PROGRAMME REVIEW REPORT

Bachelor of Medicine, Bachelor of Surgery(MBBS) Programme

Faculty of Medicine

University of Colombo

9th – 12th September 2019

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University Grants Commission, Sri Lanka

<h1 style="text-align:center">PROGRAMME REVIEW REPORT</h1>

Report of the programme review team for the Bachelor of Medicine, Bachelor of Surgery, (MBBS) Programme, Faculty of Medicine, University of Colombo   9th – 12th September 2019

University: **Colombo**

Faculty: **Medicine**

Programme: **Bachelor of Medicine, Bachelor of Surgery (MBBS)**

List of Abbreviations

ApScS	Applied Sciences Stream
AR	Assistant Registrar
ASC	Academic Standards Committee
ASTHE	Accreditation of Senior Academics in Higher Education
AV	Audio Visual
AVU	Audio Visual Unit
BMARI	Bandaranayaka Memorial Ayurvedic Research Institute
BSc	Bachelor of Science
BScS	Basic Sciences Stream
BSS	Behavioral Sciences Stream
CAA	Computer Application Assistant
CAL	Computer-aided Learning Laboratory
CD & EC	Curriculum Development and Evaluation Committee
CDC	Curriculum Development Committee
CEGE	ytilauqE redneG rof retneC
CGU	Career Guidance Unit
CIU	Curriculum Implementation Unit
CoMSAA	Colombo Medical School Alumni Association
CPD	Continuing Professional Development
CS	Community Stream
CScS	Clinical Sciences Stream
CTHE	Certificate in Teaching Higher Education
CVCD	Committee of Vice-Chancellors and Directors
DMS	Document Management System
DREEM	Dundee Ready Education Environment Measure
ELTC	English Language Training Center
ELTU	English Language Teaching Unit
ERC	Ethics Review Committee
ESL	English as a Second Language
EUC	Examination Unit Committee
FB	Faculty Board
FiLM	Fixed Learning Module
FM2	Foundation Module 2
FOM	Faculty of Medicine
GBV	Gender Base Violence
GMOA	Government Medical Officers Association
GPA	Grade Point Average
HEI's	Higher Education Institute

HELLIS	Health Literature Libraries and Information Services
HoD	Head of the Department
RH	secruoseR namuH
ICT	Information and Communication Technology
ILO	Intended Learning Outcomes
INASP	International Network for the Availability of Scientific Publications
IPD	Infectious and Parasitic Diseases
IQAC	Internal Quality Assurance Cell
IQAU	Internal Quality Assurance Unit
IR	Institutional Review
IT	Information Technology
KPI	Key Performance Indicators
K-SAM	Knowledge, Skills, Attitudes and Mindset
LMS	Learning Management System
MCQ	Multiple Choice Questions
MFSU	Medical Faculty Student Union
MIS	Management Information System
MOH	Medical Officer of Health
MOU	Memorandum of Understanding
MSFAS	Medical Students Financial Assistance Scheme
MSWS	Medical Students Welfare Society
OBE	Outcome Based Education
SCL	Student Centred Learning
OER	Open Education Resources
PBL	Problem Based Learning
PGIM	Postgraduate Institute of Medicine
QA	Quality Assurance
R&D	Research and Development
RHDC	Research and Higher Degrees Committee
RPFC	Research Promotion and Facilitation Center
SAR	Senior Assistant Registrar
SBA	Single Best Answer
SBS	Subject Benchmark Statement
SDC	Staff Development Committee
SDL	Self-Directed Learning
SGA	Small Group Activities
SGBV	Sexual and Gender Based Violence
SGD	Small Group Discussion
SGL	Small Group Learning
SIS	Student Information System
SLMA	Sri Lanka Medical Association

CMLS   licnuoC lacideM aknaL irS
SLQF   Sri Lankan Qualifications Framework
SOP   Standard Operational Procedures
T/L   Teaching Learning
TLA   Teaching Learning Activities
ToR   Terms of Reference
UCFM   University of Colombo Faculty of Medicine
UGC   University Grant Commission
UOC   University of Colombo
UTEL   University Test of English Language
VDLC   Virtual and Distance Learning Center
VLC   Virtual Learning Center
VLE   Virtual Learning Environment

Contents

SECTION 1. Brief Introduction to the MBBS degree program

The Colombo Medical School established in 1873, wasinitiated as the second medical school in South Asia, andinitially catered for 25 students with 3 staff members to offer a 3-year course. This evolved into the Faculty of Medicine of the University of Ceylon in 1942 and later to the Faculty of Medicine, University of Colombo. It currently has 150 academic staff and over 1200 students. The five-year degree program is a partially integrated, spirally evolving curriculum mixed with streams and subjects. There are 16 departments and an annual intake of about 200 students and 10-15 foreign students. Graduate profile and intended learning outcomes are clearly defined. The comprehensive process of ongoing and summative assessment prepares students for the final MBBS when they compete with graduates from all other medical faculties of the country for the national merit list.

The study program has 5 streams; Basic Science, Applied Science, Clinical Science, Behavioural Science and Community. The program starts with theBasic sciences stream (BScS) (4 terms) that facilitates learning the structure and function of the human body, followed by Applied science stream ApScS (3 years) that focusses on the pathophysiology of disease and theClinical science stream (CScS) that includes clinical teaching in NHSL, other hospitals in the Colombo group and in other approved institutes and final year appointments in university teaching units. The Behavioural Science Stream (BSS) that focusses on communication skills, interpersonal relations, ethical behaviour and personal development, extends throughout the program. The Community stream (CS) facilitates learning in health promotion, prevention, rehabilitation and research in the community. The attempt to introduce clinical exposure early,starting with CS and BSS from the beginning of the program, seems to drive learning while developing the right temperament of becoming a competent, compassionate and caring doctor.The intention to integrate clinical science and behavioural science from the beginning of the curriculum was observed.

A Faculty development process involving a strong team of medical educationists seems to be an outstanding feature of this faculty. Academic staff as well as non-academic staff are exposed to well organized training programs.

This faculty seems to have engaged in a process of on-going evaluation and improving the education program. Keenness to innovate and adopt new methods of teaching and assessment was observed. Introduction of BSS and CS in the curriculum has created the opportunity of integrating the basic science with clinical practice.

Facultyhas seriously considered about constraints of the infrastructure of the faculty and instituted adequate measures to improve infrastructure.   At present, the education environment suffers due to inadequacies of space as well as quality of infrastructure. Ongoing construction seems to have given due consideration to the entire spectrum of the needs of a fully-fledged medical faculty.

