

# **CODE OF PRACTICE**

FOR PROGRAMME ACCREDITATION

## **POSTGRADUATE DENTAL DEGREE PROGRAMMES**



**COPPA PG DENTAL**



**This document was endorsed by the Malaysian Dental  
Council (MDC) at its  
13th Meeting on 23 May 2024**

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**This document was endorsed by the Malaysian Dental Council (MDC) at its 13<sup>th</sup> Meeting on 23 May 2024. Effective date for its implementation as below:**

<b>Stage of Accreditation Application</b>	<b>Effective Date</b>
Provisional Accreditation	1 January 2025
Full Accreditation/ Renewal application	1 June 2026

## **SECTION I**

# **FUNDAMENTALS OF ACCREDITATION FOR POSTGRADUATE DENTAL DEGREE PROGRAMMES**

## **SECTION I: FUNDAMENTALS OF ACCREDITATION FOR POSTGRADUATE DENTAL DEGREE PROGRAMMES**

### **1) INTRODUCTION**

Malaysia is committed to the highest standards of professionalism in dental practice. The programme standards for postgraduate degrees in dental specialties have been developed to govern the training of dental specialists in both clinical and non-clinical disciplines. These standards aim to ensure the quality of training, supervision, and assessment of dental specialists in Malaysia.

The standards will be utilized by the Panel of Assessors (PoA) to evaluate and recommend the accreditation of dental specialty programmes. Although these standards are general in nature, each specialty develops specialty-specific standards in alignment with the general standards. These standards apply to all dental specialist training programs, allowing them to be registered in the Specialist Division of the Dental Register. The Joint Technical Committee for Evaluation of Dental Specialty Programmes (JTCEDSP) will periodically review these standards as deemed necessary.

### **2) AIM OF DOCUMENT**

This document is developed as a reference for the standards of postgraduate dental specialty programmes in this country. Its purpose is to inform the policies and principles that guide judgements and decisions on accreditation. The quality assurance evaluation process is primarily guided by the following:

- i. The Malaysian Qualifications Framework (MQF),
- ii. The Code of Practice for Programme Accreditation (COPPA), and
- iii. Guidelines to Good Practices (GGP).

### **3) ACCREDITING AUTHORITIES**

The Malaysian Qualifications Agency (MQA) is the sole quality assurance agency in Malaysia under Act 2007 [MQA Act 679]. It has the authority to oversee both public and private higher education providers (HEP). The main role of the Malaysian Qualification Agency (MQA) is to implement the Malaysian Qualifications Framework (MQF) as a basis for quality assurance of higher education and as the reference point for the standards and criteria for national qualifications.

The MQA works in coordination with the Malaysian Dental Council (MDC) and the Ministry of Higher Education through the JTCEDSP in the accreditation of dental postgraduate education programmes. After having considered the recommendations of the JTCEDSP, the MDC, under Section 52 (1) of the MQA Act 2007, shall forward the recommendation of approval or refusal for granting the accreditation to the MQA.

#### **4) COMMITTEES FOR EVALUATION OF DENTAL SPECIALTY PROGRAMMES**

##### **4.1. Joint Technical Committee for Evaluation of Dental Specialty Programmes (JTCEDSP)**

The primary aim of the JTCEDSP is to develop, maintain, and continuously improve the quality of dental specialty training in Malaysia. It serves as the dedicated committee responsible for evaluating and recommending the accreditation of specialty training programmes in dentistry.

The members shall consist of:

1. The Chairperson shall be the Director of the Oral Health Programme, Ministry of Health (MOH), by virtue of the post
2. The Deputy Chairperson shall be the Chairman of the Dental Dean's Council
3. Deputy Director, Accreditation and Globalisation Section of the Oral Health Programme, Ministry of Health, by virtue of the post
4. Five (5) Deans of the dental faculties of local Institutions for Higher Education
5. Three (3) representatives from the Oral Health Programme, Ministry of Health
6. One (1) representative from the Malaysian Dental Council
7. One (1) representative from the Malaysian Qualifications Agency
8. Two (2) representatives from the Ministry of Higher Education (MoHE)

The Chairperson shall request representatives from the participating agencies (MOH, MQA, MoHE, and MDC).

The Chairperson shall request the Deans of Institutions for Higher Education to indicate their interest in being considered for membership in JTCEDSP.

The President of the MDC shall make the selection and appointments.

The President of the MDC shall appoint the members for a term of three **(3) years**, **EXCEPT** for the Chairman of the JTCEDSP, who shall be a member of JTCEDSP for the duration of their term of office.

All members are eligible to vote on issues raised.

The Chairperson shall have the casting vote.

The JTCEDSP has an affiliation with a sub-committee called the Dental Specialty Education Committees (DentSEdC), comprising specialists responsible for developing and ensuring the programme standards in their respective fields of specialty.

#### **4.2. Postgraduate dental specialty programmes**

There are thirteen (13) recognized postgraduate dental specialty programmes under DentSEdC. These are:

1. Dental Public Health
2. Endodontology
3. Forensic Odontology
4. Oral and Maxillofacial Radiology
5. Oral and Maxillofacial Surgery
6. Oral Maxillofacial Pathology and Oral Medicine
7. Oral Medicine
8. Orthodontics
9. Paediatric Dentistry
10. Periodontology
11. Prosthodontics
12. Restorative Dentistry
13. Special Care Dentistry

The JTCEDSP shall appoint each committee of the DentSEdC, which comprises specialists in their respective disciplines from particular sectors as below:

- i. Three (3) academicians from universities who are specialists in the area,
- ii. Two (2) dental specialists from the Ministry of Health,
- iii. One (1) dental specialist from the private practice, and
- iv. One (1) dental specialist from the Armed Forces Dental Division.



The committee shall comprise registered specialists in the respective field. In cases where there is no specialist who fulfils the above criteria, the JTCEDSP will nominate a suitable person in the related area, or from another sector. The chairman of JTCEDSP shall appoint the members for a term of two **(2) years**,

The number of dental specialties may increase depending on the needs of the nation.

#### **4.3. Panel of Assessors**

The accreditation assessment will be conducted by Panel of Assessors (PoA) appointed by the MQA based on the recommendation of the JTCEDSP. This occurs when there is a submission to initiate the accreditation assessment process.

### **5) TERMS OF REFERENCE OF COMMITTEES**

#### **5.1 JTCEDSP**

- i. To consider applications for accreditation of dental speciality programme under subsection 50(1)<sup>1</sup> of Act 679.
- ii. To make recommendations to grant or refuse an application for accreditation of a dental specialty programme under subsection 52(1)<sup>2</sup> of Act 679.
- iii. To make recommendations for imposing conditions for accreditation under section 54<sup>3</sup> of Act 679.
- iv. To make arrangements to conduct an institutional audit under subsection 52(3)<sup>4</sup> of Act 679.
- v. To make recommendations for the revocation of accreditation of a dental programme under section 55<sup>5</sup> of Act 679.

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<sup>1</sup> Subsection 50(1) Act 679: An application by a higher education provider for the accreditation of its local or foreign professional programme or professional qualification which complies with the Framework shall be made to the Agency within the specified period in the certificate of provisional accreditation in such form and manner as may be prescribed.

<sup>2</sup> Subsection 52(1) Act 679: After having considered the recommendation of the Joint Technical Committee under section 51, the relevant professional body may –  
(a) approve the granting of accreditation; or  
(b) refuse the granting of accreditation, stating the grounds for refusal.

<sup>3</sup> Section 54 Act 679: The relevant professional body may, upon recommendation of the Joint Technical Committee at the time of or at any time after a certificate of accreditation has been issued under subsection 52(2), impose such conditions as it may deem necessary or expedient and may vary, amend or revoke any such conditions or impose new or additional conditions from time to time.

<sup>4</sup> Subsection 52(3) Act 679: For the purpose of considering an application under subsection 50(1), any officer of the professional body and the Agency may conduct an institutional audit.

<sup>5</sup> Section 55 (1) Act 679: Subject to the provisions of this section, the relevant professional body may, upon recommendation of the Joint Technical Committee at any time, withdraw the approval for accreditation granted to a higher education provider under paragraph 52(1)(a) and the Agency shall revoke the certificate of accreditation –  
(a) if the higher education provider fails to comply with the Framework or any part of it; or  
(b) if the higher education provider breaches any condition for which the accreditation has been granted.

- vi. Other functions as determined by the MDC that may include:
  - a. To review the accreditation standards and procedures to ensure relevance to dental education before submitting them to the accreditation authorities.
  - b. To ensure an adequate pool of trained assessors.
  - c. To propose panel members for accreditation visits.
  - d. Respond to complaints or appeals concerning the accreditation process and make proposals.

## **5.2 Dental Specialty Education Committee (DentSEdC)**

- i. To develop standards for respective specialty in accordance with the needs of the training programme; and
- ii. To review standards and criteria periodically and make recommendations on matters related to the specialty.

## **5.3 Panel of Assessors**

- i. To assess the programme for compliance with the Malaysian Qualifications Framework (MQF), current policy, discipline standards, and seven areas of evaluation, as well as against the educational goals of the HEP and the programme objectives and outcomes.
- ii. To verify and assess all information about the programme submitted by the HEP, and the proposed improvement plans; and
- iii. To make recommendations for the accreditation of a programme to the JTCEDSP.

- 
- (1) A written notice of the intention to withdraw the approval and to revoke the certificate of accreditation under subsection (1) shall be served by the Agency, upon the direction of the relevant professional body, on the higher education provider and the notice shall specify the grounds for such withdrawal and revocation.
  - (2) The higher education provider shall be given an opportunity to make written representations within thirty days from the date of the notice in subsection (2).
  - (3) After the expiry of the period of thirty days stated in subsection (3) and after considering any representation made under that subsection, the relevant professional body upon recommendation of the Joint Technical Committee shall—
    - (a) issue a warning and give directions for the higher education provider to rectify the situation to the satisfaction of the relevant professional body within a specified period; or
    - (b) proceed with the proposed action to withdraw the approval for accreditation.
  - (4) If the higher education provider fails to rectify the situation as required under paragraph (4)(a), the Agency may, upon the decision of the relevant professional body, proceed to revoke the certificate of accreditation.
  - (5) Where the certificate of accreditation has been revoked, the Agency shall enter the date of revocation into the Register and shall give notice of the revocation to the relevant authority.

## **6) SECRETARIAT**

### **6.1 Secretariat for JTCEDSP**

The secretariat of **JTCEDSP** comprises the officers of the MDC and the Accreditation and Globalisation Section of the Oral Health Programme, MOH. The Office of the Secretariat shall be located at the Oral Health Programme, MOH.

### **6.2 MQA secretariat**

The MQA shall be the secretariat for the management of applications from local Higher Education Providers (HEP) and to facilitate and monitor the progress of an accreditation assessment process together with the JTCEDSP Secretariat.

### **6.3 Functions of the JTCEDSP Secretariat**

The functions of the **JTCEDSP** Secretariat shall be as follows:

- i. Maintain documents.  
The Secretariat shall maintain the following:
  - a. Guidelines on criteria and standards for accreditation of dental programmes
  - b. Documents pertaining to the procedures and processes related to accreditation.
  - c. Documents relating to applications for accreditation and the accreditation process.
  - d. Documents pertaining to the Terms of Reference for the JTCEDSP
- ii. Facilitate the process of accreditation.
- iii. Monitor the progress of accreditation.
- iv. Prepare the minutes of JTCEDSP meetings and reports.
- v. Submit recommendations to the relevant authorities.
- vi. Select and collate all relevant decisions and operational policy statements.
- vii. Handle all correspondence relating to JTCEDSP.

## **7) POSTGRADUATE DENTAL PROGRAMMES**

All clinical dental programmes submitted by any HEP must be evaluated using this COPPA document. Only the 1+3 dental specialty programmes listed in Appendix SI-1 will be recognised and registered as specialists by the Malaysian Dental Council.

## **8) AREAS OF EVALUATION**

The accreditation process for the postgraduate dental programmes involves the assessment of the following seven (7) areas:

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.

Each of these seven areas contains quality standards and criteria. HEPs are expected to comply with these areas of evaluation.

This document provides a framework that enables dental faculties to develop aims and objectives with the goal of producing high-quality dental specialists.

Occasionally, these standards are expressed in a way that cannot be precisely quantified or defined, as evaluation in this context is qualitative and relies on the professional judgment of qualified personnel. The guidelines primarily focus on dental specialty education within the broader context of various activities in the HEP.

The Standards and Criteria for Programme Accreditation for Postgraduate Dental Degree Programmes as presented in Section II, will be subjected to review from time to time by the JTCEDSP and other relevant authorities.

## **9) CONCLUSION**

One of the primary methods for ensuring quality assurance in postgraduate dental programs is through accreditation. The primary objective of accreditation is to guarantee that graduates who enter the healthcare field have met the necessary educational standards. Additionally, the accreditation process offers reassurance to the public that the dental degrees awarded adhere to recognized criteria. As part of the accreditation process, regular visits to the institution are conducted to ensure that the standards achieved are maintained and improved upon. This document will serve as a reference for the HEP, PoA, JTCEDSP, MDC, and others involved in the accreditation of postgraduate dental programmes.

## **SECTION II**

# **STANDARDS AND CRITERIA FOR DENTAL POSTGRADUATE PROGRAMMES & GUIDELINES FOR PREPARATION OF DATABASE**

## **SECTION II: STANDARDS AND CRITERIA FOR POSTGRADUATE DENTAL DEGREE PROGRAMMES & GUIDELINES FOR PREPARATION OF DATABASE**

### **1) INTRODUCTION**

The standards and criteria are used in assessing the information provided by the institution seeking approval to start a new postgraduate programme or for full accreditation or renewal. It covers seven areas of evaluation. These standards and criteria were drafted so as not to be too prescriptive or rigid that they may stifle initiative, development, and expansion in the field of dentistry. Some of these standards may lack precise definitions or be difficult to quantify due to their qualitative nature. Nevertheless, the institutions should attempt to provide comprehensive information to facilitate the assessment.

This section describes guidelines for database preparation to be submitted for accreditation. The database was developed based on the standards and criteria for postgraduate dental programmes.

### **2) PREPARING THE DATABASE FOR PROGRAMME ACCREDITATION**

Database documentation is a crucial step in the process of programme approval and accreditation. It should be read together with the relevant MQA documents. The items for assessment used in the database relate to specific accreditation standards for postgraduate dental specialty degree programmes.

Each section of the database should be completed by the person(s) who is/are knowledgeable of the programme component and its results. Care should be taken to ensure the accuracy and consistency of data across sections of the database. A knowledgeable person should review the database to look for any discrepancies before submitting.

For provisional accreditation, some data may not be available (e.g. data on student or graduate performance). In such cases, a Not Applicable Yet note is acceptable.

The document must be submitted in English as a soft copy (Flash drive and any suitable cloud storage). Apart from the database for Programme Accreditation, the HEP also must submit several documents as indicated in SECTION III.

### 3) CONTENTS OF DATABASE

The database consists of three parts:

- i. Part A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER (HEP to attach this document, this information can be obtained from MQA website).
- ii. Part B: PROGRAMME DESCRIPTION
- iii. Part C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS

#### 3.1 PART A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER

The PoA can access this information from the MQA website.

#### 3.2 PART B: PROGRAMME DESCRIPTION

Part B requires the HEP to furnish information on the programme.

The information required is as follows:

1. Name of the Higher Education Provider (HEP):
2. Name of the responsible entity (faculty/school/kulliyyah) conducting the programme:
3. Name of the programme (as in the scroll to be awarded):
4. MQF level:
5. Total SLT and graduating credit:
6. 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.				

7. National Education Code (NEC) and Field of study: 0911 - Dental Studies
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/others, please specify):
11. Mode of offer (please (/) where appropriate):

Coursework	
Mixed mode	

12. Method of learning and teaching (e.g., lecture/ tutorial/ laboratory/ field work/ studio/ blended learning/ e-learning, etc.):
13. Mode of delivery: Conventional (Traditional, online, and blended learning)
14. Duration of study:

Item	Semester					
Study/teaching week (includes revision and assessment week)	1	2	3	4	5	6
Total weeks for all semesters						
No of years						
Minimum duration of study (year)						
Maximum duration of study (year)						

15. Entry requirements:
16. Estimated date of first intake: month/year (Applicable for provisional accreditation):
17. Projected intake and enrolment for the next five years: (Applicable for provisional accreditation)

Academic Session	No of student year 1	No of student year 2	No of student year 3	Total enrolment



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18. Total student enrolment (Applicable for full accreditation):

<b>Academic Session</b>	No of student year 1	No of student year 2	No of student year 3	Total enrolment

19. Estimated date of first graduation: month/year

20. Types of job or position for graduates (at least two types):

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 documents where necessary.
22. A sample of the 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 (Dean of the HEP):
- i. Name and Title:
  - ii. Designation:
  - iii. Tel.:
  - iv. 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 owns the curriculum of the programme and confers 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, learning and teaching, or assessment.

### 3.3 PART C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS

#### Area 1: Programme Development and Delivery

Programme standard			Information Required in the Database																																
1.1	Statement of Educational Objectives of Academic Programme and Learning Outcomes	1.1	Statement of Educational Objectives of Academic Programme and Learning Outcomes																																
1.1.1	The programme can only be considered after a needs assessment has indicated a necessity for the programme to be established (Applicable for Provisional Accreditation only). The minimum number for the market survey must be at least 30 respondents.	1.1.1	Provide evidence and explain how the department has considered market and societal demand for the programme. In what way is this proposed programme an enhancement of the others? Show evidence of needs assessment such as market survey, secondary data analysis (of reliable and credible sources), and societal demand, and how it was conducted. Provide analyses of the responses.																																
1.1.2	The programme must define its educational objectives and learning outcomes in compliance with the standards and criteria.	1.1.2	State the programme educational objectives and the programme learning outcomes.																																
1.1.3	The objectives of the programme must be consistent with and supportive of the vision and mission of the HEP.	1.1.3	Explain how the programme is consistent with and supportive of the vision and mission of the HEP																																
1.1.4	The PLO must define the competencies that the trainee should demonstrate on completion of the programme. These competencies must be consistent with those listed in the document Programme Standards for Dental Specialties and to MQF level descriptors.	1.1.4	a) Map the PLO to the PLO of the Programme Standards for Dental Specialties. <table><tr><th rowspan="2">PLO (HEP)</th><th colspan="10">PLO of program standard (Master or Doctorate)</th></tr><tr><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	PLO (HEP)	PLO of program standard (Master or Doctorate)										1	2	3	4	5	6	7	8	9	10	1										
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1.1.5	The programme learning outcomes (PLO) must be aligned with the programme educational objectives (PEO).	1.1.5	<p>Map the programme learning outcomes (PLO) against the programme educational objectives (Provide information in Table 1). (To be read together with information on Standard 1.2 .5 in Area 1.)</p> <p><b>Table 1.</b> Matrix of programme learning outcomes against the programme educational objectives (HEP to edit this table as needed)</p> <table><tr><th rowspan="2">Programme Learning Outcomes HEP</th><th colspan="5">Programme Educational Objectives (PEO)</th></tr><tr><th>PEO</th><th>PEO</th><th>PEO</th><th>PEO</th><th>PEO</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Programme Learning Outcomes HEP	Programme Educational Objectives (PEO)					PEO	PEO	PEO	PEO	PEO																																																																																								
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1.1.6	The PEO and PLO must be periodically reviewed in consultation with the relevant stakeholders. Applicable for Full Accreditation (Renewal)	1.1.6	State: a) The frequency of review. b) The date of the last review. c) Provide a list of major stakeholders (such as the Ministry of Health, Ministry of Defence, Institutions of Higher Education, Professional Associations, Professional Bodies, and Alumni) who are consulted and involved in the formulation and periodic review of the PEO and PLO. d) Summarize the major changes of the last curriculum review.																		
1.2	Programme Development: Process, Content, Structure and Teaching-Learning Methods	1.2	Programme Development: Process, Content, Structure and Teaching-Learning Methods																		
1.2.1	The HEP (Faculty) must have sufficient autonomy to design the curriculum and allocate resources necessary for its implementation in achieving the learning outcomes. The HEP must abide by the criteria to offer new postgraduate programmes, i.e.:	1.2.1	Describe the provisions and practices that indicate the autonomy of the HEP in the design of the curriculum and utilisation of allocated resources. Provide supporting documents where appropriate. Provide relevant documents as evidence for the criteria to offer new postgraduate programmes.																		

	<ol style="list-style-type: none"> <li>1. The responsible entity that offers the programme must be a dental faculty, or dental school, or kulliyyah of dentistry.</li> <li>2. The responsible entity offering the programme must have an existing undergraduate programme prior to starting the post-graduate programme.</li> <li>3. The HEP must not offer two similar one-year master's postgraduate dental programmes (Level 7) regardless of the programme title.</li> <li>4. The HEP must not offer two similar post-graduate dental specialty programmes (Level 8) with the same programme title.</li> <li>5. The responsible entity must have multidisciplinary dental services to support the postgraduate dental specialist programme delivery.</li> <li>6. All the standards listed as mandatory items in assessment rubric must be complied with at Provisional Accreditation.</li> </ol> <p>(Where applicable, the above provision must also cover collaborative programmes and programmes franchised to, or from other HEPs in accordance with national policies).</p> <p>(MANDATORY ITEM)</p>		
1.2.2	<p>The HEP must have an appropriate process by which the curriculum is established.</p> <p>(Applicable for provisional accreditation only)</p>	1.2.2	<ol style="list-style-type: none"> <li>a) Provide information on the composition and membership of the curriculum committee. State the terms of reference for the curriculum committee when developing the curriculum.</li> <li>b) Describe the processes to develop and approve the curriculum.</li> </ol>

1.2.3	The HEP must consult relevant stakeholders (such as the Ministry of Health, Ministry of Defence, Institutions of Higher Education, Professional Associations/Bodies, and private practitioners) in curriculum development. (Applicable for provisional accreditation only)	1.2.3	Who and how are the stakeholders consulted in the development of the curriculum?																																			
1.2.4	The duration of the programme must comply with the current Programme Standards for Dental Specialties of the related specialties. (MANDATORY ITEM)	1.2.4	<p>Provide information on the following:</p> <p>a) Weeks for teaching, revision, examinations</p> <table><tr><th>Year of study</th><th>SLT (hrs)</th><th>No. of Weeks for T&amp;L</th><th>No of revision weeks</th><th>No of exam week</th><th>No of vacation weeks</th><th>Total academic weeks</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>b) Provide an academic calendar, timetable, and/or other relevant schedules and/or teaching-learning activities.</p> <p>c) If provisional accreditation – provide proposed calendar.</p>	Year of study	SLT (hrs)	No. of Weeks for T&L	No of revision weeks	No of exam week	No of vacation weeks	Total academic weeks																												
Year of study	SLT (hrs)	No. of Weeks for T&L	No of revision weeks	No of exam week	No of vacation weeks	Total academic weeks																																
1.2.5	The learning outcomes must include cognitive, psychomotor, and affective (CPA) competencies that are appropriate to the needs of the nation and must be measurable and in line with the Programme Standards for Dental Specialties of the related specialties.	1.2.5	<p>Map each course to the learning taxonomy as in the table below:</p> <table><tr><th rowspan="2">Course title and code</th><th rowspan="2">State CLO</th><th rowspan="2">State PLO</th><th colspan="3">Level of taxonomy domain (State level for each CLO)</th><th rowspan="2">Assessment method</th></tr><tr><th>Cognitive (C1/C2/C3/ C4/C5/C6)</th><th>Psychomotor (P1/P2/P3/P4/P 5/P6/P7)</th><th>Affective (A1/A2/A 3/ A4/A5)</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Course title and code	State CLO	State PLO	Level of taxonomy domain (State level for each CLO)			Assessment method	Cognitive (C1/C2/C3/ C4/C5/C6)	Psychomotor (P1/P2/P3/P4/P 5/P6/P7)	Affective (A1/A2/A 3/ A4/A5)																									
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			<table><tr><td rowspan="4">Eg. Anatomy</td><td>CLO1</td><td></td><td>C4</td><td></td><td></td><td></td></tr><tr><td>CLO1</td><td></td><td></td><td>P4</td><td></td><td></td></tr><tr><td>CLO1</td><td></td><td></td><td></td><td>A3</td><td></td></tr><tr><td>CLO4</td><td></td><td>C5</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Note:</p> <p>a) If the CLO is mapped to more than one learning domains of C, P, and A, then the assessment method must address each domain.</p> <p>b) HEP must use the guidelines for the Malaysian Revised Dental Bloom's learning domains of C, P, and A (Appendix SII-1).</p> <p>c) The maximum number of CLOs allowed for each course is eight (8) (as indicated by Table 04 MQA file).</p>	Eg. Anatomy	CLO1		C4				CLO1			P4			CLO1				A3		CLO4		C5																								
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1.2.6	Curriculum content must fulfil the requirement of the Programme Standards for Dental Specialties of the related specialties.	1.2.6	<p>Provide the following information:</p> <p>a) Describe how the curriculum (programme content, approach, and teaching and learning method) fulfils the requirements of the Programme Standards for Dental Specialties. Comment on the alignment of CLO-PLO-teaching and assessment methods in item 8, Table 4.</p> <p>b) Provide the components of the programme and its SLT/credit value in Table 2.</p>																																														

		<p><b>Table 2.</b> Components of the programme and its SLT/credit value</p> <p><b>Master programme:</b></p> <table><tr><th>No</th><th>Course</th><th>SLT</th><th>Credit</th></tr><tr><td>1.</td><td>Basic Science</td><td></td><td></td></tr><tr><td>2.</td><td>Research Methodology and Biostatistics</td><td></td><td></td></tr><tr><td>3.</td><td>Electives - any course as determined by the HEP.</td><td></td><td></td></tr><tr><td>4.</td><td>Foundation to specialty</td><td></td><td></td></tr><tr><td></td><td><b>Total</b></td><td></td><td></td></tr></table> <p><b>Doctorate programme:</b></p> <table><tr><th>No.</th><th>Course</th><th>SLT (hours)</th><th>Percentage</th></tr><tr><td>1.</td><td>Coursework (including laboratory, clinical, and fieldwork)</td><td></td><td></td></tr><tr><td>2.</td><td>Research</td><td></td><td></td></tr><tr><td></td><td><b>Total</b></td><td></td><td></td></tr></table> <p>Note: The student learning time for each course can be calculated based on Appendix SII-2 - Guide to SLT Calculation for PG Dental Programme.</p>	No	Course	SLT	Credit	1.	Basic Science			2.	Research Methodology and Biostatistics			3.	Electives - any course as determined by the HEP.			4.	Foundation to specialty				<b>Total</b>			No.	Course	SLT (hours)	Percentage	1.	Coursework (including laboratory, clinical, and fieldwork)			2.	Research				<b>Total</b>		
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	<b>Total</b>																																									

- c) Provide a brief description of each course offered in the programme.  
Arrange 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	Course classification	Credit Value	Programme Learning Outcomes (PLO)					Pre- requisite/ Co- requisite	Name(s) of Academic Staff
					P L O 1	P L O 2	P L O 3	P L O 4	P L O 5		
1											
2											
3											
4											
5											

- d) Provide information for each course, where applicable, in Table 04 (Course information in Microsoft Excel file available from MQA website).
- e) Provide relevant information as proof of compliance to the specific standards, such as the learning contents and domains of competencies, teaching-learning strategies, supervision structure, and assessments.
- f) Provide the clinical and laboratory requirements for the programme.

