PROGRAM REVIEW REPORT

Bachelor of Medicine & Bachelor of Surgery (MBBS) Degree Programme

Faculty of Medicine

University of Kelaniya, Sri Lanka

26th – 29th November 2019

Review Panel: Prof Jennifer Perera (Review Chair)

Prof N W B Balasooriya

Prof N S Soysa

Prof G A S Ginigaddara

Quality Assurance Council

University Grants Commission, Sri Lanka

Programme Review

**University**   : University of Kelaniya

Faculty   : Faculty of Medicine

Programme   : Bachelor of Medicine & Bachelor of Surgery

Dates   : 26th to 29th November 2019

Review Panel :

Name	Designation	Signature
Professor Jennifer Perera	Panel Chair	
Professor N S Soysa	Panel member	
Professor G A S Ginigaddara	Panel member	
Dr N W B Balasooriya	Panel member	
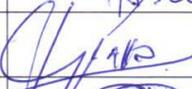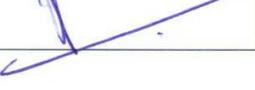
Date of submission: 29th January 2020

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Section 1.Introduction to the programme

1.1 Overview of the Faculty of Medicine

The University of Kelaniya has its origin in the VidyalankaraPirivena founded in 1875 as a centre for education of Buddhist monks. With the establishment of modern Universities in Sri Lanka, The VidyalankaraPirivena became the Vidyalankara University in 1959, and Vidyalankara Campus in 1972 and later University of Kelaniya in 1978. Currently the University comprises seven Faculties: Commerce & Management Studies, Computing & Technology, Humanities, Graduate Studies, Medicine, Science and Social Sciences.

The Faculty of Medicine, University of Kelaniya was established when the privately owned North Colombo Medical College was vested in the University of Kelaniya by the state in 1989. It commencedthe Bachelor of Medicine & Bachelor of Surgery (MBBS) degree programme with the admission of 120 students in 1991. To date 31 batches of medical students have been admitted to the faculty and 30 have commenced activities and 24 batches have graduated.The annual intake of medical students from the UGC ranged between161 to 172.

In 2004, following an extensive review of the MBBS degree programme, a major revision has been carried out and the programme has been changed from a subject based traditional curriculum to a study program that is delivered through an integrated, organ system based curriculum which was first introduced to the 16th batch of new entrants to the Faculty. The MBBS curriculum continues to be delivered along the same basic lines.Figure 1.1 provides basic structure of the revised curriculum.

PHASE I Normal Structure, function and behaviour				PHASE II Abnormal structure, function and behaviour			PHASE III Practising in clinical environment	
Year 1		Year2		Year 3	Year 4		Year 5	
Orient. English IT	Basic and Applied Sciences Strand (Organ-system based modules)		1st E X A M O F M B B S	Basic and Applied Sciences Strand (Organ-system based modules)		2nd E X A M O F M B B S	Clinical Skills Strand	F I N A L E X A M O F M B B S
				Clinical Skills Strand				
	Clinical Skills Strand							
	Community Health Strand			Community Health Strand				
	Professional Development and Family Medicine Strand			Professional Development and Family Medicine Strand				
	English and IT							

Fig.1 : Basic outline of the MBBS curriculum

The current annual enrolment of medical students registered through the University Grants Commission rangesbetween 161 – 172. Additionally, an average of 5 Bhutanese students through a Government of Bhutan–University of Kelaniya agreement and 1-2 students through the UGC foreign quota enrol for the MBBS degree programme annually as fee-levying students. Table 1.1 provides details of undergraduates that enrolled, graduated, dropped out of the program of study and exited with alternate entry qualifications for MBBS degree programme during the last ten years.

Table 1.1: Student enrolment with gender distribution and graduation: AL2006-AL2017

Year	Intake MBBS			No. Graduated			No. dropped out with gender	No. exit with alternate qualification
	Male	Female	Total	Male	Female	Total		
2006/07	80	85	165	79	83	162		1 (F)
2007/08	76	103	179	75	103	178	1(M)	
2008/09	85	93	178	83	93	176	2(M)	
2009/10	67	107	174	61	105	166	1(F) 2(M)	
2010/11	62	108	170	60	106	166		1(M)
2011/12	77	115	192	53	87	140	2(M)	
2012/13	64	103	167	–	–	–	4(M)	
2013/14	54	118	172	–	–	–	1(M) 1(F)	1(F)
2014/15	75	91	166	–	–	–		
2015/16	61	103	164	–	–	–		
2016/17	68	104	172	–	–	–		
2017/18	63	108	171	–	–	–		

The Faculty has 17 departments and one unit that contributes to the MBBS study program: Anatomy, Biochemistry & Clinical Chemistry, Disability studies, Family Medicine, Forensic Medicine, Medical Education, Medicine, Microbiology, Obstetrics and Gynaecology, Paediatrics, Parasitology, Pathology, Pharmacology, Physiology, Psychiatry, Public Health, Surgery & Molecular Medicine Unit. There are 150 academic cadre posts distributed among all departments and currently 21 positions are vacant. There are 170 administrative, academic support and non academic cadre posts of which 150 positions are filled. Table 1.2 and 1.3 provide details on staff cadres and recruitments.

