



PROGRAMME REVIEW REPORT

**Bachelor of Siddha Medicine and Surgery
Unit of Siddha Medicine, Faculty of Applied Sciences
Trincomalee Campus - Eastern University, Sri Lanka**

Site Visit Date: 30th September 2022



**Review Panel: Prof. Inoka Uluwaduge (Chair)
Prof. Ariyaranee Gnanathanan
Prof. Chrishantha Abeysena
Prof. Priyani Peiris**

**The Quality Assurance Council
University Grants Commission, Sri Lanka**

1. University: Trincomalee Campus - Eastern University, Sri Lanka
2. Faculty: Unit of Siddha Medicine, Faculty of Applied Sciences
3. Programme: Bachelor of Siddha Medicine and Surgery (BSMS)
4. Review Panel





No	Name	Signature
01.	Prof. Ariyaranee Gnanathanan	
02.	Prof. Chrishantha Abeysena	
03	Prof. Priyani Peiris	
04.	Prof. Inoka Uluwaduge (Chair)	

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Section 1 - Brief Introduction to the BSMS programme

Bachelor of Siddha Medicine and Surgery (BSMS) Degree programme conducted by the Unit of Siddha Medicine of Faculty of Applied Sciences, Trincomalee Campus, Eastern University of Sri Lanka has commenced with the admission of twenty students as the 2007/2008 academic intake. Currently, the Unit of Siddha Medicine has been offered the faculty status and the final gazette notification is pending. The programme was initiated to produce Siddha Medical Graduates to fulfil the national requirement of the country. Five batches have been graduated through the BSMS programme from its inception to date

The initial curriculum was introduced in 2005 and had undergone a major revision recently following the submission of the SER and approval. The five-year academic programme of the BSMS Degree Programme is align with SLQF level 6. One-year intern period following graduation is a mandatory requirement to practice as a Siddha Medical Officer following registration with Ayurveda Medical Council. The study programme includes 199 credits, and the medium of delivery is in English.

The curriculum is organized into three course units: pre-clinical, para-clinical, and clinical. The study programme has several subjects: Anatomy, Physiology, Basic Siddha Philosophy, Biochemistry, English, Information Technology, Kunapadam, Medicinal Botany, Marunthueyam, Pharmacology, Applied Siddha Philosophy, Community Medicine, Forensic Medicine and Toxicology, Siddha Medicine, Modern Medicine, Obstetrics, Gynaecology, Surgery, Paediatrics and ENT. The programme follows a semester system with two semesters per year. The programme commences with Basic Sciences subjects that facilitate learning the structure and function of the human body, followed by pathophysiology of diseases and clinical teaching. Clinical teaching is delivered in the Base Ayurveda Hospital, Kappalthurai, in addition to the Teaching Hospital of Siddha Medicine, Konesapuri, Trincomalee, and Rural Ayurveda Siddha Hospital, Gopalapuram, Nilaveli. The clinical training provided by these Siddha Ayurveda Hospitals are not at a sufficient level and therefore nearby allopathic hospitals are also utilized.

The academic programme is delivered by a qualified teaching panel though there are no subject specialist to cover some clinical disciplines.

The maximum number of students enrolled during the stipulated period under the review and the number of students following the programme up to the submission of the SER is tabulated as follows:

Table 1.1: No. of students allocated from the UGC and presently studying during the stipulated period

Academic Year	No. of students allocated from the UGC	No. of students presently studying
2017/2018	61	59
2016/2017	53	51
2015/2016	26	17
2014/2015	46	29
2013/2014	49	40
2012/2013	24	20

Section 2 - Review Team's Observations on the Self Evaluation Report (SER)

The SER of the Degree Programme of the Bachelor of Siddha Medicine and Surgery (BSMS) offered by the Unit of Siddha Medicine, Faculty of Applied Sciences, Trincomalee Campus, Eastern University of Sri Lanka was prepared in accordance with the prescribed format of the QAC programme review manual including best practices and the level of achievement of standards with relevant evidence.

Process of SER writing was initiated by appointing a Chairperson and SER writing team including criterion coordinators by the Head of the Unit of Siddha Medicine in October 2019. The committee consisted of 07 senior academics and academic supportive staff nominated at the staff meeting of the Unit of Siddha Medicine. The SER writing team was approved by the relevant authorities such as faculty board and the campus board. Further, the preliminary discussion was carried out with Faculty Quality Assurance Cell (FQAC) of Faculty of Applied Science, Trincomalee Campus and Internal Quality Assurance Unit (IQAU) of the Eastern University of Sri Lanka (EUSL).

The programme review manual copy was issued to the relevant staff members and the SER writing team has conducted several discussions to familiarize with the standards of the manual. The Head of USM has announced a meeting to all academics, academic supportive and non-academic staff to explain their role in support to the SER panel members.

The USM has taken steps to conduct the process in a systematic way adhering to an activity plan. However, in the evaluation process the reviewers noted that some of the supportive evidence particular to criterion are irrelevant. Further, some of the standards lack sufficient evidence to obtain satisfactory marks. It was noted that the documentary evidence to support each standard which have been specified in the manual was not much considered by the SER team. Some empty folders were also noted by the review team.

