# APPENDIX V PROGRAM SELF-EVALUATION FORM

**Standard 1: Mission Statement**

|  |  |  |
| --- | --- | --- |
| Standard | Suggested Evidence | Page no. for each evidence attached in the completedDocuments |
| 1.1. Is aligned with the vision of the institution. | * Curricular Document
* Website (NA1)
 |  |
| 1.2. Demonstrates a clear institutional commitment to social accountability which will address the health needsof Pakistan | * Curricular Document
* Website (NA1)
 |  |
| 1.3 Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently | * Curriculum document
* Portfolio/log book
* Website (NA1)
 |  |
| 1.4 Is developed with stakeholders’ participation (for example faculty members, staff, students, community, university) | * Minutes of the meeting
* Composition of the committee
 |  |

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| --- | --- | --- |
| 1.5 Is known to all stakeholders | * Prospectus/Brochures
* Website
 |  |
| 1.6 encourages scholarly activities | * Journal Club meetings
* CPC
* Research Projects
* Assignments/Publications
 |  |
| 1.7 Aims at professional development and a commitment to life-long learning | * Mission statement
* Curriculum document
 |  |
| Comments |

**Standard 2: Outcomes**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidence attached in the completedDocuments |
| 2.1 are in congruence with the mission of the institution | * Curricular Document
* Website (NA1)
 |  |
| 2.2 incorporate postgraduate level knowledge, skills and professional behaviours that the students will demonstrate upongraduation | * Curricular Document
* Website (NA1)
 |  |
| 2.3 comprise of generic and discipline/specialtyspecific components. | * Curricular Document
* Website (NA1)
 |  |
| 2.4 are contextually appropriate for preparing professionals for effective role in health care delivery inPakistan. | * Curricular Document
* Website (NA1)
 |  |
| 2.5 have been developed in consultation with stakeholders | * Composition of committee
* Minutes of the meeting
 |  |
| 2.6 are known to stakeholders |  Website (NA1) |  |
| 2.7 are reviewed and revised in the light of program evaluation | * Program evaluation committee meeting (NA1)
* Changes made (NA1)
 |  |
| Comments |

**Standard 3: Programme Autonomy and Academic Freedom**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidenceattached in the completed Documents |
| 3.1. formulate policies to ensure smooth implementation of its educational outcomes |  Policy document |  |
| 3.2. develop a system for ensuring that the policies are implemented | * Documented proof
* Onsite inspection\*
 |  |
| 3.3. select, design and implement its curriculum that is contextually appropriate for Pakistan |  Curricular document (contextual curricular content) |  |
| 3.4. allocate and appropriately use resources for implementation of the curriculum | * Documented proof
* Onsite inspection\*
 |  |
| 3.5. appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university |  Human resource policies |  |
| 3.6. admit students as per institutional policies |  Admission policy |  |

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| --- | --- | --- |
| 3.7 select, design and implement its curriculum that is based on best evidence post graduate medical/dental education | * Curricular document
* Time tables
* Minutes of Academic Council /Curriculum committee minutes
* Scientific evidence
 |  |
| Comments |

**Standard 4: Curriculum Design**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidenceattached in the completed Documents |
| 4.1 have a curriculum aligned with the university vision, institutional mission and local and national needs | * Curricular document
* University Vision Statement
* Medical/Dental College Mission Statement
 |  |
| 4.2 have a competency-based curriculum, whichassesses the incremental acquisition of these competencies throughout theprogram at exit. |  Curriculum Document |  |
| 4.3 have a curriculum which encourages, prepares and facilitates trainees/students to take responsibility of their learning and bereflective. | * Curricular Document
* Time tables
* Student’s Log book/ Portfolio
 |  |
| 4.4 describe the overall structure, composition andduration. |  curriculum document |  |
| 4.5 state compulsoryand optional components |  Curricular document |  |
| 4.6 integrate practice and theory. | * Curricular document
* Onsite inquiry
 |  |

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| 4.7 consider national regulations |  Policy document showing alignment with PM&DC Regulation |  |
| 4.8 provide adequate exposure to how local, national or regional health systems address the healthcare needs ofpopulations. | * Curriculum document
* Time tables
* Onsite inquiry\*
 |  |
| 4.1s increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge andexperience. | * Log book/ Portfolio
* Onsite inquiry (NA1)\*
 |  |
| 4.2s prepare the trainee to demonstrate sensitivity to diversityand act appropriately. |  Portfolio |  |
| Comments |

