



**MALAYSIAN NURSING  
BOARD/  
MALAYSIAN MIDWIVES  
BOARD**

**STANDARD  
CRITERIA**

**FOR**

**APPROVAL/ACCREDITATION  
OF NURSING PROGRAMMES  
(2018)**



# **MALAYSIAN NURSING BOARD/ MALAYSIAN MIDWIVES BOARD**

## **STANDARD CRITERIA**

### **FOR**

### **APPROVAL/ACCREDITATION OF NURSING PROGRAMMES (2018)**





MALAYSIAN NURSING BOARD/MALAYSIAN MIDWIVES BOARD

Perpustakaan Negara Malaysia

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*Standard Criteria / 2018*

## Foreword

Assalamualaikum WBT and Salam Negaraku,

In my capacity as the Director General of Health, Ministry of Health Malaysia, I would like to extend my gratitude and appreciation to the Malaysian Nursing Board (MNB) and Malaysian Midwives Board (MMB) for honouring me with the opportunity to share my thoughts for the revised Standard Criteria for Approval/Accreditation of Nursing Programmes (2018).

It is indeed inspiring to see the integration of Code of Practice for Programme Accreditation (COPPA), 2nd Edition (2017) in line with the National Transformation Plan towards educational outcome-based learning in nursing. This will not only strengthen the educational institutions in Malaysia, but also improve the quality of nursing profession locally and internationally.

I truly believe this revised Standard Criteria for Approval/Accreditation of Nursing Programmes (2018) will serve as a key reference in the approval and accreditation process of nursing programmes in Malaysia, and be of utmost importance to all nursing education institutions in their efforts to pursue excellence in nursing education and practice.

Thank you.



**Y. BHG DATUK DR. NOOR HISHAM BIN ABDULLAH**  
Director General of Health  
Ministry of Health, Malaysia



## Preface

Salam Negaraku,

Since the publication of the Standard Operating Procedures for Approval/Accreditation of Nursing Programmes (SOP) (2015 edition), the landscape of nursing education has shifted dramatically to outcome-based learning.

The Malaysian Nursing Board (MNB), as a gatekeeper in regulating and monitoring of all nursing services and programmes in Malaysia, is responsible to ensure competent and safe nursing practices among nurses. Through the Nurses Act 1950 and Midwifery Act 1996, it also responsible towards the accreditation of nursing programmes by providing the guidelines which ensures nursing institutions achieve the set standards.

It is hoped that this revised Standard Criteria for Approval/Accreditation of Nursing Programmes (2018) fulfilled the Code of Practice for Programme Accreditation (COPPA), 2<sup>nd</sup> Edition (2017) and will be great help to all nursing institutions in Malaysia and will adhere to the standards outlined.

Last but not least, I would like to express my most sincere thanks to all agencies who are involved in contributing to the success of this publication.

Thank you.



**HJH TUMBLE BT NGADIRAN@TOMBLOW**

Registrar

Malaysian Nursing Board

Ministry of Health, Malaysia



## INTRODUCTION

The nursing profession irrespective of the standard of practice makes it crucially important to have set standards to communicate professional expectations, criteria that measure these standards and an audit tool for measuring professional performance.

**The Malaysian Nursing Board (MNB)/Malaysian Midwives Board (MMB) is the body that regulates the nursing profession.**

**The main functions include:**

1. Maintain a register of qualified nurses through nursing licensure.
2. Set professional standards and guideline for all levels of nursing education, nursing practices, management and research.
3. Regulate the conduct and competency of nurses.
4. Evaluate and approve all nursing programmes offered locally both Public and Private Educational Institutions.

**The purpose of this document is to:**

1. Provide professional standards and criteria required for both the approval and accreditation of any nursing programme offered in the country.
2. Serve as reference (though not prescriptive) for all nursing institutions intending to offer nursing programme.

These standards and criteria are subjected to being reviewed from time to time when deemed necessary by the Curriculum Committee, Malaysia Nursing Board.

**All nursing programme are under the control of the Malaysian Nursing Board/Malaysian Midwives Board.**

Any educational institution wanting to offer a nursing programme **MUST** abide to the standards in seven (7) areas of evaluation as set by the MNB/MMB prior to MNB's/MMB's approval.



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## GLOSSARY

Malaysian Nursing Board (MNB)	refers to a professional body governing nursing in Malaysia.
Malaysian Midwives Board (MMB)	refers to a professional body governing midwives in Malaysia.
Institution	refers to an educational institution approved by Malaysian Nursing Board (MNB)/Malaysian Midwives Board (MMB).
Course	refers to all subjects related to nursing leading to registration/recognition by the MNB/MMB.
Nursing Program	refers to all nursing programme ranging from certificate level to the highest post-graduate programmes; including Midwifery, Community Health Nursing and Mental Health Nursing.
Standard	<p>refers to the level of quality required or expected of the nursing programme (MNB/MMB).</p> <p>Compliance to the standard should be expressed by a <b>"MUST"</b>.</p>
Quality Development	refers to the advancement in the level of performance in the effort to bring about the best practice in the implementation of nursing education.
Governance	refers to the decision making processes in the administration of an organization.
Stakeholder	refers to any person/organization with vested interest in nursing education e.g. the consumer, public/private, professional organizations and the nursing profession.
Administrative and Management Staff	refers to any person/persons appointed to manage and supervise the effective implementation of the educational programmes, including the deployment of educational resources.
Academic Staff	refers to Professor, Associate Professor and Lecturers, Nurse Tutors, and others with appropriate qualifications and relevant experiences, who have been credentialed and recruited to implement the curriculum.



Clinical instructor (CI)	refers to a currently practicing Registered Nurse employed by the institution to provide clinical instruction, supervision and assessment of student's clinical performance.
Equipment	refers to items required for effective classroom teaching and demonstration of nursing skills.
Nursing Skill Laboratory	<p>refers to the laboratory designated for the students to practice their clinical nursing skill prior to clinical placement.</p> <p>Clinical situations which simulated for teaching and learning purposes, creating opportunities for deliberate practice of new skills without involving real patients.</p>
Clinical Placement	refers to the approved local and international clinical resources.
Clinical Practice	refers to the process of performing nursing skills in the real life situation.
External Advisor	refers to the external adviser should use available evidence to advise the governors' review panel in setting meaningful but achievable targets and in reviewing the outcomes.
External Examiner	refers to an examiner who is not from the institution attended by the students who are taking the exams being marked.
Formative Assessment	refers to assessment of student progress throughout a course, in which the feedback from the learning activities is used to improve student attainment.
Continuous Assessment	refers to a form of educational examination that evaluates a students' progress throughout a prescribed course. It is often used as an alternative to the final examination system.
Summative Assessment	refers to the assessment of learning, which summaries the progress of the learner at a particular time and is used to assign the learner a course grade.
Annual Practicing Certificate (APC)	refer to anyone who is practicing as a nurse must hold a practicing certificate. Nurses who practice without a practicing certificate may be referred to a professional conduct committee. Applications for practicing certificates are always considered on an individual basis.



Student Affairs or Hal Ehwal Pelajar (HEP)	refers to one of the departments, divisions or units that are usually available in schools, tuition centers, colleges or universities. HEP is usually responsible for assignments relating to student affairs, discipline and ethical formation of students outside academic studies.
Standard Operating Procedure (SOP)	refers to a set of step-by-step instructions compiled by an organization to help workers carry out complex routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with industry regulations.
Malaysia Qualification Agency (MQA)	refers to a statutory body in Malaysia set up under the Malaysian Qualifications Act 2007 to accredit academic programs provided by educational institutions providing post-secondary or higher education and facilitate the accreditation and articulation of qualifications.
Malaysian Qualifications Framework (MQF)	refers to instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices.
MQF Level	refers to an award level described with generic learning outcomes and qualification descriptors which characterises a typical qualification.
Clinical Practice Guidelines (CPG)	refers to statements that include recommendations intended to optimize patient care. They are informed by a systematic review of evidence, and an assessment of the benefits and harms of alternative care options.
Quality Assurance (QA)	refers to comprises plan and systemic actions (policies, strategies, attitudes, procedures and activities) to provide adequate demonstration that quality is being achieved, maintained and enhanced, and meets the specified standards of teaching, scholarship and research as well as student learning experience.
Temporary Practicing Certificate (TPC)	refers to issue to enable a foreign registered medical practitioner to practice in Malaysia for the duration of not more than three months for the purpose of teaching, conduct research, attend post-graduate courses, fellowship training or clinical.
Practicum	refers to hands on course in college or in academic study. An example of practicum is clinical work in a hospital when you are studying to be a nurse.





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# **SECTION 1:**

## **Criteria and Standards for Programme Accreditation**



# AREA 1

## PROGRAMME DEVELOPMENT AND DELIVERY

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

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

- 1.1.1 The institution **MUST** clearly state its direction through defining Programme Educational Objectives (PEO) and Programme Learning Outcomes (PLO).
- 1.1.2 The programme **MUST** be consistent with and supportive of the vision, mission and goals of the HEP.
- 1.1.3 The formulation of programme educational outcomes and learning outcomes **MUST** involve the participation of:
  - 1.1.3.1 Major stakeholders.
  - 1.1.3.2 The academic staff, nursing graduates and community.
  - 1.1.3.3 Education and health care authorities and professional organizations.
- 1.1.4 The programme **MUST** be considered only after a need assessment has indicated that there is a need for the programme to be offered. (This standard **MUST** be read together with standards 1.2.2 in Area 1, page 2 and 6.1.6 in Area 6, page 32).
- 1.1.5 The department **MUST** state its programme educational objectives, learning outcomes, teaching and learning strategies, and assessment, and ensure constructive alignment between them.  
(This standard **MUST** be read together with standard 1.2.4 in Area 1, page 2).
- 1.1.6 The programme learning outcomes **MUST** correspond to an MQF level descriptors and the MQF learning outcomes domains.
- 1.1.7 Considering the stated learning outcomes, the programme **MUST** indicate the career and further studies options available to the students on completion of the programme.
- 1.1.8 The programme **MUST** meet the requirements of the Malaysian Nursing Board (MNB) or Malaysian Midwives Board (MMB).



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

- 1.2.1 The department **MUST** have sufficient autonomy to design the curriculum and to utilise the allocated resources necessary for its implementation. (Where applicable, the above provision **MUST** also cover collaborative programmes and programmes conducted in collaboration with or from, other HEPs in accordance with national policies).
- 1.2.2 The department **MUST** have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP. (This standard **MUST** be read together with standards 1.1.4 in Area 1, page 1 and 6.1.6 in Area 6, page 32).
- 1.2.3 The department **MUST** consult the stakeholders in the development of the curriculum including educational experts as appropriate. (This standard **MUST** be read together with standard 7.1.6 in Area 7, page 36).
- 1.2.4 The curriculum **MUST** fulfil the requirements of the discipline of study, taking into account the appropriate programme standards, professional and industry requirements as well as good practices in the field.
- 1.2.5 There **MUST** be an appropriate teaching and learning methods relevant to the programme educational objectives and learning outcomes.
- 1.2.6 There **MUST** be co-curricular activities to enrich student experience, and to foster personal development and responsibility. (This standard may not be applicable to Open and Distance Learning [ODL] programmes and programmes designed for working adult learners).

## 1.3 Programme Delivery

- 1.3.1 The department **MUST** take responsibility to ensure the effective delivery of programme learning outcomes.
- 1.3.2 Students **MUST** be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies.
- 1.3.3 The programme **MUST** have an appropriate full-time coordinator and a team of academic staff (e.g., a programme committee) with adequate authority for the effective delivery of the programme. (This standard **MUST** be read together with related Programme Standards and Guidelines to Good Practices, and with standards 6.1.1 and 6.2.2 in Area 6, pages 32 & 33).
- 1.3.4 The department **MUST** provide students with a conducive learning environment. (This standard **MUST** be read together with standard 5.1.1 in Area 5, page 27).





- 1.3.5 The department **MUST** encourage innovations in teaching, learning and assessment.
- 1.3.6 The department **MUST** obtain feedback from stakeholders to improve the delivery of the programme outcomes.