In general, the report followed the guidelines provided in the programme review manual for preparation of the SER, including the sections of introduction to the study programme, process of preparing the SER, compliance with the criteria and standards and summary. The introduction to the study programme explains the overview and history of the USM, the development and the description of BSMS degree programme, number of students enrolled in the past academic years, academic and non-academic cadre positions and available facilities and supportive services.

Further, the report has included comprehensive strengths, weaknesses, opportunities, and threats of the programme (SWOT Analysis).

Section 3 - A Brief Description of the Review Process

The review process was carried out by a panel of academics appointed by the QAAC of UGC in compliance with the guidelines prescribed in the manual of programme Review - December 2015. The review panel consisted of four senior academics from diverse disciplines including subject experts representing the state universities in Sri Lanka. The Review Panel organized and conducted the programme review following the instructions in Section 5.8 of the manual on pages 94-95.

The review process consisted of several steps. First, the review panel attended the training workshops conducted by the QAAC of the UGC via an online platform. Then, as per the guidelines of the manual and instructions given in the training, the desk evaluation was done by each member of the Review panel independently. Due to the Covid pandemic, the site visit was assigned only a single day and all the evidence pertaining to the SER was uploaded to the document management system particular to the BSMS programme. Before the site visit, the panel carefully evaluated the evidence provided by the programme and allocated marks accordingly.

Prior to the site visit, an activity schedule was prepared by the chair with the collaboration of review panel members and sent it to the University Centre for Quality Assurance (CQA) and the Head of the Programme. Thereafter the site visit schedule (Annexure) was finalized and circulated among the review panel members and the Head of the Programme. The Head of the BSMS study programme organized the site visit and facilitated the review process. Since all the meetings and facility observations were scheduled to be held within one day, the activity schedule was very tight and extended from 8.00am to 7.00pm of the 30th September 2022.

The day before the site visit the team had two online meetings, one with the stakeholders followed by with the Vice Chancellor of the Eastern University of Sri Lanka. During the site visit the Review Panel had official meetings / discussions with academics, administrative and academic support staff and a group of students.

The review visit began with a meeting with the rector of the Trincomalee Campus, who was appointed recently. In her discussion she highlighted that the unit has awarded the pending faculty status and awaiting the cabinet approval. In the meetings with stakeholders and the academic staff members, a strong voice was raised to reduce the number of students allocated to follow the programme and to implement necessary facilities for student clinical training. The review team also strongly suggest that before increasing the number of student enrollment by the UGC, it should consider the mandatory clinical training/teaching facilities. Further the team suggest that all the responsible government parties should take

immediate necessary actions to provide facilities for clinical teaching by upgrading a suitable hospital currently attached to the programme to a teaching hospital level. Without necessary clinical exposure a competent BSMS graduate would not result.

All the activities were conducted as per schedule in one day. All the discussions were interactive, and groups were met intentionally separately to provide them independence to express their thoughts and concerns with an open mind.

The review panel visited and observed several places, and facilities available for students, where necessary, for physical verification of documentary evidence. Members of the review panel participated in the physical verification of the following places, processes and facilities available in relation to the degree programme.

- Department/unit premises
- Teaching Hospital and clinics
- Administrative block
- Lecture halls
- Laboratories
- Faculty QAC office
- Hostels
- Indoor facilities/Gymnasium
- Health Centre

The review team was unable to observe a physical teaching session at the departmental premises or a clinical teaching/bed site teaching session at the hospital. Though, this item is a mandatory requirement of the review process, the programme administrators have not paid much attention on this regard.

The final official item of the agenda was the debriefing meeting by the review team which took place with participation of the Dean, Head of USM and the academic members of the programme under purview.

Section 4 - Overview of the Faculty's Approach to Quality and Standards

The Quality Assurance Cell of the faculty of Applied Science, Trincomalee Campus is governed by the Director center for quality assurance (CQA) Eastern University of Sri Lanka.

The Quality Assurance Cell of the Faculty of Applied Science (FQAC), Trincomalee Campus, Eastern University was established in year 2015 according to the guidance given by the QAC of UGC. The office of FQAC is located in the main faculty premises. FQAC has a broad mandate of coordinating all the quality assurance related activities within the faculty under the guidance of QAC of the Eastern University.

It also provides information on measures for faculty level functioning towards quality enhancement through the departments, best practices in academic and administrative processes. However, the reviewers noted that the internal quality assurance plan is not available and also regular IQAC meetings have not been conducted especially relevant to the SER reporting period. However, few meeting minutes of recent years were available.

There is no evidence of quality enhancement activities regularly monitored through the FQAC. No evidence was observed to rectify the involvement of FQAC in curriculum development and reviewing process. Orientation programme is in operation, and it is organizing by the staff members of Unit of Siddha Medicine (USM). Regularly updated website is maintained.

The USM has changed the medium of instructions of BSMS programme to English in recognition of global trends and to suit the international context. SLQF guidelines adopted as referral point in curriculum design and also research component is incorporated into BSMS curriculum.

The examination results have been released on time. However, scrutiny boards are not being adopted to maintain the quality and standards of the questions. The extended graduation period (more than six years) needs to be addressed by the USM by proper scheduling of the academic activities. Peer- review reports were not evident and has to be adopted in the future to enhance the quality of the teaching and learning activities.