**Standard 5: Educational Contents**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidence attached in the completedDocuments |
| 5.1 ensure that educational content is decided in consensus by a group of subject experts in consultation with specialists of disciplines relevant to the program | * Minutes of Post Graduate Curriculum Committee/Academic Council
* Post Graduate Curriculum Committee/Academic Council composition
 |  |
| 5.2 ensure that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution |  Curricular Document |  |
| 5.3 ensure that the content that is taught and assessed is relevant to practice as an expert in that field. |  Curricular Document |  |
| 5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students in relevant settings. | * Curricular Document showing alignment of outcomes with relevant T& L Strategies
* Time tables
 |  |
| 5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/teaching strategies |  Curricular document |  |
| 5.6 describe the content, extent and sequencing of courses and other components of thecurriculum (curricular map) |  Curricular document |  |

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| 5.1s adjust the content to changing contexts and needs of the field. | * Curricular Document
* Program Evaluation Reports (NA1)
 |  |
| Comments |

**Standard 6: Curricular Management**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for eachevidence attached in the completed Documents |
| 6.1 have a functional post- graduate curriculum committee duly represented on the institutional organogram | * Institutional Organogram
* Onsite discussion with curriculum committee\*
* TOR’s of Curriculum Committee
 |  |
| 6.2 ensure that adequate supervision is provided throughout required learning experiences | * Curriculum document
* Student Log book
* Documented periodic verbal and written feedback (NA1)
 |  |
| 6.3 define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting andprocess. |  Job description |  |
| 6.4 include in the planning of the programme appropriate representation of all stakeholders. | * Composition and TOR of the post graduate curriculum committee
* Minutes of the meeting(NA1)
 |  |
| 6.5 plan the education to expose the trainee/student to a broad range of experiences inthe field. |  Curricular document with plan of implementation |  |
| 6.1s develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for every teaching session) |  Study guides |  |

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| 6.2s disseminate study guides to the students and faculty |  Evidence of dissemination of study guides electronically or hard copies |  |
| 6.3s ensure multidisciplinary education/training |  Curriculum document with Time Tables |  |
| 6.4s clearly define core andoptional courses |  Curriculum document |  |
| Comments |

**Standard 7: Assessment**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for eachevidence attached in the completed Documents |
| 7.1 develop appropriate policies for assessment of students. |  Assessment policy and procedures document |  |
| 7.2 ensure that assessment covers knowledge, skills and attitudes | * Assessment policy and procedures document
* Blue printing document/Table of Specifications
 |  |
| 7.3 use a wide range of assessment methods according to their “assessment utility”, including use of multipleassessors |  Blueprinting/Assessment policy |  |
| 7.4 ensure that there is an appropriate balance of formative and summative assessment. | * Assessment Policy
* Assessment plan
 |  |
| 7.5 define a clear process of assessment |  Assessment Plan |  |
| 7.6 ensure that the assessment practices are compatible with educational outcomes and instructional methods | * Blue printing
* Document showing alignment between assessment practices are compatible with educational outcomes and instructional methods (Assessment Map)
 |  |



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| 7.7 implement pre-, per- and post- exam quality assurance procedures in assessment \* | * Minutes of pre, per and post exam analysis meetings
* Document of practices
* Item Analysis reports
* Minutes of Meeting with post graduate curriculum and assessment committees\*
 |  |
| 7.8 have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations) |  Assessment Policy |  |
| 7.9 use a system of appeal of assessment results |  Assessment Policy |  |
| 7.10 ensure the use of external examiners | * Assessment Policy
* BASR/Academic Council Minutes of meeting
* List of examiners (Controller of examiners)
* Letter of invitation to externals
 |  |
| 7.11 record the different types and stages of training in a training log-book. |  Log Book |  |

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| 7.1s Examination items go through a standard setting process\* | * Assessment plan
* Minutes of meetings showing process of standard setting (NA1)
* Meeting with assessment committee\*
 |  |
| 7.2s incorporate new assessment methodswhere appropriate |  Assessment plan |  |
| 7.3s introduce assessment portfolio’s where appropriate | * Assessment Policy
* Portfolios
 |  |
| Comments |

