Faculty of Medicine and Allied Sciences
Rajarata University of Sri Lanka

POLICIES RELATED TO

MANAGEMENT OF THE MBBS

PROGRAMME

May 2022

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2022

FACULTY OF MEDICINE AND ALLIED SCIENCES – RAJARATA UNIVERSITY OF SRI LANKA MIHINTHALE
MAY 2022

Policies related to the management of the MBBS programme

On the recommendation of the Senate, the Council of the Rajarata University of Sri Lanka, as the governing authority of the Rajarata University of Sri Lanka by resolution adopts thefollowing Policy.

Accepted Date:
      Faculty Board FMAS, RUSL:
      Senate RUSL:
      Council RUSL:

Amended Date:
      Faculty Board FMAS, RUSL:
      Senate RUSL:
      Council RUSL:

Signature:

_____   _____

Dean   Vice-Chancellor
Faculty of Medicine and Allied Sciences   Rajarata University of Sri Lanka

First Edition

February 2019

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Second Edition

May 2022

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1. Rationale

Bachelor of Medicine, Bachelor of Surgery undergraduate (MBBS) degree programme of the Faculty of Medicine and Allied Sciences (FMAS), Rajarata University of Sri Lanka (RUSL) has been designed and developed to accomplish the vision of the Rajarata University of Sri Lanka and the FMAS.

Design and development of teaching-learning strategies, programme management and assessments of the MBBS programme are intended to create health professionals with the highest ethical conduct, social accountability, mutual respect and holistic knowledge in medicine who can further proceed through any avenue in Medicine for the betterment of mankind. Achievement of the aforementioned endeavours through unremitted programme management and operation is facilitated by three main mechanisms; (1) the management and improvement of human and physical resources, (2) advancement and upgrade of the learning environment, and, (3) expansion and strengthening of the student support systems. Operation of the existing processes and implementation of the amended processes have to be streamlined through feasible and adaptable policies, adhering to the guidelines of the governing bodies of Higher Education and Medical Education in Sri Lanka.

This document comprises the policies related to the management of the MBBS programme, developed with the contributions of the academic and administrative staff of FMAS, RUSL, to provide guidance, and ensure the consistency, accountability, efficiency, and clarity of the processes of the MBBS programme.

2. Scope

This document is a compilation of policies related to the management of the MBBS programme to achieve the goals of the vision and mission of FMAS, RUSL. The policies in the Programme design and development, Course module design and development, and Teaching-learning strategies are to ensure the quality and smooth progression of the MBBS programme. The policies in the Student Assessments ensure the progress of the students in achieving the goals of the vision and mission of the faculty. Policies in the Quality Assurance were placed to facilitate four main stages of the quality assurance cycle; (1) Monitoring of the processes and obtaining feedback, (2) identification of gaps and malpractices, (3) planning the remedial actions to bridge the gaps and prevent the malpractices, (4) creating a supportive environment to implement the remedial actions, to ensure the accomplishment of goals beyond the existing status. Policies on programme management, human and physical resources, learning environment and student support along with healthy practices pave the path to consistent and efficient operation of the MBBS programme at FMAS, RUSL.

3. Principles

The policies related to the management of the MBBS programme of the FAMS, were developed to ensure the achievement of the faculty's vision and mission. Moreover, the policies will ensure continuous improvement through the involvement of all relevant stakeholders within and outside the University. The policies related to the management of the MBBS programme rest on the following principles:

1. The policies are in line with the vision and mission of the University and the faculty to ensure the highest quality of teaching and learning, curricula, research, outreach, and welfare activities of the faculty.

2. The policies were designed to ensure the efficient, transparent, systematic, rigorous, and equitable delivery and utilization of the MBBS programme.

3. Overall responsibility for implementing policies related to the management of the MBBS programme in the faculty and its documentation lies with the Faculty Board, FMAS, RUSL. Apart, it is the responsibility of every member of staff.

4. Implementation of the policies is a collaborative and cooperative process carried out in collaboration between the University Council, University Senate, Centre for Quality Assurance (CQA), Faculty Quality Assurance Cell (FQAC), SDC, Research and Publication Committee, CDC, Student Support units, staff, students, external experts, and outside stakeholders.

