investigations. Refer to the relevant specialist
3	Able to make provisional diagnosis based on Physical examination and basic investigations. Initiate initial treatment Refer to the relevant specialist
4	Able to make diagnosis based on Physical examination and basic investigations. Manage and solve the problem

1. Clinical Problems and Diseases

1. Introduction to forensic medicine and certification of death

No	Problem	Level
1	Diagnosis of death	1
2	Police authorization form	1
3	Consent form	1
4	Death registration form	1
5	Criminal Procedure Code (CPC) S. 328	1
7	Cause of death	1
8	Mode of death	1
9	Manner of death	1

2. Autopsy procedures

No	Problem	Level
1	Clinical autopsy	1
2	Medicolegal autopsy	1
3	Autopsy techniques	1
4	External body examination	1
5	Internal body examination	1
6	Specimen collection	1
7	Laboratory investigations	1
8	Certification of death	1
9	WHO standard of cause of death	1

3. Post-mortem changes

No	Problem	Level
1	Algor mortis	1
2	Livor mortis	1
3	Rigor mortis	1
4	Cadaveric spasm	1
5	Post-mortem artefact	1
6	Autolysis	1
7	Decomposition	1
8	Skeletalization	1
9	Adipocere	1
10	Mummification	1
11	Maggot infestation	1

4. Wounds & injuries

No	Problem	Level
1	Definition of wounds and injuries	1
2	Identification of wounds	1

5. Death due to natural disease

No	Problem	Level
1	Heart diseases	1
2	Respiratory diseases	1
3	CNS diseases	1

6. Child death

No	Problem	Level
1	Death due to natural causes	1
2	Child abuse	1
3	Autopsy procedure in child death	1

7. Maternal death

No	Problem	Level
1	Pregnancy-related death	1
2	Autopsy in maternal death	1

8. Fire, Electrocution & lightning injuries

No	Problem	Level
1	Death due to fire	1
2	Death due to electrocution	1
3	Death due to lightning	1

9. Firearm-related death

No	Problem	Level
1	Types of firearms	1
2	Interpretation of firearm wounds	1
3	Entrance wound	1
4	Exit wound	1
5	Interpretation of range of wound	1

10. Death due to asphyxia and drowning

No	Problem	Level
1	Death due to Asphyxia	1
2	Death due to Hanging	1
3	Death due to Strangulation	1
4	Death due to Drowning/Immersion	1
5	Death due to suffocation	1

11. Transportation injuries

No	Problem	Level
1	The dynamics of vehicular injury	1
2	Pattern of injury in drivers	1
3	Pattern of injury in passengers of small and large vehicles	1
4	Pattern of injury in motorcyclists	1
5	Pattern of injury in pedestrians	1
6	Contribution of alcohol and drugs	1

12. Toxicology

No	Problem	Level
1	Ethyl alcohol and drug-related death	1
2	Carbon monoxide poisoning	1
3	Cyanide poisoning	1

13. Specimen collection, storage and transportation

No	Problem	Level
1	Types of biological specimens	1
2	Methods of biological sampling	1
3	Appropriate containers and transport media	1

4	Specimen handling and chain of custody	1
5	Biological and chemical investigation (DNA fingerprinting, trace evidence, biochemical analyses)	1

14. Mass Disaster Management

No	Problem	Level
1	Management of bodies at the disaster site	1
2	Mortuary arrangement during disaster	1
3	Multidisciplinary team of experts	1
4	Autopsy in mass fatalities	1
5	Identification of human remains	1

15. Court Procedures

No	Problem	Level
1	Legal systems in Malaysia	1
2	Court procedures	1
3	Court subpoena	1
4	Expert witness	1
5	Examination-in-chief	1
6	Cross examination	1
7	Re-examination	1

16. Identification

No	Problem	Level
1	Identification of the living	1
2	General appearance	1
3	Anthropometry	1
4	Dental charting	1
5	Primary characteristics	1

6	Secondary characteristics	1

Clinical skills

Clinical Skills Levels Descriptors:

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task

No	Skills	Level
1	History taking from the police	1
2	History taking from the family members	1
3	Documentation of post-mortem findings	1
4	External body examination	1
5	Internal body examination	1
6	Organ dissection	1
7	Procedure of blood collection	1
8	Blood for culture and sensitivity	1
9	Urine collection	1
10	Gunshot residue collection	1
11	Collection of trace evidence (head-hair, fingernails and clothing for DNA fingerprinting)	1
12	Vaginal swab	1

13	Anal swab	1
14	Oral swab	1
15	Body fluid and tissue for toxicological analysis	1
16	Relevant laboratory request form	1
17	Final report writing	1

DISCIPLINE: MEDICAL ETHICS & LAW

Knowledge Level Descriptors

Level	Descriptors
1	**Aware** of the principle, theory or law related to the specific situation at the level of overview.
2	Able to **identify** the relevant principle, theory or law related to the specific situation.
3	Able to **apply** the relevant principle, theory or law related to the specific situation.
4	Able to **analyse** the specific situation using the relevant principle, theory or law.

1. Ethics

No	Topic	Level
1	Principles of Biomedical Ethics -Respect for Autonomy -Beneficence -Non-maleficence -Justice	4
2	Good Medical Practice	4
3	Code of Professional Conduct	4
4	Consent -Types of Consent -Competent Patient -Incompetent Patient -Children (Gillick competence)	4
5	Confidentiality -Principles -Breaches	4

6	Research Ethics	2
7	Clinical Ethics	2
8	Ethical Issues at the End of Life -Withdrawing & Withholding Treatment -Euthanasia	2
9	Ethical Issues in Paediatrics -Best Interest Principle	2
10	Ethical Issues in O&G -Assisted Reproduction -Termination of Pregnancy	2
11	Ethical Issues in Organ Donation -Brain Death -Organ Allocation	2
12	MMC Ethical Guidelines	2

2. Law

No	**Topic**	**Level**
1	Introduction to Malaysian Legal System	1
2	Medical Negligence	1
3	Medical Records & Medical Reports	1
4	Patients Grievance Mechanism	1
5	Healthcare-related Legislations	1

3. Specific Legislations

No	**Topic**	**Level**
1	Medical Act 1971 & Medical Regulations 2017	2
2	Private Healthcare Facilities & Services Act 1998 (Act 586)	1
3	Prevention & Control of Infectious Diseases Act 1988	1

4	Child Act 2001	1
5	Sexual Offences Against Children Act 2017	1
6	Mental Health Act 2001	1
7	Penal Code	1
8	Human Tissue Act 1974	1
9	Public Authority Protection Act 1948	1

Practical Skills

Practical Skills Level Descriptor

Level	Descriptors
1	Able to describe the task
2	Able to apply the principles or theory of the specific task. May have seen the task being perform
3	Have experience performing the task or perform under supervision
4	Able to relate the theory and principles and indications of the specific task Able to perform the task independently

No	Topic	Level
1	Taking verbal consent	4
2	Taking a written informed consent	2
3	Discharges against medical advice (DAMA/AOR)	2
4	Documentation of Patient Care	4
5	Filling in Forms	4
6	Writing a prescription	4
7	Issuing Medical Certificates	2
8	Maintaining Confidentiality	4

COMPETENCY AREA: PROFESSIONALISM

Practical Skills Level Descriptor

Level	Descriptors
1	Aware of the competency required to the specific situation
2	Able to apply the competency required to the specific situation
3	Able to demonstrate the competency required to the specific situation when prompted
4	Able to demonstrate the competency required to the specific situation proficiently

1 Respect

No	Topic	Level
1	**Demonstrate respect by exhibiting behaviours such as:** 1. Defending patients' dignity by using the patient's proper form of address and by paying attention to the patient's comfort, modesty and dignity in every encounter 2. Choosing to appropriately groom and dress oneself whenever working in a professional environment 3. Identifying individuals' choices (patients, family/guardian and other healthcare providers)	4

2 Responsibility & Accountability

No	Topic	Level
1	**Demonstrate responsibility and accountability by exhibiting behaviours such as:**	4

	1. Managing emotions in order to maintain personal control amidst adverse and trying circumstances. 2. Recognizing unprofessional behaviours and reporting them appropriately (Intervening on behalf of patients by confronting all unprofessional behaviours that may compromise patient safety and cause harm to patient) 3. Attending and being punctual at all required educational sessions. 4. Takes proper responsibility, does not neglect duty and responds when call. 5. Develop and maintain a sustainable personal health, work and learning habits.	

3 Excellence and Scholarship

No	Topic	Level
1	**Demonstrate Excellence and Scholarship by exhibiting behaviors such as:** 1. To be thorough in all assignments, (including reading about patients' problems) 2. Recognizing and managing uncertainty 3. Practicing self-reflection as a tool for life-long learning.	4

4 Honour and Integrity

No	Topic	Level
1	**Demonstrate honour and integrity by exhibiting behaviours such as:** 1. Honest about status as students in all encounters with patients, colleagues and other health professionals. 2. Recognizing and respecting personal, emotional, and physical boundaries with patients, teachers, and peers. 3. Accurately reporting only data that has been personally verified 4. Making appropriate attribution to sources of ideas and data. 5. Admitting mistakes and errors i.e. practising veracity (truth telling) 6. Evaluating own performance and being honest about shortcomings.	4

5 Altruism

No	Topic	Level
1	**Demonstrate altruism by exhibiting behaviours such as:** 1. Putting patients' interest above student's own interest. 2. Advocating for the individual patient's needs when they arise 3. Recognizing the social issues that impact the health of patients 4. Know the importance of patient advocacy	4

6 Leadership and Team work

No	Topic	Level
1	**Demonstrate leadership by exhibiting behaviours such as:** 1. Sharing responsibility for group learning, feedback, and discussion. 2. Supporting colleagues by creating a collegial learning environment: respect the role of others workers including students from other health professionals. 3. recognising the role of each team members in managing patients and allowing them to demonstrate excellence appropriately.	4

7 Cultural Competency and Managing Diversity

No	Topic	Level
1	**Demonstrates cultural competency and managing diversity through:** 1. the ability to adapt communication style to patient's and team members language and cultural background. 2. the ability to recognize and respond to culturally-based challenges during the clinical encounter.	4

8 Compassion and Empathy

No	Topic	Level
1	**Demonstrates empathy by exhibiting behaviours such as:** 1. Expressing sensitivity to others' circumstances (such as emotional state, care expectations and socioeconomic perspective) by appropriate verbal and non-verbal communication skills. 2. Recognizing when to listen, when to talk, and when to be silently present.	4

