



ASIIN Seal

Accreditation Report

Medicine Study Programme

Bachelor of Medicine

Medical Doctor Profession Education

Provided by

Universitas Islam Bandung

Version: 26 June 2026

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A About the Accreditation Process

Name of the degree programme (in original language)	(Official) English translation of the name	Labels applied for ¹	Previous accreditation (issuing agency, validity)	Involved Technical Committees (TC) ²
Program Studi Pendidikan Dokter Tahap Akademik	Bachelor of Medicine	ASIIN	LAM PT-Kes (Superior/Unggul) Certificate number: 0651/LAM-PTKes/Akr/Sar/XI/2019 Validity period: 30 November 30th 2019 until November 29th 2024	14
Program Studi Pendidikan Dokter Tahap Profesi	Medical Doctor Profession Education	ASIIN	LAM PT-Kes (Superior/Unggul) Number 0652/LAM-PTKes/Akr/Pro/XI/2019 Validity period: 30 November 30th 2019 until November 29th 2024	14
Date of the contract: 01.08.2023 Submission of the final version of the self-assessment report: 09.09.2024 Date of the onsite visit: 29.-30.01.2025				
Peer panel: Prof. Dr. Valentin Stein, University of Bonn Prof. Dr. Gita Vita Soraya, Universitas Hasanuddin Dr. Janna-Lina Kerth, University Hospital of Düsseldorf Brian Arianto Tanuwidjaja, student at Universitas Gadjah Mada				

¹ ASIIN Seal for degree programmes

² TC: Technical Committee for the following subject areas: TC 14 - Medicine.

Representative of the ASIIN headquarter: Johann Jakob Winter	
Responsible decision-making committee: Accreditation Commission	
Criteria used: European Standards and Guidelines as of May 05.2015 ASIIN General Criteria, as of March 28, 2023	

B Characteristics of the Degree Programmes

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF ³	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Medicine Study Programme (Bachelor of Medicine/ Academic Stage)	Sarjana Kedokteran (S.Ked)/ Bachelor of Medicine	/	6	Full time	/	7 semesters	152 SKS credits / 228 ECTS credits	Once per year (September) 2004
Medicine Study Programme (Medical Doctor Profession Education/ Clinical Stage)	Dokter (dr)/ Doctor (dr)	/	6	Full time	/	4 semesters	65 SKS credits / 97.5 ECTS credits	Each semester 2008

Universitas Islam Bandung is one of the oldest private universities in Indonesia, located in the city of Bandung in the Western part of Java Island. It was originally established as the “Higher Islamic College” in 1958 and transformed into the Bandung Islamic University (UNISBA) in 1967. It disposes of two campuses and is parted into 10 faculties that offer 35 study programmes in total. The university aims at becoming an independent, advanced and leading Islamic higher education institution in Asia by 2033. Currently it is ranked as the number 125 university in Indonesia and among the top ten universities in Bandung (out of 25) by the platform EduRank. The accreditation procedure for the Medicine Study Programme is the first accreditation at this institution done by ASIIN.

As required by the Indonesian Ministry of Education, Culture, Research and Technology, the Medical Study Programme is divided into an academic stage, corresponding to a Bachelor’s degree, and a professional/ clinical stage of 2 years duration which entitles the graduates to practice as a professional doctor. Although, at an administrative level, the programmes are separated, UNISBA treats them as one comprehensive programme, which is therefore reflected in the terminology of this report. While the academic stage consists of theoretical education and practical teaching in Clinical Skills Labs at the UNISBA’s Faculty of Medicine, students have contact with real patients only in the professional stage. For

³ EQF = The European Qualifications Framework for lifelong learning

the implementation of this stage, the university cooperates with a main teaching hospital where most of the different rotations are conducted, as well as multiple smaller satellite hospitals and community health centres. Additionally, the programme relies also on an extensive network of industrial stakeholders as it offers the specialization of industrial community health and occupational health. As an Islamic university, UNISBA highlights the incorporation of Islamic values as a distinctive element of the graduates' profiles. Thus, Islamic teaching contents are integrated in the programme which specifically serves the need for doctors and health care professionals of the predominantly Muslim population in Indonesia. The programme provides 250 study places per yearly cohort and hosts students from all over Java.

The **Vision** of the Medical Study Programme is to produce medical graduates based on Islamic values with distinctive in Industrial Community Health.

The programme's **Objective** is producing graduates who have successful careers as medical doctors based on their ability to:

- Provide holistic and comprehensive health services and have good morals based on Islamic values, professional and competent.
- Think critically and have the ability of science literacy, technological literacy, and data literacy to improve the degree of public health.
- Contribute to social development and solve health problems in the community and act as an innovator, creative and upholding the value of professional ethics.
- Provide professional services in the community health industry.

On its website, UNISBA's Faculty of Medicine describes the programme and its two stages as follows:

Academic stage:

"The academic stage of the Medical Education Study Program is undergraduate education that prepares students to have jobs with special skill requirements. The learning process in the undergraduate medical education program uses an integrated learning approach, based on problem and competency-based learning which encourages students to actively learn independently as preparation for lifelong learning.

The FK UNISBA medical undergraduate education process since the 2015/2016 academic year can be taken for a minimum of seven (7) semesters up to a maximum of 14 semesters. The educational time limit starts from the time you are registered as a student in the first semester. The cumulative study load required to complete the academic stage is 146 credits.

At this academic stage students will take part in various learning activities that refer to active student center learning, which includes lecture activities, tutorial activities, practicals skill (clinical skills) and laboratory practicum which are held in an integrated manner in the body systems module. In some programs, students are required to complete assignments, such as reading textbooks or scientific journals, compiling activity reports, and so on. At the end of the academic stage students are required to make one minor thesis or a thesis on a chosen topic (elective projects) according to student interests carried out individually at the end of the undergraduate education program, as one of the program graduation requirements. Graduates of this program produce a Bachelor of Medicine (S.Ked)."

Professional Stage:

"The professional stage is a continuation of the academic stage in the Medical Education Study Program. Professional medical education is one of the professional education programs which aims to produce doctors who are able to carry out their professional duties and always have the desire to improve and develop themselves in accordance with the demands of a doctor's professionalism. Through complete medical education, it is hoped that graduates of the medical profession will have the attitude and personality needed to carry out their profession. The clerkship period or professional stage is carried out for 4 semesters. At the end of this stage students will receive the title of doctor (dr.) as recognition of their profession."

C Expert Report for the ASIIN Seal

1. The degree programme: concept, content & implementation

Criterion 1.1 Objectives and learning outcomes of a degree programme (intended qualifications profile)

Evidence:

- Self-Assessment Report
- Curricular overviews of both stages
- Curriculum book
- Graduate profile matrix
- Objective-module matrices of both study stages
- Diploma Supplement
- Website of the Faculty of Medicine: <https://fk.unisba.ac.id/en/>
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Both the academic and the professional stage are part of the Medical Study Programme offered by the Faculty of Medicine at Universitas Islam Bandung (UNISBA). The experts base their assessment of the learning outcomes as provided on the websites of the programme and in the Self-Assessment Report.

Based on the vision and objective of the programme the faculty has developed the following Graduate Profile which also refers to the international standards of the World Health Organization (WHO), the national Indonesian Medical Doctor Standard of Competencies 2012, as well as the graduate's professional careers monitored by a tracer study. It comprises of four parts:

1. Practitioners/clinicians: Professional and competent care providers who have good morals based on Islamic values and have the ability to provide comprehensive health services.

2. Scholars: Scholars especially in medical science who are able to think critically, creatively, and innovatively. Doctors are communicators and dispose of science literacy, technological literacy, and data literacy to improve the degree of public health.
3. Community leaders: Doctors as responsive agents of change and managers who uphold the value of professional ethics and contribute to social development and solving health problems.
4. Professional in Industrial Community Health: Doctors as decision-makers who are able to provide professional in the field of industrial community health.

Targeting these graduate profile roles, UNISBA has developed a learning outcome and competence framework for the programmes, also called subject-specific criteria (SSC). The formulation of these SSC refers to the World Federation of Medical Education (WFME) and the university's Regulation of the Rector Number 241/A.18/SK/REK/XI/2022 about Curriculum Arrangement of OBE Guideline. The SSC describe the various abilities students should achieve until the end of an educational programme and reflect knowledge, skills, and values. They must contain clear activity formulations for students and be measurable by appropriate assessment methods. The SSC are divided into generic and social skills, as displayed in the appendix.

A matrix relates the SSC with the Graduate Profile of the programme. The SSC are translated into a cluster of learning outcomes for the programme, which is connected with the individual modules by means of an objective-module matrix. Accordingly, the curriculum was designed by the faculty in collaboration with various stakeholders, among which were users in healthcare services, health district officers, industrial community practitioners, primary healthcare physicians, and alumni. The curriculum of the programme focuses on three specific aspects: occupational health, environmental and ecological health, and community health affected by industry.

While the experts are generally satisfied with the graduate profile and the formulated SSC for the aggregate of the programme and confirm that they adequately reflect the targeted academic and professional qualification on the level EQF 6, they point out that the SSC defined in the curriculum book are formulated differently and are separated for the two stages of the programme. As the two stages of the programme lead to two different degrees, the experts opine that also the learning outcomes need to be distinguished and ask UNISBA for clarification in that regard. Also, even though a lot of information is published on the programmes' website, the experts cannot find the learning outcomes there and, as this is crucial information about the programme, require UNISBA to transparently publish the learning outcomes to be accessible for all relevant stakeholders.

Moreover, the learning outcomes displayed on the Diploma Supplement differ even structurally from the SSC. The programme coordinators explain that this is due to the fact that, so far, no cohort has completed the new outcome-based curriculum yet, which was introduced in 2022. Therefore, the learning outcomes displayed on the provided examples of the Diploma Supplement still reflect the old curriculum. The experts acknowledge this explanation but, as conciseness and harmonization are crucial in that regard, ask UNISBA to provide a template of the Diploma Supplement with the new learning outcomes.

The experts also inquire about the fulfilment of the different roles of the graduate profile and learn that Indonesia is currently in need for doctors as the country's population is growing and the awareness for the importance of health is increasing. The programme coordinators further explain that, as more than 85% of the population is Muslim, the demand for personnel in Islamic hospitals is particularly high. Therefore, the medical education which integrates the awareness for and application of Islamic values, as provided by UNISBA as an Islamic university, is highly sought after and a reason for many students to choose this university. Also, the representatives of potential employers state that they closely collaborate with UNISBA because of their need for students with the knowledge of Islamic concepts in all aspect of hospital services. Under the impression that the main application of graduates is medical practitioners, the experts inquire about the job opportunities of graduates who only complete the academic stage of the programme. The programme coordinators explain that almost all graduates of the academic stage also continue the professional programme. The apparent reduction of students in the professional programme as displayed in the statistics is due to students who cannot graduate the academic stage on time or need remedial examinations to achieve a GPA that qualifies them for continuing the professional programme (see also section 1.4). The few students who do not take the professional stage usually work in managerial positions in the health sector. The experts are satisfied with this explanation.