			Note: If the programme information could not be inserted into Table 3, such as module objectives or content, provide a separate file similar to Table 4 containing all the information regarding all course details.
1.2.7	Evidence-based dental practice components must include teaching the principles of scientific and evidence-based dentistry, analytical and critical thinking, research methodology, report writing, and scientific communication.	1.2.7	Provide proof of evidence-based dental practice components are addressed in the courses.
1.2.8	Ethics and humanities components must incorporate aspects of ethics, jurisprudence, and humanities that enable effective communication, decision-making, and ethical practice. The ethics and humanities aspects are adapted from time to time to suit the scientific needs of the programme, the changing demographic, as well as the cultural contexts and needs of society.	1.2.8	Provide proof of ethics and humanities components are addressed in the courses.
1.2.9	The HEP should establish mechanisms to access current information and to identify up-to-date topics of importance for inclusion in the curriculum and its delivery for example, through the use of the latest technology and global networking.	1.2.9	Show evidence that the HEP has a mechanism to: a) access current information b) identify up-to-date topics of importance for inclusion in the curriculum and its delivery, for example, the use of the latest technology and through global networking.
1.3	Programme Delivery	1.3	Programme Delivery
1.3.1	The HEP must take responsibility to ensure the effective delivery of the programme.	1.3.1	Describe how the HEP ensures the effectiveness of delivery in supporting the achievement of course and programme learning outcomes. Relate this description to the documents provided in the

			database in terms of responsibility, execution, and monitoring of delivery of the programme.
1.3.2	Trainees must be provided with the current documented information about the aims, outline, learning outcomes, and methods of assessment of the programme.	1.3.2	Show evidence that the trainees are provided with and briefed on, the current information about the programme; for example, the Student Handbook, Course Guidebook, and other relevant documents, where applicable.
1.3.3	The programme must have an appropriate director and a team of academic staff (e.g., programme committee) with adequate authority and responsible for effective delivery of the programme. (MANDATORY ITEM)	1.3.3	Provide details of the programme director and members of the team (programme committees) responsible for the programme. State the terms of reference of each committee.
1.3.4	The programme team must have access to adequate resources to implement teaching and learning activities and conduct programme evaluation for quality improvement.	1.3.4	Does the programme team have adequate resources to implement the curriculum? Show evidence.
1.3.5	The HEP must provide trainees with a conducive learning environment.	1.3.5	Describe how the HEP (University and Faculty) provides a conducive environment for teaching-learning.
1.3.6	The HEP must encourage innovations in teaching, learning, and assessment.	1.3.6	Describe the HEP's initiatives in teaching-learning and assessment innovations.

## Area 2: Assessment of Student Learning

Programme standard			Information Required in the Database
2.1	Assessment Methods	2.1	Assessment Methods
2.1.1	The frequency, methods, and criteria of trainees' assessment, including the grading criteria and appeal policies, must be documented, and communicated to students at the commencement of the programme.	2.1.1	<p>Provide the following information:</p> <ul style="list-style-type: none"> <li>a) Describe the student assessment methods in terms of frequency, methods, and grading criteria. How are these documented and communicated to the students?</li> <li>b) Explain how the departments of the faculty provide feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.</li> <li>c) How are results made available to the students for purposes of feedback on performance, review, and corrective measures?</li> <li>d) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?</li> <li>e) Describe the HEP/Faculty graduation requirement, minimum and maximum time frame.</li> </ul>
2.1.2	<p>There must be a variety of methods and tools to assess learning outcomes and competencies. These include formative and summative assessments.</p> <p>The summative assessment in the form of a final examination should have a reasonable balance of 40-60%</p>	2.1.2	<ul style="list-style-type: none"> <li>a) Describe the various methods and tools used in assessing learning outcomes and competencies.</li> <li>b) Show the utilization of formative, continuous, and summative assessment methods within the programme.</li> </ul>

	contributed by continuous assessment (The research component/course, the elective, and the foundation course for the one-year programme are excluded from the 40 – 60% balance). (MANDATORY ITEM)		
2.1.3	There must be mechanisms to ensure the validity, reliability, currency, and fairness of the assessment methods.	2.1.3	<p>a) Explain how the HEP (Faculty) ensures the validity (e.g., vetting process), reliability (e.g. answer scheme, usage of rubrics), currency (e.g. blueprint), and fairness of student assessment (e.g.. double marking, vetting) over time.</p> <p>b) How are the assessment methods reviewed periodically?</p> <p>c) Describe how the review of the assessment methods in the programme is conducted (e.g., the existence of a permanent review committee of assessment and consultation with external assessors and examiners students, alumni, and industry).</p>
2.1.4	The HEP must employ mechanisms for external examiners to be included in professional examinations. (Not applicable for Provisional Accreditation)	2.1.4	<p>Provide information on the appointment of external examiners for the professional examinations for the last three years.</p> <p>Year: No. Name Designation Institution Course</p> <p>Year: No. Name Designation Institution Course</p> <p>Year: No. Name Designation Institution Course</p> <p>Describe the mechanism of the involvement and role of the external examiners in the examinations. Provide evidence (e.g., a report of external examiners and actions taken).</p>

2.1.5	Changes to student assessment methods must follow established procedures and regulations and be communicated to students prior to their implementation.	2.1.5	Explain the mechanisms used to make changes in the assessment method. How are the changes made known to the students?
2.2	Relationship between Assessment and Learning Outcomes	2.2	Relationship between Assessment and Learning Outcomes
2.2.1	The assessment principles, methods, and practices must be aligned to the learning outcomes consistent with the MQF level, the taxonomy domains of learning outcomes, and the Programme Standards for Dental Specialties for respective specialties.	2.2.1	Explain how assessment principles, methods, and practices are aligned to the learning outcomes achievement of the programme standard and consistent with the MQF level.
2.2.2	The link between assessment and the achievement of learning outcomes in the programme must be reviewed periodically to ensure its effectiveness.	2.2.2	Describe how the link between assessment and learning outcomes is periodically reviewed to ensure its effectiveness.
2.3	Management of Student Assessment	2.3	Management of Student Assessment
2.3.1	The HEP and its academic staff must have adequate level of autonomy in the management of student assessment.	2.3.1	Explain the roles, rights, and power of the HEP (Faculty) and its academic staff in the management of student assessment.
2.3.2	There must be mechanisms to ensure the security of assessment documents and records.	2.3.2	Describe how the confidentiality and security of student assessment processes and documents as well as academic records are ensured.
2.3.3	Results of the assessment must be communicated to the students within a reasonable time frame after endorsement by the relevant authority.	2.3.3	a) Explain how and when continuous and final assessments results are made available to students.



			b) Show evidence of how the results are made known to student before the progression of the next semester/year (for continuous assessment).
2.3.4	The HEP (University) must have an appropriate mechanism to address cases of academic plagiarism.	2.3.4	What mechanisms are in place to address cases of academic plagiarism among students?
2.3.5	The HEP must periodically review the management of student assessment and act on the findings of the review.	2.3.5	Explain how the faculty periodically reviews the management of student assessment and addresses the issues highlighted in the review.

### Area 3: Student Selection and Support Services

Programme standard			Information Required in the Database																																													
3.1	Student Selection	3.1	Student Selection																																													
3.1.1	The programme must have a clear policy on the criteria and processes of student selection. These policies must be consistent with the Programme Standards for Dental Specialties. (MANDATORY ITEM)	3.1.1	a) State the criteria and the mechanisms for selection and admission to the programme and any other additional requirements including that of transferring students.  b) If a selection interview is utilised, describe it.  c) Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable).																																													
3.1.2	The HEP must have a policy regarding admission of students based on their health status as specified in the Program Standard for Dental Specialties. (MANDATORY ITEM)	3.1.2	Describe the admission policy relating to the health status of candidates and other requirements.																																													
3.1.3	Student enrolment must commensurate with the capacity of the HEP to effectively deliver the programme. (MANDATORY ITEM)	3.1.3	a) Provide information on student intake for each session for the last three years (as in the table below). List the nationality of the international students (if applicable). <table border="1"><tr><th colspan="2" rowspan="2">Academic session</th><th colspan="3">Year 1</th><th colspan="3">Year 2</th><th colspan="3">Year 3</th><th rowspan="2">Total</th></tr><tr><th>M</th><th>I</th><th>T</th><th>M</th><th>I</th><th>T</th><th>M</th><th>I</th><th>T</th></tr><tr><td></td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>R</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	Academic session		Year 1			Year 2			Year 3			Total	M	I	T	M	I	T	M	I	T		N												R										
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		M	I	T	M	I	T	M	I	T																																						
	N																																															
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[illegible]

M: Malaysian I: International T: Total students N: New students R: Repeat students (including those extended)

Number of students	Academic session				
Projection of intake					
Enrolled					
Graduated					

- a) Provide evidence that the students selected fulfil the admission criteria and policies.
- b) Provide evidence that students selected have active Annual Practising Certificates (APC) throughout the duration of the programme (Applicable for local candidates. International candidates are subjected to Section 50 of the Dental Act 2018)

Describe the policies, mechanisms, and practices for appeal regarding student selection.

3.1.6	The admission policy for the programme must be monitored and reviewed.	3.1.6	How does the faculty continuously monitor and periodically review the student selection processes?																													
3.2	Student Support Services	3.2	Student Support Services																													
3.2.1	Students must have access to appropriate and adequate support services.	3.2.1	What support services are made available to students? <table><tr><th>Support Services</th><th>Yes/No</th><th>Remarks (adequate / appropriate)</th></tr><tr><td>Physical Facilities (Specify)</td><td></td><td></td></tr><tr><td>Social (Specify)</td><td></td><td></td></tr><tr><td>Financial (Specify)</td><td></td><td></td></tr><tr><td>Sports and Recreational (Specify)</td><td></td><td></td></tr><tr><td>Co-curricular activities (Specify)</td><td></td><td></td></tr><tr><td>Internet facilities (Specify)</td><td></td><td></td></tr><tr><td>Health services (Specify)</td><td></td><td></td></tr><tr><td>Medical indemnity (Specify)</td><td></td><td></td></tr></table>			Support Services	Yes/No	Remarks (adequate / appropriate)	Physical Facilities (Specify)			Social (Specify)			Financial (Specify)			Sports and Recreational (Specify)			Co-curricular activities (Specify)			Internet facilities (Specify)			Health services (Specify)			Medical indemnity (Specify)		
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3.2.2	There must be a designated administrative unit responsible for planning and implementing student support services.	3.2.2	Describe the roles and responsibilities of those responsible for student support services.																													
3.2.3	An effective induction to the programme must be made available to students.	3.2.3	How are students orientated into the programme?																													

3.2.4	The students must be briefed on policies and procedures for occupational safety and health.	3.2.4	Are students briefed on policies and procedures for occupational safety and health before clinical sessions? Provide evidence (eg. timetable, briefing, attendance)
3.2.5	Academic, non-academic, and career counselling must be provided by adequate and qualified staff where issues pertaining to counselling remain confidential.	3.2.5	a) Describe the accessibility and confidentiality of the academic, non-academic, and career counselling services available to students.  b) What plans are there to improve the services including that of enhancing the skills and professionalism of the counsellors?
3.2.6	The HEP must have clearly defined and documented processes and procedures for handling student disciplinary cases, including plagiarism.	3.2.6	Describe the processes and procedures in handling disciplinary cases involving the students.
3.2.7	There must be a grievance mechanism for students to make appeals on academic and non-academic matters.	3.2.7	What mechanism is available for students to complain and to appeal on matters relating to academic and non-academic?
3.2.8	Student support services must be evaluated regularly to ensure their adequacy.	3.2.8	How are the adequacy of student support services evaluated?
3.2.9	There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological, and social support.	3.2.9	Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological, and social support.
3.3	Student Representation and Participation	3.3	Student Representation and Participation
3.3.1	Student rights and responsibilities must be acknowledged, clearly documented, and made known to them.	3.3.1	Describe how student rights and responsibilities are acknowledged, spelt out, and made known.
3.3.2	There must be adequate student representation and organization at faculty level.	3.3.2	What is the status of student representation and organisation at the faculty level?

3.3.3	Students should be facilitated to develop linkages with external stakeholders and to participate in activities to gain skills in preparation for the workplace.	3.3.3	<p>a) What does the HEP (Faculty) do to facilitate students in developing linkages with external stakeholders?</p> <p>b) How does the HEP (Faculty) facilitate students to gain managerial, and leadership skills in preparation for the workplace?</p>
3.4	Alumni (Not applicable for Provisional Accreditation)	3.4	Alumni (Not applicable for Provisional Accreditation)
3.4.1	The HEP must foster active linkages with its graduates to improve the programme.	3.4.1	Describe the linkages established by the HEP (Faculty) with the alumni
3.4.2	The HEP must involve the alumni to play a role in the development, review, and continuous improvement of the programme.	3.4.2	Describe the role of alumni in the development, review, and continual improvement of the programme.

#### Area 4: Academic Staff

Programme standard			Information Required in the Database																																									
4.1	Recruitment and Management	4.1	Recruitment and Management																																									
4.1.1	The HEP must have a clearly defined plan for its human resource needs.	4.1.1	Explain how the departmental academic staff plan is consistent with HEP policies and programme requirements.																																									
4.1.2	The HEP must have a clear and documented recruitment policy for academic and support staff.	4.1.2	a) State the policy, procedures, and the terms and conditions of service for the recruitment of academic staff.  b) State other requirements which would be the basis for the decision in the appointment of academic staff for the programme.																																									
4.1.3	<p>The HEP (Faculty) must have an adequate number of full-time academic staff responsible for implementing the programme.</p> <p>The criteria indicated below provide the guide to fulfil this standard:</p> <p>a) Overall, at least 60% of academic staff involved in the programme must be full-time (including FTE) and registered/ recognised specialists by MDC (for both the foundation course in the one-year master programme and the doctorate programme. For the one-year master programme, the calculation of this criteria must exclude the academic staff for basic sciences and research methodology courses).</p>	4.1.3	<p>a) Provide a summary information on <b>every academic staff</b> involved in <b>implementing the programme</b>:</p> <p>Table 5:</p> <table><tr><th rowspan="2">No</th><th rowspan="2">Name</th><th rowspan="2">Specialty &amp; qualification</th><th rowspan="2">Registered/ recognised specialist by MDC or HEP. Indicate.</th><th rowspan="2">Courses taught in this programme</th><th rowspan="2">Courses taught in other programme</th><th colspan="2">Past work experience</th><th colspan="3">Appointment status</th><th rowspan="2">Nationality</th></tr><tr><th>Position held</th><th>Years of service</th><th>FT</th><th>FTE</th><th>PT</th></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>b) Provide curriculum vitae of each academic staff in the programme containing the following information at the time of visit:</p> <p>i. Name</p> <p>ii. Academic qualifications</p>	No	Name	Specialty & qualification	Registered/ recognised specialist by MDC or HEP. Indicate.	Courses taught in this programme	Courses taught in other programme	Past work experience		Appointment status			Nationality	Position held	Years of service	FT	FTE	PT																								
No	Name	Specialty & qualification	Registered/ recognised specialist by MDC or HEP. Indicate.							Courses taught in this programme	Courses taught in other programme	Past work experience		Appointment status			Nationality																											
				Position held	Years of service	FT	FTE	PT																																				

<p>b) At least 30% of full-time academic staff involved in the programme (including FTE) are Malaysian citizens.</p> <p>c) Maximum percentage of part-time academic staff must not exceed 30% of the total academic staff.</p> <p>d) Minimum core teaching staff shall consist of a programme director and at least two (2) <b>registered/recognised</b> specialists by MDC (specialists in the field or related field – as specified in the respective programme standards) and must be full-time/full-time equivalent. (Refer to the Programme Standards for Dental Specialties for specific requirements.)</p> <p>(MANDATORY ITEM)</p> <p>The calculation of total academic staff involved in <b>conducting the programme</b> is based on the following:</p> <p>a) Full-time academic staff</p> <p>b) Full-time Equivalent (FTE) i.e. a staff who spends not less than 20 hours per week, is considered as one (1) FTE</p> <p>c) Full-time Equivalent (FTE) i.e. a staff who spends not less than 10 hours per week is considered as 1/2 FTE</p> <p>(Refer to Appendix SII-3)</p> <p>*Refer to the table for the formula to calculate the requirements.</p>	<p>iii. Current professional membership</p> <p>iv. Current teaching and administrative responsibilities</p> <p>v. Previous employment</p> <p>vi. Conferences and training</p> <p>vii. Research and publications</p> <p>viii. Consultancy</p> <p>ix. Community service</p> <p>x. Other relevant information</p> <p>c) State the percentages of full-time academic staff registered/recognised specialists by MDC.</p> <p>d) State the percentages of full-time Malaysian academic staff.</p> <p>e) State the percentages of part-time academic staff.</p> <p>f) Provide evidence of approved specialists by HEP for clinical academic staff.</p> <p><b>Note:</b> <b>The HEP must show evidence of fulfilment of academic staff at provisional accreditation.</b></p> <p>Guide for calculation table:</p> <table><tr><th rowspan="2">Indicator</th><th colspan="3">Full-time</th><th rowspan="2">No. of part-time specialist recog. by MDC</th><th rowspan="2">Formula</th></tr><tr><th>No. of full-time specialist recog. by MDC</th><th>No. of full-time specialist recog. by HEP</th><th>No. of FTE* recog. by MDC</th></tr><tr><td>Total no of specialists involved in the teaching</td><td>a</td><td>b</td><td>c</td><td>d</td><td>T=a+b+c+(d/4)</td></tr></table>	Indicator	Full-time			No. of part-time specialist recog. by MDC	Formula	No. of full-time specialist recog. by MDC	No. of full-time specialist recog. by HEP	No. of FTE* recog. by MDC	Total no of specialists involved in the teaching	a	b	c	d	T=a+b+c+(d/4)
Indicator	Full-time			No. of part-time specialist recog. by MDC	Formula											
	No. of full-time specialist recog. by MDC	No. of full-time specialist recog. by HEP	No. of FTE* recog. by MDC													
Total no of specialists involved in the teaching	a	b	c	d	T=a+b+c+(d/4)											



<p>Full-time academic staff refers to personnel employed by an institution of higher education/faculty for teaching, supervision, patient care, research, publication, and community engagement. They are expected to work the full number of hours according to policies adopted by the institution (minimum 35 hours per week). Full-time employment comes with benefits such as annual leave, health insurance, and salary progression subject to an annual assessment of performance that are not typically offered to a part time or contractual appointment.</p> <p>FTEs are considered full-time as they perform similar duties to full-time academic staff but at reduced hours.</p> <p>Part time academic staff refers to personnel employed by an institution of higher education/faculty and are expected to undertake the duties and responsibilities of teaching-learning activities with a minimum of 5 hours per week on a regular basis. They are not involved in any other duties, such as administrative work and programme management. Adjunct professors/visiting professor shall also not be included.</p> <p>Part-time staff are considered in calculation of total full-time academic staff (4 PT = 1 academic staff) but not for the calculation of percentages of <u>full-time</u> academic staff/<u>full-time</u> Malaysian citizens because it will undermine the purpose of calculating the percentage.</p>	<table><tr><td>(Malaysian and International) – exclude basic science lecturers (T)</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Percentage of <b>full-time</b> academic staff (including FTE) and registered/ recognised specialist by MDC (FT)</td><td>a</td><td>b</td><td>c</td><td></td><td><math>\%FT = \frac{(a+c)}{(a+b+c)} \times 100\%</math>  (Must be at least 60%)</td></tr><tr><td>Percentage of full-time Malaysian citizens (%) (M)</td><td>a<sup>1</sup> (Only Malaysian academic staff)</td><td>b<sup>1</sup> (Only Malaysian academic staff)</td><td>c</td><td>d</td><td><math>\%M = \frac{a^1+b^1+c+(d/4)}{T}</math>  (Must be at least 30%)</td></tr><tr><td>Percentage of part-time academic staff (PT)</td><td>a</td><td>b</td><td>c</td><td>d</td><td><math>\%PT = \frac{d}{a+b+c+d} \times 100</math>  (Must not exceed 30%)</td></tr></table> <p>*FTE - must be verified based on the criteria</p>	(Malaysian and International) – exclude basic science lecturers (T)						Percentage of <b>full-time</b> academic staff (including FTE) and registered/ recognised specialist by MDC (FT)	a	b	c		$\%FT = \frac{(a+c)}{(a+b+c)} \times 100\%$  (Must be at least 60%)	Percentage of full-time Malaysian citizens (%) (M)	a <sup>1</sup> (Only Malaysian academic staff)	b <sup>1</sup> (Only Malaysian academic staff)	c	d	$\%M = \frac{a^1+b^1+c+(d/4)}{T}$  (Must be at least 30%)	Percentage of part-time academic staff (PT)	a	b	c	d	$\%PT = \frac{d}{a+b+c+d} \times 100$  (Must not exceed 30%)
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Percentage of full-time Malaysian citizens (%) (M)	a <sup>1</sup> (Only Malaysian academic staff)	b <sup>1</sup> (Only Malaysian academic staff)	c	d	$\%M = \frac{a^1+b^1+c+(d/4)}{T}$  (Must be at least 30%)																				
Percentage of part-time academic staff (PT)	a	b	c	d	$\%PT = \frac{d}{a+b+c+d} \times 100$  (Must not exceed 30%)																				

4.1.4	<p>Qualifications of the academic staff must comply with the Programme Standards for Dental Specialties.</p> <ul style="list-style-type: none"> <li>a) The programme director must be <b>a full-time, registered/recognised</b> specialist in the field by MDC, with minimum clinical/practice experience of five (5) years after acquiring specialist qualification.</li> <li>b) The two (2) core teaching staff must be registered /recognised specialists by MDC (specialists in the field or related field – as specified in the respective programme standards), and must be full-time/full-time equivalent.</li> <li>c) Other clinical academic staff must have <b>approved</b> postgraduate qualifications by the HEP (University), with minimum clinical experience of three (3) years after acquiring specialist qualification.</li> <li>d) The academic staff shall possess a valid practising certificate (for clinical academic staff).</li> <li>e) International academic staff involved in clinical teaching shall have TPC as stated in Guidelines for Application for TPC Dental Act 2018 (Refer to the guideline on MDC website).</li> <li>f) Academic staff in Private Higher Education Institutions (PHEI) must have a valid teaching permit (for both international and local).</li> </ul> <p>(MANDATORY ITEM)</p>	4.1.4	<ul style="list-style-type: none"> <li>a) Provide evidence of a full-time, registered/recognised specialist in the field by MDC for programme director.</li> <li>b) Provide evidence of approved qualification for every academic staff involved in the teaching of the programme and years of clinical experiences.</li> <li>c) Describe the HEP process to approve the postgraduate specialist qualifications. Show evidence.</li> <li>d) Provide evidence of valid practising certificates (for clinical academic staff).</li> <li>e) Provide evidence of valid teaching permits (for international and local academic staff).</li> </ul>
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4.1.5	<p>The qualification and experience requirements of research supervisors for master and doctoral degrees by coursework and mixed mode are stated as follows:</p> <ul style="list-style-type: none"> <li>a) The main supervisor is a registered/recognised specialist by MDC; or, where the supervisor is a non-specialist and has a master or PhD qualification in the field, the supervisor must have at least five (5) years' experience in teaching, or have had at least 2 years' experience as a co-supervisor, or has retained a co-supervisor who had experienced graduating research students.</li> <li>b) The supervisors must go through structured supervisory training. Those who had experienced graduating postgraduate students (in any mode of study) as main supervisors are exempted.</li> <li>c) Supervisor from the industry or practitioner must have at least a bachelor's degree and at least five (5) years of experience in the field at a level appropriate for the dissertation/thesis AND be appointed only as a co-supervisor. Those with specialist qualification may be exempted from the supervisory training. Terms of reference must be provided.</li> </ul> <p>(MANDATORY ITEM)</p>	4.1.5	<p>Show evidence that all academic staff fulfil the requirements as supervisors and teaching staff. (Information can be obtained from Table 5).</p>
4.1.6	<p>The staff–student ratio for the programme must be appropriate to the teaching-learning methods and must comply with the Programme Standards for Dental</p>	4.1.6	<p>State the staff-student ratio for:</p> <ul style="list-style-type: none"> <li>a) clinical supervision</li> <li>b) research supervision</li> </ul>

	<p>Specialties. [Part-time staff is included into the ratio calculation [Four (4) part-time staff is equivalent to one (1) full-time staff)].</p> <p>Academic staff-student ratio for clinical supervision is at most 1:6 and for research supervision is at most 1:6 (as main supervisor) [Applicable for all coursework programmes.</p> <p>For mixed mode, research supervision is at most 1:4 (as main supervisor). (MANDATORY ITEM)</p>		Provide evidence.												
4.1.7	There must be a combination of teaching, research and service roles (community/promotion/clinical activities) for all academic staff.	4.1.7	<p>a) State your policy on staff functions in terms of teaching, research and service.</p> <p>b) Provide the following information: <b>University Required Weightage of Academic Staff Activities</b></p> <table><tr><th>Activity</th><th>Percentage of Time</th></tr><tr><td>Teaching</td><td></td></tr><tr><td>Research</td><td></td></tr><tr><td>Clinical Service</td><td></td></tr><tr><td>Administration</td><td></td></tr><tr><td>Community/Social Service</td><td></td></tr></table>	Activity	Percentage of Time	Teaching		Research		Clinical Service		Administration		Community/Social Service	
Activity	Percentage of Time														
Teaching															
Research															
Clinical Service															
Administration															
Community/Social Service															

			<table><tr><td>Others</td><td></td></tr><tr><td>Total</td><td></td></tr></table>	Others		Total	
Others							
Total							
4.1.8	<p>The policy of the HEP must reflect an equitable distribution of responsibilities among the academic staff.</p> <p>*The number of teaching hours for an academic staff within a week is a maximum of 20 hours if the academic staff are not involved in administrative or other academic activities.</p> <p>Other academic activities - example: scholarly activities/ research/ consulting services and other administrative tasks.</p> <p><i>(Taken from Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi 2009 - 2020 Edisi Ketiga, 2021).</i></p>	4.1.8	Describe how the HEP/Faculty ensures equitable distribution of responsibilities among the academic staff.				
4.1.9	Recognition and reward through promotion, salary increment or other remuneration must be based on equitable work distribution and meritorious academic roles using clear and transparent policies and procedures.	4.1.9	State the mechanisms and procedures for monitoring and appraising academic staff performance, for ensuring equitable distribution of duties and responsibilities among the academic staff, and for determining the distribution of rewards.				
4.1.10	The HEP should have active national and international linkages to provide for the involvement of well renowned academics and professionals in order to enhance teaching and learning of the programme.	4.1.10	Describe the nature and extent of the national and international linkages to enhance teaching and learning of the programme.				