**Standard 8: Postgraduate Student**

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| --- | --- | --- |
| Standard | Evidence | Page no. for eachevidence attached in the completed Documents |
| 8.1. have an admission criteria and policy in congruence with the national regulations/guidelines as well as the mission of their institute. | * Admission policy
* Website
* Prospectus
 |  |
| 8.2 The program must ensure participation of the trainee in all educational activities | * Institutional policy
* Proof through documents in which support offered is evident
 |  |
| 8.3 ensure appropriate workload on students in line with international standards | * Curriculum document
* Institutional policy
 |  |
| 8.4. ensure that students have access to counselling to address their psychological, academic and/ or career needs\* | * Counselling department Structure
* Counselling department Composition
* Counselling department Function
 |  |
| 8.5 ensure confidentiality of student’s academic and medical records. | * Institutional policy
* Proof through documents/forms in which this process is explained
 |  |

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| 8.6 define and make known, the service conditions and responsibilities of students/trainees |  Code of Conduct |  |
| 8.7 ensure student representation and appropriate participation in educational committees and any committees where they can provide meaningful input. | * Composition of Post Graduate committees
* Minutes of Meetings of various committees
 |  |
| 8.8 provide the student access to their records and appeals process in case of discrepancies |  Institutional policy document |  |
| 8.9 have clear policies, funding, technical support and facilities regarding co-curricular opportunities for the students | * Institutional policy document
* Documents showing students co- curricular activities
* Allocation of funds
 |  |
| 8.10 ensure a process to review/change the supervisor in first year of training |  Institutional policy and regulations |  |
| 8.11 have a policy and practice to systematically seek, analyse and respond to student feedback about the processes and products of the educational programmes. |  Documents showing response to feedback of students |  |

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| 8.12 ensure a balance between the educational resources (e.g. infrastructure, supervision capacity etc.) and the intake of trainees | * Curriculum document
* Institutional policy and regulations
* Budget
 |  |
| 8.13 Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course |  Institutional policy and regulations |  |
| 8.14 ensure that the total duration and quality of online/distance education programme (basic sciences only) is not less than those of full-time students. | * Curriculum document
* Online learning platform (Moodle) (inquiry through LINK on the website)
* Onsite visit
 |  |
| 8.15 ensure a confidential mechanism for managing unintended incidents by the student | * policy document
* Student guide book
 |  |
| 8.1s have infrastructure for disabled students. \* | * Building Map
* Onsite visit\*
 |  |
| 8.2s allocate resources and provide scholarships/bursaries to students based on clearly defined criteria | * Institutional policy and regulation document
* Documents showing proof of

awards/ scholarships |  |
| 8.3s have a clearly defined transfer policy from other |  Institutional policy and regulation |  |

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| national programs | and | international | document including credit transfer policy |  |
| 8.4s have a regional and |  Institutional |  |
| international student exchange | policy and regulation |
| mechanism | document Allocation of |
|  | funds |
|  |  Evidence of |
|  | student exchange |
| Comments |

**Standard 9: Faculty**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidenceattached in the completed Documents |
| 9.1 have leadership that is qualified by relevant education, training, andexperience |  Documents showing proof as per PMDC / University policy |  |
| 9.2 have documented the job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and theirresponsibilities |  Approved institutional job description document with workload calculation |  |
| 9.3 have faculty recruitment,selection, promotion and |  Institutional Policy document |  |
| retention policies based on thepolicies/criteria provided by the PMDC and universities’ |  Faculty recruitment advertisement |
| statutory bodies for trainers, |  |
| supervisors and teachers |  |
| specifying the expertise |  |
| required |  |
| 9.4 ensure ContinuingProfessional Development |  Details of faculty / supervisor’s development |  |
| (CPD) of trainers and | activities |
| supervisors |  CME/CPD certificates |
| Comments |