#### 1.4 Curriculum Design and Delivery:

- 1.4.1 Academic Autonomy:  
There **MUST** be a policy on sufficient academic independence:
- 1.4.1.1 The department to be responsible in designing the curriculum.
- 1.4.2.1 Allocation of resources for programme implementation.
- 1.4.2 Programme Design and Teaching and Learning Methods:  
The curriculum content **MUST** illustrate content sequences, breadth, depth and extent of the subject content.
- 1.4.3 There **MUST** be a variety of teaching and learning methods to achieve the learning outcomes.
- 1.4.4 If there are more than 30% changes of the curriculum at any one time it **MUST** be submitted to Malaysian Qualifications Agency (MQA) for approval and must notify to MNB/MMB.
- 1.4.5 Curriculum Content and Structure:
- 1.4.5.1 The curriculum content **MUST** align with Malaysian Qualifications Framework (MQF).
- 1.4.5.2 The curriculum **MUST** contain the core discipline contents as prescribed as below:

##### Basic Medical Sciences:

- Anatomy
- Physiology
- Biochemistry
- Microbiology
- Parasitology
- Immunology
- Pharmacology

##### Behavioral Sciences related to nursing:

- Psychology
- Sociology
- Ethics and Law
- Communication
- Counselling
- Personal and Professional Development



Nursing Sciences (to include the following):

- Fundamental of Nursing
- Medical
- Surgical

Specialised:

- Paediatric
- Obstetrics and Gynaecology
- Community Health
- Mental Health
- Emergency and Trauma
- Critical Care
- Perioperative Care
- Management and Administration Nursing

Research and Statistics:

- Research Methodology
- Statistics
- Epidemiology
- Research Project (MQF Level 6)

1.4.6 Clinical placement:

- Minimum 52 weeks of clinical placement required before registration with MNB.
- 60% of the coverage **MUST** be from in the area of Medical and Surgical.
- 100% attendance is compulsory.

All the courses stipulated in nursing sciences are required clinical placement.

Elective Courses in Nursing:

Any subspecialty areas of interest can be covered under this section.

1.4.7 The curriculum in relation to level of program:

Curriculum for program Bachelor of Nursing (4 years) (MQF Level 6) (exclusive MPU and university courses):

Core	Minimum credit
Basic Medical Science	16
Behavioural Science	10
Nursing Science	52
Clinical placement	26
Research and Statistics (inclusive of Project)	12
Elective Courses in Nursing	4
<b>Total</b>	<b>120</b>

\*Credit transfer allowed for Core Sciences for Diploma in Nursing graduates. Maximum 30% of total graduating credit.



Curriculum for program Diploma in Nursing (3 years) (MQF Level 4) (exclusive MPU and university courses):

Core	Minimum credit
Basic Medical Science	8
Behavioral Science	8
Nursing Science	46
Clinical Placement	26
Research Methodology	2
Electives in Nursing	0
<b>Total</b>	<b>90</b>

\*Credit transfer allowed for Core Sciences for Certificate in Nursing graduates. Maximum 30% of total graduating credit.

Curriculum for program Advanced Diploma Specialty Programme in Nursing (1 year) (MQF Level 5) (exclusive MPU and university courses):

Core	Minimum credit
Basic Medical Sciences	6
Behavioural Sciences	3
Nursing Sciences	16
Clinical Placement	12
Research (evidence based practice in nursing)	3
Electives in Nursing	0
<b>Total</b>	<b>40</b>

Curriculum for program Certificate in Nursing (MQF Level 3) (exclusive MPU and university courses):

Core	Minimum credit
Basic Medical Science	6
Behavioural Science	4
Nursing Science	24
Clinical Placement	26
Research & Statistics	0
Electives in Nursing	0
<b>Total</b>	<b>60</b>

Curriculum for program Post Basic Specialty Programme in Nursing:

Core	Minimum credit
Basic Medical Science	2
Behavioural Science	2
Nursing science	10
Clinical Placement	6
Research & Statistics (evidence based)	0
Electives in nursing	0
<b>Total</b>	<b>20</b>





## 1.4.8

Duration of study:

Level MQF	Academic	Conventional and Blended Learning	Open Distance Learning
		(minimum) *Full time	Part Time
6	Bachelor of Nursing	4 years	3 years
5	Advanced Diploma	1 year	
4	Diploma	3 years	
3	Certificate	2 years	
	Post Basic	6 months	

Only students with approved credit transfer are allowed to complete the study before the stipulated minimum duration.

ODL – for registered nurse only

\*For the Open Distance Learning mode kindly refer to Code of Practice and Open Distance Learning (COP-ODL), MQA 2010.

## 1.4.9

Total credit hours for core sciences should be within the range of:

Level MQF	Academic	Core Sciences Total Credit (Minimum)
6	Bachelor	120
6	Bachelor ( <i>speciality</i> )	140*
5	Advanced Diploma	40
4	Diploma	90
3	Certificate	60
	Post Basic	20

The curriculum **MUST** fulfil the requirements of the discipline of study, taking into account the appropriate programme standards, professional and industry requirements as well as good practices in the field.

\*Minimum 30 credits hours for the speciality discipline courses.

**Formula:**

**1 credit = 40 notional hours for theory and practical.**

**1 credit = 80 notional hours for clinical placement (40 hours/week).**

**Clinical Placement:**

5 days per week (Any day from Monday to Sunday).

Shift **MUST** take place from the following working hours:

- 7am-2pm
- 2pm-9pm
- 9pm-7am (2 nights shift in final year)
- Shift 7 hours and 1 hour student's guided and structured learning with clinical instructor or lecturer.





### Guidelines\*

Components	Lecture/Clinical	Independent Learning Time (ILT)
Lectures (L)	1 hour	1-2 hours
Tutorial (T)	1 hour	1-2 hours
Skill Laboratory	1 hour	1-2 hours
Nursing Practicum	7 hours	1 hour
Presentation	1 hour	3-4 hours
Coursework/Assignment	2000 words	10-12 hours
Examination	3 hours	10-20 hours

\*The independent learning time (ILT) should be allocated according to the complexity of the courses.

- 1.4.10 There **MUST** be evidence of integration between theory and practice components.
- 1.4.11 Learning outcomes of clinical practice **MUST** be congruent with the theory.
- 1.4.12 Each nursing subject **theory** should be comprised of a minimum of 2 credits and maximum of 4 credits. For **clinical placement** maximum 8 credits.
- 1.4.13 Management of the Programme:
  - 1.4.13.1 Students **MUST** be equipped with the current written information of the aims, objectives, learning outcomes and methods or assessment of programme.
  - 1.4.13.2 The programme **MUST** have a qualified coordinator and team responsible for the implementation of the programme.
  - 1.4.13.3 The programme team **MUST** have established procedures for planning and monitoring the programme.
  - 1.4.13.4 The programme team **MUST** have adequate resources to maintain implementation of the programme.
  - 1.4.13.5 The programme team **MUST** regularly review and evaluate the programme for quality assurance.
  - 1.4.13.6 The institution **MUST** provide a conducive learning environment to enhance achievement.
- 1.4.14 Linkages with external stakeholders:
  - 1.4.14.1 The institution **MUST** have linkages with all levels of external stakeholders for the purpose of planning, implementation and review.



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- 1.4.14.2 The institution should obtain evaluation from employers for improvement of curriculum, clinical practice placements and employability.
- 1.4.14.3 The learners should be given opportunity to develop linkages with external stakeholders.
- 1.4.15 Programme **MUST** be full accredited before students sit for the MNB/MMB exam.  
An application for full accreditation is made when the first cohort of students reaches their final year.
- 1.4.16 Programme **MUST** be accredited before students can graduate.
- 1.4.17 Programme **MUST** have full accreditation to get recognition from the MNB/MMB.



## AREA 2

## ASSESSMENT OF STUDENT LEARNING

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

##### 2.1 Relationship between assessment and learning outcomes:

- 2.1.1 Assessment principles, methods and practices **MUST** be aligned to the learning outcomes of the programme, consistent with the levels defined in the MQF.
- 2.1.2 The alignment between assessment and the learning outcomes in the programme **MUST** be systematically and regularly reviewed to ensure its effectiveness.

##### 2.2. Assessment Methods:

- 2.2.1 There **MUST** be a variety of methods and tools that are appropriate for the assessment of learning outcomes and competencies.
- 2.2.2 There **MUST** be mechanisms to ensure, and to periodically review, the validity, reliability, integrity, currency and fairness of the assessment methods.
- 2.2.3 The frequency, methods, and criteria of student assessment including the grading system and appeal policies **MUST** be documented and communicated to students on the commencement of the programme.
- 2.2.4 Changes to student assessment methods **MUST** follow established procedures and regulations and be communicated to students prior to their implementation.
- 2.2.5 All Nursing Science and Basic Medical Science courses **MUST** be assessed proportion of 60% in summative assessment in the mode of written final examination.
- 2.2.6 All clinical placement courses **MUST** be assessed proportion of 60% in summative assessment in the mode of structured clinical examination.
- 2.2.7 The methods and tools of assessments **MUST** be communicated to the learners on commencement of programme.



- 2.2.8 The formative assessment are generally low stakes, which means that they have low or no point value during the learning process in order to modify teaching and learning activities to improve student attainment.
- 2.2.9 Assessment is a measure of student learning and effectiveness of teaching.

There are various methods of assessment such as:

**Theory/didactic:**

Assessment during the didactic component takes place throughout and at the end of each semester based on Learning Outcome:

- i. Continuous assessment:
  - Such as and not limited to the following case based assessment, case study presentations, Portfolio, Test or Quiz.
- ii. Summative
  - Final examination is conducted at the end of semester such as and not limited to the following:
    - Multiple Choice Question (MCQ)/Short Essay Question (SEQ)/Modified Essay Question (MEQ).
    - Practical-Objective Structured Clinical Examination (OSCE)/Objective Structured Practical Examination (OSPE).
    - Clinical Examination/Clinical Performance in real scenario.
- iii. Profesional examination:
  - All programs that required a registration with MNB/MMB need to conduct final examination for both theory and practical at the end of the programme.

**Note:** The methods of assessment are based on the individual institution and level of the programme.

The core competency procedures **MUST** achieve 100% to be qualified to sit for MNB/MMB examination.





#### 2.2.10 Grading System:

The scheme of marks and grades are as follows:

Marks	Grade	Grade Point	Meaning
50	C	2.00	Pass

Minimum 50% is a passing mark and **Grade C** is the minimum passing grade for every semester.

### 2.3 Management of Student Assessment:

- 2.3.1 The department and its academic staff **MUST** have adequate level of autonomy in the management of student assessment.
- 2.3.2 There **MUST** be mechanisms to ensure the security of assessment documents and records.
- 2.3.3 The assessment results **MUST** be communicated to students before the commencement of a new semester to facilitate progression decision.
- 2.3.4 The department **MUST** have appropriate guidelines and mechanisms for students to appeal their course results.
- 2.3.5 The department **MUST** periodically review the management of student assessment and act on the findings of the review. (For MQF level 6 and above, the review **MUST** involve external examiners).
- 2.3.6 Have an explicit examination policy. State the appeal policy and dismissal policy.
- 2.3.7 Provide feedback on all academic, clinical performances and assessments to students and **MUST** be documented.
- 2.3.8 Ensure candidates achieve **85%** attendance of **lecture hours**.
- 2.3.9 Ensure candidates achieve **100%** attendance of **clinical practice placement**.
- 2.3.10 Medical leave should **not exceed 9 days** per year for programme **1 year and above** and only valid for non-clinical placement courses.
- 2.3.11 Medical leave should **not exceed 5 days** per year for programme **6 months to 12 months** and only valid for non-clinical placement courses.



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- 2.3.12 Ensure candidates achieve **100%** for core competency procedures in **clinical record practice book**.
- 2.3.13 Ensure candidates achieve **85%** for optional procedures in **clinical record practice book**.