5. All activities related to the policies are documented, monitored, reviewed, and evaluated.

6. The implementation, execution, and evaluation of the policies are supported and facilitated by the faculty.

7. The policies are designed to meet international and national standards of medical education and national higher education standards, including SLQF standards and quality assurance requirements in Institutional Review, Programme Review, and Sri Lanka Medical Council Accreditation.

8. The policies are designed to adhering the regulations, guidelines, norms and procedures issued by the University Grants Commission in Sri Lanka (UGC), the Council of the Rajarata University, and the Senate of the Rajarata University of Sri Lanka

4. Policy Statement

The Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka will adapt to the following policy framework to achieve its vision and mission and provide an inspiring educational experience to its undergraduates.

4.1. Policies on programme management

The faculty ensures,

4.1.1. that an organisational plan is implemented to facilitate efficient management of the undergraduate programme and make it available through the web to all stakeholders.

4.1.2. adoption of a participatory approach to decision-making within the organisational plan in relation to all teaching, research, welfare, and administration activities in the faculty.

4.1.3. that the faculty action plan is developed annually, aligning with the university strategic plan.

4.1.4. that an annual academic calendar is developed, enabling the students to complete the programme within the stipulated period aligned with the national and international standards of medical education and medical professional regulatory requirements.

4.1.5. that all the management procedures within the faculty comply with national and university standard operating procedures, which are accessible to all stakeholders.

4.1.6. that the student handbook includes all the necessary general information on available services, information on the overall MBBS programme, learning outcomes of the different courses, modules, and streams, examinations by-laws, code of conduct, and general regulations including attendance policy. The handbook should be circulated to students at the entry to the MBBS programme and available on the web.

4.1.7. that the students of the faculty are involved in the decision-making process of the faculty by being members of the faculty board and several faculty-board- appointed committees

4.1.8. that a comprehensive faculty website is maintained and regularly updated with the up-to-date student handbook, prospectus, and curriculum.

4.1.9. that new students go through a mandatory orientation programme that discusses the roles and responsibilities of students and makes them aware of the available facilities, resources, and support services.

4.1.10. that the codes of conduct for all staff members and students approved by the council of Rajarata University of Sri Lanka based on the national and international norms and regulations are enforced at the faculty level.

4.1.11. that code of practice for all staff members is enforced at the faculty level.

4.1.12. that every department/unit and the administrative unit has a transparent document that consists of the distribution of teaching, administrative work, service commitments, and research work of each staff member to ensure fair distribution of work among staff members with duty lists for non-academic staff in relation to the academic programme.

4.1.13. that the quality assurance cell of the faculty is actively involved in key activities related to programme management.

4.1.14. that an appraisal mechanism is in place for the enhancement of research and teaching performance of the staff and the performance of students.

4.1.15. that the faculty actively promotes national and international collaborations with regard to the programme development and research.

4.1.16. that a system is in place to recognize students with special needs in order to develop a support mechanism while constantly reviewing facilities available for them and taking remedial measures.

4.1.17. a safe environment that is free from gender based violence (GBV) and harassments by enforcing the relevant university and national policies and regulations at the faculty level.

4.1.18. zero tolerance for ragging and adequate safeguards are taken to prevent any form of ragging.

4.1.19. that unbiased and transparent procedure is in place to obtain feedback for administration and administrative procedures regularly from staff and students. And, regular improvements in administration and administrative procedures based on the feedback received.

4.1.20. that the faculty follows the regulations, guidelines, and procedures issued by the UGC, the Council of the Rajarata University, and the

Senate of the Rajarata University of Sri Lanka in staff recruitment and promotions.

4.1.21. that the faculty decides the academic requirements in the staff recruitment considering the timely need and trends in medical education with an ultimate goal of quality improvement of the course.

4.1.22. a safe and pleasant environment that is free from any form of discrimination, related to gender, culture, ethnicity, and religion, and undue influences and harassments for all the staff members.

4.2. Policies on human and physical resources

The faculty ensures,

4.2.1. the availability of qualified and competent academic and non-academic staff to design, develop and deliver the MBBS programme and related courses and modules to fulfil research, innovations, counselling, and outreach activities.

4.2.2. that the academic staff is equipped with doctoral degrees, research grants, and scientific publications in national and international indexed journals to be on par with national and international norms and standards.

4.2.3. that all newly recruited academic staff undergoes the staff development programme as early as possible and continuously update the required competencies through the provision of in-service, continuing professional development (CPD) programmes.