9 Confidentiality

No	Topic	Level
1	**Demonstrates confidentiality by exhibiting behaviours such as:** Maintain patient confidentiality and privacy at all times and recognise circumstances that leads to breach of confidentiality.	4

Adapted from:

1. Recommendations for Clinical Skills Curricula For Undergraduate Medical Education. Report from Association of American Medical Colleges, 2008.
2. Houseman Log Book Medical Based, Ministry of Health Malaysia, 2017
3. Code of Professional Conduct 2019

COMPETENCY AREA: INTERPERSONAL AND COMMUNICATION SKILLS

Effective information exchange and collaborate with patients, their families, and other health professional

Practical Skills Level Descriptor

Level	Descriptors
1	Aware of the competency required to the specific situation
2	Able to apply the competency required to the specific situation
3	Able to demonstrate the competency required to the specific situation when prompted
4	Able to demonstrate the competency required to the specific situation proficiently

No.	Topic	Level
1.	Explains role appropriately to patient and/or care givers/family members.	4
2.	Communicate effectively and respectfully with patients, families, and the public	4
3.	Communicate effectively and respectfully with other health professionals, and non-health professionals.	4
4.	Uses effective listening skills to elicit information.	4
5.	Facilitates team communication and provides constructive verbal and written feedback to other team members when act as a team leader. Practice open communication to optimise patient care	3
6.	Provides effective patient/caregiver/family education in verbal and written form.	3

References:

1. https://www.umms.org/ummc/pros/gme/acgme-competencies/interpersonal-skills-communication
2. Houseman Log Book Medical Based, Ministry of Health Malaysia, 2017

SECTION 5
ACCREDITATION PROCEDURE

SECTION 5

THE ACCREDITATION PROCEDURE

This section describes the procedures involved in the accreditation process of the undergraduate medical programme, Panel of assessors (POA), and their roles and responsibilities in conducting the accreditation exercise. The accreditation of the undergraduate medical programme is under the jurisdiction of MQA, while the recognition of medical programmes is by the Malaysian Medical Council. The whole accreditation process from submission of the documents by HEP and information on the result of accreditation is by handled MQA with close collaboration with MMC. The panel of assessors is recommended by Medical Education Committee MMC and submitted to MQA. Appointment of POA by MQA will be done upon receiving of MQA-02 from HEP. Following that MQA will distribute the MQA-02 and Evaluation Instrument to the POA.

HEP is advised to submit the documents about 6 months before the expiry of the accreditation of the programme.

HEP is required to submit MQA -02 which contains the relevant documents and supporting evidence, as well as the Evaluation Instrument to MQA for accreditation. HEP must **ensure** that **all write-ups in MQA-02 are supported with relevant evidence.** This is crucial since the evaluation is carried out before the accreditation visit. The accreditation process which includes a visit to learning resources and learning facilities, as well as interviews, is mainly to verify the information given in the databases.

Only the POA and observers should be present in any official briefing or discussion with the institution, staff or students. No other persons are to be present unless he or she has a specific function, e.g. interpreter.

The MQA-02 has 3 parts:

Part A: General Information on The Higher Education Provider

Part B: Programme Description

Part C: Programme Standards

According to MQA's circular 9/2019 dated 26 December 2019, information on Part A now must be uploaded by the HEP into the *e-Semakan Program* (eSP) portal. It does not have to

be submitted in softcopy together with Part B and Part C. All information uploaded has a validity period of one year. The HEP is required to keep the information updated when there are changes to the information.

PANEL OF ASSESSOR

The POA consist of

- A chairperson
- Three members of POA
- Not more than two observers
- MQA and MMC Secretariat

TASKS AND RESPONSIBILITIES OF THE POA

The database and evaluation instrument will be given to the POA upon acceptance of the official appointment. The POAs are expected to be well versed with all guidelines related to

i) criteria and standards (Section 2)

ii) conduct of accreditation visit (Section 5)

In evaluating the programme, the POA will

1. assess the programme for compliance with the Malaysian Qualifications Framework (MQF), Standards for Undergraduate Medical Education (Section 2), Code of Practice for Programme Accreditation (COPPA), Guidelines for Preparing the Programme Accreditation Report (Section 7)
2. verify and assess all the information about the programme submitted by the HEP, and the proposed improvement plans
3. arrive at generally objective conclusions based on Standards for Undergraduate Medical Education (Section 2), Guidelines for Preparing the Programme Accreditation Report (Section 7) and rational consideration

In addition, the Chair of the POA is also responsible in

1. leading the team throughout the accreditation process
2. ensuring all documentation remain confidential
3. submitting a written report at the end of the accreditation process

THE OBSERVERS

Not more than two observers may be permitted to accompany and observe the workings of the Accreditation Team. Such observers will need to be cleared by the MEC before the coordination meeting. The observers will normally not actively participate in the Accreditation process but may be allowed to do so by invitation by the Chairperson of the POA. The observers must have attended an Accreditation Training Course and attended at least 2 accreditation visits as an official observer prior to be appointed as POA (subject to evaluation by the Chairperson). All expenses for observers (traveling, accommodation, etc.) will be borne by their respective institutions or employers.

DECORUM OF POA

To ensure impartiality, transparency, and professionalism, decorum is expected of the POA. All POA shall declare any potential conflict of interest, and if so, shall recuse himself. The POA shall be professional and cordial in its relationship with the academic staff and officers of the Medical School being surveyed. The POA shall also refrain from being openly critical or passing derogatory remarks during the survey and avoid expecting or accepting lavish hospitality or gifts from the Medical School. The POA shall not take advantage of the privileges of confidentiality accorded to them, like the gathering of staff/student information, canvassing for lecturers for their institutions, or financial data for their benefit. Unless otherwise arranged, all communication between the HEP/Medical School and members of panel must be via the MQA.

THE EXIT REPORT

An exit report is given to the HEP at the end of the visit by the chair of the POA. The report must be based on the Guidelines for Preparing the Programme Accreditation Report (Section 7) and generated from Evaluation Instrument. The presentation serves as immediate feedback to the Medical School. Following that POA and the secretariat will print and sign the accreditation report from the evaluation instrument. The HEP then signed and acknowledge the receipt of the report.

PROCEDURES AFTER THE ACCREDITATION VISIT

Upon receiving the draft accreditation report at the end of the accreditation visit, HEP is allowed to give feedback on any **factual errors** within 10 working days. If there is no feedback received from HEP within the stipulated time, it is considered that HEP agrees with the report**.** The full report consists of the final report and Table 4 evaluation form.

MQA will submit the full report to MMC, Then MMC will bring to *Jawatankuasa Teknikal Bersama* (JTB). The report will be approved at MMC and finally endorse by MQA. The result will be broadcasted at the MQA website within 3 days after MJA (*Mesyuarat Jawatankuasa Akreditasi*). MQA will notify the Vice-Chancellor or President of the institution.
Note: The report must be held in confidence and not released to anyone without authorisation from JTB. **The POA report does not necessarily represent the final report from the JTB.**

Summary of accreditation procedure:

1. Major Steps in Accreditation Process

i. Survey Visit Post MOHE approval (MQA-01) (PRIOR to course commencement);
ii. *Compliance Audit following specific requirement from the provisional accreditation (MQA-01) (PRIOR to course commencement)
iii. Survey Visit - Six months BEFORE commencement of clinical phase (MQA-01)
iv. *Compliance Audit at the commencement of clinical phase
v. Survey Visit - Six months BEFORE graduation of the first batch or BEFORE expiry of accreditation (reaccreditation) (MQA-02);
vi. Compliance Audit following specific requirement for full accreditation

*Compliance Audit is an exercise to monitor any area of concerns from previous accreditation exercise. In principle, the monitoring is carried out based on documents submitted by HEP, visit is only if indicated.

2. Accreditation process and timeline

Weeks before the expiration of accreditation status	Activities and Responsibilities	PIC
24	**Submission of Application**	HEP

	HEP submits a complete Full Accreditation application to MQA	
23	**Registration Process** • records the application • assigns the application to the relevant officer • checks whether the information submitted is complete • notifies the HEP that the evaluation process will commence • forwards the application to the Malaysian Medical Council (MMC)	MQA
19	**Nomination of POA** • recommends members of the POA • submit the names of the POAs to MQA	MEC-MMC
17	**Appointment of POA** • appoints the POA upon clearance of conflict of interest (refer to Section 5 COPPA 2nd Edition)	MQA
16	**Evaluation** • Evaluation by POA based on database using the evaluation instrument	POA
14	**Coordination Meeting** - Attendance: MQA, MMC, POA and HEP - finalising the date of accreditation visit and visit schedule	MQA
13- 11	**Accreditation Visit** Verification and triangulation of MQA-02 Draft Accreditation report given to HEP at the end of the visit	MQA, MMC, POA
10-9	**Feedback on Draft Accreditation Report**	MQA

	• Feedback on accreditation report by HEP (If there is no feedback from HEP within 10 working days, the information in the draft report is considered correct and valid) • Review of the feedback from HEP by POA • Final report	
8-0	**Result of Accreditation** • JTB • MMC • MJA	MMC, MQA

SECTION 6

DATA SUBMISSION FOR CURRICULUM REVIEW (MMC CR-01 CURRICULUM REVIEW UNDERGRADUATE MEDICAL PROGRAMME)

SECTION 6

MMC CR-01

(Curriculum Review Undergraduate Medical Programme)

Requirement to submit MMC CR-01:

Medical school is required to submit database using MMC CR-01 form when the curriculum review involved major changes as shown below:

Criteria for Major and Minor Curriculum Review:

Item	Minor	Major
Change in Visions, Missions and Objectives		
Change in Higher Education Provider's Visions, Missions and Objectives		✓
Change in PEOs, PLOs and CLOs		
Editorial change in Programme Educational Objectives (PEO)	✓	
Change in number or learning domains of Programme Educational Objectives (PEO)		✓
Editorial change in Programme Learning Outcomes (PLO)	✓	
Change in number or learning domains of Programme Learning Outcomes (PLO)		✓
Editorial change in Course Learning Outcomes (CLO) (core subjects)	✓	
Change in number or learning domains of Course Learning Outcomes (CLO) for core subjects more than 30% from total CLO		✓
Change in Curriculum Structure		
Change in curriculum structure (e.g from traditional curriculum to integrated curriculum, PBL based etc)		✓