## AREA 3

## STUDENT SELECTION AND SUPPORT SERVICES

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

##### 3.1 Student Selection:

- 3.1.1 The programme **MUST** have clear criteria and processes for student selection (including that of transfer students) and these must be consistent with applicable requirements.
- 3.1.2 The criteria and processes of student selection **MUST** be transparent and objective.
- 3.1.3 Student enrolment **MUST** be related to the capacity of the department to effectively deliver the programme.
- 3.1.4 There **MUST** be a clear policy, and if applicable, appropriate mechanisms, for appeal on student selection.
- 3.1.5 The department **MUST** offer appropriate developmental or remedial support to assist students, including incoming transfer students who are in need.
- 3.1.6 The recruitment committee **MUST** include a nurse.
- 3.1.7 All candidates **MUST** meet the entry requirement as stipulated by the MNB/MMB.
- 3.1.8 All candidates with local qualifications **MUST** possess credit in Bahasa Melayu in Sijil Pelajaran Malaysia (SPM).
- 3.1.9 All local candidates who possess GCE 'O'/'A' Level **MUST** possess credit in Bahasa Melayu.
- 3.1.10 Unified Examination Certificate (UEC) is only accepted for Private Institutions of Higher Learning as approved by Ministry of Higher Education (MOHE).
- 3.1.11 All International candidate who enrolled Advanced Diploma Program In Nursing **MUST** Possess a current Temporary Practicing Certificate (TPC) from the MNB **before clinical placement**.



## 3.1.12

Programme	Minimum Entry Requirement	Minimum Entry Requirement
Certificate in Nursing	<b>For Malaysian candidates:</b>	<b>For International candidates:</b>
	Pass Sijil Pelajaran Malaysia (SPM). <ul style="list-style-type: none"> <li>• Credit Bahasa Melayu.</li> </ul> <b>AND MUST POSSESS:</b> <ul style="list-style-type: none"> <li>• Pass in General Science/Biology/ Chemistry/Physic.</li> <li>• Pass in Mathematics (Elementary or Additional or Modern).</li> <li>• Pass in English.</li> </ul>	<b>Not Applicable</b>

## 3.1.13

Programme	Minimum Entry Requirement	Minimum Entry Requirement
Diploma in Nursing	<b>For Malaysian candidates:</b>	<b>For International candidates:</b>
	Pass Sijil Pelajaran Malaysia (SPM) or *equivalent with five (5) credits:  <b>Mandatory credit in:</b> <ul style="list-style-type: none"> <li>• Bahasa Melayu.</li> <li>• Mathematics (Elementary or Additional or Modern).</li> </ul> <b>Either one (1) of the credit below:</b> <ul style="list-style-type: none"> <li>• Science/Biology/ Chemistry/Physics/ Applied Science</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Credit in two (2) other subjects.</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Pass in English.</li> </ul>	Pass Sijil Pelajaran Malaysia (SPM) or *equivalent with five (5) subjects (minimum Gred C): <ul style="list-style-type: none"> <li>• Credit in Mathematics (Elementary or Additional or Modern).</li> </ul> <b>AND</b> <b>Either one (1) of the credit below:</b> <ul style="list-style-type: none"> <li>• Science/Biology/ Chemistry/Physics/ Applied Science</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li>• Credit in three (3) other subjects</li> </ul>





Programme	Minimum Entry Requirement (cont.)	Minimum Entry Requirement (cont.)
Diploma in Nursing	For Malaysian candidates:	For International candidates:
	<p>OR</p> <ul style="list-style-type: none"> <li>• Pass Sijil Pelajaran Malaysia (SPM).</li> <li>• Possess Assistant Nurse Certificate/ Community Nurse Certificate.</li> <li>• Registered with the MNB.</li> <li>• Possess current Annual Practicing Certificate (APC) for nurses from MNB.</li> <li>• Minimum three (3) years clinical working experience.</li> </ul>	<p>AND</p> <ul style="list-style-type: none"> <li>• A pass in International English Language Testing System (IELTS) with an Overall Band Score of minimum 5.5;</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Test of English as a Foreign Language (TOEFL): <ul style="list-style-type: none"> <li>✓ TOEFL Paper Based Test (TOEFL PBT) a minimum score of 515.</li> <li>✓ TOEFL Computer Based Test (TOEFL CBT) a minimum score of 215.</li> <li>✓ TOEFL Internet Based Test (TOEFL iBT) a minimum score of 80.</li> </ul> </li> <li>• Cambridge Advanced English (CAE)</li> <li>• Cambridge Proficiency English (CPE)</li> <li>• Pearson Test of English (PTE)</li> </ul>
<p><b>*Equivalent</b>-refers to the overseas academic qualification obtained that is equivalent to SPM as approved by MQA).</p>		



## 3.1.14

Programme	Minimum Entry Requirement	Minimum Entry Requirement
Bachelor of Nursing	<p><b>For Malaysian candidates:</b></p> <p><b>Either one (1) of the following below:</b></p> <ul style="list-style-type: none"> <li>• Pass Sijil Tinggi Persekolahan Malaysia (STPM) or *equivalent with minimum CGPA 2.5;</li> <li>• Pass 'A' Level minimum Grade C in three (3) other subjects;</li> <li>• Pass Matriculation/Foundation with minimum CGPA 2.5;</li> <li>• Pass any Diploma with minimum CGPA 2.5 (<b>No credit transfer</b>) Equivalent MQF Level 4.</li> <li>• Pass Diploma in Nursing from a recognized institution by MNB with minimum two (2) years clinical working experience.</li> </ul> <p><b>(Credit transfer allowed).</b></p> <p><b>AND</b></p> <p>All candidate who possess STPM, 'A' Level, Matriculation/Foundation and pass any Diploma except Diploma in Nursing <b>MUST</b> possess:</p> <p><b>Either one (1) of the credit below:</b></p>	<p><b>For International candidates:</b></p> <p><b>Either one (1) of the following below:</b></p> <ul style="list-style-type: none"> <li>• Pass Sijil Tinggi Persekolahan Malaysia (STPM) or *equivalent with minimum CGPA 2.5;</li> <li>• Pass 'A' Level minimum Grade C in three (3) other subjects;</li> <li>• Pass Foundation with minimum CGPA 2.5;</li> <li>• Pass any Diploma with minimum CGPA 2.5 (<b>No credit transfer</b>) equivalent MQF Level 4.</li> <li>• Pass Diploma in Nursing and Registered with the Nursing Council of the country of origin.</li> <li>• Minimum two (2) years clinical working experience.</li> </ul> <p><b>(Credit transfer allowed).</b></p> <p><b>AND</b></p> <p>All candidate who possess STPM, 'A' Level, Foundation and pass any Diploma except Diploma in Nursing <b>MUST</b> possess:</p>



	<ul style="list-style-type: none"> <li>Science/Biology/Chemistry/Physics/Applied Science at SPM or its equivalent.</li> </ul>	<b>Either one (1) of the credit below (minimum Gred C):</b>
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Programme	Minimum Entry Requirement (cont.)	Minimum Entry Requirement (cont.)
Bachelor of Nursing	For Malaysian candidates:	For International candidates:
	<p><b>AND</b></p> <ul style="list-style-type: none"> <li>Credit in Mathematics (Elementary or Additional or Modern) at SPM or its equivalent.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>MUET with minimum of Band 3 /IELTS with a minimum of 5.5/TOEFL with a minimum score of 515/215/80 / Credit in English SPM</li> </ul>	<ul style="list-style-type: none"> <li>General Science/Biology/Chemistry/Physics/Applied Science at SPM or its equivalent.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Credit in Mathematics (Elementary or Additional or Modern) at SPM or its equivalent.</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>IELTS with a minimum of 5.5/TOEFL with a minimum score of 515/215/80.</li> <li>Cambridge English Advanced (CAE)</li> <li>Cambridge English Proficiency (CPE)</li> <li>Pearson Test of English (PTE)</li> </ul>
<p>(*<b>EQUIVALENT</b> - refers to the overseas academic qualifications obtained that are equivalent to STPM as approved by MQA).</p>		



## 3.1.15

Programme	Minimum Entry Requirement	Minimum Entry Requirement
<b>Advanced Diploma Speciality in Nursing</b>	<b>For Malaysian candidates:</b> <ul style="list-style-type: none"> <li>• Possess Diploma in Nursing from a recognised institution by MNB.</li> <li>• Registered with the MNB.</li> <li>• Possess current Annual Practicing Certificate (APC) for nurses from MNB.</li> <li>• Minimum two (2) years clinical working experience.</li> </ul>	<b>For International candidates:</b> <ul style="list-style-type: none"> <li>• Possess Diploma in Nursing from a recognised institution by MNB.</li> <li>• Registered with the Nursing Council of the country of origin.</li> <li>• Minimum two (2) years clinical working experience.</li> <li>• Pass IELTS with minimum score of 5.5/TOEFL with minimum score of 515/215/80.</li> </ul>
<p>*Advanced Diploma Midwifery programme is permitted for the International candidates and Female Nurse only.</p> <p>*Not allowed to practice in Malaysia.</p> <p>*Allow to sit for the examination and registered with MMB.</p>		

## 3.1.16

Programme	Minimum Entry Requirement	Minimum Entry Requirement
<b>Post Basic Speciality in Nursing</b>	<b>For Malaysian candidates:</b> <ul style="list-style-type: none"> <li>• Possess Diploma in Nursing from a recognised institution by MNB.</li> <li>• Registered with the MNB.</li> <li>• Possess current Annual Practicing Certificate (APC) for nurses from MNB.</li> <li>• Minimum two (2) years clinical working experience.</li> </ul>	<b>For International candidates:</b> <b>Not Applicable</b>





3.1.16 Health status:

3.1.16.1 All candidates **MUST** be certified medically fit by a registered medical practitioner within **ONE MONTH** from commencement of the nursing programme.

3.1.16.2 A person with any of the following shall be disqualified from entry into a nursing program.

- Serious physical or mental illness, and/or
- Serious communicable disease.

3.1.16.3 Candidate **MUST** not have any physical disabilities or impaired senses that hinder nursing dexterity.

3.2 Articulation and Transfer:

3.2.1 The department **MUST** have well defined policies and mechanisms to facilitate student mobility, which may include student transfer within and between institutions as well as cross-border.

3.2.2 The department **MUST** ensure that the incoming transfer students have the capacity to successfully follow the programme.

3.3 Student Support Services:

3.3.1 Students **MUST** have access to appropriate and adequate support services, such as physical, social, financial, recreational and online facilities, academic and non-academic counselling and health services.

3.3.2 There **MUST** be a designated administrative unit, with a prominent organizational status in the HEP, responsible for planning and implementing student support services staffed by individuals who have appropriate experience.

3.3.3 An effective induction to the programme **MUST** be available to new students with special attention given to out of state and international students as well as students with special needs.

3.3.4 Academic, non-academic and career counselling **MUST** be provided by adequate and qualified staff.

3.3.5 There **MUST** be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social support.



- 3.3.6 The HEP **MUST** have clearly defined and documented processes and procedures in handling student disciplinary cases.
- 3.3.7 There **MUST** be an effective mechanism for students to voice their grievances and seek resolution on academic and non- academic matters.
- 3.3.8 Student support services **MUST** be evaluated regularly to ensure their adequacy, effectiveness and safety.

### 3.4 Student Representation and Participation:

- 3.4.1 There **MUST** be well-disseminated policies and processes for active student engagement especially in areas that affect their interest and welfare.
- 3.4.2 There **MUST** be adequate student representation and organisation at the institutional and departmental levels.
- 3.4.3 Students **MUST** be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.
- 3.4.4 Student activities and organisation **MUST** be facilitated to encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.

### 3.5 Alumni:

The department **MUST** foster active linkages with alumni to develop, review and continuously improve the programme.



## AREA 4

## ACADEMIC STAFF

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

##### 4.1. Recruitment and Management:

- 4.1.1 The department **MUST** have a clearly defined plan for its academic manpower needs consistent with institutional policies and programme requirements.
- 4.1.2 The department **MUST** have a clear and documented academic staff recruitment policy where the criteria for selection are based primarily on academic merit and/or relevant experience.
- 4.1.3 The qualification for academic staff **MUST** be appropriate with the level of programme:
- 4.1.4 Certificate Programme:
  - 4.1.4.1 Possess a Bachelor in Nursing as recognized by the MNB.
  - 4.1.4.2 Registered Nurse.
  - 4.1.4.3 Possess current Annual Practicing Certificate (APC) for nurses or Temporary Practicing Certificate (TPC) for foreigners.
  - 4.1.4.4 Has a minimum of five (5) years clinical working experience.
- 4.1.5 Diploma Programme:
  - 4.1.5.1 Possess a Bachelor in Nursing as recognized by the MNB.  
**OR**  
Possess a Bachelor in Health Care related subject as recognized by the MNB with Diploma in Nursing (exceptional before December 2017)
  - 4.1.5.2 Registered Nurse.
  - 4.1.5.3 Possess current Annual Practicing Certificate (APC) for nurses or Temporary Practicing Certificate (TPC) for foreigners.
  - 4.1.5.4 Possess post basic qualification.