Table 1 - Number of students in Faculty/programme at present- breakdown in years:

1st year (2017/18)	2nd year (2016/17)	3rd year (2015/16)	4th year (2014/15)	4th year (2013/14)	5th year (2012/13)
204	198	195	198	200	195

Table 2 - Maximum number of students enrolled in the last four years:

2018	2017	2016	2015
204	198	195	198

Table 3 - Numbers graduated from the programme over the past five years (as per total names submitted to the merit list of main and repeat batch inthe respective year):

2018	2017	2016	2015	2014
No Students, due to SAITM strike	205	198	201	194

SECTION 2. Review Team's Observations on the Self Evaluation Report (SER)

Having gone through the SER prepared by the SER writing team of the Faculty of Medicine, University of Colombo, the review team is of the unanimous opinion that the SER has been prepared according to the guidelines given in the Quality Assurance Manual of the UGC. The SER consists of 4 sections and 134 pages excluding Annexures. The sections were written separately by the staff members and finally compiled and edited by an editorial board.

In preparing the SER, the team appears to have used a participatory approach and obtained the views of all the staff members including academic staff, executive officers as well as non-academic staff members. The Vice–Chancellor, Dean, Heads of Departments, Unit Directors/Coordinators appear to have actively taken part in SER preparation. Further, the extended Faculty members appear to have contributed significantly in the entire process of the quality assurance process of the MBBS degree.

There was convincing evidence that the IQAU and the IQAC conducted awareness sessions for the staff members on the effective writing and preparation of the SER. The coordinators for each and every criterion were separately appointed and the responsibilities were assigned accordingly. Further, an activity schedule was also prepared and the time periods were given.

The SER writing team appears to have conducted a SWOT analysis in preparing the SER. Further, the SWOT analysis was conducted according to the guidelines given in the manual. The relevant documents pertaining to the standards were prepared and arranged in a logical manner/sequence in order for the review team to trace the documentary evidence required for the programme review. Moreover, several documents such as minutes of the IQAC, minutes of the faculty board have been included in the SER. The faculty has, in their possession, the corporate plan, vision and mission statements and acts according to those documents with a view to achieving the set goals in the medical education field. Furthermore, the faculty is embarking on an effective plan to adhere to the SLQF and SBS to ensure the production of quality MBBS graduates in the country.

However, the review team observed that the Faculty is yet to adopt the course unit system and the credit requirements as per the guidelines of the SLQF 2015. The review team highlighted the importance/necessity of this to the staff members throughout the review process. The faculty had done a major curriculum revision in the year 1995. Further, the faculty have introduced many minor changes to the curriculum during the last 24 years with the approval of the Faculty board and the Senate of the University. The review team is of the opinion that a major curriculum revision should be carried out every 5 years with the

feedback from a wide spectrum of stakeholders. The draft SER was circulated among all the faculty board members for their observations. The final report was compiled and edited by the IQAC coordinator with the assistance of the Dean and other SER writers and the approval of the faculty board was obtained on 9th April 2019 before it was sent to the QAC of the UGC.

SECTION 3. A Brief Description of the Review Process

The Faculty Quality Assurance Cell (FQAC) had organized the four-day review visit considering the opinion of the chair of the review team in a way that allowed us to observe all important aspects of the Program. Several meetings with important personnel had been interspersed in a schedule that included sessions of visiting facilities (Site visit schedule annexed). The initial schedule which was prepared by the chair of the review team had to be amended and most of the meetings with different levels of supporting staff had to be advanced due to impending non-academic trade union action. Nevertheless, the contribution extended by administrative and supportive staff to conclude the site visit successfully was commended and the reviewers wish to put a note of appreciationon this behalf at the beginning of this chapter.

The review visit began with a meeting with the Vice-Chancellor who was a senior academic member from the Faculty of Medicine. She enthusiastically elaborated that the University of Colombo caters for a number of degree programs which provide the opportunity to enlighten the career goals of students. She had the honour to be in the top of the administrative hire ache of the Faculty of Nursing and Faculty of Law for the first and the foremost among other state Universities of Sri Lanka. The IQAU director, IQAC coordinator and the deputy coordinator were also among the participants at this meeting with the review panel.

The review team along with the Vice Chancellor engaged in a discussion about the need of assessment of competencies and skills of the graduated interns during internship (workplace-based assessment) and value of such assessment in developing teaching programs. However, constraints in obtaining the collaborative support from supervising consultants was highlighted.

The Director of the IQAC elaborated that the monthly meetings of IQAC are chaired by the VC and Deans of all faculties and this mechanism ensures the attendance of other responsible parties and it is represented as an agenda item in the Senate. The documents pertaining to quality-related matters were not in place and the Director explained that those will be stored as e-files in the future to overcome the unnecessary problems created by hard copies.

The next meeting was with the Dean and the other staff members of the Faculty and the Dean eloquently explained the curriculum of the MBBS program and how it has been designed in order to create a competent medical graduate to serve nationally and internationally. Academic support staff and technical staff specially appreciated the opportunities provided by the Heads and academic staff members for their professional development while in the meeting with them.

Two teaching sessions were observed by the reviewers in addition to the small group discussion and the pathology specimen demonstration before concluding the activities for the first day of the review visit.

The second day's activities began with observing bed side teaching at De Soysa Maternity Hospital for Women. The review team was ofthe opinion that bed side teaching sessions should be facilitated in rather small groups to ensure student-centred learning. A meeting with administrative officers and directors of centres/ units also took place and all elaborated their responsibilities and duties to uphold the program under purview. The review team visited the student support services (hostels and canteens) to assess the adequacy provided to enhance student friendly environment by the faculty and that was the last item of the agenda for day 2.

Meeting with student counsellors, meeting of support for student welfare, student meetings and stakeholder discussions were heldon the third day of the review visit. It was revealed that though the student counsellor service is operating in a quite pleasant manner, many of the students do not utilize this facility beyond the first year oftheir academic program. Students were allowed to spell out their opinions and they were so enthusiastic for being privileged to follow the academic program conducted by 150 years old Faculty of Medicine, Colombo. Participants of the stakeholder meeting were mainly retired and currently in-service specialists and medical officers. The opinions to and for the ongoing curriculum were expressed by the members and dearth of attention paid for special modules such as ENT was highlighted by an ENT surgeon.

The Skills lab located at the National Hospital was observed by the reviewers on the last day. Newly procured mannikins under the AHEAD grant would be a great asset to the program if they are functioning well.Reviewers devoted adequate time to observe documentary evidences supporting the SER and due to the less clarity of the documents provided, clarifications were obtained through verbal discussions with criterion coordinators.