Change in number of years of study (e.g from 6 to 5 years)		✓
Change in total number of graduating credit		✓
Change in sequence of core subjects offered without any change in credit hour e.g. changing the course offered in Year 1 to Year 2	✓	
Change of programme content (core subject) >30%		✓
Change in Teaching and Learning Activity		
Changing from face-to-face to online delivery (theory component) limited to not more than 50%.	✓	
Changing from face-to-face to online delivery (clinical component)		✓
Change in Assessment Strategy		
Change in preclinical assessment method without any change of credit hours (core subjects)	✓	
Change in clinical assessment without any change of credit hours (core subjects) (e.g. from long case and short case to OSCE) **Must adhere strictly to the current guidelines issued by Malaysian Medical Council	✓	
Adding or Removing the number of major examinations *Major examination is examination that determine student's progression to the next year of study.*		✓

Please submit the completed documents to MQA. The documents should include but not limited to:

1. Table of Content;
2. List of appendices (if relevant);
3. Summary of major changes and its rational
4. Answers to all questions in Area 1 and Area 2. For each question, highlight changes made to the proposed new curriculum and its justifications.;

5. Table 3.1 should include differences in learning outcomes, curricular contents and assessment of students learning- where relevant.;
6. Existing and proposed Table 4;
7. Feedback from stakeholders - Summarise the findings and relate the input from stakeholders that were taken in the development of the proposed new curriculum.;
8. Verification by the HEP Quality Unit; and
9. Approval by the University Senate

PART B: PROGRAMME DESCRIPTION

1. Name of the programme (as in the scroll to be awarded):
2. MQF level:
3. Graduating credit: (as stated in the licence and new graduating credit)
4. Has this programme been accredited by MQA for other premises? If yes, please provide the following details:

No.	Name and Location of the Premises (main campus / branch campuses / regional centre)	Mode of Delivery	Accreditation Status
			Full
1.			
2.			
3.			

5. Type of award (e.g., single major, double major, etc.):
6. Field of study and National Education Code (NEC):
7. Language of instruction:
8. i) Type of programme (e.g., own, collaboration, external, joint award / joint degree, etc.)

   ii) Mode of study:
   iii) Frequency of curriculum review:

   iv) Date of last review:

   v) Briefly summarise the major changes in the previous curriculum review

iii) Duration of study:

	Full-time

	Long Semester	Short Semester
No. of Weeks		
No. of Semesters		
No. of Years		

Note: Number of weeks should include study and exam week.

iv) Entry requirements (as approved by Ministry of Higher Education Malaysia):

PART C: Data Submission

HEP are required to submit

1. Part C of Area 1 and Area 2. Answer all questions, for each question highlight changes made to the proposed new curriculum and its justification. Submit all Tables
2. Comparison of the learning outcomes, curricular content of the existing curriculum and the newly proposed curriculum.
3. Comparison of the new assessment method/format of the existing curriculum and the newly proposed curriculum
4. Feedback from stakeholders- Summarise the findings and relate the input from stakeholders that were taken in the development of the proposed new curriculum
5. **Any other relevant information** to support the institution's ability to implement the revised curriculum such as process of student selection, staff training, infrastructure, equipment etc.

INFORMATION ON AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes

1.1.1. Explain how the programme is in line with, and supportive of, the vision, mission and goals of the HEP.
(Please highlight the changes done with provision of evidence)

1.1.2.

a) Map the programme learning outcomes to MQF level descriptors and the five clusters of MQF learning outcomes domains.

Table 1.1: Matrix of Programme Learning Outcomes (PLO) against the MQF Learning Outcomes Domains.

Programme Learning Outcomes (PLO)	Malaysian Qualification Framework (MQF) learning outcomes				
	1. Knowledge & understanding	**2. Cognitive Skills**	**3. Functional Work Skills:**	**4. Personal & Entrepreneurial Skills**	**5. Ethics & Professionalism**

			a) Practical Skills	b) Interpersonal Skills	c) Communication Skills	d) Digital Skills	e) Numeracy Skills	f) Leadership, Autonomy, & Responsibility		
PLO 1										
PLO 2										
PLO 3										
PLO 4										
PLO 5										

b) Map the programme learning outcomes against the programme educational objectives. (Provide information in Table 1)

Table 1: Matrix of Programme Learning Outcomes (PLO) against the Programme Educational Objective (PEO)

Programme Learning Outcomes (PLO)	**Programme Educational Objectives (PEO)**			
	PEO1	**PEO2**	**PEO3**	**PEO4**
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

c) Describe the strategies for the attainment of PLOs in term of teaching and learning strategies, and assessment.

1.1.3.

a) Describe how the learning outcomes relate to the career and further studies options of the student on completion of the programme?

b) Do the learning outcomes relate to the existing and emergent needs of the medical and health, industry and the discipline? How was this established?

1.2. Programme Development: Process, Content, Structure and Teaching-Learning Methods

1.2.1. Describe the provisions and practices that indicate the autonomy of the medical school in the design of the curriculum, and its utilisation of the allocated resources.

1.2.2. Describe the processes involved in reviewing the curriculum and the procedure to approve the revised curriculum.

1.2.3.

a) Who and how are the stakeholders consulted in the curriculum review?

b) Explain the involvement of educational experts (medical educationist) in this curriculum review.

1.2.4.

a) Describe how the curriculum fulfils the requirements of the programme standards and good practices in the medical and health sciences.

b) Provide the necessary information, where applicable, in Table 2:

Table 2: Components of the programme and its credit value

Minimum Graduating Credit: 200

	Course Classification		Minimum Credit Value	Existing Credit Value	Propose Credit Value
1.	*Compulsory courses/modules**		*10*		
2.	***Core Courses***	• ***Basic Sciences***	*60*		
		• ***Clinical training*** • ***Projects*** ***Dissertation***	*110*		
3.	*Optional/Elective courses***		*2*		
4.	*Others (specify)*				

Note:

* Compulsory courses/modules refers to *Mata Pelajaran Umum* (MPU) and other courses required by the HEP.

****** Optional/elective courses refer to courses where students can exercise choice.

c) Provide a brief description for each course offered in the programme. Please arrange the courses by year and semester as in Table 3.

Table 3: Brief description of courses offered in the programme

No.	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory Major/Minor/ Elective)	Credit Value	Programme Learning Outcomes (PLO)					Prerequisite/ co-requisite	Name(s) of Academic Staff
					PLO1	PLO2	PLO3	PLO4	PLO5		
1.											
2.											
3.											
4.											
5.											
6.											
7.											

8.											
9.											
10											

d) Indicate new courses introduced in the revised curriculum as well as courses in the existing curriculum that has been removed.

Table 3.1: Comparison between the existing curriculum and the proposed revised curriculum

	Existing Curriculum	Proposed (New) Curriculum	Justification for the changes
1.			
2.			
4.			
5.			

e) Provide the information for each course as existing Table 4 and proposed Table 4.

Table 4: Course information (**a template in Excel format is provided separately for HEP to fill in. Please download the latest version from MQA website**)

1.	Name and Code of Course:
2.	Synopsis:
3.	Name(s) of academic staff:
4.	Semester and year offered:
5.	Credit value:
6.	Prerequisite/co-requisite (if any):

7. Course learning outcomes (CLO):

CLO 1 - ….

CLO 2 - ….

CLO 3 - ….

CLO4-…..

CLO5-…

8. Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment Methods:

Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)									Teaching Methods	Assessment Methods
	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9		
CLO 1											
CLO 2											
CLO 3											
CLO 4											
CLO 5											
Mapping with MQF Cluster of Learning Outcomes											

Indicate the primary causal link between the CLO and PLO by ticking "✓" in the appropriate box.

(This description must be read together with Standards 2.1.2, 2.2.1 and 2.2.2 in Area 2.)

9. Transferable Skills (if applicable):

(Skills learned in the course of study which can be useful and utilised in other settings.)

10. Distribution of Student Learning Time (SLT):

Course Content Outline and Subtopic	CLO*	Teaching and Learning Activities									Total SLT
		Face-to-Face (F2F)								NF2F Independent Learning (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
		L	T	P	O	L	T	P	O		
1											
2											
3											
4											
SUB-TOTAL SLT											
Continuous Assessment	%	F2F								NF2F Independent Learning for Assessment (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
1											
2											
SUB-TOTAL SLT											
Final Assessment	%	F2F								NF2F Independent Learning for Assessment (Asynchronous)	
		Physical				Online / Technology-mediated (Synchronous)					
1											
2											
SUB-TOTAL SLT											
SLT for Assessment											
GRAND TOTAL SLT											
A	% SLT for F2F Physical Componet										
B	% SLT for Online & Independent Learning Component										
C	% SLT for All Practical Component										
C1	% SLT for F2F Physical Pratical Component										
C2	% SLT for F2F Online Practical Component										

Please (✓) if this course is Elective Course using 50% of effective learning time (ELT)

L = Lecture, T = Tutorial, P = Practical include Clinical learning, O = Others, F2F = Face to Face, NF2F = Non Face to Face

*Indicate the CLO based on the CLO's numbering in Item 8.

11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room):
12.	References (include required and further readings, and should be the most current):
13.	Other additional information:

1.2.5. Describe the processes involved in reviewing the curriculum and the procedure to approve the revised curriculum.

1.2.6. What are the co-curricular activities available to the students of this programme? How do these activities enrich student learning experience, and foster personal development and responsibility?

1.3. Programme Delivery

1.3.1. Provide evidence on how the department ensures the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.

1.3.2. Show evidence that the students are provided with, and briefed on, the current information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.

1.3.3.

a) Provide details of the coordinator of the programme and members of the team responsible for the programme. State the manner in which the academic team manages the programme. What are their authority and responsibility? What are the procedures that guide the planning, implementation, evaluation and improvement of the programme?

b) Does the programme team have access to adequate resources? Provide evidence.

1.3.4. Show how the medical school provides favourable conditions for teaching and learning.

1.3.5. Describe the medical school's initiatives to encourage innovations in teaching, learning and assessment.

1.3.6. State how the medical school obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence

INFORMATION ON AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1. Relationship between Assessment and Learning Outcomes

2.1.1. Explain how assessment principles, methods and practices are aligned to the achievement of learning outcomes of the programme consistent with MQF level 6.