- 4.1.5.5 Has a minimum of five (5) years clinical working experience as a registered nurse.
- 4.1.6 Bachelor of Nursing:
  - 4.1.6.1 Master in Nursing or related Master Degree. Bachelor in Nursing is a **MUST**.
  - 4.1.6.2 Registered Nurse.
  - 4.1.6.3 Possess current Annual Practicing Certificate (APC) for nurses or Temporary Practicing Certificate (TPC) for foreigners.
  - 4.1.6.4 Possess post basic qualification.
  - 4.1.6.5 Has a minimum of five (5) years clinical working experience.
- 4.1.7 Advanced Diploma Programme:
  - 4.1.7.1 Possess a Bachelor in Nursing as recognized by the MNB.  
**OR**  
Possess a Bachelor in Health Care related subject as recognized by the MNB with Diploma in Nursing (exceptional before December 2017).
  - 4.1.7.2 Registered Nurse.
  - 4.1.7.3 Possess current Annual Practicing Certificate (APC) for nurses or Temporary Practicing Certificate (TPC) for foreigners.
  - 4.1.7.4 Possess specialization in specific area with minimum three (3) years clinical working experience in that area.
  - 4.1.7.5 Possess post basic qualification.
  - 4.1.7.6 Has a minimum of five (5) years clinical working experience as a registered nurse.
- 4.1.8 Post Basic Programme:
  - 4.1.8.1 Possess a Bachelor in Nursing as recognized by the MNB.  
**OR**  
Possess a Bachelor in Health Care related subject as recognized





by the MNB with Diploma in Nursing (exceptional before December 2017).

- 4.1.8.2 Registered Nurse.
- 4.1.8.3 Possess current Annual Practicing Certificate (APC) for nurses or Temporary Practicing Certificate (TPC) for foreigners.
- 4.1.8.4 Possess post basic qualification.
- 4.1.8.5 Has a minimum of five (5) years clinical working experience as a registered nurse.
- 4.1.9 Dean / Director of Nursing / Head of Programme / Coordinator of Programme / Collaboration with overseas universities / Colleges **MUST**:
  - 4.1.9.1 Is a Malaysian citizen.
  - 4.1.9.2 Master in Nursing or related Master Degree. Possess Bachelor in Nursing/ Possess a Bachelor in Health Care related subject as recognized by the MNB with Diploma in Nursing (exceptional before December 2017).
  - 4.1.9.3 Registered Nurse.
  - 4.1.9.4 Possess current Annual Practicing Certificate (APC) for nurses.
  - 4.1.9.5 Has a minimum of five (5) years in teaching inclusive related management.
- 4.1.10 Clinical Instructors (CI)/Local Preceptor (LP): Certificate, Diploma and Bachelor:
  - 4.1.10.1 Registered Nurse.
  - 4.1.10.2 Possess current Annual Practicing Certificate (APC) for nurses.
  - 4.1.10.3 **MUST** have minimum five (5) years of clinical working experience.
- 4.1.11 Clinical Instructors (CI)/Local Preceptor (LP): Post Basic and Advanced Diploma:
  - 4.1.11.1 Registered Nurse.
  - 4.1.11.2 Possess current Annual Practicing Certificate (APC) for nurses.



- 4.1.11.3 **MUST** have minimum five (5) years of clinical working experience.
- 4.1.11.4 Possess a relevant post basic qualification according to related field
- 4.1.12 Non-nursing academic staff **MUST** be a qualified graduate in the relevant field of expertise:
  - 4.1.12.1 Constitute 30% of full time nursing academic staff.
  - 4.1.12.2 Allowed to teach only non-nursing sciences which include Basic Medical Science and Behavioral Science, Personal and Professional Development except Nursing Science and clinical placement.
- 4.1.13 Ratio of full time and part time nursing academic staff in conventional programme:
  - 4.1.13.1 The staff - student ratio for the programme **MUST** be appropriate to the teaching-learning methods and comply with the programme standards for the discipline.
  - 4.1.13.2 The department **MUST** have adequate and qualified academic staff responsible for implementing the programme. The expected ratio of full-time and part-time academic staff is 60:40
  - 4.1.13.3 Part time nursing academic staff only allowed maximum **five (5) credits** workload.
  - 4.1.13.4 Part time nursing academic staff **MUST** not be employed in not more than two (2) colleges.
- 4.1.14 There must be sufficient number of qualified academic staff to implement the curriculum effectively and ensure adequate clinical supervision.
  - 4.1.14.1 The conventional nursing programme teacher-student population ratio **MUST** be **1:25** (based on full time nursing academic staff).
  - 4.1.14.2 Clinical teaching: teacher-student ratio **MUST** be **1:15** (based on full time academic staff).
  - 4.1.14.3 The clinical instructor-student ratio **MUST** be **1:15**. (If the lecturer is also a clinical instructor **MUST** be with the student full time).



- 4.1.14.4 For Open Distance Learning programme teacher-student ratio **MUST** be 1:20 (face to face).
- 4.1.14.5 For speciality programmes the teacher-student ratio **MUST** be 1:20.
- 4.1.14.6 For speciality programmes the clinical instructor-student ratio **MUST** be 1:10.
- 4.1.15 Foreign nursing academic staff **MUST Not Exceed 40%** of the full time nursing academic staff.
- 4.1.16 The policy of the department **MUST** reflect an equitable distribution of responsibilities among the academic staff.
- 4.1.17 The recruitment policy for a particular programme **MUST** seek diversity among the academic staff in terms of experience, approaches and backgrounds.
- 4.1.18 Policies and procedures for recognition through promotion, salary increment or other remuneration **MUST** be clear, transparent and based on merit.
- 4.1.19 The department **MUST** have national and international linkages to provide for the involvement of experienced academics, professionals and practitioners in order to enhance teaching and learning in the programme.

## 4.2 Service and Development

- 4.2.1 The department **MUST** have policies addressing matters related to service, development and appraisal of the academic staff.
- 4.2.2 The department **MUST** provide opportunities for academic staff to focus on their respective areas of expertise.
- 4.2.3 The HEP **MUST** have clear policies on conflict of interest and professional conduct, including procedures for handling disciplinary cases among academic staff.
- 4.2.4 The HEP **MUST** have mechanisms and processes for periodic student evaluation of the academic staff for quality improvement.
- 4.2.5 The department **MUST** have a development programme for new academic staff and continuous professional enhancement for existing staff.



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- 4.2.6 The HEP **MUST** provide opportunities for academic staff to participate in professional, academic and other relevant activities, at national and international levels to obtain professional qualifications to enhance teaching-learning experience.
- 4.2.7 The department **MUST** encourage and facilitate its academic staff to play an active role in community and industry engagement activities.
- 4.2.8 Current academic staff profile to be submitted to Malaysian Nursing Board (MNB)/Malaysian Midwives Board (MMB) yearly (July) or whenever there are changes. Malaysia Board has prerogative to request the current faculty profile when required.





## AREA 5

## EDUCATIONAL RESOURCES

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

##### 5.1 Physical Facilities:

- 5.1.1 The programme **MUST** have sufficient and appropriate physical facilities and educational resources to ensure its effective delivery, including facilities for practical-based programme and for those with special needs.
- 5.1.2 The physical facilities **MUST** comply with the relevant laws and regulations.
- 5.1.3 Sufficient and appropriate physical facilities and educational resources to ensure its effective delivery.
- 5.1.4 The institution **MUST** have:
  - 5.1.4.1 Classroom and teaching facilities include/examination hall:
    - Adequate classrooms according to approved number of students.
    - Spacious and comfortable classroom to accommodate the intended number of students.
    - Adequate and current audio-visual aids for effective teaching-learning activities.
    - Examination unit with adequate facilities should be made available.
    - There **MUST** be upgrading of equipment and facilities to cater for increasing number of students.
  - 5.1.4.2 Skills Laboratory should consist of:
    - Nurse's counter.
    - Adult and child mannequin.
    - Poison cupboard with SOP.
    - Emergency trolley with SOP.
    - Oxygen and suction panel with apparatus.
    - Medication trolley.
    - Treatment room.
    - Hand washing facilities with elbow tap.
    - Medical base.
    - Surgical base.
    - Community base.
    - Isolation room.
    - Clean and Dirty utility room.



\*(For specialty program equipment's **MUST** commensurate with programme offered)

5.1.4.3 Nursing Academic Staff: Student: Bed: ratio per teaching session **MUST be 1:15:1** in the skills laboratory.

5.1.4.4 **Specialty Programme:**  
Nursing Academic Staff: Student: ratio per teaching session **MUST be 1:10** in the skills laboratory.

5.1.4.5 Equipment **MUST** correspond with the requirement and upgraded to meet the increasing population of the students.

5.1.4.6 Utilization of the skill laboratory **MUST** be scheduled to ensure adequate opportunities for all students to practice.

5.1.4.7 Skills laboratory **MUST** have procedure stations and checklists.

5.1.4.8 Supervised experience in simulated ward using High Fidelity Patient Simulator (HFPS) **MUST** be approved by Malaysian Nursing Board (MNB). **(Optional)**

5.1.4.9 Examination room to prepare question paper.  
Should be equipped with:

- Computer.
- Printer/Photo copy machine.
- Dedicated Shredder.
- Fire extinguisher.
- Authorized personnel.
- Authorization and oath letter.
- SOP for packing and handling question papers.

5.1.4.10 The library or resource centre **MUST** have adequate and up-to-date reference materials and qualified staff that meet the needs of the programme and research amongst academic staff and students.

Library facilities **MUST** be adequate to meet program requirements:

- Adequate books, e-books, journals or e-journals related to programme.
- WIFI.
- Computer and printer.
- Librarian/personnel in-charge.
- Discussion room.

5.1.4.11 Computer laboratory should be adequately equipped.

5.1.5 Clinical practice placement:



- 5.1.5.1 Clinical practice placement areas should cover all required discipline as approved to meet the learning outcomes of the respective program placement. (Refer Table 1).

**TABLE 1:  
DISCIPLINE/PROCEDURS TO BE COVERED DURING  
CLINICAL PRACTICE PLACEMENT**

<b>Diploma (MQF Level 4) &amp; Bachelor of Nursing (MQF Level 6)</b>	<b>Certificate (MQF Level 3)</b>	<b>Post Basic &amp; Advanced Diploma</b>
Medical Surgical Orthopedic Pediatric Obstetric Gynecology Ophthalmology Otorhinolaryngology Trauma and Emergency Urology / Nephrology Neurology Geriatrics Mental Health Community Health  Optional discipline: <ul style="list-style-type: none"> <li>• ICU</li> <li>• CCU</li> <li>• Operation Theatre</li> <li>• Oncology</li> </ul>	Medical Surgical Orthopedic Pediatrics Obstetrics Gynecology Out-patient Department Trauma and Emergency (Community Health- for Certificate Community Nurse only)	Relevant disciplines <b>MUST</b> be available and <b>MUST</b> comply with program learning outcomes

- 5.1.5.2 Clinical practice placement for Diploma & Bachelor of the Nursing programme **MUST** be:

- Minimum **52 weeks** of clinical placement.
- Medical and Surgical placement **MUST** cover 60-70% of total clinical placement.
- Minimum placement for Management **MUST** be **4 weeks**.
- Minimum placement for Community Health Nursing **MUST** be **4 weeks**.
- Minimum placement for Mental Health/Psychiatric **MUST** be **2 weeks**.

- 5.1.5.3 Additional placements facility **MUST** be approved by MNB/MMB to ensure suitability for clinical experiences.





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- 5.1.5.4 Placements are available to meet the program outcomes to cover range of the experiences required.
- 5.1.5.5 Number of students allowed per community health center should not exceed **eight (8)** at any one time.
- 5.1.5.6 Staff: student ratio **MUST be 1:8** in community health center and **1:4** during activities.
- 5.1.5.7 Students **MUST** be provided with specific learning outcomes prior to placements.
- 5.1.5.8 Number of student to patient's ratio should be **1:4** level of patient care **MUST** correspond with the students' required learning outcomes.
- 5.1.5.9 Clinical instructors are only allowed to cover **two (2)** wards adjacent to each other at any one time.
- 5.1.5.10 Male students **MUST** be chaperoned by female health personnel when attending to female patients.
- 5.1.5.11 Indoor or outdoor recreational facilities should be available.
- 5.1.5.12 Availability of accommodation for students in the clinical/college (optional): **if accommodation** is provided, it **MUST** be conducive. Institution is responsible for the safety and punctuality of the students.
- 5.1.5.13 The educational resources, services and facilities should be periodically reviewed to assess the quality and appropriateness for current education and training.