The faculty's Quality Assurance Cell (QAC) is also led by an able and enthusiastic scholar with a tremendous support from a deputy coordinator and performing its duties in admirable manner. The final official item of the agenda was the debriefing meeting by the chair which took place with participation of the Dean and the other academic and administrative members of the program under review.

SECTION 4. Overview of the Faculty's Approach to Quality and Standards

The Faculty has established a Faculty Quality Assurance Cell (FQAC) coordinated by a senior academic staff member. The cell has a small room providing space for demonstrators assisting the quality assurance work and for storage of quality assurance related documents. The space is grossly inadequate but marginally serves the purpose within the space constraints faced by the Faculty. The Faculty is expecting to provide adequate space for this activity upon completion of the proposed new building. Internal Quality Assurance Unit (IQAU) of the University, headed by a Director, overlooks and provides guidance to the FQAC. Commitments of the Vice Chancellor, Director IQAU and the Faculty Quality Assurance Cell is evident and commendable.

The majority of quality assurance activities are delegated to Faculty sub committees and other Department level committees which have their own quality culture. Quality assurance related issues are discussed in the monthly Faculty Board meetings as evident from the minutes. Improvements are desirable in closing the gaps in record keeping and streamlining certain procedures.

The Faculty has worked in unison in preparing the Self Evaluation Report (SER) and supportingevidence. Staff members, despite their busy schedules, were always available to provide clarifications to the review team. While commending the Faculty's commitment to achieve continuous quality improvements the review team notes that the Faculty should be more open to accept appropriate ideas from the rest of the University System.

SECTION 5. Judgement on the Eight Criteria of Programme Review

5.1 Programme Management

The Faculty has adequate organizational structure for effective administration of the study program. Standing Committees with appropriate TOR are functioning for all relevant areas. The strategic and action plans are annually updated and cover strategies and actions to make improvements in all aspects in the study programme.

Stakeholder consultations are done in curriculum development process. However, certain members of the alumni expressed the concern that their views are not given due consideration in the curriculum review process.

The Curriculum Implementation Unit (CIU) prepares the academic calendars for the full length of the five-year period of a batch. Adjustments are made to catch up any time lost due to interruptions beyond the control of the Faculty. However, relatively long interruptions can't be accommodated, andcause the study duration to significantly exceed the regular period of five and half years.

Faculty handbooks including all information relevant to the students are issued every year. No prospectus as such is published, but relevant information and guidance is provided byother means. The Faculty web site contains all relevant information and is regularly updated.
The Faculty conducts a comprehensive orientation programme. However, the students did not confirm that any feedback is taken from them on the effectiveness of the programme.Procedures are laid down to ensure the confidentiality of examination related data and documents. Student records are confidentially handled by the registrar's office.

LMS system is effectively used and an MIS system is in operation. Computer Aided Learning (CAL) lab has been established. However, its effectiveness was not properly demonstrated. Duty lists for the different categories of staff are in place and are properly implemented. Staff appraisal and granting of annual increments are functioning smoothly. Reward schemes for excellent performance in research are in place.

The CD&EC committee is responsible for the curriculum reviews and making recommendations on curriculum changes based on curriculum retreats, stakeholder consultations and so on. There is no evidence on systematic graduate tracer studies.

Faculty promotes gender equality among students. Staff members have the opportunity to report their grievances to a grievance committee appointed by the Dean of the Faculty comprising external members and reporting to the Dean.

The Faculty has adopted the zero-tolerance policy on ragging. Students and staff confirmed that there is zero ragging in the Faculty.

5.2 Human and Physical Resources

The MBBS programme offered by the Faculty of Medicine, Colombo has an admirable history and has produced medical graduates with competence, compassion and care. They have excelled and made significant contributions to many fields of expertise in health services nationally and globally. The new recruits were given ample opportunity to undergo induction programs. A mentoring program was in place to help new academic recruits. However, the reviewers could not find any of the feedback obtained from mentees to assess the accomplishment of this initiative.

Low participation of senior academic members for in-house capacity building workshops was highlighted at the discussions. It was further noticed that the CPD programs were not conducted at regular intervals and feedback from the participants were also not evident. The reviewers were of the opinion that student-centred learning (SCL) has to be strengthened and regular training of staff on this aspect should be promoted.

The reviewers noted that all administrative officers were well qualified and had postgraduate degrees or diplomas in addition to the basic degree. Technical officers and other supportive staff are willing to work towards the betterment of the program. Though the cadre positions were still vacant in some departments, the available staff appeared to provide their fullest cooperation for the sustainability of the program.

Opportunities for acquisition of clinical skills are provided by the National Hospital and other hospitals in the vicinity of Colombo. The clinical skills lab was a commendable resource to acquire professional skills. However, the reviewers noted that the manikins purchased under AHEAD grant were not in working condition and therefore the expected outcome was not generated from the investment. The effort of the enthusiastic nursing staff member trying to sort out issues pertaining to the clinical skills laboratory was commendable.

Limited space for infrastructure facilities has obstructed many of the teaching learning activities. The arrangement of the small group discussion obscured most of the student participation and the reviewers were of the opinion that this physical arrangement is barely adequate for an ideal small group discussion set up. The spaces devoted for the IQAC, was hardly enough for proper functioning and it seemed to be just a physical space allocated only for the reviewers to observe. The reviewers were somewhatconfused by the variety of terms (VDLC, AV unit and CAL lab) used by the staff to refer to a single computer aided teaching laboratory. It was witnessed that the staff member allocated to guide the students on e-learning materials was not very competent in carrying out this task. Effectiveness of the Computer Aided Learning (CAL) lab was also not properly demonstrated.

5.3 Programme Design and Development

The review team (RT) witnessed ample evidence that the current MBBS programme was developed using a participatory approach. Accordingly, the extended Faculty members appear to have attended stakeholder meetings and taken part in the curriculum development process. There is evidence that the programme design process incorporated feedback from employer/professional satisfaction survey. However, stakeholders such as students and patients were excluded from the process and the review team is of the opinion that they too should be considered/consulted in future curriculum development activities. RT is confident that the programme conforms to the mission, goals and objectives of the institution and national needs. However, the RT is of the opinion that the present programme may not effectively address global trends and current knowledge in global medical education as a whole.