2.1.2. Describe how the alignment between assessment and learning outcomes are regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

2.2. Assessment Methods

2.2.1. Describe how a variety of assessment methods and tools are used in assessing learning outcomes and competencies. Show the utilisation of both summative and formative assessment methods within the programme. Highlight the new assessment introduced in the revised curriculum. Provide assessment blueprint.

2.2.2.

a) Explain how the medical school ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).

b) Indicate the authority and processes for verification and moderation of summative assessments.

c) What guidelines and mechanisms are in place to address plagiarism among students?

2.2.3.

a) Describe the student assessment methods in term of its duration, diversity, weight, criteria and coverage**.** Describe the grading system used. How are these documented and communicated to the students?

b) Explain how the department provides feedback to the students on

their academic performance to ensure that they have sufficient time to undertake remedial measures.

c) How are results made available to the students for purposes of feedback on performance, review and corrective measures?

d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?

e) Explain the mechanism to review and implement new methods of assessment. Explain the processes in making changes to the assessment method.

2.2.4. How are the changes in assessment made known to the students?

2.3. Management of Student Assessment

2.3.1. Explain the roles, rights and power of the medical school and the academic staff in the management of student assessment.

2.3.2. Describe how the confidentiality and security of student assessment documents as well as academic records are ensured.

2.3.3. Explain how and when continuous and final assessments results are made available to students.

2.3.4. What guidelines and mechanisms on students' appeal against course results are in place?

2.3.5. Explain how the medical school periodically reviews the management of student assessment and measures it take to address the issues highlighted by the review.

ANY OTHER RELEVANT INFORMATION RELATES TO THE REVISED CURRICULUM (Example- staff development programme, bench marking visit to other institution etc)

SECTION 7

GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

SECTION 7

GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

AREA 1 - PROGRAMME DEVELOPMENT AND DELIVERY

1.1. Statement of Educational Objectives of Academic Programme and Learning Outcomes

1.1.1. How does the programme relate to, and is consistent with, the larger institutional goals of the HEP?

1.1.2. What are the evidence that show the demand for this programme? How was the needs assessment for the programme conducted?

1.1.3. Comment on the relevancy, clarity and specificity of the programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment, and the constructive alignment between them.

1.1.4. Comment on the alignment of the programme learning outcomes to an MQF level descriptors and the five cluster of MQF learning outcomes.

1.1.5. Evaluate the link between the student's competencies expected at the end of the programme and those required by the Ministry of Health as well as for purposes of higher studies.

1.2. Programme Development: Process, Content, Structure and Teaching-Learning Methods

1.2.1. Evaluate the level of autonomy given to the department in the design of the curriculum and in the utilisation of the allocated resources available to the department. How does the above vary with collaborative programmes and joint programmes? (if applicable)

1.2.2. Comment on the appropriateness of the processes, procedures, and mechanisms by which the curriculum is developed and approved.

1.2.3.

(a) Evaluate the involvement of stakeholders in curriculum development.
(b) Evaluate the effectiveness of the educational experts (medical educationist) involvement in the development of curriculum.

1.2.4.

(a) Does the curriculum fulfil the requirements of undergraduate medical programme in line with good practices in the field?
(b) Evaluate the overall content of the curriculum as presented in Table 4. using Table Evaluation Form (Appendix 10). Comment on the alignment of the course learning outcomes to the programme learning outcomes, as well as to the teaching and assessment methods, as presented in Table 4: Item 8.
(c) At the macro level, are the programme content, approach and teaching-learning methods appropriate, consistent and does it support the achievement of the programme learning outcomes?
(d) Evaluate the diverse teaching-learning methods that help to achieve the learning outcomes and ensure that students take responsibility for their own learning.

1.2.5. Evaluate the appropriateness of teaching and learning methods applied to achieve the objectives and learning outcomes of the programme. *(This is to be read together with information in 1.1.3.)*

1.2.6. Comment on the co-curricular activities available for the students to enrich their experience, and to foster personal development and responsibility.

1.3. **Programme Delivery**

1.3.1. Evaluate the methods and approaches used by the medical school to ensure the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.

1.3.2. Evaluate on their currency and appropriateness. Comment on how students are informed about the key elements of the programme.

1.3.3.

(a) Comment on how the programme is managed. Who is responsible for the planning, implementation and improvement of the programme? Is he/she appropriate for the responsibility? How effective is the academic team in managing the programme?
(b) Evaluate the adequacy of the resources provided to the programme team to implement teaching-learning activities, and to conduct programme evaluation for quality improvement.

1.3.4. Does the medical school provide students with favourable conditions for teaching and learning? Explain how?

1.3.5. Comment on the innovative efforts made by the medical school to improve teaching, learning and assessment.

1.3.6. Comment on how the medical school obtain feedback and uses it to improve the delivery of the programme outcomes.

AREA 2: ASSESSMENT OF STUDENT LEARNING

2.1. Relationship between Assessment and Learning Outcomes

2.1.1. Comment on the alignment between assessment, learning outcomes and MQF level.

2.1.2. Comment on the policy (if any) and effectiveness of regular reviews in aligning assessment and learning outcomes.

2.2. Assessment Methods

2.2.1. Evaluate the effectiveness of the various methods and tools in assessing learning outcomes and competencies. Evidences of formative and summative assessment.

2.2.2.

(a) Evaluate how the medical school ensures the validity, reliability, integrity, currency and fairness of the assessment methods.
(b) Comment on the guidelines and mechanisms to address academic plagiarism among students.
(c) How and how often is the method of assessment reviewed?

2.2.3.

(a) How frequent and at what point are the assessment methods and appeal policies documented and communicated to students?
(b) Are the grading and assessment practices publicised? If so, comment on the evidence provided on the publications. How widely is this carried out?
(c) How does the medical school ensure due process as well as opportunities for fair and impartial hearing?
(d) Are the grading, assessment and appeal policies published consistent with the actual practices?

2.2.4. How are changes to the student assessment methods made? How are they communicated to the students?

2.3. Management of Student Assessment

2.3.1. Comment on the roles, rights and power of the department and the academic staff in the management of student assessment.

2.3.2. Comment on the mechanisms to ensure the security of assessment documents and records.

2.3.3. How promptly do the students receive feedback on the assessment of their performance? Are the final results released before the commencement of a new semester?

2.3.4. Evaluate the guidelines and mechanisms on students' appeal against course results.

2.3.5. Evaluate the periodical review on the management of student assessment undertaken by the medical school and actions taken to address the issues highlighted by the review.

AREA 3: STUDENT SELECTION AND SUPPORT SERVICES

3.1. Student Selection

3.1.1.

(a) Comment on the clarity and appropriateness of the HEP's policies on student selection and student transfer, including those in relation to students with special needs?

(b) How does the HEP ensure that the selected students have capabilities and fulfil the admission policies that are consistent with applicable requirements?

3.1.2.

(a) Comment on the public dissemination of the selection criteria and mechanisms for student selection.

(b) Where other additional selection criteria are utilised, examine the structure, objectivity and fairness.

(c) How does the department ensure that the student selection process is free from unfair discrimination and bias?

3.1.3.

(a) Comment on the information of the past, present and forecasted (refer to Item 16, Part B) student intake in relation to the medical school's capacity to effectively deliver the programme. Comment also on the proportion of applicants to intake.

(b) How does the HEP ensure the availability of adequate resources to admit "non-conventional", i.e., visiting, elective, exchange, and transfer students?

3.1.4. Comment on the policies and practices (if applicable) for appeal on student selection.

3.1.5. Evaluate the developmental and remedial support available to the students who need them.

3.2. Articulation and Transfer

3.2.1. Comment on how the medical school facilitates national and transnational student mobility.

3.2.2. Comment on the procedures to determine the comparability of achievement of incoming transfer students.

3.3. **Student Support Services**

3.3.1.

(a) Evaluate the adequacy and quality of student support services listed. How do they contribute to the quality of student life?

(b) If there are programmes conducted in campuses that are geographically separated, how is student support provided at the branch campuses? How well do these mechanisms work?

3.3.2.

(a) Comment on the unit responsible for planning and implementing student support services? How does it fit into the overall structure of the organisation in terms of hierarchy and authority? How qualified are the staff of this unit? Who does the head of this unit report to?

(b) How prominent are the student support services compared to other major administrative areas within the HEP?

3.3.3. Appraise the orientation of incoming students.

3.3.4.

(a) Comment on adequacy and qualifications of the academic, non-academic and career counsellors.

(b) Evaluate the effectiveness of student counselling and support programmes, including plans for improvements in counselling staff and services.

3.3.5. Evaluate the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.

3.3.6. Comment on the processes and procedures in handling disciplinary cases involving the students.

3.3.7. Appraise the mechanisms for complaints and appeals on academic and non-academic matters.

3.3.8. Comment on the effectiveness of the evaluation of student support services.

3.4. **Student Representation and Participation**

3.4.1. Evaluate the policy and processes that are in place for active student engagement especially in areas that affect their interest and welfare.

3.4.2. Evaluate the adequacy of student representation and organisation at the institutional and medical school levels.

3.4.3.

(a) Comment on students' linkages with external stakeholders.
(b) Evaluate the medical school's role facilitating students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.

3.4.4. Evaluate how the medical school facilitates student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.

3.5. **Alumni**

3.5.1.

(a) Evaluate the linkages established by the department with the alumni.
(b) Evaluate the involvement of the alumni in programme development, review and continuous improvement.

AREA 4: ACADEMIC STAFF

4.1. Recruitment and Management

4.1.1. Evaluate the consistency of the medical school's academic staff plan with HEP's policies and programme requirements.

4.1.2.

(a) Appraise the academic staff selection policy, criteria, procedures, terms and conditions of service in terms of getting adequately qualified and/or experienced staff.
(b) Comment on the due diligence exercised by the medical school in ensuring that the qualifications of academic staff are from *bona fide* institutions.

4.1.3. Assess the appropriateness of staff–student ratio to the programme and the teaching methods used.

4.1.4.

(a) Assess whether the medical school has adequate and qualified academic staff, including part-time academic staff necessary to implement the programme.
(b) Comment on the turnover of the academic staff for the programme (for Full Accreditation only).

4.1.5. Assess the policies and procedures on work distribution. Is the workload equitably distributed? (Refer to Table 5 for information on workload distribution.)

4.1.6. How does the medical school ensure diversity among the academic staff in terms of experience, approaches, and backgrounds?