4.2.4. the availability of well-maintained, regularly upgraded, well-equipped state-of-the-art infrastructure facilities which meet the requirements of the staff and the students, including those with special needs.

4.2.5. that the students gain the required continuous clinical exposure and practice by giving them access to relevant specialised clinical training and standard professorial clinical appointments.

4.2.6. the provision of adequate facilities for the staff and students to adopt outcome-based education and student-cantered learning.

4.2.7. the provision of library facilities with up-to-date print and electronic forms of titles and electronic databases for staff and students.

4.2.8. the provision of information and communication technology (ICT) facilities with qualified technical guidance and free internet connectivity.

4.2.9. the provision of a well-equipped and resourced English language

training facilities within the faculty

4.2.10. the availability of career guidance programmes.

4.2.11. a proper mechanism and activities to develop soft skills in students

4.2.12. the provision of support for multicultural activities within the faculty and to a facilitate the student and staff participation in multicultural activities.

4.3. Policies on programme design and development

The faculty ensures,

4.3.1. that the programme is designed by the curriculum development committee (CDC) in collaboration with all internal stakeholders (academic staff, students, non-academic staff, alumni) and external stakeholders (clinicians, other subject experts, Ministry of Health, patients, and public).

4.3.2. that the CDC is consists of the Dean of the faculty, professors, Heads of all the departments (or a representative), representatives of the extended faculty staff (consultants of Teaching Hospital, Anuradhapura), and students' representatives.

4.3.3. that the roles, responsibilities, and authority of different individuals involved in the design and development of the MBBS programme are clearly defined and informed.

4.3.4. that the MBBS curriculum is consistent with the vision of the RUSL, and the vision and mission of FMAS.

4.3.5. that the MBBS curriculum complies with the Subject Benchmark Statements in Medicine, level descriptors and qualification descriptors of the Sri Lanka Qualification Framework (SLQF) level 7, standards set out by the Sri Lanka Medical Council (SLMC), and the government of Sri Lanka.

4.3.6. that the outcomes of the MBBS course are defined, describing the competencies of a graduate of the MBBS programme of FMAS, RUSL.

4.3.7. that the MBBS programme follows an outcome-based curriculum, in which the teaching-learning strategies and assessments are aligned with the outcomes of the medical course (constructive alignment).

4.3.8. that the Curriculum Development Committee (CDC) meets regularly (once in three months) to facilitate the process of curriculum review

based on student feedback reports, peer evaluation reports, stakeholder reports, national and international academic standards and requirements and programme evaluations.

4.3.9. that the MBBS programme is designed to promote learning autonomy, creative and critical thinking, lifelong learning and progression, cultural competence, interpersonal communication, teamwork, and inter-professional and collaborative learning through an interdisciplinary and multidisciplinary approach.

4.3.10. that the outcome-based performance indicators of the MBBS programme are regularly reviewed, evaluated, and monitored by the faculty FQAC to ensure that the programme is up-to-date and congruent with the national, regional, and global requirements.

4.3.11. the availability of fallback options, designed in consideration of SLQF requirements and other regulations of the University Grants Commission and the Council of the Rajarata University of Sri Lanka, for those who are not progressing as expected.

4.3.12. that the MBBS programme is approved by the faculty board of FMAS, the Senate and Council of RUSL, and the University Grants Commission (UGC).

4.4. Policies on the course/module design and development

The faculty ensures,

4.4.1. a participatory approach during the design, development, and evaluation of the programme represents the academic staff of all academic departments, with inputs from students and external stakeholders such as extended teaching staff in curative and preventive health sectors and professional colleges.

4.4.2. that the courses/modules/streams are designed based on student-cantered principles, and the faculty would develop standardised guidelines for course/module design.

4.4.3. that intended learning outcomes (ILOs) of the courses/modules/streams are accessible to all students in the Student Handbook at the entrance to the Faculty and the details of the content, teaching-learning and assessment strategies, learning resources, credit weight would be clearly specified as per the SLQF Level7.

4.4.4. that the needs of differently-abled students are considered when designing courses.

4.4.5. the provision of adequate physical and human resources for course design, approval, monitoring, and review processes. The faculty would provide prior training and opportunities for continuous professional development to the staff involved in instructional design and development.

4.4.6. that the courses/modules/streams are evaluated regularly (at the end of each course/module/stream) through FQAC and the recommendations are used to improve the content, delivery, and assessment processes of the courses/modules/streams.