The RT wishes to highlight the fact that the present curriculum was introduced way back in 1995. Discussions revealed that the sustainability of the present curriculum is doubtful.Moreover, the University and the Faculty has a functional IQAU and IQAC and the Director and the coordinator are doing a highly commendable job under the guidance of the VC and the Dean. Further, CD and EC and the CIU are doing a pivotal role in maintaining the quality of the existing MBBS programme. The Faculty and University have clear vision, mission and the objectives and the Current MBBS programme conforms to the set objectives of these statements. Further, the institutional corporate plan clearly defines the future objectives of the University and the Faculty. The review team observed that the Faculty has developed a sound graduate profile and programme objectives for the existing MBBS programme.

There is adequate evidence that the Faculty uses the graduate profile as the foundation for developing learning outcomes at the levels of programme, courses/modules. Further, ILOs of the programme are realistic, deliverable and feasible to achieve. The faculty appears to have adopted an outcome-based education system (OBE) where programme outcomes are clearly aligned with the course/module outcomes. Moreover, the teaching and learning activities and assessment strategies are also aligned with learning outcomes of each course.

The RT witnessed that the programme design accommodates supplementary professional and semi-professional courses to enrich the programme. Further, the programme is logically structured and consists of a coherent set of courses/modules with a view to producing a versatile medical graduate that can be highly effective and adoptable. The RT wishes to commend the availability of the fall-back option for the students to have as a form of lateral exit point.

The RT has noted that the programme has approximately 217 course credits and discussions with students indicated possible over loading of the curriculum. Hence the RT suggest considering the SLQF 2015 and the SBS for medical degrees in the region and elsewhere in a future revision of the curriculum.

The Faculty appears to have adopted the British education model in designing the existing curriculum in the past. However, the entire education system in Sri Lanka and elsewhere is undergoing a paradigm shift towards the Course Unit System. Accordingly, almost all universities in Sri Lanka except a few faculties e.g. medical faculties, are yet to adopt this system in order for the MBBS graduates to be highly competitive in the job market not only in Sri Lanka but also in the international job market. As such, the review team highly recommends that the Faculty reviews the existing curriculum and introduces necessary changes as and wherever necessary.

5.4 Course Module Design and Development

There is convincing evidence that all the courses and modules were developed by a course/module development committee consisting of senior academic staff members and all the courses are developed with the active participation of the outside experts. Each member of the CD and EC is made aware of his/her role prior to developing any course/module. Further, the IQAU and the IQAC appear to have organized workshops and given necessary guidelines for development of courses and modules. Further, the stakeholder meetings with extended faculty members undoubtedly have given vital feedback for the entire course development process. However, the courses were not developed in compliance with the SLQF Credit definition. The RT recommends that the SLQF credit system be fully adopted in designing courses/modules in future curriculum revision activities.

All the courses have clearly defined ILO and TLA. Further, the courses are geared towards achieving the set goals of the vision, mission, the corporate plan and the graduate profile. The faculty has undertaken a curriculum mapping exercise to ensure that the graduate attributes are achieved by each and every course/module. The RT suggests that non-medical experts, students and patients be included in the future stakeholder meetings. Further, the SLQF 2015 guidelines need to be followed in designing future courses/modules. Accordingly, inter-departmental and inter-faculty courses can be designed and developed in the future curriculum development exercises. The RT recommends that the courses/modules be prepared according to the course unit system and benchmarked against similar medical courses/modules in the region and elsewhere.

The course design and development process appears to have taken into account course specifications that provide a concise description of the ILOs, contents, teaching learning and

assessment strategies. However, the courses of the present MBBS programme appear to be more teacher-centred than student-centred. As the UGC and other relevant authorities now promote the student-centred learning strategies, the RT recommends that new courses should be designed to facilitate, student-centred learning, on-line learning, mobile-learning (m-learning) distance education, life-long-learning strategies.

The obvious fact that the present programme consists of 217 credits appears to result in unhealthy pressure on the medical students. Therefore, the course design should specify the credit value, the workload (notional hours), as per SLQF guidelines and broken down into different types of learning such as different contact hours, self-learning time, assignments, laboratory studies, field studies, clinical work etc.

The UGC requires that all the state universities provide adequate facilities for differently abled students. Even though there is some progress in this at the Faculty, the RT recommends that more facilities be made available for such students. The CD and EC needs to take this into consideration in designing the future courses/modules.

The RT witnessed the use of appropriate technologies in delivering the lectures and conducting other practical/clinical sessions. Accordingly, the RT observed the use of ICT facilities in teaching and learning activities. The Faculty IQAC, CD and EC adopt internal monitoring strategies as well as effective review methods to improve the course design and development. The RT observed that the staff members involved in programme design and development receive adequate training in the process and regular workshops/training programmes are organized by the IQAU as well as the IQAC. Further, there is evidence that appropriate and adequate resources for course design are made available to the academic staff by the Faculty. Moreover, there are mechanisms in place for approval and review of courses/modules facilitated by the Faculty and the University. However, a major revision of the curriculum has not been undertaken since 1995 even though some minor changes have been incorporated to the existing courses/modules. Therefore, the RT highly recommends that a comprehensive revision of the present curriculum be undertaken as soonas possible.

5.5 Teaching and Learning

The process of teaching and learning in this faculty was very well organized and targeted towards the vision and mission of the faculty. At policy level curriculum development, staff development, time tabling and assessment seems to be well-coordinated with the process of teaching and learning. Highly qualified and competent staff use a diverse and appropriate methods of teaching/learning. A process of evaluation of teaching/learning is in place.

The constraint of inadequate space seems to have obstructed best performance in teaching learning process. Some of the newly introduced interventions like IT based learning did not

demonstrate its full functionality. It did not demonstrate evidence of a well-established education program.

Student feedback as well as evaluation of their performance has not been extended to evaluate the success of teaching uniformly across all departments. There was some evidence of evaluating performance of graduates in their practice as doctors (work place-based assessment);however, such evaluation has not been fully utilized for curriculum development.

The innovative idea of early exposure to clinical practice by introducing BSS and CS stream has not been fully implemented. Limited time allocated has not been fully integrated in to the curriculum. BSS sounds like an additional teaching program in the curriculum.

PR team observed three small group teaching sessions. First; case based small group discussion took place in a laboratory, second; specimen class in a museum and third one bed side teaching session in a hospital ward. The inadequacy of space and facilities were major constrain. Student numbers were beyond manageable for an effective SGD resulting in an inadequate students engagement. Behaviour of students also did not demonstrate that they are used to the process of SGD. Therefore, effectiveness of staff development programs and monitoring of SGD teaching needs to be questioned.

5.6 Learning Environment, Student Support and Progression

The Faculty has recognized the value of physical and psychosocial educational environment. Student friendly administrative, academic and support system has been developed. Special attention has been given to the physical environment of the faculty in the recent past and progressive development in the ongoing construction is likely to provide even better physical and structural environment for education.

