



**PROGRAMME REVIEW REPORT**  
**Bachelor of Science Honours in Radiography**  
**Faculty of Allied Health Sciences**  
**University of Peradeniya**  
**10 -13 February 2020**



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## Section 1: Introduction to programme

Allied Health Science degree programmes at the University of Peradeniya (UOP) were seeded in the Faculty of Medicine in 2006. These degree programmes were shifted to the old Dental Science Faculty buildings by establishing the first ever Faculty of Allied Health Sciences (FAHS) under University Grant Commission in 2007. FAHS offers six professional degree honours programmes in Medical Laboratory Science, Nursing, Pharmacy, Physiotherapy, Radiography and Radiotherapy where each honours degree programme spans for four years accumulating 120 academic credits encompassing the basic concepts of medical sciences as well as hospital based practical training.

The Bachelor of Science (Honours) in Radiography/Radiotherapy [BScHons (Radiography)/(Radiotherapy)] degree is offered by the Department of Radiography/Radiotherapy. It is a unique degree programme targeting to produce diagnostic and therapeutic radiographers enabling to improve the quality of services in the health sector. The Department of Basic Sciences, English Language Learning Unit (ELTU) in FAHS and the other faculties at UOP contribute to the academic courses of the BScHons (Radiography)/(Radiotherapy) degree programme. Even though, the annual intake for Radiography / Radiotherapy degree programme is 45, the actual intake during last five years varied from 32 to 47. In the second year of study, 5 students are selected to follow the BScHons (Radiotherapy) degree and the rest to follow the BScHons (Radiography)/(Radiotherapy) degree.

The human resource of Department of Radiography/Radiotherapy is limited to 11 academic staff (5 PhD holders, 2 MSc holders and 4 BSc holders), 9 academic supporting staff (2 postgraduates and 7 graduates) and 5 non-academic staff (2 technical officers, computer application assistant and 2 lab attendants) members.

The students who are enrolled to the BScHons (Radiography) programme from the Bio Science stream of the GCE (A/L) follow three different types of course modules in pursuing the degree qualifications. Courses having the AH code are common to all the students in FAHS which include 4 non-credit courses in English, 1 non-credit course in IT and 6 credits in basic medical sciences. Half of the credit courses (60 credits) having RA codes are common for Radiography and Radiotherapy students which includes a Research Project with 6 credits in the final year. The rest of the 54 credits having the RD code is specific for the Radiography students having an In-Service Training module with 4 credits in the final year. All the courses are conducted in the English medium and are compulsory for the Radiography students. Successful completion of all the non-credit courses and 120 credits with a C or better grade is a must to be eligible to qualify to sit for the Final Examination.

FAHS located about two km away from the main campus offers a variety of student support services and amenities to facilitate and support the degree programmes. These include Learning Management System (Moodle), mini Library, ELTU, IT center(e-library) and Canteen. Learning resources uploaded into the Moodle facilitates the student learning and provide a platform for the discussions while ELTU is conducting course modules during the first three years to strengthen communication skills of the students. In addition, the facilities in the main campus such as Gymnasium, Hostels, Career Guidance Unit and Health Center are accessible for the FAHS students. The Staff Development Centre at UOP provides the necessary training for all the sectors in FAHS. A transport service is available for the students to attend the main campus activities and to participate in clinical training activities in designated hospitals.

## Section 2: Observations on Self-Evaluation Report

As per guidelines prescribed by the QAAC Programme Review process, Faculty Board has entrusted the task and the responsibility to the Faculty Quality Assurance Cell (FQAC) to engage in programme reviews in FAHS. The 12 member FQAC of FAHS has initiated its 5 Programme Review (PR) activities including the BScHons (Radiography). Preparation of Self-Evaluation Report (SER) on B.Sc. (Hons) in Radiography was entrusted to eight committees to cover each criterion under the guidance of the Dean of FAHS and the Coordinator of the FQAC. Three other subcommittees were appointed to write the rest of the SER, editing and coding the evidences and to support organizing the documents. Basically, entire department contributed in compiling the SER for the programme review.

FQAC organized a SER writing workshop on October 2018 to facilitate the SER writing process. Regular meetings were held to discuss the progress of collection, filling and coding the evidences and in writing the SER. Draft report was discussed and revised at the departmental level. The prepared SER was approved at the 119<sup>th</sup> Faculty Board of the FAHS in March 2019 prior to the submission to the QAAC of the UGC.

The FAHS of UOP submitted a 131-page SER to the QAAC in April 2019. The report had 4 chapters with a number of lists of evidence for each criterion. The report has been prepared in accordance with the format given in the Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities and Higher Education Institutions published by the University Grants Commission, in December 2015 (pages 87-90).

In Chapter 1 there was an Introduction to the study programme, comprising 1.1 Overview of the FAHS, 1.2 Administrative structure of the faculty, 1.3 Overview of the Department of Radiography / Radiotherapy, 1.4 Structure of the BScHons (Radiography) degree programme, 1.5 Graduate profile, 1.6 Number of students enrolled for the programme, 1.7 Profiles of the academic and academic supporting staff 1.8 Student supportive services and 1.9 SWOT analysis.

In Chapter 2, process of preparation the SER was described. Chapter 3 was dedicated for the compliance with the criteria and standards where 8 criteria and 156 standards explained in the manual has been described with a list of documentary evidences. As prescribed by the manual, information was tabulated in four columns. First column contained the Standard number, column 2 had the Best practices and level of the standard, column 3 was designated for Documentary evidence to support the claim while last column was dedicated for the Code of the document.