It is commendable to note that the multidisciplinary individual undergraduate research projects are carried out by the students and the research findings are presented in the local symposia and conferences.

The review panel was unable to meet the CQA Director physically or online to gather information on the approach of CQA to enhance the quality of the programme.

Section 5 - Judgment on the Eight Criteria of Programme Review

The Judgement of the Review Panel on compliance with the eight criteria by the BSMS Programme was based on 156 standards listed in the Programme Review Manual. In the SER the BUMS study Programme was expected to describe the level of compliance with, and internalization of best practices and the degree of attainment of the corresponding 'standards' with supporting evidence.

At the desk review, the review panel scrutinized the documentary evidence presented in the SER; physical verification of evidence was achieved during the site visit. Each standard was allocated marks (0,1,2 or 3) by studying the claim of the degree of internalization of the best practices and level of achievement of the standard mentioned in the SER and observing if the documentary evidence made available to support the claim was sufficient.

Several deficiencies were observed in the SER and in the uploaded documents/ folders/ evidence. Some standards were misinterpreted in the SER, unrelated evidence was provided, evidence provided did not cover the minimum 3- year period as required. Apart from the uploaded evidence, the panel perused some documentary evidence during the site visit to verify relevant information. Furthermore, the meetings/ verbal discussions were held to finalize the marks and the grades.

Table 5.1 depicts the raw criterion-wise score for the study programme based on the judgements made by the review panel.

Table 5.1: Raw criterion-wise score for the study programme

Criterion No.	Assessment criteria	Raw score
1	Programme Management	45/81
2	Human and Physical Resources	23/36
3	Programme Design and Development	45/72
4	Course / Module Design and Development	31/57
5	Teaching and Learning	36/57
6	Learning Environment, Student Support and Progression	44/72
7	Student Assessment and Awards	30/51
8	Innovative and Healthy Practices	25/42

The review team observed following strengths and weaknesses of each criterion. The recommendations to enhance the quality of the programme is listed in section 7 of this report.

5.1 Programme Management

Siddha Medicine is functioning as a unit under the Faculty of Applied Sciences, has a cooperate plan with an action plan. However, the implementation and monitoring mechanisms were not very evident. The proposal to upgrade the Unit of Siddha Medicine to the faculty level was submitted to UGC. It was approved and all the responsible parties of the Eastern University is awaiting the cabinet approval. The Unit of Siddha Medicine has a separate fund allocation, leading to autonomy in the management. The unit does not accommodate student representation in faculty committees, the faculty board meetings and student welfare committees etc.

The unit publishes a student handbook, which provides details mainly on academic aspects and is available in hard copies. The handbook is updated annually and given to the students but not available online.

There is a satisfactory usage of the ICT platform. The unit uses ICT facilities for academic and administrative purposes. Up-to-date website is maintained with sufficient information. It is used both by staff and students of the programme. Unit conducts a very good orientation programme for the new entrance students to facilitate students' transition from "school" to "university".

Unit has established an IQAC recently with physical evidence of currently functioning IQAC with a coordinator, initiating to work in liaison with IQAC of the university to implement internal quality enhancement system. However, during the SER reporting period the activities of the IQAC were not much evident.

The unit strictly enforces the anti-ragging policy by adhering to the student charter and there is no evidence of physical ragging. The review panel noted that though there are no differently abled students at present, there is provision to accommodate requests of students with special needs to some extent.

Programme recognizes the value of stakeholder participation and contribution; A significant number of BSMS graduates participated in the stakeholders meeting. However, the existence of an Alumina association was not evident. The unit has a study programme prospectus, it is lacking in Programme specifications. Unit has not formed a Curriculum Development Committee (CDC) or alternative mechanisms for monitoring, reviewing and updating the curriculum for Siddha medicine. However, it has been noted that the programme has undergone a major curriculum revision recently (after the submission of the SER). There was no clear policy and procedure on programme approval, implementation and

programme discontinuation to ensure that students enrolled will complete their education without any disruption.

There is no option available in the prospectus for student to exit at different levels when a student is unable to complete the study programme.

Outcome-based education and student-centred learning process were not observed. Learning objectives of clinical training are not submitted to extended faculty members when sending students for clinical appointments. Peer evaluations or peer review is not adequately practiced and not formalized. Student feed backs are being obtained by some teaching learning activities, but it is not done on a regular basis.

There was no evidence of a performance appraisal system for the staff.

The employability opportunities to practice as Siddha doctors for graduates are minimal.

Though the programme follows the annual academic calendar the student's graduation period exceeds five years (according to evidence from students' academic programme exceeds six years) which is the stipulated time duration of the study programme.

The unit / department does not securely maintain confidentiality of permanent personnel records of all students, accessible only to authorized personnel. There is no active counselling and mentor service in place though an individual academic member or the Head of the Department takes responsibility of student's matters. Student support services (e.g., welfare committee) and grievance redress mechanisms are also not in operation.

Collaborative partnerships have been initiated with national and international universities especially with Indian universities and it's at a minimal level. The research culture in the unit needs to be much improved.