## 5.2 Educational Expertise:

- 5.2.1 The educational resources, services and facilities **MUST** be maintained and periodically reviewed to improve the quality and appropriateness.
- 5.2.2 There should be access to educational experts and the department should utilize such expertise for staff development and educational research.

## 5.3 Research and Development:

(These standards are largely directed to universities and universities colleges)

- 5.3.1 The department **MUST** have a research policy with adequate facilities and resources to sustain them.
- 5.3.2 The interaction between research and learning **MUST** be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research, scholarship and development.





- 5.3.3 The department **MUST** periodically review its research resources and facilities and take appropriate action to enhance its research capabilities and to promote a conducive research environment.

#### 5.4 Financial Resources:

- 5.4.1 The HEP **MUST** demonstrate financial viability and sustainability for the programme.
- 5.4.2 The department **MUST** have clear procedures to ensure that its financial resources are sufficient and managed efficiently.
- 5.4.3 The HEP **MUST** have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the department.



## AREA 6

## PROGRAMME MANAGEMENT

### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

#### CRITERIA

##### 6.1 Programme Management:

- 6.1.1 The department **MUST** clarify its management structure and function, and the relationships between them, and these **MUST** be communicated to all parties involved based on the principles of responsibility, accountability and transparency.
- 6.1.2 The department **MUST** provide accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.
- 6.1.3 The department **MUST** have policies, procedures and mechanisms for regular review and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement.
- 6.1.4 The academic board of the department **MUST** be an effective decision-making body with an adequate degree of autonomy.
- 6.1.5 Mechanisms to ensure functional integration and comparability of educational quality **MUST** be established for programme conducted in different campuses or partner institutions.
- 6.1.6 The department **MUST** conduct internal and external consultations, and market needs and graduate employability analyses.
- 6.1.7 Mechanism for programme monitoring and review:
  - 6.1.7.1 Student performance and progression **MUST** be analyzed in relation to the curriculum:
    - Appropriately defined mechanism to monitor student progress and achievement.
    - There **MUST** be evidence of evaluation, monitoring and reviewing on teaching-learning activities.



- 6.1.7.2 There **MUST** be programme evaluation mechanism:
- The institution **MUST** adhere to the curriculum's content, breath, depth and sequence which meet the current requirements.
  - The process of analysis in relation to teaching and learning.
- 6.1.7.3 There **MUST** be a programme review and monitoring committee.
- 6.1.7.4 The institutions self-review should be able to identify areas of concern and demonstrate ways to improve the programme:
- The evaluation feedback **MUST** be complimented with an action mechanism.
  - The findings should be well documented with prompt retrieval system for review.
- 6.1.7.5 The institution **MUST** establish a mechanism for maintaining and upgrading facilities and programme resources for both local and international.

## 6.2 Programme Leadership:

- 6.2.1 The criteria for the appointment and the responsibilities of the programme leader **MUST** be clearly stated.
- 6.2.2 The programme leader **MUST** have appropriate qualification, knowledge and experiences related to the programme he/she is responsible for.
- 6.2.3 There **MUST** be mechanisms and processes for communication between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.
- 6.2.4 There **MUST** be a structured action plan for continuous improvement of activities:
- Short term action plan for below five years.
  - Long term action plan for five years and above.
- 6.2.5 Evaluation:  
The effectiveness of actions taken is evaluated to ensure for improvement.
- 6.2.5.1 Internal audit:
- The committee will check and analyse weaknesses and strengths in the learning outcomes.
  - Structured audit tools to monitor adequacy of programme



resources and facilities.

6.2.5.2 External audit:

Professionally informed judgments are made based on:

- Program evaluation.
- Appropriate clinical practice assessment.
- Sufficient academic staff with relevant teaching and professional qualifications.
- Adequate support mechanisms for students.
- Adequate the provisions for quality management and enhancement.
- Appointment of external examiners/moderators.
- The evidence of utilisation of audit and assessment (internal and external) findings from programme evaluation for future improvement.
- Evidence of documentation.

6.2.6 Feedback:

- Definite remedial measures are identified and implemented for improvement.
- The outcomes of remedial measures are regularly communicated to the stakeholders, staff and students.

**6.3 Administrative Staff:**

- 6.3.1 The department **MUST** have sufficient number of qualified administrative staff to support the implementation of the programme and related activities.
- 6.3.2 The HEP **MUST** conduct regular performance review of the administrative staff of the programme.
- 6.3.3 The department **MUST** have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.
- 6.3.4 The appointment of academic leadership **MUST** meet the minimum requirements.
- 6.3.5 The academic leadership **MUST** be held by one with appropriate qualifications and experience.
- 6.3.6 The academic leadership should be evaluating at defined intervals with respect to the performance of the programme.





- 6.4.7 The academic leadership should ensure that core skills are taught and validated.

#### 6.4 Academic Records:

- 6.4.1 The department **MUST** have appropriate policies and practices concerning the nature, content and security of student, academic staff and other academic records.
- 6.4.2 The department **MUST** maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.
- 6.4.3 The department **MUST** implement policies on the rights of individual privacy and the confidentiality of records.
- 6.4.4 The department **MUST** continually review policies on the security of records, including the increased use of electronic technologies and safety systems.
- 6.4.5 There **MUST** be records of academic meetings.
- 6.4.6 There **MUST** be a registry of students, staff and programmes.



## AREA 7

### PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

#### SECTION 1: CRITERIA AND STANDARDS FOR PROGRAMME ACCREDITATION

##### CRITERIA

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

- 7.1.1 Governance:  
The institution **MUST** clearly state its ways of administering an educational institution and the methods of management:
- 7.1.2 The department **MUST** have clear policies and appropriate mechanisms for regular monitoring and review of the programme.
- 7.1.3 The department **MUST** have a Quality Assurance (QA) unit for internal quality assurance of the department to work hand-in-hand with the QA unit of the HEP.
- 7.1.4 The department **MUST** have an internal programme monitoring and review committee with a designated head responsible for continual review of the programme to ensure its currency and relevancy.
- 7.1.5 The department's review system **MUST** constructively engage stakeholders, including the alumni and employers as well as the external experts, whose views are taken into consideration.
- 7.1.6 The department **MUST** make the programme review report accessible to stakeholders.
- 7.1.7 Various aspects of student performance, progression, attrition, graduation and employment **MUST** be analysed for the purpose of continual quality improvement.
- 7.1.8 In collaborative arrangements, the partners involved **MUST** share the responsibilities of programme monitoring and review.
- 7.1.9 The findings of a programme review **MUST** be presented to the HEP for its attention and further action.



- 7.1.10 There **MUST** be an integral link between the departmental quality assurance processes and the achievement of the institutional purpose.
- 7.1.11 There **MUST** be a policy on budget allocation which allows:
  - 7.1.11.1 sufficient autonomy to direct resources appropriately to achieve the educational objectives.
  - 7.1.11.2 delineation of responsibility and decision making concordant with the curriculum activities and its resources.
- 7.1.11 There **MUST** be a policy on student representation and leadership.
- 7.1.12 There **MUST** be a policy on teaching and learning methods.
- 7.1.13 There **MUST** be a policy on educational expertise in nursing education.
- 7.1.14 Review of curriculum for improvements should involve feedback from stakeholders and external sources:
  - 7.1.14.1 Major review of curriculum every 3 - 5 years.
  - 7.1.14.2 Minor review of curriculum at internal level is continuous and as necessary.
  - 7.1.14.3 The Curriculum Committee for major review **MUST** consists of stakeholders, nursing academics, nursing practitioners and graduates.



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# **SECTION 2:**

  

# **SUBMISSION FOR PROGRAMME ACCREDITATION**



**AREA 1****PROGRAMME DEVELOPMENT  
AND DELIVERY****SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION HIGHER EDUCATION  
PROVIDER (HEP)****1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes:**

- 1.1.1 Explain how the programme is in line with, and supportive of, the vision, mission and goals of the HEP.
- 1.1.2 Provide evidence and explain how the department has considered market and societal demand for the programme. In what way is this proposed programme an enhanced of the other?
- 1.1.3 State the educational objectives, learning outcomes, teaching and learning strategies, and assessment of the programme.
- 1.1.4 Map the programme learning outcomes against the programme educational objectives.

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

Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)			
	PEO 1	PEO 2	PEO 3	PEO 4
PLO 1				
PLO 2				
PLO 3				
PLO 4				
PLO 5				

- 1.1.5 Describe the strategies for the attainment of PLOs in term of teaching and learning strategies, and assessment.
- 1.1.6 Map the programme learning outcomes to an MQF level descriptors and the eight MQF learning outcomes domains.
- 1.1.7 How are the learning outcomes related to the career and further studies options of the student on completion of the programme?
- 1.1.8 Do the learning outcomes relate to the existing and emergent needs of the profession, industry and the discipline? How was this established?



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

- 1.2.1 Describe the provisions and practices that indicate the autonomy of the department in the design of the curriculum, and its utilisation of the allocated resources
- 1.2.2 Describe the processes to develop and approve curriculum.
- 1.2.3 Who and how are the stakeholders consulted in the development of the curriculum?
- 1.2.4 Explain the involvement of educational experts in this curriculum development.
- 1.2.5 Describe how the curriculum fulfils the requirements of the discipline of study in line with the programme standards (if applicable) and good practices in the field.
- 1.2.6 Provide the necessary information, where applicable, in Table 2:

Table 2: Components of the programme and its credit value

	Course Classification	Credit Value	Percentage (%)
1	Compulsory courses/modules*		
2	Core**/Major(s)***/Specialisation : <input type="checkbox"/> Courses <input type="checkbox"/> projects/thesis /dissertation		
3	Optional/elective courses****		
4	Minor courses (if applicable)		
5	Industrial training/Practicum		
6	Others (specify)		
	Total Credit Value		100%

Note:

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

\*\* Core courses also include faculty common courses.

\*\*\* Provide information on major including double major if applicable.

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

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



Table 3: Brief description of courses offered in the programme:

	Semester/ Year Offered	Name and Code of Course	Classification (Compulsory Major/Minor/ Elective)	Credit Value	Programme Learning Outcomes (PLO)					Pre-requisite/ co-requisite	Name (s) of Academic Staff
					PLO1	PLO2	PLO3	PLO4	PLO5		
1											
2											
3											
4											
5											