The 8 criteria covered in the programme review consisted of Criterion 1 on Programme management with 27 standards, Criterion 2 on Programme design and development with 12 standards, Criterion 3 on Human and physical resources with 24 standards, Criterion 4 on Course / module design and development with 19 standards, Criterion 5 on Teaching and learning with 19 standards, Criterion 6 on Learning environment, student support and progression with 24 standards, Criterion 7 on Student assessment and award with 17 standards and Criterion 8 on Innovative and healthy practices with 14 standards.

The final chapter contained a 3-page summary accounting the good practices and a description on the processes and procedures in pledging a quality programme. Further, it portrayed the department initiatives to promote a research culture with the collaborations from the local and foreign institutions.

The SWOT analysis with identified strengths, weaknesses, opportunities and threats can also be considered as evidence to indicate the quality of the SER report. Uniqueness of the degree programme, specialized curricula, demand for qualified radiographers, having a young and energetic academic workforce, residential facilities for students, conducive learning environment and a positive reputation with the external community were identified as significant features of the degree programme.

Further, the SER has identified some of the issues that affect quality assurance in the programme which included financial constraints, inadequate of resources for clinical training, lack of senior academics, heavy workload on all staff, lack of space for academic activities and clinical training at remote hospitals. Expansion of health facilities with modern imaging techniques in the country and high demand for graduate radiographers in the region were reported as the opportunities while the availability of fee levying courses, protests from the trade unions and lack of awareness on the degree programme among the potential A/L students were among the potential threats.

The Review Team considers the SER has been prepared according to the guidelines given in the Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities and Higher Education Institutions. However, the documentary evidence was compiled diligently but, in some standards the compiled evidence was confined to last few years only. Further, evidence of regular analysis of some important review and output data would have improved the SER. The review team appreciate the effort made by all the staff members for their commitment to warrant the quality of the BScHons (Radiography) degree programme in Radiography at the FAHS of UOP.

### Section 3: Description of Review Process

The review process involves preparation for the programme review, pre-review arrangements, review visit, and reporting. The preparation for the programme review from selection of reviewers, composition of the review team, profile of reviewers, role of reviewers, and conduct expected of reviewers, was initiated and handled by the Quality Assurance and Accreditation Council (QAAC) of the University Grants Commission (UGC).

The review team appointed by the UGC comprised of three members, Prof. K.R. Ranjith Mahanama (Chair) (University of Colombo), Prof. P.A.S. Edirisinghe (University of Kelaniya), Dr. S.M. Junaideen (South Eastern University of Sri Lanka). The reviewers participated in a pre-review workshop organized by the QAAC where the Self-Evaluation Report (SER) submitted by the Faculty of Applied Health Sciences (FAHS) of the University of Peradeniya was handed over to the individual reviewer. The requirements for the review visit and the responsibilities of the respective parties (QAAC, Faculty, Review Chair and Reviewers) to facilitate clarity, consistency and effectiveness of the review process, were also discussed in the workshop.

The review team members individually carried out a desk evaluation of the SER based on the evidence presented in the document. The findings of the desk evaluation were sent to the QAAC. The review team members were then given an opportunity to compare and discuss the findings of individual desk evaluations.

The Review Chair planned the date of the review visit and a tentative agenda in consultation with the Dean of the Faculty and the Director of QAAC. The agenda for the 4-day site visit was finalized making adjustments to the requirement and availability of all the parties during the period of the visit. The schedule of the meetings and activities held during the site visit is given in Annex 1.

The review visit was held from the 10<sup>th</sup> to 13<sup>th</sup> February, 2020. The review team stayed at Oak-Ray Regency, Kandy where they arrived on the 09<sup>th</sup> February followed by a meeting in the evening. The review team reached the Office of the Vice Chancellor at 8:15 am on the 10<sup>th</sup> February, and they were welcomed by the Dean of the Faculty, Director of Internal Quality Assurance Unit (IQUA), and Coordinator of Faculty Quality Assurance Cell (FQAC).

The review process involved the following activities:

1. Scrutinizing documentary evidence
2. Meetings and discussions with stakeholders
3. Observation of teaching learning sessions and facilities
4. Debriefing

### **3.1 Scrutinizing documentary evidence**

The review team carefully scrutinized the documentary evidence provided by the Faculty to verify the claims made in the SER. In order to clarify certain processes claimed in the SER, the reviewers requested additional information from the Faculty. All the additional information requested were promptly provided by the Dean's Office. The commitment of the Faculty and logistical support provided by the staff members who were assigned to support the review team are commendable.

Based on the evidence examined, meetings and discussions with stakeholders, and facilities observed, the marks given during the desk evaluation for standards listed under the eight criteria (given below) were adjusted where necessary. Any concerns arising from this exercise were noted for further discussion and reaching consensus among the reviewers.