Lastly, the experts are curious about the reason why UNISBA chose industrial respectively occupational health as its specializations. According to the programme coordinators this choice was made in accordance with all relevant stakeholders as the province of West Java has a growing industrial sector which also demands medical professionals. In addition to their academic degrees, students at UNISBA can obtain a special certificate of industrial health which certifies their special qualification in this field and opens up additional job opportunities. The students confirm their interest in this field of specialization and highlight it as a benefit, that the respective rotation in the clinical stage is conducted not only at the hospital, but also an industrial environment which gives them insight into another setting too. The representatives of the Rector's office further explain that, as part of UNISBA's

strategic planning, a specialist programme for obstetrics, community health and occupational health is in planning which would additionally benefit the university's reputation as, so far, there is only one specialist programme of this kind in Indonesia.

In terms of a regular review of the programmes' intended competence profiles, the Self-Assessment Report specifies that the Medical Education Unit bears the responsibility of reviewing and adjusting the programme. This process involves both internal as well as external stakeholders including students, lecturers, alumni, and clinical teachers in teaching hospitals, as the representatives of these stakeholder groups confirm during the on-site visit.

In summary, the experts confirm that the intended competence profile of the medical programme as a whole is described briefly and concisely. These objectives and learning outcomes reflect the targeted academic qualification and ensure a professional qualification on the level EQF 6. However, the experts note partly diverging information in different documents, whether the intended competence profile is specified for both stages of the programme or not. Given that the stages lead to two different degrees and are also separated administratively, the experts require to specify two different profiles and sets of learning outcomes. Moreover, the experts require UNISBA to transparently publish the learning outcomes for all stakeholders and interested third parties. The specialization in industrial health which is reflected in the additional certificate adds to the relevance and attractiveness of the programmes. The experts further confirm the learning outcomes in their relevance for both the labour market and society are regularly reviewed and accordingly adapted in a process that involves the relevant stakeholders.

Criterion 1.2 Name of the degree programme

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to a regulation of the Indonesian Ministry of Education, Culture, Research, and Technology, the name of a study programme must reflect its learning outcomes and curricular contents. The experts confirm that the English translation and the original Indonesian names of the degree programme under review, including the academic and professional stage, correspond with the intended aims and learning outcomes (SSC) as well as the main course language (Indonesian).

Criterion 1.3 Curriculum

Evidence:

- Self-Assessment Report
- Study plans
- Curriculum handbook
- Academic handbook
- Module descriptions
- Programme handbook
- Process outline to organize student mobility
- Statistics on student mobility
- Website of the Faculty of Medicine
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the curricula of both the academic and the professional stage are designed to implement the programme objectives and SSC according to an outcome-based education concept. The overall approach applies the spiral curriculum method which, according to the curriculum handbook, provides “the students with opportunities to relearn how to make connections between different concepts, information and deepen their understanding of knowledge and skills.” The curriculum is implemented based on the following six principles:

- Student-centered: active involvement of the students in every learning process
- Problem-based: learning methods based on real-world cases
- Integrated: overcoming a strict separation between pre-clinical and clinical competencies
- Community-based: curricular focus on health problems of the community
- Electively: options for student’s individual curricular choices
- Systematic: taxonomy of learning through a sequential approach learning from basic to advanced skills and knowledge

The curriculum of the Medical Study Programme is divided into three phases:

1. Foundations of Medical Sciences
2. Basic Theory of Clinical Science and Specific Content Advantages

3. Medical practice

The first two phases belong to the academic stage of the programme, while the third phase is completed in the clinical/professional stage. Between the two stages, students must participate in a 2-week clerkship activity which introduces them to the practical hospital environment and supports the transition from theoretical to practical education. There is a main teaching hospital as well as 7 affiliated teaching hospitals and 5 teaching community health centres which provide the hospital teaching. Students are divided into groups and get to know the different hospital divisions in rotation throughout the 4 semesters of the clinical/professional stage.

As explained in the Self-Assessment Report, the curricula of the programmes are structured in a modular way.⁴ The module contents are based on specific Course Learning Outcomes (CLO), which align the specific learning aspects of the courses to the SSC. Both these levels of learning outcomes are also stated in the module descriptions. The currently applied curricula were implemented in the academic year 2023/24 .

The academic stage of the programme is designed for 7 semesters during which a total of 152 SKS credit points (corresponding to 209 ECTS credit points) have to be achieved. The schedule has a fixed structure comprising 52 modules. Only in the final semester there is one elective module slot with three options. Besides the core medical courses, the curriculum includes also courses on Indonesian language and state philosophy (“Pancasila”), which are compulsory in all undergraduate study programmes in Indonesia. Moreover, there are seven “Islamic Education” modules which are compulsory on the university level. The last three semesters contain one research-focused module each which introduces students to the competencies of scientific work and leads to the preparation of the final thesis. The thesis encompasses a research project in form of literature study, clinical or field research to be conducted by each student individually under the supervision of at least one lecturer. As displayed in the figure below, each semester is split into two blocks.

The clinical stage lasts 4 semesters during which 18 modules with a total workload of 65 SKS (corresponding to 121 ECTS credit points) must be completed. In this stage, the courses are not organized as modules with weekly learning activities but are defined as mandatory durations which the students pass in the different clinical departments of the hospitals. The main departments with an attendance of 11 weeks each are Internal Medicine, Obstetrics and Gynecology, Surgery, and Pediatrics. For the other departments, among which are e.g.

⁴ The university employs the term “course”, which captures the same concept of a self-contained unit of the curriculum as the term “module”. Given that the ASIIN criteria refer to “modules”, this term is used in the following.

Public Health, Psychiatry, Neurology, Radiology, and Rehabilitation, 1 to 5 weeks are determined. In total, 84 weeks of learning have to be completed. In addition, there is a 2-week workshop on “Industrial Hygiene and Occupational Health” given by the Ministry of Manpower the Republic of Indonesia and a one-week “Islamic Boarding School for Clinical Stage” (camp) for prospective doctors.

The curricula of both stages are displayed in the appendix and the overall structure is outlined in the following figure:

C Expert Report for the ASIIN Seal

YEAR 1																						
PHASE 1 : FOUNDATION OF MEDICINE										PHASE 2 : INTEGRATED MEDICINE												
SEMESTER 1										SEMESTER 2												
Learning Skills and critical thinking (2 sks)	Biomedic 1/ (Molecular Biology, Genetic and Cell) (5 sks)	MID-TERM EXAM	SOCCA & LAB EXAM	Biomedic 2 / (Tissue and organ) (3 sks)	Biomedic 3/ (Basic Diagnostic and Therapy) (4 sks)	FINAL EXAM	SOCCA & LAB EXAM	REMEDIAL	ISLAMIC STUDENT BOARDING SCHOOL	Hematology and Onkology System (4 sks)	Special Sense System (3 sks)	MID-TERM EXAM	SOCCA & LAB EXAM	Dermatomusculoskeletal System (7 sks)			FINAL EXAM	SOCCA & LAB EXAM	OSCE	REMEDIAL	ANNUAL REMEDIAL	
Islamic Religious Education 1(Aqidah) (2 sks)				Islamic Religious Education 1(Aqidah) (2 sks)						Clinical Skill Programme 1 (1 sks)				Bioethics & Humaniora 1 (Medical Ethics) (2 sks)								
Pancasila (2 sks)				Pancasila (2 sks)						Public Health and Community Medicine 1 (2 sks)				Public Health and Community Medicine 1 (2 sks)								
Indonesian Language (2 sks)				Indonesian Language (2 sks)						Islamic Religious Education II (Islamic Student Boarding School) (1 sks)				Islamic Religious Education II (Islamic Student Boarding School) (1 sks)								
Effective Doctor Communication (2 sks)				Effective Doctor Communication (2 sks)						Civil Education (2 sks)				Civil Education (2 sks)								
YEAR 2																						
PHASE 2 : INTEGRATED MEDICINE																						
SEMESTER 3										SEMESTER 4												
Neurobehaviour System (7 sks)		MID-TERM EXAM	SOCCA & LAB EXAM	Endocrine and Metabolism System (7 sks)		FINAL EXAM	SOCCA & LAB EXAM	OSCE	REMEDIAL	Reproductive System (7 sks)		MID-TERM EXAM	SOCCA & LAB EXAM	Genitourinary System (4 sks)	Immunology System (3 sks)	FINAL EXAM	SOCCA & LAB EXAM	OSCE	REMEDIAL	ANNUAL REMEDIAL		
Clinical Skill Programme 2 (1 sks)				Clinical Skill Programme 2 (1 sks)						Clinical Skill Programme 3 (1 sks)				Clinical Skill Programme 3 (1 sks)								
Islamic Education III (Fiqh-Human interrelationship) (1 sks)				Islamic Education III (Fiqh-Human interrelationship) (1 sks)						Islamic Education IV / (Akhlq)				Islamic Education IV / (Akhlq)								
Bioethics & Humaniora 2 (Sociology and Medical Anthropology) (2 sks)				Bioethics & Humaniora 2 (Sociology and Medical Anthropology) (2 sks)						Bioethics & Humaniora 3 (Medical Law) (1 sks)				Bioethics & Humaniora 3 (Medical Law) (1 sks)								
Epidemiology (2 sks)				Epidemiology (2 sks)						Public Health and Community Medicine 2 (2 sks)				Public Health and Community Medicine 2 (2 sks)								
English Language (2 sks)				English Language (2 sks)						Biostatistic (2 sks)				Biostatistic (2 sks)								
YEAR 3																						
PHASE 2 : INTEGRATED MEDICINE																						
SEMESTER 5										SEMESTER 6												
Gastrointestinal System (7 sks)		MID-TERM EXAM	SOCCA & LAB EXAM	Respiration System (7 sks)		FINAL EXAM	SOCCA & LAB EXAM	OSCE	REMEDIAL	Cardiovascular System (7 sks)		MID-TERM EXAM	SOCCA & LAB EXAM	Tropical Medicine System (7 sks)			FINAL EXAM	SOCCA & LAB EXAM	OSCE	REMEDIAL	ANNUAL REMEDIAL	
Clinical Skill Programme 4 (1 sks)				Clinical Skill Programme 4 (1 sks)						Clinical Skill Programme 5 (1 sks)				Clinical Skill Programme 5 (1 sks)								
Islamic Religious Education V (History of Islamic Civilization) (1 sks)				Islamic Religious Education V (History of Islamic Civilization) (1 sks)						Islamic religious Education VI / (Islamic thought) (1 sks)				Islamic religious Education VI / (Islamic thought) (1 sks)								
Public Health and Community Medicine 3 (2 sks)				Public Health and Community Medicine 3 (2 sks)						Bioethics and Humaniora 5 (Professionalism and Inter Profesional Education) (2 sks)				Bioethics and Humaniora 5 (Professionalism and Inter Profesional Education) (2 sks)								
Bioethics & Humaniora 4 (Bioethics) (2 sks)				Bioethics & Humaniora 4 (Bioethics) (2 sks)						Family Medicine (1 sks)				Family Medicine (1 sks)								
Research Methodology (2 sks)				Research Methodology (2 sks)						Public Health and Community Medicine 4 (3 sks)				Public Health and Community Medicine 4 (3 sks)								
										Research Proposal (1 sks)				Research Proposal (1 sks)								
YEAR 4																						
PHASE 2 : INTEGRATED MEDICINE										YEAR 5 (CLINICAL STAGE)												
SEMESTER 7										PHASE 3 : MEDICAL PRACTICE												
Emergency & Disaster Relief Medicine (6 sks)		MID-TERM EXAM	SOCCA & LAB EXAM	Industrial Community Health (4 sks)		SOCCA & LAB EXAM	OSCE	FINAL EXAM	UNDERGRADUATE SESSION	REMEDIAL	ANNUAL REMEDIAL	PRE CLINICAL STAGE	CLINICAL STAGE ROTATION									
Clinical Skill Programme 6 (1 sks)				Clinical Skill Programme 6 (1 sks)																		
Islamic Religious Education VII / Islam on Medical discipline (2 sks)				Islamic Religious Education VII / Islam on Medical discipline (2 sks)																		
Elective Healthy Aging *) / Elective Naturopathy and Herbal Medicine *) / Elective Sport Medicine *) (2 sks)				Elective Healthy Aging *) / Elective Naturopathy and Herbal Medicine *) / Elective Sport Medicine *) (2 sks)																		
Minor thesis (5 sks)				Minor thesis (5 sks)																		
PHASE 3 : MEDICAL PRACTICE																						
CLINICAL STAGE ROTATION																						
PHASE 3 : MEDICAL PRACTICE																						
CLINICAL STAGE ROTATION														POST ROTASI KLINIK								