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

Table 4. Course Information

1.	Name and Code of Course:																																																																																														
2.	Synopsis:																																																																																														
3.	Name (s) of academic staff:																																																																																														
4.	Semester and Year offered:																																																																																														
5.	Credit Value:																																																																																														
6.	Prerequisite/co-requisite (if any)																																																																																														
7.	Course learning outcomes (CLO): CLO 1-... CLO 2-... CLO 3-...																																																																																														
8.	Mapping of the Course Learning Outcomes to the Programme Learning Outcomes, Teaching Methods and Assessment: <table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="3">Course Learning Outcomes (CLO)</th><th colspan="10">Programme Learning Outcomes (PLO)</th><th rowspan="3">Teaching Methods</th><th rowspan="3">Assessment</th></tr> <tr> <th>PL O 1</th><th>PL O 2</th><th>PL O 3</th><th>PL O 4</th><th>PL O 5</th><th>PL O 6</th><th>PL O 7</th><th>PL O 8</th><th>PL O 9</th></tr> <tr> <th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr> </thead> <tbody> <tr><td>CLO 1</td><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>CLO 2</td><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>CLO 3</td><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>TOTAL</td><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> </tbody> </table> <p>Indicate the relevancy between the CLO and PLO by ticking "/"the appropriate relevant box.</p>	Course Learning Outcomes (CLO)	Programme Learning Outcomes (PLO)										Teaching Methods	Assessment	PL O 1	PL O 2	PL O 3	PL O 4	PL O 5	PL O 6	PL O 7	PL O 8	PL O 9										CLO 1													CLO 2													CLO 3													TOTAL																							
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CLO 3																																																																																															
TOTAL																																																																																															
9.	Transferable Skills (if applicable): (Skills learned in the course of study which can be useful and utilised in other settings.)																																																																																														
10.	Distribution of Student Learning Time (SLT): <table border="1" style="width: 100%;"> <thead> <tr> <th rowspan="3">Course content outline</th><th rowspan="3">CLO *</th><th colspan="7">Teaching and Learning Activities</th><th rowspan="3">Total SLT</th></tr> <tr> <th colspan="4">Guided Learning (F2F)</th><th colspan="2">Guided Learning (NF2F) e.g. e-Learning</th><th>Independent Learning (NF2F)</th></tr> <tr> <th>L</th><th>T</th><th>P</th><th>O</th><th colspan="2"></th><th></th></tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td colspan="2"></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td colspan="2" rowspan="4"></td><td></td><td></td></tr> <tr><td colspan="2">Continuous Assessment</td><td colspan="7">Percentage (%)</td><td>Total SLT</td></tr> <tr><td>1</td><td></td><td colspan="7"></td><td></td></tr> <tr><td>2</td><td></td><td colspan="7"></td><td></td></tr> </tbody> </table>	Course content outline	CLO *	Teaching and Learning Activities							Total SLT	Guided Learning (F2F)				Guided Learning (NF2F) e.g. e-Learning		Independent Learning (NF2F)	L	T	P	O				1										2										3										4										Continuous Assessment		Percentage (%)							Total SLT	1										2									
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Continuous Assessment		Percentage (%)							Total SLT																																																																																						
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Final Assessment	Percentage (%)	Total SLT
1		
2		
<b>GRAND TOTAL SLT</b>		
L= Lecture, T= Tutorial, P=Practice, O= Others, F2F= Face to Face, NF2F= Non Face to Face • indicate the CLO based on the CLO'S numbering in Item 8.		
11.	Identify special requirement or resources to deliver the course (e.g., software, nursery, computer lab, simulation room).	
12.	<ul style="list-style-type: none"> <li>Main references:</li> <li>Additional references:</li> </ul> (References should be the most current)	
13.	Other additional information:	

- 1.2.9 Provide details of the coordinator of the programme and members of the team responsible for the programme. State the manner in which the academic team manages the programme. What are their authority and responsibility? What are the procedures that guide the planning, implementation, evaluation and improvement of the programme?
- 1.2.10 Does the programme team have access to adequate resources? Provide evidence.
- 1.2.11 Show how the department provides favourable conditions for teaching and learning.
- 1.2.12 Describe the department's initiatives to encourage innovations in teaching, learning and assessment.
- 1.2.13 State how the department obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence.

### 1.3 Programme Delivery:

- 1.3.1 Provide evidence on how the department ensures the effectiveness of delivery in supporting the achievement of course and programme learning outcomes.
- 1.3.2 Show evidence that the students are provided with, and briefed on, the current information about the programme, for example, Student Study Guide, Student Handbook and Student Project Handbook.
- 1.3.3 (a) Provide details of the coordinator of the programme and members of the team responsible for the programme. State the manner in which the academic team manages the programme. What are their authority and responsibility? What are the procedures that guide the planning, implementation, evaluation and improvement of the programme?
- (b) Does the programme team have access to adequate resources? Provide evidence.
- 1.3.4 Show how the department provides favourable conditions for teaching and learning.





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- 1.3.5 Describe the department's initiatives to encourage innovations in teaching, learning and assessment.
- 1.3.6 State how the department obtains feedback and uses it to improve the delivery of the programme outcomes. Provide evidence.



## AREA 2

## ASSESSMENT OF STUDENT LEARNING

### SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION

#### 2.1 Relationship between Assessment and Learning Outcomes:

- 2.1.1 Explain how assessment principles, methods and practices are aligned to the achievement of learning outcomes of the programme consistent with MQF level.
- 2.1.2 Describe how the alignment between assessment and learning outcomes are regularly reviewed to ensure its effectiveness (please provide policy on the review, if any). Provide evidence.

#### 2.2 Assessment Methods:

- 2.2.1 Describe how a variety of assessment methods and tools are used in assessing learning outcomes and competencies. Show the utilization of both summative and formative assessment methods within the programme.
- 2.2.2 Explain how the department ensures the validity, reliability, integrity, currency and fairness of student assessment over time and across sites (if applicable).
- 2.2.3 Indicate the authority and processes for verification and moderation of summative assessments.
- 2.2.4 Are the assessment methods reviewed periodically? Describe the review of the assessment methods in the programme conducted (e.g., the existence of a permanent review committee on assessment and consultation with external assessors and examiners, students, alumni and industry).
- 2.2.5 Describe the student assessment methods in term of its duration, diversity, weight, criteria and coverage. Describe the grading system used. How are these documented and communicated to the students?
- 2.2.6 Explain how the department provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.
- 2.2.7 How are results made available to the students for purposes of feedback on performance, review and corrective measures?
- 2.2.8 Specify whether students have the right to appeal. Provide information on the appeal policy and processes. How are appeals dealt with?
- 2.2.9 Explain the mechanism to review and implement new methods of assessment. Append a copy of the Regulations of Examination.



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

### **2.3 Management of Student Assessment:**

- 2.3.1 Explain the roles, rights and power of the department and the academic staff in the management of student assessment.
- 2.3.2 Describe how the confidentiality and security of student assessment documents as well as academic records are ensured.
- 2.3.3 Explain how and when continuous and final assessments results are made available to students.
- 2.3.4 What guidelines and mechanisms on students' appeal against course results are in place?
- 2.3.5 Explain how the department periodically reviews the management of student assessment and measures it take to address the issues highlighted by the review.



## AREA 3

## STUDENT SELECTION AND SUPPORT SERVICES

### SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION

#### 3.1 Student Selection:

- 3.1.1 State the criteria and the mechanisms for student selection including that of transfer students and any other additional requirements, for example, those in relation to students with special needs.
- 3.1.2 Provide evidence that the students selected fulfil the admission policies that are consistent with applicable requirements.
- 3.1.3 Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable). The programme must have clear criteria and processes for student selection (including that of transfer students) and these must be consistent with applicable requirements.
- 3.1.4 Explain how the selection criteria are accessible to the public.
- 3.1.5 If other additional selection criteria are utilised, describe them.
- 3.1.6 Show evidence that the admission policy and mechanisms are free from unfair discrimination and bias.
- 3.1.7 Provide information on student intake for each session since commencement and the ratio of the applicants to intake.
- 3.1.8 Describe how the size of student intake is determined in relation to the capacity of the department and explain the mechanisms for adjustments, taking into account the admission of visiting, auditing, exchange and transfer students.
- 3.1.9 Describe the policies, mechanisms and practices for appeal on student selection, if applicable.
- 3.1.10 State the support provided for those who are selected but need additional developmental and remedial assistance.

#### 3.2 Articulation and Transfer:

- 3.2.1 Describe how the department facilitates student mobility, exchanges and transfers, nationally and internationally.
- 3.2.2 Indicate how students accepted for transfer demonstrate comparable achievements in their previous programme of study.





### **3.3 Student Support Services:**

- 3.3.1 What support services are available to students? Show evidence that those who provide these services are qualified. What other additional support arrangements provided by other organizations are accessible to students?
- 3.3.2 Describe the roles and responsibilities of those responsible for student support services
- 3.3.3 How are the effectiveness of the academic, non-academic and career counseling services measured, and the progress of those who seek its services monitored? What plans are there to improve the services, including that of enhancing the skills and professionalism of the counselors
- 3.3.4 How are students orientated into the programme?
- 3.3.5 Describe the provision of the academic, non- academic and career counseling services to students.
- 3.3.6 Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.7 Describe the processes and procedures in handling disciplinary cases involving the students.
- 3.3.8 What mechanism is available for students to complain and to appeal on academic and non- academic matters?
- 3.3.9 How are the adequacy, effectiveness and safety of student support services evaluated and ensured?

### **3.4 Student Representation and Participation:**

- 3.4.1 What policy and processes are in place for active student engagement especially in areas that affect their interest and welfare?
- 3.4.2 Explain student representation and organization at the institutional and departmental levels
- 3.4.3 What does the department do to facilitate students to develop linkages with external stakeholders?
- 3.4.4 How does the department facilitate students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace?
- 3.4.5 How does the department facilitate student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote active citizenship.



### **3.5 Alumni:**

- 3.5.1 Describe the linkages established by the department with the alumni.
- 3.5.2 Describe the role of the alumni in development, review and continuous improvement of the programme.



# AREA 4

## ACADEMIC STAFF

### SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION

#### 4.1 Recruitment and Management:

- 4.1.1 Explain how the department's academic staff plan is consistent with HEP's policies and programme requirements.
- 4.1.2 State the policy, criteria, procedures, terms and conditions of service for the recruitment of academic staff.
- 4.1.3 Explain the due diligence exercised by the department in ensuring that the qualifications of academic staff are from bona fide institutions.
- 4.1.4 Provide data on the staff–student ratio appropriate to the teaching-learning methods and consistent with the programme requirements.
- 4.1.5 (a) Provide summary information on every academic staff involved in conducting the programme in Table 5.

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

No	Name and designation of academic staff	Appointment Status (full-time, part time, contract Etc.)	Nationality	Courses taught in the programmes	Courses taught in other programmes	Academic qualifications		Research focus area (Bachelor and above)	Past work experience		
						Qualifications field of specific award	Name of Awarding Institution and country		Positions held	Employer	Year of service start and end
1.											
2.											
3.											
4.											

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

- i. Name
- ii. Academic Qualifications
- iii. Current Professional Membership
- iv. Current Teaching and Administrative Responsibilities
- v. Previous Employment
- vii. Conferences and Training
- viii. Research and Publications
- ix. Consultancy
- x. Community Service
- xi. Other Relevant Information



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

- 4.1.6 Describe how the department ensures equitable distribution of duties and responsibilities among the academic staff.
- 4.1.7 Describe how the recruitment policy for a particular programme seeks diversity among the academic staff such as balance between senior and junior academic staff, between academic and non-academic staff, between academic staff with different approaches to the subject, and academic staff with multi-disciplinary backgrounds and experiences.
- 4.1.8
  - (a) State the policies, procedures and criteria (including involvement in professional, academic and other relevant activities, at national and international levels) for appraising and recognizing academic staff.
  - (b) Explain the policies, procedures and criteria for promotion, salary increment or other remuneration of academic staff.
  - (c) How are the above information made known to the academic staff?
- 4.1.9 Describe the nature and extent of the national and international linkages to enhance teaching and learning in the programme.

## **4.2 Service and Development:**

- 4.2.1 Provide information on the departmental policy on service, development and appraisal of the academic staff.
- 4.2.2 How does the department ensure that the academic staff are given opportunities to focus on their respective areas of expertise such as curriculum development, curriculum delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties?
- 4.2.3 State the HEP policies on conflict of interest and professional conduct of academic staff.
- 4.2.4 State the HEP procedures for handling disciplinary cases.
- 4.2.5 Describe the mechanisms and processes for periodic student evaluation of the academic staff. Indicate the frequency of this evaluation exercise. Show how this evaluation is taken into account for quality improvement.
  - (a) State the policies for training, professional development and career advancement (e.g., study leave, sabbatical, advanced training, specialized courses, re-tooling, etc.) of the academic staff.
  - (b) Describe the mentoring system or formative guidance for new academic staff.





- 4.2.6 Describe the opportunities available to academic staff to obtain professional qualifications and to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance the teaching-learning experience?
- 4.2.7 Describe how the department encourages and facilitates academic staff in community and industry engagement activities. Describe how such activities are rewarded.

**AREA 5****EDUCATIONAL RESOURCES****SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION****5.1 Physical Facilities:**

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

Table 6: List of physical facilities required for the programme.

No	Facilities required	Available for Year 1		To be provided			
				In Year 2		In Year 3	
		No	Capacity	No	Capacity	No	Capacity
1.	Lecture Halls						
2.	Tutorial Rooms						
3.	Discussion Rooms						
4.	Laboratories workshops						
	IT Lab						
	Science Lab						
	Engineering Workshop						
	Processing workshop						
	Studio						
	Mock court						
	Clinical Lab						
	Others						
5.	Library and Information Center						
	Learning support Center						
6.	Learning Resources Support						
7.	Student Social Spaces						
8.	Other Facilities including ICT related facilities						

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

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

(d) Provide information on the arrangement for practical and industrial training.