1. Programme Management
2. Human and Physical Resources
3. Programme Design and Development
4. Course / Module Design and Development
5. Teaching and Learning
6. Learning Environment, Student Support and Progression
7. Student Assessment and Awards
8. Innovative and Healthy Practices

### **3.2 Meetings and discussions with stakeholders**

To get a clear picture of the processes in operation for the study programme, the review team had interactive sessions with the following person(s) and team(s) over the first three days of the review process,

- Deputy Vice Chancellor
- Dean of the Faculty
- Director of IQAU
- Coordinator of FQAC
- Heads of Departments
- Academic staff
- Administrative staff
- Directors of the Centers, Units, Cells
- Student Counselors
- Assistant Librarian and Library staff
- Technical Officers
- Students representatives
- Director of Physical Education

- University Medical Officer
- Faculty Research Committee members
- Academic Support staff
- Non-Academic Staff
- External stakeholders (representing employers, industry, extended faculty, visiting staff, and alumni)
- Mentors and Career Guidance Staff
- Members of English Language Teaching Unit

### **3.3 Observation of teaching learning sessions and facilities**

In the afternoon of the first day of the visit, the review team visited the facilities available for students which include X-ray Diagnostic Centre, Service Units of Peradeniya Teaching Hospital, Gymnasium, and Health Centre, to gather information from the students and staff regarding the availability of resources, quality of services, and of welfare facilities. On the second day of the visit, the team visited the Faculty Canteen, Faculty Library and Computer Laboratory, and had interactions with the technical and library staff members regarding the services provided to the students. Also, the review team visited the lecture halls and observed a selected on-going teaching-learning activity.

### **3.4 Debriefing**

After the first three days of the review process, the review team had its meeting to summarize the findings of the review activities, and discuss any outstanding matters to be resolved on the last day of the review visit. Towards the end of the last day the team had another meeting to prepare for the debriefing. The review visit was concluded with an interactive wrap-up meeting with the Dean of the Faculty, Heads of the Departments and members of the Academic staff. At this meeting the reviewers explained their observations, highlighted their key findings, and had a productive and interactive discussion on improving the quality of the degree programme.

A Preliminary Report with key findings of the review was sent to the QAAC on the 18<sup>th</sup> February 2020. This document is the Final Report submitted to the QAAC.

## **Section 4: Faculty's Approach to Quality and Standards**

The Internal Quality Assurance Unit (IQAC) of the University of Peradeniya was established in the year 2016 in accordance with the guidelines stipulated in the University Grants Commission Circular 04/2015.

The functions of the IQAC include operationalizing all quality assurance procedures, reviewing and developing standards for various academic and administrative activities of the university, organizing workshops / seminars / training for capacity building and promoting QA culture, providing support to academic units to conduct the self-assessment/ external review and implement QA process at programme level, coordinating quality assurance activities with the QAAC of the UGC. The management committee of IQAC consists of the Director, Coordinators of the Faculty Quality Assurance Cell (FQAC) established in each Faculty, and Secretary.

The Faculty Quality Assurance Cell (FQAC) of the Faculty of Allied Health Sciences was established in the year 2016 to implement the quality assurance activities of the Faculty. The FQAC is headed by a senior academic staff member appointed by the Faculty and represented by the academic staff members from each Department of Study. The functions and operational procedures of the FQAC have been reasonably defined.

The review team observed that the quality assurance standards adopted in the study programme are at a satisfactory level and the Department has links with potential employers and alumni for their graduates, and collaborative partnerships with national and international universities. However, based on the evidence made available to the review team, structured administrative mechanisms are inadequate to incorporate the feedbacks received from stakeholders and innovative practices. And, it appears that the FQAC is barely supported with clerical support staff to assist its functions whereas the IQAC has been equipped and supported with a secretary and clerical support staff for its functions.

The review team observed that Faculty of Allied Health Sciences follow many good practices described in the Programme Review Manual of the University Grant Commission. It was also observed that the academic and non-academic staff members of Department of Radiography / Radiotherapy have a positive mind set towards quality improvement, and they extend their fullest cooperation to internalize the best practices. And, the commitment of the Faculty towards quality enhancement and excellence is commendable.

## **Section 5: Judgment on each of the 8 criteria**

### **5.1: Programme Management**

The Faculty has a well-planned organization structure and institutional governance adequate for effective management and execution of its functions such as programme design, development and delivery; student support; and research and outreach activities. The Action Plan of the Faculty is structured in line with the Corporate Plan of the University. The Faculty has by-laws relating to examinations, disciplinary procedures, student unions; duty lists and Codes of conduct for staff and Charter for students. Duties and responsibilities of all categories of staff are clearly defined and these are communicated, implemented, monitored and remedial measures taken as and when required.

The Faculty conducts well-organised orientation programmes for all new students to facilitate their transition from school to university environment, and provide information on the facilities and resources available, support services and the study programme. The Faculty adopts the policy of zero-tolerance to ragging; and has established mechanism with faculty student counsellors and proctors to prevent and deter any form of harassment among students. However, the mechanism should be fortified to curb harassments among students and ensure gender equality and equity among students.

The Faculty has the practice to adhere to the annual academic calendar enabling the students to complete the programme and graduate at the stipulated time. The review team is happy to note that the Department of Radiography / Radiotherapy has established collaborative partnerships with national and foreign Institutions

Graduate profiles of the programme should be aligned with domains of learning (K-SAM) specified in SLQF. The Faculty has to provide training to the academic staff members in OBE-SCL tools and techniques in the design and development of curricula and teaching. Although students' complaints and grievances are promptly dealt with by the Department and Faculty, the activities could be facilitated through a department level student-staff liaison committee. The students and alumni expressed the need for briefing sessions to orient the students for their in-service training. The Department should arrange such sessions before placing the students in their in-service training.