4.5. Policies on teaching and learning

The faculty ensures,

4.5.1. that the teaching-learning strategies of the MBBS curriculum of the faculty are developed to achieve the vision, mission, and outcomes of the MBBS programme.

4.5.2. conducting an orientation programme to introduce the MBBS programme, code of conduct, language skills (English, Sinhala, and Tamil), and personal and professional development.

4.5.3. that the student evaluation and peer evaluations are carried out at the end of each semester/each professorial appointment and the summaries of the evaluations are submitted to individual lecturers, the Head of the Department, Dean, by the Medical Education Unit. Further, stakeholder evaluations are carried out annually.

4.5.4. that research findings are incorporated into teaching-learning sessions and students are motivated to refer to the relevant research publications (e.g., evidence-based medicine).

4.5.5. the use of information gained from the assessment of students to improve teaching

4.5.6. the use of modern technology for effective learning systems, the use of innovative teaching methods by staff, and the promotion of blended learning.

4.5.7. the engagement of students in research as a part of teaching-learning strategy and support students to publish their research.

4.5.8. that the calendar of dates is available at the beginning of the semester and timetables are made available on the notice board of each department at least one week before the commencement.

4.5.9.   that the teaching and learning activities are designed to avoid any discrimination related to gender, culture, ethnicity, and religion.

4.5.10. that the teaching-learning frameworks are informed by the Head of the Department to FQAC and Medical Education Unit (MEU).

4.5.11. that the workload of the academic staff members is distributed according to the UGC norms to give them adequate time to provide effective instruction, and advice, conduct assessments, contribute to programme evaluation and improvement, and engage in continuous professional growth while participating in scholarship and research.

4.6.   Policies on the learning environment, student support, and progression

The faculty ensures,

4.6.1.   the availability of physical infrastructure that enables the students to successfully achieve intended learning outcomes (ILOs).

4.6.2.   adequate human resources enable the students to successfully achieve ILOs by recruiting an adequate number of full-time faculty members.

4.6.3.   the provision of student support programmes considering the needs of individual students and the diversity of the student body (student counselling and mentoring, student health services, scholarship, and needy student support).

4.6.4.   that the students are given appropriate guidance on the ethical use of learning/ information resources.

4.6.5.   that the students are clearly conveyed their rights, responsibilities, and conduct to successfully complete the programme and establish a mechanism to address their problems throughout the programme.

4.6.6.   the availability of a web-based functioning help desk that provides information to students, alumni, and others, who seek services (Inform students on whom to meet particular official needs). Regularly update the web to provide the above information.

4.6.7.   the adoption of a green environment policy.

4.6.8.   the availability of a system of counselling and extra coaching for those who are underperforming, or with examination-related grievances and establish an alternate exit qualification for students who are not

completing the programme.

4.6.9. that the tracer studies of recent graduates are conducted regularly and that information is utilized to motivate students.

4.6.10. the enhancement of learning opportunities for students by collaborating with other institutions (research opportunities, academic sessions, clinical training, etc.).

4.6.11. that the students have the opportunity to raise matters of concern without risk of disadvantage.

4.6.12. a mechanism to evaluate the effectiveness of the student support programmes on a regular basis.

4.6.13. a favourable teacher-student relationship through interactive social activities.

4.7. Policies on student assessment and awards

The faculty ensures,

4.7.1. that the intended learning outcomes and assessment criteria are developed as given in UGC and Ministry of Health guidelines, SLQ level 7, and the vision and mission of the university and the faculty.

4.7.2. that the faculty awards the degree in compliance with the SLQF level7.

4.7.3. that the students are informed before the commencement of the programme/course about the types of assessment, its alignment with the ILOs, timelines for assessment and the release of results, and issuing of transcripts. Students are also made aware of the code of conduct for preparation and submission of assignments, project work, and examinations process.

4.7.4. that the faculty has approved procedures for designing, setting, moderating, marking, grading, monitoring, and reviewing the assessment methods and standards of awards.

4.7.5. that the faculty provides regular training on methods of assessments to staff and ensures that staff members who are involved in assessing students are competent to undertake their roles and responsibilities, and have no conflict of interest.

4.7.6. that the student examination matters including examination planning are discussed as an agenda item at department meetings.