Table 1.2:Number of Academic staff members recruited against approved cadre as at 26.11.2019

Department/ Unit	Approved Cadre	Senior Professor & Professor	Senior Lecturer	Lecturer	Prob. Lecturer	Vacant
Anatomy	09	01	07			01
Bio-Chemistry & Clinical Chemistry	08	01	06			01
Physiology	09	02	03		02	02
Forensic Medicine	06	02	02			02
Medical Microbiology	06	01	02		01	02
Parasitology	07	03	02		01	01
Pathology	09	01	05		02	01
Pharmacology	08	03	02	01	02	0
Public Health	09	04	01		02	02
Family Medicine	05	02		02	01	0
Medicine	09	06	03			0
Obstetrics & Gynaecology	09	02	07			0
Paediatrics	10	03	03	01	01	02
Psychiatry	09	02	02	02		*3
Surgery	09	02	03		04	0
Disability Studies	18	01	04	03	08	02
Medical Education	06	01	01		02	02
Molecular Medicine Unit	03	03				0
Computer Centre	01		01			0
Total	**150**	**40**	**54**	**08**	**26**	**18 + *3**

*Already recruited & awaiting release

Table 1.3.Number of Administrative, academic support and non-academic staff members recruited against approved cadreas at 26.11.2019

Designation	Approved Cadre (2017)	In position	Vacant
Senior Assistant Registrar/Deputy Registrar	01	01 (SAR)	-
Senior Assistant Bursar/Deputy Bursar	01	01 (SAB)	-
Assistant Registrar	01	01	--
Scientific Assistant	02	--	02
Systems Engineer	01	01	
Programmer cum Systems Analyst	01	01	
Assistant Network Manager	01	01	
Instructor in Computer Technology	01	01	-
Instructor in Physical Education	01	01	-
Sub Warden	02	02	-
Technical Officers	**40**	**38**	**02**
Technical Officer (ICT)	02	-	02
Public Health Inspector	01	01	-
Technical Officer (Audio Visual)	02	02	-
Management Assistant (Store Keeping)	01	01	-
Management Assistant (Book Keeping)	01	01	-
Management Assistant (Shroff)	01	01	-
Public Health Nurse	01	01	-
Management Assistants	**31**	**31**	**-**
Telephone Operator Cum receptionist	02	02	-
Security Inspector	01	-	01
Gym Attendant	01	-	01
Work Superintendent	01	-	01
Supervisor (Civil)	01	-	01
Supervisor (Electrical)	01	01	-
Supervisor (Landscape)	01	01	-
Technical Officer (Electrical)	01	-	01
Lab Attendants	**27**	**25**	**02**
Plumber	02	02	-
Mason	02	02	-
Carpenter	02	02	-
Electrician	02	02	-
Nursery Man	01	-	01

Works Aids	**37**	**31**	**06**
Health Service Labourer	04	04 + 2 **	**--**
Driver	06	**05** +01(Assign.)	
Three Wheeler Driver	01	01	-
Vehicle Cleaner	01	01	
Office Machine Operator	-	01*	
Health Attendant	-	01**	
Total	186	**166 + 04**	20

*Personal to the holder (01) ** Additional cadre post from the University (03)

The numbers and range of academic, administrative and non-academic cadres are satisfactory, considering the national cadre norms and action has been taken adequately to fill the existing cadre posts.

Physical facilities:

Review teams observed that the general physical facilities provided to both the staff and students are satisfactory. These facilities are located within the university premises. They included language learning unit, laboratories, museums, well-equipped lecture halls, small group discussion rooms, computer laboratory, library, sports complex, hostels adequate to house all students and common areas for their recreational activities. The hospital is situated within walking distance with easy access.

Section 2. Review team's observations on the SER

2.1 Preparation of the Self Evaluation Report (SER)

The self-evaluation report (SER) of the MBBSdegree program has been well prepared considering the guidelines stipulated in the Manual for Review of Undergraduate Study Program of Sri Lankan Universities and Higher Education Institutions of the UGC. The contents of the SER has been presented in a concise and comprehensive manner for a period of 5 years dating back from 2019.

The initial draft SER has been prepared by a team appointed by the Dean in 2016 and in late 2018 the team has been revised.This team has been responsible for the preparation of the final draft with Prof.AnujaPremawardene as the SER coordinator. There was no documentavailable confirming that the Faculty Board had approved the SER team and SER coordinator. At the meeting with academic staff members, it was indicated that criterion leaders had participated in the workshop on SER writing organized by the UGC and subsequently the remaining members of the department were familiarized with the program review manual.

Although the overall presentation of the criterion-based evidence for reviewers was good, there was lack of relevant or appropriate evidence in place under individual standards. The panel felt that there was a general lack of knowledge on presentation of evidence to suit the program review, possibly due to lack of training or experience on current PR format. For example there was lack of authorization/ certification of documents containing data/evidence by the relevant head of division or department e.g. Logs of student accessing the LMS/ or library book / computer usage logs/ ICT assistance and were confined to numbers and statements in blank sheets of papers.

A participatory approach has been used in the overall process of preparation of SER (collecting the evidences and writing the SER) with the supervision and guidance of the Dean of the Faculty, Coordinator of the IQAC and SER criterion leaders. The responsibility of identifying, collating and organizing the relevant evidence of each criterion has been assigned to the criterion teams. A forum comprising the Dean of the faculty, Chairman of IQAC, team leadersand team members has been held to discuss the draft report. However the team members were confined to academic staff and there was no evidences of formal participation of non-academic staff and administrative staff as team members.

2.2 Observations on the SWOT analysis

The SER writing team has conducted the SWOT analysisand the strengths and the weaknesses of the program were verified during the review of documentary evidence and physical inspection and during the presentation done by the Dean.

2.3 Previous reviews conducted and action taken

An MBBS curriculum review has been conducted in 2012 by non UGC panel of educational experts and recommendations have been adopted partially by the MBBS program offered by the Faculty of Medicine.

Section 3. A brief description of the Review Process

3.1 Training received on review process by the team

The review team comprised four members and all four panel members have attended the training programmeconducted by UGC on the review process where procedures, possible issues and terms of references relating to reviews were discussed and clarified. At the same time, a hard copy of the Self Evaluation Report (SER) was provided to the reviewers. Individual members carried out a desk evaluation of the SER based on the evidence listed in the document. Later, the entire team was given the opportunity to compare and discuss individual evaluations.

3.2 The planning of the program review site visit

The four-day site visit was well-planned and organized in collaboration with the Dean of the Faculty and the QAC coordinator prior to the visit. Certain documents such as time tables, student lists were requested prior to the visit so that the review process was made formal and not ad hoc. The dates were changed from 14th - 18th October 2019 to 26th - 29th November 2019 due to the 37 day long non-academic staff strike. The 4-dayprogram review time table which was mutually agreed upon is given in (**Annexure 1**). The tasks and responsibilities were assigned to each panel member very much in advance on mutual agreement. In addition on 26th November evening all panel members met and reviewed the tasks and responsibilities and had a general discussion on making the review process an efficient and effective one.