### **5.2: Human and Physical Resources**

Department of Radiography / Radiotherapy is blessed with enthusiastic, dedicated young staff and nearly all of them are alumni of UOP. Majority of new recruits are proud graduates of the FAHS. They have first-hand experience on the evolution of the programme as students as

well as staff members of the FAHS. Though the entire staff is limited to few members with overloaded work, their cohesiveness and commitment was highly visible to the review team. It was noted that the newly recruited academic staff has undergone thorough induction programmes in supporting the development of their competencies. However, it was noted that the limited non-academic staff deserves support with human resources and suitable training. To motivate the staff and to improve the quality of the degree programme, it is advisable to introduce performance appraisal system for all staff.

FAHS and department have already established foreign links with Niigata University in Japan to train the young staff and research training for limited number of final year students. Such initiatives are highly appropriate to uplift the quality of the programme. Foreign training on the specialized areas for the new recruits can expand the research horizons of the department. Joint collaborations with foreign counterparts may be a viable option to acquire the necessary equipment to elevate the facilities in the department.

Relatively, young FAHS is developing and some of the new constructions have taken an extra-long time hampering the progress. It is essential to expedite the progresses in infrastructure for administration, teaching, learning and other facilities. Currently, department activities are confined to a two-story building with limited space which is expected to expand by having a third floor.

Despite the Faculty library is confined to a small building with a limited collection of study materials, review team noted that the library services are in a higher order. In order to facilitate student centered learning, both the library and IT facilities at FAHS needs to be expanded and some initiatives have already commenced to do so.

In addition to the intensive English course at the orientation programme, ELTU of FAHS has introduced three non-credit supplementary courses during the first three years of study to enhance the English proficiency and competence of the graduates. Successful completion of these three courses is a must for the graduation. The effectiveness of these courses would be heightened by integrating them to the credit system or at least by ranking the level of achievement which is not the practice at the FAHS.

The Career Guidance Unit (CGU) of the UOP steers different programmes which are common to all the undergraduates. It was noted that the enthusiasm for these programmes vary with the discipline. The life and soft skill development for FAHS student deserve special attention for their professions. In this regard, specific courses need to be designed with the inputs from similar programmes and the views of stakeholders.

FAHS has designed its degree programmes in compliance with the SLQF guidelines. However, most of these activities have commenced recently and are not fully operational. While appreciating the attempts to improve the quality of the degree programme, Department

of Radiography / Radiotherapy needs to pay more attention in outcome-based education as well as student centered learning activities. Since the number of students in a batch is moderate, implementation on student centered learning is more practicable and achievable in the BScHons (Radiography).

One of the main drawbacks of the current programme is the firmness of its course structure. There is no flexibility in selecting the course units and a limited option in selecting the clinical training. Department need to plan and design the programme with some options within the course modules.

### **5.3: Programme Design and Development**

Programme of study is defined as a stand-alone approved curriculum followed by a student, which leads to an academic qualification of a degree awarding body. Where a programme is made up of more than one self-contained, formally structured units, those are referred to as courses/modules/strands. Multi stakeholder contribution is necessary for the formulation of a degree programme and involvement of academics, employees, past graduates and generalpublic as end users is a necessity.

Further an academic programme of study should reflect University/ HEI's mission, goals and objectives and graduate profile. Minimum standards of professional bodies and Subject Benchmark Statements (SBS) and SLQF requirements stipulated by regulatory authorities such as UGC act as valuable guides/external reference points when formulating the structure and content of the degree programme

Department has developed a good graduate profile with following attributes

- With knowledge and skills to carry out medical imaging procedures efficiently
- To combine science and technology with patient care
- To work collaboratively and constructively with multidisciplinary teams
- To demonstrate ethical and professional behaviour
- With innovative and analytical thinking leading to lifelong learning
- For careers in medical imaging, academia and research
- To be competent in seeking opportunities locally and internationally
- With a basic foundation to pursue postgraduate studies

Department attempts to achieve these goals through numerous difficulties in terms of facilities and other red tapes. Department is in the process of revising the current curriculum. Department has gathered comments from the stakeholders and intends to incorporate such comments.

Radiography is an alien subject for the A/L students. A smooth transition from A/L to the radiography programme was done by introducing some foundation courses in science and

mathematics. Courses relating to imaging has been introduced systematically with a good progression of the curricula. Through a stakeholder discussion it was revealed that the current curriculum does not cover ultrasonic imaging as a subject which goes in hand with the profession. Department needs to consider such inclusions without overburden the course work of students.

In designing the course structure UGC and SLQF guidelines are adhered which includes the matching credit requirements, formulating intended learning outcomes as well as adhering to grade point assignments. However, the alignments of the intended learning outcomes need to be revisited to strengthen the programme. Graduates of the degree programme need to compete with the Diploma holders with less academic qualifications. Department needs to carefully articulate the degree structure using SLQF guidelines which allows to differentiate the degree from rest of the competitive programmes.

Clinical training is a vital component of the degree programme and the review team felt they are receiving a sound training to become qualified radiographers. But students have several concerns on clinical training programme. They complained that they were not guided properly on the clinical training component. It is advisable to conduct an awareness session to the students at the latter part of the second year incorporating safety aspects as well. Due to the limited facilities available in the country, students have limited choices or no choice at all in selecting the clinical training. Some has to travel longer distances or has to stay in several places during the clinical training. Some students may not get all the required clinical training due to facility limitations. UOP, FAHS and department need to revisit their strategies to overcome this predicament. However it should be noted that clinical training entirely depends on facilities available in the selected hospitals of Ministry of Health.