5.2 Human and Physical Resources

The unit of Siddha Medicine does not have an adequate number of academic staff to conduct the BSMS degree programme. Unit has employed number of visiting staff from other medical faculties for teaching and learning activities. There is a deficit of qualified staff members to cover the specialized areas, mostly for the clinical subjects such as paediatrics, surgery, gynaecology and obstetrics which are mandatory components in clinical training. However, a great effort is taken by some of the staff members to cover some aspects of clinical teaching. There are no qualified technical staffs, to operate the modern equipment in the laboratories. Only one technical officer is assigned to work in seven (07) laboratories. It is a very unfortunate situation.

The new staff, undergo induction programme / CTHE courses conducted annually by the university staff development centre (SDC) which is mandatory for the confirmation of the probationary staff. There are no strong and continuous evidence to support staff participation on Continuous Professional Development Programmes. The programmes offered by the SDC for academic staff is not satisfactory.

Physical resources at the university premises are satisfactory to run the BSMS programme. It has well-equipped lecture halls, and a conducive environment for learning. Well-equipped laboratories with modern high- tech instruments are available. However, the instruments are not maintained well.

The facilities for clinical training are highly inadequate and there is no fully-fledged, dedicated teaching hospital for the clinical training of the students in proximity. There are no in ward patients in the Siddha Teaching Hospital, Konesapuri, Trincomalee. Only four (4) beds are available as a day treatment centre. Only one consultant in Maruthuvam (General Medicine) and four Siddha medical officers are attached to the hospital. This hospital is functioning only with the OPD & a day treatment unit. District Siddha Ayurveda Hospital, Gopalapuram, Trincomalee has one male and one female ward. Bed occupancy rate is 40%. One consultant is attached to the hospital. In addition, there is a Panchakarma and Yoga unit. All the clinical specialties are not available. Professorial wards are not established yet. As BSMS is a professional study programme, the unit should have suitable clinical training facilities.

It is recommended to establish a dedicated model teaching hospital with qualified specialist trainers for the clinical training of the students in proximity to the unit. The students have better recreational facilities. All BSMS undergraduates who request, receive hostel facilities during their entire course duration.

The library books are not sufficient. Majority of the books are in Tamil language irrespective of the multicultural student population. E- books and periodicals/research journals are not available for both academics and students. However, the review panel noted that the students have limited access to healthcare services. At present there is no dedicated permanent medical officer in the health centre for the unit/ FAS. It is recommended to appoint a permanent full-time medical officer at least during working hours, 8.00 am to 4.00 pm on weekdays. Facilities in the university Medical Centre are minimal. No laboratory facilities to get the basic test done.

5.3 Programme Design and development

The Unit of Siddha Medicine, Faculty of Applied Science, Trincomalee Campus has been offering the Bachelor of Siddha Medicine and Surgery Degree since year 2007. However. The curriculum development committee was not evident and also there is inadequacy of

approved curriculum development policies and SOPs on programme approval and monitoring.

Detailed curriculum with programme ILOs, course unit ILO and curriculum mapping with graduate profile was not available. Therefore, it was difficult to identify that the programme design fully complies with the Sri Lanka Qualifications Framework (SLQF) and is guided by other reference points such as Subject Benchmark Statement (SBS).

Curriculum revisions has not taken place in regular cycles. However, the review team noted that recent revision of the curriculum (following submission of the SER). Common course unit template is not evident while designing the BSMS degree programme. The number of qualified academic staff members to teach core courses in the curriculum was not at a satisfactory level.

Programme outcomes are not regularly evaluated. No evidence of graduate surveys / tracer studies.

Fieldwork visits are conducted to the subjects of Kunapadam, and out bound training is conducted in community Medicine. However, industrial training is not incorporated into curriculum to enrich practical knowledge.

5.4 Course Module Design and Development

The Degree Programme is based on a course unit system and consists of compulsory course units covering 199 credits. No optional course units are incorporated in developing the course modules. The research project is worth three credits and the weightage is not complying with the UGC requirement (6/7 credits). Despite the less credit value, the student projects are advanced, and the reviewers wish to put a note of appreciation on supervision of the student projects by academic members. However, in the recent curriculum revision this has been addressed and revised accordingly.

The evidence provided of complying with SLQF and SBS, policy and procedures on course design is inadequate. Further, the evidence of course design showing course ILOs aligned with the programme ILOs were not evident. Course design template was not evident.

None of the evidence found that assessment strategy is aligned with programme/ course ILOs. Academics have less opportunities for curriculum development training programmes. USM does not have documentary evidence of course approval process. Regular process of course evaluation through feedbacks from students and external and internal examiners were not evident. Analysis of programme outcome was not incorporated into study programme was not evident.

CDC regular meeting minutes were not evident. No evidence of existence of a curriculum development committee. There were adequate physical and documentary evidence of the use of ICT during delivery of courses. However, the use of library resources was not in a satisfactory level.

Academics have fewer opportunities for training programmes and evidence were lacking to prove their participation in continuous personnel and professional development programmes. Utility of workshop trainings in academic activities was not so evident. Academic members have undergone and completed the CTHE programme.