**Standard 10: Program Evaluation and Continuous Renewal**

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| --- | --- | --- |
| Standard | Evidence | Page no. for each evidenceattached in the completed Documents |
| 10.1. have structured evaluation procedures and policies |  Documentary evidence of program evaluation Plan |  |
| 10.2. regularly review results of evaluation and student assessments to ensure that the gaps are adequately addressed in consultation with post graduate curriculum committee. |  Evidence of changes made as a result of programme evaluation |  |
| 10.3 allocate resources to address deficiencies and continuous renewal of programs. |  Documents showing allocation of resources based on strategic plan/ Program evaluation report |  |
| 10.4 ensure that Students, faculty andadministration are involved inprogram evaluation. | * Feedback forms
* Survey reports
 |  |
| 10.5 ensure that amendments based on results of program evaluation findings are implemented anddocumented | * Minutes of meeting of program evaluation findings
* Evidence of implemented change
 |  |
| Comments |

**Standard 11: Governance, Services and Resources**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for eachevidence attached in the completed Documents |
| 11.1 have clearly defined structure of academic governance | * Documents showing composition of academic governance (organogram)
* Documents showing Terms of references (TOR)
* Meeting minutes of Academic council
* Meeting minutes of Board of studies/faculty
 |  |
| 11.2 have mechanisms for dissemination of all policies and procedures related to governance,services and resources | * Website
* Annual Reports (NA1)
* Newsletter/ Bulletin
 |  |
| 11.3 have adequate infrastructure, academic and financial resources | * Document showing infrastructure, academic and financial resources
* Map of the facility
* Memoranda of Understanding.
* Onsite Visit\* Financial Resources:
* Bank Guarantees
* Audit Reports
* Endowment Fund
* Working Capital
 |  |
| 11.4 have fulfilled all legal requirements | * Relevant laws of companies, societies and trust
* Ownership or Lease documents
* Federal/Provincial/Local Government Approval
 |  |

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| --- | --- | --- |
|  |  Medical University/DAI Provisional Affiliation |  |
| 11.5 have mechanisms for addressing Disciplinary issues | * Disciplinary committee Composition
* Disciplinary committee Terms of reference
* Minutes of the meetings
* Policies for Disciplinary actions
 |  |
| 11.1s \* have input from medical education experts |  Minutes of meetings of Post graduate committee with ME experts |  |
| Comments |

**Standard 12: Research and Scholarship**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Page no. for each evidence attached in the completedDocuments |
| 12.1 have adequate research component in thecurriculum |  Curricular document |  |
| 12.2. ensure that the trainee becomes able to use scientific reasoning andcritical thinking | * Policy Document
* Evidence of scholarly activities (Journal club/Seminars/Symposium/publications) (NA1)
 |  |
| 12.3 ensure that the trainee applies evidence-basedpractices |  Assignment and research projects |  |
| 12.1.s include formal teaching on critical appraisal of the literature and scientific data | * Curriculum document
* Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications)
 |  |
| 12.2s adjust thecontent to scientific developments |  Assignment and research projects |  |
| 12.3sencourage training in all categories ofscholarship |  Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications) |  |
| Comments |

**APPENDIX VI**

**POSTGRADUATE PROGRAM INSPECTORS EVALUATION FORMS (A & B)**

Guidelines for a post graduate program to qualify for inspection

1. There are three forms to be filled for recognition of a program (Appendix I, II and V)
2. Inspectors will use two forms (Form A and B) to give recommendations/decision for recognition of program by PM & DC.
3. Form A is about evaluation of program quality, and form B is for Onsite Inspection.
4. Program has to obtain 75% marks in both forms separately to get recognition from the PM&DC.
5. Those scoring below 75% would be sent a detailed feedback with suggestions for improvement and resubmission.
6. Qualifying in Form A is mandatory for onward onsite inspection (Form B).
7. Prepare a comprehensive set of documents that should include evidence against every standard. Please provide explanation/narrative wherever required.
8. Please provide the page number/tags where the required evidence is available.
9. Some standards may not be applicable for all programs. They should be labelled ‘not applicable’
10. Some standards may not be applicable for programs that are seeking recognition for the first time. These are highlighted as (NA1)