Department has taken several measures to support the differently abled students which includes improving of student access and accommodating student requests during the course work.

#### **5.4: Course/Module Design and Development**

The scope of the Criterion 4 includes many facets ranging from consistence with the programme objectives to culminate in student attainment of ILOs of the respective course to monitoring and review processes.

B.Sc. (Hons) in Radiography consist of 60 course units where 5 are non-credit (English and IT). Majority are either 2 or 3 credits while research project is 6 credits. Course units are designed to meet the programme objectives to a satisfactory level and delivered to achieve to fulfil the intended learning outcomes. It was evident that a good participatory process has gone into the curriculum revisions and it has taken into account the needs of the profession. Further university approved formats have been used to design the course units including ILO, course description, assessments and learning resources. The brief description of course units

has been incorporated into the student handbook while the curriculum has been made available to students and teachers/ professionals practicing in the field through the department web.

During the meetings it was revealed that there is a significant number of students who are not passing within the stipulated time due to not passing of non-credit units such as English language. Although the student culture may have contributed to the status to some extent extra help for the needy should come in the early part of the course. Since hospital work, and record keeping is done in English it is mandatory that the student to have a sound knowledge in English to work as a radiographer. Further a non-credit course unit on IT skills is also needed in practical setting as radiography field is now moving towards automations and digitalisations.

The Course units have shown evidence that the study programme has been developed to be a self-directed critical thinker to a satisfactory level through classroom teaching, practical work in the lab, clinical work and research component. The course units are mainly delivered through lectures, and there were no evidences to show that methods such as Problem Based learning (PBL), Small Group Discussions (SGD) which are known to improve critical thinking and self-directed learnings are adopted by the department.

Although there is a LMS in the faculty it was not evident whether all the teachers use the platform or any other ICT or media technology. Therefore, necessary actions should be taken improve the LMS further where student - teacher interaction is more where individual support can be given for the needy.

Although there is a policy on addressing differently abled students and several measures have been taken to address case by case basis, the environment where the department is placed does not show any evident that even a wheelchair facility can be provided.

### **5.5: 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 centered in keeping with outcome-based education. Multiple teaching methods and learning opportunities should be used to actively engage students in the learning process while teaching learning strategies, learning outcomes and assessments need to be closely aligned to enable achieving goals of the study programme. Feedback plays an important role in ensuring quality improvement, but also proactively measure the status of quality.

The review team is of the view that the teaching and learning strategies are based on faculty mission and curriculum requirements. The students receive course specifications, necessary guides and time tables prior to the commencement of the course unit and time tables are

displayed in notice boards. The teaching is done by relatively young, qualified enthusiastic staff backed by many external teachers including extended faculty (Teaching Hospitals). The academic cadre in the Radiography Department is almost full and half of them have PhD. The teachers use many types of learning strategies such as lectures, tutorials, demonstrations and clinical training to the student's satisfaction.

Internal quality assurance mechanism has been set up with a strong foundation for a good system with guidelines/ Terms of Reference. e.g. Peer review process. All the teachers attached to the department are obtaining student feedbacks regularly and some have incorporated student's suggestions from the feedbacks. However, there is no adequate evidence regarding whether regular course evaluations/ semester evaluations or exit surveys are done.

The evidences produced on the use of LMS by both students and teachers were not adequate. The teaching materials seen in the LMS are from foreign countries depicting their practices in their socio-cultural setting. Therefore, internalizing them to Sri Lankan context is needed for better outcomes. The evidence was inadequate to come to a conclusion to determine whether the students receive relevant teaching materials such as handouts / lecture notes/ prior to the relevant teaching activity.

There is an inbuilt research component which is supervised by the staff and opportunity is given for students to disseminate their findings. Although there is a strong research culture and many of them (academics) have many publications, showcasing them in public domain is not evident. Further there was no evidence to show whether the teacher's research findings/ or new knowledge is incorporated into the teaching activities.

There was no clear evidence to prove that the teaching learning strategies, assessments and learning outcomes are closely aligned (constructive alignment) as curriculum mapping (Blueprinting) was not done. There are no guidelines/ ToR regarding Teaching learning strategies offered are appropriate and accessible to differently abled students. The regular peer review needs to be internalized regularly.

Though, external examiners contribute to selected components in assessments there was no satisfactory evidence to confirm the submission of external examiner reports by them. Therefore, the practice should be regularized and if there are suggestions, necessary steps should be taken to implement same to improve the quality of the assessments.

## **5.6: Learning Environment, Student Support and Progression**

The learning environment of the Faculty is friendly and academic interactions between staff and students are promoted. Policies and strategies are in place to help all students to develop and articulate the skills and attributes they gain through their curricular and co-curricular

experience. The learning is enhanced through in-service training and work placements. The Department provides training for staff and students on ICT and other advanced tools to enrich the teaching and learning experience. Students are supported adequately by providing mentoring, counselling, redressing grievances, and peer support structures to facilitate their holistic progression.

However, the Department should adopt adequate student centered learning approaches, guide the students to optimally use the available student support services, and empower them to take personal control of their own development (independent learning). The student complaints and grievances are promptly attended and necessary steps have been taken to maintain the student discipline.