Activities conducive for sustainable harmony among multi-religious, cultural and racial groups is commendable. Ongoing and regular sports and aesthetic programs have been established. Staff seems to be friendly and approachable. Staff members hold the treasurer post in all the students social and welfare committees indicating assurance as well as regulation of financial matters. A support system for student with disabilities is in place.

Several innovations have been created to facilitate learner centred T/L activities. Use of computer assisted learning has been facilitated by the AVU, VLC and CAL lab. LMS in the faculty seems to support student's engagement through IT. Library and IT committees seem to be very active. However, many of those activities are not properly established. Evidence to support ongoing progressively evolving learner centred T/L environment was lacking.

Student-support system is in place. Early identification of students in need of support for physical or mental disabilities as well as for financial disabilities contributes for equality in the faculty. However, student's awareness about such programs was not satisfactory.

Evidence of monitoring the educational environment and support system for a progressive development was lacking.

5.7 Student Assessment and Awards

Students assessment is well structured and conducive for progressive learning. It is aligned with the vision and mission of the faculty. Series of on-going formative assessments seems to contribute to learning process. The summative assessment fulfils the final target of producing a competent, compassionate and caring doctor. However, a system of interconnected coordinated assessment that is conducive for proper integration of the curriculum was not evident.

Adopting a wide range of assessment methods, blue printing and involvement of a wide spectrum of professionals in assessment has added to the quality of assessment. Paper based assessment was inclined towards testing recall knowledge and other assessments like OSCE and OSPE seems to focus on testing competencies. However blue printing has not been utilized uniformly by all the departments to ensure the validity of assessment.

The process of examination is well structured for its authenticity and confidentiality. By laws and regulations are in place and enforced by the Dean, an exam coordinator AR/Exams, SAR and AR. The faculty manages to release results in time and there is a well-established mechanism to scrutinize results.

Several examples of recognizing and awarding outstanding students were recognized. There is an ongoing established process of awarding medals and other modes of appreciations.

There was no evidence of an ongoing process of evaluation of assessment system. Obtaining students' feedback about assessment were noted in some instances but evidence of using such feedback for improvement was lacking. Thevalue of analysingassessment results as a feedback to facilitators as well as the curriculum has not been recognized by the faculty.

5.8 Innovative and Healthy Practices

The Faculty has approved policies and has actions identified in the strategic plan to facilitate ICT based platforms and multimode teaching/learning. A permanent academic staff member with IT background has been recruited for the work at CAL Laboratory. LMS is effectively functioning and adequate mass of teaching materials are available there. Several Faculty sub

committees are functioning to coordinate research/innovation activities. Guidelines for student research is available. An annual Research Symposium is conducted by the Faculty where staff research as well as postgraduate research are disseminated and abstracts published. A bi-annual peer reviewed journal is published by the Faculty.

Students have to engage in a research projects and complete a research report and defend the work in viva-voce to earn the compulsory credit. The findings are disseminated in student scientific sessions with abstracts published. However, there is no evidence that such sessions are conducted every year.

In addition to the extensive clinical training, students also engage in primary health care appointments in the Ministry of Health. Several MoUs for collaborative research with other universities and research organizations are in place. Such collaborations have produced joint research publications.The heavy resource base of the Faculty is effectively utilized in diverse extension, certificate and other PG courses generating income for the faculty and its staff.

No provisions are available for credit transfer, which is the case in all other faculties in Sri Lanka as well.

There is a regularly meeting standing committee for Curriculum Development and Evaluation (CD & EC) to recommend changes to the curriculum and evaluation methods. Curriculum retreats are held annually to discuss and make recommendations on curricula changes.

The mechanism of scrutiny boards for each module and the service provided by the Examination coordinator overlooking the examination process on voluntary basis are commendable. Commitment of the academic staff to release results within a month after double marking is excellent.

There is a separate Curriculum Implementation Unit (CIU) to liaise with the academic departments and to ensure timely implementation of curriculum reviews and to facilitate smooth functioning of the academic program. The students who can't proceed to the award of MBBS due to various reasons have three fallback options, two at diploma level and one at degree level. The fallbackdegree is BSc in Health Sciences. Less than 0.5% of the students make use of this option in average.

SECTION 6. Grading of overall performance of the programme

Table 6.1 Assessment criteria and score (in detail)

No	Criterion	Weighted minimum score*	Actual criterion-wise score
1	Programme Management	75	144
2	Human and Physical Resources	50	81
3	Programme Design and Development	75	135
4	Course / Module Design and Development	75	121
5	Teaching and Learning	75	118
6	Learning Environment, Student Support and Progression	50	76
7	Student Assessment and Awards	75	138
8	Innovative and Healthy Practices	25	45
	Total score (out of 1000)		860
	Total score (out of 100)		85.98

Final Grade: A – Very good

SECTION 7. Commendations and Recommendations

7.1 Programme Management

Commendations
- Effective administration of the study programme is ensured through adequate organizational structure, well-functioning standing committees with appropriate TOR in all relevant areas, annually revised strategic and action plans, stakeholder consultations in the curriculum development process and preparation of academic calendars for the full length of the five-year period of a batch.
- Provision of information to the current and prospective students through annually published Faculty handbooks, comprehensive orientation programme for the newcomers and regularly updated Faculty web page.
- Ensuring of the confidentiality of examination related data and documents and student records through carefully laid down procedures.
- Effective use of the LMS system and the MIS system to support the teaching-learning and administration activities.
- Promotion of gender equality among students.
- Provision of opportunity to the staff members to report their grievances to a grievance committee appointed by the Dean of the Faculty solely comprising external members facilitating fair hearing of such grievances.
- Zero-tolerance policy on ragging.

Recommendations
- Strengthen the stakeholder consultations in curriculum development.
- Establish a student-staff liaison process to address student concerns where appropriate.
- Pay attention to bring down the student workload to a level manageable by an average student and not to overload a particular period of the course.
- Increase the effectiveness of the Computer Aided Learning (CAL) lab.

7.2 Human and Physical Resources

Commendations
- The senior academic members of the teaching panel of the program is a great assert and consisted of senior professors, associate professors and senior lectures of high calibre. The student: staff ratio is approximately 8:1.
- Most of the staff members are contributing significantly in research and development apart from teaching activities.
- Many members had national and international awards for their outstanding research and innovative work.
- The extended faculty members from the Colombo group of hospitals are also well-qualified and dedicated.