4.2	Service and Development	4.2	Service and Development
4.2.1	The HEP must have policies addressing matters related to service, professional development and appraisal of the academic staff.	4.2.1	Provide information on the HEP's policies on service, development and appraisal of the academic staff.
4.2.2	The academic staff must be given sufficient autonomy to focus on areas of his expertise.	4.2.2	How does the HEP/Faculty ensure that the academic staff have sufficient autonomy in areas of his expertise such as curriculum development and delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically related administrative duties?
4.2.3	The HEP must have a clearly stated policy on conflict of interest, particularly in the area of private practice, multiple employment and consultancy services.	4.2.3	State the HEP's policies and practices to address conflict of interest, for example, staff involvement in private practice, multiple employment and consultancy services.
4.2.4	The HEP must have clearly defined and documented processes and procedures in handling disciplinary cases involving the academic staff.	4.2.4	Describe the processes and procedures in handling disciplinary cases involving the academic staff.
4.2.5	The HEP must have mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement.	4.2.5	Describe the mechanisms and processes for periodic student evaluation of the academic staff. Show how this evaluation is taken into account for purposes of quality improvement. Indicate the frequency of this evaluation exercise.
4.2.6	The HEP must have a staff development programme particularly for new academic staff including mentoring and formative guidance.	4.2.6	Indicate the mechanisms that are in place for academic staff training. State the mechanisms and procedures for professional development and career advancement of the academic staff (e.g., study leave, sabbatical, advanced training, specialised courses etc).

4.2.7	The HEP must provide opportunities for academic staff to participate in professional, academic and other relevant activities, nationally and internationally and where relevant, for them to obtain professional qualifications to enhance teaching-learning experience.	4.2.7	Describe how the academic staff are given the opportunity to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance teaching-learning and research experiences?
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## Area 5: Educational Resources

Programme standard			Information Required in the Database		
5.1	Physical Facilities	5.1	Physical Facilities		
5.1.1	The programme must have sufficient and appropriate physical facilities and educational resources such as facilities for practical and clinical teaching to ensure its effective delivery. a) Educational resources specific to the needs of the programme such as lecture hall/auditorium, tutorial room, seminar room, computer lab, medical science lab and strong room. (MANDATORY ITEM)  b) General facilities include cafeteria, toilet, locker rooms, storerooms, surau, students' common room, sports facilities and hostel.	5.1.1	List all the physical facilities related to the programme.		
			Buildings		
			Building Name/ Block	Year Completed	Function(s)
			Facility		
			Type of Facilities	Number	Capacity
			Office		
			Lecture Theatre/Hall/ Auditorium		
			Classrooms		
			Tutorial/ Seminar Rooms		
Medical Science Laboratories • Anatomy / Histology • Oral Biology • Oral Medicine / Oral Pathology • Others (please specify)					
Computer Laboratory					



			<table border="1"> <tr> <td>Others (please specify) (e.g. study areas, lecturers' room, operating theatre)</td> <td></td> <td></td> </tr> </table>	Others (please specify) (e.g. study areas, lecturers' room, operating theatre)														
Others (please specify) (e.g. study areas, lecturers' room, operating theatre)																		
5.1.2	The library or resource centre must have adequate and up-to-date reference materials and availability of qualified staff that meet the needs of the programme and research amongst academic staff and students.	5.1.2	<p>a) State the database system used in the library and information center.</p> <p>b) State the number of staff in the library and information center and their qualifications.</p> <p>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.</p> <p>d) State the number of reference materials related to the programme:</p> <table border="1"> <tr> <th>Types of Reference Materials</th> <th>No of titles</th> <th>No of collection</th> </tr> <tr> <td>Books</td> <td></td> <td></td> </tr> <tr> <td>Online Resources</td> <td></td> <td></td> </tr> <tr> <td>Journals</td> <td></td> <td></td> </tr> <tr> <td>Others eg. Video and Electronic Reference</td> <td></td> <td></td> </tr> </table> <p>e) Indicate availability and connectivity of internet facilities</p>	Types of Reference Materials	No of titles	No of collection	Books			Online Resources			Journals			Others eg. Video and Electronic Reference		
Types of Reference Materials	No of titles	No of collection																
Books																		
Online Resources																		
Journals																		
Others eg. Video and Electronic Reference																		

5.1.3	<p>Specific equipment and facilities for training must be adequately provided for practical and clinical-based programmes as stipulated in the Programme Standards for Dental Specialties.</p> <p>a) The programme must have common facilities (such as dental chairs, simulation unit, workstations etc) dedicated to the students. Ratio of dental chair: student is 1:2. For doctorate programmes, students must have access to dental chairs for a minimum of 4 clinical sessions per week. [<i>*Assessment for dental chair ratio is based on the usage of dental chair specific to the programme in the timetable. (Exception for the DPH, the utilisation of dental chair for DPH to be shown in timetable)]</i></p> <p>b) HEP must declare all clinical facilities used for teaching and learning including for the clinical attachment outside campus. Clinical attachment must comply with all acts, regulations and guidelines from relevant authorities (such as Act 804, Act 586, MOH, MOHE guidelines etc).</p> <p>c) There must be adequate patients with relevant number of case mix for clinical training to achieve the clinical requirements specified in the programme standards.</p> <p>(MANDATORY ITEM)</p>	5.1.3	<p>a) Provide information on the specific equipment and facilities related to the programme.</p> <p>b) Provide timetable for the usage of the common facilities (such as dental chairs, simulation unit, workstations etc). Indicate the designated dental chairs in a shared facility.</p> <p>c) For clinical attachment, provide the following information:</p> <table><tr><th>Name of hospital</th><th>Purpose of training</th><th>No of sessions per week</th><th>No of academic staff involved</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>*Attach the MoU/MoA</p> <p>d) Adequacy of patients for clinical training Provide the following information:</p> <table><tr><td>i. Number of patients in the specialist waiting list (current academic year), or Number of patients attending specialist dental clinics per year (current academic year).</td><td></td></tr><tr><td>ii. Number of clinical students (current academic year)</td><td></td></tr><tr><td>iii. Average number of dental patients managed by a student per academic year</td><td></td></tr></table>	Name of hospital	Purpose of training	No of sessions per week	No of academic staff involved									i. Number of patients in the specialist waiting list (current academic year), or Number of patients attending specialist dental clinics per year (current academic year).		ii. Number of clinical students (current academic year)		iii. Average number of dental patients managed by a student per academic year	
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iii. Average number of dental patients managed by a student per academic year																					

5.1.4	All equipment (e.g. autoclaves, x-rays, compressor) must comply with the relevant laws and regulations. (MANDATORY ITEM)	5.1.4	<p>a) List all equipment such as autoclaves, x-rays, compressor and other centralized sterilization and supply departments (CSSD) to support teaching and learning activities.</p> <table border="1"> <thead> <tr> <th>Facility</th><th>Type of Equipment</th><th>Number of Equipment</th><th>Remark</th></tr> </thead> <tbody> <tr> <td>Imaging</td><td></td><td></td><td></td></tr> <tr> <td>CSSD</td><td></td><td></td><td></td></tr> <tr> <td>Others</td><td></td><td></td><td></td></tr> </tbody> </table> <p>b) Show evidence of report/test/QA certificate for equipment (e.g. autoclaves, x-rays, compressor etc.) and licence for operator (person-in-charge).</p>	Facility	Type of Equipment	Number of Equipment	Remark	Imaging				CSSD				Others			
Facility	Type of Equipment	Number of Equipment	Remark																
Imaging																			
CSSD																			
Others																			
5.1.5	The facilities available in the HEP must be user friendly to patients with special needs.	5.1.5	Describe the availability of user-friendly facilities to those with special needs.																
5.1.6	The educational resources, services and facilities must be periodically reviewed and improved upon to maintain their quality and appropriateness.	5.1.6	<p>a) Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the faculty in these processes.</p> <p>b) Provide the information on, and provision for, the maintenance of the learning facilities.</p>																
5.2	Research and Development	5.2	Research and Development																
5.2.1	The HEP must have a policy on research and availability of adequate facilities to sustain them.	5.2.1	<p>Provide information on:</p> <p>a) Research Policy</p> <p>At university level:</p>																

			<ul style="list-style-type: none"> <li>- Formal policy for research activities. (Specify)</li> <li>- Policy on budget to conduct research</li> <li>- Promotion and/or dissemination of research activities/ outcomes</li> </ul> <p>At faculty level:</p> <ul style="list-style-type: none"> <li>- Committees on research including research ethics</li> <li>- Person(s) responsible to oversee research activities</li> </ul> <p>Provide the following information at the programme level:</p> <p>b) Research Attainment Provide information on research projects undertaken during the past three academic years.</p> <p>c) Publications in the last three years</p> <ul style="list-style-type: none"> <li>- Book(s)</li> <li>- Papers published in refereed journal(s)</li> <li>- Chapter(s) in book(s)</li> <li>- Scientific proceedings/abstracts/short communications</li> <li>- Other relevant and meaningful writings in the media</li> </ul> <p>d) Research recognition/awards</p> <p>e) Other related research activities</p> <ul style="list-style-type: none"> <li>- Editor of Journal</li> <li>- Reviewer</li> <li>- Study/expert group leader/member</li> <li>- Research committee member</li> <li>- Others</li> </ul>
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			f) Research Collaboration - List research collaboration partners, if any.
5.2.2	The HEP must periodically review its research resources and facilities and take continuous appropriate action to enhance its research capabilities and to promote a conducive research environment.	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 faculty.  b) State any initiatives taken by the faculty to engage students in research.
5.3	Expertise in Education	5.3	Expertise in Education
5.3.1	The HEP must utilize personnel with educational expertise in planning its programmes and in the development of new teaching and assessment methods.	5.3.1	Describe the policy and practice on the utilisation of appropriate experts in the field of education in the planning of its programmes and in the development of new teaching and assessment methods.
5.4	Financial resources	5.4	Financial resources
5.4.1	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 HEP.	5.4.1	Indicate the responsibilities and line of authority in terms of budgeting and resource allocation in the HEP with respect to the specific needs of the programme.
5.4.2	The HEP must have clear procedures to ensure that its financial resources are sufficient and that it is capable of utilising them efficiently and responsibly.	5.4.2	a) Demonstrate that the HEP/Faculty has clear procedures to ensure that its financial resources are sufficient and managed efficiently. Provide statement of financial support for the programme for the last three (3) years. (Provide plans if for Provisional Accreditation) b) Fees. Provide information on the following: i. Current tuition fees for Malaysian and foreign students. ii. Other fees e.g., laboratory, clinic and equipment/instruments.

			iii. Other expenses incurred by students c) Describe how financial resources allocated to the Faculty are managed.
5.4.3	The HEP must demonstrate financial viability and sustainability for the programme	5.4.3	Describe the financial viability and sustainability for the programme.

## Area 6: Programme Management

Programme standard		Information Required in the Database	
6.1	Programme Management	6.1	Programme Management
6.1.1	The HEP must clarify its governance structure and function, the relationships within them, and their impact on the programme, and these must be communicated to all parties involved based on the principles of transparency, accountability and authority.	6.1.1	<p>a) Describe the governance structure and functions, and the main decision-making components of the HEP/Faculty, as well as the relationships between them.</p> <p>b) How are these relationships made known to all parties involved?</p> <p>c) What effect do these relationships have on the programme?</p>
6.1.2	The HEP must have policies, procedures and mechanisms for regular reviewing and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement.	6.1.2	<p>a) Describe the Faculty's policies, procedures and mechanisms for regular reviewing and updating of the faculty structures, functions, strategies, and core activities to ensure continuous quality improvement.</p> <p>b) Identify the committee and its Term of Reference for continual quality improvement within the faculty.</p>
6.1.3	The HEP management committee must be an active policy-making body with an adequate degree of autonomy within the terms of reference.	6.1.3	Show evidence (such as terms of reference, minutes of meeting) that the HEP/Faculty board is an effective policy-making body with adequate autonomy.
6.1.4	Mechanisms to ensure functional integration and comparability of educational quality must be established for programmes conducted in campuses or partner institutions that are geographically separated.	6.1.4	Describe the arrangements agreed upon by the HEP and its campuses or partner institutions (for example, franchise programmes, joint awards, collaborative research, student exchange arrangements) to assure functional integration and educational quality.

6.1.5	The HEP must have a formal system responsible for internal and external consultations, feedback, market needs analysis and employability projections of the programme.	6.1.5	Describe the committee system in the HEP/Faculty responsible for programmes and how it utilises consultation and feedback, and considers market need analysis and employability projections in the programme development and review.
6.1.6	The governance must involve the participation of, and consultation with academic staff, students and external stakeholders.	6.1.6	Describe the participation of, and the consultation with, the academic staff, students and external stakeholders in the governance process.
6.2	Programme Leadership	6.2	Programme Leadership
6.2.1	<p>The leadership of the programme must be held by those with appropriate qualifications and experience, and with sufficient authority for curriculum design, delivery and review as stipulated in the Programme Standards for Dental Specialties.</p> <p>Note: The programme director must be a full-time registered/recognised specialist by MDC. (MANDATORY ITEM)</p>	6.2.1	Provide information on the qualification, experience and responsibilities of the programme leader.
6.2.2	Mechanisms and processes must be in place to allow for communication between the programme and the HEP leadership in relation to matters such as staff recruitment and training, student admission, and allocation of resources and decision-making processes.	6.2.2	Describe the relationship between the programme and the HEP leadership in matters such as recruitment and training, student admission, and allocation of resources and decision-making processes.



6.3	Support staff	6.3	Support staff																																								
6.3.1	<p>The support staff (administrative and clinical support) of the HEP must be appropriately qualified, technically competent and sufficient in numbers to support the implementation of the programme and related activities.</p> <p>Specific requirements:</p> <p>a) Dental Surgery Assistant/ Trained Clinical Assistant or Equivalent - Ratio of DSA: student/operator in active clinical session - 1:2 (excluding Dental Public Health, Oral Maxillofacial Pathology &amp; Oral Medicine, Oral Medicine, Forensic Odontology, Oral Maxillofacial Imaging)</p> <p>b) Dedicated staff for the laboratory facilities</p> <p>c) Dedicated administrative for the postgraduate programme (can be shared across programmes)</p> <p>(MANDATORY ITEM)</p> <p>Note:</p> <p>The administrative staff include the registrar, IT personnel, financial officer, receptionist and others.</p> <p>Clinical support staff include Dental Therapist, Staff Registered Nurse, Dental Surgery Assistant/ Trained Clinical Assistant or Equivalent, Clinical Assistant (Attendant), Dental Technologist, Medical Laboratory Technologist, Radiographer, Patient Registration Clerk and any other relevant support staff.</p>	6.3.1	<p>Provide a summary information on support staff involved in the programme.</p> <table><tr><th>Job Category</th><th>Rank / Grade</th><th>Qualification</th><th>Current No. of Staff involved in the programme</th><th>Current No. of Staff of the faculty</th></tr><tr><td>Dental Surgery Assistant / Trained Clinical Assistant or equivalent</td><td></td><td></td><td></td><td></td></tr><tr><td>Dental Technologist</td><td></td><td></td><td></td><td></td></tr><tr><td>Medical Lab Technologist</td><td></td><td></td><td></td><td></td></tr><tr><td>Administrative staff</td><td></td><td></td><td></td><td></td></tr><tr><td>Radiographer</td><td></td><td></td><td></td><td></td></tr><tr><td>Patient Registration Clerk</td><td></td><td></td><td></td><td></td></tr><tr><td>Others (please specify)</td><td></td><td></td><td></td><td></td></tr></table>	Job Category	Rank / Grade	Qualification	Current No. of Staff involved in the programme	Current No. of Staff of the faculty	Dental Surgery Assistant / Trained Clinical Assistant or equivalent					Dental Technologist					Medical Lab Technologist					Administrative staff					Radiographer					Patient Registration Clerk					Others (please specify)				
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6.3.2	The HEP must conduct a regular performance review of the support staff.	6.3.2	State the mechanisms and procedures for monitoring and appraising the performance of support staff, for ensuring equitable distribution of duties and responsibilities among the staff, and for determining the distribution of rewards and for training and career advancement.
6.3.3	The HEP must have an appropriate training scheme for the advancement of the support staff as well as to fulfil the specific needs of the programme, for example, risk management, technology management, maintenance of specialised equipment, and advanced technical skills.	6.3.3	Describe the training scheme for the support staff and show how this scheme fulfils the specific, advanced and future needs of the programme.
6.4	Academic Records	6.4	Academic Records
6.4.1	The HEP must have appropriate policies and practices concerning the nature and security of student and academic staff records.	6.4.1	State the policies and practices on the nature, content and security of student and academic staff records.
6.4.2	The HEP must implement policies on the rights of individual privacy and the confidentiality of records.	6.4.2	Describe how the HEP/Faculty ensures the rights of individual privacy and the confidentiality of records.
6.4.3	The HEP should continuously review policies on security of records including increased use of electronic technologies and safety systems.	6.4.3	Describe the HEP/Faculty's review policies on security of records and its plans for improvements.

## Area 7: Programme Monitoring, Review and Continual Quality Improvement

Programme standard			Information Required in the Database
Mechanisms for Programme Monitoring, Review and Continual Quality Improvement			Mechanisms for Programme Monitoring, Review and Continual Quality Improvement
7.1	<p>The HEP must have clear policies and appropriate mechanisms for regular monitoring and review of the programme. The curriculum must be reviewed at least every <b>5 years</b>. (Not applicable for Provisional Accreditation).</p> <p>(MANDATORY ITEM)</p>	7.1	<p>a) Describe the policies and mechanisms for regular monitoring and review of the programme.</p> <p>b) Curriculum review. Provide information/evidence for the following:</p> <ol style="list-style-type: none"> <li>Is there a formal curriculum review committee? List the members of the committee.</li> <li>How often does the committee meet?</li> <li>justification for the curriculum review.</li> <li>What are the changes made in the review?</li> <li>Date of implementation of present and revised curriculum.</li> <li>Date of last curriculum revision. Provide evidence of approval (senate, MQA etc)</li> </ol>
7.2	The HEP must have a dedicated Quality Assurance (QA) unit or personnel responsible for internal quality assurance of the faculty.	7.2	Describe the role and the effectiveness of the unit responsible for internal quality assurance of the University and Faculty.
7.3	The HEP must have an internal monitoring and review committee headed by a designated director who is dedicated to continuously review the programme. The review must involve external experts.	7.3	<p>a) Describe the structure and the workings of the internal programme</p> <p>b) monitoring and review committee.</p> <p>c) Describe the processes, procedures and mechanisms for monitoring and reviewing the programme.</p> <p>d) Does the review involve external examiners/assessors / other expertise? Provide the relevant reports.</p>

7.4	Programme evaluation must involve the relevant stakeholders whose views are taken into consideration.	7.4	a) Which relevant stakeholders are involved in a programme review? b) Describe the degree of their involvement and how their views are taken into consideration.
7.5	The content of the programme must be periodically reviewed to keep abreast with scientific, technological and knowledge development of the discipline, and with the needs of the society.	7.5	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.
7.6	Various aspects of student performance, progression and attrition must be analysed for the purpose of continual quality improvement.	7.6	a) Describe mechanism/process/system used in determining students' performance (e.g. Board of Examiners). b) Provide documented information on student performance, progression and attrition analysis for the purpose of continual quality improvement.
7.7	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review. (State if not applicable)	7.7	Describe the responsibilities of the parties involved in collaborative arrangements in programme monitoring and review.
7.8	The findings of a programme review must be presented to the HEP (University) for its attention and further action.	7.8	Provide evidence to indicate that the findings of the review is presented to the HEP and its further action thereafter.
7.9	There must be a link between the HEP quality assurance processes and the achievement of the institutional goals.	7.9	a) Explain the link between the HEP/Faculty quality assurance processes and the achievement of the institutional goals.  b) Provide evidence on evaluation of programme effectiveness, that may include the following: i. Student scores on written exams ii. Performance-based assessment of student skills and abilities

			iii. Alumni/graduate survey iv. Student advancement and graduation rates v. Others (specify)
7.10	The HEP must make the report on programme review accessible to relevant stakeholders in order to seek their views.	7.10	Provide information on how HEP/Faculty disseminate the report on programme review to the stakeholders and what are their feedback?
7.11	The HEP must ensure the accreditation status is maintained. The HEP must submit the application of Full Accreditation or its renewal based on the timeline stated by the MQA (in Surat keputusan penilaian akreditasi program).	7.11	Provide evidence of submission for accreditation (Surat dokumen lengkap).

**SECTION III**

**SUBMISSION FOR PROGRAMME  
ACCREDITATION**

## **SECTION III: SUBMISSION FOR PROGRAMME ACCREDITATION**

### **1) PROCEDURES FOR ACCREDITATION**

The procedures for accreditation require an integrated approach involving both the JTCEDSP and the HEP.

The JTCEDSP is concerned with monitoring and ensuring compliance to the standards by the HEP whilst the HEP is responsible for the establishment, maintenance and enhancement of its processes and standards. The accreditation process is beneficial to the HEP as it necessitates a demanding periodic review of its processes and standards which includes areas such as the selection of students, objectives, curriculum, design and delivery, methods of teaching and learning, facilities, financial and human resources.

The HEP can derive additional benefits from the accreditation process. Such benefits include obtaining feedback from experts in various fields of dental education and shared experiences from institutions and the leverage from local authoritative reports in rectifying deficiencies.

Programme accreditation is carried out in two stages, i.e., Provisional Accreditation and Full Accreditation.

### **2) PROVISIONAL ACCREDITATION**

The purpose of Provisional Accreditation exercise is to ascertain that the minimum requirements have been met to conduct a programme of study. The HEPs must meet the standards for the seven areas of evaluation (where applicable). A visit will be conducted to confirm the availability and the suitability of the facilities at the HEPs' premises. The evaluation involves an external and independent assessment conducted by JTCEDSP and MQA through its Panel of Assessors (PoA). The findings of the PoA are tabled to the respective JTCEDSP, MDC, and MQA Accreditation Committee for a decision. The HEPs use the decision to seek approval from MoHE to offer the programme.

#### **2.1 Submission of documents**

The HEP needs to submit documents comprising of programme information to the MQA as follows:

Stage	Date of document submission	Documentation		
		Name of Document	Code/ Form	Copies
Provisional accreditation	Determined by HEP - Check the information on the MQA website for document submission	Application for Provisional Accreditation of Programme	Form A	1 copy
		Database document containing - i. Part A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER [Can access this information from the MQA website.] ii. Part B: PROGRAMME DESCRIPTION iii. Part C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS	MQA 01- Dental	Softcopies (Flash drive and any suitable cloud storage)
		Assessment Rubric for Accreditation of Postgraduate Dental Specialty Dental Degree Programme - self-rating		1

The guide to preparing the programme database document is given in Section II: Standards and Criteria for Postgraduate Dental Programmes & Guidelines for Preparation of Database. The assessment Rubric must be filled by rating each of the criteria as part of self-review report.



## **2.2 Submission of 1 + 3 Programme documents for provisional accreditation**

The HEP that wants to offer the 1+3 postgraduate specialty programme needs to submit both the database of master's and the specialty programme to be offered.

Subsequently if the HEP wants to offer additional specialty programmes utilising the same master programme, the HEP must submit the database of the doctorate specialty programme together with documents of the foundation of the specialty course (as top-up to the master's programme). Use Appendix SIII-1: Borang Penambahan Kursus dalam program (Borang T) for the submission of the top-up to the master programme for submission together with the doctorate database (MQA 01). The assessment of the added foundation course and the doctorate programme will be carried out by the same PoA. The PoA will prepare two reports from the evaluation i.e. report for the top-up of the foundation course and report for the doctorate programme.

If the HEP has already offered the doctorate programme but has no master programme, the HEP must submit the database for the master programme (MQA 01) and apply for Provisional Accreditation as a new programme.

In the event that the HEP has already offered doctorate programme and a master's programme but not inclusive of the related foundation specialty, the HEP has to submit the database of the master programme (MQA-02) incorporating the foundation course. The site visit will be carried out to verify the information.

## **2.3 Verification of documents**

The MQA will verify the completeness of documents submitted by the HEP in accordance with the stipulated requirements. If the documents are complete, the MQA will submit them to the secretariat of the JTCE DSP. If the documents are incomplete, the HEP will have to resubmit them as required.

## **2.4 Panel of assessors**

The JTCE DSP will propose the names of the Panel of Assessors (PoA) to the MQA as indicated in the "Guide for the Conduct of Programme Evaluation Visit" as in Section IV.