Form A : Program Evaluation Report

Form B: Postgraduate Onsite Inspection Report

# FORM A : PROGRAM EVALUATION REPORT FORM FOR INSPECTORS

Rate the standards according to the following 6-point scale 6-point Rating scale for Evaluation of Standards

|  |  |  |  |
| --- | --- | --- | --- |
| GRADES | Adequate | Borderline | Deficient |
| KEY | 4-5 | 2-3 | 0-1 |
| DESCRIPTION | Majority of the criteria/ conditions stated in the sub- standard are present and fulfilled. There is ample evidence that the impact of this will be positive and will hopefully result in the production of a competent Professional | Only some of the criteria/ conditions stated in the sub- standard are present and fulfilled.There is evidence that supports the notion that learners will obtain knowledge/ skills which will ensure his being a minimally competent Professional | The standard/s does/ do not apply to this situation ORThe sub- standard/s is/ are entirely not addressed |

**Standard 1: Mission Statement**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 1.3. Is aligned with the vision of the institution. | * Curricular Document
* Website (NA1)
 |  |
| 1.4. Demonstrates a clear institutional commitment to social accountability which will address the health needsof Pakistan | * Curricular Document
* Website (NA1)
 |  |
| 1.3 Emphasizes development of a competent professional who can undertake comprehensive appropriate medical practice unsupervised and independently | * Curriculum document
* Portfolio/log book
* Website (NA1)
 |  |
| 1.7 Is developed with stakeholders’ participation (for example faculty members, staff, students, community, university) | * Minutes of the meeting
* Composition of the committee
 |  |
| 1.8 Is known to all stakeholders | * Prospectus/Brochures
* Website
 |  |
| 1.9 encourages scholarly activities | * Journal Club meetings
* CPC
 |  |

|  |  |  |
| --- | --- | --- |
|  | * Research Projects
* Assignments/Publications
 |  |
| 1.7 Aims at professional development and a commitment to life-long learning | * Mission statement
* Curriculum document
 |  |
| Comments |

**Standard 2: Outcomes**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 2.8 are in congruence with the mission of the institution | * Curricular Document
* Website (NA1)
 |  |
| 2.9 incorporate postgraduate level knowledge, skills and professional behaviours that the students will demonstrate upongraduation | * Curricular Document
* Website (NA1)
 |  |
| 2.10 comprise of generic and discipline/specialtyspecific components. | * Curricular Document
* Website (NA1)
 |  |
| 2.11 are contextually appropriate for preparing professionals for effective role in health care delivery inPakistan. | * Curricular Document
* Website (NA1)
 |  |
| 2.12 have been developed in consultation with stakeholders | * Composition of committee
* Minutes of the meeting
 |  |
| 2.13 are known to stakeholders |  Website (NA1) |  |
| 2.14 are reviewed and revised in the light of program evaluation | * Program evaluation committee meeting (NA1)
* Changes made (NA1)
 |  |
| Comments |

**Standard 3: Programme Autonomy and Academic Freedom**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 3.1. formulate policies to ensure smooth implementation of its educational outcomes |  Policy document |  |
| 3.2. develop a system for ensuring that the policies are implemented | * Documented proof
* Onsite inspection\*
 |  |
| 3.3. select, design and implement its curriculum that is contextually appropriate for Pakistan |  Curricular document (contextual curricular content) |  |
| 3.4. allocate and appropriately use resources for implementation of the curriculum | * Documented proof
* Onsite inspection\*
 |  |
| 3.5. appoint, promote and terminate academic and administrative staff based on policies laid down by the affiliating university |  Human resource policies |  |
| 3.6. admit students as per institutional policies |  Admission policy |  |

|  |  |  |
| --- | --- | --- |
| 3.7 select, design and implement its curriculum that is based on best evidence post graduate medical/dental education | * Curricular document
* Time tables
* Minutes of Academic Council /Curriculum committee minutes
* Scientific evidence
 |  |
| Comments |

**Standard 4: Curriculum Design**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 4.1 have a curriculum aligned with the university vision, institutional mission and local and national needs | * Curricular document
* University Vision Statement
* Medical/Dental College Mission Statement
 |  |
| 4.2 have a competency-based curriculum, whichassesses the incremental acquisition of these competencies throughout theprogram at exit. |  Curriculum Document |  |
| 4.3 have a curriculum which encourages, prepares and facilitates trainees/students to take responsibility of their learning and bereflective. | * Curricular Document
* Time tables
* Student’s Log book/ Portfolio
 |  |
| 4.4 describe the overall structure, composition andduration. |  curriculum document |  |
| 4.5 state compulsoryand optional components |  Curricular document |  |
| 4.6 integrate practice and theory. | * Curricular document
* Onsite inquiry
 |  |