- CTHE course offered by the University of Colombo is compulsory to obtain the basic qualifications in teaching. Additionally, they would undergo courses offered by the Dept. of Medical Education or from the PGIM.
- The academic mentoring program offered to new recruits is a commendable approach to uplift the moral and professional background of the probationary lecturers.
- Capacity of the academic staff is continuously upgraded through various activities conducted by the Medical Education Centre. Most of the academic members are resource persons for CPD programs organized and conducted by SLMA.
- The available space has been maximally utilized, despite the severe space constraints. The new lecture theatres are well-equipped with modern facilities. The academic program is supported by a well-resourced library. The library opening hours were reasonable allowing maximum utilization of resources for the students.
- Clinical skills are provided by the Colombo group of hospitals as well as some special units (mental hospital, Apeksha hospital etc.).
- Clinical skills laboratory located at the premises of national hospital is a great strength to the program

Recommendations
- It is strongly suggested to expand the infrastructure facilities to create student-friendly learning environment. It is expected that issues pertaining to space will be sorted out with the upcoming fourteen storey building which could accommodatemost of the teaching and learning and other activities.
- A formal mechanism to obtain feedback on the academic mentoring program is suggested for the sustainability of this initiative.
- The effective utilization of CAL lab to enhance student knowledge on e-learning is recommended. Furthermore, a better knowledge on issues pertaining to Computer Aided Learning is expected from the man power allocated to perform this task.
- The valuable resources in the clinical skills laboratory has to be maintained with a greater responsibility to achieve the maximum expected outcome.
- Physical resources such as hostels and canteens are recommended to upgrade further to maintain conducive environment for learning.

5.3 Programme Design and Development

Commendations
- The Faculty has well-functioning IQAC and Curriculum Development and Evaluation Committee (CDEC), Curriculum Implementation Committee (CIC) that contribute effectively to the programme development process.
- Programme was developed collaboratively with the participation of stakeholders.
- Programme conforms to the vision, mission and the objectives of the institution.
- The programme has a well-developed graduate profile and all the courses contribute to the achievement of the attributes in the graduate profile.
- The programme has clearly defined ILOs. These programme ILOs are realistic, deliverable and feasible to achieve.

- The programme is logically structured and consists of coherent set of courses/modules while allowing flexibility in students' choices.
- The programme has a clearly defined fallback option.

Recommendations
- The programme is overloaded and is equivalent to 217 credits. This needs to be addressed.
- It is recommended to gradually switch to the Course Unit system over a period of 10 years.
- SLQF 2015 Guidelines need to be incorporated into the curriculum.
- The UGC requires that a curriculum revision be carried out every 5 years.
- The programme needs to be comparable to the similar degrees offered by other international universities in the region and elsewhere.

5.4 Course Module Design and Development

Commendations
- All the courses/modules were developed by a course/module committee considering the suggestions of the stakeholders/extended faculty members.
- All the courses/modules were developed in conformation to the vision, mission and the objectives of the institution.
- All the courses/modules are logically structured to achieve set goals of the MBBS programme.
- All the courses/modules contribute to the achievement of the attributes of the graduate profile.
- All the courses/modules are outcome-based and have clearly defined ILOs and TLAs.
- Curriculum mapping was carried out with a view that the achievement of graduate attributes areensured.

Recommendations
- The stakeholder meetings should not be confined to only the extended faculty members. Non-medical experts, patients as well as current/prospectivestudents should be invited to such meetings.
- Credit transfer facilities, lateral entry/exit points, inter-faculty/inter-dept courses need to be introduced.
- SLOF 2015 Guidelines as well as international SBS need to be used to develop courses/modules.
- More on-line/distance courses need to be introduced.
- The courses/modules need to be comparable to the similar courses offered by other universities in the region and elsewhere.
- More facilities need to be made available for differently-abled students.

7.5 Teaching and Learning

Commendations
- The ongoing proactive process of curricular revision has aligned with the faculty mission of producing a competent, compassionate and caring doctor.
- Expansion of the curriculum beyond traditional subjects to encompass behavioural science stream has strengthened the ongoing community-based projects and research involvements in the Faculty.
- Introduction of an array of novel methods of teaching combined with ICT has promoted learner engagement and learner centred teaching.
- The Faculty seems to have pioneered the early exposure to clinical practice.
- The proximity of the National Hospital has enhanced accessibility to more opportunities for clinical encounters with real patients.

Recommendations
- There is inadequate emphasis on establishing a process of much needed monitoring and evaluation of new innovative parts of the curriculum and methods of teaching.
- Integration seems to be limited to borrowing time from other streams. As such there is a threat of withdrawing some of the good practices.
- Lack of uniformity and collective effort among departments in assimilation of information with regards to feedback, surveys and examination results has limited the opportunities of learning from experience.
- Analysis of the results of assessment has not been utilized optimally by entire education program.
- Alignment of the education blue print with the intended learning outcomes was not clear.
- Inadequacy of space and infrastructure facilities seems to have hampered many educational activities.

7.6 Learning Environment, Student Support and Progression

Commendations
- This programme has created a student friendly environment.
- Continually updating website seems to provide adequate and relevant information to students.
- There is a strong student-counselling program as well as a personal tutor program.
- Induction program seems to be comprehensive and students' handbooks and series of handbooks/handouts provided throughout the programme seem to provide the students with required information.
- Co-curricular activities that involve all ethnic groups has created a culture of ethnic harmony. Students seem to enjoy such activities.
- Fallback options are very practical and useful for those who have not been able to match with the criteria expected by the programme.

- The clinicians and the relevant members of the academic staff play a commendable role in providing clinical skills which is a vital aspect in future health care professionals.

Recommendations
- Gathering and utilization of feedback is not uniform.
- There are no good quality student surveys evaluating the education environment.
- The faculty is not geared for student-centred learning, and neither the teachers nor the students seem to be fully engaged in student-centred learning.
- Some of the good policies have not reached the students' awareness.
- It is vital to improve accommodation facilities and financial support provided for the students.
- Infrastructure was not acceptable at all for a Medical Faculty. Students accommodation is far below the expectation. Except for the newly constructed lecture hall, most of the physical infrastructure need refurbishing and modernization.
- The review team did not witness use of modern audio-visual equipment that can facilitate student centred learning.

7.7 Student Assessment and Awards

Commendations
- The examinations manuals, examinations by-laws, scrutiny process are in place and communicated to the staff and students.
- Results are released within one month.
- Answer scripts are marked by two examiners.
- There is an overall coordinator (academic staff member) to handle all the examination matters.
- The examination time table is prepared for the whole year and communicated to all the staff members.