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

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

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

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

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

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

Table: 7 Reference materials supporting the programme.

Resources supporting the programme (e.g., books, online resources, etc.,		Journals No Capacity		State other facilities such as CD ROOM, Video and electronic reference material
Number of Title	Number of Collection	Number of Title	Number of Collection	
2.	Tutorial Rooms			
3.	Discussion Rooms			

5.1.5 Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the department in these processes.

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

## 5.2 Research and Development:

**(Please note that the standard on research and development are largely directed to universities and university colleges)**

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

(b) Describe the research activities of the department and the academic staff involved in them.



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

(b) State any initiatives taken by the department to engage students in research.

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

### **5.3 Financial Resources:**

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

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

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

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





## AREA 6

## PROGRAMME MANAGEMENT

### SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION

#### 6.1 Programme Management:

- 6.1.1 (a) Describe the management structure and functions, and the main decision-making components of the department, as well as the relationships between them. How these relationships are made known to all parties involved?  
  
(b) Indicate the type and frequency of department meetings.
- 6.1.2 Describe the policies and procedures that ensure accurate, relevant and timely information about the programme which are easily and publicly accessible, especially to prospective students.
- 6.1.3 (a) Describe the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities to ensure continuous quality improvement. Identify person (s) responsible for continuous quality improvement within the department.  
  
(b) Highlight the improvements resulting from these policies, procedures and mechanisms.
- 6.1.4 Show evidence (such as terms of reference, minutes of meeting) that the academic board of the department is an effective decision-making body with adequate autonomy.
- 6.1.5 Describe the arrangements agreed upon by the HEP and its different campuses or partner institutions for example, collaborative programmes, joint awards, collaborative research, student exchange arrangements to assure functional integration and comparability of educational quality.
- 6.1.6 Show evidence of internal and external consultations, and market needs and graduate employability analyses.

#### 6.2 Programme Leadership:

- 6.2.1 Explain the criteria for the appointment and job description of the programme leader.
- 6.2.2 Indicate the programme leader of this programme. Describe the qualifications, experiences, tenure, and responsibilities of the programme leader.
- 6.2.3 Describe the relationship between the programme leader, department and HEP on matters such as staff recruitment and training, student admission, allocation of resources and decision-making processes.



### 6.3 Administrative Staff:

- 6.3.1 (a) Describe the structure of the administrative staff which supports the programme.
- (b) Explain how the number of the administrative staff is determined in accordance to the needs of the programme and other activities. Describe the recruitment processes and procedures. State the terms and conditions of service.
- (c) State (in Table 8) the numbers required and that are available, job category and minimum qualification for administrative staff programme.

Table 8: Administrative staff for the programme.

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

- 6.3.2 State the mechanisms and procedures for monitoring and appraising the performance of the administrative staff of the programme.
- 6.3.3 Describe the training scheme for the advancement of the administrative staff and show how this scheme fulfils the current and future needs of the programme.

### 6.4 Academic Records:

- 6.4.1 (a) State the policies and practices on the nature, content and security of student, academic staff and other academic records at the departmental level and show that these policies and practices are in line with those of the HEP.
- (b) Explain the policies and practices on retention, preservation and disposal of student, academic staff and other academic records.
- 6.4.2 Explain how the department maintains student records relating to their admission, performance, completion and graduation.
- 6.4.3 Describe how the department ensures the rights of individual privacy and the confidentiality of records.
- 6.4.4 Describe the department's review policies on security of records and safety systems and its plans for improvements.



## AREA 7

## PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

### SECTION 2: SUBMISSION FOR PROGRAMME ACCREDITATION

#### 7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement:

- 7.1.1 Describe the policies and mechanisms for regular monitoring and review of the programme.
- 7.1.2 Describe the roles and the responsibilities of the Quality Assurance unit responsible for internal quality assurance of the department.
- 7.1.3
  - (a) Describe the structure and the workings of the internal programme monitoring and review committee.
  - (b) Describe the frequency and mechanisms for monitoring and reviewing the programme.
  - (c) Describe how the department utilizes the feedback from a programme monitoring and review exercise to further improve the programme.
  - (d) Explain how the monitoring and review processes help ensure that the programme keeps abreast with scientific, technological and knowledge development of the discipline, and with the needs of society.
- 7.1.4 Which stakeholders are involved in a programme review? Describe their involvement and show how their views are taken into consideration.
- 7.1.5 Explain how the department informs the stakeholders the result of a programme assessment and how their views on the report are taken into consideration in the future development of the programme.
- 7.1.6 Explain how student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement? Provide evidence.
- 7.1.7 Describe the responsibilities of the parties involved in collaborative arrangements in programme monitoring and review.
- 7.1.8 Describe how the findings of the review are presented to the HEP and its further action therefrom.
- 7.1.9 Explain the integral link between the departmental quality assurance processes and the achievement of the institutional purpose.





**SECTION 3:**

**GUIDELINES FOR  
PREPARING  
THE PROGRAMME  
ACCREDITATION REPORT**





# AREA 1

## PROGRAMME DEVELOPMENT AND DELIVERY

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT.

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

- 1.1.1 How does the programme relate to and is consistent with, the larger institutional goals of the HEP?
- 1.1.2 What are the evidenced that show the demand for this programme?  
How was the need assessment for the programme conducted?
- 1.1.3 Comment on the relevancy, clarity and specificity of the programme educational objectives, programme learning outcomes, teaching and learning strategies, and assessment, and the constructive alignment between them.
- 1.1.4 Comment on the alignment of the programme learning outcomes to an MQF level descriptors and the eight MQF learning outcomes domains.
- 1.1.5 Evaluate the link between the student's competencies expected at the end of the programme and those required by the market as well as for purposes of higher studies?

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

- 1.2.1 Evaluate the level of autonomy given to the department in the design of the curriculum and in the utilisation of the allocated resources available to the department. How does the above vary with collaborative programmes like franchise and joint programmes?
- 1.2.2 Comment on the appropriateness of the processes, procedures, and mechanisms by which the curriculum is developed and approved.
  - (a) Evaluate the involvement of stakeholders in curriculum development.
  - (b) Evaluate the effectiveness of the educational experts' involvement in the development of curriculum.
- 1.2.3 (a) Does the curriculum fulfil the disciplinary requirements in line with good practices in the field?



(b) Comment on the alignment of the course learning outcomes to the programme learning outcomes, as well as to the teaching and assessment methods, as presented in Table 4: Item 8. At the macro level, are the programme content, approach and teaching-learning methods appropriate, consistent and does it support the achievement of the programme learning outcomes?

(c) Evaluate the diverse teaching- learning methods that help to achieve the learning outcomes and ensure that students take responsibility for their own learning.

1.2.4 Evaluate the appropriateness of teaching and learning methods applied to achieve the objectives and learning outcomes of the programme.

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

### **1.3 Programme Delivery:**

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

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

1.3.3 (a) Comment on how the programme is managed. Who is responsible for the planning, implementation and improvement of the programme?  
Is he/she appropriate for the responsibility? How effective is the academic team in managing the programme?

(b) Evaluate the adequacy of the resources provided to the programme team to implement teaching-learning activities, and to conduct programme evaluation for quality improvement.

1.3.4 Does the department provide students with favorable conditions for teaching and learning? How so?

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

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



## AREA 2

## ASSESSMENT OF STUDENT LEARNING

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

#### 2.1 Relationship between Assessment and Learning Outcomes:

- 2.1.1 Comment on the alignment between assessment, learning outcomes and MQF level.
- 2.1.2 Comment on the policy (if any) and effectiveness of regular reviews in aligning assessment and learning outcomes.

#### 2.2 Assessment Methods:

- 2.2.1 Evaluate the effectiveness of the various methods and tools in assessing learning outcomes and competencies.
- 2.2.2 (a) Evaluate how the department ensures the validity, reliability, integrity, currency and fairness of the assessment methods.  
(b) Comment on the guidelines and mechanisms to address academic plagiarism among students.  
(c) How and how often is the method of assessment reviewed?
- 2.2.3 (a) How frequent and at what point are the assessment methods and appeal policies documented and communicated to students?  
(b) Are the grading and assessment practices publicized? If so, comment on the evidence provided on the publications. How widely is this carried out?  
(c) How does the department ensure due process as well as opportunities for fair and impartial hearing?  
(d) Are the grading, assessment and appeal policies published consistent with the actual practices?
- 2.2.4 How are changes to the student assessment methods made? How are they communicated to the students?

#### 2.3 Management of Student Assessment:

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



- 2.3.2 Comment on the mechanisms to ensure the security of assessment documents and records.
- 2.3.3 How promptly do the students receive feedback on the assessment of their performance? Are the final results released before the commencement of a new semester?
- 2.3.4 Evaluate the guidelines and mechanisms on students' appeal against course results.
- 2.3.5 Evaluate the periodical review on the management of student assessment undertaken by the department and actions taken to address the issues highlighted by the review.





## AREA 3

## STUDENT SELECTION AND SUPPORT SERVICES

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

#### 3.1 Student Selection:

- 3.1.1 (a) Comment on the clarity and appropriateness of the HEP's policies on student selection and student transfer, including those in relation to students with special needs?  
  
(b) How does the HEP ensure that the selected students have capabilities and fulfil the admission policies that are consistent with applicable requirements?
- 3.1.2 (a) Comment on the public dissemination of the selection criteria and mechanisms for student selection.  
  
(b) Where other additional selection criteria are utilised, examine the structure, objectivity and fairness.  
  
(c) How does the department ensure that the student selection process is free from unfair discrimination and bias?
- 3.1.3 (a) Comment on the information of the past, present and forecasted student intake in relation to the department's capacity to effectively deliver the programme. Comment also on the proportion of applicants to intake.  
  
(b) How does the HEP ensure the availability of adequate resources to admit "non- conventional", i.e., visiting, auditing, exchange, and transfer students?
- 3.1.4 Comment on the policies and practices (if applicable) for appeal on student selection.
- 3.1.5 Evaluate the developmental and remedial support available to the students who need them.

#### 3.2 Articulation and Transfer:

- 3.2.1 Comment on how the department facilitates national and transnational student mobility.
- 3.2.2 Comment on the procedures to determine the comparability of achievement of incoming transfer students.



### **3.3 Student Support Services:**

- 3.3.1 (a) Evaluate the adequacy and quality of student support services listed. How do they contribute to the quality of student life?  
  
(b) If there are programmes conducted in campuses that are geographically separated, how is student support provided at the branch campuses? How well do these mechanisms work?
- 3.3.2 (a) Comment on the unit responsible for planning and implementing student support services? How does it fit into the overall structure of the organisation in terms of hierarchy and authority? How qualified are the staff of this unit? Who does the head of this unit report to?  
  
(b) How prominent are the student support services compared to other major administrative areas within the HEP?
- 3.3.3 Appraise the orientation of incoming students.
- 3.3.4 (a) Comment on adequacy and qualifications of the academic, non-academic and career counsellors.  
  
(b) Evaluate the effectiveness of student counselling and support programmes, including plans for improvements in counselling staff and services.
- 3.3.5 Evaluate the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
- 3.3.6 Comment on the processes and procedures in handling disciplinary cases involving the students.
- 3.3.7 Appraise the mechanisms for complaints and appeals on academic and non-academic matters.
- 3.3.8 Comment on the effectiveness of the evaluation of student support services.

### **3.4 Student Representation and Participation:**

- 3.4.1 Evaluate the policy and processes that are in place for active student engagement especially in areas that affect their interest and welfare.
- 3.4.2 Evaluate the adequacy of student representation and organisation at the institutional and departmental levels.
- 3.4.3 (a) Comment on students' linkages with external stakeholders.  
  
(b) Evaluate the department's role in facilitating students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.



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

**3.5 Alumni:**

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



## AREA 4

## ACADEMIC STAFF

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

#### 4.1 Recruitment and Management:

- 4.1.1 Evaluate the consistency of the department's academic staff plan with HEP's policies and programme requirements.
- 4.1.2 (a) Appraise the academic staff selection policy, criteria, procedures, terms and conditions of service in terms of getting adequately qualified and/or experienced staff.  
  