4.1.7.

(a) How does appraisal of academic staff take into account their involvement in professional, academic and other relevant activities, at national and international levels?
(b) Are the policies, procedures and criteria for recognition through promotion, salary increment or other remuneration of the academic staff clear, transparent and merit-based?

4.1.8. Evaluate the nature and extent of the national and international linkages and how these enhance teaching and learning in the programme.

4.2. **Service and Development**

4.2.1. Comment on the medical school's policy on service, development and appraisal of the academic staff.

4.2.2. Comment on the opportunities given to the academic staff in order to focus on their areas of expertise such as curriculum development, curriculum delivery, supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically related administrative duties.

4.2.3.

(a) Comment on the HEP's policies on conflict of interest and professional conduct.
(b) Comment on the HEP's procedures for handling disciplinary cases.

4.2.4. Evaluate the mechanisms and processes for periodic student evaluation of the academic staff. Assess how this feedback is used for quality improvement.

4.2.5.

(a) Evaluate the extent and effectiveness of the academic staff development scheme.
(b) Assess the formative guidance and mentoring provided for new academic staff.
(c) Comment on the organised support available to assist academic staff to enhance teaching expertise in line with current trends in pedagogy, curriculum design, instructional materials and assessment.

4.2.6.

(a) Evaluate the support provided by the HEP and/or medical school for academic staff to participate in national and international activities.
(b) How useful is this participation for the enrichment of the teaching-learning experience?

4.2.7. Comment on how the department encourages and facilitates academic staff in community and industry engagement activities.

AREA 5: EDUCATIONAL RESOURCES

5.1. Physical Facilities

5.1.1.

(a) Evaluate the sufficiency and appropriateness of physical facilities including clinical facilities for the effective delivery of the curriculum. Particularly when there is sharing of clinical facilities by more than one institution.

(b) Evaluate the adequacy and appropriateness of equipment and facilities provided for practical-based programmes and for students with special needs.

5.1.2. Examine evidence of compliance of physical facilities to relevant laws and regulations including issues of licensing.

5.1.3.

(a) Evaluate the adequacy of the library services.

(b) Evaluate the adequacy and suitability of learning spaces in and around the library.

(c) Comment on the quality of the library's databases and bibliographic search, computer and audio-visual capabilities in relation to the programme.

5.1.4.

(a) Evaluate how the HEP maintains, reviews and improves the adequacy, currency and quality of educational resources and assess the role of the department in these processes

(b) Assess the condition and the provision for the maintenance of the physical learning facilities.

5.1.5.

(a) Evaluate the effectiveness the policy on ethical use of information and communication technology including social media.

(b) Evaluate adequacy and accessibility of web-based or other electronic media to students and staff.

5.2. Research and Development

5.2.1.

(a) Appraise the research policy. How does the department policy foster the relationship between research and scholarly activity and education?

(b) Comment on the research priorities, allocation of budget and facilities provided.

(c) Comment on the extent of research activities in the department by looking into the number of academic staff members who are principal investigators, the value of research grants, and the priority areas for research.

5.2.2. Evaluate the interaction between research and learning reflected in the curriculum. How does it influence current teaching, and prepare students for engagement in research, scholarship and development?

5.2.3. Comment on the effectiveness of the medical school's review of its research resources and facilities. Comment on the steps taken to enhance its research capabilities and environment.

5.3. Financial Resources

5.3.1. Comment on the financial viability and sustainability of the HEP to support the programme based on the certified financial statement provided by the institution or indirect indicators such as staff salary, assets and maintenance of assets

5.3.2.

(a) Evaluate the medical school's procedures to ensure that its financial resources are sufficient and managed efficiently
(b) Are there indications that the quality of the programme is being compromised by budgetary constraints? If there is a current or potential financial imbalance in this regard, does the HEP have a credible plan to address it?

5.3.3. Comment on the responsibilities and lines of authority of the HEP with respect to budgeting and resource allocation for the department.

5.4 Educational Expertise

(a) Evaluate the policy on the use of educational expertise in curriculum development and development of teaching-learning and assessment methods.
(b) Comment on the use of in-house or external educational expertise in staff development.

AREA 6: PROGRAMME MANAGEMENT

6.1. Programme Management

6.1.1.

(a) Comment on the management structures and functions of the medical school and how their relationship within the department is defined. How are these being communicated to all stakeholders involved based on principles of transparency, accountability and authority?
(b) Comment on the structure and composition of the committees in the department.
(c) What effect do these relationships have on the programme?

6.1.2. Comment on the policies and procedures to ensure accurate, relevant, timely, and easily and publicly accessible information about the programme, especially to prospective students.

6.1.3.

(a) Comment on the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities.
(b) Comment on the continuous quality improvement resulting from these policies, procedures and mechanisms.

6.1.4. Comment on the academic board of the department as an effective decision-making body and its degree of autonomy.

6.1.5. Comment on the arrangement between the main campus and the branch campuses or partner institutions. Evaluate the mechanisms that exist to assure functional integration and comparability of educational quality.

6.1.6. Comment on the evidence of internal and external consultations, and graduate employability analyses. For a new programme, comment on market needs analysis.

6.2. Programme Leadership

6.2.1. Comment on the criteria for the appointment and the responsibilities of the programme leader.

6.2.2.

(a) Comment on the appropriateness and suitability of the programme leader.

(b) Evaluate the effectiveness of programme leader's relationship with the academic staff and students.

6.2.3. Comment on the mechanisms and processes of communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.

6.3. Administrative Staff

6.3.1. Comment on the appropriateness and sufficiency of the administrative staff who support the implementation of the programme.

6.3.2. Evaluate how the medical school reviews the performance of the administrative staff of the programme.

6.3.3. Evaluate the effectiveness of the training scheme for the advancement of the administrative staff and how it fulfils the current and future needs of the programme.

6.4. Academic Records

6.4.1.

(a) Comment on the policies and practices of the nature, content and security of student, academic staff and other academic records

(b) Evaluate the policies and practices on retention, preservation and disposal of these records.

6.4.2. Evaluate the maintenance of student records by the medical school relating to their admission, performance, completion and graduation.

6.4.3. Evaluate the implementation of the policy on privacy and the confidentiality of records.

6.4.4. Comment on the effectiveness of the department's review of its policies on security of records and safety systems.

AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

7.1. Mechanisms for Programme Monitoring, Review and Continual Quality Improvement

7.1.1. Comment on the policies and mechanisms for regular monitoring and review of the programme.

7.1.2. Assess the roles and the responsibilities of the Quality Assurance unit responsible for the internal quality assurance of the department.

7.1.3.

(a) Comment on the structure and workings of the programme monitoring and review committee.
(b) Evaluate the frequency and effectiveness of the mechanisms for monitoring and reviewing the programme in identifying strengths and weaknesses to ensure the achievement of programme learning outcomes
(c) How are the findings from the review utilised to improve the programme?
(d) How current are the contents and how are these updated to keep abreast with the advances in the discipline and to meet the current needs of the society?

7.1.4.

(a) How does the medical school ensure the involvement of stakeholders in a programme review?
(b) Comment on the nature of their involvement and how their views are taken into consideration.

7.1.5. Evaluate how the programme review report is made accessible to stakeholders and how their views are used for future development of the programme.

7.1.6.

(a) Evaluate how the various aspects of student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement.
(b) Comment on the rate of attrition and the reasons for it.

7.1.7. In collaborative arrangements, evaluate the relationship between the parties involved in programme monitoring and review.

7.1.8. Evaluate how the findings of the review are disseminated to the HEP. Comment on the action taken thereon.

7.1.9. Evaluate the integral link between the departmental quality assurance processes and the achievement of the institutional purpose.

APPENDIX 1

MQF 2ND EDITION DOMAINS/CLUSTERS OF LEARNING OUTCOMES

Appendix 1

A. MQF 2nd edition Domains/Clusters of Learning Outcomes

In MQF 2nd edition, the 8 learning domains in MQF first edition have been clustered, re-profiled and retained. The listed outcomes resonate and mostly align with the aspirations of the National Education Philosophy (1961), the Malaysia Education Blueprint 2013-2025 as well as the Malaysia Education Blueprint 2015-2025 (Higher Education). The MQF 2nd edition is linked to, and a continuum of, the educational outcomes from basic education to higher education as set in the national blueprints.

These learning outcomes clarify the demands and complexities of learning by each level. It is within the context of study and/or work/practice situations, where for example, knowledge and understanding is required concurrently as these traits are dominant and important in pursuing higher education and advanced skills training. The five clusters of learning outcomes are:

1. Knowledge and understanding
2. Cognitive skills
3. Functional work skills with focus on:
    a. Practical skills
    b. Interpersonal skills
    c. Communication skills
    d. Digital skills
    e. Numeracy skills
    f. Leadership, autonomy and responsibility
4. Personal and entrepreneurial skills
5. Ethics and professionalism.

B. Description on Learning Outcomes Clusters and Application Context

1. Knowledge and Understanding

Knowledge and understanding refers to a systematic understanding of facts, ideas, information, principles, concepts, theories, technical knowledge, regulations, numeracy, practical skills, tools to use, processes and systems.

It may relate to a subject, a field of study or discipline as well as to technical and occupational or workplace aspects of knowledge and understanding. It starts with basic general knowledge and progress to varied, broader, specialised and advanced knowledge including those relating to sustainable practices, rules and regulations, health and safety, especially relevant to TVET type and even professional programmes.

The scope of knowledge should include the common everyday knowledge within the learners' environment. This may also be acquired through formal, informal, and non-formal learning circumstances-experiences. Developing personal values and ethics may derive from knowledge and experiences.

Knowledge and understanding enables the learners to relate to their prior knowledge in the course of learning or work as well as to expand to related fields. Knowledge provides the basis for applications of all other learning outcomes.

2. Cognitive Skills

This relates to thinking or intellectual capabilities and the ability to apply knowledge and skills. The capacity to develop levels of intellectual skills progressively begins from understanding, critical/creative thinking, assessment, and applying, analysing, problem solving as well as synthesizing to create new ideas, solutions, strategies or new practices. Such intellectual skills enable the learner to search and comprehend new information from different fields of knowledge and practices.