## **2.5 Desktop assessment**

The PoA will assess the programme information submitted by the HEP for compliance to the standards stipulated in the Section II. The HEP may need to submit additional documents as requested by the PoA for assessment. If the information in the accreditation document complies with the standards, the PoA will proceed to conduct a visit to the institution.

## **2.6 The accreditation visit**

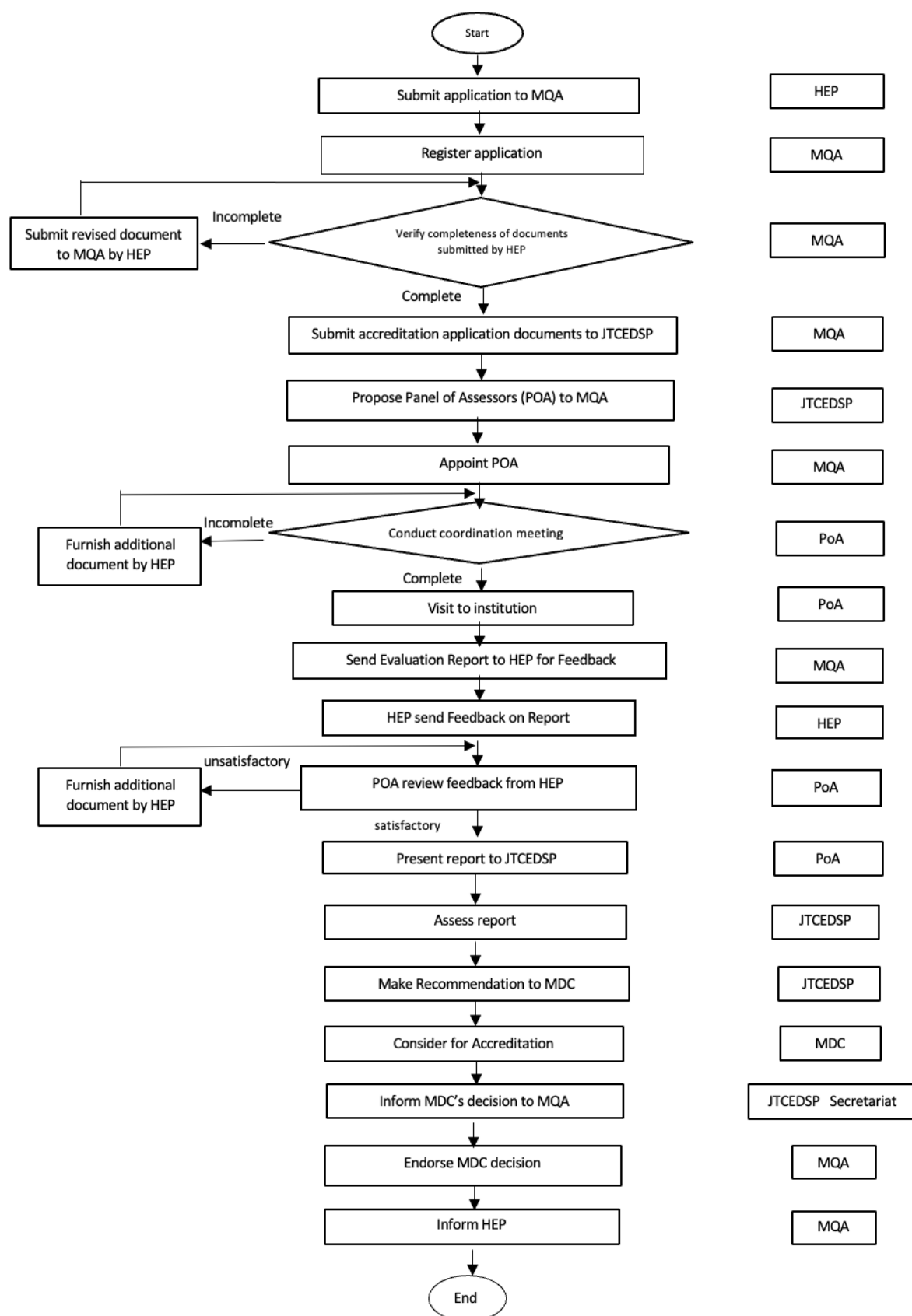
The PoA will conduct a visit to the institution in accordance with the “Guide for the Conduct of Programme Evaluation Visit” to assess for compliance with the accreditation standards. The procedure for conducting the visit is outlined in Section IV.

## **2.7 The accreditation report**

Based on the site visit and evaluation of the accreditation documents, the PoA will prepare a report in accordance with the Section V: Guide to Preparing Accreditation Report. The chairman of the panel will then make a presentation to the JTCEDSP. The members of the PoA (including the observer (if any)) may be present during the presentation. The JTCEDSP will forward its recommendation to the MDC for endorsement before the decision by MQA. MQA will inform HEP of its decision.

Flowchart on the procedures for the Provisional Accreditation Process is in Figure 1.

**Figure 1: Flowchart for the Provisional Accreditation Process**



### 3) FULL ACCREDITATION

The purpose of a Full Accreditation is to reaffirm that the delivery of the programme has met the standards stipulated in Section II: Standards and Criteria for Postgraduate Dental Degree Programmes. The Full Accreditation exercise is usually carried out when the first cohort of students are in their final year. It involves an external and independent assessment conducted by JTCEDSP and MQA through its PoA.

An evaluation visit to the HEP will be conducted by the PoA to validate and verify the information furnished by the HEPs before the PoA submits its recommendations to JTCEDSP through a formal Final Accreditation Report. Accreditation may be awarded for a maximum of six (6) years.

HEP has to apply for:

a) Full Accreditation:

For master (1 year): Not less than **six (6) months** prior to the graduation of the first cohort.

For doctorate: Not less than **nine (9) months** prior to the graduation of the first cohort.

b) Renewal of Full Accreditation not less than **nine (9) months** before the expiry of the date of accreditation.

In the full accreditation exercise, the feedback processes between the Agency and the HEPs are communicated through the panel's oral exit report and a written accreditation report presented in a spirit of transparency and accountability to reinforce continual quality improvement.

The accreditation report aims to be informative. It recognises context and allows comparison over time. It discerns strengths and areas of concern as well as provides specific recommendations for quality enhancement in the structure and performance of the HEPs, based on peer experience and the consensus on quality as embodied in the standards. If the HEP fails to achieve accreditation for the programme and it is unable to rectify the conditions for the rejection, MQA will inform the relevant authorities concerned for necessary action to be taken.

### 3.1 Submission of documents

The HEP needs to submit documents comprising of updated programme information and other relevant supporting documents to MQA as follows:

Stage	Date of document submission	Documentation		
		Name of Document	Code/ Form	Copies
Full accreditation	For master (1 year): Not less than six (6) months prior to the graduation of the first cohort.  For doctorate: Not less than nine (9) months prior to the graduation of the first cohort.	Application for Full Accreditation of programme	Form B	1 copy
		Database containing - i. Part A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER [Can access this information from the MQA website.] ii. Part B: PROGRAMME DESCRIPTION iii. Part C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS	MQA 02 -Dental	Softcopies (5 set of Flash drive and any suitable cloud storage)
		Assessment Rubric for Accreditation of Postgraduate Dental Specialty Dental Degree Programme -self-rating		
		Other supporting documents such as reports on actions taken on findings of previous accreditation visit		softcopies

The guide to preparing the programme database document is given in Section II: Standards and Criteria for Postgraduate Dental Programmes & Guidelines for Preparation of Database. The assessment Rubric must be filled by rating each of the criteria as part of a self-review report.

### 3.2 Verification of documents

The MQA will verify the completeness of documents submitted by the HEP in accordance with the stipulated requirements. If the documents are complete, the MQA will forward it to the secretariat of the JTCEDSP. If the documents are incomplete, the HEP will have to resubmit them as required by the MQA.

### **3.3 Panel of assessors**

The JTCEDSP will propose the names of the PoA to the MQA as indicated in Section IV.

### **3.4 Desktop assessment**

The PoA will assess the programme information submitted by the HEP for compliance to the standards as stipulated in the “Standards and Criteria for Programme Accreditation – Postgraduate Dental Programme (Section II). The HEP may need to submit additional documents as requested by the PoA for assessment. If the information in the accreditation documents complies with the standards, the PoA shall conduct a visit to the institution.

### **3.5 Accreditation visit**

The PoA will conduct a visit to the institution in accordance with Section IV to assess for compliance to the accreditation standards.

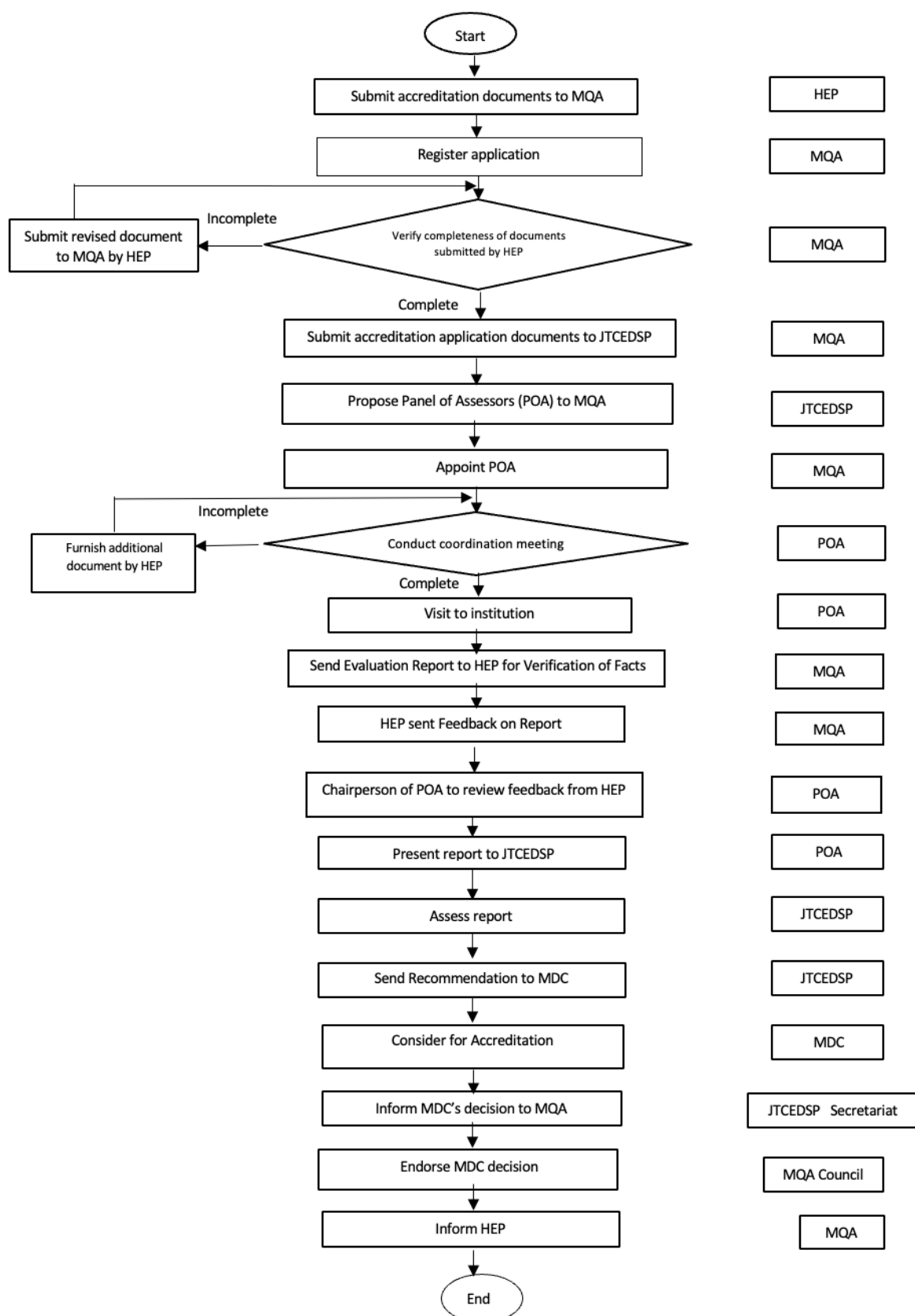
### **3.6 The accreditation report**

Based on the visit and evaluation of the accreditation documents, the PoA will prepare a report in accordance with the “Guide to Preparing Accreditation Report” (Section V).

The chairman of the panel will then make a presentation to the JTCEDSP. The members of the PoA (including the observer) may be present during the presentation. After the presentation, PoA might be asked to make necessary amendments to the report. Upon deliberation, the JTCEDSP recommendations will be forwarded to the MDC for endorsement. The MDC will inform the MQA of its decision.

Flowchart on the procedures for the Full Accreditation Process is in Figure 2.

**Figure 2: Flowchart for the Full Accreditation Process**



#### **4) GRANTING OF ACCREDITATION**

##### **4.1 PROVISIONAL ACCREDITATION**

Upon issuance of certification of provisional accreditation by MQA, in order to start a postgraduate degree programme, the HEP needs to submit their application together with other relevant documents required by MoHE for approval.

##### **4.2 FULL ACCREDITATION**

The maximum duration that can be granted for initial Full Accreditation is **six (6) years**. The maximum period for renewal of Full Accreditation status is **six (6) years**. Subsequently the HEP must apply for renewal of its accreditation not less than **nine (9) months** before the expiry of the date of accreditation.

Upon endorsement by MDC, the qualification for the doctorate programme will be listed as a recognised specialist qualification for graduates to apply to be registered in the Specialist Division of Dental Register.

#### **5) MONITORING VISITS**

After the HEP obtains provisional or full accreditation, monitoring visits may be conducted upon the decision by the MDC to ensure all issues identified are addressed by HEP.

If a HEP is found to be non-compliant to the standards, MDC may, upon recommendation of the JTCDESP, at any time, withdraw the approval for accreditation granted under Section 55 (1) of Act 679, Malaysian Qualifications Agency Act 2007.

#### **6) APPEAL**

For **Provisional Accreditation**, an appeal against a decision of the MQA Accreditation Committee should be submitted to the Department of Higher Education, Ministry of Higher Education for the consideration by the Minister of Higher Education.

For **Full Accreditation**, an appeal against the decision of the MQA Accreditation Committee should be submitted through the MQA for consideration by the Appellate Body set up by the MDC.



**SECTION IV**

**GUIDE FOR THE CONDUCT OF  
PROGRAMME EVALUATION VISIT**

## **SECTION IV: GUIDE FOR THE CONDUCT OF PROGRAMME EVALUATION VISIT**

### **1) INTRODUCTION**

This guide sets out the procedures for conducting a programme evaluation. The procedures are categorized into three (3) parts; before, during and after the evaluation visit.

The purposes of conducting a programme evaluation are to:

- i. determine compliance of the programme implementation to the stipulated standards and criteria of Postgraduate Dental Degree Programmes
- ii. validate the database and seek additional information that may be inadequate in the submitted documents
- iii. recommend necessary improvements and accreditation status of the programme

### **2) PROCEDURES BEFORE THE EVALUATION VISIT**

The procedures include:

- i. Notification of accreditation visit by MQA
- ii. Preparation for PoA visit by the faculty/HEP
- iii. Role of the PoA

#### **2.1 Notification of accreditation visit by MQA**

- a. MQA will notify the HEP (Dental Faculty) ahead to enable adequate preparation of documents.
- b. The HEP must submit the most current data. Failure to submit appropriate documents will delay the accreditation process and affect the registration of graduates.
- c. The timing of documents submission and evaluation visit is based on the type of evaluation as follows:

TYPE OF VISIT		TIMING OF SUBMISSION	TIMING OF VISIT	AIM OF VISIT
i.	Provisional accreditation visit	Determined by HEP - Check the information on the MQA website for document submission	Within three (3) months after submission of completed documents (verified by MQA)	To determine the readiness of the HEP (faculty) to commence the programme as planned
ii.	Full accreditation visit	For master (1 year): Not less than <b>six (6) months</b> prior to the graduation of the first cohort.  For doctorate: Not less than <b>nine (9) months</b> prior to the graduation of the first cohort.	For master (1 year): Not less than <b>three (3) months</b> prior to the graduation of the first cohort.  For doctorate: Not less than <b>six (6) months</b> before the 1 <sup>st</sup> cohort graduates.	To verify compliance to accreditation Standards and Criteria
iii.	Renewal of accreditation visit	Not less than <b>nine (9) months</b> before the expiry of the date of accreditation.	Not less than <b>six (6) months</b> before the expiry of current accreditation period.	To verify compliance to accreditation Standards and Criteria

d. The above visits are conducted during active teaching-learning sessions.

## 2.2 Preparation for PoA visit by the HEP (Faculty)

- a) The HEP (faculty) must appoint a liaison officer preferably a relatively senior academic staff to act as a link between the Faculty and the PoA throughout the visit. The liaison officer is expected to accompany the PoA in respective site visits such as hospital, library, classrooms, and other facilities.
- b) The Dean / representative shall prepare a tentative schedule for the visit to MQA so that PoA can further deliberate on the suitability of dates and time durations.

- c) The Dean shall provide a room with necessary facilities for PoA:
  - this room serves as an office for PoA and the liaison officer
  - it should be equipped with necessary office equipment
  - all information in this room is made accessible to the PoA
  
- d) The PoA is tasked to obtain information regarding adequacy of programme such as students' counselling on academic and personal matters, health services, financial aid, student feedback on institutional policy. Therefore, the HEP (Faculty) must arrange appropriate venue to enable meeting with the following categories:
  - students;
  - support staff (clinical and non-clinical); and
  - academic staff.

## **2.3 Role of Panel of Assessors (PoA)**

### **a. Selection of the PoA**

The selection of members of the PoA is guided by the type, level and discipline of the programme to be assessed, and by the availability, suitability, expertise, experience and neutrality of the prospective panel members. Wherever possible, the members of PoA must be specialists in the field. In the event there is restriction in the number of specialists in the field, at least one (1) must be specialist in the field while the rest of the PoA can be specialists in the related field, and if no specialist from the related field is available, the PoA can be appointed from any specialty. Members must be from different sectors and/or organisations, wherever possible.

### **b. Appointment of PoA**

The chairperson and at least two (2) other members of the PoA will be appointed by MQA on the recommendation of Joint Technical Accreditation Committee (JTCEDSP). The chairperson must be a specialist in the field recognised by MDC. The membership of PoA must have a balance of expertise in health services and community interest, and free of any conflict of interest.

### **c. Tasks and responsibilities of PoA**

MQA provides the documents to PoA at least **TWO (2) Weeks** before date of visit for desktop assessment. PoA will also be equipped with the document on the guidelines for the accreditation.

### **d. Role of the chairperson**

The chairperson is the key person in the accreditation process and should have experience as an assessor. The chairperson has the responsibility to create an atmosphere in which critical professional discussions can take place, where opinions can be liberally and considerably exchanged whereby integrity and transparency prevail. The mode and accomplishment of the accreditation exercise depends on the ability of the chairperson to facilitate the panel to carry out its work as a team rather than as individuals, and to bring out the best in those whom the panel meets.

The specific roles of the chairperson are to:

- serve as the spokesman of PoA during the visit by leading the deliberations,
- brief the panel members, including the observer, on the conduct and professionalism during the entire accreditation process,
- ensure attention be paid to comments made based on due compliance to quality assurance standards as stipulated in the *Standards and Criteria for Accreditation for Postgraduate Dental Degree Programmes*,
- present the oral exit report that summarizes the tentative findings of PoA to the Dental Faculty/HEP,
- compile the draft report,
- involve actively in preparing the reports, ensuring the details of the oral exit report is not materially different from the final report, and
- present the final report to JTCEDSP.

### **d. Role of members of PoA**

Panel members shall assist the chairperson in collecting and recording additional data and findings during the visit, jointly prepare the report and review the draft. In reviewing the documents, PoA should refer to the Standards and Criteria for Accreditation of Postgraduate Dental Degree Programmes.

## **2.4 Preparation for the visit by the PoA**

The procedures include desktop assessment meeting, confirmation of the schedule of visit and proposed conduct of visit.

PoA must conduct a desktop assessment meeting to:

- i. scrutinize the database and other relevant documents including previous PoA reports to verify information of the documents
- ii. clarify issues identified in the above documents
- iii. enumerate questions for clarification
- iv. list further information required
- v. determine the data and information from the database that needs verification during the visit.

During this meeting, PoA must also confirm the schedule of visit to be given to the HEP.

List of any additional information/documents required by PoA must be given to HEP and HEP will be given two weeks to prepare these documents. Additional documents can either be submitted to MQA and can be made available during the visit.

## **3) PROCEDURES DURING THE EVALUATION VISIT**

The procedures include schedule of visit, decorum and conduct of PoA and presentation of the oral exit report.

### **3.1. Schedule of visit**

- a. MQA provides the Dental Faculty/HEP a tentative schedule as agreed earlier by PoA. This schedule is at mutually acceptable dates.
- b. A minimum duration of **TWO (2)** days is allocated for the visit for FULL accreditation, while for PROVISIONAL ACCREDITATION, the minimum duration is ONE (1) day.
- c. PoA meets the senior management of the Faculty/HEP as well as individuals and committee members responsible for the programme. Topics for discussion include those indicated in the standards and criteria. The PoA also meets students, academic and support staff.

- d. PoA inspects physical resources and facilities including teaching and research, computer-assisted learning facilities, library, community clinics, general practice settings and hospitals.
- e. The first and last hour of each day is set aside for members of PoA to meet as a group.
- f. The Schedule of Visit as in Appendix SIV-1 provides an example of the schedule of the site visit.
- g. The findings by the respective team members should be submitted to the Chairperson. These findings will be consolidated into a preliminary report by the Chairperson for the exit meeting.
- h. In the schedule of visit, just before the oral exit meeting, there should be a session whereby the chairperson shall give the Dean and senior staff of the faculty the opportunity to clarify any findings or correct any issues or error. During this meeting, the dean is given the opportunity to express its views with regard to the findings of the report.

### **3.2 Decorum and conduct of PoA**

- a. The PoA must be professional in approach, be helpful to the faculty and uphold the spirit of collegiality as accreditation is a peer review process which is positive and not punitive.
- b. The guidelines on the decorum and conduct of PoA are described in the latest version of “Kod Etika Panel Lantikan MQA”.
- c. At the faculty/HEP, the chairperson explains the purpose of the visit and introduces the PoA.
- d. All interviews are conducted with the knowledge of the Dean with or without his presence to ensure dissenting views can be freely expressed without being attributed to individuals.
- e. PoA must always remember that they are guests to the faculty/HEP, best not to be confrontational or get into arguments.

- f. The role of PoA is to evaluate, thus must overcome the inclination to compare the visit with their own institution. PoA must not play the role of consultants. They should encourage innovation and re-orientation in accordance with changing health needs.
- g. PoA must validate the database and look for consistency in a programme. PoA must ensure that the evaluation of a program is done fairly and honestly. All statements, opinions and conclusions must be made based on reference to quality assurance documents developed by MQA such as MQF, COPPA, GGP and program standards.
- h. All information gained during the visit is **ABSOLUTELY CONFIDENTIAL**, there must be no sharing of information outside of the report. There must be no additional comments apart from what is stated in the report.
- i. At the end of each day, PoA meets to arrive at a consensus on areas of concerns. These must be validated with the Standards and Criteria and presented at the exit meeting.

### 3.3 Oral exit report

- a. The chairperson gives the oral exit report to the institution at the end of the accreditation visit. It serves to provide immediate feedback prior to the final report.
- b. The oral exit report highlights the unique areas of strength and encourage distinctive activities/efforts of the faculty in the management of the programme. It also emphasizes the areas of concerns which are directly linked to non-compliance with standards.
- c. The chairperson should advise the HEP (faculty) that the oral exit report is only a preliminary report and **not** the final report or decision of MDC.

## 4) AFTER THE EVALUATION VISIT

The PoA is responsible for consolidating the findings, preparing a comprehensive report and making recommendations. Assessment rubric shall be used as a **GUIDE** in determining the eligibility of the accreditation period (Refer to Assessment Rubric for Accreditation of Postgraduate Dental Specialty Dental Degree Programme).



The report and assessment rubric shall be submitted to the Secretariat of JTCEDSP and present the findings at a determined date.

#### 4.1 Writing the report

- a. The draft report must be prepared according to Section V – Guide to Preparing Accreditation Report. It emphasizes the description and evaluation of the programme and document noteworthy strengths and weaknesses supported by documentation. Appropriate references should be made to the database.
- b. It is advisable that the draft report be completed by the end of the visit. This will facilitate the secretary to prepare the final version of the draft report.
- c. The PoA may propose to JTCEDSP one of the following recommendations:

No	Provisional Accreditation	Full Accreditation	Full Accreditation (Renewal)
i.	Award the Provisional Accreditation.	<p>Award the Full Accreditation.</p> <p>The recommended duration of Full Accreditation is for ____ years, from ____ until ____.</p>	<p>Award the Full Accreditation (Renewal).</p> <p>The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.</p>
ii.	<p>Award the Provisional Accreditation with conditions (minor non-compliance)</p> <p><b>List of minor non-compliance (score 3):</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>	<p>Award the Full Accreditation with conditions (with minor non-compliance)</p> <p>The recommended duration of Full Accreditation is for ____ years, from ____ until ____.</p> <p>Where applicable: Monitoring visit/ assessment is required in ____ year(s).</p>	<p>Will be awarded the Full Accreditation (Renewal) with conditions (with minor non-compliance)</p> <p>The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.</p> <p>Where applicable: Monitoring visit/assessment is required in ____ year(s).</p>

		<b>List of minor non-compliance (score 3):</b>  1.  2.	<b>List of minor non-compliance (score 3):</b>  1.  2.
iii.	Denial of Provisional Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.

#### 4.2 Assessment rubric

The rating for this rubric is based on the Five (5) Likert scale. Score 4 refers to the score in compliance to the standard, score 5 refers to the score where HEP has obtained over and above (strength) stipulated by the standard.

The mandatory items refer to criteria that must be fulfilled by the HEP to be awarded the full accreditation. The PoA must ensure that these items are assessed and documented (if there is non-compliance).