|  |  |  |
| --- | --- | --- |
| 4.7 consider national regulations |  Policy document showing alignment with PM&DC Regulation |  |
| 4.8 provide adequate exposure to how local, national or regional health systems address the healthcare needs ofpopulations. | * Curriculum document
* Time tables
* Onsite inquiry\*
 |  |
| 4.1s increase in the degree of responsibility placed on the trainee should be in accordance with his growing skills, knowledge andexperience. | * Log book/ Portfolio
* Onsite inquiry (NA1)\*
 |  |
| 4.2s prepare the trainee to demonstrate sensitivity to diversityand act appropriately. |  Portfolio |  |
| Comments |

**Standard 5: Educational Contents**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 5.4 ensure that educational content is decided in consensus by a group of subject experts in consultation with specialists of disciplines relevant to the program | * Minutes of Post Graduate Curriculum Committee/Academic Council
* Post Graduate Curriculum Committee/Academic Council

composition |  |
| 5.5 ensure that the content and its delivery are aligned with the competencies and/ or outcomes agreed upon by the institution |  Curricular Document |  |
| 5.6 ensure that the content that is taught and assessed is relevant to practice as an expert in that field. |  Curricular Document |  |
| 5.4 ensure that the trainees/students spend sufficient time in planned contact with patients/ community/ students inrelevant settings. | * Curricular Document showing alignment of outcomes with relevant T& L Strategies
* Time tables
 |  |
| 5.5 include topics like study skills, leadership, principles of management, professionalism and ethics and medical education/teaching strategies |  Curricular document |  |
| 5.6 describe the content, extent and sequencing of courses and other components of thecurriculum (curricular map) |  Curricular document |  |
| 5.1s Adjust the content to changing contexts and needs of the field. | * Curricular Document
* Program Evaluation Reports (NA1)
 |  |
| Comments |

**Standard 6: Curricular Management**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 6.6 have a functional post- graduate curriculum committee duly represented on the institutional organogram | * Institutional Organogram
* Onsite discussion with curriculum committee\*
* TOR’s of Curriculum Committee
 |  |
| 6.7 ensure that adequate supervision is provided throughout required learning experiences | * Curriculum document
* Student Log book
* Documented periodic verbal and written feedback (NA1)
 |  |
| 6.8 define responsibility and authority for organizing, coordinating, managing and evaluating the individual educational setting andprocess. |  Policy document |  |
| 6.9 include in the planning of the programme appropriate representation of all stakeholders. | * Composition and TOR of the post graduate curriculum committee
* Minutes of the meeting(NA1)
 |  |
| 6.10 plan the education to expose the trainee/student to a broad range of experiences inthe field. |  Curricular document with plan of implementation |  |
| 6.1s develop study guides which clearly specify overall objectives (of the course) and terminal objectives (for everyteaching session) |  Study guides |  |

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| --- | --- | --- |
|  |  |  |
| 6.2s disseminate study guides to the students and faculty |  Evidence of dissemination of study guideselectronically or hard copies |  |
| 6.3s ensure multidisciplinary education/training |  Curriculum document with Time Tables |  |
| 6.4s clearly define core andoptional courses |  Curriculum document |  |
| Comments |

**Standard 7: Assessment**

|  |  |  |
| --- | --- | --- |
| Standard | Evidence | Rating(out of 6) |
| 7.11 develop appropriate policies for assessment of students. |  Assessment policy and procedures document |  |
| 7.12 ensure that assessment covers knowledge, skills and attitudes | * Assessment policy and procedures document
* Blue printing document/Table of Specifications
 |  |
| 7.13 use a wide range of assessment methods according to their “assessment utility”, including use of multipleassessors |  Blueprinting/Assessment policy |  |
| 7.14 ensure that there is an appropriate balance of formative and summative assessment. | * Assessment Policy
* Assessment plan
 |  |
| 7.15 define a clear process of assessment |  Assessment Plan |  |
| 7.16 ensure that the assessment practices are compatible with educational outcomes and instructional methods | * Blue printing
* Document showing alignment between assessment practices are compatible with educational outcomes and instructional methods (Assessment Map)
 |  |