3. Functional Work Skills

a. Practical work skills

These are generally work skills and operational skills applicable in common employment environment such as planning; organisational skills; selection of tools, material, technology methods and procedures, while in study context, it may include study skills and preparations, undertaking procedures, scientific skills, designs, research and so forth. It also includes specialised skills which are set by specific subject, discipline, technical or occupation-related work skills and professional practice which enhance professional competence. It should include safe and sustainable practices.

b. Interpersonal skills

Interpersonal skills refer to a range of skills which, amongst others, include interactive communications; relationships and collaborative skills in managing relationships in teams and within the organisations; networking with people of different cultures; as well as social skills/etiquette.

c. Communication skills

Communication skills refer generally to the ability to communicate/convey information/ideas/reports cogently and professionally in appropriate language. The communication must be effective and in appropriate forms, in various medium, to a range of audience and different situations. The ability to communicate in more than one language is encouraged.

d. Digital skills

Digital skills generally refer to the ability to use information/digital technologies to support work and studies. The skills include sourcing and storing information, processing data, using applications for problem solving and communication, as well as ethics in applying digital skills.

e. Numeracy skills

These are the quantitative skills that require learners to acquire increasingly higher levels of numerical abilities. It is acknowledged as an important living skill relevant in study, work and daily life. Within the MQF levels, this learning outcome may not be specifically mentioned for every level but it is expected that numerical skills are required as an outcome ought to be indicated for every specific programme. It may include understanding of basic mathematics, symbols relating to statistical techniques and etc.

f. Leadership, autonomy and responsibility

This cluster of skills refers to an individual’s ability to build relationships and work with teams made up of peers or in managerial capacities with varying degrees of autonomy to make decisions or setting goals at organisational/unit/team levels; to take responsibilities and provide accountability; to be confident, knowledgeable, articulate, honest, professional, concerned, resilient, a risk taker and possess other intrapersonal skills including working in, and leading teams.

4. Personal and Entrepreneurial Skills

Personal skills are life skills that learners are expected to use daily. They are normally portrayed through enthusiasm for independent learning, intellectual and self-development; by demonstrating confidence, self-control; social skills and proper etiquette; and commitment to professionalism in the work place. It also includes capability to plan for career development or further education. Aspects of character such as honesty, punctuality, time management, keeping to and maintaining deadlines that are important in a work environment are also important personal skills.

Entrepreneurial skills require relevant knowledge, skills and expertise in key areas of an enterprise. Important personal qualities will include creativity, grit and drive. The learning outcomes describe incremental development of these skills. The drive to be an entrepreneur is set as personal skills but also requires the requisite of relevant knowledge, cognitive and functional skills.

5. Ethics and Professionalism

Ethics and values are important at personal, organisational, societal/community and global settings as they guide personal actions, interactions, at work and within the community at large. Awareness/understanding and respect of ethical, social and cultural differences and issues are important in the exercise of professional skills and responsibilities: integrity, professional conduct (professionalism), and standards of conduct such as upholding regulations, laws and codes of good practices or code of professional conduct. A sensitive approach in dealings with other cultures adds value to this learning domain.

APPENDIX 2

MQF 2ND EDITION – DESCRIPTORS FOR LEVEL 6

Appendix 2

Malaysian Qualifications Framework edition 2.0: Level 6 Descriptors

MQF LEVEL	Summary of Learners' Profile	CLUSTER 1: Knowledge and Understanding	CLUSTER 2: Cognitive skills	CLUSTER 3: FUNCTIONAL WORK SKILLS				CLUSTER 4: Personal and entrepreneurial skills	CLUSTER 5: Ethics and Professionalism
				Practical skills	Interpersonal and Communication Skills	Digital and Numeracy Skills	Leadership, Autonomy and Responsibility		
Level 6 BACHELOR GRADUATE CERTIFICATE/ DIPLOMA	Learners will demonstrate a thorough comprehension of broad based and coherent body of knowledge and skills for para and full professional work embedding research, innovation and creativity in specialized areas. Demonstrate professionalism, resilience commitment to an ethical work culture, sustainability issues and an awareness of global citizenship in alignment with national aspirations.	Describe advanced and comprehensive, theoretical and technical knowledge and demonstrate relevant skills in a specialized field, or of a multidisciplinary nature related to the field of study, work and/or practice	Demonstrate intellectual independence in the application of knowledge within specific field(s) by applying critical, analytical and evaluation skills in the field of study/work/practice. Manage, resolve complex applications and handle unpredictable issues with creative and innovative solution(s). Apply skill/ knowledge to a range of approaches in the field of study/work/practice.	Apply a range of essential methods and procedures to solving a broad range of complex problems. Review, make adjustments and supervise related practices and processes concerning field of specialization.	Convey ideas both in written or oral forms using appropriate and different forms of presentation, confidently, accurately and coherently in appropriate context in a well-structured manner to a diversity of audiences. Work together with different people in diverse learning and working communities as well as other groups locally and internationally.	Use a broad range of information, media and technology applications to support study and/or work. Use and combine numerical and graphical/visual data for study/work.	Work autonomously, and show leadership and professionalism in managing responsibilities within broad organizational parameters. Undertake significant levels of work related responsibilities of others as well as self. Demonstrate decision making capacities professionalism by working towards pre-determined goals and outcomes Demonstrate accountabilities, especially in professional fields.	Engage effectively in self-directed lifelong learning and professional pathways. Demonstrate entrepreneurial competency with selected project(s). Demonstrate an appreciation of broader socio- political economic and cultural issues at local/national and regional level.	Demonstrate adherence, and ability to identify ethical issues, make decision ethically, and act professionally within the varied social and professional environment and practice. Demonstrate a deep familiarity and knowledge of local and global issues relating to science, technology, business, social and environmental issues.

APPENDIX 3
GUIDELINE ON CREDIT VALUE AND STUDENT LEARNING TIME (SLT)

Appendix 3

Guideline on Credit Value and Student Learning Time (SLT)

A credit is a quantitative measurement for all learning activities required to achieve the learning outcomes.

Notional Learning Time

1 Credit = 40 notional hours

Recommended Student Learning Time (SLT)

8 hours a day

40 hours a week

Total SLT ÷ 40 = 1 credit

20-22 credits per semester

Minimum 200* credits in 5 years

Elective: 80 notional hour = 1 credit [Please tick (✓) industrial training/clinical placement in item 10 of Table 4]

Note: * Total credit value inclusive of MPU and other university subjects

Maximum duration of one academic session should not exceed 46 weeks (including the revision and examination

Proposed Student Independent Learning Time

A. General Teaching –learning activities

	Academic Activity (some examples)	**Face 2 Face**		**NF2F Independent Learning (Asynchronous)**	**Total SLT**
		Physical	**Online/ technology-mediated (Synchronous)**		
1	Lecture	1		1-2	2-3
	Lecture		1	1-2	

2	Tutorial	1		1-2	2-3
	Tutorial		1	1-2	2-3
3	Laboratory/Practical	2		1-2	3-4
4	Assignment - 2000 words	-	-	20	20
5	Presentation	1 *		4*	5
6	Self-learning packages / CAL	-	-	2	2
7	Field work	1-2		0	1-2
8	Problem-based Learning (PBL)	4 (2 sessions)		8	12
9	Case-based Learning	1		1	2
10	Project-based Learning	2		2-3	4-5
11	Team-based learning	2		4	6
12	Flip class	1		2	3
13	E-learning / Gamification	1		1	2

***** Individual student presentation normally take about 10-15 minutes, therefore the independent learning may take less than 4 hours

B. Clinical learning

Teaching –learning activities	Guided Learning Face 2 Face	Independent Learning (NF2F)	Total SLT
Ward work	-	1	1
Bedside teaching**	1	-	1
Student presentation/seminar	1*	4*	5
Clinical Skill lab	2	-	2
Case write-up 800- 1200 words	-	6 to 8	6-8
On call	1	-	0.5 (Effective Learning Time)

***** Individual student presentation normally take about 10-15 minutes, therefore the independent learning may be less than 4 hours

** In normal situation, about 70% of clinical teaching must be on real patients. This could be subjected to advisory notes by the relevant authorities.

C. Assessment

Assessment	Percentage (%)	Face 2 Face		NF2F Independent Learning (Asynchronous)	Total SLT (in hours)
		Physical	Online/ technology-mediated (Synchronous / direct observation)		
Continuous assessment (CA) *		1		3	4

Continuous assessment (CA) *			1	1	2
CA: Assignment / Case write-up / Presentation etc		0	0	Refer A and B	0
Summative assessment (Final Examination)		3		10	13

Note: * Assessments that are not included in teaching-learning

APPENDIX 4
EXAMPLE FRAMEWORK OF UNDERGRADUATE MEDICAL CURRICULUM

Appendix 4

Example Framework of Undergraduate Medical Curriculum

1.1 Curriculum Structure

Medical school curriculum should be able to give medical students:

a. early contact with patients that increases in duration and responsibility as students' progress through the programme.
b. experience in a range of specialties (including general practice, medicine, obstetrics and gynaecology, paediatrics, psychiatry and surgery), in a variety of settings, with the diversity of patient groups that they would see when working as a doctor.
c. experience of following patients through their care pathway.
d. the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds and with a range of disabilities, illnesses or conditions.
e. learning opportunities that integrate basic and clinical science, enabling them to link theory and practice.
f. the opportunity to develop their clinical and practical skills through technology enhanced learning opportunities, with the support of teachers, before using skills in a clinical situation.

1.2 Curriculum Content

The core curricular content that will provide a comprehensive coverage are:

i. Biomedical scientific principles relating to anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology
ii. Behavioural, population and clinical sciences relevant to the healthcare and health maintenance of adults and children
iii. Clinical skills, such as taking a detailed medical history, physical and mental state examination, formulating a diagnosis and management plan
iv. Acute care (medical and surgical emergency) skills and procedures relevant to practice at the level of a houseman
v. General Medicine
vi. General Surgery
vii. Family Medicine
viii. Geriatric Medicine and Palliative Medicine
ix. Psychiatry
x. Obstetrics and Gynaecology
xi. Paediatrics
xii. Orthopaedics
xiii. Otorhinolaryngology (ORL)
xiv. Ophthalmology
xv. Forensic medicine
xvi. Anaesthesiology

xvii. Health systems
xviii. Communication skills
xix. Ethics and professionalism
xx. Leaderships, teamwork, managerial and entrepreneurial skills
xxi. Interprofessional education and interprofessional collaborative practice
xxii. Research (scientific method, critical appraisal and evidence-based medicine)

The medical school curriculum should be structured using a wide range of curriculum models, such as system-based, case-based and discipline-based learning, to provide balanced and varied learning opportunities. The curriculum should include both horizontal (concurrent) and vertical (sequential) integration of curricular components that would link biomedical, clinical and behavioural/social sciences, hence enabling students to link theory with practice.