The Faculty does not have appropriate infrastructure to meet the needs of differently-abled students. The Faculty should regularly gather relevant information about satisfaction of students with the teaching and learning; and the monitoring outcome should be used for continuous improvement of the programme and system. Career guidance activities should be improved to empower students to make informed career choices, preferably before their in-service training placements. The library facilities of the Faculty should be expanded and modernized to improve self-learning. There are no fall back options in the programme. The Department needs to review the programme and consider introducing fall back options to facilitate the students who do not complete the programme successfully.

### **5.7: Student Assessment and Awards**

Transparent trustworthy student assessment and award systems warrants the quality of the degree programme. FAHS is practicing a systematic approach with formative and summative assessment strategies. Weightages assigned for continuous and end of the semester examinations are suitable, and the students were informed on the process and procedures through the handbook, web and at the commencement of each course module. Importantly, FAHS has taken some initiatives to train the staff in different assessment methods.

FAHS has initiated moderating the examination papers during last few years. However, the moderation of the paper was done without the proper marking schemes which is not acceptable. Compilation of the reviewer's comments and the procedures in incorporation of such comments deserves more attention. Second marking has just commenced using the internal examiners. It would be more appropriate to get the services of the external experts in second marking.

Students were satisfied with the time frame of releasing results which is within the UGC stipulated guidelines. Transcript needs to be revisited by incorporating following to avoid the ambiguities. Credit and noncredit courses need to be segregated with clear information to get

their relevance to the degree. Currently repeat attempts are not indicated in the transcript which is a clear injustice to good students who have completed the courses in first attempt.

Non availability of a credit transfer option may hinder the opportunity of the student to progress if they are not happy to continue with the degree programme. This is decisive because students enter the programme GCE A/L with no prior knowledge of the. It is advisable to permit the students to transfer into other degree programmes within the FAHS. Furthermore, development of a credit transfer option may inflate the acceptability of the programme. None availability of a fallback back option deserts the students if they could not complete the degree within the stipulated time. This is likely to happen with the rigid graduation criteria of the degree programme. Introduction of student appraisal systems such as Dean's list will enhance competitiveness among the students and uplift the quality of the degree programme.

### **5.8: Innovative and Healthy Practices**

Innovative and healthy practices not only limited to find whether institutional policy and strategy are in place but also to enhances the quality of students learning experience, etc. Department of Radiography / Radiotherapy has initiated the use of Moodle and ICT based platforms and some reliable OERs have been used in few course units, the use of this facility in all modules is lacking. Further the use of them by students are also not evident.

The support from the Faculty for research in medical radiography has been internalized in a commendable level including establishing FAHS research committee, giving opportunity for both students and staff to engage in research, obtain research grants etc. The Japanese university linkage has resulted student exchange programme as well as many research project which is commendable.

The celebrations organized by the Faculty to commemorate the world radiography day is commendable, because it gives the students the opportunity to engage with professionals in their chosen field and networking. Further both academics and students get many opportunities to showcase their research in local setting. It is sad to notice that the Faculty has not yet established any research reward/ appraisal system to recognize students or teachers who are excellent in research/ teaching or learning.

Other than research the Faculty promotes students and staff to engage in a wide variety of co-curricular activities such as social, cultural and aesthetic pursuits, community service, leadership opportunity etc. The student participation and student engagement in these activities are commendable.

Since the commencement of the degree programme, considerable number of graduates were produced. The Faculty/ Department has not initiated any income generating programme

either in research/ teaching/ service. There is no post-graduate certificate or diploma course for radiographers which can be used as an income generating process as well as an opportunity to practitioners to upgrade themselves. Therefore, it is high time to think about such activity which will benefit the profession of radiography.

## Section 6: Grading of overall performance

### Section 3. Final Evaluation

No	Criterion	Weighted minimum score	Actual criterion-wise score
1	Programme Management	75	128
2	Human and Physical Resources	50	78
3	Programme Design and Development	75	106
4	Course / Module Design and Development	75	118
5	Teaching and Learning	75	118
6	Learning Environment, Student Support and Progression	50	67
7	Student Assessment and Awards	75	115
8	Innovative and Healthy Practices	25	23
	Total score (out of 1000)		753
	<b>Total score (out of 100)</b>		<b>75.3</b>

- i) Overall University Score is 75.3
- ii) Number of Criteria which received equal to or more than the weighted minimum score is 7
- iii) Criteria which received less than the weighted minimum score is 01.

***Accordingly, the Quality of Education and Standards of Awards of the PR for BScHons (Radiography) is given a “B” Grade with an Overall Grade of “Good”.***

## Section 7: Commendations and Recommendations

### 7.1: Commendation on Excellence

- The Study programme leading to BScHons (Radiography) is delivered through well-planned organization structure and management procedures
- Action plans related to delivery of the programme are aligned with University Corporate Plan
- Well-arranged orientation programme for all new students is in place
- There are sufficient collaborative partnerships with national and international universities and institutions
- Programme is conducted by a qualified, young, enthusiastic and dedicated academic staff supported by well qualified external teachers.
- A good cohesion exists between academic and supporting staff where duties and responsibilities of all categories of staff are defined, communicated and monitored
- Good clinical training programme is in place to develop the professional competences
- Relatively good faculty ELTU to uplift the communication and language skills
- With the available facilities, Faculty library functions to its optimum
- Internal and external expert evidences were sought in developing the degree programme
- Relatively good graduate profile has been developed and Student progression is visible in the curricula
- Programme design is in accordance with the UGC guidelines, including well established foundation courses
- Attempts have been made to support the differently abled students
- The course units/ Modules are designed to meet the programme objectives
- A good participatory process has gone into the curriculum revisions and it has taken into account the needs of the profession
- The ILO, content, teaching assessments and learning and resources have been incorporated into the student handbook and the curriculum has been made available in the department web
- The Course units have shown evidence that the study programme has been developed to a satisfactory level