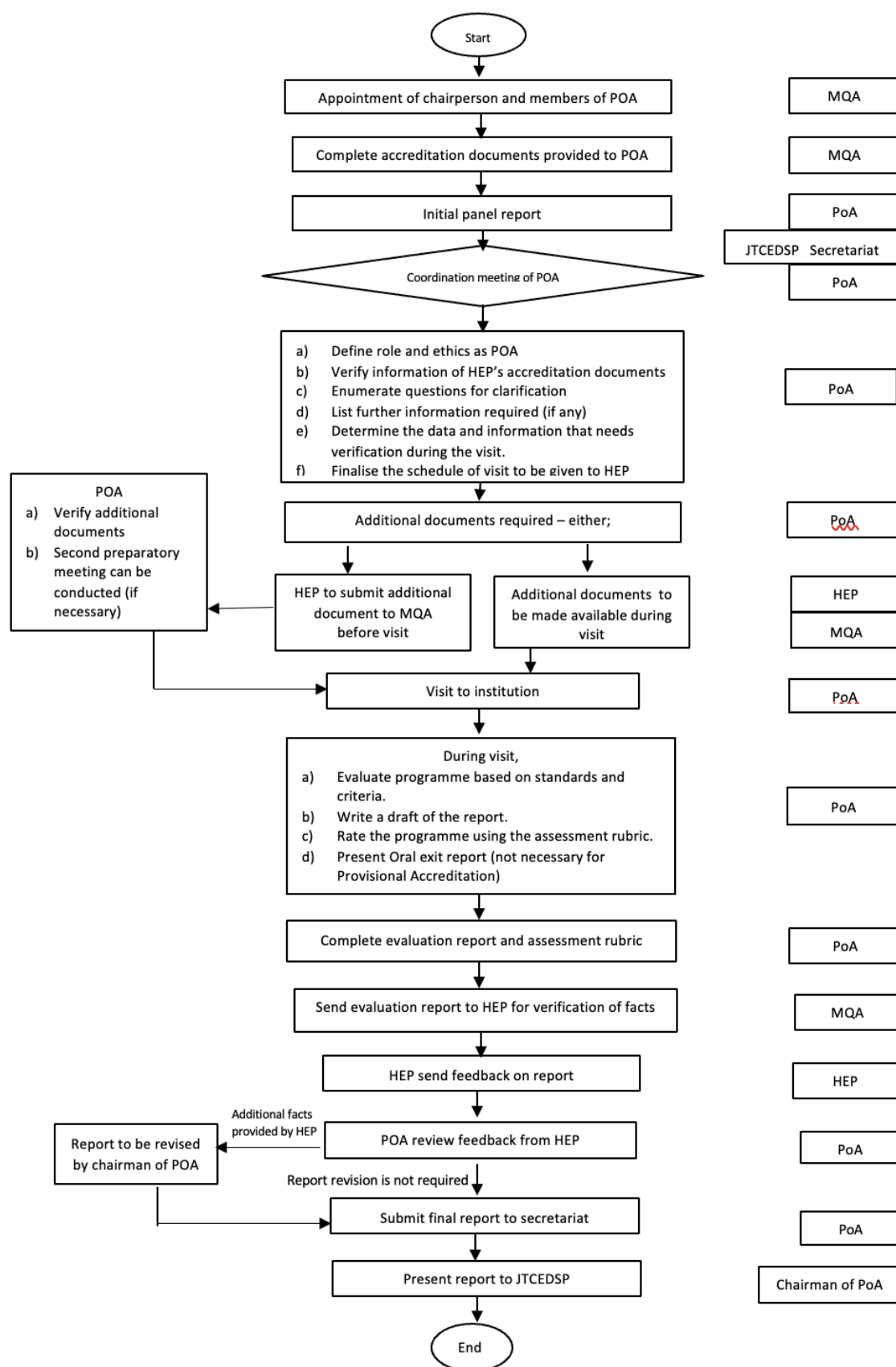
The total weighted score is the basis for eligibility of the accreditation period. The eligibility period is also determined by the condition as stated in the rubric.

#### **4.3 Final report**

- a. For provisional accreditation, the final draft of the report will be sent to HEP to obtain feedback/rebuttal/improvement taken (without the recommendation). HEP must submit their feedback within 14 days of receipt of report.
- b. For full accreditation, the final draft of the report will be sent to HEP for verification of facts in the report. HEP must give feedback within 14 days of receipt of report.
- c. The Chairman of PoA will review feedback from HEP, and update the report, if necessary. The additional information/feedback, if accepted, can added in the report and presented as an addendum to the final report.
- d. This final report as endorsed by the Chairperson is sent to the Secretariat of JTCEDSP TWO (2) weeks after the visit.
- e. This report is **CONFIDENTIAL** and must not be released to anyone without authorization by JTCEDSP.
- f. The report by PoA does not necessarily represent the final recommendation from JTCEDSP.
- g. After presentation at JTCEDSP, the committee will table its recommendation at the MDC meeting for approval.
- h. The secretariat of JTCEDSP notifies MQA of the decision made by MDC.

- i. It is important to note that the accreditation status of the HEP is public information but the report of the findings and deliberations of PoA and JTCEDSP / MDC are **CONFIDENTIAL**.
- j. The chairman of the panel will then make a presentation to the JTCEDSP. The members of the PoA (including the observer) may be present during the presentation. After the presentation, PoA might be asked to make necessary amendments to the report. Upon deliberation, the JTCEDSP recommendations will be forwarded to the MDC for endorsement. The MDC will inform the MQA of its decision.
- k. Summary of the roles and responsibilities of PoA is in Figure 3.

**Figure 3: Flowchart for PoA**





## **5) CONCLUSION**

The evaluation of a dental postgraduate programme is conducted by a PoA appointed by MQA. Panel members must be aware of their respective roles and conduct the evaluation with decorum and ensure no conflict of interest in performing the task. All information obtained during the visit must be treated with strict confidentiality. The oral exit report is merely a preliminary report that the Chairperson must present to the dental HEP (faculty). The final report is the prerogative of MQA.

**SECTION V:**

**GUIDE TO PREPARING  
ACCREDITATION REPORT**



## SECTION V: GUIDE TO PREPARING ACCREDITATION REPORT

### 1) INTRODUCTION

One of the roles of the Panel of Assessors (POA) is to prepare an accreditation report for the Joint Technical Committee for Accreditation (JTCEDSP). They are guided by the suggested format as described below. This format is to be used for both the provisional and full accreditation of a programme.

The purpose of the accreditation report is to:

- i. provide a clear picture of the dental faculty's environment, its objectives, programme organisation, students, resources, and educational outcomes;
- ii. identify the strengths of the institution;
- iii. document any concerns of the PoA including opportunities for improvement;
- iv. note major changes, recently implemented or underway, especially those that should be followed up.

### 2) FUNDAMENTAL PRINCIPLES

The PoA are appointed by the MQA to act on its behalf in carrying out the evaluation of a Dental Postgraduate Programme. The information obtained in this exercise is privileged information and need to be considered strictly **confidential**. The report belongs to MQA and shall not be given to other parties without prior approval of MQA and the consent of the education institution concerned.

The audiences of the report are the MQA, JTCEDSP and the Malaysian Dental Council (MDC). These committees/agencies expect a clear, concise and defensible report for their understanding to arrive at a fair decision with regard to the programme. It is the responsibility of the PoA, through its report, to ensure the credibility and stature of these committees/agencies.

### 3) ROLE OF PANEL OF ASSESSORS

Each team member of the PoA will be given specific tasks and responsibilities in the preparation of the report as outlined in this guide.

The final report should include a description of the assessment based on guidelines of the Standards and Criteria outlining the strengths, areas of concern and opportunities for

improvement. Relevant supporting documents should be included as appendices. This may include figures and tables from the database. In-text references to appendices, tables and figures should be indicated in the report. Any concerns must be presented in a tactful manner. An executive summary of the report should also be included.

The Chairperson is responsible for retaining the copies of the related documents provided during the visit for reference when required.

The report should be prepared in the prescribed template (obtained from JTCEDSP secretariat).

The Chairperson should circulate the draft of the final report to all members.

The draft of the final report must be completed within 14 days after the visit.

The draft of the final report will be forwarded to the HEP through MQA. The conclusion and recommendation section must not be included in the forwarded report.

Duration of response by HEP:

- a) For Provisional Accreditation, the HEP has fourteen (14) days to respond to MQA. The HEP is given one opportunity to rebut and provide additional evidence/information where applicable.
- b) For Full Accreditation, the HEP has seven (7) days to respond to MQA. The response must only be for verification of facts, with no introduction of **new** evidence/information.

HEP will forward their response to MQA who will then forward the report to the PoA to be finalised.

The final report, bearing the signature of all the PoA, inclusive of the conclusion and recommendation, should be submitted to the Secretariat of JTCEDSP through the MQA representative seven (7) days after receiving the feedback.

#### **4) FORMAT OF THE ACCREDITATION REPORT**

The accreditation report consists of cover, cover page, executive summary, memorandum and the full report.

##### **4.1 Cover**

The cover should indicate the title of the report and the MQA reference number. (Appendix SV-1)

## **4.2 Cover Page**

The cover page must contain the following information:

- a. The title of the report (indicate whether it is a Full or Provisional Accreditation)
- b. Name of HEP:
- c. Name of Programme:
- d. Reference No.:(As indicated in the letter from MQA)
- e. Date of site visit (Indicate date of site visit by the PoA)
- f. Include the statement “Prepared by: The Panel of Accreditation for the Malaysian Dental Council and the Malaysian Qualifications Agency”
- g. At the bottom most of the page include the statement “*This privileged communication is the property of the Malaysian Qualifications Agency.*” (Appendix SV-1).

## **4.3 Memorandum**

The memorandum is a written report duly prepared and signed by the Panel of Assessors (PoA) especially for the Joint Technical Committee for Evaluation of Dental Specialty Programme (JTCEDSP). An example of a memorandum is presented in Appendix SV-1.

## **4.4 Executive Summary**

The executive summary is a short document or section that serves as a preface to the report. It provides a general perspective to the reader on the report so that the reader can rapidly become acquainted with a large body of facts and information.

The executive summary of this report briefly outlines the strengths, areas of concern, opportunities for improvement as well as conclusion and recommendations. The format for the executive summary is presented in Appendix SV-1.

## **4.5 The Accreditation Report**

The full accreditation report should consist of sub-headings as follows

- Purpose
- Introduction
- Objective
- Acknowledgement
- Background
- Process of Accreditation

- Findings in relation to Standards and Criteria
- Conclusion and Recommendations
- Appendices

An example of the accreditation report is presented in Appendix SV-1.

This format can also be adapted for the provisional, surveillance and monitoring visits.

## **5) CONCLUSION**

The PoA must be familiar with the standards and criteria of the Postgraduate Dental Programme or so that they can provide a report that is clear and defensible. The report reflects the credibility and stature of the accreditation body.

**SECTION VI:**

**GUIDELINES TO  
CURRICULUM REVIEW**

## **SECTION VI: GUIDELINES TO CURRICULUM REVIEW**

### **1) INTRODUCTION**

A curriculum should be reviewed regularly. It is to ensure that the content of the courses remains current and relevant. It is also to enhance student experiences, engagements and outcomes. This requirement is stipulated in the COPPA Dental Postgraduate Dental Degree Programme, Area 7 (7.1) on Mechanisms for Programme Monitoring, Review and Continual Quality Improvement. The Malaysian Qualifications Agency (MQA) in its letter dated 8 March 2018 also reminded the Higher Education Providers (HEP) to notify MQA if changes to the reviewed curriculum exceeds 30%. However, there was no specific guideline in quantifying the percentage of changes. An instrument to determine the proportion of change in a curriculum was adapted from the assessment calculator used by a local HEP. This instrument facilitates scoring the level of change in a curriculum review. This section sets out to outline the components of the curriculum; assessment of need for the curriculum review; the analysis on percentage of change in the curriculum revision using the assessment calculator, and the compilation of data and information that are required to be submitted in the process of curriculum review.

### **2) CURRICULUM**

A curriculum is a blueprint for an educational programme. It outlines all the experiences of a student under the guidance of the educational staff to achieve the programme's goals. Every programme must have a curriculum. It consists of the following components:

- a. General information of the programme
- b. Background of the programme
- c. Goals and Objectives
- d. Educational philosophy of the programme
- e. Vision and mission
- f. Programme Educational Objectives (PEO)
- g. Programme Learning Outcome (PLO)
- h. Instructional Design
- i. Course structure
  - i. List of courses
  - ii. Course outline/information (Table 4 Excel MQA)
- j. Student Learning Time (SLT)
- k. Teaching-learning methods

- l. Other relevant information
- m. Assessment of Students
- n. Assessment Methods
- o. Grades
- p. Professional Examination
- q. Other relevant information

### **3) NEEDS ASSESSMENT FOR CURRICULUM**

The curriculum review process should be conducted at least every 5 years. The process of review can begin earlier. Before embarking on the review of the curriculum at the faculty level, a Curriculum Review Committee must first be established. The HEP (Faculty) must consult relevant stakeholders in the development of the revised curriculum. The stakeholders include the Ministry of Health, Ministry of Defence, Institutions of Higher Education, Professional Associations, Professional Bodies and Alumni. It can subsequently proceed to assess the need for change to the existing curriculum. This assessment should consider the overall strategic plan, including considerations related to the curriculum, programmes, resources, budget, staffing, and the output and outcomes of the programme. The curriculum review process involves gathering feedback from both the cohort graduates and employers. This feedback will contribute to the comprehensive evaluation of the curriculum.

The Curriculum Review Committee should take several actions to conduct a comprehensive review of the curriculum, including:

- a. consulting with teaching staff, support staff, graduates, and students to gather their input and feedback on the current curriculum;
- b. soliciting feedback from other stakeholders, including supervisors of graduates, to gain a broader perspective on the effectiveness of the programme; and
- c. documenting all consultations and feedback received to provide a clear record of the review process.

These steps as outlined above facilitates the Curriculum Review Committee to collate valuable data, information, insights and perspectives for necessary changes to the curriculum.

### **4) CURRICULUM REVISION PERCENTAGE ANALYSIS**

One of the requirements of accreditation is for the Higher Education Providers (HEP) to notify MQA if changes to the curriculum involve more than 30%. This requirement was specified in a

letter to all HEP on 8 March 2018 (*Surat Makluman MQA Bil. 4/2018, reference no. MQA.100-1/7/2 Jld.2(7)*). It stated that if there are structural changes to the programme information exceeding 30% from the original curriculum, the HEP must notify MQA in writing.

To ensure objectivity in determining the percentage of change in a curriculum review, the curriculum revision percentage analysis used by a local public institution was adapted for this purpose. It is an objective analysis of the level of change in a curriculum and incorporates part of the existing rating system.

The changes to the curriculum could involve any of the following components:

- a. Visions, Missions, and Objectives;
- b. PEOs, PLOs and CLOs;
- c. Curriculum Structure;
- d. Teaching-Learning Approach; and
- e. Assessment Strategy.

Any changes made to the curriculum should be analysed using the curriculum revision percentage analysis (the assessment calculator endorsed by MDC). Actions need to be taken based on the score obtained.

**If the score obtained is 30% or below, the following actions need to be taken:**

- i. Seek approval of the revised curriculum for implementation from the Senate of the respective HEP. The curriculum can be implemented upon approval from the Senate.
- ii. The HEP should inform the MDC through MQA the outcome of the curriculum based on the assessment calculator. This evidence should be attached together with the letter.

**If a score of above 30% is obtained, the following actions need to be taken:**

- i. The HEP must submit the following documents to the MDC through MQA:
  - a. the Curriculum Review document (Part A and B)
  - b. the assessment calculator and its results.
- ii. A desktop assessment should then be carried out by the PoA appointed by MQA. The panel may recommend that the new curriculum:
  - a. be accepted to be implemented with no changes; or
  - b. needs minor amendments.



- iii. Two panel members from the specialty will be appointed to assess the revised curriculum.
- iv. The curriculum review report (Appendix SVI-1 Borang M-MQA) from the panel will be tabled at the JTCEDSP meeting for its recommendation and submitted to MDC for decision.
- v. The outcome will be forwarded to MQA to inform the HEP.

The HEP is encouraged to continually review the curriculum.

## **5) CURRICULUM REVIEW DOCUMENT SUBMISSION**

The HEP needs to provide essential information on the programme and several documents related to curriculum review. The document must include the following:

### **A. Background Information**

1. Name of Institution (University)
2. Name of responsible entity (faculty/school/kulliyah)
3. Name of the programme (as in the scroll to be awarded)
4. MQF level
5. Graduating credit and total SLT
6. Mailing and website addresses (University)
7. Telephone and fax numbers, email addresses (University)
8. Name of Curriculum Review Committee Coordinator, telephone number, fax number and email address.
9. Details of curriculum review:
  - a. Frequency of curriculum review (since the last approval by MDC):
  - b. Date of last review:
  - c. Summarise the major changes in the previous curriculum review
10. Entry requirement
11. Duration of study:

Item	Semester					
	1	2	3	4	5	6
Study/teaching week (includes revision and assessment week)						
Total weeks for all semesters						
No of years						
Minimum duration of study (year)						
Maximum duration of study (year)						

#### **B. Information on Curriculum Review**

- a) Brief description on the review of the curriculum of the institution
- b) Justification for review of curriculum
- c) The details of the proposed curriculum revision (Refer to description in no. 2) Curriculum).
- d) Comparison of the curriculum content, teaching-learning methods and new assessment methods/format of the existing curriculum and the newly proposed curriculum (Use Appendix SVI-1 Borang M-MQA for these purpose).
- e) Curriculum revision percentage analysis (attach the Assessment calculator endorsed by MDC. To be obtained from MDC website).

#### **6) CONCLUSION**

The curriculum review is to ensure the curriculum aligns with the needs of the community and developments in the field of dentistry. It should be conducted in an objective manner. It is crucial for the HEP to comply with the submission requirements to facilitate assessment. The HEP is encouraged to consistently review the curriculum, and any proposed changes should be evaluated using the curriculum revision percentage analysis (assessment calculator). The subsequent actions by the HEP will depend on the score obtained through this assessment.

## APPENDICES

### SECTION 1

#### Appendix SI-1 – Approved programme titles and abbreviations for doctorate degrees.

No	Specialty programme	Abbreviation
1.	Doctor in Dental Public Health	DrDPH
2.	Doctor in Endodontology	DrEndo
3.	Doctor in Forensic Odontology	DrForensicOdont
4.	Doctor in Oral Maxillofacial Pathology and Oral Medicine	DrOMPathMed
5.	Doctor in Oral and Maxillofacial Surgery	DrOMFS
6.	Doctor in Orthodontics	DrOrth
7.	Doctor in Paediatric Dentistry	DrPaedDent
8.	Doctor in Periodontology	DrPerio
9.	Doctor in Prosthodontics	DrProsthodont
10.	Doctor in Restorative Dentistry	DrResDent
11.	Doctor in Special Care Dentistry	DrSCDent
12.	Doctor in Oral Medicine	DrOrMed
13.	Doctor in Oral and Maxillofacial Radiology	DrOMFR

## **SECTION II**

### **Appendix SII-1 – Learning Taxonomy for Educational Objectives - Malaysian Edition for Dental Programme**

#### **Introduction:**

- 1) The Learning Taxonomy for Educational Objectives - Malaysian Edition for Dental Programme is to be used for formulation of learning outcomes of the dental curriculum.
- 2) The assessment methods must be appropriate and aligned to the level of taxonomy within Cognitive, Psychomotor or Affective domains to ensure that dental students achieve the stipulated level in the competencies of the new dental graduates at both undergraduate and postgraduate levels.
- 3) The selection of choice of verbs to be used pertains specifically to the construction of learning outcomes rather than the development of questions.

COGNITIVE				
Level		Description	Activities	Choices of verbs to be used
REMEMBER	C1	Retrieving relevant knowledge from long-term memory	1.1 Recognising 1.2 Recalling	Choose, Define, Describe, Enumerate, Find, Give, Identify, Label, List, Locate, Name, Omit, Recall, Relate, Select, State
UNDERSTAND	C2	Determining the meaning of instructional messages, including oral, written, and graphic communication	2.1 Interpreting 2.2 Exemplifying 2.3 Classifying 2.4 Summarizing 2.5 Inferring 2.6 Comparing 2.7 Explaining	Classify, Compare, Contrast, Comprehend, Demonstrate, Describe, Distinguish, Discuss, Explain, Extend, Identify, Indicate, Illustrate, Infer, Interpret, Outline, Relate, Rephrase, Show, Summarise, Translate, Review, Report
APPLY	C3	Carrying out or using a procedure in a given situation	3.1 Executing 3.2 Implementing	Apply, Arrange, Build, Classify, Choose, Construct, Demonstrate, Design, Develop, Establish, Execute, Identify, Illustrate, Implement, Interview, Model, Modify, Organise, Plan, Produce, Select, Solve, Show, Prepare, Relate, Use, Utilise
ANALYSE	C4	Breaking material into its constituent parts and detecting how the parts relate to one another and to an overall structure or purpose	4.1 Differentiating 4.2 Organising 4.3 Attributing	Analyse, Appraise, Categorise, Classify, Compare, Conclude, Contrast, Design, Differentiate, Discriminate, Dissect, Distinguish, Divide, Examine, Infer, Inspect, Interpret, Investigate, Justify, List, Outline, Predict, Prescribe, Relate, Simplify, Specify, Suggest, Summarise
EVALUATE	C5	Making judgements based on criteria and standards	5.1 Checking 5.2 Critiquing	Appraise, Assess, Choose, Compare, Conclude, Consider, Critique, Decide, Deduce, Defend, Determine, Discuss, Disprove, Estimate, Evaluate, Exclude, Explain, Interpret, Judge, Justify, Mark, Measure, Prioritise, Prove, Rate, Recommend, Relate, Select, Support, Summarise, Value, Validate, Weigh
CREATE	C6	Putting elements together to form a novel, coherent, whole or make an original product	6.1 Generating 6.2 Planning 6.3 Producing	Adapt, Arrange, Assemble, Build Change, Choose, Combine, Compile, Compose, Construct, Create, Devise, Design, Develop, Elaborate, Estimate Formulate, Fabricate, Generate, Hypothesise, Integrate, Innovate Improve, Invent, Maximise Minimise, Modify, Organise Originate, Plan, Predict, Propose, Produce, Revise, Solve

**Cognitive Domain:** is based on Anderson & Krathwohl (2001). Krathwohl (2002),

Anderson, Krathwohl, Airasian, Cruikshank, Mayer, Pintrich, Raths, Wittrock, (2000); Pohl, (2000). This new taxonomy reflects a more active form of thinking and is perhaps more accurate.

PSYCHOMOTOR			
Level		Description	Choices of verbs to be used
PERCEPTION	P1	The ability to use sensory cues to guide motor activities	Choose, Describe, Detect Differentiate, Distinguish, Identify, Isolate, Select, Relate
SET	P2	The readiness to act	Begin, Display, Explain, Proceed, React, State, Show Volunteer
GUIDED RESPONSE	P3	Observe and imitate action or activity	Copy, Follow, Trace, React, Respond, Reproduce
MECHANISM	P4	Perform activity or task with some confidence and proficiency	Assemble, Calibrate, Construct, Demonstrate, Dismantle, Display, Fasten, Fix, Grind, Heat, Manipulate, Measure, Mend, Mix, Organize, Sketch
COMPLEX OVERT RESPONSE	P5	Perform activity or task proficiently	Assemble, Calibrate, Construct, Build, Diagnose, Display, Demonstrate, Dismantle, Integrate, Mend, Fasten, Formulate, Manipulate, Mix, Measure, Organize, Perform, Sketch,
ADAPTATION	P6	Coordinate and modify activity or task to address new situations	Adapt, Alter, Change, Rearrange, Reorganize, Revise, Vary
ORIGINATION	P7	Create and execute new technique or task	Arrange, Build, Create, Combine Compose, Construct, Design, Initiate, Originate

**Psychomotor domain:** is based on Simpson's and Harrow's (1972). The seven major categories are listed from the simplest behaviour to the most complex.

<b>AFFECTIVE</b>			
<b>Level</b>		<b>Description</b>	<b>Choices of verbs to be used</b>
<b>RECEIVING PHENOMENA</b>	<b>A1</b>	Willing to listen and experience	Ask, Choose, Describe, Give, Identify, Locate, Follow, Hold, Point to, Reply, Name, Select, Use
<b>RESPONDING TO PHENOMENA</b>	<b>A2</b>	Participate willingly	Aid, Answer, Assist, Comply, Conform, Discuss, Greet, Help, Perform, Practice, Present, Read, Report, Select, Tell, Write
<b>VALUING</b>	<b>A3</b>	Attach value and express opinion	Apply, Complete, Demonstrate, Differentiate, Explain, Follow, Form, Initiate, Invite, Join, Justify, Propose, Recognize, Report, Select, Share, Study, Work
<b>ORGANISING VALUES</b>	<b>A4</b>	Organise and develop personal value system	Adhere Alter, Arrange, Combine, Compare, Complete, Defend, Explain, Formulate, Generalize, Identify, Integrate Organize, Modify, Prepare, Relate, Synthesize
<b>INTERNALIZING VALUES</b>	<b>A5</b>	Adopt the value system into behaviour	Act, Discriminate, Display, Influence, Listen, Modify, Perform, Revise, Serve, Solve, Practice, Propose, Qualify, Question, Verify

**Affective domain:** is based on Krathwohl, Bloom, Masia, (1973). The five major categories are listed from the simplest behaviour to the most complex.

**References:**

Guidelines to Good Practices: Assessment of Student Learning Second Edition: November 2023 (MQA)

Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon

David R. Krathwohl (2002) A Revision of Bloom's Taxonomy: An Overview. THEORY INTO PRACTICE, Volume 41, Number 4, p, Pages 212-218

Harrow, A. (1972). A taxonomy of psychomotor domain: A guide for developing behavioral objectives. New York, NY: David McKay Co., Inc.

Krathwohl, D. R., Bloom, B. S., & Masia, B. B. (1973). Taxonomy of educational objectives, the classification of educational goals. Handbook II: Affective domain. New York, NY: David McKay Co., Inc.