3.3 Meetings with stakeholders

During this visit, the team had discussions with Vice-Chancellor, Dean, Director/IQAU, Coordinator/IQAC, SER team, academic staff,student counselors, administrative staff, support staff, non-academic staff, extended faculty and alumni, wardensand students(**Annexure 2**).

On the 26^{th}morning at 8.00 am,the review team met with the Dean, Professor PrasanthaWijesinghe and Heads of Departments, with Prof AnujaPremawardanein attendance. The Dean provided the Review Panel with the history and brief overview of the Faculty with regard to infrastructure and student and staff details. Subsequently Prof MadawaChandratilake, Head of Department of Medical Education presented with a detailed overview of the curriculum with regard to its development over the years from a subject based curriculum to an integrated curriculum with major curriculum revision that took place based on current evidence based tends and which was implemented in 2004 with a revised graduate profile.

This was followed up by a meeting with the academic staff members who spoke regarding their involvement in quality improvement processes. This was followed up with a meeting

with the acting IQAUDirector in the presence of the IQAC coordinator who gave us an overview of the QA activities conducted by the University. The IQAU of the University is housed in the Faculty of Medicine, as IQAU director has been a member of the Faculty and both IQAC and IQAU activities had been conducted by the same unit. Thus, there has been no specific IQAC director, and the IQAC director has been appointed with the commencement of the program review activities. There are plans to move the IQAU office to the main university premises once a permanent IQAU director is appointed, as this post has been vacant for over one year. It was evident that the Department of Medical Education has conducted the majority of the IQAC activities.

The meeting with the Vice Chancellor was held at Kelaniya University premises and the Dean and IQAC director were in attendance. He spoke to the Review Panel at length regarding the agenda for the Development of the University with development of new faculties and new study programs in existing faculties.He also expressed his concerns regarding feminization of the whole academic system. The lack of a permanent IQAU director was brought to his notice by the review panel and he agreed to take action on the matter.

The meeting with administrative and academic support staff, 13 in total revealed that the administrative work is well-planned and operationalized satisfactorily. However their contribution to the SER writing and the QA activities were noticed as minimal. The administrative staff perceived that the recognition of their contribution to the operation of the faculty was not satisfactory.

The review panel met with the librarian and Directors of theICT center, and Hostel wardens on site to discussed the services provided by each unit and physical verification of facilities.

At the meeting with the non-academic staff, participated by 21 technical officers and 18 lower grades of staff separately, the staffappeared to be satisfied with their work, funding and facilities and training provided to them for progressing in their respective careers although they had no role to play in program review related activities.

The discussions were held with14 studentsunion and welfare society members and they were in general pleased with the learning environment and other facilities provided to them. Following this the panel met with the general student body comprising 116students from four (25th to 28th) different batches who provided with us written comments with regard to both academic and non academic (social activities, recreation, accommodation etc). Students' responses and recommendationsareanalysed and summarized in the **Annexure 3**. In general, the students were satisfied with learning and living facilities and had few grievances.It was notable that foreign students form Bhutan numbering approximately 42, had special requirements that needed to be addressed separately

At the meeting with the Extended Faculty,it was noted that they wish to have closer collaboration and communication with the Faculty staff on improving the teaching and learning. The Faculty Board meetings are not attended by the extended Faculty members

although they are officially nominated to the Board, owing to lack of timely communication regarding the meetings.

A vibrant meeting was held with alumni whoexpressed their willingness to engage by participating more actively in curriculum reviews and have closer cooperation to develop the faculty with regardto the curriculum changes and student/ faculty development needs that would be required tomove forward the quality agenda of the Faculty. They also suggested activating the Career Guidance Unit with alumni help so that students can receive more CPD activities on professional development with alumni contribution. At present they contribute by providing bursaries to needy students after commencing their activities in the form of an association 20 years ago with Dean as the patron. They have also contributed to infrastructure development activities of the Faculty.

3.4 The physical verification of assets, functions and services during visits

Actual practice and services that were described in the SER wereverified further during site visits.Facilities such as lecture rooms, canteens, laboratories, computer laboratories, Library, Recreation centre, Department of English Language Teaching Unitand hostels were observed. In addition, two lecture sessions and several planned and adhoc clinical and laboratory teaching sessions were also observed.

During the practical laboratory session which was observed adhoc, the demonstrations were explainedin Sinhala Language by all four technical staff members stationed in the four corners and the academic staff members did not take part in the laboratory teaching. During the clinical session observed adhoc, the person who identified himself as Senior Registrar was conducting the ward round (eye ward) with the nurse and medical officer, and the students were not participating in the ward round, but were huddled in a corner of the room chatting. The consultant was in the operation theatre.

The team noted that hostel facilities are provided to a large number of students, including almost all students of the first to final years are accommodated irrespective of distance or income which was commendable. Lack of Wi-Fi facilities in the hostels is an issue pointed out by students.

The library with a good collection of hard copy books,e-books and related facilities (e.g.Wi-Fi etc.,) provides a reasonably equipped learning environment. The librarian did not seem to have good collaboration with teaching activities and academic staff on matters related to the library resources.

The Learning Management System used by students and staff was well operationalized and resources available in the LMS was adequate for active learning by students, but needs to be improved in relation to clinical strand and professionalism strand of learning. The leadership provided to this venture by Medical Education Department is commendable. It was however notable that only a limited number of staff use this as an integral part of their teaching learning methods.

3.5 Document review

The review team examined all documentary evidence supporting the SER and looked for evidence of implementation and internalization of the practices by the Department and the Faculty. To ensure reliability,two members of the review panel evaluated the achievements of each individual standard set out under the eight criteria. The accuracy of data and claims made in the SER was evaluated based on documentary evidence provided to reviewers. The missing data were provided on request and the evidence were further verified with regard to internalization by seeking additional information if they were not available immediately in the material provided to the panel,which were promptly provided by the SER team.