5.5 Teaching and Learning

The unit adopts a student friendly administrative, academic and technical support system that ensures a conducive and caring environment and greater interaction among students and staff. The unit offers all incoming students an induction programme including briefing, student welfare, examination procedures and social and ethical harmony. The unit and the faculty have addressed the needs of the students with special needs though it doesn't have a policy on special support and assistance services for students with special needs. ICT led tools are used in delivering the teaching and learning activities.

While appreciating all good practices of the BSMS unit, review panel is of the view that the learning environment, student support and progression has to be further improved by upgrading the mandatory requirements of clinical training. All stake holders, students, academic staff and the reviewers strongly suggest that immediate actions must be taken to upgrade a suitable hospital to a level of teaching hospital.

It is mandatory to take into consideration of student feedback about the modules/ programme, offered by the unit and to include the relevant suggestions for the improvement of the curriculum. The reviewers also noted that there is no formal structure to promote active academic/social interaction between the staff and students through the student body. Other than the orientation programme students are not guided for optimal use of available students support services and empower learners to take personal control of their own developments. No evidence of using outcomes of the student feedback for improvement of the student support services. The services provided by the CGU of the faculty to enhance student's soft skills is not evident and the team didn't get an opportunity to review this aspect due to the non-availability of the coordinator. No evidence of holding meaningful discussions between academic counsellors and students focusing on areas such as student support and assessments etc. The programme does not have the fall-back options for the students who do not complete the programme successfully.

5.6 Learning Environment, Student Support and Progression

The programme has recognized the value of physical and psychosocial educational environment. Student friendly administrative and academic system has been developed. Activities conducive for sustainable harmony among a multi religious, cultural and racial groups is commendable. Students are actively engaged in community-based programmes such as health and well-being camps. Use of computer assisted learning has been facilitated by the computer laboratories. LMS in the institute seems to support student's engagement through IT. Students hostel facilities are good and the students are getting the hostel facility throughout the study period which is a rare case among Sri Lankan state universities.

The programme/ faculty has not initiated a welfare committee to address student matters. The review team evident that an effective mentor/ mentee programme is also not operating currently. This is due to the fact that a single academic member being taking the responsibility of the entire batch. This seems impossible with increased current student numbers (more than 50). However, the discussions with students revealed that, informal mechanisms are existing to help needy students and a very good rapport is maintaining between students and academics providing a conducive environment and a strong student/ teacher relationship.

The student's exposure to clinical teaching and learning is highly inadequate. Library facilities are not in a satisfactory level. The medical centre also doesn't provide a satisfactory service due to lack of a dedicated permanent medical officer. However, the hostel facilities and the canteen facilities are in an appreciable level.

5.7 Student Assessment and Awards

The Institute has approved procedures for designing, setting, moderating, marking and grading the assessment methods and standards of awards. The assessment procedures and the weightage assigned for different components are clearly stated in the handbook. There is no evidence on reviewing of assessment strategies. No formal mechanisms/policy of appointing first and second examiners for examinations. There is no evidence of clear policy on consideration of the second examiners reports and ensuring that changes recommended in the examiners reports are implemented. The programme uses only summative assessment to see the progression of the students. A complete transcript indicating the courses followed, grade obtained, and the aggregate GPA and class is issued to the students.

Examination boards are responsible for timely release of results and recording assessment decisions accurately; such records are maintained for a designated period of time. However, the review team noted that the lay out for the entering and storing examination results are at a highly unsatisfied level; examination results are not maintained securely. Further, it was

evident that the room allocated for the printing of examination papers is also not secured properly.

No evidence for providing regular training on methods of assessments to staff and ensure that staff involved in assessing is competent to undertake their roles and responsibilities. No scrutiny boards were conducted to finalize the examination papers and only moderators were available to fulfil this task. Fall- back options were not in place to help the week students who have completed a considerable volume of course units in the programme.

5.8 Innovative and Healthy Practices

Apparently, there is no physical ragging among the students though there is no clear policy on the prevention of ragging.

The programme has identified the need to facilitate ICT based platforms and multimode teaching/learning. LMS is effectively functioning, and adequate mass of teaching materials are available there, though the reports on LMS usage are not available.

The unit has not established a research committee and the reviewers were in an opinion that the research activities among staff has to be improved. Lack of MOUs for collaborative research with other Universities and research organizations were evident. Students have to engage in research projects, complete a research report and present the work to earn the compulsory credits. The credit allocation for this important learning activity is not in par with the UGC recommendation for the curriculum under purview. However, the student research activities/ undergraduate projects are well designed by the staff members and the students were guided to present their findings at seminars.

In addition to the clinical training, students also engage in awareness programmes and other community-based project. However, the clinical training record books are not structured comprehensively/ not evident.

There is no evidence of curriculum development committee though a major revision has been taken place recently.

No provisions are available for credit transfer, which is the case in most of the programmes in state universities in Sri Lanka as well.

The mechanism of scrutiny board to finalize the examination papers are not in place. The practice of conducting scrutiny boards has to be initiated to maintain the quality of the examination papers.

The students who cannot proceed to the award of BSMS due to various reasons don't have any fallback options. Such initiatives have to be considered to safeguard the future of those students, if any.