The experts are generally satisfied with the curricular structure and contents of the programme. However, with respect to the multiple “Islamic Education” modules, they discuss the concept, background and benefit of Islamic integration in the curriculum in all interview sessions. As described in section 1.1, the programme coordinators explain that the Muslim community in Indonesia, especially in rural areas, prefer doctors with a Muslim background respectively a higher Islamic education to take the Islamic values in the treatment of people in medical services into account. However, the lecturers report that 6 out of the 7 “Islamic Education” modules are university compulsory modules for every programme at UNISBA and are therefore taught at the university with the learning objective of “understanding religion”. Only the seventh module is taught at the Faculty of Medicine and specifically deals with medicine in Islam and vice versa. The students, almost all of them Muslims themselves, are satisfied with integration of Islam in the curriculum and highlight it as UNISBA’s distinctive feature. Lastly, the experts discuss with the representatives of potential employers and professional organizations what the differences in the education and competencies are between an Islamic and a non-Islamic curriculum are. They explain that the notable difference is the criterion of attitude which UNISBA students are particularly aware of and which is well-regarded by both patients and the administration in hospitals. Based on these statements and judging from the module descriptions, the experts are satisfied to confirm that the inclusion of these religious and non-subject-related modules do not pose an obstacle to the academic freedom of teaching and research.

Furthermore, as the experts deem this a crucial node in the medical education pathway, they enquire about the transition between the academic and the clinical stage which constitutes the cut-off date from which on students have to work with real patients. The students report that they encounter this transition from mannequins to real clinical situations as challenging but that the university supports them well in successfully managing this transition. Specifically for that, a “Pre-clinical rotation” was introduced in the latest curriculum review which serves as a period in the hospital setting to familiarize the students with this new environment and the challenges of working with real patients. Also, real patients are exemplarily used for selected exercises already in the Clinical Skills Labs of the academic stage. While the experts deem this a very sensible approach of facilitating this transition, they wonder why this rotation is not contained in the curricular overviews or module handbooks of neither the programmes. Thus, they point out and require that all compulsory components of the programmes need to be documented and awarded with a respective number of credits. As a further measure to facilitate this transition, the experts note the comments of both students and potential employers, that an increased focus on the topic of patient communication would be beneficial. Among others, this specifically regards soft

skills and communication skills for the young to effectively and sensitively communicate with patients, of which a large share is part of an older generation with different communication habits. As the experts agree that patient communication has become and will also increase in its importance for medical doctors, they recommend increasing the focus on this topic in the curriculum.

An additional remark by the representatives of potential employers and professional associations, who generally stress their overall satisfaction with UNISBA's curriculum and the qualification the students obtain through it, is that they would highly value a better understanding of organizational and economic issues in the medical field. As examples they mention the understanding of (the Indonesian) health insurance system, as well as the ability to understand and work with both national and international policies and guidelines in the medical field. The experts affirm the importance of these topics and deem it a sensible option to include these topics into the curriculum of the academic stage. Thus, they recommend integrating knowledge and methodological skills regarding health systems and health policy into the curriculum.

In summary, the experts confirm that the curricula of both the academic and the clinical stage enable the students to achieve the respective learning outcomes. Each module represents a well-matched unit of teaching and learning which is outlined by course learning outcomes contained in the module descriptions. However, the experts point out that all compulsory components of the curriculum, including the pre-clinical rotation of the clinical stage, need to be documented and awarded with credits accordingly. As a content-related recommendation, the experts point towards the benefit of integrating knowledge and methodological skills regarding health systems and health policy into the curriculum.

Internationalization and student mobility

According to the Self-Assessment Report UNISBA supports student mobility through the Independent Learning Campus Programmes (Kampus Merdeka, MBKM). Kampus Merdeka is an Indonesian national initiative that promotes the opportunity for students to obtain parts of their credit points from learning activities outside their home university, such as internships, courses at different universities, and student exchanges. Although this mainly targets the exchange of students between national Indonesian universities, the programme coordinators explain that UNISBA's Faculty of Medicine has so far also realized outgoing student mobility activities to Portugal, Singapore, Kuala Lumpur, and Malaysia. Specifically for students in the clinical stage, there is a collaboration with the Yangtze University in China. Besides that, the Faculty of Medicine has hosted incoming international students among others from Croatia, Russia, Turkey and Singapore. However, it is reported that

UNISBA's mobility programmes have not yet recovered after the mobility restrictions of the Covid 19 pandemic.

During the interview sessions with the students the experts learn that multiple participants have been part of international exchange activities and that they positively assess the support by the university. This regards among others the flexible integration of mobility periods, the uncomplicated recognition of credits that were obtained at different universities, as well as the support of the staff to obtain funding for their mobility activities. The main funding sources are the Indonesian International Student Mobility Awards for which all Indonesian students can apply, and which is therefore very competitive. Additionally, there is a smaller faculty level mobility fund. Still, the number of interested students exceeds number of provided places in mobility programmes and, looking on the university-level mobility statistics, the experts also note that the number of participants in mobility activities is much higher in other programmes. Therefore, they recommend to further foster both incoming and outgoing international student mobility for the medical students.

Besides that, the university also tries to increase the number of international students completing entire degrees at UNISBA. According to the representatives of the Rector's office, there are different scholarships to incentivize international students, as well as a newly set up Buddy programme to accommodate and guide international students. This includes also special guidance for learning Bahasa Indonesia which is used as instruction language in almost all modules. Among the medical students present in the interview session, there is one student from Malaysia who confirms the extensive support mechanism for international students. Although the language is a hindering factor in the beginning, the support of both students and teaching staff helps to compensate for the shortcomings, and the fact that most of the teaching materials are in English language enables internationals to study the programmes.

In summary, the experts confirm that UNISBA promotes student mobility through an appropriate framework, which is currently being expanded. However, the number of both the outbound and inbound mobility programme places, specifically for the medical programmes, should be further improved.

Curriculum Review

According to the Self-Assessment Report, the curricula are subject to constant revision processes to always reflect the current qualification demand and the development of the study field (see chapter 5). As such, the curricula of both stages are reviewed regularly every five years and commented on by students and teachers as well as by external stakeholders such as alumni, public authorities in the medical field, and partners from the private sector. Dur-

ing the on-site visit, it becomes clear that UNISBA relies on an extensive network of stakeholders both among hospitals and medical practitioners as well as related industries. The present representatives confirm that they are involved in the curriculum development through informal and formal channels. Besides the major curriculum review every five years, formal channels include monthly curriculum discussion sessions conducted at the university as well as the communication channels established for the coordination of internships and the clinical rotation. The students also confirm their involvement in the curriculum development through forum discussion which is organized by the faculty student council and which forwards and discusses the input of the students with the programme coordinators. Content-related feedback can also be given via the course questionnaires conducted after the end of every module.

Furthermore, the modules are evaluated every six months by the Faculty Quality Assurance Units to ensure the quality of learning in the study programme. As an additional instrument of quality management, the respective module team also reviews the micro curriculum on an annual basis. Regular changes are made to ensure that the curricula are up to modern standards and the respective evaluation reports are published on the integrated information system of the Quality Assurance Unit.

As part of this process, the curricula of both stages were adapted based on the 2022 curriculum evaluation. As listed in the curriculum handbook, the new curriculum which is applied since the start of the academic year 2023/24 incorporates the following changes for the academic stage:

- “The block system order
- The duration of some modules increases and decreases
- The credit load of the module changes to adjust with the duration
- A creation of a separate basic clinical skills module as many as 6 modules (1 credit each) that
- was previously incorporated with the system organ module
- Total number of credits changes from 146 to 152 SKS”

For the clinical stage, the following changes were made:

- “Duration in the 4 major departments is reduced by 1 week each and the credits are reduced by 1 credit each.
- The duration in several departments, such as the anesthesiology & intensive therapy section, public health science, psychiatry, dermatology & venereology science, ENT science, dental & oral disease science, will be reduced each by 1 week.

- The duration in the Industrial Community Health department, which is the distinctive quality content of the Faculty of Medicine of UNISBA, will be increased to 3 weeks.”

Further considerations and changes related to the curriculum based on different stakeholder groups are also displayed in the programme handbook. Overall, all involved parties confirm their satisfaction with the curriculum and their involvement in the review process. However, as a critique particularly from the teaching staff, the experts learn that the standard duration of the academic stage was reduced from 8 to 7 semesters as induced by the newly released, nationally regulated Indonesian standard curriculum for medical education. Part of this change was the reduction of the duration of multiple modules as well as a modification and cut of the basic sciences subjects. While the experts deem curriculum and the respectively available time to cover the teaching contents as sufficient, they note the teaching staffs’ comment that the longer version of the curriculum would be preferred.

In summary, the experts confirm that the curricula of both stages are periodically reviewed with regard to the implementation of the programme objectives. Both internal as well as external stakeholders are formally involved in the processes and have multiple channels to give feedback for the further development of the programme.

Criterion 1.4 Admission requirements

Evidence:

- Self-Assessment Report
- UNISBA Admission Guidelines
- UNISBA admission websites: <https://admission.unisba.ac.id/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As UNISBA is a private university, its admission criteria and pathways differ from the ordinary regulations for public universities in Indonesia. The UNISBA admission guidelines specify the requirements and process for an application to the university and the Medical Study Programme. The basic requirement for entering the Medical Study Programme is a high school degree with a major in natural science. Both stages have a maximum capacity of 250 students per cohort. The entire student admission process including application, selection, and registration is carried out and managed online via UNISBA’s new student admission website.