The reviewers were satisfied with the cooperation extended for the review by the Dean, IQACDirector and SER team members. The evidence waswell organized and staff members were available for clarification at all times. The logistical needs of the review team to conduct the review were met very satisfactorily.

The review was concluded with a wrap-upand debriefing meeting on 29[th]November. During this meeting, reviewers explained their observations and findings and had a productive and cordial discussion about improving the quality of this degree program that has a great impact socially and nationally.

Section 4. Overview of the Faculty's approach to Quality and Standards

The Review Team's study of the SER, meetings with relevant stakeholders, observation of facilities and evidence demonstrated that the Faculty's approach to improve quality and meet standards is constructive. Independent curriculum reviews have been conducted prior to establishment of IQAU which is commendable. This is related to the University approach on having established Internal Quality Assurance Unit (IQAU) according to the UGC circular of 2015. The Faculty has establishedan Internal Quality Assurance Cell (IQAC) in late 2018with the commencement of the SER writing for program review and after the acting IQAU director was appointed from another faculty. The work of the IQAC is monitored by the Faculty Board since 2018 and needs further commitment with regard to implementation of terms of reference and score card requirements of IQAC as recommendedby the UGC. At interviews the academics were not aware of the IQAC and did not identify the IQAC coordinator. Neither were they aware regarding subject benchmarks/SLQF levels (e.g.the academics commented that the SLQF level is at the range of 8/ 9/10) relevant to the MBBS degree program, indicating lack of awareness.

The academic staff are generally committed to the delivery of a quality assured MBBS program on upgrading the quality and standards of the degree program. However the IQAC has a substantial role to play in making aware the staff on current developments. Most of the IQAC work has been initiated and operationalized by the Department of Medical Education and is commendable.

The non-academic staff and administrative staff were not active participants of the SER writing activities as per discussions held with these groups and were not aware about the quality improvement processes initiated by the UGC or Faculty.

Section 5.Judgment on the Eight Criteria of Program Review

Criterion 1.Program management

This includes evaluation of the organizational structure of the Faculty and its commitment to improve the governance and management based on the national and international guidelines. It is imperative that the Faculty publishes a Handbook, a study program prospectus and maintain an up-to-date website to provide students with necessary and current information. The criterion further aims to ensure that the Faculty uses an ICT platform for program management, teaching and learning and research. In addition other aspects which are directly related to the study program such as curriculum development, internal quality assurance mechanisms, academic and student counselling, examination by-laws, duty lists of staff, code of conduct of students, measures to prevent gender based violence and ragging were evaluated.

Strengths:

- The functions of the Faculty are effectively executed through different departments, units/centres and various committees.
- Students representation in some committees and Faculty Board
- Students are provided with handbooks and strand books with necessary information.
- Up-to-date Faculty website.
- Recent developmentsin MIS for key functions.
- Development of student charter/ student code of conduct recently
- Development of a staff appraisal system.
- Good collaborative partnerships and MOUs with foreign Universities
- Students' engagement in aesthetic and cultural activities as well as provision of sports and hostel facilities.
- Development of a reasonable accommodation policy and special access policy for differently-abled students

Weaknesses
- Inadequate evidence to show annual monitoring of progressof action/corporate plans with remedial measures for non progressive areas.
- Absence of a regular student agenda item in FB minutes and lack evidence of student participation in decision making.
- Though separate clinical appointment handbooks were available, composite and comprehensive clinical strand hand book is not available.
- The system developed to manage student information is less reliable as students enter their own datawith no verification.
- Academic staff work norms have not been developed for the Faculty although UGC approved work norm document was present hindering monitoring based on faculty requirements

- Student counselorshave not received any training and do not have a TOR and not adequately aware of their tasks and responsibilities.
- Though students have access to health care services through Family medicine department clinic, teachers are not the most suitable service provider (although competent) due to conflict and confidentiality issues which may leadto bias during academic encounters.
- Curriculum revision SOP/policy is not laid down and adhoc curriculum changes were noted based on CDC decision prior to FB/Senate approval
- No safety and security policy and anti-ragging policy
- Evidence of implementation of gender policy is absent and gender-based issues or ragging issues are not included or addressed in student feedback surveys.
- No evidence of implementation of a grievance committee and disciplinary committee at Faculty level or any evidence of actions taken on these maters
- Low awareness of IQAC activities of the Faculty. IQAC has not been an agenda item of the Faculty Board
- Non-availability of graduate tracer studies, graduate feedback surveys and satisfaction surveys during the last 5years

Criterion 2.Human and Physical Resources

In criterion 2, staffcadreand adequacy,thecompetency profileofacademicstaff,non-academic and administrative staff profile, availability of regular CPD programmesto support the smooth functioning of the MBBSdegree program,staffappraisal,rewardmechanisms;adequacy ofteaching /learning facilities, support received from the extended Faculty staff, and facilities at the CNTH for clinical teaching, ELTUforlearning Englishasasecond language,ICTresourcesforacademicpursuits,libraryresources,availability of community health centers for relevant community based learning, careerguidanceservices,faculty mechanismsandfacilitiesforpromotionofsocialharmony andethnic cohesion were evaluated.

Strengths:
- Well trained, qualified and committed staff
- Majority of staff are exposed to foreign training through university, research and other funds
- Physical resources of the Faculty (i.e.lecture halls, laboratories, library, gymnasium, hostel, playground etc.) areconveniently located within the Faculty premises.
- The clinical teaching facility is located within walking distance.
- The CNTH provides adequate clinical teaching facilities required for the MBBS degree program and the extended Faculty staff does an honorary job.
- Transparent policy to ensure the best candidates are recruited as academic staff
- All new staff undergo a mandatory orientation programme.