Section 6 - Grading of overall performance of the Programme

Based on the guidelines given in the chapter 3, Table 3.4 of the Programme Review manual, grading of overall performance of the BSMS Programme under purview is shown below.

Table 6.1 Assessment criteria and score

No.	Criterion	Weight	Actual criterion-wise score	Weighted minimum score (WMS)	Above WMS (Y/N)
1	Programme Management	150	83	75	Yes
2	Human and Physical Resources	100	64	50	Yes
3	Programme Design and Development	150	94	75	Yes
4	Course / Module Design and Development	150	82	75	Yes
5	Teaching and Learning	150	95	75	Yes
6	Learning Environment, Student Support and Progression	100	61	50	Yes
7	Student Assessment and Awards	150	88	75	Yes
8	Innovative and Healthy Practices	50	30	25	Yes
Total score		1000	597		
Total score (%)			59.7		
Grade		C			
Performance descriptor		<i>Satisfactory</i>			
Interpretation of descriptor		<i>Minimum level of accomplishment of quality expected of a programme of study requires improvement in several aspects.</i>			

Section 7 - Commendations and Recommendations

7.1 Commendations

Criterion 1: Programme Management

- Siddha medicine is functioning as a unit under the faculty of Applied Sciences and has developed a cooperate plan and action plan though the implementation and monitoring mechanisms were not very evident.

- The proposal to upgrade the Unit of Siddha Medicine to the faculty level was submitted to the UGC and approval has been granted subject to the government gazette notification.
- The unit of Siddha Medicine has a separate fund allocation, which provides its independent management and autonomy.
- The programme recognizes the value of stakeholder participation and contribution though it does not have an Alumni Association yet.
- The unit publishes a student handbook, which provides details mainly on academic aspects and is available in hard copies. The handbook is updated annually and given to the students but not available online.
- There is satisfactory usage of the ICT platform. The unit uses ICT facilities for academic and administrative purposes. Up-to-date website is maintained with sufficient information. It is used both by staff and students and the unit. The faculty website is also updated regularly with useful current information.
- Unit conducts a very good orientation programme for the new entrance students to facilitate students' transition from "school" to "university" and is organized annually.
- Unit has established an IQAC recently with physical evidence of currently functioning IQAC with a coordinator, initiating to work in liaison with IQAC of the university and trying to implement internal quality enhancement system.
- The unit strictly enforces the anti-ragging policy and there is no evidence of physical ragging. Unfortunately, there is no policy or mechanism to prevent ragging and any other form of harassment and intimidation.
- There is provision to accommodate requests of students with special needs to some extent.

Criterion 2: Human and Physical Resources

- Most of the academic staff members have undergone an induction programme which is compulsory to obtain the basic qualifications in teaching.
- Well-equipped laboratories with modern high- tech instruments, even to train postgraduates, are available.
- Physical resources to conduct teaching and learning activities are satisfactory. Lecture halls are well-equipped which makes a conducive environment for learning.
- It is commendable that the students have better hostel facilities during their entire course duration

Criterion 3: Programme Design and Development

- The deficiencies in the curriculum have been identified and accordingly the BSMS Programme has been subjected to a curriculum revision recently. Though this is not pertaining to the period under review the attempt is commendable.
- SLQF guidelines are adopted as referral point in BSMS curriculum design.
- Student centred learning is practiced at a minimal level.

Criterion 4: Course Module/Design and Development

- Timetables are provided before commencement of academic activities.
- Teachers encourage students for creative work and related to theory and practical.
- Group work is encouraged.
- Incorporation of research into curriculum through research project was evident. The students research projects are well designed and the commitment of staff members to supervise/guide the students for this important task is appreciated.
- Appropriate technology is used for teaching purposes.
- Question papers setting with model answers are appreciated.

Criterion 6: Learning environment, student support and progression

- An induction programme is conducted for incoming students.
- Commendable hostel facilities are provided for the students throughout the entire study period.
- Facilities for recreational activities were in place.
- Intern placement is a professional qualification to world of work.

Criterion 7: Student assessment and awards

- Physical facilities are available to conduct examination matters ensuring confidentiality.
- By-laws and relevant guidelines are available regarding examination procedures.
- Results released on time though the graduation period exceeds six years.
- Examinations are informed well in advance to the students.
- Marking schemes were evident.
- Transcript is available with all required details.

Criterion 8: Innovative and Healthy Practices

- Undergraduate research projects are used as a part of teaching strategy/Students have made satisfactory contributions to local symposia and conferences and presented their research findings
- Revision of curriculum has taken place recently though not relevant to the reporting period of the SER.
- Existence of multicultural and multi-ethnic cohesion is evident.
- Social engagement activities are organized, and students are actively participating on such programmes.
- Though the programme doesn't have differently abled students, the facilities are available for some extent. There is a provision for the differently abled students.