For the academic stage, there are two different admission systems in place:

1. regular admission test
2. invitations for excellent students

The regular admission tests are carried out regularly and consist of a psychometric exam using Minnesota Multiphasic Personality Inventory (MMPI) and a written test on the topics of Islamic religion, English language, natural sciences and biology. Cohort statistics of applications, admission and registration are displayed in the following table taken from the Self-Assessment Report:

No.	Academic Year	Faculty of Medicine Unisba (Academic Stage)						
		Applicant	Accepted				Registered	
		Σ	Σ	%	Ratio		Σ	%
1 .	2019/2020	2011	234	12	1:8	0.12	195	83
2 .	2020/2021	2040	220	15	1:7	0.15	188	85
3 .	2021/2022	3063	307	13	1:8	0.13	251	82
4 .	2022/2023	2416	296	15	1:7	0.15	229	77

The clinical stage is a consecutive programme connected with the academic stage. Because of that, as elaborated in the Self-Assessment Report, only graduates of UNISBA's own Medical Study Programme's academic stage can enter the clinical stage. Students can enter this stage every semester. The main entry requirements are a minimum Bachelor GPA of 2.75, a minimum TOEFL score of 475, a placement test, and an interview with an academic counsellor. The average starting size per cohort is 191 students, with an admission rate of near 100 % in almost all cohorts.

While the experts are generally satisfied with UNISBA's admission regulation, they enquire whether the admission is restricted to Muslim applicants, given the university's Islamic affiliation. They are satisfied to learn that UNISBA hosts students of all religious affiliations and are satisfied that there is no religious discrimination in that regard. The programme coordinators explain in that regard that the commitment to Islamic values does not mean that the doctors need to be Muslim, but that they build a strong awareness of these values for their work in the medical sector which relies on close patient contact. Nevertheless, the large majority of students are Muslim given that 85% of the Indonesian population is Muslim and that, as it is explained, many Muslim parents prefer to send children to Islamic universities.

In terms of the admission numbers, the experts wonder about the notable surge of the application numbers for the academic year 2021/2022. The representatives of the Rector's office explain that UNISBA has started to engage in marketing measures to increase the number of applicants and students. These include among others the active use of social media channels as well as the so-called UNISBA expo, an "education fair" on campus to which high school students are invited. Another reason is a backlog of students after the Covid 19 pandemic.

The experts also positively acknowledge that the admission policy commits to non-discrimination and explicitly proclaims the admission of economically disadvantaged as well as disabled students. However, despite this commitment, there is still a regulation that excludes students with colour blindness from entering the programme, which the programme coordinators explain as a "safety measure" promoted by professional associations. Given that, with the help of modern support mechanisms, there is no more reason to treat partial blindness as a safety risk in medical professions, the experts consider this regulation as discriminatory and require UNISBA to abandon it.

Moreover, the experts inquire why the admission to the clinical stage is limited to Bachelor graduates of UNISBA. The programme coordinators explain that this restriction was recently introduced on purpose because of problems with the academic standards of students admitted from other universities in the past. A second reason is that UNISBA considers the medical education as one integrated programme which is separated only in administrative terms because of the national regulation. This becomes apparent among others in the above-mentioned pre-clinical rotation which links the academic and the clinical stage of the programme and is a particular feature of UNISBA's programme in comparison with other medical programmes in Indonesia. Therefore, the experts are satisfied, but nevertheless suggest that, with adequate mechanisms to ensure the entrance qualification, the possibility of admitting graduates from other institutions would benefit the academic exchange of students in the programme.

In summary, the experts confirm that the admission requirements and procedures are binding, transparent, and ensure the necessary prior qualification of students. However, the still applied discriminatory admission restraint for students with colour blindness is required to be abandoned.

Criterion 1.5 Workload and Credits

Evidence:

- Self-Assessment Report

- Curricular overviews of both stages
- Module handbooks of both stages
- Academic handbook
- Credit conversion guideline
- Survey of student satisfaction related to the workload
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained in the Self-Assessment Report, UNISBA applies the SKS credit system established by the Indonesian Ministry of Education, Culture, Research, and Technology, to document the importance and workload of the modules. One SKS credit comprises 16 semester weeks of learning activities, among which 14 weeks are counted as regular lecturing period. The two remaining weeks are accounted for midterm and final examinations. One credit unit comprises 170 minutes of learning activities. For theoretical classes like lectures and tutorials, these consist of 50 minutes of face-to-face interaction, 60 minutes of structured assignments, and 60 minutes of independent activities per week per semester. On the other hand, for seminar classes, the designated workload is divided into 100 minutes on-site learning activities and 70 minutes independent learning activities. For classes like practicums, workshop practices, field practices, and community service, which also includes the clinical rotation in the clinical stage, one credit is defined as 170 minutes workload per semester week, independent from the form of used learning activities.

In the academic stage, the credit load ranges between 20 and 23 SKS credits per semester, yielding a total of 152 SKS (209 ECTS) credits which complies with the minimum number of credits required for a Bachelor's degree. Each semester consists of 6 to 8 modules while the modules' individual credit load varies between 1 and 7 SKS credits.

The credit load of the clinical stage is 65 SKS (121 ECTS) credits to be acquired in 84 weeks of clinical practice.

Based on the regulations regarding the credits, the experts confirm that a workload-based credit system is implemented which accounts for both contact hours and self-study time. For the academic stage, they assess the allocated credit numbers to be realistic for delivering the designated module contents, well-distributed over the curriculum to avoid structural workload peaks, and suitable for students to complete the programme in the standard period of study. However, looking at the number of credits in the clinical stage, they wonder why the average credit load per semester is significantly lower than in the academic stage (about 16 in the clinical stage compared to 21 in the academic stage). On the other hand, in terms of ECTS credits, the relationship of credit numbers between the

academic and the clinical stage appears more reasonable which points towards inconsistencies in the credit conversion (see below). As the workload in the clinical stage appears not to be lower than in the academic stage and the definition of 1 SKS credit is the same in both stages, the experts require UNISBA to harmonize the credit allocation. However, as noted in section 1.3 they question whether the pre-clinical rotation is a compulsory component of the programme and, in case it is, require UNISBA to include it in the curriculum and award credits accordingly.

Nevertheless, as the experts positively note, the statistics show that students are generally able to graduate the programme in time. Also, the share of drop-out students which is below 5% shows that the designated workload distribution enables the students to successfully study and graduate from the programme.

According to the Self-Assessment Report, an evaluation of the workload was conducted among students and lecturers to constitute a basis for the allocation of the credits to the modules. During the on-site visit, the programme coordinators explain that the workload is assessed every semester as part of the course surveys which is confirmed by the students. The students express their overall satisfaction with the workload although it is assessed to be high. Still, they positively mention that their issue of work overload due to extensive night shifts in some rotations of the clinical stage was accommodated based on their complaints and feedback in the surveys, which pleases the experts. They confirm that the workload is monitored on a regular basis in a process that also involves the students.

As regulated in UNISBA's credit conversion guideline, the SKS credits are also converted into the ECTS credit system by means of a fix conversion rate of 1.6 ECTS per SKS credit. The rationale behind this conversion is the following calculation:

Number of credits	Conversion Calculation	Description
1 CREDIT	$= 170 \text{ minutes/ week/ semester}$ $= 170 \text{ minutes} \times 14 \text{ weeks}$ $= 2,380 \text{ minutes} = 39.7 \text{ hours}$	Form of Learning 1 (one) credit in the learning process in the form of lectures, receptions, or tutorials, consists of: - learning process activities 50 (fifty) minutes per week per semester; - structured assignment activities 60 (sixty) minutes per week per semester; and - independent activities 60 (sixty) minutes per week per semester - 1 semester = 16 weeks including 2 weeks for midterm and final semester exams.
	$= 39.7 \text{ hours} / 25 \text{ hours}$ $= 1.6 \text{ ECTS}$	- 1 semester consists of 2 quarters - 1 quarter = 12.5 - 15 ECTS - so set 1 quarter = 15 ECTS, as the maximum standard - 1 ECTS = 25 - 30 hours, so set 1 ECTS = 25 hours as the minimum standard

The experts deem it very beneficial in terms of the strive for internationalization to convert the national credits also in ECTS points. They assess the conversion policy as well-founded and suitable for adequately transferring the credit numbers. As a note regarding this policy which currently takes only 14 weeks as calculation basis for the total number of hours per credit point, they suggest including also the 2 weeks of examinations as they are officially part of the semester and are also connected to workload for the students. Besides that, however, looking at the credit numbers displayed in different documents, in the first place the module handbook, the experts note that the credit conversion policy is not consistently applied for all modules. Multiple modules with the same number of SKS credits are transferred to different ECTS numbers. This also becomes apparent when multiplying the total number of SKS credits of the stages with the designated factor of 1.6, which results in different numbers of ECTS than stipulated in the documents. It generally appears, that one SKS credit point in the clinical stage accounts for more ECTS points than in the clinical stage. Therefore, the experts require UNISBA to review and consistently apply the credit conversion policy.

In summary, the experts confirm that a credit system based on the student workload is implemented, which accounts for both lecturing and self-study times. The designated workload of the modules in the academic stage appears to be realistic and is monitored on a regular basis. However, in relation to the credit allocation in the clinical stage, there appear to be differences in the definition of the credits or the accounted workload, which need to be corrected and harmonized. Also, it needs to be made sure that all mandatory components of the programmes are appropriately credited. Moreover, while the experts appreciate that UNISBA has transparently implemented a conversion policy to transfer SKS into ECTS credits, they require the university to correctly and consistently apply this policy to all modules.

Criterion 1.6 Didactic and Teaching Methodology
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Evidence:

- Self-Assessment Report
- Curriculum handbook
- Academic guidelines
- Module descriptions
- Discussion during the audit

Preliminary assessment and analysis of the experts:

In its Self-Assessment Report, UNISBA records that appropriate learning methods and instruments are implemented in both stages of the programme according to the curriculum implementation concepts of student-centred and problem-based learning, as well as the integration between pre-clinical and clinical competencies. The variations in learning methods and instruments are adjusted to the level of knowledge, skills, and competences that have been set in each module. To ensure that students achieve their course learning outcomes, study programmes incorporate various didactic methods.

The university's approach to learning is student-centred and involves teaching methods that prioritise the student's involvement and independency in the learning process. This approach aims at stimulating students' reflection, autonomy and individualization, contextual learning, interactive and collaborative learning, as well as formative feedback and evaluation. The principles of contextual learning, collaborative learning, and autonomy are taught mainly in the form of tutorials. Complementarily, UNISBA provides facilities for individual and out-of-class learning, like free Wi-Fi access, the library, open spaces for student meetings, and e-learning resources like the application "AccessMedicine". During

the on-site visit, the lecturers add that also gamification e.g. in form of short quizzes are frequently used in the classes.