- Conduct of regular CPD programs by the DME to uplift the standards of teaching and research.
- Conduct of CPD programmes for skill development of non-academic staff
- Adequate facilities and opportunities for students to acquireICT skills
- Availability of committed staff atELTU to provide English language learning support
- Availability of a Community Health Service center
- Availability of a special programme to develop students' soft skills through PDFMS
- Availability of Wi-Fi access to staff and students 24/7 at the faculty premises.
- Conduct ofseveral outreach programs such as cultural, aesthetic and community level programs.

Weaknesses:

- Low evidence foruser-friendly library service and library staff engagement with academic program and staff
- Non conduct of need survey on library services
- Limited resources for learning of Tamil and Sinhalese by foreign and local students
- Non-availability of a mechanism to ensure academic staff participation in CPD programmesconducted by the Facultyand lack of surveys to determine the CPD needs of academic staff

Criterion 3. Program design and development

Programofstudy isdefinedasastand-aloneapprovedcurriculumfollowed by a student,whichleads to an academicqualificationofadegreeawarding body.Whereaprogram ismadeupofmorethanoneself-contained,formally structuredunits,thosearereferredtoas courses/modules/strands. Multi stakeholder contributionis necessary for the formulation of a degree program and involvement of academics, employees, past graduates and general public as end users is a necessity.

Further an academicprogramofstudyshouldreflectUniversity/HEI'smission,goalsandobjectives and graduate profile. Minimum standards of professionalbodiessuch as SLMC and SubjectBenchmarkStatements(SBS) andSLQF requirementsstipulated by regulatory authorities such as UGC actasvaluableguides/externalreferencepointswhenformulating the structureandcontentofthe degree program.

Strengths:

- A satisfactory attempt has been made to reflect the mission, goal and objectives of the Faculty in designing and developing the study program

- Curriculum Development Committee (CDC) is present. Composition of CDC is acceptable
- Exit points for those who cannot complete the program are available.
- Program contains realistic and achievable learning outcomes
- Development of a policy for differentially abled students
- Monitoring of the program at intervals to ensure the current and valid knowledge in the discipline, and practice is included in its application.

Weaknesses:

- There is inadequate evidence of stakeholder participation, extended faculty, alumni, graduates in curriculum design, revision or retreat meetings
- Evaluation of the products/graduates/doctors has been done only in 2008-2010. No data on tracer studies such as numbers moving for PG studies/ academic posts/ foreign employment/ and cessation of practice of the medical profession
- Although efforts have been taken to adopt the curriculum into global standards, there was no evidence of approved procedure for doing so and *adhoc* changes have been made and implemented without prior approval of the Senate.
- Lack of evidence of a conscious effort on designing the program that complies with Sri Lanka Qualifications Framework (SLQF 2015).
- Constructive alignment of program / module with graduate profile and SLQF requirements is not shown in evidence
- Present midway exit student numbers do not match with number of dropout students at different levels (i.e. no evidence to show that the dropouts were informed of this option).
- No flexible component such as electives in the syllabus where all students should select.

Criterion 4. Course/module design and development

Courses are components of a program of study offered in consistence with the program objectives to culminate in student attainment of ILOs of the respective course. The courses are designed according to approved policies and procedures of the Senate. T h e course curriculum is an interaction between aims and objectives, learning outcomes, content, teaching methods, and methods of assessment. The Course design also takes into account the needs of differently abled students, wherever applicable. The courses have clear specifications that are accessible to students. The course credits/volume and level of learning conform to the guidelines prescribed in the SLQF. The Faculty strives to improve courses to enhance learning outcomes and achievements of students through regular monitoring and review processes.

Strengths:
- Examination by-laws are included in the Student Handbook

- Courses are designed to meet the program objectives and outcomes and reflect knowledge and current developments in the relevant field of study/ subject areas.
- Separateteaching learning strands are developed integrating appropriate learning strategies for different soft skills and professional skills development which are needed for medical professionals

Weaknesses:
- Curriculum development policy and adherence to accepted procedure for approvals is absent.
- No evidence of a Quality Assurance (QA) Policy and low staff awareness on QA
- No evidence of feedback of strand evaluation at the end of each strand with regard to its content, appropriateness and effectiveness of teaching, achievement of learning outcomes and that feedback used for further improvement of the course.
- Staff are not adequately aware of the criteria against which the course proposals/specifications are assessed in the course approval process
- No TOR / guidelines are provided to extended hospital staff for implementation of clinical strand / Professional development strand in teaching / learning and low level of interaction with extended faculty
- Low monitoring of the clinical program implementation in spite of hospital hours being substantial in the curriculum leading to ineffective use of curriculum time.

Criterion 5. Teaching and learning

The goal of teaching and learning is to enhance the learning experience of students to enable achieving intended learning outcomes. The teaching and learning process should be student centred in keeping with outcome-basededucation. The choice of teaching methods used will be even more important than the content delivered. Multiple teaching methods and learning opportunities should be used to actively engage students in the learning process and to match individual student needs. Further teaching learning strategies, learning outcomes and assessments need to be closely aligned to enable achieving goals of the study program. Feedback plays and important role in ensuring quality improvement, but also proactively measure the status of quality.

Strengths:
- Teaching learning strategies are in line with faculty mission and curriculum requirements
- Students are encouraged on team work and collaborative learning
- Teachers engage students in self-directed learning through LMS and VLE activities
- Students are encouraged in conducting research as part of the teaching and learning strategy / curriculum

- Students are encouraged / supported to publish their research work giving due credit to the student during publications.

Weaknesses:

- Teaching learning strategies, assessments and learning outcomes were not satisfactorily aligned (e.g. professionalism was not consciously assessed in clinical setting or OSCE stations as per examples of OSCE provided)
- Blended learning opportunities were in place but there was lack of evidence of monitoring of adequate use of such opportunities by students
- No student feedback surveys on LMS and VLE
- Student feedback/ need survey do not have questions to probe on gender policy or discrimination based on sex
- Monitoring of module teaching is inadequate and there is lack of proper review and monitoring policy for module teaching
- There is a lack of external examiner reports to obtain external feedback on assessments as a whole.
- Poor performance by students are not closely and regularly monitored as a preventive mechanism for dropping out
- Non-availability of a guideline/ policy on workload distribution for different categories of academic staff.