7.2 Recommendations

Criterion 1: Programme Management

- The action plan with implementation & a monitoring mechanism has to be established.
- Programme specifications needs to be developed. Learning objectives of clinical training has to be clearly defined and communicated to the extended faculty members for proper guidance in clinical training. Strengthen the stakeholder consultations in curriculum development.
- It is highly recommended to establish a Curriculum Development Committee (CDC) for monitoring, reviewing and updating the curriculum for Siddha medicine. Further, establishment of a Medical Education Unit or any other alternative setup to perform the functions of medical education is recommended.
- Early exit points should be worked out for students to exit at different levels when they fail to fully complete the study programme.
- Student participation on faculty committees such as Faculty Board has to be initiated to incorporate student representation in governance and management process. A formalized mechanism to establish active counselling and mentoring service, student support services (e.g. Welfare committee) and grievance redress mechanisms are recommended to address student's matters.
- A formalized mechanism to obtain peer evaluations/peer review, student feedback on modules/ teaching and learning activities are recommended.
- Performance appraisal system for the staff must be adopted to motivate dedicated staff members.
- Teaching and learning activities have to be organized in order to graduate the students within the stipulated time period (six years).
- More attention has to pay for the maintenance of confidentiality of personnel records of all students and examination matters (secure in storing examination results and paper printing).
- Relevant action has to be taken to address employability issues of graduates.
- National and international collaborations and partnerships has to be encouraged. There is a potential to collaborate with Indian Universities.
- The research culture in the unit needs to be much improved.

Criterion 2: Human and Physical Resources

- It is recommended to recruit more qualified academic staff members to cover the specialized areas (paediatrics, surgery, ENT, gynaecology and obstetrics) are mandatory components in clinical training.
- All the vacancies of the academic and non-academic staff posts need to be advertised in order to fill the carder vacancies. Cadres of supporting staff has to be filled immediately for the effective functioning of the programme.

- Instruments and equipment are very much underutilized and not maintained properly. More attention should be paid in maintenance of instruments though recruiting technical experts or training suitable academics to undertake the responsibility of the instruments. This is important since the instruments are high tech and not acquired by many universities. The instruments can be used by the undergraduates as well as academics or even possible to commence postgraduate degrees (recommended to utilize maximally).
- Library should be enriched with more books relevant to the programme.
- It is recommended to have a Medical Education Unit with qualified academic staff in order to improve and monitor the curriculum.
- Clinical training has to be improved greatly with a dedicated teaching hospital in close proximity, ideally within the premises with qualified specialists in all the major disciplines to train the students.
- Regular CPD programmes need to be organized for academic and non-academic staff.
- It is an urgent need to appoint a permanent full-time medical officer at least during working hours 8.00 am to 4.00 pm on weekdays. Facilities in the university Medical Centre has to be upgraded including laboratory facilities at least for basic tests.

Criterion 3: Programme Design and Development

- Recruitment / filling existing cadre positions of suitably qualified academic staff needs immediate attention to maintain the quality of BSMS programme.
- Provide opportunities for undergraduates to have more exposure in hospitals in their clinical training, patient management and to develop soft skills competencies.
- Develop teaching hospital up to the satisfactory level.
- Conduct student satisfaction surveys to identify strengths and weaknesses of the programme implementation, learning environment and student support systems and utilize such information for improvement.
- Fall back options for weak students/students who doesn't complete the Degree within the stipulated time period, has to be addressed and implemented

Criterion 4: Course Module/Design and Development

- The curriculum mapping by incorporating graduate profile, programme ILOs and course unit ILOs is suggested.
- The outputs from the external teaching staff such as resources from teaching hospital might enhance the quality of the course module designing process. Therefore, it is suggested to apply a participatory approach in course module designing process in the future.
- Peer- observations and their integration to course design and development process is recommended.
- ILOs suggested to prepare for each course unit.

- A curriculum development committee or an equivalent body has to be established to monitor the revisions of the curriculum. A medical education unit needs to be introduced to perform functions such as updating knowledge of teachers on assessment strategies/ question setting, trends in teaching learning activities etc.
- Academics should be given more opportunities to participate in CPD programmes.
- Teacher excellency awarding system is needed to be discussed and implemented.

Criterion 6: Learning environment, student support and progression

- Library resources must be improved to fulfil the student and teacher requirements. More books relevant to the subject matter are to be obtained and at least the library should have free Wi-Fi for student knowledge gain purposes. It is suggested to enrich the library with few computes/laptops for the student use. Implementation of a periodical section is necessary for the new knowledge gain by students and the staff.
- Clinical training programme to be established properly with the provision of facilities in a teaching hospital. The review team consider this as the priority of all responsible parties.
- Extra steps need to be taken to relive the unrest among the student population and to provide employment opportunities immediately for the unemployed graduates. Guidance from CGU might be helpful in rectifying this important aspect to some extent.
- Fallback options are important remedial measure to safeguard the future of a student who doesn't successfully complete the programme. A suitable diploma with a lesser number of credits or if the students exit at a higher level a BSc General Degree could be worthwhile to be considered.
- Student counselling and mentoring programmes are to be streamlined. Each academic member/ mentor getting few students/mentees is much more practical rather than a single academic member being taking the responsibility of the student matters of the entire batch. There is a need to establish a welfare committee to look after student matters
- Students' participation is minimal for administrative and academic matters. The student participation at different committees such as faculty board meeting are to be initiated.
- A functional alumni association needs to be established.

Criterion 7: Student assessment and awards

- Fall back options were not in place and has to be worked out/implemented.
- No scrutiny boards conducted to finalize examination papers/ only moderator is available. Recommended to initiate scrutiny boards before finalizing the examination papers.