Simpson, E. J. (1972). The classification of educational objectives in the psychomotor domain. Washington, DC: Gryphon House



## Appendix SII-2 – Guide to SLT Calculation for Postgraduate Dental Programmes

Teaching Modality	Time (hr) of teaching (Face-to-face)*	Additional (hr) time to be added (Independent learning)	Total SLT (hr)
Lecture	1	2	3
Tutorial	1	1	2
Practical Lab	3	1	4
Clinical	3	1	4
Clinical supervision	3	0	3
Research activity/slot	3 – 5	0	3 – 5
Small Group Discussion	1	1	2
Directed Self Learning	1	0	1
Problem-based learning	6	6	12
Seminar / Case Presentations	1	3	4
Ward Round	1	0	1
Community/ outreach services	3	1	4
Posting eg. (8 hours x 5 days)	40	0	40
A & E Posting- Surgery, Medicine	40	0	40
Project Report / Case Report	20	0	20
Each 2000 word written assignment	0	10	10
Revision (in time-table)	0	1	1
Assessment (in time-table)	1	0	1
Massive Open Online Course /Nano open Online Course	Equivalent to Conventional Course		

\*must have lecturer in charge

Adapted from “Student Learning Time for Undergraduate Dental degree Programme in Malaysia, endorsed by the Malaysian Dental Council (MDC) at its 133rd meeting on 23 September 2020.

## **Appendix SII-3 – Criteria For Flexi-Time Academic Staff**

(Endorsed by the Malaysian Dental Council (MDC) at its 130th meeting on 15 November 2019)

### **KRITERIA BAGI FLEXI-TIME ACADEMIC STAFF**

Kertas Cadangan Majlis Dekan Pergigian

(Diluluskan pada Mesyuarat MPM ke-130 pada 15 November 2022)

Cadangan Penambahbaikan oleh Majlis Dekan Pergigian Malaysia berhubung Kriteria dan Kaedah Pengiraan Staf Akademik Separuh Masa (Mengambil Kira Flexi Academic Staff)

#### **Latarbelakang**

Salah satu justifikasi bagi Moratorium Program Pergigian pada tahun 2013 ialah kesulitan untuk mendapatkan staf akademik tempatan. Enam tahun selepas Moratorium dijalankan masih banyak lagi IPT yang tidak dapat sekurang-kurangnya 30% staf akademik tempatan seperti yang ditetapkan dalam kriteria dan standard program Sarjana Muda Pembedahan Pergigian atau setara.

Disamping itu banyak IPT mengambil tenaga pengajar sambilan (part time) bagi menjalankan tugas pengajaran dan penyeliaan klinikal. Pengiraan tiga (3) part-time bersamaan dengan satu (1) pensyarah juga telah diluluskan bagi membantu memperbaiki ratio pensyarah dan pelajar. Walaubagaimana pun bilangan pensyarah sambilan ada “capping” iaitu 40%.

“Full Time Equivalent” (FTE) diperkenalkan bagi membantu meningkat bilangan staf

akademik tempatan. Ramai pakar-pakar yang telah bersara wajib ingin berkhidmat secara “part time” di IPT kerana lantikan ini lebih “fleksible” kerana mereka tidak terikat secara mutlak dengan majikan setelah bersara. Memandangkan pensyarah-pensyarah fleksible ini menjalankan semua amanah tugas akademik seorang pensyarah, mereka boleh dikategorikan sebagai pensyarah tetap dan di ambil kira dan boleh dimasukkan ke dalam nisbah pengiraan staf : pelajar.

### **KRITERIA BAGI LANTIKAN FTE**

- 7) Warganegara Malaysia dengan Sijil Perakuan Amalan Tahunan / Annual Practicing Certificate (APC)
- 8) Mempunyai ijazah lanjutan\*

Institusi Pengajian Tinggi (IPT) boleh mengambil staf yang tidak mempunyai ijazah lanjutan di kalangan pengamal perigian swasta yang telah berkhidmat lebih dari 10 tahun di klinik komprehensif / General Practice.

- 9) Mesti dilantik secara formal oleh universiti.
- 10) Lantikan FTE hanya oleh SATU universiti sahaja.
- 11) Pensyarah FTE ini juga perlu menjalankan aktiviti pengajaran dan pembelajaran serta tugas pentadbiran seperti yang diarah oleh IPT di lain masa ketika tidak menjalankan tugas di pejabat.

#### **CARA PERKIRAAN FTE**

- 12) 20 jam seminggu bersamaan dengan 1 FTE.
- 13) 10 jam seminggu bersamaan dengan 1/2 FTE.  
\*2 (1/2 FTE) bersamaan dengan 1 FTE

### SECTION III

#### Appendix SIII-1: Borang Tambahan Kursus 'Foundation of Specialty' Dalam Program Sarjana Satu Tahun (Borang T)

### BORANG TAMBAHAN KURSUS 'FOUNDATION OF SPECIALTY' DALAM PROGRAM SARJANA SATU TAHUN (BORANG T)

Ketua Pegawai Eksekutif  
Agensi Kelayakan Malaysia  
Malaysian Qualifications Agency (MQA)  
Bangunan MERCU MQA  
No. 3539, Jalan Teknokrat 7  
63000 Cyberjaya  
**SELANGOR DARUL EHSAN**

#### PERMOHONAN PENAMBAHAN KURSUS<sup>4</sup>

#### Butiran Program:

Nama PPT <sup>5</sup>	
Nama Kursus	
No. Rujukan Program	Contoh: MQA/PA 11119 / MQA/FA 8788 / A 4445

#### Pengesahan:

Sila tandakan (√) sebagai pengesahan:

☐

Pihak PPT mengambil maklum bahawa:

- Borang ini dikemukakan bersama-sama dengan dokumen program baru kedoktoran pakar yang sama dengan kursus 'foundation' yang ingin ditambah
- MQA berhak memohon sebarang bayaran bagi memproses permohonan ini.
- Tiada pemulangan caj bagi lebihan bayaran yang akan dibuat untuk permohonan ini.
- Pembayaran melalui kaedah JomPay sahaja.
- MQA akan membatalkan permohonan sekiranya pembayaran tidak diterima dalam tempoh 30 hari dari tarikh invois.
- MQA tidak akan mengembalikan sebarang caj sekiranya PPT menarik balik PPP setelah pembayaran dibuat.
- Permohonan hanya akan diproses setelah MQA menerima bayaran daripada PPT.

<sup>4</sup> Permohonan Penambahan Kursus dirujuk sebagai PPK.

<sup>5</sup> Pemberi Pendidikan Tinggi.

☐ Pihak PPT telah meneliti dan mendapati perubahan maklumat program ini perlu dikemukakan kepada MQA.

Perubahan yang dimohon ini telah diluluskan oleh:

	Senat PPT
	Jawatankuasa Akademik Fakulti/Jabatan
	Lain-lain jawatankuasa yang diberi mandat

\*Mohon sertakan *hyperlink* keputusan minit mesyuarat / cabutan minit berkaitan.

**Dokumen ini disahkan oleh:**

Nama			
Jawatan			
No. Telefon		E-mel	
Tarikh			

\*Maklumat ini akan digunakan oleh MQA bagi tujuan perhubungan berkaitan program yang dimohon.

## BORANG PERMOHONAN PENAMBAHAN KURSUS

### **KATEGORI PROGRAM**

Sila tandakan (✓) pada kategori yang berkaitan:

	Program ini telah mendapat FA <sup>6</sup> .
--	--

### **MAKLUMAT ASAS PROGRAM**

Sila lengkapkan:

Nama Program	
No. Rujukan MQA	Contoh: MQA/PA 11119 / MQA/FA 8788 / A 4445
Alamat Program Dijalankan	
Tarikh Mula Akreditasi (bagi program yang telah mendapat FA)	
Tarikh Surat PAS <sup>7</sup> (tidak perlu diisi bagi program yang telah mendapat FA)	
Tarikh Surat Keputusan MJA <sup>8</sup>	
Nombor Rujukan Surat Kelulusan terkini oleh JPT,KPT <sup>9</sup> atau pihak berkuasa tertinggi yang memberi kelulusan permohonan baharu atau perubahan program (sila sertakan salinan surat kelulusan yang berkaitan)	
NEC <sup>10</sup>	

<sup>6</sup> Akreditasi Penuh (*Full Accreditation*, FA)

<sup>7</sup> Perakuan Akreditasi Sementara

<sup>8</sup> Mesyuarat Jawatankuasa Akreditasi

<sup>9</sup> Jabatan Pendidikan Tinggi, Kementerian Pengajian Tinggi

<sup>10</sup> *National Education Code*

Standard / Standard Program (jika berkaitan)	Contoh: Standard Program Pengajian Perniagaan Edisi Kedua (2021)
---	---

**REKOD PERUBAHAN BERKAITAN PROGRAM YANG PERNAH DIKEMUKAKAN  
KEPADA MQA (SEKIRANYA ADA)**

Bil.	Tajuk Surat	Jenis Perubahan	Tarikh Surat PPT kepada MQA	No. Rujukan dan tarikh Surat MQA kepada PPT

**MAKLUMAT ASAS PINDAAN KURIKULUM**

Adakah kurikulum baharu sedang digunakan? (Ya / Tidak) Jika ya, isi status pelajar.	
Tarikh pelaksanaan kurikulum baharu	

	Sesi Ambilan	Semester	Bilangan Pelajar
<b>Status Pelajar</b>	Januari 2019	3	45
	Januari 2020	1	24

## BAHAGIAN A

### PENGEMASKINIAN KURIKULUM PROGRAM<sup>11</sup>

#### 1. PERUBAHAN MELIBATKAN BUTIRAN PADA SURAT KELULUSAN:

Bil.	Perkara	Butiran pada Surat Kelulusan	Pindaan yang Dimohon	Justifikasi Perubahan
1	Nama Program			
2	NEC			
3	Bahasa Pengantar			
4	Jumlah SLT/ Kredit Bergraduat			

Bil.	Perkara	Maklumat Program
5	Kelayakan Masuk	<b>Butiran pada Surat Kelulusan</b>
		i. Lulus SPM/ SPMV dengan mendapat sekurang-kurangnya kepujian dalam 5 mata pelajaran; atau ii. Kelayakan-kelayakan lain yang diiktiraf setara.
		<b>Pindaan yang Dimohon</b>
		i. Lulus SPM/ SPMV dengan mendapat sekurang-kurangnya kepujian dalam 5 mata pelajaran; atau ii. Lulus O-Level dengan mendapat sekurang-kurangnya gred C dalam 5 mata pelajaran; atau iii. Kelayakan-kelayakan lain yang diiktiraf setara.

<sup>11</sup> PPT perlu mengisi ruangan yang berkaitan dengan pindaan yang dibuat sahaja.



Bil.	Perkara	Maklumat Program
		Justifikasi Perubahan

Bil.	Perkara	Maklumat Program												
		Butiran pada Surat Kelulusan												
		Bagi program yang menggunakan sistem semester												
		<table> <tr> <th>SEPENUH MASA</th><th>Semester Panjang</th><th>Semester Pendek</th></tr> <tr> <td>Bilangan Minggu*</td><td></td><td></td></tr> <tr> <td>Bilangan Semester</td><td></td><td></td></tr> <tr> <td>Bilangan Tahun</td><td></td><td></td></tr> </table>	SEPENUH MASA	Semester Panjang	Semester Pendek	Bilangan Minggu*			Bilangan Semester			Bilangan Tahun		
SEPENUH MASA	Semester Panjang	Semester Pendek												
Bilangan Minggu*														
Bilangan Semester														
Bilangan Tahun														
6	Tempoh Pengajian	*Termasuk minggu ulang kaji dan peperiksaan												

Bil.	Perkara	Maklumat Program						
		Pindaan yang Dimohon						
		Bagi program yang menggunakan sistem semester						
		<table> <tr> <th>SEPENUH MASA</th><th>Semester Panjang</th><th>Semester Pendek</th></tr> <tr> <td>Bilangan Minggu*</td><td></td><td></td></tr> </table>	SEPENUH MASA	Semester Panjang	Semester Pendek	Bilangan Minggu*		
SEPENUH MASA	Semester Panjang	Semester Pendek						
Bilangan Minggu*								
7	Tempoh Pengajian							

		Bilangan Semester		
		Bilangan Tahun		
		*Termasuk minggu ulang kaji dan peperiksaan		

Justifikasi Perubahan

Ulasan APP (untuk item No A1 hingga No A7)

## BAHAGIAN B

### PENGEMASKINIAN KURIKULUM PROGRAM<sup>12</sup>

#### 1. PERUBAHAN MELIBATKAN BUTIRAN PADA SURAT KELULUSAN:

Bil.	Perkara	Butiran pada Surat Kelulusan	Pindaan yang Dimohon	Justifikasi Perubahan
1	Mod Penawaran (Kerja Kursus / Mod Campuran)			
2	Kaedah Pembelajaran dan Pengajaran (Kuliah, Tutorial, Projek, Latihan Industri dan lain-lain)			

#### Ulasan APP (untuk item No B1)

<sup>12</sup> PPT perlu mengisi ruangan yang berkaitan dengan pindaan yang dibuat sahaja.

## 2. PERUBAHAN BERKAITAN PERNYATAAN PEO<sup>13</sup> DAN PLO<sup>14</sup>:

### 2.1 Pernyataan PEO:

Asal		Baharu	
PEO 1		PEO 1	
PEO 2		PEO 2	
PEO 3		PEO 3	
Justifikasi perubahan			

---

<sup>13</sup> *Programme Educational Objectives*

<sup>14</sup> *Programme Learning Outcomes*

## 2.2 Penyataan PLO:

Asal		Baharu	
PLO 1		PLO 1	
PLO 2		PLO 2	
PLO 3		PLO 3	
Justifikasi perubahan			

## 2.3 Pemetaan PLO kepada PEO (baharu):

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):	
Justifikasi perubahan	

## 2.4 Pemetaan PLO baharu dengan *Cluster* Hasil Pembelajaran MQF<sup>15</sup> Edisi Kedua:

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):	
Justifikasi perubahan	

---

<sup>15</sup> *Malaysian Qualifications Framework* (Kerangka Kelayakan Malaysia, KKM)

2.5 Pemetaan PLO dengan kursus (pemetaan *Table 3 COPPA*<sup>16</sup>) yang telah dikemas kini (baharu):

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):	
Justifikasi perubahan	

Ulasan APP (untuk item No B2)

---

<sup>16</sup> *Code of Practice for Programme Accreditation*

### 3. PERUBAHAN REKA BENTUK DAN PENYAMPAIAN PROGRAM

#### 3.1 Klasifikasi Baharu:

Klasifikasi <sup>17</sup>	Kurikulum Asal		Kurikulum Baharu		Standard Program (nyatakan standard berkaitan)	
	SLT (Kredit)	Peratus (%)	SLT (Kredit)	Peratus (%)	SLT (Kredit)	Peratus (%)
<b>Jumlah</b>						
<b>Justifikasi perubahan</b>						

<sup>17</sup> PPT perlu menyatakan pecahan klasifikasi berdasarkan Standard Program yang berkaitan. Sekiranya program tidak tertakluk kepada keperluan mana-mana Standard Program, PPT perlu menyatakan pecahan klasifikasi mengikut keperluan COPPA.

### 3.2 Struktur Pengajian Asal dan Baharu:

#### 3.2.1 Sepenuh Masa

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	SLT (Kredit)	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	SLT (Kredit)
1	1				1	1			
		Jumlah SLT (Kredit)					Jumlah SLT (Kredit)		
	2					2			
		Jumlah SLT (Kredit)					Jumlah SLT (Kredit)		
2	1				2	1			
		Jumlah SLT (Kredit)					Jumlah SLT (Kredit)		
	2					2			



Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	SLT (Kredit)	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	SLT (Kredit)
		Jumlah SLT (Kredit)					Jumlah SLT (Kredit)		
Jumlah SLT (Kredit) Bergraduati					Jumlah SLT (Kredit) Bergraduati				

Justifikasi perubahan	
-----------------------	--

### 3.3 Kursus-kursus yang digugurkan:

Bil.	Nama dan Kod Kursus	Klasifikasi	Kredit
1			
2			
3			
4			
5			
6			
7			
8			
9			
Justifikasi perubahan			

#### 3.4 Kursus-kursus asal yang terlibat dengan pindaan (sertakan Table 4):

Sertakan *hyperlink* bagi *Table 4: Course information* pada nama kursus.

Bil.	Nama dan Kod Kursus	Perkara	Asal					Baharu						
1	Asal:	Sinopsis												
	Baharu:	Klasifikasi												
	Justifikasi perubahan:	Penyataan CLO	Perform correct technique for conducting a pelvic exam (P2, PLO1).											
		Kaedah Penilaian	Jenis Penilaian	Peratus (%)		Jenis Penilaian		Peratus (%)						
		Kandungan												
		Nilai Kredit												
		Bahan Rujukan												
		Lain-lain												
		Pemetaan CLO - PLO Asal												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
CLO 3														
CLO 4														
CLO 5														

		CLO 6												
		CLO 7												
		CLO 8												
		Pemetaan CLO - PLO Baharu												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												

Bil.	Nama dan Kod Kursus	Perkara	Asal		Baharu	
2	Asal:	Sinopsis				
	Baharu:	Klasifikasi				
	Justifikasi perubahan:	Penyataan CLO				
		Kaedah Penilaian	Jenis Penilaian	Peratus (%)	Jenis Penilaian	Peratus (%)

		Kandungan												
		Nilai Kredit												
		Bahan Rujukan												
		Lain-lain												
		Pemetaan CLO - PLO Asal												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												
		Pemetaan CLO - PLO Baharu												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12

		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												

Ulasan APP (untuk item No B3)														

Nama APP dan tandatangan:

## SECTION IV

### Appendix SIV-1 – Example of Schedule of Visit

**SCHEDULE OF VISIT**  
**FULL ACCREDITATION**  
**DOCTOR IN XXXXX (MQA/FA XXXX)**  
**XXXX UNIVERSITY**

DAY 1 (DD/MM/YYYY)		
TIME	ACTIVITY	VENUE
8.30am – 9.00am	Arrival of Panel of Assessors	Foyer, Administrative Building
9.00am–10.00am	Opening meeting <ul style="list-style-type: none"><li>Welcome address &amp; presentation on the university by <i>Chief Executive/ Vice Chancellor/Representative</i> Introductory Remark by Chairman of Panel of Assessors</li><li>Presentation on the programme by <i>Dean, Faculty of Dentistry</i>)</li><li>Updates of the Dental Degree Programme and actions taken based on previous panel reports by Deputy Dean (Academic Affairs)</li></ul>	Meeting Room
10.00am – 10.15am	Morning Tea	
10.00am - 1.00pm	Review of Documents	Seminar Room
1.00pm - 2.00pm	Lunch Break	Cafeteria
2.00 pm -4.30 pm	Tour of Facilities - to include clinical facilities, laboratory, other teaching facilities such as hospital etc	Faculty/Campus
4.30pm - 5.00pm	End of day Discussion by PoA Tea Break	Seminar Room
5.00pm	End of Session	

DAY 2 (DD/MM/YYYY)		
9.00am – 9.30am	Preparatory meeting of Panel of Assessors	Meeting Room
9.30am -11.30am	Interview with Academic and Support Staff	Meeting Room
	Interaction with students (all years)	Seminar Room 1
11.30am -1.0 pm	Review of Documents and Tea Break	Seminar Room 2
1.00pm - 2.00pm	Lunch Break	Cafeteria
2.00pm - 4.00pm	Review of Documents Preparation for exit meeting report by PoA	Seminar Room
4.00pm - 4.30pm	Interview with the Dean/University Management Team	Seminar Room
4.30pm - 5.00pm	Exit Meeting • Oral Presentation of Findings by the Chairman, PoA	Meeting Room
5.00pm	End of Session	

\*Panel to change the tentative programme accordingly.



## SECTION V

### Appendix SV-1 – Template of Report

#### PROVISIONAL/ FULL ACCREDITATION/ FULL ACCREDITATION (RENEWAL) REPORT

Doctor in XXXX Programme

XXXX University

(MQA/FA XXXX)

Date of Visit: DD to DD/MM/YYYY

Prepared by:

The Panel of Assessors for the Malaysian Dental Council (MDC)

and

The Malaysian Qualifications Agency (MQA)

This privileged communication is the property of the Malaysian Dental Council (MDC) and the Malaysian Qualifications Agency (MQA)

**To** : The Joint Technical Committee for Evaluation of Dental Specialty Programmes (JTCEDSP)

**From** : The Panel of Assessors for the Full Accreditation (Renewal) of the Doctor in XXX Programme of XXXX University, visited on DD – DD/MM/YY

The Panel of Assessors that visited XXXX University on DD - DD/MM/YYYY for the Full Accreditation (Renewal) Evaluation of Doctor in XXX Programme is pleased to provide the following report of its findings and conclusions.

Respectfully,

.....

Name

Designation (Chairman)

.....

Name

Designation (Member)

.....

Name

Designation (Member)

**EXECUTIVE SUMMARY**  
**REPORT OF THE FULL ACCREDITATION (RENEWAL)**  
**FOR THE DOCTOR IN XXX PROGRAMME**  
**XXXX UNIVERSITY**

Programme Name : Doctor in XXXX (DrXXXX)  
Name of IHE : XXXX University  
Reference No : MQA/FA XXXX  
Level : Provisional / Full Accreditation /  
Full Accreditation (Renewal)

**Panel Members**

- |    |       |            |
|----|-------|------------|
| 1. | ..... | - Chairman |
| 2. | ..... | - Member   |
| 3. | ..... | - Member   |

**Also present**

- |    |       |                      |
|----|-------|----------------------|
| 1. | ..... | - Observer           |
| 2. | ..... | -JTCEDSP Secretariat |
| 3. | ..... | -MQA Secretariat     |

Date of Visit: DD – DD/MM/YYYY

The objectives of the Provisional accreditation visit were to:

- i. verify the information submitted by the HEP through its database and
- ii. evaluate the compliance of programme and the institution to the criteria and standards as stipulated in the Code of Practice for Programme Accreditation – Postgraduate Dental Degree Programmes for consideration of Provisional Accreditation status.

The objectives of the Full/ Full accreditation (Renewal) accreditation visit were to:

- i. verify the information submitted by the HEP through its database,
- ii. verify the action taken by HEP on the areas of concern raised by the panel at the previous accreditation visit, and

- iii. evaluate the compliance of programme and the institution to the criteria and standards as stipulated in the Code of Practice for Programme Accreditation – Postgraduate Dental Degree Programmes for consideration of Full Accreditation status.

## **SUMMARY OF FINDINGS**

### **A. Issues From the Previous Visit (for Full Accreditation only)**

### **B. Findings From the Current Visit**

#### **1) AREA 1**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

#### **2) AREA 2**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

#### **3) AREA 3**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**4) AREA 4**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**5) AREA 5**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**6) AREA 6**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**7) AREA 7**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**CONCLUSION AND RECOMMENDATION:**

Based on the MQA database review and findings of the accreditation visit, we hereby, recommend the following:

Name of HEP :  
Programme :  
Reference no. :

**Recommendation:**

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## Full Accreditation (Renewal) Report

### Doctor in XXXX Programme

XXXX University

DD - DD/MM/YYYY

#### A. PURPOSE

This report is prepared for the consideration of the Joint Technical Committee for Evaluation of Dental Specialty Programme (JTCEDSP) on the Provisional/ Full Accreditation/ Full Accreditation (Renewal) of the Doctor of XXX programme of the Faculty of Dentistry, XXXX University.

#### B. INTRODUCTION

A Panel of Assessors were appointed to conduct the Full Accreditation (Renewal) of the BDS Programme offered by the Faculty of Dentistry, XXXX University. The Panel of Assessors comprised of the following members:

Chairman:     Name  
                    Designation

Member:       Name  
                    Designation

Member:       Name  
                    Designation

Also present during the visit:

Observer:       Name  
                    Designation

Secretariat:     Name  
                    *Secretariat of JTCEDSP*

Name  
*Malaysian Qualifications Agency (MQA)*

## C. OBJECTIVE

The objectives of the Provisional accreditation visit were to:

- i. verify the information submitted by the HEP through its database and
- ii. evaluate the compliance of programme and the institution to the criteria and standards as stipulated in the Code of Practice for Programme Accreditation – Postgraduate Dental Degree Programmes for consideration of Provisional Accreditation status.
- iii. make necessary recommendations to relevant agencies on the capacity and capability of the faculty in conducting the programme

The objectives of the Full/ Full accreditation (Renewal) accreditation visit were to:

- i. assess the faculty's response to issues raised by the previous Panel;
- ii. verify the information provided by the faculty in the documents;
- iii. evaluate the compliance of the programme and the institution to the criteria and standards as stipulated in the Code of Practice for Programme Accreditation – Postgraduate Dental Degree Programmes document
- iv. make necessary recommendations to relevant agencies on the capacity and capability of the faculty in conducting the programme

## D. ACKNOWLEDGEMENT

Give credit to those who provided the assistance to the PoA and the Secretariat in ensuring the smooth conduct of the accreditation activities.

*Example*

The Panel of Assessors expresses its appreciation to the Dean, Faculty of Dentistry, Universiti XXXX and her team comprising of academic, administrative and support staff as well as students for their assistance during this evaluation visit.

## E. BACKGROUND

Provide information that can help the audience to understand the faculty and context of the accreditation in relation to the faculty and HEP. It also orientates the audience to the events leading to the accreditation exercise.



## **F. PROCESS OF ACCREDITATION**

Describe the activities that were conducted in this accreditation exercise such as interviews, locations in the faculty that were visited and documents examined. Activities prior to the visit, such as pre-visit meeting to identify areas in the documents that need to be verified during the site visit should also be highlighted. In general, indicate all activities undertaken to obtain information and make decisions with regard to accreditation status of the dental faculty.

## **G. GENERAL INFORMATION REGARDING THE PROGRAMME**

1. **Programme Reference No** : MQA/FA XXX
2. **Programme description**
  - a. **Name and address of the Higher Education Provider** :
  - b. **Name of the programme (as in the scroll to be awarded)** :
  - c. **Abbreviation of qualification** :
  - d. **MQF level** :
  - e. **Total SLT/ Graduating credit** :
  - f. **National Education Code (NEC) and Field of study** : 0911 – Dental Studies
  - g. **Language of instruction** :
  - h. **Type of programme** :
  - i. **Mode of study** :
  - j. **Mode of offer** :
  - k. **Method of learning and teaching** :
  - l. **Mode of delivery** : Conventional (Traditional, online, and blended learning)
  - m. **Duration of study:** :

Item	Semester					
	1	2	3	4	5	6
Study/teaching week (includes revision and assessment week)						
Total weeks for all semesters						
No of years						
Minimum duration of study (year)						
Maximum duration of study (year)						

n. **Awarding body:**

o. **Entry requirements:**

## H. **FINDINGS RELATED TO ISSUES FROM THE PREVIOUS VISIT**

Describe briefly the areas of concern raised by the previous panel and the remedial actions taken. Indicate actions have not fully completed and issues raised that were not resolved.