The main teaching methods in the academic stage include lectures, tutorial discussions, laboratory practise, and basic clinical skills practice in respective Skills Labs. The instruction in all formats is carried out in forms of blended learning which combines synchronous and asynchronous, as well as face-to-face and virtual learning components. These varying methods are applied to fulfil different didactic purposes:

NO	Type of teaching methods	Didactic approach
1.	Lecturer	• Interactive
2.	Tutorial	• Stimulating reflection, • Student centre, • Problem-based learning, • Integrative learning, • Introducing clinical cases
3.	Practical laboratory	• Stimulating reflection, • Autonomy and individualisation, • Collaborative learning, • Formative feedback
4	Seminar	• Stimulating reflection, • Autonomy and individualization, • Contextual learning • Formative feedback

In the clinical stage on the other hand, the teaching is mainly carried out at the teaching hospitals rather than in university settings. Expert lectures, practice with patients (bedside teaching), simulations or role plays, as well as class discussions (journal reading, case reports) are the main teaching instruments:

No	Type of Teaching Methods	Didactic approach
1	Tutorial	• Stimulating reflection, • Student centre, • Problem-based learning, • Integrative learning, • Introducing clinical cases
2	Case Report Session (CRS)	• Stimulating reflection, • Autonomy and individualisation, • Contextual learning • Formative feedback
3	Journal/ reference reading (Clinical science session)	• Stimulating reflection, • Autonomy and individualisation, • Contextual learning • Formative feedback
4	Lecture (<i>Resource Person Session</i>)	• Interactive
5	<i>Flipped Learning (flipped classroom)</i>	• Interactive, • Collaborative learning, • Autonomy and individualisation, • Formative feedback
6	<i>Bedside teaching Simulation/ Role play</i>	• Stimulating reflection, • Autonomy and individualisation, • Collaborative learning, • Formative feedback, • Supervision

7	Clinical Practice: • Grand visit • ER Round • Out-patient care • Inpatient care • Night shift • Delivery room care • Surgical room • Perinatal room	• Stimulating reflection, • Interactive, • Collaborative learning, • Autonomy and individualisation
8	Community-based learning: • Community health teaching • Project-community-based learning • Industrial visit	• Stimulating reflection, • Autonomy and individualisation, • Collaborative learning, • Formative Feedback, • Supervision, • Contextual learning
9	Forensic Practice	• Stimulating reflection, • Autonomy and individualisation, • Collaborative learning, • Formative Feedback, • Supervision, • Contextual learning
10	Inhouse training	• Autonomy and individualisation, • Collaborative learning • Formative feedback
11	Islamic boarding	• Stimulating reflection, • Autonomy and individualisation, • Collaborative learning, • Feedback, • Supervision, • Contextual learning

Further applied learning formats used in both stages are structured assignments like journal readings, presentations and reports, field work, individual research work, as well as the obligatory community service which is a learning activity for students to serve their community especially in rural areas of the country with their knowledge and skills. The teaching formats are defined and explained in the academic guidelines and specified for each module in the respective module description.

In terms of the learning forms the experts ask UNISBA about the meaning of “project-community-based learning” which is explained to be the practical learning form of conducting projects which originally stems from the community service. However, these kinds of projects are said to be conducted in other modules as well.

Also, the experts wonder why the teaching format of the module “Effective Doctor Communication” is a lecture, as they would deem practical exercises much more useful for obtaining the respective skills. The lecturers explain that this course provides an introduction

on how to talk to patients and is mainly taught in the form of role plays. The experts are satisfied with that but point out that this needs to be correctly reflected in the module description.

On a more general level, the experts inquire how the bilingual teaching, which is pointed out in the descriptions of almost all modules, is organized. They learn that bilingual in this sense means that most of the teaching materials are provided in English language. The instruction language however is Bahasa (Indonesia) in all modules. Given that the students positively comment on the teaching of the lecturers, the experts deem this generally a sensible approach for the subject-specific modules. However, for modules like “Research methods”, “Scientific Writing” or “English language”, which focus on the understanding, writing and application of international media and foreign language, the experts would deem it highly beneficial to fully teach them in English. Given the students’ and lecturers’ English skills that were demonstrated during the on-site visit, the implementation of English teaching in selected subjects should be easily manageable. Thus, the experts recommend teaching suitable modules fully in English language.

During the on-site visitation, the experts discuss the teaching and learning methods also with active and former students, both during an interview session as well as the visitation tour at the main teaching hospital where most of the clinical stage rotations are conducted. The students confirm that they are very satisfied with their teaching and supervision, although they mention that the quality of teaching in the professional programme sometimes depends on the hospitals where certain rotations are conducted and the available time of the doctors there. Therefore, the experts ask the programme coordinators how the standard of the teaching quality is ensured in the different partner hospitals. The coordinator of the clinical stage explains that UNISBA puts a lot of effort in the quality assurance of the programme to make sure that all students get the same standard of education. For that, the university lecturers hold regular briefings with the hospital staff and distribute instructions to harmonize the teaching and assessment criteria across all partner hospitals. Moreover, university staff takes part in the sessions of the clinical rotation on a regular basis to control the quality. Besides that, as the students confirm, feedback regarding the teaching methodology can be given informally to the lecturers or formally as part of the course surveys.

In summary, the experts confirm that a variety of teaching methods and didactic means are used to promote achieving the learning outcomes and support student-centred learning and teaching. Digital teaching is integrated into the compound of teaching methodology to a reasonable extent which supports students in their learning process. The degree programme contains an adequate balance of contact hours and self-study time. Through dif-

ferent modules regarding research methodology, the students receive a thorough introduction into independent scientific work. However, the experts recommend to teach these selected modules fully in English, given that all the materials as well as the discussed content are in English. They further confirm that it is regularly reviewed that the utilised learning and teaching methods support the achievement of the programme objectives.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 1:

Criterion 1.1

As part of its statement, UNISBA hands in two separate sets of learning outcomes/ SSC for both stages of the programme, as displayed in the appendix. They are also satisfied that the learning outcomes are consistently displayed in the relevant documentation, including the programmes' websites and the drafts for the new Diploma Supplements. While the experts appreciate this and deem the learning outcomes of the professional stage to be suitable, they wonder about of the third and fifth, as well as partly also the fourth SSC of the academic stage, as these learning outcomes specifically address clinical skills (E.g. SSC 3 "Carry out clinical procedures according to problems, patient needs and his/her authorities and apply patient safety principles"). However, given that students learn the largest part of clinical skills only in the professional stage and are allowed to practice medicine only after the completion of this stage, the experts deem these learning outcomes to be not feasible for the academic stage and require UNISBA to harmonize the learning outcomes with the curricular contents.

Criterion 1.3

Regarding the crediting and formal integration of the pre-clinical rotation into the official curriculum, UNISBA refers to the upcoming major curriculum review at the end of this academic year, which will be used to address this requirement. The experts appreciate this openness but maintain the initial requirement.

Regarding international student mobility, UNISBA provides some evidence for part mobility activities and explains that work is currently being done to implement MoUs with universities. While the experts appreciate the efforts and recognize the challenges of implementing these programmes, they encourage UNISBA to continue expanding their offer and maintain the initial recommendation.

The recommendations regarding a stronger focus on patient communication as well as health systems and health policy were not addressed in UNISBA's statement, so the experts maintain the initial recommendations.

Criterion 1.4

No evidence was provided that the discriminatory admission restriction for students with colour blindness was abandoned, so the experts stress the requirement to address this issue.

Besides that, the experts welcome that UNISBA considers the option to open the admission of its professional stage to Bachelor graduates of other medical faculties, which they deem beneficial in terms of academic exchange.

Criterion 1.5

Based on the presented reviewed version of the curriculum book and the included module descriptions, the experts are satisfied to note that the credit allocation has been harmonized, and that the conversion factor of 1.5 ECTS per 1 SKS credit is consistently applied. However, they still note that the number of credits per semester is lower in the professional stage (16 SKS compared to 21 SKS in the academic stage), which constitutes an apparent differential in the student workload the experts do not see in reality. The reason for this inconsistency is found in the diverging number of SKS credits allocated per rotation week, which needs to be corrected. Given that each SKS is defined as approximately 45 hours of work and the clinical rotations constitute full time work, the experts would deem the allocation of one SKS for each week sensible. Thus, they consider their initial requirement to be partly fulfilled and sustain their requirement to harmonize the credit allocation in the professional stage.

Criterion 1.6

The experts appreciate the UNISBA's efforts for the improvement of the English language competence of the students and consider their initial recommendation redundant. However, regarding the described "co-curricular activity called English Enhancement Programme", they remind UNISBA that all compulsory components of the programme need to be credited accordingly.

Final assessment

Overall, the experts consider both stages of UNISBA's medical programme to be well-suited for the delivery of qualitative medical education. Subject-wise, the addition of a few elements (patient communication, health administration and policy) in the curriculum could further upgrade the curriculum. The inconsistency in the learning outcomes of the academic stage needs to be corrected, along with the discriminatory admission restriction for students with colour blindness. All compulsory components of the curriculum need to be credited accordingly.

Overall, the experts consider this criterion to be **partly fulfilled**.

2. Exams: System, Concept and Organization

Criterion 2 Exams: System, concept and organization
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Evidence:

- Self-Assessment Report
- Module descriptions
- Academic guidelines
- Standard Operating Procedures for the Academic Achievement Evaluation Systems of both stages
- Samples of student's work (projects, exams and thesis)
- Discussions during the audit

Preliminary assessment and analysis of the experts:

In the Self-Assessment Report and the academic guidelines, UNISBA presents education, authenticity, objectivity, accountability, and transparency as the assessment principles that are carried out in an integrated manner. The Faculty of Medicine uses various assessment methods and instruments to evaluate the learning process, which aim at either formative or summative evaluation.

Formative evaluation in the form of longitudinal assessment is held in the middle of each system block (semester during the academic stage respectively rotation during the clinical stage) to evaluate learning progress and students' knowledge about learning content achievements in a certain period. On the other hand, the summative assessment is used for the final course assessment and graduation, as well as for evaluating the learning process during small group discussions, tutorials and lab activity sessions. This includes also the research proposal as well as the thesis, which constitutes the final examination of the academic stage. For each module, different assessment methods are used which contribute to a different extent to the final grade, as specified in the module handbook. The use of examination methods depends on the teaching methodology as well as the CLO, as summarized in the following table:

No	Teaching Methods	Stage	Ability Aspect	Instrument/Assessment Methods
1.	Tutorial/ Small Group Discussion	Academic and Clinical Stage	✓ Cognitive ✓ Affective	✓ Student Objective Oral Case Analysis (SOOCA) ✓ Tutorial Session
2.	Clinical Skill	Academic and Clinical Stage	✓ Cognitive ✓ Psychomotor ✓ Cognitive ✓ Affective	✓ Multiple Choice Question (MCQ) ✓ OSCE (Objective Structure Clinical Examination), ✓ Long case, ✓ Objective Structure Long Examination Record (OSLER), ✓ Direct Observe Procedural (DOPS), ✓ Mini-Clinical Examination (Mini C Ex)
3.	Laboratory Activity	Academic Stage	✓ Cognitive	✓ Short Essay Question ✓ Laboratory Examination
			✓ Cognitive ✓ Psychomotor	✓ Laboratory Activity Session
4.	Lecture	Academic Stage	✓ Cognitive	✓ Multiple Choice Question (MCQ)

Every module has at least two exams per semester, the midterm and the final exam. The final score of each module is calculated as a weighted average of all assessment components depending on their number and nature, as specified in the academic guidelines. The following table exemplarily displays the exam component weights for the Biomedic modules:

Biomedic 1, 2 and 3				
No	Exams		Score weight	
1	Biomedic MDE		40%	
2	Biomedic SOOCA		40%	
3	Tutorial score (affective)		10%	
4	Practicum	Practicum exams	80%	10%
5		Practicum score	20%	
	Total			100%

Likewise, the thesis (see also section 1.3) is assessed as follows:

No	Score Composition of Thesis	
1	Scores from Supervisor	
	Supervisory Scores	40%
	Thesis Hearing Scores	60%
2	Scores from Examiner (Thesis Hearing)	25%
3	Scores from Reviewer (Article)	15%
Total		100%

To be allowed to take the final exams, students have to attend at least 80% of sessions and 100% of clinical skills activities. Exceptions apply if students miss for valid reasons (see below). While the academic calendar, which among others points out the relevant exam weeks, is publicly available and distributed to the students at the beginning of each academic year. The detailed exam schedule is announced at least one week prior the exams. The experts consider this to be on very short notice, but no critique is voiced by the students in that regard. Nevertheless, the experts suggest that an earlier announcement of the detailed exam schedule would be to the benefit of the students. The university registers the exam results in the Academic Information System and publishes them via the university's learning management system within one week from the examination period. In case of justified reasons such as proved sickness, assigned study activities out of campus, and other reason approved by the Faculty Dean or Rector, follow-up exams have to be organized within two weeks from the original exam date. Besides these follow-up exams, remedial exams are organized at the end of each semester respectively the academic year as outlined in the respective Standard Operating Procedures. Remedial exams can be taken up to 2 times per subject. Additionally, under certain conditions, students can take the "transitional year remedial" (see below). The grade for follow-up and remedial exams is capped at the letter "B", respectively "B+" in the academic stage. While the experts agree that a grade cap for remedial exams is reasonable, they wonder why the grade cap is applied also for follow-up exams which are organised only of students miss exams for "good" reasons. The programme coordinators explain that this cap is only applicable for remedial exams. However, given that the respective Standard Operation Procedures prescribe this grade cap also for follow-up exams which the experts deem unfair, they require UNISBA to abandon this regulation.