4.7.7. that the different components of the examinations are developed using

examination blueprints (subject or module-specific) to indicate the alignmentof assessment with ILOs and that examiner biases are minimum.

4.7.8. that the assessment methods and the marks assigned for each component are clearly stated in the student handbook and departmental log book and are made available to students.

4.7.9. that the assessments have a well-defined marking scheme, second marking, and procedures for recording and verifying marks to ensure transparency, fairness, and consistency.

4.7.10. the involvement of external examiners is an essential part of the assessment process to maintain the quality and standards. The external or second examiner follows blind marking and reconciles the marks when there is a major discrepancy between the two sets of marks.

4.7.11. that policies, regulations, and processes relating to assessments are clear and accessible to all stakeholders (students, academic staff, administrative staff, and internal and external examiners).

4.7.12. that the assessment and examination policies, practices, and procedures provide differently-abled students with the same opportunity as their peers to demonstrate the achievement of learning outcomes.

4.7.13. that the assessments are used to provide feedback to students to facilitate achieving the ILOs.

4.7.14. that the assessment is systematic and broad-based incorporating all aspects of learning including field-based training, laboratory training, and clinical training.

4.7.15. the use of both formative and summative assessments to track individual students' learning, and uses this information to ensure the achievement of ILOs; students are provided with regular, appropriate, and timely feedback on these assessments to promote effective learning.

4.7.16. that the complete transcript indicating the courses followed, grades obtained, and the grade and class is made available to students and relevant authorities upon request following graduation.

4.7.17. that the assessment regulations are strictly enforced and disciplinary procedures are in place for handling breaches of examination regulations by students, malpractices such as plagiarism, and violation of codes of conduct.

4.7.18. that the examination boards and panels are responsible for the timely release of results, and recording assessment decisions accurately; such records are maintained for a designated period of 12years.

4.7.19. that the departments, with the faculty approval, define the criteria to be fulfilled by the students in order to receive awards, medals, and prizes for the respective subjects. These criteria are approved by the Senate (and the council) of the RUSL.

4.7.20. that the staff carries out all aspects of assessment in a way that ensures the integrity of the assessment process and in turn the integrity of academic standards of each award. Further, faulty ensure the academic integrity of the award by maintaining the confidentiality and declaring conflicts of interest where applicable.

4.7.21. the collecting of examiners' feedback on the student performance.

4.7.22. the sharing of examiners' feedback on the student performance with all the stakeholders within and outside the faculty (including students), and planning and implementing remedial actions for quality improvement.

4.8. Policies on innovative and healthy practices

The faculty ensures,

4.8.1. the establishment and operation of a comprehensive and up-to-date ICT-based platform (LMS) by all departments of the faculty.

4.8.2. that the staff and students utilise Open Educational Resources (OER) to supplement teaching and learning.

4.8.3. that the complementarities between academic training, research and development (R&D), innovations, and industry engagement as core duties of academics.

4.8.4. the promotion of undergraduate research through multiple strategies.

4.8.5. the collaboration between various international, national, governmental, and non-governmental agencies.

4.8.6. that the diversified faculty sources of income complement the grants received through the Government by engaging in income-generating activities.

4.8.7. the promotion and provision of physical, financial, and human resources for cultural, charity, aesthetic, and sports events.

4.8.8. that the student participates in regional/national level competitions.

4.8.9. that regular feedback is obtained from students, academic staff, and non-academic staff on the administration processes of the faculty

4.9. Policies on quality assurance

The faculty ensures,

4.9.1. the establishment and functioning of the FQAC to maintain the quality of the academic programme and allied services within the faculty.

4.9.2. the regular internal reviews and follow-up activities in quality improvement.

4.9.3. the regular external reviews and national and international accreditations.

4.9.4. the implementation of follow-up actions recommended by internal and external reviewers and national and international accreditation agencies.

4.9.5. the monitoring of the implementation and internalisation of policies on nine major aspects of the MBBS programme management; (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, and, (9) Quality assurance.

5. Roles and Responsibilities

Implementing the policies related to the management of the MBBS programmeis the responsibility of every member of staff. For this approach to be successful, there must be clear lines of responsibility and accountability. Therefore, the faculty board shall delegate the specified duties to Units, Centres, Departments, committees established under the purview of the Faculty Board, and officials appointed by the Faculty Board to monitor the implementation and internalisation of the policies developed for the enhancement of quality in the faculty.

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