|  |  |  |
| --- | --- | --- |
| 7.17 implement pre-, per- and post- exam quality assurance procedures in assessment \* | * Minutes of pre, per and post exam analysis meetings
* Document of practices
* Item Analysis reports
* Minutes of Meeting with post graduate curriculum and assessment committees\*
 |  |
| 7.18 have clearly defined criteria for passing examinations, including number of allowed retakes (Annotations) |  Assessment Policy |  |
| 7.19 use a system of appeal of assessment results |  Assessment Policy |  |
| 7.20 ensure the use of external examiners | * Assessment Policy
* BASR/Academic Council Minutes of meeting
* List of examiners (Controller of examiners)
* Letter of invitation to externals
 |  |
| 7.11 record the different types and stages of training in a training log-book. |  Log Book |  |

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| 7.12 ensure the results of the students in Grade point Average\* | * Assessment Policy
* Assessment Plan
 |  |
| 7.1s Examination items go through a standard setting process\* | * Assessment plan
* Documents showing process of standard setting
* Minutes of meetings showing process of standard setting
* Meeting with assessment committee\*
 |  |
| 7.2s incorporate newassessment methods where appropriate |  Assessment plan |  |
| 7.3s introduce assessment portfolio’s where appropriate | * Assessment Policy
* Portfolios
 |  |
| Comments |

**Standard 8: Postgraduate Student**

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| Standard | Evidence | Rating (out of 6) |
| 8.2. have an admission criteria and policy in congruence with the national regulations/guidelines as well as the mission of their institute. | * Admission policy
* Website
* Prospectus
 |  |
| 8.4 The program must ensure participation of the trainee in all educational activities | * Institutional policy
* Proof through documents in which support offered is

evident |  |
| 8.5 ensure appropriate workload on students in line with international standards | * Curriculum document
* Institutional policy
 |  |
| 8.5. ensure that students have access to counselling to address their psychological, academic and/ or career needs\* | * Counselling department Structure
* Counselling department Composition
* Counselling department Function
 |  |
| 8.16 ensure confidentiality of student’s academic and medical records. | * Institutional policy
* Proof through documents/forms in which this process is explained
 |  |

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| 8.17 define and make known, the service conditions and responsibilities of students/trainees |  Code of Conduct |  |
| 8.18 ensure student representation and appropriate participation in educational committees and any committees where they can provide meaningful input. | * Composition of Post Graduate committees
* Minutes of Meetings of various committees
 |  |
| 8.19 provide the student access to their records and appeals process in case of discrepancies |  Institutional policy document |  |
| 8.20 have clear policies, funding, technical support and facilities regarding co-curricular opportunities for the students | * Institutional policy document
* Documents showing students co- curricular activities
* Allocation of funds
 |  |
| 8.21 ensure a process to review/change the supervisor in first year of training |  Institutional policy and regulations |  |
| 8.22 have a policy and practice to systematically seek, analyse and respond to student feedback about the processes and products of the educational programmes. |  Documents showing response to feedback of students |  |

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| 8.23 ensure a balance between the educational resources (e.g. infrastructure, supervision capacity etc.) and the intake of trainees | * Curriculum document
* Institutional policy and regulations
* Budget
 |  |
| 8.24 Facilitate for interruptions caused by pregnancy (including maternity/paternity leave), sickness in postgraduate education by repetition of training/course |  Institutional policy and regulations |  |
| 8.25 ensure that the total duration and quality of online/distance education programme (basic sciences only) is not less than those of full-time students. | * Curriculum document
* Online learning platform (e.gMoodle) (inquiry through link on the website)
* Onsite visit
 |  |
| 8.26 ensure a confidential mechanism for managing unintended incidents by the student | * Code of conduct
 |  |
| 8.1s have infrastructure for disabled students. \* | * Building Map
* Onsite visit\*
 |  |
| 8.2s allocate resources and provide scholarships/bursaries to students based on clearly defined criteria | * Institutional policy and regulation document
* Documents showing proof of

awards/ scholarships |  |
| 8.3s have a clearly defined transfer policy from other |  Institutional policy and regulation |  |