The grades are distributed according to the following scale which incorporates a numeric (percentages out of 100 points) and an alphabetical component:

Score	Letter Grade	Numerical Grade
> 79.50	A	4.00
75.50 – 79.49	A-	3.75
71.50 – 75.49	B+	3.50
67.50 – 71.49	B	3.00
63.50 – 67.49	B-	2.75
59.50 – 63.49	C+	2.50
55.50 – 59.49	C	2.00
44.01 – 55.49	D	1.00
< 44.00	E	0.00

To pass the course, students of the academic stage must gain a minimum C (55.50) for all modules, B (67.50) for Islamic Religious Education, Research Proposal, and Minor Thesis, and A (79.50) in the Clinical Skills modules. Students who fail have to retake the exams. The academic guidelines contain information about violations and respective sanctions. There are also provisions for remedial exams through which students can improve their grades on a voluntary basis at the end of each semester.

There are several thresholds in the completion of the programme, as stated in the Self-Assessment Report for the academic stage: At the end of the second semester, student achievements are evaluated to determine whether the student will be allowed to pursue their study to third semester or must retake modules in the first year. Students are allowed to pursue their studies if they successfully gain at least 32 credits with a minimum GPA of 1.75. If students fail to fulfil those requirements, they must improve and pass the failed courses during the first year retake period and are also prohibited to take courses from higher semester levels. Similarly, at the end of the fourth semester, students must have completed at least 61 credits with a minimum GPA of 2.00 to be able to take courses in the fifth semester. After completing all modules, having handed in the research proposal and thesis and published an article in the university's conference series, the students have to pass a Judiciary as the final graduation step. The maximum allowed duration of the academic stage is 14 semesters.

In the clinical stage, the minimum passing grade is B. In addition to the different clinical rotations, students have to pass also the Industrial Hygiene and Occupational Health exam and Islamic Boarding School. After finishing the whole clinical rotation, students have to

undergo the national “Medical Profession Program Student Competency Test” which consists of a theoretical computer-based test (CBT) and an Objective Student Clinical Examination (OSCE) as final steps towards their graduation.

The experts are generally satisfied with the applied examination forms and confirm that their variety and selection is adequate to assess to which extent the defined CLOs have been achieved. They stress the importance of suitable practical examinations and opine that the OSCE exams regularly conducted at the end of each semester are a sensible way of continuously building up and assessing the clinical skills. They regard this as especially important as they learn that these OSCEs are the exams for which the major share of remedials is taken. The students explain that this not due to a lack of time but mental performance pressure. In this regard, the experts also positively assess the two-block semester system which, according to the programme coordinators, was purposefully designed to spread the exam load.

Nevertheless, it strikes that to ensure their timely graduation, many students have to do remedial exams which, as the programme coordinators explain, are organized in the end of each semester or in a so-called “transitional year remedial” during the break between the even and the odd semesters. Students who could not attend the original examination for valid reasons as specified by the exam regulations are allowed to take the regular remedial. Meanwhile, students who fail exams or deliberately want to improve their grades can take the transitional year remedial, which appears to be greatly appreciated and regularly used by the students. This remedial exam is coupled with a condensed short form of the respective modules, offering additional training and closer supervision, even though it comes at an extra cost. The maximum number of credits that can be completed in this form is 9 SKS per semester. The experts are generally satisfied with this form of allowing students to repeat exams, but underline that the necessity of taking these additional short semesters should be only an exception and not the regular case, as the curriculum and the respective exams need to ensure the students’ adequate qualification without the general need of additional, unaccounted classes.

During the on-site visit, the experts also inspect selected examples of examination papers and final theses. They confirm their adequate quality in terms of scientific approach, content, and formalities.

In summary, the experts confirm that there are module-specific exams which assess the extent to which the defined learning objectives have been achieved. The types of exams are specified for each module and students are informed about the conditions for completing the module through the module handbooks, and the semester learning plans which are distributed and discussed in the opening sessions of each module. Both stages include a

final thesis respectively project in which the students have to demonstrate that they are able to work independently on a task at the intended level of the degree. The experts further confirm that there are transparent rules for remedial exams, non-attendance, cases of illness as well as compensation of disadvantages in the case of students with disabilities or special needs. However, in this regard, they require to abandon the regulation of a grade cap for follow-up exams. Examinations are marked according to transparent criteria. Students have the opportunity to consult their lecturers about the results of their exams. It is regularly reviewed whether the exams can adequately determine the achievement of the learning objectives and whether the requirements are appropriate to the level of the degree programme.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 2:

UNISBA explains that the experts' requirement to abandon the unfair restriction of students' grades in remedial exams will be dealt with in the next review of the exam regulations. However, as this has not yet been done, the experts sustain their requirement to abandon this regulation.

Final assessment

Overall, the experts judge UNISBA's exam system to be suitable to assess the students' attainment of the course learning outcomes. With the mentioned exception, also the administrative system and formalities are well-established.

In summary, the experts consider this criterion to be **mostly fulfilled**.

3. Resources

Criterion 3.1 Staff and Staff Development
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Evidence:

- Self-Assessment Report
- Staff handbook
- List of research projects
- Technical guidelines for internal grants for research and community service
- Faculty of Medicine Staff website: <https://fk.unisba.ac.id/en/dosen/>
- Discussion during the audit

Preliminary assessment and analysis of the experts:

At UNISBA, there are several types of lecturers at the faculty, including permanent foundation lecturers, permanent foundation contract lecturers, permanent employee lecturers, non-permanent foundation contract lecturers, each with different rights and duties. Information on the staff members including position, CV, modules, industry collaborations, research projects and involvement in committees and university bodies is contained in a staff handbook as well as on the university's website. All lecturers have to fulfill the three obligations of higher education: education, research, and community services (Tri Dharma). The distribution of their workload depends on their lecturer status and academic rank.

Annually, the faculty presents a strategic plan which also contains their HR needs and development. The minimum lecturer-student ratios to be complied with are 1:10 for the academic stage and 1:5 for the clinical stage. The current distribution of staff members across academic ranks and educational qualification, as well as of the ratios of staff and students are compliant with this strategic plan, as displayed in the following table taken from the Self-Assessment Report:

Academic Stage		Clinical Stage	
Qualifications of Lecturers Based on Functional Positions			
Lecturer	52	Lecturer	43
Assistant Professor	46	Assistant Professor	30
Associate Professor	9	Associate Professor	4
Professors	6	Professors	5
Total	113	TOTAL	82
Qualification of Lecturers Based on Education			
Master Degree	43	Master Degree	21
Doctoral (Ph.D)	25	Doctoral (Ph.D)	16
Sp1 (Specialist)	35		35
Sp2 (Sub Specialist)	10	Sp2 (Sub Specialist)	10
Total	113	TOTAL	82
Ratio of Lecturers:Students			
Number of Lecturers	113	Number of Lecturers	82
Number of Students	836	Number of Students	368
lecturer: Student Ratio	1 : 7.4	lecturer: Student Ratio	1 : 4.9

Based on the documentation as well as the interviews on site, the experts get a positive impression of the strength and composition of the Faculty of Medicine's academic staff body. They are satisfied to learn that the lecturers assess their workload and its distribution across the Tri Dharma tasks as adequate, and that the students confirm their satisfaction with the teaching staff.

In terms of staff development, all lecturers are offered opportunities for learning and continuous professional development through different formal and non-formal education channels, as outlined in the Self-Assessment Report. Among others, training is given to the lecturers for their enhancement of basic instructional skills and applied approaches, tutor training, training of clinical instructors (CI), and training of clinical teaching and assessment (CTA). The lecturers confirm that they have to take part in courses and workshops regarding teaching methodology which is mandatory for both junior and senior staff. For the successful completion of a certain number of workshops, a certificate for teaching methods can be

obtained. Also, in order to overtake responsibilities like tutor or lab supervisor, the personnel must undergo a special formation and obtain a respective certificate. Besides that, the representatives of the Rector's office explain that the university moreover supports its staff through scholarships to complete PhD studies or gain experience at universities abroad. For junior staff, there is an "apprenticeship" programme guided by senior staff members. The experts are also satisfied to learn that UNISBA specifically educates the clinical instructors who teach and guide the professional students in their clinical rotations. These teachers are mostly active practitioners from the respective partner hospitals or staff of community health centres. Before being allowed to teach, these people have to take part in a clinical instruction workshop and complete 6 months of an "internship" with a senior clinical instructor. Also, the university hands out teaching and examination instructions to the teaching staff of each rotation. The experts deem this as highly useful and important to ensuring the uniform quality standard of the instruction in the clinical stage. However, they note the complaint of the lecturers that the administration of the rotations and quality assurance among the cooperating community health centres which can only handle small groups of students each is very effortful because of the high number of different partners and respectively involved people. The experts therefore suggest appointing an additional staff member to adequately cover these administrative tasks without burdening the lecturers.

A special focus in terms of continuous education is also the "Emotional Spiritual Quotient (ESQ)-Islamic Pedagogical Programme" to enhance the Islamic pedagogic skills of the lecturers. The experts are curious to learn more about the background of this programme. It is explained that this programme is independent from UNISBA and exists all over Indonesia. It provides different activities and courses for mental health, emotional intelligence, self-awareness, and emotional self-control regarding Islamic values. Activities of this programme can be taken by anyone, but UNISBA obliges its staff to take a certain load of course hours in activities of this programme each year. The lecturers are satisfied also with this part of the continuous education duties as they stress the need for their commitment to Islamic values as important factor for the Muslim community and global reference point, which is the distinctive feature of the university.