Recommendations
- Exam paper moderation needs to be promoted and carried out.
- More on-line assessment methods/tools need to be introduced.
- Transcript needs to carry more information (e.g. overall average).
- The grading system needs to be on par with that of the universities (e.g. "A" given for marks above 80, instead of above 70).
- Novel marking schemes need to be introduced (e.g. conference marking).

5.8 Innovative and Healthy Practices

Commendations
- Availability of approved policies and actions identified in the strategic plan to facilitate ICT based platforms and multimode teaching/learning.

- Recruitment of a permanent academic staff member with IT background for the work at CAL Laboratory.
- Availability of an adequate mass of teaching materials in LMS.
- Establishment of faculty sub committees to coordinate research/innovation activities.
- Laying down of guidelines for student-research.
- Organization of an annual Research Symposium by the Faculty where staff-research as well as postgraduate-research is disseminated, and abstracts published.
- Publishing of a bi-annual peer reviewed Journal by the Faculty.
- Incorporation of a research project into the curriculum where the research outcome needs to be defended in a viva-voce with the option of disseminating such findings in student scientific sessions with abstracts published.
- Engagement of the students in primary health care appointments under the Ministry of Health in addition to the extensive clinical training.
- Availability of several MoUs for collaborative research with Other Universities and research organizations producing joint research publications.
- Effective utilization of the heavy resource base in the faculty in conducting diverse extension, certificate and other PG courses generating income for the Faculty and its staff.
- The mechanism of scrutiny boards for each module and the service provided by the Examination coordinator overlooking the examination process on voluntary basis.
- Commitment of the academic staff to release results within a month after double marking.
- Presence of the Curriculum Implementation Unit (CIU) to liaise with the academic departments and to ensure timely implementation of curriculum changes and to facilitate smooth functioning of the academic program.
- Availability of fallback options, two at Diploma level and one at Degree level for the students who face problems in concluding the MBBS.

Recommendations
- Strengthen the research collaborations with local and international organizations.
- Revisit the student-evaluation process specifically related to the clinical evaluation taking international evaluation practices into consideration in order to reduce the pressure on the students during their final year of study in the programme.
- The weightage on continuous assessments (currently only 20%) in the clinical training is inadequate and all the state Medical Faculties in the country may agree upon a higher weightage on the continuous assessment component of the clinical training.

SECTION 8. Summary

The Colombo Medical Faculty, as the pioneer medical education institute of the country, has sustained its credibility over last 100 years of existence and remain as the most popular medical faculty among prospective medical students qualify after A/L examination. Its location in the middle of the capital city of Colombo amongst most prominent health care institutes as well as governing bodies of the country has given extensive advantages over the other medical faculties in the country for its progress. A tendency forthe most qualified academics in the country to gravitate towards the capital city has further enhanced its potential. However limited space and inadequate investment in the structural development as well as complacence in curricular interventions and innovations seems to have curtailed expected progressive development towards excellence in global perspectives. Therefore, as the oldest medical faculty in the region, its role in taking much required leadership in developing culturally sensitive systems of medical education for the county and the region remains unfulfilled.

The Medical Faculty is still functioning in an old building with limited space and some of the utility areas are unacceptable as well as risky to use. Faculty has realized this requirements and interventions are in place. Quick remedies that have been implemented to overcome this drawback seems more like temporary measures than sustainable investments. Committees appointed to look into structural reforms seems to have taken adequate steps to ensure a good quality outcome from the ongoing constructions. However, need for a plan for progressive development during next 50 - 100 years along with a process of maintenance should be in place to avoid similar periods of drawback in future.

Modernization of education needs sophisticated equipment. The faculty has invested on modern teaching aids, computer-based technologies, laboratory equipment's and simulators. Optimum utilization of those facilities, maintenance and progressive innovations remains as a challenge.

Availability and quality of human resource seems to be optimum. Well qualified academic as well as non-academic staff seems to function cordially. Recruitment process, training and career progress seems optimum. Their engagement in the teaching process, research and development is excellent. They have the potential to explore innovations in medical education.

Process of administration, research, community service, curricular development, teaching/learning, assessment and program evaluation has been recognized and given due recognition through an array of committees. Curricular innovations like introduction of behavioural science stream and community stream indicates that the faculty has oriented towards producing good quality graduates required by the society. The value of early exposure to clinical practice as well as community health has been recognized. However, integration of subjects to enrich the learning experience and clinical application could be further enhanced. Assessment has been well organized and properly scrutinized. However, assessment has not been utilized as feedback. Uniformity in the process of feedback for further improvement is vital. Program evaluation could be strengthened to incorporate

evaluation of graduates' performance. Possibilities of more innovative program evaluations could be explored not only for improving the faculty but also open up innovation in education research.

Outcomes of the medical faculty is exhibited by the student performance, research output and national contributions. Current practice of student's assessment has its own weaknesses. The faculty has realized that and has initiated the discussion about the inadequacy of program evaluation by the students' performance at the final MBBS examination by the position in the national merit list. There is a need to explore newer methods of assessments and evaluations agreeable to all medical faculties.

Research activities and post graduate training programs are commendable. There were a wide range of ongoing research activities that can have national as well as global impact. Post graduate training programs are open to a wide range of candidates.

Evaluation processes of the entire faculty could be further strengthened. All the committees, departments and units should agree on a process of target-oriented evaluation. Students performance beyond knowledge and skills should be addressed for a proper evaluation of the education environment.

Sustainable and progressive development towards excellence should be the driving force for a leading medical faculty. This becomes a daunting challenge due to constraints in funding, as well as bureaucratic constraints. However, unless innovative and proactive measures are adopted to overcome such barriers we may not achieve due recognition in global perspective. The Colombo Medical Faculty has the potential to be the best medical faculty in the region due to availability and richness of resources available.