The examples of specific recommendations, are outlined below:

General Medicine and General Surgery

i. The exposure to General Medicine and General Surgery respectively offers a unifying clinical perspective that integrates all the patients' evaluations, treatments as well as his/her overall wishes and values (patient autonomy).
ii. General Medicine or General Surgical Training should not be considered as a mere summation of subspecialty training.
iii. The medical schools should liaise with hospitals in posting students to General Medical units and General Surgical units wherever possible, in preference to subspecialty units – so that the students will have opportunities to see patients presenting with an 'undifferentiated' diagnosis or multiple clinical diagnoses. Where they are posted to subspecialty wards, it is preferable to ensure that they are taught general principles on Surgery and Medicine in general
.

Family Medicine.

i. There must be early and adequate student exposure to Family Practice.
ii. May include continuous healing relationships, whole person orientation, family and community context and comprehensive care.
iii. May include engagement of private General Practitioners.

Communication skills.

i. In the medical school curriculum blueprint, core skills in communication skills should include:
   a. Effective doctor-patient relationship
   b. Communication about the patient
   c. Communication about medicine and science

ii. There should be early, horizontal integration of such communication skills into the curriculum.

iii. The curriculum should provide opportunities for students to practise their presentation skills and be observed while doing it, so that it is not just assumed that what is taught has been assimilated.

Ethics and Professionalism

i. Individual medical schools should run concurrent teaching activities within and outside of the students' clinical attachments to reinforce theoretical principles of medical ethics and professionalism.
ii. It is recommended that those involved in teaching ethics in medical schools are conversant in the subject.

Interprofessional education (IPE) and Interprofessional collaborative practice (IPP)

i. The occurrence of two or more health or social professions learning interactively about, from and with each other, all with the common goal of enabling effective collaboration and improving patient health outcomes.

ii. Interprofessional practice in health-care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings.

Research

i. The curriculum must clearly define core as well as elective competencies in the areas of research.
ii. Research core skills may include understanding various types of clinical studies, literature research, critical appraisal of scientific journals and translational research.
iii. Research elective skills may include: research methodology and design, biostatistics, qualitative research methods, writing a research proposal, scientific paper writing skills and conducting and reporting on a research project.

APPENDIX 5

MINIMUM QUALIFICATIONS FOR ENTRY INTO MEDICAL PROGRAMME

Appendix 5

MINIMUM QUALIFICATIONS FOR ENTRY INTO A MEDICAL PROGRAMME

(As been approved by Ministry of Higher Education)

A. The selection for admission to a medical programme implies selection for the medical profession.

A person who is qualified in Medicine from a medical programme recognized by the Malaysian Medical Council ("Council") is entitled to be provisionally registered by the Council (Section 12 Medical Act). The fitness to practise Medicine of the intended applicant shall have to be considered in the selection for entry into any medical programme.

B. The practice of Medicine requires the highest standards of professional and personal conduct as well as professional competence.

1. Although some students have attained the academic standards required, they will not be suitable to a career in Medicine. It is in the interest of the public and such students that they should not gain admission, rather than to have to leave the course or the profession subsequently.

2. It is the responsibility of the medical school to ensure that there are no particular circumstances that will impact upon an applicant's fitness to practice upon graduation.

3. All applicants shall declare if they have:
    - been found guilty of any criminal offence(s);
    - serious physical or mental illness; and/or
    - serious communicable disease(s)

    which may impact upon their future practice.

4. A person with any of the following shall be disqualified from entry into a medical programme:
    - found guilty of offence(s) affecting the human body; and/or
    - recent or serious dishonesty e.g. cheating at examinations, falsification of documents, plagiarism; and/or
    - serious physical or mental illness; and/or
    - serious communicable disease(s).

5. Any failure to declare information that has a material influence on a student's fitness to practise may lead to the termination of their medical course, as honesty, integrity and good health are essential attributes of a doctor and by extension, the medical student.

6. In the event of any doubt, the medical school shall seek clarification from the Council.

7. All decision makers of medical schools and aspiring applicants are advised to study the Council's document "The duties of a doctor" and other Council guidelines available at www.mmc.gov.my.

C. A high level of academic attainment is expected.

1. An understanding of science, in particular chemistry and biology, is central to the understanding of Medicine. However, the Council recognizes the diversity of subjects taken by applicants and the contributions of those who entered medical schools with other qualifications.

2. All applicants shall have attained a level of competence in English to enable them to complete the course successfully.

3. All applicants entering the medical programme via matriculation, foundation or pre-medical programme, except those with a degree qualification, STPM or A level shall have passed and attained a minimum of the following at School Certificate level or its equivalent:

Examinations	Requirements
Sijil Pelajaran Malaysia (SPM)	5 Bs each in • Biology and • Chemistry and • Physics and • Mathematics or Additional Mathematics and • another subject
General Certificate of Education Ordinary ("O") levels	5 Bs each in • Biology and • Chemistry and • Physics and • Mathematics or Additional Mathematics and • another subject

Note:

i. Any applicants with School Certificates that is not mentioned in this guideline must refer to 'The List of Entry Qualifications for International Students' by Malaysian Qualifications Agency (MQA) for the purpose of qualification equivalency;

ii. Combination of SPM and O-Level results is allowed to fulfill the entry requirement as stated in *Keputusan Mesyuarat Jawatankuasa Induk* MQA-SPIPTS Bil.1/2009 dated 11 May 2009 and *Keputusan Mesyuarat* MQA Bil.4/2009 dated 27 May 2009 (*Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi (2009 – 2020: Edisi Ketiga) (Pindaan 2)*.

4. All applicants with a Unified Examination Certificate (UEC) who enter a matriculation/ foundation/ pre-medical programme or medical programme, shall have passed and attained a minimum of:

Programme	Requirements
Entry to matriculation, foundation or pre-medical programme	B4 each in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics or Advanced Mathematics
Entry to medical programme	B4 each in 5 subjects i.e. • Biology; and • Chemistry; and • Physics; and • Mathematics; and • Advanced Mathematics

Note: UEC eligibility is only for admission to higher education programs in Private Higher Education Institutions (IPTS) as stated in:

Surat Pekeliling Ketua Pendaftar Institusi Pengajian Tinggi Swasta, Kementerian Pendidikan Malaysia Bil. 2/2004 – Kelayakan dan Kedudukan 'Unified Examination Certificate' (UEC) dated 19 March 2004 No. Ruj: KP(JPS)5181/01/02/Jld.3(6)

5. All applicants shall have passed and attained a minimum of the following at:

a. Higher School Certificate level or its equivalent (STPM and A-Level)**:**

Examinations	Requirements
Sijil Tinggi Persekolahan Malaysia (STPM)	Grades BBB, ABC or AAC or CGPA 3.0 (out of 4.0) in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics
General Certificate of Education Advanced ("A") levels	Grades BBB, ABC or AAC in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics

Note: Combination of A-Level or STAM and STPM is allowed to fulfil the entry requirement as stated in *Keputusan Mesyuarat Jawatankuasa Induk MQA-SPIPTS Bil.1/2009* dated 11 May 2009 and *Keputusan Mesyuarat MQA Bil.4/2009* dated 27 May 2009 (*Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi (2009 – 2020: Edisi Ketiga*)

Or

b. Matriculation, foundation or pre-medical programme or its equivalent (all applicants must fulfill the requirement at SPM/ O-level or its equivalent):

Examinations	Requirements
Matriculation ***or*** ***Foundation in Science*** ***or*** ***Pre- Medical programme***	CGPA 3.0 (out of 4.0) in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics Minimum grade for each subject is C (GP 2.0) **and** Provided the programme is not less than 1 year and completed in the same institution **and** fulfil the requirement in C3
Monash University Foundation Pre-University Program (MUFY) ***or*** ***University of New South Wales (UNSW) Foundation*** ***or*** ***Western Australia Curriculum Council*** ***or*** ***HSC Sydney Australia*** ***or*** ***Trinity College Foundation Studies*** ***or*** ***Australian Universities Foundation Programmes*** ***or*** ***South Australian Matriculation (SAM)*** ***or***	Aggregate or the equivalent of B in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics **or** 80% ATAR provided the subjects include • Biology • Chemistry; and • Physics or Mathematics

Victorian Certificate of Education, Australia Year 12 ***or*** ***Australian Matriculation (Ausmat)***	
National Certificate of Educational Achievement (NCEA) Level 3 ***or*** ***New Zealand Bursary***	Average of 80% in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics
Canadian Pre-University (CPU) ***or*** ***Canadian International Matriculation Program (CIMP / Canadian Grade 12/13*** ***or*** ***Ontario Secondary School Diploma Grade 12***	Average of 80% in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics
Indian Pre-university	Obtain Eligibility Certificate from National Medical Commission India, Pass the NEET* Exam; and Average of 70% in 3 subjects i.e. • Biology; and • Chemistry; and • Physics or Mathematics *NEET – National Eligibility cum Entrance Test
Diploma International Baccalaureate (IB) Programme (DP)	Minimum overall score 33 points, 2 science subjects (Biology and Chemistry) at Higher Level (HL) and Mathematics at HL **and** attained a minimum score of 5 each in • Biology; and • Chemistry; and • Mathematics

Or

c. Diploma level

Examinations	Requirements
Diploma in Health Sciences or equivalent	CGPA 3.5 (out of 4.0) **and** Provided the programme is not less than 5 semesters or 2 1/2 years and completed in the same institution **and** At SPM/ O-Level or its equivalent: Minimum 2 Bs in any 2 subjects • Biology; and/or • Chemistry; and/or • Physics **and** Credits in 3 subjects • English; and • Mathematics or Additional Mathematics; and • another subject

Or

d. Bachelor's degree level

Examinations	Requirements
Degree in Health or Pure or Applied Sciences	CGPA 3.0 (out of 4.0) for entry to 5-year medical programme
Degree in Health or Pure or Applied Sciences	CGPA 3.3 (out of 4.0) for entry to 4-year medical programme
Degree in the Arts or Humanities	CGPA 3.5 (out of 4.0) for entry to 5-year medical programme
Degree in the Arts or Humanities	CGPA 3.75 (out of 4.0) for entry to 4-year medical programme

6. Applicants shall be required to undergo an aptitude test and/or an interview and/or a university entrance examination.