As part of their Tri Dharma duties, the academic staff also conducts research and community service. A comprehensive overview about the research activities of the Faculty's lecturers lists 198 research activities for the academic years 2020 to 2023. The technical guidelines for internal grants for research and community service contain the provisions for the planning and implementation of research activities of the staff members, including also regulations for the funding and the corresponding application processes. The Faculty's total annual research budget averages about IDR 1,688,666,666 (approx. EUR 100,000). Several

research projects were conducted in cooperation with regional, national, and international partners like Oslo University (Norway), Cyberjaya College of Medical Sciences (Malaysia) and Republic Polytechnic of Singapore. The representatives of the Rector's office highlight their commitment to international research for which different budgets are provided on the university and faculty level. These budgets have different eligibility criteria and are open to the application of all staff members independent from their academic rank or position, which is positively regarded by the experts. Moreover, the university actively motivates and supports its staff to apply for international and national research grants. Part of the support are also financial incentives for successful publications, financial support to cover application and publication fees, as well as funding for the participation in international conferences. The lecturers confirm their satisfaction with the support system for their research activities. However, given that the research funding is distributed on a competitive basis, the experts inquire what happens if a lecturer does not receive the necessary funding for a project. The lecturers explain that, in this case, the university provides support for reviewing and improving the research proposal to be handed in again. As a second option, the project can be carried out at own risk and the expenses are reimbursed in case of successful publication of the project. However, as the lecturers stress, funding is not a problem, and all lecturers are able to fulfil their research duty. In this regard, the experts also question how much time is allocated for research in the Tri Dharma. The lecturers explain that the distribution depends on the academic rank, but that they estimate their available research time to be approximately 6 hours per week, which the experts find reasonable.

In terms of quality assurance regarding the staff, according to the Self-Assessment Report, the lecturers' performances are assessed once a year, using a special assessment form for the lecturer performance index. This index is based on the following 5 criteria:

- 1) academic qualification and position
- 2) rank and class; with the aim of improving lecturers' careers
- 3) work behaviour includes loyalty, achievement, responsibility, integrity and leadership
- 4) the lecturer's workload performance value element which assesses the lecturer's performance in the form of the three obligation activities of higher education (Education, Research, and Community Service)
- 5) the student assessment element which functions to measure the lecturer's dedication to students.

To motivate lecturers' performance, UNISBA hands out different awards for outstanding performances in the form of opportunities for further study, training, and the opportunity to perform the "Umrah" pilgrimage. Likewise, there is a catalogue of sanctions ranging from

written warnings to termination of employment to ensure compliance and discipline of the staff.

In summary, the experts confirm that the composition, professional orientation, and qualification of the teaching staff are suitable for successfully delivering the degree programme. Lecturers have different opportunities to further develop their professional and didactic skills and are supported in using corresponding offers. This includes also sufficient support for research. Moreover, the experts confirm that it is regularly reviewed that the subject-specific and didactic qualifications of the lecturers adequately contribute to the delivery of the degree programme.

Criterion 3.2 Student Support and Student Services

Evidence:

- Self-Assessment Report
- Faculty of Medicine Services website: <https://fk.unisba.ac.id/en/service/>
- Discussion during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, UNISBA offers student support and services both in academic as well as non-academic matters.

Regarding individual supervision and counselling, the Self-Assessment Report states that students are assigned to an academic counsellor at the beginning of their studies. The academic counsellors are responsible for monitoring the students they supervise until the end of their study period and provide counselling to students to overcome both academic and non-academic problems. They also guide the students through the academic activities on campus and assist in preparing study plans each semester to decide how many credits to take. The students are satisfied with this academic counselling offer and highlight the generally close contact between staff and students which allows for individual support as well as direct feedback. For students suffering from stress and/or psychological issues, the university provides a special counselling service.

In terms of non-academic support, the student affairs office provides support for different student activities. These include the membership in different national and international student associations, such as the Indonesian Medical Student Senate Association and the Federation of Islamic Medical Associations. There is also a Student Executive Board which serves as communication channel between students and the faculty board to give feedback

and advice on how to improve the programme and its facilities from the students' perspective. Furthermore, UNISBA offers medical services at its hospitals to the students.

Moreover, UNISBA's Faculty of Medicine has non-academic support staff for the facilitation of teaching and learning at its disposal, as specified in the following table:

Category	Number
General Administration	19
Librarian	1
Laboratory Assistant	13
Programmer	1
Technician, Operator, and related skills	2
Driver and Janitor	3
Total Supporting Staff	39

During the on-site visitation, the students confirm the availability of the described support services. Besides the academic counselling, they highlight the Buddy system for junior students as well as the support by the different student associations as crucial. The experts are also satisfied to hear from the students that extra support is provided to students with special needs based on their requirements.

In summary, the experts confirm that UNISBA provides sufficient human resources and organisational structures for individual subject-specific and general counselling, supervision and support of students, as well as administrative and technical tasks. The allocated advice and guidance on offer assist the students in achieving the learning outcomes and in completing the programmes within the designated time frame.

Criterion 3.3 Funds and equipment

Evidence:

- Self-Assessment Report
- Catalogue of facilities of the Faculty of Medicine
- UNISBA tuition fee website: <https://admission.unisba.ac.id/en/biaya-kuliah/>
- Discussion during the audit

Preliminary assessment and analysis of the experts:

UNISBA finances its operations mainly (about 93 %) through tuition fees of students. The tuition fees include a registration fee, fees per semester, and other payments for support

services. Information on the tuition fees can be found on the university's respective website. As explained in the Self-Assessment Report, there are no discounts available from the university-side. However, the university supports students to apply for both private and public scholarships like faculty-assisted scholarships, "Academic Achievement Improvement Scholarships", and funding from external agencies. As part of its strategic plan, UNISBA aims at increasing the share of other income sources like lecturer scholarships, lecturer certification, research and community service grants, as well as income generated through the university's own scientific journals. During the on-site visit, the experts learn that also contracted research and the provision of lab services belong to the income sources on which specifically the Faculty of Medicine relies on.

The budget planning is done on an annual basis through a bottom-up process which requires the respective programme coordinators to propose an expenditure plan according to their estimated financial needs to the Rector and the UNISBA Foundation. Both the budget planning as well as the monitoring of the expenses are organized via the university's Budget Information System. Although the experts wonder about the untransparent documentation regarding the financial planning, they gain the impression based on the visitation of the well-equipped and maintained facilities (see below) as well as the interview sessions that there are no shortages or bottlenecks in the available funds. It appears that the UNIBSA foundation serves as a fall-back level to cover any unforeseen expenditure. While the experts therefore confirm that the financial planning constitutes a reliable basis for the delivery of the degree programme, they still recommend UNISBA to further diversify the income sources.

In terms of facilities, the Faculty of Medical Sciences disposes of a 9-storey building with lecture halls with a capacity of up to 200 people, seminar and tutorial rooms, special rooms for computer-based tests, the Clinical Skills Lab, as well as administration offices. During the on-site visit, the experts gain a positive impression of the teaching facilities. They highlight the well-equipped Clinical Skills Lab which is equipped with 10 mannequins respectively devices per station and therefore allows the students to efficiently use their time in the Skills Lab for practice in small groups as well as for individual exercise. As the students explain, they can request additional equipment via the Student Council in case they note shortages, and that their demands in that regard are usually fulfilled on short notice.

For the professional stage, UNISBA cooperates with the Al-Ihsan Hospital as its main teaching hospital, which the experts visit as part of their facility tour. They are satisfied to see that this major hospital offers the students the opportunity to observe and actively learn to perform many required treatments. For the rotations which cannot be offered by this

hospital, UNISBA cooperates with several network hospitals and Community Health Centres. On-site, they can observe students in their theoretical as well as practical teaching in the hospital and learn from them that they are highly satisfied with the provided learning environment. However, as the hospital is located outside the city centre of Bandung, approximately 45 minutes drive away from the campus, the experts enquire about the logistical arrangements for students. It is explained that many students move to accommodations near the hospital after completing the academic stage. Also, the university provides dormitories near the main teaching hospital as well as some of the satellite hospitals. Moreover, the programme coordinators explain that the place of residency of the students is taken into account when putting together the groups for the clinical rotations in order to facilitate students to organize joint or shared rides, which the experts deem sensible. The students confirm that the logistical arrangements can be challenging especially for those who do not own an own motorized vehicle. However, they deem it generally doable and appreciate the university's support in that regard, such as the provision of 2 cars which can be used by the students in emergency cases.

Attached to the hospital, UNISBA disposes of a recently established Anatomy Laboratory Building and Anatomy Museum as well as an Integrated Research Laboratory. This building provides room for additional anatomy sessions with digital teaching elements as well as practice rooms for the work with real cadavers. The experts learn that this facility is used already for classes in the academic stage and that one day of practical teaching for each anatomy system is taught there. Besides the logistical challenge for the students, the experts deem the facility very well-suited for this purpose. They are also satisfied with the research lab, which is well equipped with all relevant standard facilities and devices. Besides that, the programme coordinators explain that a new hospital of the UNISBA Foundation is currently under construction near the Faculty of Medicine, which is supposed to become the main teaching hospital with an emphasis on the treatment and prevention of work-related diseases.

Supporting facilities include a library, open study spaces for students, sports facilities, boarding schools (dormitories) both on campus as well as near the hospital, and the office of the Student Executive Council. The students express their satisfaction with the available facilities.

In terms of digital student and learning management facilities, UNISBA has implemented the learning management system "eKuliah" which serves as a platform for the exchange of learning materials, course announcements, exam results, and the provision of e-learning tools. For other student services, there is the web-based portal "Sisfo", which provides the module information and serves as a gateway to the learning management system. Digital facilities include videoconferencing applications like zoom, access to e-libraries like Access

Medicine, digital journals like Medline Complete and Elsevier, and digital anatomy lab applications (Anatomage table and Visible Body). As the students confirm, stable Wi-Fi is available all over the campus and VPN connections enable them to assess all digital resources also from outside the campus.

In summary, the experts confirm that the financial resources and the available equipment constitute a sustainable basis for delivering the degree programme. This includes secure funding and reliable financial planning and the provision of sufficient infrastructure and equipment in terms of both quantity and quality. Cooperation contracts regulate the collaboration with partner institutions for the practical teaching in the professional programme. However, for more financial independency, the experts recommend UNISBA to diversify its income sources.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 3:

Criterion 3.1

The experts positively note that UNISBA will implement measures for lowering the administrative burden for the academic staff to handle the different teaching hospitals.

Criterion 3.3

The experts are satisfied that UNISBA actively seeks to diversify its income sources but take note of the difficulties for that for private universities. They see no need to issue a formal recommendation.

Final assessment

The experts consider UNISBA's resources, including academic staff, support staff and physical resources, with particular emphasis on the main teaching hospital, as a great asset of the university's programmes.

In summary, the consider this criterion to be **fulfilled**.

4. Transparency and documentation

Criterion 4.1 Module descriptions
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Evidence:

- Self-Assessment Report
- Faculty of Medicine Curriculum website: <https://fk.unisba.ac.id/kurikulum/>

- Module descriptions
- Student handbook for all programs
- Discussions during the audit

Preliminary assessment and analysis of the experts:

There are well-structured and transparent module descriptions which complement the curricular overviews for both stages of the programme and contain all the necessary content-related and practical information for the modules. This includes the course name, semester (course study time), name of the course coordinator, language of instruction, curriculum alignment, teaching methods, workload, credit points, course type, course credits, required and recommended prerequisites for module enrolment, module objectives/intended learning outcomes, course content, examination formats, study and examination requirements and a reading list. However, the experts note that the date of the last amendment is missing in the descriptions and require UNISBA to add this information as an important feature of transparency and topicality. Also, the descriptions need to be reviewed with respect to the above-mentioned problem of the inconsistent credit allocation respectively conversion. Moreover, the mentioned inaccuracy of the teaching format in the module “Effective doctor communication” needs to be corrected.