If the programme has previously gone through an accreditation exercise, for example a provisional accreditation exercise, summarise the key findings and recommendations (including any progress report addressing any problems identified previously or conditions that need to be fulfilled).

## I. FINDINGS FROM THE CURRENT VISIT

\*This report should be completed based on the findings in the rubric. The rating for the assessment rubric is based on 5 Likert scale.

Score 1 and 2 indicate major non-compliance.

Score 3 indicates minor non-compliance to the standard, which requires monitoring, either through facts verification and/or visit.

Score 4 refers to the score meeting/in compliance to the standard and there may be opportunity for improvement.

Score 5 refers to the score where HEP has obtained over and above (strength) stipulated by the standard.

Fill the box for each standard in PoA's finding according to the following:

### Compliant

Indicate score 5 or 4 in the box

For score 5, describe the evidence.

### Non-compliant

Indicate Score 1, 2 and 3 in the box

Description for minor and major non-compliance is necessary.

## 1) AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

### 1.1 FINDINGS BASED ON STANDARDS

#### OVERALL COMMENTS FOR AREA 1

**Strength:**

**Area of concern:**

eg

1) 1.1.1 – market survey low respondent

**Opportunity for improvement:**

**Statement of Programme Educational Objectives (PEO):** (mohon dimasukkan pernyataan tersebut dan ulas kesesuaiannya)

<i>Programme Educational Objectives</i>	<i>Finding</i>
PEO1	
PEO2	
PEO3	
PEO4	

**Statement of Programme Learning Outcomes (PLO):** (mohon dimasukkan pernyataan tersebut dan ulas kesesuaiannya)

<i>Programme Learning Outcomes</i>	<i>Finding</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.1.1	<p>The programme can only be considered after a needs assessment has indicated a necessity for the programme to be established (applicable for Provisional Accreditation only). The minimum number for the market survey must be at least 30 respondents.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.1.2	The programme must define its educational objectives and learning outcomes in compliance with the standards and criteria.			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.1.3	<p>The objectives of the programme must be consistent with and supportive of the vision and mission of the HEP.</p> <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.1.4	<p>The PLO must define the competencies that the trainee should demonstrate on completion of the programme. These competencies must be consistent with those listed in the document Programme Standards for Dental Specialties and to MQF level descriptors.</p> <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.1.5	<p>The programme learning outcomes (PLO) must be aligned with the programme educational objectives (PEO).</p> <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.1.6	<p>The PEO and PLO must be periodically reviewed in consultation with the relevant stakeholders.</p> <p>Applicable for Full Accreditation (Renewal)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.2.1	<p>The HEP (Faculty) must have sufficient autonomy to design the curriculum and allocate resources necessary for its implementation in achieving the learning outcomes.</p> <p>The HEP must abide by the criteria to offer new postgraduate programmes, i.e.:</p> <ol style="list-style-type: none"> <li>1) The responsible entity that offers the programme must be a dental faculty, or dental school, or kulliyah of dentistry.</li> <li>2) The responsible entity offering the programme must have an existing undergraduate programme prior to starting the post-graduate programme.</li> <li>3) The HEP must not offer two similar one-year master's postgraduate dental programmes (Level 7) regardless of the programme title.</li> <li>4) The HEP must not offer two similar post-graduate dental specialty programmes (Level 8) with the same programme title.</li> <li>5) The responsible entity must have multidisciplinary dental services to support the postgraduate dental specialist programme delivery.</li> </ol> <p>(Where applicable, the above provision must also cover collaborative programmes and programmes franchised to, or from other HEPs in accordance with national policies).</p> <p>(MANDATORY ITEM)</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.2.2	The HEP must have an appropriate process by which the curriculum is established. (Applicable for provisional accreditation only) <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.2.3	The HEP must consult relevant stakeholders (such as the Ministry of Health, Ministry of Defense, Institutions of Higher Education, Professional Associations, Professional Bodies) in the development of the curriculum. (Applicable for provisional accreditation only) <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
1.2.4	The duration of the programme must comply with the Programme Standards for Dental Specialties of the related specialties. (MANDATORY ITEM) <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.2.5	<p>The learning outcomes must include cognitive, psychomotor, and affective (CPA) competencies that are appropriate to the needs of the nation and must be measurable and in line with the Programme Standards for Dental Specialties of the related specialties.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.2.6	<p>Curriculum content must fulfil the requirement of the Programme Standards for Dental Specialties of the related specialties.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.2.7	<p>Evidence-based dental practice components must include teaching of the principles of scientific and evidence-based dentistry, analytical and critical thinking, research methodology, report writing and scientific communication.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.2.8	<p>Ethics and humanities components must incorporate aspects of ethics, jurisprudence and humanities that enable effective communication, decision-making and ethical practice. The ethics and humanities aspects are adapted from time to time to suit the scientific needs of the programme, the changing demographic as well as the cultural contexts and needs of society.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant</p>			
1.2.9	<p>The HEP should establish mechanisms to access current information and to identify up-to-date topics of importance for inclusion in the curriculum and its delivery for example through the use of the latest technology and through global networking.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant</p>			
1.3.1	<p>The HEP must take responsibility to ensure the effective delivery of the programme.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant</p>			
1.3.2	<p>Trainees must be provided with the current documented information about the aims, outline, learning outcomes, and methods of assessment of the programme.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.3.3	<p>The programme must have an appropriate director and a team of academic staff (e.g., programme committee) with adequate authority and responsible for effective delivery of the programme. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.3.4	<p>The programme team must have access to adequate resources to implement teaching and learning activities and conduct programme evaluation for quality improvement.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
1.3.5	<p>The HEP must provide trainees with a conducive learning environment.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
1.3.6	The HEP must encourage innovations in teaching, learning and assessment.			
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

## 1.2 Appendix 1: Components of the programme and SLT/credit

Perlu nyatakan jadual klasifikasi kursus.

**Catatan:** Klasifikasi kursus perlu mematuhi klasifikasi yang ditetapkan oleh standard program.

Contoh bagi jadual klasifikasi kursus yang tertakluk dengan Standard Program

### Master programme:

No	Course	Programme	Programme Standard	Compliance (√ / X)
		SLT	SLT (hours)	
1.	Basic Science		800 - 1000	
2.	Research Methodology and Biostatistics			
3.	Electives - any course as determined by the HEP.			
4.	Foundation to specialty		800 - 1000	
	<b>Total</b>		<b>1600 - 2000</b>	

### Doctorate programme:

No.	Course	Programme		Programme Standard	Compliance (√ / X)
		SLT (hours)	Percentage	SLT (hours)	
1.	Coursework (including laboratory, clinical and fieldwork)			3840 - 5600*	
2.	Research			1920 - 3200*	
	<b>Total</b>			<b>6400 - 8000</b>	

Programme standard: Coursework for all doctorate programme except DrDPH: 60 – 70% of total SLT.

The research component for DrDPH programme shall comprise 40-50%, because research is one of the core competencies required of the dental public health specialist.

### Findings on the components of the programme:

### 1.3 Appendix 2: List of courses

Year	Semester	Course title	Code	SLT	Credit
1	1 (x week)				
		Total			
	2 (x week)				
		Total			
	3 (x week)				
		Total SLT			
Total SLT/Graduating credit					

**Findings of the appropriateness of the courses/programme structure:**

#### 1.4 Appendix 3: Table 4 COPPA

##### Comments on the courses that needs to be improved:

No	Course title and code	Comments by PoA	
1.	<i>Business Mathematics</i> DIA 1113 3 Kredit	Synopsis <sup>18</sup>	Sesuai
		Statement of <i>Course Learning Outcomes</i> (CLO) <sup>19</sup>	<ul style="list-style-type: none"> <li>Penggunaan kata kerja 'understand' tidak sesuai.</li> </ul>
		CLO–PLO <sup>20</sup> mapping	<ul style="list-style-type: none"> <li>Pemetaan CLO kepada PLO dan tahap taksonomi tidak tepat.</li> <li>Penjajaran konstruktif tidak berlaku.</li> </ul>
		Assessment method	Kaedah penilaian tidak sesuai. Tiada penilaian akhir.
		Content	Sesuai.
		<i>Student Learning Time</i> (SLT) <sup>21</sup>	Sesuai.
		Credit value	Sesuai.
		References	Sesuai.
		Others	-
2.		Sinopsis	
		Statement of <i>Course Learning Outcomes</i> (CLO)	
		CLO–PLO mapping	
		Assessment method	

<sup>18</sup> Sinopsis mestilah menggambarkan ruang lingkup (*coverage*) bagi keseluruhan kursus.

<sup>19</sup> CLO are statements on what a student should know, understand and can do upon the completion of a period of a study. Bilangan dan kata kerja bagi setiap CLO mestilah bersesuaian dengan tahap program dan boleh diukur.

<sup>20</sup> Pemetaan CLO–PLO mestilah relevan dan boleh dicapai.

<sup>21</sup> *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 specified learning outcomes. SLT mestilah bersesuaian dengan kaedah pengajaran dan penilaian pelajar.

No	Course title and code	Comments by PoA	
		Content	
		<i>Student Learning Time</i> (SLT)	
		Kredit value	
		References	
		Others	

## 2) AREA 2: ASSESSMENT OF STUDENT LEARNING

### 2.1 FINDINGS BASED ON STANDARDS

#### OVERALL COMMENTS FOR AREA 2

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

1)



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
2.1.1	The frequency, methods, and criteria of trainees' assessment, including the grading criteria and appeal policies, must be documented, and communicated to students at the commencement of the programme.			
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
2.1.2	There must be a variety of methods and tools to assess learning outcomes and competencies. These include formative and summative assessments. The summative assessment in the form of a final examination should have a reasonable balance of 40-60% contributed by continuous assessment (The research component/course, the elective, and the foundation course for the one-year programme are excluded from the 40 – 60% balance). (MANDATORY ITEM)			
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
2.1.3	There must be mechanisms to ensure the validity, reliability, currency, and fairness of the assessment methods.			
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
2.1.4	The HEP must employ mechanisms for external examiners to be included in professional examinations. (Not applicable for Provisional Accreditation)			
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
2.1.5	Changes to student assessment methods must follow established procedures and regulations and communicated to students prior to their implementation.			
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
2.2.1	The assessment principles, methods, and practices must be aligned to the learning outcomes consistent with the MQF level, the taxonomy domains of learning outcomes, and the Programme Standards for Dental Specialties for respective specialties.			
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
2.2.2	The link between assessment and the achievement of learning outcomes in the programme must be reviewed periodically to ensure its effectiveness.			
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
2.3.1	<p>The HEP and its academic staff must have adequate level of autonomy in the management of student assessment.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
2.3.2	<p>There must be mechanisms to ensure the security of assessment documents and records.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
2.3.3	<p>Results of assessment must be communicated to the student within a reasonable time frame after endorsement by the relevant authority.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
2.3.4	<p>The HEP (University) must have an appropriate mechanism to address cases of academic plagiarism.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
2.3.5	The HEP must periodically review the management of student assessment and act on the findings of the review.			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

## 2.2 Appendix 4: Skala Penggredan/Rubrik Penilaian Tesis

Paste the grading scale here.

Contoh:

90–100	A+	4.00	Distinction
80–89	A	4.00	Distinction
75–79	A-	3.75	Distinction
70–74	B+	3.50	Merit
65–69	B	3.00	Merit
60–64	B-	2.75	Merit
55–59	C+	2.50	Satisfactory
50–54	C	2.25	Pass
45–49	E-	1.00	Fail
40–44	F	1.00	Fail
35–39	F	1.00	Fail
0–34	F	0.00	Fail

Comments of the grading scale:

3) **AREA 3: STUDENT SELECTION AND SUPPORT SERVICES**

3.1 **FINDINGS BASED ON STANDARDS**

**OVERALL COMMENTS FOR AREA 3**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**1)**

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
3.1.1	<p>The programme must have a clear policy on criteria and processes of student selection. These policies must be consistent with the Programme Standards for Dental Specialties. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
3.1.2	<p>The HEP must have a policy regarding admission of students based on their health status as specified in the Program Standard for Dental Specialties. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
3.1.3	<p>Student enrolment must commensurate with the capacity of the HEP to effectively deliver the programme. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
3.1.4	<p>The student selection must fulfil the admission criteria and policies. (MANDATORY ITEM)</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.1.5	There must be a clear policy on, and appropriate mechanisms for appeal on student selection. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.1.6	The admission policy for the programme must be monitored and reviewed. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.1	Students must have access to appropriate and adequate support services. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.2	There must be a designated administrative unit responsible for planning and implementing student support services. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
3.2.3	An effective induction to the programme must be made available to students. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.4	The students must be briefed on policies and procedures for occupational safety and health. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.5	Academic, non-academic and career counselling must be provided by adequate and qualified staff where issues pertaining to counselling remain confidential. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.6	The HEP must have clearly defined and documented processes and procedures in handling student disciplinary cases including plagiarism. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.7	There must be a grievance mechanism for students to make appeals on academic and non-academic matters.			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.8	Student support services must be evaluated regularly to ensure their adequacy. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.2.9	There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social support. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.3.1	Student rights and responsibilities must be acknowledged, clearly documented, and made known to them. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.3.2	There must be adequate student representation and organization at faculty level. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
3.3.3	Students should be facilitated to develop linkages with external stakeholders and to participate in activities to gain skills in preparation for the workplace. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.4.1	The HEP must foster active linkages with its graduates to improve the programme. (Not applicable for Provisional Accreditation) <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
3.4.2	The HEP must involve the alumni to play a role in the development, review and continuous improvement of the programme and in preparing the students for their professional future through linkages with industry and the profession. (Not applicable for Provisional Accreditation) <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			

#### 4) AREA 4: ACADEMIC STAFF

##### 4.1 FINDINGS BASED ON STANDARD

###### OVERALL COMMENTS FOR AREA 4

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

1)

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
4.1.1	<p>The HEP must have a clearly defined plan for its human resource needs.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
4.1.2	<p>The HEP must have a clear and documented recruitment policy for academic and support staff.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
4.1.3	<p>The HEP (Faculty) must have an adequate number of full-time academic staff responsible for implementing the programme.</p> <p>The criteria indicated below provide the guide in fulfilling this standard:</p> <p>a) Overall, at least 60% of academic staff involved in the programme must be full-time (including FTE) and registered/ recognised specialists by MDC (for both the foundation course in the one-year master programme and the doctorate programme. For the one-year master programme, the calculation of this criteria must exclude the academic staff for basic sciences and research methodology courses).</p> <p>b) At least 30% of full-time academic staff involved in the programme (including FTE) are Malaysian citizens.</p> <p>c) Maximum percentage of part-time academic staff must not exceed 30% of the total academic staff.</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<p>d) Minimum core teaching staff shall consist of a programme director and at least two (2) registered/recognised specialists by MDC (specialists in the field or related field - as specified in the respective programme standards) and must be full-time/full-time equivalent. (Refer to the Programme Standards for Dental Specialties for specific requirements.) (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.1.4	<p>Qualification of the academic staff must comply with the Programme Standards for Dental Specialties.</p> <p>a) The programme director must be a full-time, registered/recognised specialist in the field by MDC, with minimum clinical/practice experience of five (5) years after acquiring specialist qualification.</p> <p>b) The two (2) core teaching staff must be registered recognised/specialists by MDC (specialists in the field or related field - as specified in the respective programme standards), and must be full-time/full-time equivalent.</p> <p>c) Other clinical academic staff must have approved postgraduate qualifications by the HEP (University), with minimum clinical experience of three (3) years after acquiring specialist qualification.</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<p>d) The academic staff shall possess a valid practising certificate (for clinical academic staff).</p> <p>e) International academic staff involved in clinical teaching shall have TPC as stated in Guidelines for Application for TPC Dental Act 2018 (Refer to the guideline on MDC website).</p> <p>f) International academic staff in Private Higher Education Institutions (PHEI) must have a valid teaching permit.</p> <p>(MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.1.5	<p>The qualification and experience requirements of research supervisors for master and doctoral degrees by coursework and mixed mode are stated as follows:</p> <p>a) The main supervisor is a registered/recognised specialist by MDC; or, where the supervisor is a non-specialist and has a master or PhD qualification in the field, the supervisor must have at least five (5) years' experience in teaching, or have had at least 2 years' experience as a co-supervisor, or has retained a co-supervisor who had experienced graduating research students.</p> <p>b) The supervisors must go through structured supervisory training. Those who had experienced graduating postgraduate students</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<p>(in any mode of study) as main supervisors are exempted.</p> <p>c) Supervisor from the industry or practitioner must have at least a bachelor's degree and at least five (5) years of experience in the field at a level appropriate for the dissertation/thesis AND be appointed only as a co-supervisor. Those with specialist qualification may be exempted from the supervisory training. Terms of reference must be provided.</p> <p>(MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
4.1.6	<p>The staff–student ratio for the programme must be appropriate to the teaching-learning methods and must comply with the Programme Standards for Dental Specialties. [Part-time staff is included into the ratio calculation [Four (4) part-time staff is equivalent to one (1) full-time staff]].</p> <p>Academic staff-student ratio for clinical supervision is at most 1:6 and for research supervision is at most 1:6 (as main supervisor) [Applicable for all coursework programmes. For mixed mode, research supervision is at most 1:4 (as main supervisor).]</p> <p>(MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
4.1.7	<p>There must be a combination of teaching, research and service roles (community/promotion/clinical activities) for all academic staff.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.1.8	<p>The policy of the HEP must reflect an equitable distribution of responsibilities among the academic staff.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.1.9	<p>Recognition and reward through promotion, salary increment or other remuneration must be based on equitable work distribution and meritorious academic roles using clear and transparent policies and procedures.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.1.10	<p>The HEP should have active national and international linkages to provide for the involvement of well renowned academics and professionals in order to enhance teaching and learning of the programme.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
4.2.1	<p>The HEP must have policies addressing matters related to service, professional development and appraisal of the academic staff.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.2.2	<p>The academic staff must be given sufficient autonomy to focus on areas of his expertise.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.2.3	<p>The HEP must have a clearly stated policy on conflict of interest, particularly in the area of private practice, multiple employment and consultancy services.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
4.2.4	The HEP must have clearly defined and documented processes and procedures in handling disciplinary cases involving the academic staff.			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
4.2.5	The HEP must have mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
4.2.6	The HEP must have a staff development programme particularly for new academic staff including mentoring and formative guidance. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
4.2.7	The HEP must provide opportunities for academic staff to participate in professional, academic and other relevant activities, nationally and internationally and where relevant, for them to obtain professional qualifications to enhance teaching-learning experience <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			



## 4.2 Appendix 5: Table 5 COPPA

### Information on academic staff

No.	Name	Qualification	Registered/ recognised specialist by MDC (Y/N)	Courses taught in this programme	Past work experience		Appointment status (FT/FTE/PT)	Comment (Suitability with the taught courses/ as supervisor)
					Position held	Years of service		
	Eg David Arumugam			<i>Business Mathematics</i>				Suitable/ not suitable

### 4.3 Percentages of full-time academic staff

Indicator	Full-time			No. of part-time specialist recog. by MDC	Formula	Percentage	Compliance ( $\sqrt{X}$ )
	No. of full-time specialist recog. by MDC	No. of full-time specialist recog. by HEP	No. of FTE* recog. by MDC				
Total no of specialists involved in the teaching (Malaysian and International) – exclude basic science lecturers (T)	a	b	c	d	$T=a+b+c+(d/4)$		
Percentage of <b>full-time</b> academic staff (including FTE) and registered/ recognised specialist by MDC (FT)	a	b	c		$\%FT=\frac{(a+c)}{(a+b+c)} \times 100\%$ (Must be at least 60%)		
Percentage of full-time Malaysian citizens (%) (M)	a <sup>1</sup> (Only Malaysian academic staff)	b <sup>1</sup> (Only Malaysian academic staff)	c	d	$\%M=\frac{a^1+b^1+c+(d/4)}{T}$ (Must be at least 30%)		
Percentage of part-time academic staff (PT)	a	b	c	d	$\%PT=\frac{d}{a+b+c+d} \times 100$ (Must not exceed 30%)		

5) **AREA 5: EDUCATIONAL RESOURCES**

5.1 FINDINGS BASED ON STANDARD

<p><b>OVERALL COMMENTS FOR AREA 5</b></p> <p><b>Strength:</b></p> <p><b>Area of concern:</b></p> <p><b>Opportunity for improvement:</b></p> <p>1)</p>
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No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
5.1.1	<p>The programme must have sufficient and appropriate physical facilities and educational resources such as facilities for practical and clinical teaching to ensure its effective delivery.</p> <p>a) Educational resources specific to the needs of the programme such as lecture hall/auditorium, tutorial room, seminar room, computer lab, medical science lab and strong room. (MANDATORY ITEM)</p> <p>b) General facilities include cafeteria, toilet, locker rooms, storerooms, surau, students common room, sports facilities and hostel.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
5.1.2	<p>The library or resource centre must have adequate and up-to-date reference materials and availability of qualified staff that meet the needs of the programme and research amongst academic staff and students.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
5.1.3	<p>Specific equipment and facilities for training must be adequately provided for practical and clinical-based programmes as stipulated in the Programme Standards for Dental Specialties.</p>			



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<p>a) The programme must have dental chairs dedicated to the students. Indicate the designated dental chairs in a shared facility. Ratio of dental chair: student is 1:2. For doctorate programmes, student must have access to dental chair for a minimum of 4 clinical sessions per week.</p> <p>b) HEP must declare all clinical facilities used for teaching and learning including for the clinical attachment outside campus. Clinical attachment must comply with all acts, regulations and guidelines from relevant authorities (such as Act 804, Act 586, MOH, MOHE guidelines etc).</p> <p>c) There must be adequate patients with relevant number of casemix for clinical training to achieve the clinical requirements specified in the programme standards. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
5.1.4	<p>All equipment (e.g. autoclaves, x-rays, compressor) must comply with the relevant laws and regulations. (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
5.1.5	<p>The facilities available in the HEP must be user friendly to patients with special needs.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
5.1.6	<p>The educational resources, services and facilities must be periodically reviewed and improved upon to maintain their quality and appropriateness.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
5.2.1	<p>The HEP must have a policy on research and availability of adequate facilities to sustain them.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
5.2.2	<p>The HEP must periodically review its research resources and facilities and take continuous appropriate action to enhance its research capabilities and to promote a conducive research environment.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
5.3.1	<p>The HEP must utilize personnel with educational expertise in planning its programmes and in the development of new teaching and assessment methods.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
5.4.1	<p>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 HEP.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
5.4.2	<p>The HEP must have clear procedures to ensure that its financial resources are sufficient and that it is capable of utilising them efficiently and responsibly.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
5.4.3	<p>The HEP must demonstrate financial viability and sustainability for the programme.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			

6) **AREA 6: PROGRAMME MANAGEMENT**

6.1 **FINDINGS BASED ON STANDARD**

<p><b>OVERALL COMMENTS FOR AREA 6</b></p> <p><b>Strength:</b></p> <p><b>Area of concern:</b></p> <p><b>Opportunity for improvement:</b></p> <p>1)</p>
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No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
6.1.1	<p>The HEP must clarify its governance structure and function, the relationships within them, and their impact on the programme, and these must be communicated to all parties involved based on the principles of transparency, accountability and authority.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
6.1.2	<p>The HEP must have policies, procedures and mechanisms for regular reviewing and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
6.1.3	<p>The HEP management committee must be an active policy-making body with an adequate degree of autonomy within the terms of reference.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
6.1.4	<p>Mechanisms to ensure functional integration and comparability of educational quality must be established for programmes conducted in campuses or partner institutions that are geographically separated.</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.1.5	The HEP must have a formal system responsible for internal and external consultations, feedback, market needs analysis and employability projections of the programme.  <b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.1.6	The governance must involve the participation of, and consultation with academic staff, students and external stakeholders.  <b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.2.1	The leadership of the programme must be held by those with appropriate qualifications and experience, and with sufficient authority for curriculum design, delivery and review as stipulated in the Programme Standards for Dental Specialties.  Note: The programme director must be a full-time registered/recognised specialist by MDC. (MANDATORY ITEM)			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.2.2	Mechanisms and processes must be in place to allow for communication between the programme and the HEP leadership in relation to matters such as staff recruitment and training, student admission, and allocation of resources and decision-making processes.  <b>PoA's finding</b>  <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.3.1	The support staff (administrative and clinical support) of the HEP must be appropriately qualified, technically competent and sufficient in numbers to support the implementation of the programme and related activities. Specific requirements: a) Dental surgery assistant (DSA) - Ratio of DSA: student in active clinical session - 1:2 (excluding Dental Public Health, Oral Medicine & Oral Pathology, Forensic Odontology, Oral Maxillofacial Imaging) b) Dedicated staff for the laboratory facilities c) Dedicated administrative for the postgraduate programme (can be shared across programmes) (MANDATORY ITEM)			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
	<b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.3.2	The HEP must conduct a regular performance review of the support staff. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.3.3	The HEP must have an appropriate training scheme for the advancement of the support staff as well as to fulfil the specific needs of the programme, for example, risk management, technology management, maintenance of specialised equipment, and advanced technical skills. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			
6.4.1	The HEP must have appropriate policies and practices concerning the nature and security of student and academic staff records. <b>PoA's finding</b> <input type="checkbox"/> Compliant <input type="checkbox"/> Non-compliant			



No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
6.4.2	<p>The HEP must implement policies on the rights of individual privacy and the confidentiality of records.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
6.4.3	<p>The HEP should continuously review policies on security of records including increased use of electronic technologies and safety systems.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			

**7) AREA 7: PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT**

**7.1 FINDINGS BASED ON STANDARD**

**OVERALL COMMENTS FOR AREA 2**

**Strength:**

**Area of concern:**

**Opportunity for improvement:**

**1)**

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
7.1	<p>The HEP must have clear policies and appropriate mechanisms for regular monitoring and review of the programme. The curriculum must be reviewed at least every 5 years. (Not applicable for Provisional Accreditation). (MANDATORY ITEM)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
7.2	<p>The HEP must have a dedicated Quality Assurance (QA) unit or personnel responsible for internal quality assurance of the faculty.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
7.3	<p>The HEP must have an internal monitoring and review committee headed by a designated coordinator who is dedicated to continuously review the programme. The review must involve external experts.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
7.4	<p>Programme evaluation must involve the relevant stakeholders whose views are taken into consideration.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
7.5	<p>The content of the programme must be periodically reviewed to keep abreast with scientific, technological and knowledge development of the discipline, and with the needs of the society.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
7.6	<p>Various aspects of student performance, progression and attrition must be analysed for the purpose of continual quality improvement.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			
7.7	<p>In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review. (State if not applicable)</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant    <input type="checkbox"/> Non-compliant</p>			

No.	Standard	Details of issue/ Non-compliance	Verification of facts by HEP	PoA comment of feedback
7.8	<p>The findings of a programme review must be presented to the HEP for its attention and further action</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
7.9	<p>There must be a link between the HEP quality assurance processes and the achievement of the institutional goals.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
7.10	<p>The HEP must make the report on programme review accessible to relevant stakeholders in order to seek their views.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			
7.11	<p>The HEP must ensure the accreditation status is maintained. The HEP must submit the application of full accreditation or its renewal based on the timeline stated by the MQA letter of notification.</p> <p><b>PoA's finding</b></p> <p><input type="checkbox"/> Compliant      <input type="checkbox"/> Non-compliant</p>			

## INTERVIEW SESSION AND VERIFICATION

### A. STUDENT (FOR FULL ACCREDITATION)

**Comment:**

No.	Item	Findings from visit
1.	Overall number of students	
2.	Number of students (and year of study) interviewed.	
3.	Comments from students regarding programme implementation, support services and HEP educational resources.	
4.		