Criterion 6: Learning environment, student support and progression

Criterion 6 is intended to enhance a supportive learning environment aimed at student success in higher education based on the identified needs of students. Policies and strategies relating to a range of services that help all students to develop, reflect on, and articulate the skills and attributes they gain through their co-curricular experience; systematic assessment of student support services for achieving student learning outcomes, faculty and staff input and other appropriate measures to improve the effectiveness of these services were reviewedThe use of technological innovations in the educational transaction to enrich the learning experiences ofstudents, staff and student interactionby the provision of a range of opportunities for tutoring, mentoring, counselling, and facilitationof peer support structures thatfacilitate their holistic progression; provide adequate support for SCL and OBE by the faculty were evaluated.

Strengths:
- There are student friendly administrative and academic support systems that provide a caring environment and interaction among students and staff.
- Encouraging students to use the VLE/CAL platform for furthering studies by providing material online for use by students.

- Taking student feedback regularly and mechanisms to monitor faculty based teaching programmes
- Fall back scheme and exit policy has been implemented
- Encouraging Staff-student academic and social interactions through a variety of activities
- Recognizing and rewarding students who excel in both studies and extra-curricular through the Dean's List & Faculty Awards
- The Faculty has an active Alumni Association, though productive collaboration could be improved
- Promoting co-curricular activities through very active student societies (i.e. Art society, sports society, photography society etc)
- Educating on SGBV through the PDFMS.
- Administration takes measures to minimize the ragging (i.e. Anti Ragging Campaign)
- The students are satisfied with the meals and services provided by the canteens (e.g. Hostel & Faculty)

Weaknesses:
- Student satisfaction survey of the learning environment is not available
- No physical and documentary evidence of student counselling unit/centre or log of student visits for counselling services and correspondence on collaboration with personal mentors of students by counselors.
- Lack of monitoring process regarding student learning during clinical attachments and related support services witnessed during unplanned visits to clinical learning settings.
- Not obtaining stakeholder feedback including Alumni and external staff in enhancing the student learning environment.
- Lack of student feedback on assessments.
- Contribution of the external members of the Faculty board is limited due to lack of communication of meeting dates leading to absenteeism.
- Lack of a library surveys to recognize the needs for improving library opening hours and other services.
- Documentary evidence was lacking on handling student complaints/ grievances in an effective manner and there was no physical student desk that students could approach for their immediate needs.
- Lack of a dedicated academic coordinator for foreign students
- Lack of a transition level Sinhala Language course for foreign students (Bhutan)
- Poor living facilities complained by foreign Bhutanese students numbering over 40
- Poor academic performance of Bhutanese students that need special attention as many have missed their respective batches

Criterion 7. Student assessments and awards

Assessments drive learning and therefore have a central role in the teaching learning program designs. Good practices in assessment need to take in to account the standards of performance as per national qualification framework and the graduate profile. The assessments need to be aligned to intended learning outcomes. They also need to be fair, valid, reliable and feasible and should be guided by regular and prompt feedback by all stake holders including students, Faculty teachers, extended faculty teachers and employers and the end users, the general public. There need to be University regulations and By-Laws on the examination procedures and formats and this need to be adhered to consistently, while ensuring confidentiality and integrity of examinations. The assessment practices and methods should be transparent and should be communicated to students in a timely manner. There should be inbuilt mechanisms to ensure regular monitoring and reviewing of assessment practices.

Strengths:
- Availability of examination By Laws and regulations
- The Faculty adheres tothe weightage relating to different components of assessments asspecified in the program and examination By Laws.
- Staff adhere to examination By Laws and regulations to ensure reliability and validity of examinations E.g blinded double marking of scripts/ scrutiny boards
- Disability policy prevents discrimination of disabled students during assessments by providing the necessary allowances recommended by guidelines
- Detailed transcripts are provided to students
- Examination results are communicated to students in a timely manner in most instances
- Examination offences are recorded and dealt with adequately as per University guidelines

Weaknesses:
- All study program strands are not aligned with outcomes due to lack of integration between strands and there is a need for improving integration between strands.
- Lack of post graduation survey reports from employers as feedback to ensure that service needs are met appropriately as per graduate profile outcomes
- Lack of extended faculty involvement in pre-prof clinical appointments assessments and monitoring, including attendance at these programmes
- Certain examination results have not reached students in the stipulated time. E.g. Continuous assessments
- Use of probationary lecturers as examiners in spite of having adequate cadre. They have not undergone observer status prior to being appointed as examiners nor have

they undergone competency assessment of their abilities to perform as reliable examiners or special training on examination conduct

- Lack of formative assessments in either clinical or faculty based curriculum
- Changing of marks after the pre-results board and display of marks to students.
- Lack of SOP in the examination unit for examination unit processes. E.g. Key to the safe is not under a SOP and is managed by a Management assistant without a written TOR in her list of duties and this can lead to lack of responsibility in the event of an examination mishap (e.g. loss of a question paper or answer scripts)

Criterion 8. Innovative and healthy practices

The scope of this criterion is to assess the degree of institutional policy and strategy for promoting and fostering innovative and healthy practices which enhances the quality of students learning experience. These could be related to use of OER, student centred learning, use of multi modal delivery platforms, Faculty engagement in educational and scientific research. The availability of performance appraisal and rewarding systems, student and staff exchange, student participation in co-curricular activities and student designedinnovations, faculty – industry linkages, credit transfer mechanisms, strategies adopted for maintaining academic standards, social mobilization programs and income generation initiatives are other examples.

Strengths:
- Use of multimode delivery methods and technology to enhance learning experience
- High research output of academic staff and encouragement by due recognition
- Engagement with industry and community in provision of knowledge & services
- Establishment of links with various international, national, governmental and non-governmental agencies to build the reputation of the institution and promote staff exchange and revenue generation.
- Promotion of student engagement in a wide variety of co-curricular activities such as social, cultural and aesthetic pursuits, and providing them with physical and financial resources.
- Encouraging student participation at national and international level competitions (such as subject based quizzes, sports, general knowledge, etc.) and recognizing outstanding performers.