7. **There shall be no exemption from any year of a 4-year medical programme**.

8. **Clarifications shall be sought from the Council in situations for which there are no provisions in this guideline.**

9. Graduates from a medical programme who seek employment in the public sector must fulfil the criteria set by the Public Services Commission of Malaysia (SPA).

Revision adopted from *Mesyuarat Penambahbaikan Syarat-Syarat Kriteria Minima Kemasukan ke Program Perubatan* with Undergraduate Education Subcommittee, Malaysian Qualifications Agency (MQA) and Ministry of Higher Education (MoHE) on 24 June 2021

Revision adopted by the Council on 17 August 2021

Revision approved by MoHE and MQA in *Mesyuarat Kajian Semula Dasar & Jaminan Kualiti Bil.3/2021* on 12 October 2021

APPENDIX 6
TRANSFER STUDENT

Appendix 6

Transfer Students

The diversity of medical school curricula and the integration of the curriculum at individual schools require that application for transfer between medical schools, and to other courses, be considered on an individual basis, so that both the student and the school will be assured that courses taken previously are compatible with the programme to be entered; otherwise, there should be **evidence of supplementation** of a student's programme after transfer.

Credit transfer is only allowed under the following circumstances:

a) if the student is still enrolled in current university; and

b) only between recognized universities listed in the Second Schedule of the Medical Act 1971; and

c) students from provisionally accredited Malaysian Medical schools can apply for credit transfer to fully accredited Malaysian Medical schools. Provisional Accredited Malaysian Medical schools are not allowed to accept student for credit transfer; and

d) must fulfill the minimum criteria and qualifications for entry into a medical programme; and

e) if the curricular content between the receiving and the original institutions is MORE THAN 80% similar, exemption is allowed to a MAXIMUM of 40% from overall duration of study; OR

f) if the curricular content between the receiving and the original institutions is 100% similar, lateral transfer is allowed provided candidate to spend at least 2 years at the graduating institution.

Note: * Refer to *Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi Edisi Ketiga* (Page 157-161)

APPENDIX 7

MINIMUM NUMBER OF ACADEMIC STAFF FOR EACH DISCIPLINE

Appendix 7

Minimum number of academic staff for each discipline

For a school that is starting a new programme, there should be sufficient academic staff to support the first 2 (TWO) years of the programme. There must be a minimum of **One** (1) lecturer for each major discipline.

For the implementation of clinical phase, the minimum number of lecturers are as below:

Single intake per year

- *Major Discipline (Internal Medicine, Surgery, Orthopaedics, O&G and Paediatrics)* – 2 Lecturers for each discipline
- *Minor Discipline* –1 Lecturer~~s~~ for each discipline

Two intake per year

- *Major Discipline (Internal Medicine, Surgery, Orthopaedics, O&G and Paediatrics)* – 4 Lecturers for each discipline
- *Minor Discipline* – 2 Lecturers for each discipline

[Approved by Council on 22nd June 2021]

APPENDIX 8

TEACHER-STUDENTS RATIO IN TEACHING-LEARNING ACTIVITIES

Appendix 8

Teacher-students ratio in teaching-learning activities for undergraduate medical programme

1. Tutorials: 1: 16
2. Problem-based learning: 1: 12
3. Skill Lab preclinical: 1:12
4. Skills Lab clinical: 1: 8
5. Bed side clinical teaching: 1: 8
6. Lecture, team-based learning, flipped classroom – flexible

APPENDIX 9

GUIDELINE TO CALCULATE FULL-TIME EQUIVALENT (FTE)

Appendix 9

Guideline to Calculate Full-time Equivalent (FTE)

Full-time staff workload

Normal Working hours 40 hrs/week (8hrs x 5 days)

Part-Time staff

Preparation time

1 hour Bedside teaching: add 1 hour preparation time

1 hour Lecture: add 2 hours preparation time

Example 1: One part-time lecturer teaching 5 hours bedside/week

5 hours bedside teaching + 5 hrs preparation= 10 hrs/week

FTE= 10/40=0.25

Example 2: One part-time lecturer teaching 4 hours bedside/week and 1 hour Lecture/week

4 hours BST + 1 hour lecture: (4+4) + (1+2) = 11hrs/week

FTE= 11/40=0.275

[Approved by Council on 25th May 2021]

APPENDIX 10

Table 4

EVALUATION FORM

Appendix 10

Table 4 Evaluation Form (For POA only) to be submitted with full report

Name of Program & Program Code:	
Faculty/School:	
Name of Panel Assessor:	

Guideline for POA:

1. Arrangement of courses must tally with Table 3
2. **Synopsis:** Brief summary of the course, teaching-learning approaches and assessment.
3. **Course Learning Outcomes** (CLO) are statements on what a student should know, understand and can do upon the completion of the course. The action verbs should match the learning domain (C 1-6, P1-7 or A1-5) and at the appropriate level.
4. **Mapping** of Course Learning Outcomes (CLO) to relevant Programme Learning Outcomes (PLO) and students should have the opportunity to learned and being assessed.
5. **Student Learning Time** (SLT) is the amount of time that a student is expected to spend on the teaching-learning activities, including assessment to achieve the CLO. The estimation of SLT should consider the difficulty level, time required by students to perform self-study and practice. Use SLT estimation guideline in Appendix 3

No	Item 1: Name of the Course and course code[1]	Item 2: Synopsis[2]	Item 4: Year and Semester match with Table 3	Item 7: CLO[3]	Item 8: Mapping [4] *(i)CLO to PLO, TL & Assessment* *(ii)CLO to MQF Cluster of LO*	Item 10: Course Content Outline & Subtopics	Item 10: Teaching-learning activities, assessment and SLT[5]	Item 11 & 12: Special requirements & References	Others: e.g.- pre-requisite *(Please specify)*	Remarks
1										
2										
3										
4										
5										

APPENDIX 11

LIST OF PARTICIPANTS ATTENDED VARIOUS WORKSHOPS CONDUCTED BY MEC/MMC

Appendix 11

List of participants attended various workshops conducted by MEC-MMC

Prof. Dr. Azizi Ayob
Prof. Dr. Adlina Suleiman
Prof. Dr Jamaludin Zainol
Prof. Dr. Zarida Hambali
Prof. Dr. Nor Fadhilah Mohamad
Prof. Dr. Noor Azmi Mat Adenan
Prof. Dr. Nafeeza Hj Mohd Ismail
Prof. Dr. Muhammad Najib Mohamad Alwi
Prof. Dr. Mohammed Fauzi Abdul Rani
Prof. Dr. Mohamad Khairuddin Abdul Wahab
Prof. Dr. Marhani Midin
Prof. Dr. Lai Nai Ming
Prof. Dr. Faridah Mohd Nor
Prof. Dr. Yogeswery A/P Sithamparanathan
Prof. Dr. Vishna Devi Nadarajah
Prof. Dr. Siva Achanna
Prof. Dr. Samiah Yasmin
Prof. Madawa Chandratilak
Dato' Dr. Anas Sjahroeddin Ressang
Prof. Madya. Dr. Mohd Fahmi Lukman
Prof. Madya Dr. Yushak Abdul Wahab
Prof. Madya Dr. Yong Voon Fatt
Prof. Madya Dr. Ramli Ibrahim
Prof. Madya Dr. R. Ganesh
Prof. Madya Dr. Intan Hakimah Ismail
Prof. Madya Dr. Harry Surya Rangkuti
Prof. Madya Dr. Sethu Thakachy Subha
Prof. Madya Dr. Abdul Halim Abdul Rashid
Prof. Madya Dr. Hamidah Abu Bakar
Prof. Madya Dr. Tan Toh Leong
Dr. Zahirah Tharek
Dr. Tai Keen Sang
Dr. Suhaila Sanip
Dr. Siti Soraya Ab Rahman
Dr. Siti Mariam Bujang
Dr. Siti Khadijah Hawari
Dr. Rizuana Iqbal Hussain
Dr. Rafidah Hod
Dr. Nurul Kharmila Abdullah
Dr. Nur Faraheen Abdul Rahman
Dr. Norzian Ismail
Dr. Nik Munirah Nasir
Dr. Nadeeya 'Ay Umaisara Mohd Nor
Dr. Muhammad Yusoff Mohd Ramdzan
Dr. Mark Tan Kiak Min
Dr. Khadijah Poh Yuen Yoong
Dr. Jacyntha Jayaram
Dr. Ixora Kamisan Tan
Dr. Haymond Prasad
Dr. Fadzlinda Shaharuddin
Dr. Aimi Nadia Mohd Yusof
Dr. Ahmad Ramzi Bin Yusoff
En. Abdul Saman Taip
En. Zamrin Salim
Pn. Rosmaliza Mohaidin
Cik Nur Atiqah Abdul Rahman

Prof. Dato' Dr. Ahmad Tajuddin B Mohd Jaafar

Prof. Dr. Shah Reza Johan Noor

Dato' Dr. Noel Thomas Ross

Dato' Dr. Kauthaman Mahendran

Dato' Dr. Ahmad Shanwani

Dato Dr. Zaridah Bt Shaffie

Prof. Madya Dr. Jemaima Bt Che Hamzah

Prof. Madya Dr. Mohd Swarhib @ Aung Thu Ya

Dr. Quek Yeow Ling

Dr. Lim Ee Shuan

Dr. Hajar bt Mohd Salleh Salimi

Dr. Tuti Iryani Mohd Daud

Dr. Syarifah Suziah Syed Mokhtar

Dr. Mazni Binti Mat Yunus

Dr. Norhaslinda Bahaudin

Dr. Arini Nuran Md. Idris

Dr. Dzualkamai Dawam

Dr. Mohamed Shazwan Zailani

Dr. Azira Baharuddin

Dr. Hamimah Saad

Dr. Ridzuan Bin Dato' Md Isa

Dr. Zalina Bt Abdul Razak

Dr. Chong Mei Fong

Dr. Zalifa Zakiah Asnir

Dr. Khadijah Mohd Nor

Dr. Shahrul Itam

Dr. Zainal Azmi

Dr. Faizatuddarain Mahmohd

Dr. Kartikasalwah Binti Abd Latif

Dr. Wafaak Esa

Dr. Selva Kumar A/L Sivapunniam