Appendix I.SCHEDULE FOR SITE VISIT

Day 1 – 09th September 20119 (Monday)

Time	Activity	Participants
8.30 AM – 900 AM	Meeting with the Vice Chancellor What information do you need	Vice Chancellor/ Dean, Director – IQAU/ Coordinator – FQAC, Chair – SER Preparation
9.00 AM – 9.30 AM	Meeting with the Director – IQAU What information you need	Director – IQAU
9.45 AM – 10.45 AM	Presentation about the Faculty and respective study programs What information you need ***Working Tea***	Dean FMS/ Director-IQAU/Coordinator FQAC/ All HODs of the Faculty/ Cluster Chair and SER Team/ Study program coordinators
10:45 AM -11:45 AM	Meeting with academic staff in permanent cadre (excluding HOD)	Teaching panel of respective programs (excluding HODs) Senate representatives
11:45 AM -12:15 PM	Meeting with temporary academic staff	Temporary Demonstrators, Tutors etc
12:15 PM -1:00 PM	Meeting with Administrative Staff	Registrar/Bursar/SARs/AB/SAB/Work Engineer/DR Examination
1:00 PM -1:30 PM	***Lunch within the faculty premises***	
1:30 PM -2:15 PM	Meeting with Directors of Centres / Units / Cells	All Directors of Centres/ Units/ Cell Coordinators
2:15PM-2:45PM	Meeting with Student Counselors What information you need for your criteria	Senior Student Counselors and student counselors
2:45 PM -4:00 PM	Observing, Physical Facilities ***Tea***	Review Team/ Facilitators

Day 2 – 10th September 2019 (Tuesday)

Time	Activity	Participants
8.30 AM – 900 AM **9.30 AM – 10.30 AM**	Observing documentation – This is a combine effort but individuals will focus on specific sections *5.1: Programme Management – Prof. RanithPerera* *5.2: Human and Physical Resources) – DR. InokaUluwaduge* *5.3: Programme Design and Development – Prof VijithJayamanne* *5.4: Course/Module Design and Development – Prof VijithJaymanne* *5.5: Teaching and Learning – Prof. R.M.Mudiynase*	Review Team/ Facilitators In an round table setting AC room Review Team
10.30 AM – 11.00 AM	Meeting with Librarian/Senior Assistant Librarians [Library Visit] – soon	Librarian/Senior Assistant Librarian/ Library Staff

11.00 AM -11:30 AM	Meeting with Technical Officers – in the conference hall	All Technical officers
11:30 AM -12:30 AM	Observing Documentation *5.1: Programme Management – Prof. RanithPerera* *5.2: Human and Physical Resources) – DR. InokaUluwaduge* *5.3: Programme Design and Development – Prof VijithJayamanne* *5.4: Course/Module Design and Development – Prof VijithJaymanne* *5.5: Teaching and Learning – Prof. R.M.Mudiynase*	Review Team
12:30 PM -1:30 PM	***Lunch within the faculty premises***	
1:30 PM -4:00 PM	Observing teaching sessions and facilities Suggest a suitable time and a place 1. Lectures 1.15 – 2.15 – Psychological therapies (MHL), 2. Small group discussion/student centered learning – Clinical lecture demonstration 3. Bed side teaching- This should happen when we visit the hospital ***Working Tea***	Review Team
4.00 PM – 5.00 PM	Open hour for any stakeholder to meet review panel	Review Team

Day 3 – 11th September 2019 (Wednesday)

Time	Activity	Participants
8.30 AM – 9.30 AM	Observing Documentation *5.6: Learning Environment, Student Support and Progression – Prof. R.M.Mudiynase + Vijith* *5.7: Student Assessment and Awards – Prof. R.M.Mudiynase + Inoka* *5.8: Innovative and Healthy Practices – Prof. RanjithPerera*	Review Team
9.30 AM – 10.30 AM	Meeting with Students 1. Ask about time table 2. Learner centered teaching 3. Participation in research 4. Their feedback What else is relevant for your criteria ***Working Tea***	Group of students (30) representative of gender, ethnicity, level of study programs
10.30 AM – 11.30 AM	Meeting on support for student welfare What information you need	Director/Physical Education, University Medical Officer
11:30 PM -12:00 Noon	Meeting on research activities What information you need	Chairman / Research committee, members of research committee

12:00 PM -12:30 PM	Meeting with a cross section of academic support staff and non-academic staff What information you need	Representative group of academic support staff and non-academic staff (10)
12:30 PM -1:15 PM	*Lunch*	
1:15 PM -2:15 PM	Meeting with external stakeholders and alumni members What information you need ***Working Tea***	Group of external stakeholders (about 20 employers, industry, private sector, representatives with link to or involvement with the University) and Alumni
2:15 PM -4:00 PM	Observing Documentation *Complete what is left* Prepare for debriefing and writing report	Review Team
4.00 PM – 5.00 PM	Open hour for any stakeholder to meet Review Team	Review Team

Day 4 – 12th September 2019 (Thursday)

Time	Activity	Participants
8.30 AM – 900 AM	Meeting with mentors and Career Guidance staff	Coordinator/mentoring and mentors, and Director – Career Guidance
9.00 AM – 9.30 AM	English Teaching Unit	Members of English teaching unit
9.30 AM – 12.30 AM	Observing Documentation Planning to write and debriefing, prepare one slide for your focused section in the final report ***Working Tea***	Review Team
12:30 PM - 1:30 PM	*Lunch*	
1:30 PM - 2:00 PM	Private meeting of reviewers and report writing Prepare debriefing a presentation to be contributed by all. ***Working Tea***	Review Team
2:00 PM - 3:00 PM	Closing meeting for debriefing 20 minutes presentation based on 8 criteria and a discussion.	Vice Chancellor/Dean/Director – IQAU/ HODs/ Coordinator – FQAC/Chair & the SER – Team

APPENDIX TWO

List of meetings conducted by the review team during the site visit in the faculty of Medicine Colombo from 9th – 12th September 2019 (signature sheets are annexed)

	Date and time	Group	Number
1	9th September 2019 9.45 am – 10.45 am	Presentation about the faculty	40
2	9th September 2019 11.15 – 12.15 pm	Academic staff in permanent carder	54
3	9th September 2019 12.00 – 12.15 pm	Librarian/Senior Assistant librarian/ deputy librarian	6
4	9th September 2019 12.15 pm – 1.00 pm	Technical officers	54
5	9th September 2019 1.15 pm – 3.00 pm	Academic support staff and non-academic staff	52
6	10th September 2019 10.55 am – 11.30 am	Administrative staff	10
7	10th September 2019 11.30 am – 12.30 noon	Directors of centers/Units/cells	20
8	11th September 2019 10.30- 11.10 am	Students welfare and counselling	12
9	11th September 2019 11.30 am – 12.25 noon	Research groups	15
10	11th September 2019 1.15 pm – 2.15 pm	External stakeholders and alumni members	15
11	11th September 2019 2.20 pm – 3.30 pm	Students	45
12	12th September 2019 8.50 a.m. – 9.30 a.m.	Mentors and career guidance staff	8
13	12th September 2019 9.30 a.m. – 10.00 am	English teaching unit	7
14	12th September 2019 2.00 pm – 3.50 pm	Closing remarks and debriefing	31