Weaknesses:
- Non use of the plethora of open ended resources for learning content and skills in a regular manner
- Non use of external examiners for non clinical exams

Section 6. Grading of performance of the program

Assessment Criteria	Weight	Raw Score	Converted Actual Score	Weighted Minimum Score	Above WMS (Y/N)
Programme Management	150	60	111	75	Yes
Human and Physical Resources	100	32	89	50	Yes
Programme Design and Development	150	55	115	75	Yes
Course/ Module Design and Development	150	48	126	75	Yes
Teaching and learning	150	45	118	75	Yes
Learning Environment, Student Support and Progression	100	46	64	50	Yes
Student Assessment and Awards	150	42	124	75	Yes
Innovative and Healthy Practices	50	36	43	25	Yes
Total Score	**1000**	**364**	**790**		
Total Score (%)			**78.96**		
Final grade	**B**				

The overall performance of the degree programreviewed - **Grade B (Good)**

Thus, there is a satisfactory level of accomplishment of quality expected of the program of study, requiring improvement in a few aspects.

Section 7. Commendations and Recommendations

7.1 Commendations on excellence

- The functions of the Faculty are effectively executed through a conducive organizational framework
- The Faculty image is adequately portrayed through an up-to-date Faculty website.
- A satisfactory attempt has been made to reflect the mission, goal and objectives of the Faculty in designing and developing the study program
- Physical and human resources of the Faculty (i.e.lecture halls, laboratories, Computer labs, WiFiservices, library, gymnasium, hostel, playground,canteens, etc.) are located within the Faculty premises
- The availability of the teaching hospital, CNTH situated within close proximity for enabling clinical training.
- Establishment of collaborative educational partnerships and MOUs with foreign Universities (e.g. Bhutan) and links with various international, national, governmental and non-governmental agencies to build the reputation of the institution and promote staff exchange and revenue generation.
- Majority of the academic staff are qualified and competent and exposed to training in centres of excellence overseas and committed to their work
- High research output of academic staff and encouraging by due recognition
- Implementation of a staff appraisal system to evaluate contributions to teaching, research and other institutional responsibilities linked to a rewarding scheme.
- Conduct of programmes for skill development of Non-Academic staff promoting career development
- Routine monitoring of the program to ensure the current and valid knowledge in the disciplines is included.
- Use of multimode delivery methods and technology to enhance learning experience
- Student grievances and complaints are sent to the Student Welfare Committee for addressing
- Recognizing and rewarding students who excel in both studies and extra-curricular through the Dean's List & Faculty Awards
- Students representation participation in decision making processes through membership in committees and Faculty Boards
- Students are provided with comprehensive information on the program, course delivery, examination By-laws and assessment formatsthrough handbooks and prospectuses
- Provision of financial support and opportunities for students to engage in aesthetic and cultural activities and sports and other recreational activities.
- Development of a reasonable accommodations policy and special access policy for differently-abled students
- Commitment to develop students' soft skills through a specific PDFMS strand

- Establishing exit points for those who cannot complete the program which need to be informed to all eligible students
- Students are engaged in team work and collaborative learning during small group learning sessions and encouraged in self-directed learning through LMS and VLE activities
- Students have to engage in a research as part of the formal curriculum and they are encouraged / supported to publish their research work giving due credit to the student during publications.
- Administration has taken measures to minimize the ragging (i.e. Anti Ragging Campaign)
- Adherence to examination By Laws and regulations to ensure reliability and validity of examinations E.g blinded double marking of scripts/ scrutiny boards
- Communication of examination results to students in a timely manner in most instances
- Examination offences are recorded and dealt with adequately as per University guidelines

7.2 Recommendations for remedial actions needed to bring about quality enhancement

- Regular implementation and monitoring of annual action/strategic plans in a consistent manner as an annual activity with recommendation of remedial measures for non progressive areas.
- The Faculty Board proceedings need to be more comprehensive and detailed so that evidence is stated explicitly with regard to curriculum decisions and student related matters.
- Develop a uniform system to provide students with details of all strand related teaching and learning activities regularly and FB/Senate approval need to be sought prior to informing students of such changes and implementation.
- Developing and managing a reliable and accurate student information system managed in a confidential manner with different levels of access.
- Student counselors need to be provided with a TOR and adequately trained so that they are made aware of their level of responsibility, record keeping so that risks to students are minimized.
- Though students have access to health care services; teachers are not the most suitable service providers (although they are competent) due to the possibility of creation of bias and issues related to confidentiality. Appointment of a part-time UMO is recommended.
- Library service and library staff need to engage more closely with academic program and staff to develop a strengthened service with need surveys and library committee meetings with library staff, teachers and students

- Evaluation of the products/graduates/doctors has been done only in 2008-2010. Need to do more regular tracer studies to determine numbers moving for PG studies/ academic posts/ foreign employment/ and left the medical profession with gender disaggregation of data
- Establish a mechanism to detect and flag the poor performing students for close monitoring as a preventive mechanism for dropping out
- It is important to have multi-stakeholder participation including extended faculty, alumni, graduates in curriculum design, revision or retreat and document such activities with minutes in addition to the reports of curriculum retreats
- Professionalism related activities need to be integrated into the clinical strand and need to be assessed in clinical setting by making extended staff aware of the professionalism strand andincluded in OSCE stations assessments consciously in marking formats.
- Evidence of implementation of gender policy is absent and gender-based issues or ragging issues are not included or addressed in student and staff feedback survey tools.
- Although regular CPD programs are conducted by the DME to uplift the standards of teaching and research, the number of academic staff participating in these activities is minimal and a mechanism to ensure participation in a certain number of workshops. This may be done by including this in the staff appraisal system and also important conduct need surveys among staff to reduce poor attendance
- Increase the use of open educational resources for learning content and skills in a regular manner aligned to the curriculum needs
- Include a flexible component such as an "elective" in the syllabus which is part of the formal compulsory curriculum
- Conduct regular student satisfaction surveys of the learning environment to enable early detection of gaps for remediation
- Provide examination results of continuous assessments in a timely manner
- Conduct formative assessments in both clinical and faculty based curriculum
- Avoid changing of marks after the pre-results board and display of marks to students as this indicates lack of consistency in the marking systems.
- Develop SOPs in the examination unit for examination unit processes. E.g. Key tothe safe is not under a SOP and is managed by a Management Assistant without a written TOR in her list of duties and this can lead to lack of responsibility in the event of an examination mishap (e.g. loss of a question paper or answer scripts)
- Avoid use of probationary lecturers as examiners as there is adequate cadre as they have not been observers and have not undergone competency assessment of their abilities to perform as reliable examiners and have not had special training on conduct of examinations
- Develop a faculty based Quality Assurance (QA) Policy and make all categories of staff aware on QA processes required