(b) Comment on the due diligence exercised by the department in ensuring that the qualifications of academic staff are from bona fide institutions.
- 4.1.3 Assess the appropriateness of staff–student ratio to the programme and the teaching methods used.
- 4.1.4 (a) Assess whether the department has adequate and qualified academic staff, including part-time academic staff necessary to implement the programme.  
  
(b) Comment on the turnover of the academic staff for the programme (for Full Accreditation only).
- 4.1.5 Assess the policies and procedures on work distribution. Is the workload equitably distributed?
- 4.1.6 How does the department ensure diversity among the academic staff in terms of experience, approaches, and backgrounds?
- 4.1.7 (a) How does appraisal of academic staff take into account their involvement in professional, academic and other relevant activities, at national and international levels?  
  
(b) Are the policies, procedures and criteria for recognition through promotion, salary increment or other remuneration of the academic staff clear, transparent and merit- based?
- 4.1.8 Evaluate the nature and extent of the national and international linkages and how these enhance teaching and learning in the programme.





## 4.2 Service and Development:

- 4.2.1 Comment on the department's policy on service, development and appraisal of the academic staff.
- 4.2.2 Comment on the opportunities given to the academic staff in order to focus on their areas of expertise such as curriculum development, curriculum delivery, supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically- related administrative duties.
- 4.2.3 (a) Comment on the HEP's policies on conflict of interest and professional conduct.  
(b) Comment on the HEP's procedures for handling disciplinary cases.
- 4.2.4 Evaluate the mechanisms and processes for periodic student evaluation of the academic staff. Assess how this feedback is used for quality improvement.
- 4.2.5 (a) Evaluate the extent and effectiveness of the academic staff development scheme.  
(b) Assess the formative guidance and mentoring provided for new academic staff.  
(c) Comment on the organized support available to assist academic staff to enhance teaching expertise in line with current trends in pedagogy, curriculum design, instructional materials and assessment.
- 4.2.6 (a) Evaluate the support provided by the HEP and/or department for academic staff to participate in national and international activities.  
(b) How useful is this participation for the enrichment of the teaching- learning experience?
- 4.2.7 Comment on how the department encourages and facilitates academic staff in community and industry engagement activities.



## AREA 5

## EDUCATIONAL RESOURCES

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT.

#### 5.1 Physical Facilities:

- 5.1.1 (a) Evaluate the sufficiency and appropriateness of physical facilities for the effective delivery of the curriculum.  
(b) Evaluate the adequacy and appropriateness of equipment and facilities provided for practical-based programmes and for students with special needs.
- 5.1.2 Examine evidence of compliance of physical facilities to relevant laws and regulations including issues of licensing.
- 5.1.3 (a) Evaluate the adequacy of the library services.  
(b) Evaluate the adequacy and suitability of learning spaces in and around the library.  
(c) Comment on the quality of the library's databases and bibliographic search, computer and audio-visual capabilities in relation to the programme.
- 5.1.4 (a) Evaluate how the HEP maintains, reviews and improves the adequacy, currency and quality of educational resources and assess the role of the department in these processes.  
(b) Assess the condition and the provision for the maintenance of the physical learning facilities.

#### 5.2 Research and Development:

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

- 5.2.1 (a) Appraise the research policy. How does the department policy foster the relationship between research and scholarly activity and education?  
(b) Comment on the research priorities, allocation of budget and facilities provided.  
(c) Comment on the extent of research activities in the department by looking into the number of academic staff members who are principal investigators, the value of research grants, and the priority areas for research.



- 5.2.2 Evaluate the interaction between research and learning reflected in the curriculum. How does it influence current teaching, and prepare students for engagement in research, scholarship and development?
- 5.2.3 Comment on the effectiveness of the department's review of its research resources and facilities. Comment on the steps taken to enhance its research capabilities and environment.

### **5.3 Financial Resources:**

- 5.3.1 Comment on the financial viability and sustainability of the HEP to support the programme.
- 5.3.2 (a) Evaluate the department's procedures to ensure that its financial resources are sufficient and managed efficiently.  
  
(b) Are there indications that the quality of the programme is being compromised by budgetary constraints? If there is a current or potential financial imbalance in this regard, does the HEP have a credible plan to address it?
- 5.3.3 Comment on the responsibilities and lines of authority of the HEP with respect to budgeting and resource allocation for the department.





## AREA 6

## PROGRAMME MANAGEMENT

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

#### 6.1 Programme Management:

- 6.1.1 (a) Comment on the management structures and functions of the department and how their relationship within the department is defined. How are these being communicated to all stakeholders involved based on principles of transparency, accountability and authority?  
  
(b) Comment on the structure and composition of the committees in the department  
  
(c) What effect do these relationships have on the programme?
- 6.1.2 Comment on the policies and procedures to ensure accurate, relevant, timely, and easily and publicly accessible information about the programme, especially to prospective students.
- 6.1.3 (a) Comment on the policies, procedures and mechanisms for regular review and updating of the department's structures, functions, strategies and core activities.  
  
(b) Comment on the continuous quality improvement resulting from these policies, procedures and mechanisms.
- 6.1.4 Comment on the academic board of the department as an effective decision-making body and its degree of autonomy.
- 6.1.5 Comment on the arrangement between the main campus and the branch campuses or partner institutions. Evaluate the mechanisms that exist to assure functional integration and comparability of educational quality.
- 6.1.6 Comment on the evidence of internal and external consultations, and market needs and graduate employability analyses.

#### 6.2 Programme Leadership:

- 6.2.1 Comment on the criteria for the appointment and the responsibilities of the programme leader.
- 6.2.2 (a) Comment on the appropriateness and suitability of the programme leader.  
  
(b) Evaluate the effectiveness of programme leader's relationship with the academic staff and students.





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

### **6.3 Administrative Staff:**

- 6.3.1 Comment on the appropriateness and sufficiency of the administrative staff who support the implementation of the programme.
- 6.3.2 Evaluate how the department reviews the performance of the administrative staff of the programme.
- 6.3.3 Evaluate the effectiveness of the training scheme for the advancement of the administrative staff and how it fulfils the current and future needs of the programme.

### **6.4 Academic Records:**

- 6.4.1 (a) Comment on the policies and practice of the nature, content and security of student, academic staff and other academic records.
- (b) Evaluate the policies and practices on retention, preservation and disposal of these records.
- 6.4.2 Evaluate the maintenance of student records by the department relating to their admission, performance, completion and graduation.
- 6.4.3 Evaluate the implementation of the policy on privacy and the confidentiality of records.
- 6.4.4 Comment on the effectiveness of the department's review of its policies on security of records and safety systems.



## AREA 7

## PROGRAMME MONITORING, REVIEW AND CONTINUAL QUALITY IMPROVEMENT

### SECTION 3: GUIDELINES FOR PREPARING THE PROGRAMME ACCREDITATION REPORT

#### 7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement:

- 7.1.1 Comment on the policies and mechanisms for regular monitoring and review of the programme.
- 7.1.2 Assess the roles and the responsibilities of the Quality Assurance unit responsible for the internal quality assurance of the department.
- 7.1.3
  - (a) Comment on the structure and workings of the programme monitoring and review committee.
  - (b) Evaluate the frequency and effectiveness of the mechanisms for monitoring and reviewing the programme in identifying strengths and weaknesses to ensure the achievement of programme learning outcomes.
  - (c) How are the findings from the review utilized to improve the programme?
  - (d) How current are the contents and how are these updated to keep abreast with the advances in the discipline and to meet the current needs of the society?
- 7.1.4
  - (a) How does the department ensure the involvement of stakeholders in a programme review?
  - (b) Comment on the nature of their involvement and how their views are taken into consideration.
- 7.1.5 Evaluate how the programme review report is made accessible to stakeholders and how their views are used for future development of the programme.
- 7.1.6
  - (a) Evaluate how the various aspects of student performance, progression, attrition, graduation and employment are analysed for the purpose of continual quality improvement.
  - (b) Comment on the rate of attrition and the reasons for it.
- 7.1.7 In collaborative arrangements, evaluate the relationship between the parties involved in programme monitoring and review.



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- 7.1.8 Evaluate how the findings of the review are disseminated to the HEP. Comment on the action taken thereon.
- 7.1.9 Evaluate the integral link between the departmental quality assurance processes and the achievement of the institutional purpose.



## EMPLOYMENT CRITERIA FOR FOREIGNER TRAINED NURSES IN MALAYSIA PRACTICING CLINICAL AND NURSING EDUCATION

1. Age, minimum 27 years old and maximum 50 years practicing in Clinical areas and maximum 60 years in Nursing Education.
2. Period of service does not exceed 5 years, **MUST** leave the country and serve 3 months cooling off period.
3. Possess not less than 3 years of clinical experience after completion of studies and possess specialization in nursing. **MUST** provide evidence or certification from authorized body from country of origin.
4. Only those nurses registered with the Nursing Board or Council from country of origin and supported with a Verification of Transcript and Verification of Training will be considered.
5. Only those nurses that have been approved by the Selection Committee for Recruitment of Foreign Trained Nurses are allowed to practice in Malaysia.
6. Only those with Temporary Practicing Certificate (TPC), Approval of Work Permit and Multiple Entry Visa from the Immigration Department, Ministry of Internal Affairs as well as Teaching Permit from the Ministry of Higher Education are allowed to work. The duration of valid Work Permit and that of the Temporary Practicing Certificate is the same.
7. The employer **MUST** obtain the Temporary Practicing Certificate from Nursing Board Malaysia prior to application for approval Work Permit and Multiple Entry Visa from the Immigration Department.
8. Application for employment **MUST** be through the employer.
9. Possess a Temporary Practicing Certificate issued by Nursing Board Malaysia renewable yearly.
10. Quota for employment of foreign nurses is 40% of local nurses.
11. Fluent in the English Language (spoken and written).
12. The highest nursing position are held by Malaysian citizens only.
13. Will not be permitted to practice obstetrics and as Clinical Instructor in Malaysia.
14. Subject to domestic laws and regulations and the Nurses Act 1950.
15. Abide to Standard Operating Procedures for Approval / Accreditation of Nursing Programmes for Nurse Educators.
16. Nurse lecturer **MUST** possess Teaching Methodology Certificate.





17. The institution is required to submit written evidence, e.g. advertisement to verify that efforts have been made to recruit local Malaysian nursing lecturers but was unsuccessful. Advertisements **MUST** be made in local major newspaper for at least once (1) in a week for three (3) consecutive weeks without mentioning that only foreign nurses lecturers are eligible to apply. It **MUST** be advertised one year or less from the date of application for the recruitment of the mentioned nurse lecturer.
18. Qualification of Foreigner as Nurse Lecturer:
  - 18.1 Certificate in Nursing Programme:
    - Possess a Bachelor in Nursing
  - 18.2 Diploma in Nursing Programme:
    - Possess a Bachelor in Nursing
  - 18.3 Bachelor in Nursing Programme
    - Possess a Master in Nursing



## Appendices II

The following nomenclature is allow for the Nursing Programme:

- |                         |   |
|-------------------------|---|
| <b>Certificate</b>      | <ul style="list-style-type: none"><li>• <b>Certificate in Nursing</b></li></ul>   |
| <b>Diploma</b>          | <ul style="list-style-type: none"><li>• <b>Diploma in Nursing</b></li></ul>   |
| <b>Post Basic</b>       | <ul style="list-style-type: none"><li>• <b>Post Basic in Nursing (<i>speciality</i>)</b><ul style="list-style-type: none"><li>○ <b>Post Basic in Nursing (Critical Care)</b></li></ul></li></ul>  |
| <b>Advanced Diploma</b> | <ul style="list-style-type: none"><li>• <b>Advanced Diploma in Nursing (<i>speciality</i>)</b></li><li>• <b>Advanced Diploma in Midwifery</b><ul style="list-style-type: none"><li>○ <b>Advanced Diploma in Nursing (Critical Care)</b></li></ul></li></ul>   |
| <b>Bachelor</b>         | <ul style="list-style-type: none"><li>• <b>Bachelor of Nursing (Hons)</b></li><li>• <b>Bachelor of Nursing Sciences (Hons)</b></li><li>• <b>Bachelor of Nursing (<i>speciality</i>) (Hons)</b><ul style="list-style-type: none"><li>○ <b>Bachelor of Nursing (Critical Care) (Hons)</b></li></ul></li></ul> |



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