- Examination matter awareness workshops were limited. Encourage the staff participation in such capacity building training programmes.
- Examination matters should be maintained securely. The steps must be taken by the assistant registrar/ deputy registrar of the examination branch to maintain the confidentiality of the examination results. Paper printing room should be more secured to safeguard the confidentiality in printing of papers.
- Extended duration for graduation (more than 6 years) was noted and recommends adhering to the stipulated period.

Criterion 8: Innovative and Healthy Practices

- Involvement with industry and other research institutes are very limited and recommends strengthening this aspect of the programme.
- Income-generating activities are limited and suggest working out and initiate such practices.
- Scrutiny boards must be conducted before finalizing the paper. Utilization of external examiners are limited and recommended to strengthen this aspect of the assessments.
- Involvement in research by the academic staff needs to be improved to inculcate research culture among academics / More grants/ external funds must be acquired to improve the research activities among academics of the programme under purview. National and international MoU's has to be created to improve research among academics.
- Staff reward scheme is to be initiated to motivate the dedicated staff members. for academic and research excellence.
- Early exit points have to be implemented for students who does not complete the programme successfully.

Section 8 - Summary

Bachelor of Siddha Medicine and Surgery (BSMS) Degree Programme conducted by the Faculty of Applied Sciences, Trincomalee Campus, Eastern University of Sri Lanka has produced medical graduates (BSMS) to serve national and international requirements. The Unit of Siddha Medicine has upgraded to the faculty status which imparts autonomy and independence in the management process.

Well qualified academics seems to function cordially although that there is a lack of discipline experts to cover the clinical appointments. There is a dearth of non-academic staff and has hampered the effective management of the programme. The Reviewers wish to suggest that all cadre positions (academic and non-academic) to be filled immediately for the effective programme management.

Teaching learning facilities provided to the students are commendable. The programme has acquired modern teaching aids, computer-based technologies, laboratory equipment's and models.

Non-existence of a suitable teaching hospital with infrastructure facilities has greatly hampered the students clinical training. This problem needs immediate attention of all responsible parties and the team suggest that a suitable hospital has to be upgraded to a teaching hospital with the establishment of professorial wards to produce competent medical graduates.

The study programme has identified its deficiencies and has undergone a major curriculum revision recently after the submission of the SER. Most of the deficiencies in the previous curriculum has been identified and addressed through this revision and the effort is commendable. Research activities and national and international collaborations could be enhanced. There is a potential to initiate post graduate training programmes to enrich the knowledge of BSMS graduates.

The study programme has the potential to perform better than the current status upon addressing the recommendations stated in the report.

Annexure - SCHEDULE FOR THE SITE VISIT

**QUALITY ASSURANCE COUNCIL OF THE UGC
PROGRAMME REVIEW OF BSMS
UNIT OF SIDDHA MEDICINE, FACULTY OF APPLIED SCIENCES
TRINCOMALEE CAMPUS - EASTERN UNIVERSITY, SRI LANKA**

30th September 2022

Time	Activity	Participants with review team
8.00 – 8.30 AM	Meeting with the Vice Chancellor, Dean, IQAU coordinator, IQAC coordinator	Vice Chancellor, Dean, Director/CQA, Coordinator/ IQAC
8.30 -9.00 AM	Presentation on programme	Unit head Siddha Medicine/HODs
9.00 -9.30 AM	Meeting with academic staff in permanent cadre (excluding HOD), Head English teaching unit, Research activities <i>Working tea</i>	Teaching panel of respective programme (excluding HODs), Head English teaching unit, Coordinator research committee
9.30 -10.00 AM	Meeting with temporary academic staff	Review team, temporary academic staff
9.30 AM-12.30 PM	Facility observation Hospital/ Observing clinical teaching sessions Observing teaching sessions 1.Lectures 2.Small group discussions / Student centred learning	Review team, academic staff/ facilitators

10.00 AM-11.00 AM	Meeting with Administrative Staff, Academic warden, CGU coordinator, and other coordinators of supportive services	Review team, Registrar/Bursar/SARs/AB/SAB/Work Engineer/DR Examination and other relevant members
11.00 -11.30 AM	Meeting with Student Counsellors & Mentors	Review team, Student Counsellors & Mentors
11.30 AM-12.30 PM	Meeting with students	Review team, students
12.30 -1.00 PM	Meeting with, technical officers, academic support staff and non-academic staff	Review team, technical officers, academic support staff and non-academic staff
1.00 -1.45PM	Lunch	
1.45 - 4.00 PM	Facility observation Hostel, library visit, Labs, Health Centre, IQAC	Review Team/ Facilitators
4.00 -7.00 PM	Document verification Private meeting of reviewers	Review Team
7.00 -7.30 PM	Closing meeting for debriefing	Dean, Director/CQA, Coordinator/ IQAC, HODs, Review Team,
Virtual meeting	Meeting with external stakeholders/ alumni members	External stakeholders (employers, Industry, private sector, representatives with link to or involvement with the university and the programme)

Pls arrange the following meeting on 29th evening (around 6.30-7.00 pm. the team can join from the hotel