- The academic cadre is almost full with relevant qualifications in radiography
- All the teachers attached to the department are obtaining student feedbacks regularly
- Internal quality assurance mechanism has been set up with a strong foundation by issuing necessary guideline, terms of references etc.
- A strong research culture has been established and the study programme has an inbuilt research component. Research is supervised by the staff and opportunity is given for students to disseminate their findings
- Academic and social interactions between staff and students are promoted where learning is enhanced through in-service training and work placements
- There are adequate co-curricular activities contributing to the educational experience
- The Faculty promptly deal with students' complains and grievances
- A systematic approach has been established for the student assessments using an appropriate weightages system for continuous and end semester examinations
- Level descriptors are in alignment with SLQF guidelines
- Students are familiarised with examination rules and regulations (Handbook)
- Students were satisfied with the time frame for releasing the results and it was well within the UGC guidelines
- Moodle and ICT based platforms have been initiated and some reliable OERs have been used for some modules
- The research links established with Japan is commendable where benefit goes to both staff and students
- Faculty promotes students and staff to engage in many co-curricular activities such as scientific sessions as well as social, cultural and aesthetic pursuits, community service which is appreciable

## 7.2: Recommendations

- Graduate profiles need to be aligned with domains of learning (K-SAM) specified in SLQF
- An awareness session to orient the students for their in-service training and professional career in the early days of the programme is needed. A follow up on how to face clinical practice should be done prior to commencement of clinical training at the hospital
- A performance-based appraisal system for staff and students should be introduced
- Regular CPDs and follow up actions for academic and non-academic staff should be established
- Infrastructure for administration, teaching, learning and other facilities need to be strengthened to improve the quality of the programme.
- More attention is needed to strengthen the Outcome Based Education (OBE) and Student-Centered Learning
- Library and ICT facilities need to expand to improve the self-learning
- Department needs to introduce specific soft and life skills relevant to programme through the university CGU

- Supporting academic staff is barely sufficient therefore it is recommended to take necessary actions to fill the cadres.
- A systematic approach needs to be established in incorporating stakeholder suggestions
- Alignment of the intended learning outcomes to SLQF needs to be revisited and necessary amendments should be done
- It is recommended to conduct the curriculum mapping before embarking amendments
- Recommended to keep records related to curriculum/ course unit development in a methodical manner
- Take active measures to initiate the development of subject benchmarks related to radiography with the UGC
- Include PBL and SGD in course units that are related to clinical practice, ethics and professionalism
- Improve ICT ability and use of appropriate media technology in both teachers and students.
- Recommend producing teaching materials especially to LMS depicting Sri Lankan setting to enhance more internalization
- Reduce the peer-review time lengths recommended and allow the process to internalize more. i.e. peer review once a year
- All teachers (both internal and external) to obtain feedback and improve the quality of teaching based on valuable suggestions
- Improve the visibility of staff research in public domain especially in the Faculty website and have ResearchGate and Google Scholar accounts of all the staff members
- Feedback forms should be developed to get constructive ideas for improvement not only on the teachers but on the course unit and finally the programme.
- Monitoring of the feedback, analysis and interventions should be done regularly under the supervision of QA unit
- Immediate remedial actions should be taken to moderate question papers with marking schemes.
- Transcript needs to be revisited identifying the differences between credit and non-credit courses and with inclusion of repeat attempts
- Fall back options/exit criteria should be developed and guidance regarding credit transfer system should be developed
- Student appraisal system should be developed, and it should be available to motivate the students to achieve not only in academic sphere but also in other areas such as sports, art, drama, voluntary serve, leadership etc.
- Motivate all teachers and students to use LMS and virtual learning environment and develop a reward scheme for such teachers
- Faculty should develop schemes to recognize best student research and create more opportunity to showcase research carried out by students and teachers.
- Explore the possibility of developing a Postgraduate Certificate/Diploma course as an income generating avenue
- Peradeniya and Kandy Teaching Hospitals should be developed as a center of excellence in radiography and radiotherapy to accommodate the needs of the students.

- More effort should be taken to optimize the service component that can be delivered by the staff (Radiography facility) to the community which can be used as an income generating as well as service to public, while using the facility for training students.

## Section 8: Summary

The site visit of the panel for reviewing the BSc (Hons) in Radiography degree programme in the Faculty of Allied Health Sciences of the University of Peradeniya was conducted from 10<sup>th</sup> to 13<sup>th</sup> February 2020. 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 department academics and administrative staff, when key findings were conveyed. There was an active discussion afterwards. The review panel started its review process on 9<sup>th</sup> evening at the Oak-Ray Regency Kandy, Peradeniya with a pre-review meeting of the panel members. The stakeholder meetings were conducted with Deputy Vice-Chancellor, Director/IQAU, Coordinator IQAC, Dean, Heads, Academic staff, Administrative staff, Librarian, Academic support staff, Technical officers, Non-academic staff, members from the faculty research committee, extended faculty, alumni and professionals from the service components who are clinical teachers, Academics from ELTU, Mentors and Coordinator and staff from CGU, Counselors, University medical officer, Sports instructor, students representing all four years including union members. We also announced that if a person wants to meet the review team separately, it can be done. During the students meeting one student wanted to meet us separately. The library, ICT Centre, lecture halls, laboratories, teaching learning sessions, sports facility, medical facility, faculty canteen were visited, while interacting with key responsible persons. The documentary evidence was evaluated as per schedule. Good support was provided by the department 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 10<sup>th</sup> to 13<sup>th</sup> February 2020 the overall performance of the programme has earned a Grade of B (Good), which indicates that overall accomplishment of quality expected of the study programme is good, and yet requiring improvement in few aspects.