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| national programs | and | international | document including credit transfer policy |  |
| 8.4s have a regional and |  Institutional |  |
| international student exchange | policy and regulation |
| mechanism | document Allocation of |
|  | funds |
|  |  Evidence of |
|  | student exchange |
| Comments |

**Standard 9: Faculty**

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| Standard | Evidence | Rating(out of 6) |
| 9.1 have leadership that is qualified by relevant education, training, andexperience |  Documents showing proof as per PMDC / University policy |  |
| 9.2 have documented the job description of staff and faculty with workload calculation ensuring balance between teaching, research, service qualifications and theirresponsibilities |  Approved institutional job description document with workload calculation |  |
| 9.3 have faculty recruitment,selection, promotion and |  Institutional Policy document |  |
| retention policies based on thepolicies/criteria provided by the PMDC and universities’ |  Faculty recruitment advertisement |
| statutory bodies for trainers, |  |
| supervisors and teachers |  |
| specifying the expertise |  |
| required |  |
| 9.4 ensure ContinuingProfessional Development |  Details of faculty / supervisor’s development |  |
| (CPD) of trainers and | activities |
| supervisors |  CME/CPD certificates |
| Comments |

**Standard 10: Program Evaluation and Continuous Renewal**

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| Standard | Evidence | Rating(out of 6) |
| 10.1. have structured evaluation procedures and policies |  Documentary evidence of program evaluation Plan |  |
| 10.2. regularly review results of evaluation and student assessments to ensure that the gaps are adequately addressed in consultation with post graduate curriculum committee. |  Evidence of changes made as a result of programme evaluation |  |
| 10.3 allocate resources to address deficiencies and continuous renewal of programs. |  Documents showing allocation of resources based on strategic plan/ Program evaluation report |  |
| 10.4 ensure that Students, faculty andadministration are involved inprogram evaluation. | * Feedback forms
* Survey reports
 |  |
| 10.5 ensure that amendments based on results of program evaluation findings are implemented anddocumented | * Minutes of meeting of program evaluation findings
* Evidence of implemented change
 |  |
| Comments |

**Standard 11: Governance, Services and Resources**

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| Standard | Evidence | Rating(out of 6) |
| 11.1 have clearly defined structure of academic governance | * Documents showing composition of academic governance (organogram)
* Documents showing Terms of references (TOR)
* Meeting minutes of Academic council
* Meeting minutes of Board of studies/faculty
 |  |
| 11.2 have mechanisms for dissemination of all policies and procedures related to governance,services and resources | * Website
* Annual Reports (NA1)
* Newsletter/ Bulletin
 |  |
| 11.3 have adequate infrastructure, academic and financial resources | * Document showing infrastructure, academic and financial resources
* Map of the facility
* Memoranda of Understanding.
* Onsite Visit\* Financial Resources:
* Bank Guarantees
* Audit Reports
* Endowment Fund
* Working Capital
 |  |
| 11.4 have fulfilled all legal requirements | * Relevant laws of companies, societies and trust
* Ownership or Lease documents
* Federal/Provincial/Local Government Approval
 |  |

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|  |  Medical University/DAI Provisional Affiliation |  |
| 11.5 have mechanisms for addressing Disciplinary issues | * Disciplinary committee Composition
* Disciplinary committee Terms of reference
* Minutes of the meetings
* Policies for Disciplinary actions
 |  |
| 11.1s \* have input from medical education experts |  Minutes of meetings of Post graduate committee with ME experts |  |
| Comments |

**Standard 12: Research and Scholarship**

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| Standard | Evidence | Rating(out of 6) |
| 12.1 have adequate research component in thecurriculum |  Curricular document |  |
| 12.2. ensure that the trainee becomes able to use scientific reasoning andcritical thinking | * Policy Document
* Evidence of scholarly activities (Journal club/Seminars/Symposium/publications) (NA1)
 |  |
| 12.3 ensure that the trainee applies evidence-basedpractices |  Assignment and research projects |  |
| 12.1.s include formal teaching on critical appraisal of the literature and scientific data | * Curriculum document
* Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications)
 |  |
| 12.2s adjust the content to scientificdevelopments |  Assignment and research projects |  |
| 12.3 encourage training in all categories ofscholarship |  Evidence of scholarly activities (Journal club/ Seminars/ Symposium/publications) |  |
| Comments |