- End of strand evaluation has to be done with regard to its content, appropriateness and effectiveness of teaching, achievement of learning outcomes and this need to be used for further improvement of the course.
- Align curriculum strands with outcomes and increase integration between strands
- It is important to develop a TOR for extended hospital staff on their responsibilities and increase interaction with extended faculty by appointing members to the Faculty Board and informing about the meetings in a regular manner
- Improve extended faculty involvement in pre-prof clinical appointments assessments and monitoring, including attendance at these clinical teaching – learning sessions
- Improve monitoring and structure of the clinical learning program as there is unsupervised use of substantial hours of curriculum time, which may be deleterious in terms of outcomes.
- Develop a system to monitor and improve use of specific blended learning opportunities by students with the help of ICT department and conduct student feedback surveys on LMS and VLE sessions
- Develop external examiner report formats to obtain external feedback on assessments in a regular manner in both clinical and para-clinical exams
- Develop a guideline/ policy on workload distribution for different categories of academic staff
- Developing closer links with Alumni Association for improving student life and career development and for obtaining stakeholder feedback
- Establish a formal student counselling unit/centreand maintainlog of student visits for counselling services and maintain records of correspondence on collaboration with personal mentors of students, while ensuring confidentiality.
- Establish a student desk so that students could approach for their immediate needs in an effective manner.
- Appoint a dedicated academic coordinator for foreign students
- Establish a transition level Sinhala Language course for foreign students (Bhutan)
- Checking on living facilities used by foreign Bhutanese students numbering over 40 and provide them fee levying facilities if there is room available in the hostels
- Poor academic performance of Bhutanese students need special attention as many have missed their respective batches

Section 8.Summary

The site visit of the panel for reviewing the MBBS degree programin the Faculty of Medicine of the University of KelaniyaSri Lanka was conducted from 26th to 29th November 2019.

The schedule consisted of stakeholder meetings, observation of facilities, evaluation of documentary evidence, observations of classroom and clinical teaching, and final wrap-up meeting with the higher level management that consisted of the Dean of the Faculty, Heads of the Units, academics and administrative staff, whenkey findings were conveyed.These was an active discussion afterwards.

The review panel started its review process on 25^{th}evening at the Saninro Residencies, Katagewatta Road, Ragamawith a pre-review meeting of the panel members. The stakeholder meetings were conducted with Vice-Chancellor, Dean, Heads, Academic staff, Administrative staff, Librarian, Director/IQAU, Coordinator IQAC, Technical officers, Non-academic staff, extended faculty, alumni, students' unions and students. A slot was set aside for any stakeholder to meet with the panel. The library, ICT Centre, hostels, lecture halls, laboratories, teaching learning sessions, recreationcentre and canteens were visited, while interactingwith key responsible persons. The documentary evidence was evaluated as per schedule. Good support was provided by the Faculty during the review process.

As per the review panel assessment of the Self Evaluation Report submitted and corresponding evidence, and observations made on site visit from $26^{th}$to 29th November 2019 the overall performance of the program has earned a Grade of B (GOOD), which indicates that over all accomplishment of quality expected of the study programis good, and yet requiring improvement in few aspects.

Annex 1. Schedule for site visit

Program Review Schedule – Faculty of Medicine, University of Kelaniya
26th November to 29th November 2019

Day	Time	Activity
Day 1 **26/11/2019**	08.00 – 9.00 am	Meeting with Deans & Heads
	9.00-10.00am	Meeting with academic staff members of program
	10.00 to 10.30 am	Meeting with Director IQAC
	10.00am -1.00 pm	Observing documents on evidence
	1.00-2.00 pm	LUNCH
	2.00-2.30pm	Meeting with Director IQAU
	2.30 -6.30 pm	Observing documents on evidence
Day 2 **27/11/2019**	08.00 – 8.30 Am	Meeting the Vice Chancellor
	09.00 - 09.30am	Meeting with administrative staff
	09.30 - 10.00am	Meeting with technical officers
	10.00 - 10.30am	Meeting with Non academic staff
	10.30 - 11.00pm	Meeting with student counselors
	11.00 - 12.00pm	Meeting with student unions
	12.00 - 01.00pm	Meeting with selected students
	01.00 – 02.00pm	Lunch
	02.00 - 04.30pm	Observing facilities relevant to program(lecture halls/ SGD rooms/ library/IT lab /Sports facility, counselling unit, , UMO office, hostels, hospital sites, cafeteria etc)
	4.30 – 06.30pm	Observing documents on evidence
Day 3 **28/11/2019**	08.00 – 9.00	Hospital Visits
	11.00 - 12.00am	Meeting with extended faculty clinical/GP/MoH
	12.00 – 01.00pm	Meeting with Alumni
	01.00 - 02.00pm	Lunch
	02.00 - 02.30pm	Observation of a teaching session selected by the panel
	02.30 – 6.30 pm	Observation of documents on evidence
Day 4 **29/11/2019**	8.00 – 12.00 am	Final observation of documents on evidence
	12.00 – 1.00pm	Lunch
	1.30 – 2.30pm	Panel member meeting
	2.30 – 4.00 pm	Debriefing meeting & Wrap-up meeting
	4.00 pm	Departure of the panel