## Annexure1

### Schedule for site visit for BScHons (Radiography) degree in Faculty of Allied Health Sciences at University of Peradeniya

#### Day 1: February 10, 2020

Time	Activity	Participants
8.30 AM – 9.00 AM	Meeting with the Vice Chancellor	Vice Chancellor/ Dean, Director – IQAU/ Coordinator – FQAC, Chair – SER Preparation
9.00 AM – 9.30 AM	Meeting with the Director - IQAU	Director – IQAU
9.45 AM - 10.45 AM	Presentation about the Faculty and respective study programmes <i>Working Tea</i>	Dean / Director-IQAU/Coordinator FQAC/ Heads of Department/ Cluster Chair and SER Team/ Study programme coordinators
10.45 AM -11.45 AM	Meeting with academic staff in permanent cadre (excluding HOD)	Teaching panel of the Radiography programme (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

<b>1.00 PM -1.30 PM</b>	<i>Lunch</i>	
<b>1.30 PM -2.15 PM</b>	Meeting with Directors of Centres / Units / Cells	All Directors of Centres/ Units/ Cell Coordinators
<b>2.15PM-2.45PM</b>	Meeting with Student Counselors	Senior Student Counselors and student counselors
<b>2.45 PM -4.00 PM</b>	Observing, Physical Facilities <i>Tea</i>	Review Team/ Facilitators

## Day 2: February 11, 2020

Time	Activity	Participants
8.30 AM - 900 AM	Observing documentation	Review Team/ Facilitators
9.30 AM - 10.30 AM	Observing teaching sessions and facilities	Review Team
10.30 AM - 11.00AM	Meeting with Librarian/Senior Assistant Librarians [Library Visit]	Librarian/Senior Assistant Librarian/ Library Staff
11.00 AM -11.30 AM	Meeting with Technical Officers	All Technical officers
11.30 AM -12.30 AM	Observing Documentation	Review Team
12.30 PM -1.30 PM	<i>Lunch</i>	
1.30 PM -4.00 PM	Observing Documentation <i>Working Tea</i>	Review Team
4.00 PM - 5.00 PM	Open hour for any stakeholder to meet review panel	Review Team

## Day 3: February 12, 2020

Time	Activity	Participants
8.30 AM - 9.30 AM	Observing Documentation	Review Team
9.30 AM - 10.30 AM	Meeting with Students <i>Working Tea</i>	Group of students representative of gender, ethnicity, level of study programmes
10.30 AM - 11.30 AM	Meeting on support for student welfare	Director/Physical Education, University Medical Officer
11.30 PM -12.00 Noon	Meeting on research activities	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	Representative group of academic support staff and non-academic staff (10)
12.30 PM -1.15 PM	<i>Lunch</i>	

<b>1.15 PM -2.15 PM</b>	Meeting with external stakeholders and alumni members <i>Working Tea</i>	Group of external stakeholders (about 20 employers, industry, private sector, representatives with link to or involvement with the University) and Alumni
<b>2.15 PM -4.00 PM</b>	Observing Documentation	Review Team
<b>4.00 PM - 5.00 PM</b>	Open hour for any stakeholder to meet Review Team	Review Team

#### **Day 4: February 13, 2020**

<b>Time</b>	<b>Activity</b>	<b>Participants</b>
<b>8.30 AM -9.00 AM</b>	Meeting with mentors and Career Guidance staff	Coordinator/mentoring and mentors, and Director – Career Guidance
<b>9.00 AM - 9.30 AM</b>	English Teaching Unit	Members of English teaching unit
<b>9.30 AM - 12.30 AM</b>	Observing Documentation <i>Working Tea</i>	Review Team
<b>12.30 PM – 1.30 PM</b>	<i>Lunch</i>	
<b>1:30 PM – 2.00 PM</b>	Private meeting of reviewers and report writing <i>Working Tea</i>	Review Team
<b>2.00 PM – 3.00 PM</b>	Closing meeting for debriefing	Vice Chancellor/Dean/Director – IQAU/ HODs/ Coordinator – FQAC/Chair & the SER – Team

University: University of Peradeniya

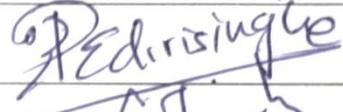
Faculty: Allied Health Sciences

Programme: Bachelor of Science (Honours) in Radiography

Review Panel: Prof. K.R. Ranjith Mahanama (Chair)

Prof. P. Anuruddhi S. Edirisinghe

Dr. S. M. Junaideen

Reviewer	Signature
Prof. K.R. Ranjith Mahanama (Chair)	
Prof. P. Anuruddhi S. Edirisinghe	
Dr. S.M. Junaideen	