**Issues:**

**B. ACADEMIC STAFF (FOR PROVISIONAL AND FULL ACCREDITATION)****Comment:**

No.	Item	Findings from visit
1.	Overall number of academic staff	
2.	Number of academic staff interviewed.	
3.	Academic staff to student ratio  State the staff-student ratio for: a) clinical supervision b) research supervision	
4.	<i>Continuous Professional Development</i> (CPD) attended by staff (for full accreditation)	
5.	Research (for full accreditation)	
6.	Training related to teaching and learning (such as <i>Outcome-Based Education</i> (OBE) <i>awareness/training</i> ).	
7.	Implementation of CLO/PLO measurement (for full accreditation)	
8.	Vetting/moderation process for assessment materials (for full accreditation)	

**Issues:**

### C. STUDENT REPRESENTATION (FOR FULL ACCREDITATION)

#### Comments

No.	Item	Findings from visit
1.	Activities conducted	
2.	<i>Common issues.</i>	
3.	Suggestion for improvement from the students' representatives	
4.	Meeting with HEP administrative group to channel student's issues.	

#### Issues:



**D. VERIFICATION OF EXAMINATION QUESTION PAPERS/ ASSIGNMENTS/ THESIS/ PROJECTS (FOR FULL ACCREDITATION)**

**Comments:**

<b>No.</b>	<b>Item</b>	<b>Findings from visit</b>
1.	Difficulty level of assessment materials in relation to the CLO	
2.	Evidence of moderation/ blueprint/vetting related to assessment and alignment to CLO	

**Issues:**

## E. INTERVIEW WITH PROGRAMME DIRECTOR

### Comments:

No.	Item	Findings from visit
1.	Name, qualification and experience of programme director	
2.	Evidence of appointment letter and duration of appointment	
3.	Teaching load and other task	
4.	Distribution of teaching load	
5.	Mechanism of measuring the achievement of PLO, how it is analysed.	
6.	How CQI is conducted based on the feedback from Stakeholders, including External Examiner (for full accreditation).	

### Issues:

**F. OTHER VERIFICATIONS (FOR FULL ACCREDITATION)** (Example: student files, course files etc)

**Comments:**

No.	Item	Findings from visit
1.	Course file	
2.	Student's file	
3.	File of academic staff/head of programme	
4.	<i>External Examiner's file</i>	
5.	<i>External Advisor's file</i>	
6.	File of the Minutes of meeting	
7.	File of Quality unit	
8.	Students feedback file	

**Issues:**

## **G. VISIT TO FACILITIES**

**Comments: (to add)**

<b>No.</b>	<b>Specific facilities related to the programme</b>	<b>Findings from visit</b>
1.	Library	
2.	Clinic	
3.	Ward/ OT	
4.	Laboratory related to the programme.	
5.	Lecture room	
6.	Strong room	
7.	Other facilities (add)...	

**Issues:**

## CONCLUSION AND RECOMMENDATION:

Based on the MQA database review and findings of the accreditation visit, we hereby, recommend the following:

Name of HEP :  
Programme :  
Reference no. :

### Recommendation:

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Choose the recommendations from this table:

No	Provisional Accreditation	Full Accreditation	Full Accreditation (Renewal)
i.	Award the Provisional Accreditation.	Award the Full Accreditation.  The recommended duration of Full Accreditation is for ____ years, from ____ until ____.	Award the Full Accreditation (Renewal).  The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.
ii.	Award the Provisional Accreditation with conditions (minor non-compliance)  <b>List of minor non-compliance (score 3):</b>  3.  4.	Award the Full Accreditation with conditions (with minor non-compliance)  The recommended duration of Full Accreditation is for ____ years, from ____ until ____.  Where applicable: Monitoring visit/ assessment is required in ____ year(s).	Will be awarded the Full Accreditation (Renewal) with conditions (with minor non-compliance)  The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.  Where applicable: Monitoring visit/assessment is required in ____ year(s).

		<b>List of minor non-compliance (score 3):</b>  3.  4.	<b>List of minor non-compliance (score 3):</b>  3.  4.
iii.	Denial of Provisional Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items)  <b>List of mandatory items:</b>  1.  2.  <b>List of major non-compliance (score 1 and 2):</b>  1.  2.  <b>List of minor non-compliance (score 3):</b>  1.  2.

Panel of assessors:

**Signature:**

**Name:**

**Address**

**Signature:**

**Name:**

**Address**

**Signature:**

**Name:**

**Address**

## SECTION VI

### Appendix SVI-1 - Borang Semakan Kurikulum Program Pergigian (Borang M-MQA)

#### BORANG SEMAKAN KURIKULUM PROGRAM PERGIGIAN (BORANG M)

Ketua Pegawai Eksekutif  
Agensi Kelayakan Malaysia  
Malaysian Qualifications Agency (MQA)  
Bangunan MERCU MQA  
No. 3539, Jalan Teknokrat 7  
63000 Cyberjaya  
**SELANGOR DARUL EHSAN**

#### PERMOHONAN SEMAKAN KURIKULUM PROGRAM<sup>22</sup>

#### Butiran Program:

Nama PPT <sup>23</sup>	
Nama Program	
No. Rujukan Program	Contoh: MQA/PA 11119 / MQA/FA 8788 / A 4445

#### Caj Penilaian<sup>24</sup>:

Sila tandakan (✓) pada bahagian yang berkaitan:

✓	Caj	Bahagian yang perlu diisi
	RM950.00	Bahagian A dan B

#### Penghantaran Dokumen Permohonan:

Sila tandakan (✓) sebagai pengesahan:

<input type="checkbox"/>	Pihak PPT mengambil maklum bahawa MQA akan memproses permohonan yang diterima melalui e-mel <a href="mailto:kemaskini@mqa.gov.my">kemaskini@mqa.gov.my</a> sahaja.
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<sup>22</sup> Permohonan Pengemaskinian Program dirujuk sebagai PPP.

<sup>23</sup> Pemberi Pendidikan Tinggi.

<sup>24</sup> Invois akan dikeluarkan setelah MQA menerima PPP dan pembayaran boleh dibuat melalui *JomPay* sahaja.



## Pengesahan:

Sila tandakan (✓) sebagai pengesahan:

☐ Pihak PPT mengambil maklum bahawa:

- tiada pemulangan caj bagi lebihan bayaran yang akan dibuat untuk permohonan ini.
- Pembayaran melalui kaedah JomPay sahaja.
- MQA berhak memohon sebarang bayaran tambahan bagi memproses permohonan ini.
- MQA akan membatalkan permohonan sekiranya pembayaran tidak diterima dalam tempoh 30 hari dari tarikh invoice.
- MQA tidak akan mengembalikan sebarang caj sekiranya PPT menarik balik PPP setelah pembayaran dibuat.
- Permohonan hanya akan diproses setelah MQA menerima bayaran daripada PPT.

☐ Pihak PPT telah meneliti Surat Makluman MQA Bil.4/2018 dan mendapati perubahan maklumat program ini perlu dikemukakan kepada MQA.

Perubahan yang dimohon ini telah diluluskan oleh:

	Senat PPT
	Jawatankuasa Akademik Fakulti/Jabatan
	Lain-lain jawatankuasa yang diberi mandat

\*Mohon sertakan *hyperlink* keputusan minit mesyuarat / cabutan minit berkaitan.

## Disediakan dan Disahkan oleh:

Nama			
Jawatan			
No. Telefon		E-mel	
Tarikh			

\*Maklumat ini akan digunakan oleh MQA bagi tujuan perhubungan berkaitan program yang dimohon.

## BORANG PERMOHONAN PENGEMASKINIAN PROGRAM

## KATEGORI PROGRAM

Sila tandakan (✓) pada kategori yang berkaitan:

	Program ini telah mendapat FA <sup>25</sup> .
	Program ini telah mendapat PA <sup>26</sup> tetapi belum memperoleh Akreditasi Penuh.
	Program ini telah mendapat PA dan sedang dalam penilaian Akreditasi Penuh.
	Program ini sedang dalam penilaian Pematuhan Syarat.
	Program ini telah/akan menjalani Audit Pematuhan tahun ini.
	Program ini telah mendapat pemakluman Audit Pematuhan tahun akan datang.

## **MAKLUMAT ASAS PROGRAM**

Sila lengkapkan:

Nama Program	
No. Rujukan MQA	Contoh: MQA/PA 11119 / MQA/FA 8788 / A 4445
Alamat Program Dijalankan	
Tarikh Mula Akreditasi (bagi program yang telah mendapat FA)	
Tarikh Surat PAS <sup>27</sup> (tidak perlu diisi bagi program yang telah mendapat FA)	
Tarikh Surat Keputusan MJA <sup>28</sup>	
Nombor Rujukan Surat Kelulusan terkini oleh JPT,KPT <sup>29</sup> atau pihak berkuasa tertinggi yang memberi kelulusan permohonan baharu atau perubahan program (sila sertakan salinan surat kelulusan yang berkaitan)	
NEC <sup>30</sup>	
Standard / Standard Program (jika berkaitan)	Contoh: Standard Program Pengajian Perniagaan Edisi Kedua (2021)

<sup>25</sup> Akreditasi Penuh (*Full Accreditation*, FA)

<sup>26</sup> Akreditasi Sementara (*Provisional Accreditation*, PA)

<sup>27</sup> Perakuan Akreditasi Sementara

<sup>28</sup> Mesyuarat Jawatankuasa Akreditasi

<sup>29</sup> Jabatan Pendidikan Tinggi, Kementerian Pengajian Tinggi

<sup>30</sup> *National Education Code*

**REKOD PERUBAHAN BERKAITAN PROGRAM YANG PERNAH DIKEMUKAKAN KEPADA MQA**

Bil.	Tajuk Surat	Jenis Perubahan	Tarikh Surat PPT kepada MQA	No. Rujukan dan tarikh Surat MQA kepada PPT

**MAKLUMAT ASAS PINDAAN KURIKULUM**

Adakah kurikulum baharu sedang digunakan? (Ya / Tidak)	
Tarikh pelaksanaan kurikulum baharu	

Status Pelajar	Sesi Ambilan	Semester	Bilangan Pelajar
	Januari 2019	3	45
	Januari 2020	1	24

## BAHAGIAN A

### PENGEMASKINIAN KURIKULUM PROGRAM<sup>31</sup>

#### 1. PERUBAHAN MELIBATKAN BUTIRAN PADA SURAT KELULUSAN:

Bil.	Perkara	Butiran pada Surat Kelulusan	Pindaan yang Dimohon	Justifikasi Perubahan	Ulasan APP <sup>32</sup>
1	Nama Program				
2	NEC				
3	Bahasa Pengantar				
4	Kaedah Pengajian (Sepenuh / Separuh Masa)				
5	Jumlah Kredit Bergraduasi				

<sup>31</sup> PPT perlu mengisi ruangan yang berkaitan dengan pindaan yang dibuat sahaja.

<sup>32</sup> Ahli Panel Penilai

Bil.	Perkara	Maklumat Program	
6	Kelayakan Masuk	Butiran pada Surat Kelulusan	
		i. Lulus SPM/ SPMV dengan mendapat sekurang-kurangnya kepujian dalam 5 mata pelajaran; atau ii. Kelayakan-kelayakan lain yang diiktiraf setara.	
		Pindaan yang Dimohon	
		i. Lulus SPM/ SPMV dengan mendapat sekurang-kurangnya kepujian dalam 5 mata pelajaran; atau ii. Lulus O-Level dengan mendapat sekurang-kurangnya gred C dalam 5 mata pelajaran; atau iii. Kelayakan-kelayakan lain yang diiktiraf setara.	
		Justifikasi Perubahan	Ulasan APP

Bil.	Perkara	Maklumat Program			
7	Tempoh Pengajian	Butiran pada Surat Kelulusan			
		Bagi program yang menggunakan sistem semester			
		<b>SEPENUH MASA</b>	Semester Panjang	Semester Pendek	Latihan Industri
		Bilangan Minggu*			
		Bilangan Semester			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		<b>SEPARUH MASA</b>	Semester Panjang	Semester Pendek	Latihan Industri
		Bilangan Minggu*			
		Bilangan Semester			

Bil.	Perkara	Maklumat Program			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		Bagi program yang menggunakan struktur modular			
		SEPENUH MASA			
		Jumlah Blok			
		Bilangan Blok / Tahun			
		Bilangan Minggu / Blok*			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		SEPARUH MASA			
		Jumlah Blok			
		Bilangan Blok / Tahun			
		Bilangan Minggu / Blok*			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			

Bil.	Perkara	Maklumat Program			
8	Tempoh Pengajian	Pindaan yang Dimohon			
		Bagi program yang menggunakan sistem semester			
		SEPENUH MASA	Semester Panjang	Semester Pendek	Latihan Industri
		Bilangan Minggu*			
		Bilangan Semester			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		SEPARUH MASA	Semester Panjang	Semester Pendek	Latihan Industri
		Bilangan Minggu*			
		Bilangan Semester			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		Bagi program yang menggunakan struktur modular			
		SEPENUH MASA			
		Jumlah Blok			
		Bilangan Blok / Tahun			
		Bilangan Minggu / Blok*			
		Bilangan Tahun			
		*Termasuk minggu ulang kaji dan peperiksaan			
		SEPARUH MASA			

		Jumlah Blok		
		Bilangan Blok / Tahun		
		Bilangan Minggu / Blok*		
		Bilangan Tahun		
		*Termasuk minggu ulang kaji dan peperiksaan		

Justifikasi Perubahan	Ulasan APP



## BAHAGIAN B

### PENGEMASKINIAN KURIKULUM PROGRAM<sup>33</sup>

#### 1. PERUBAHAN MELIBATKAN BUTIRAN PADA SURAT KELULUSAN:

Bil.	Perkara	Butiran pada Surat Kelulusan	Pindaan yang Dimohon	Justifikasi Perubahan	Ulasan APP
1	Mod Penawaran (Kerja Kursus / Penyelidikan / Mod Campuran)				
2	Kaedah Pembelajaran dan Pengajaran (Kuliah, Tutorial, Projek, Latihan Industri dan lain-lain)				

<sup>33</sup> PPT perlu mengisi ruangan yang berkaitan dengan pindaan yang dibuat sahaja.

## 2. PERUBAHAN BERKAITAN PENYATAAN PEO<sup>34</sup> DAN PLO<sup>35</sup>:

### 2.1 Penyataan PEO:

Asal		Baharu	
PEO 1		PEO 1	
PEO 2		PEO 2	
PEO 3		PEO 3	
Justifikasi perubahan			
Ulasan APP			

### 2.2 Penyataan PLO:

Asal		Baharu	
PLO 1		PLO 1	
PLO 2		PLO 2	
PLO 3		PLO 3	

<sup>34</sup> Programme Educational Objectives

<sup>35</sup> Programme Learning Outcomes

Asal		Baharu	
Justifikasi perubahan			
Ulasan APP			

### 2.3 Pemetaan PLO kepada PEO (baharu):

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):			
Justifikasi perubahan			
Ulasan APP			

### 2.4 Pemetaan PLO baharu dengan *Cluster* Hasil Pembelajaran MQF<sup>36</sup> Edisi Kedua:

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):			
Justifikasi perubahan			
Ulasan APP			

<sup>36</sup> *Malaysian Qualifications Framework* (Kerangka Kelayakan Malaysia, KKM)

## 2.5 Pemetaan PLO dengan kursus (pemetaan *Table 3 COPPA*<sup>37</sup>) yang telah dikemas kini (baharu):

Sertakan <i>hyperlink</i> bagi pemetaan (baharu):	
Justifikasi perubahan	
Ulasan APP	

## 3. PERUBAHAN REKA BENTUK DAN PENYAMPAIAN PROGRAM

### 3.1 Klasifikasi Baharu:

Klasifikasi <sup>38</sup>	Kurikulum Asal		Kurikulum Baharu		Standard Program (nyatakan standard berkaitan)	
	Kredit	Peratus (%)	Kredit	Peratus (%)	Kredit	Peratus (%)

<sup>37</sup> *Code of Practice for Programme Accreditation*

<sup>38</sup> PPT perlu menyatakan pecahan klasifikasi berdasarkan Standard Program yang berkaitan. Sekiranya program tidak tertakluk kepada keperluan mana-mana Standard Program, PPT perlu menyatakan pecahan klasifikasi mengikut keperluan COPPA.

Klasifikasi <sup>38</sup>	Kurikulum Asal		Kurikulum Baharu		Standard Program (nyatakan standard berkaitan)	
	Kredit	Peratus (%)	Kredit	Peratus (%)	Kredit	Peratus (%)
<b>Jumlah</b>						
<b>Justifikasi perubahan</b>						
<b>Ulasan APP</b>						

### 3.2 Struktur Pengajian Asal dan Baharu:

#### 3.2.1 Sepenuh Masa

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit
1	1				1	1			
	Jumlah kredit					Jumlah kredit			
	2					2			

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit
		Jumlah kredit					Jumlah kredit		
	3					3			
		Jumlah kredit					Jumlah kredit		
2	1				2	1			
	2					2			

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu					
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	
		Jumlah kredit						Jumlah kredit		
	3					3				
		Jumlah kredit						Jumlah kredit		
Jumlah Kredit Bergraduat					Jumlah Kredit Bergraduat					

Justifikasi perubahan	
Ulasan APP	

### 3.2.2 Separuh Masa

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit
1	1				1	1			

Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu				
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit
		Jumlah kredit					Jumlah kredit		
	2					2			
		Jumlah kredit					Jumlah kredit		
	3					3			
		Jumlah kredit					Jumlah kredit		
2	1				2	1			



Asal (nyatakan rujukan surat MQA yang meluluskan struktur asal ini)					Baharu					
Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	Tahun	Sem	Nama dan Kod Kursus	Klasifikasi	Kredit	
		Jumlah kredit						Jumlah kredit		
	2					2				
		Jumlah kredit						Jumlah kredit		
	3					3				
Jumlah kredit				Jumlah kredit						
Jumlah Kredit Bergraduat					Jumlah Kredit Bergraduat					

Justifikasi perubahan	
Ulasan APP	

### 3.3 Kursus-kursus yang digugurkan:

Bil.	Nama dan Kod Kursus	Klasifikasi	Kredit
1			
2			
3			
4			
5			
6			
7			
8			
9			
Justifikasi perubahan			
Ulasan APP			

### 3.4 Kursus-kursus baharu yang ditawarkan (sertakan Table 4):

Sertakan *hyperlink* bagi Table 4: Course information.

Bil.	Maklumat Kursus	Perkara	Ulasan APP berdasarkan Table 4: Course information pada <i>hyperlink</i>
1	Nama dan kod:	Sinopsis	
	Justifikasi penawaran:	Klasifikasi	
		Penyataan CLO	
		Kaedah Penilaian	
		Kandungan	
		SLT <sup>39</sup>	
		Nilai Kredit	
		Bahan Rujukan	
		Pemetaan CLO <sup>40</sup> - PLO	
		Lain-lain	

Bil.	Maklumat Kursus	Perkara	Ulasan APP berdasarkan Table 4: Course information pada <i>hyperlink</i>
2	Nama dan kod kursus:	Sinopsis	
	Justifikasi penawaran:	Klasifikasi	

<sup>39</sup> Student Learning Time

<sup>40</sup> Course Learning Outcomes

Bil.	Maklumat Kursus	Perkara	Ulasan APP berdasarkan <i>Table 4: Course information</i> pada <i>hyperlink</i>
		Penyataan CLO	
		Kaedah Penilaian	
		Kandungan	
		SLT	
		Nilai Kredit	
		Bahan Rujukan	
		Pemetaan CLO - PLO	
		Lain-lain	

### 3.5 Kursus-kursus asal yang terlibat dengan pindaan (sertakan Table 4):

Sertakan *hyperlink* bagi *Table 4: Course information* pada nama kursus.

Bil.	Nama dan Kod Kursus	Perkara	Asal		Baharu	
1	Asal:	Sinopsis				
	Baharu:	Klasifikasi				
	Justifikasi perubahan:	Penyataan CLO	Perform correct technique for conducting a pelvic exam (P2, PLO1).			
		Kaedah Penilaian	Jenis Penilaian	Peratus (%)	Jenis Penilaian	Peratus (%)

Bil.	Nama dan Kod Kursus	Perkara	Asal					Baharu						
		Kandungan												
		Nilai Kredit												
		Bahan Rujukan												
		Lain-lain												
		Pemetaan CLO - PLO Asal												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												
		Pemetaan CLO - PLO Baharu												

Bil.	Nama dan Kod Kursus	Perkara	Asal							Baharu				
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												

Perkara	Ulasan APP berdasarkan ringkasan perubahan kursus di atas dan <i>Table 4</i> pada <i>hyperlink</i> .
Sinopsis	
Klasifikasi	
Penyataan CLO	
Pemetaan CLO - PLO	
Kaedah Penilaian	
Kandungan	
SLT	

<b>Perkara</b>	Ulasan APP berdasarkan ringkasan perubahan kursus di atas dan <i>Table 4</i> pada <i>hyperlink</i> .
<b>Nilai Kredit</b>	
<b>Bahan Rujukan</b>	
<b>Lain-lain</b>	

Bil.	Nama dan Kod Kursus	Perkara	Asal						Baharu						
2	Asal:	Sinopsis													
	Baharu:	Klasifikasi													
	Justifikasi perubahan:	Penyataan CLO													
		Kaedah Penilaian	Jenis Penilaian	Peratus (%)				Jenis Penilaian	Peratus (%)						
		Kandungan													
		Nilai Kredit													
		Bahan Rujukan													
		Lain-lain													
		Pemetaan CLO - PLO Asal													
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12	

Bil.	Nama dan Kod Kursus	Perkara	Asal						Baharu					
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												
		Pemetaan CLO - PLO Baharu												
		Pemetaan	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11	PLO 12
		CLO 1												
		CLO 2												
		CLO 3												
		CLO 4												
		CLO 5												
		CLO 6												
		CLO 7												
		CLO 8												



Perkara	Ulasan APP berdasarkan ringkasan perubahan kursus di atas dan <i>Table 4</i> pada <i>hyperlink</i> .
Sinopsis	
Klasifikasi	
Penyataan CLO	
Pemetaan CLO - PLO	
Kaedah Penilaian	
Kandungan	
SLT	
Nilai Kredit	
Bahan Rujukan	
Lain-lain	

**ULASAN KESELURUHAN APP TERHADAP PERUBAHAN KURIKULUM YANG DIBUAT OLEH PPT BAGI PROGRAM INI:**

**Nama APP:**

**Nama Institusi (tempat berkhidmat):**

**Tarikh laporan:**

## ACKNOWLEDGEMENT

This COPPA\_PG document was developed by a committee appointed by Joint Technical Committee for Evaluation of Dental Specialty Programmes (JTCEDSP) consisting of:

DESIGNATION	NAME
<b>Chairman</b>	: Prof. Dr. Zamri bin Radzi Dean Dental Faculty, University of Malaya (UM)
<b>Members</b>	: Prof. Dato' Dr. Mohamed Ibrahim bin Abu Hassan Dean Dental Faculty, MAHSA University (MAHSA)  : Prof. Dr. Dalia binti Abdullah Lecturer Dental Faculty, Universiti Kebangsaan Malaysia (UKM)  Assoc. Prof. Dr. Mohd Fadhli Khamis Dean School of Dental Science, University Sains Malaysia (USM)  Dr. Ainnuddin Yushar bin Yusof Dean Dental Faculty, Universiti Sains Islam Malaysia (USIM)  Assoc. Prof. Dr. Budi Aslinie Md Sabri Lecturer Dental Faculty, University Technology MARA  Assoc. Prof. Dr. Siti Mazlipah binti Ismail Lecturer Dental Faculty, University of Malaya (UM)  Dr. Nurul Syakirin binti Abdul Shukor Secretary Malaysian Dental Council  En.Mohd. Ishak bin Mohd.Hussaini Director Accreditation Division (Science and Medicine) Malaysian Qualification Agency (MQA)
<b>Secretariat</b>	: Accreditation and Globalisation Oral Health Section Oral Health Programme, MOH:  Dr. Akmal Aida binti Othman Deputy Director  Dr. Ainon Natrah binti Aminnudin Senior Principal Assistant Director  Dr. Ili Mazlina binti Mukhtar Principal Assistant Director