The experts positively regard that all module descriptions are transparently available on the programmes’ website.

Criterion 4.2 Diploma and Diploma Supplement

Evidence:

- Self-Assessment Report
- Sample Transcript of Records for both degree programmes
- Sample Diploma Certificate for each degree programmes
- Sample Diploma Supplements for each degree programmes

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, students are awarded a Diploma Certificate, a Diploma Supplement, as well as a Transcript of Records that lists all the courses that the graduate has completed, the achieved credits, grades, and cumulative GPA, as well as the title of the thesis. The documents are issued upon successful completion of both stages of the Medical Study Programme respectively. The Diploma Supplement is issued in a bilingual form both in Bahasa (Indonesia) and English language, while the Diploma Certificates and Transcripts of Records are provided independently in English or Bahasa. In addition, the

following additional specific certificates are issued upon completion of the clinical stage: proof of doctor's oath, Industrial Hygiene and Occupational Health certificate, and Islamic Boarding School certificate.

With respect to the Diploma Supplement, the experts express their satisfaction with the form and information contained, but notice that no statistical information is provided which enables the readers to assess the individual student performance in relation to, e.g., the cohort. This needs to be addressed. Furthermore, the experts note that the achieved credit points are listed only in SKS credits. To enable international comparability, the Transcript of Records is recommended to include the credit load also in the converted ECTS unit, and the applied conversion system should be explained in the Diploma Supplement.

Criterion 4.3 Relevant rules

Evidence:

- Self-Assessment Report
- Academic guidelines
- All relevant regulations as published on the university's and faculty's websites

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the statute of UNISBA serves as the cornerstone regulation for daily operations within the institution. It outlines all rules and regulations, as well as the responsibilities and rights of instructors, students, and the university. Programme-specific rules and regulations are published in the academic guidelines. For specific processes, standard operating procedures are established which are available at the university website as well.

The experts confirm that the rights and duties of both UNISBA and the students are clearly defined and binding. All rules and regulations are published on the university's website and hence available to all relevant stakeholders. In addition, the students receive all relevant course material in the language of the degree programs at the beginning of each semester.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 4:

Criterion 4.1

Based on the module descriptions contained in the updated curriculum book, the experts deem their initial requirement regarding the correct display of the credits to be fulfilled.

Criterion 4.2

UNISBA presented drafts of the Diploma Supplements for both stages which show improvements, e.g. regarding the display of the learning outcomes. The issue of the missing statistical data still needs to be addressed and the experts sustain their initial requirement in that regard.

Final assessment

The experts find UNISBA's official documents and regulations to be generally transparent and well established. Nevertheless, the Diploma Supplements still need to be updated with respect to some missing information.

In summary, the experts consider this criterion to be **mostly fulfilled**.

5. Quality management: quality assessment and development

Criterion 5 Quality management: quality assessment and development

Evidence:

- Self-Assessment Report
- Questionnaire and the results of the student feedback survey
- Results of the staff satisfaction survey
- Discussion during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, UNISBA's quality management system includes both internal as well as external instruments of quality assurance. Various elements and examples of quality assurance measures have already been mentioned in previous parts of this report.

The internal system has three levels of quality assurance for its study programmes, which are implemented through the Internal Quality Assurance System (IQAS):

At the *planning level*, the university's Rector assures the compliance of the university's quality assurance operations with the Indonesian national standards. The Faculty Dean determines the vision and profile of the programme in collaboration with internal and external stakeholders such as students, lecturers, education staff, alumni, users, practitioners, professional organizations, and the government. This profile is the basis for the learning outcomes and SSC which themselves are again based on national and international guidelines and frameworks of the profession, such as the WFME standards.

The *implementation level* involves, in the first place, the lecturers who have the duty to prepare the way for students to reach the determined learning outcomes. This includes the transparent preparation and documentation of the course contents, the teaching making use of appropriate methods, and the student assessment activities. The qualification of the lecturers to do so is ensured by training programmes for the staff, like tutorial refreshing activities, soft skill training, and other training sessions (see section 3.1).

At the *checking level*, monitoring and evaluation are conducted to ensure compliance with established standards in education, research, and community service. This involves different instruments, as specified in the following:

- Two-parted evaluation of the courses and learning processes by the students via online questionnaires in the learning management systems at the end of each semester. Firstly, the Learning Process Index evaluates the satisfaction regarding the reliability of lecturers in delivering lectures, their responsiveness during lectures, the assurance that they cover the expected learning objectives, and their empathy when delivering the lectures. Secondly, the Service Process Index (SPI) has three components: satisfaction with academic processes, administrative services, and facilities/supporting services. As the students confirm, they are informed about the results of their surveys in the student forums.
- Annual evaluation of the Course Learning Outcomes via grade distribution and student surveys like the Medical Profession Program Student Competency Test by the faculty's quality assurance agency.
- Annual SSC achievement evaluation by performance indicator measurement (direct method) and exit survey of graduates in both the academic and clinical stages (indirect method).
- Regular evaluation of the SSC, Graduate Profile, and macro-curriculum by internal and external stakeholders as well as based on the results of the tracer study in an interval of four to five years.
- Annual evaluation of the quality of governance, management services, human resource management, and research and community service support by lecturers and staff.

The Quality Assurance Agency collects and evaluates all the surveys and presents the results to the Faculty Chairman during the management review meeting at the end of each year. Based on the evaluation results, the university management takes corrective actions to sustainably improve the quality of the learning process.

Additionally, at the end of the academic year, the Quality Assurance Agencies at the university and faculty level conduct an Internal Quality Audit (IQA) that consists of a desk evaluation and field visitation. The experts are satisfied with UNISBA's extensive internal quality assurance system and gain the impression during the on-site visitation, that a close relationship and open communication between the different administrative levels of the university, as well as the involvement of the university's staff, students and stakeholders, enable constant progress in the quality of the education in the programmes under review.

Besides these internal quality assurance procedures, external quality assurance is conducted through programme accreditation by the national accreditation bodies like the Indonesian Accreditation Agency for Higher Education in Health every five years. In addition, UNISBA is increasingly pursuing the accreditation of its study programmes by international accreditation agencies for the purpose of international recognition, enhancement of quality standards, and increase of reputation. The Medicine Study Programme is subject to international programme accreditation by ASIIN for the first time.

In summary, the experts confirm that the study programmes are subject to periodical internal as well as external quality assurance in a process that includes all relevant stakeholders. The results of these processes are incorporated into the continuous development of the programmes. The experts are satisfied with UNISBA's quality assurance system and encourage the university to continue its path of international benchmarking for enhancing the programmes' quality.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 5:

UNISBA does not comment on this criterion.

Final assessment

The experts find that UNISBA has established a well-functioning quality management system which includes features of both internal and external quality assurance and takes the feedback of all relevant stakeholders, including students, into account.

In summary, the experts consider this criterion to be **fulfilled**.

D Additional Documents

Before preparing their final assessment, the panel asks that the following missing or unclear information be provided together with the comment of the Higher Education Institution on the previous chapters of this report:

- Clarification of the learning outcomes
- Template of the Diploma Supplement with new learning outcomes
- Overview about international student mobility activities

E Comment of the Higher Education Institution (11.04.2025)

The following quotes the comment of the institution:

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
Criterion 1.1 Objectives and learning outcomes of a degree programme (intended qualifications profile)	9	While the experts are generally satisfied with the graduate profile and the formulated SSC for the aggregate of the programme and confirm that they adequately reflect the targeted academic and professional qualification on the level EQF 6, they point out that the SSC defined in the curriculum book are formulated differently and are separated for the two stages of the programme. As the two stages of the programme lead to two different degrees, the experts opine that also the learning outcomes need to be distinguished and ask UNISBA for clarification in that regard. Also, even though a lot of information is published on the programmes' website, the experts cannot find the learning outcomes there and, as this is crucial information about the programme, require UNISBA to transparently publish the learning outcomes to be accessible for all relevant stakeholders.	Thank you for the feedback, input, and correction to these matters. There are several things that we have implemented due to these issues: 1. Revision of the English version of the curriculum book due to the inconsistency of the translation (we have attached the pdf version and the summary of the SSC and graduate profile of the medicine study programme for both stages) 2. Update the website by adding the LO/SSC in the page of the medicine study programme information section

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
	10	Moreover, the learning outcomes displayed on the Diploma Supplement differ even structurally from the SSC. The programme coordinators explain that this is due to the fact that, so far, no cohort has completed the new outcome-based curriculum yet, which was introduced in 2022. Therefore, the learning outcomes displayed on the provided examples of the Diploma Supplement still reflect the old curriculum. The experts acknowledge this explanation but, as conciseness and harmonization are crucial in that regard, ask UNISBA to provide a template of the Diploma Supplement with the new learning outcomes.	We have created the template of the diploma supplement for both academic and clinical stage which can be accessed through links at the additional document section at the end of this document.
Criterion 1.3 Curriculum	16-17	Furthermore, as the experts deem this a crucial node in the medical education pathway, they enquire about the transition between the academic and the clinical stage which constitutes the cut-off date from which on students have to work with real patients. The students report that they encounter this transition from mannequins to real clinical situations as challenging but that the university supports them well in successfully managing this transition. Specifically for that, a "Pre-clinical rotation" was introduced in the latest curriculum review which serves as a period in the hospital setting to familiarize the students with this new environment and the challenges of working with real patients. Also, real patients are exemplarily used for selected exercises already in the Clinical Skills Labs of the <u>academic stage</u> . While the experts deem this a very sensible approach of facilitating this transition, they wonder why this rotation is not contained in the cur-	Thank you for the valuable suggestion and feedback from the expert regarding the preclinical stage and the enrichment and strengthening of several important topics to enhance our graduate's competencies. We will put the suggestions into our main concern during the macro curriculum evaluation that will be conducted at the end of this academic year (2024/2025).

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		ricular overviews or module hand-books of neither the programmes. Thus, they point out and require that all compulsory components of the programmes need to be documented and awarded with a respective number of credits. As a further measure to facilitate this transition, the experts note the comments of both students and potential employers, that an increased focus on the topic of patient communication would be beneficial. Among others, this specifically regards soft skills and communication skills for the young to effectively and sensitively communicate with patients, of which a large share is part of an older generation with different communication habits. As the experts agree that patient communication has become and will also increase in its importance for medical doctors, they recommend increasing the focus on this topic in the curriculum. An additional remark by the representatives of potential employers and professional associations, who generally stress their overall satisfaction with UNISBA's curriculum and the qualification the students obtain through it, is that they would highly value a better understanding of organizational and economic issues in the medical field. As examples they mention the understanding of (the Indonesian) health insurance system, as well as the ability to understand and work with both national and international policies and guidelines in the medical field. The experts affirm the importance of these topics and deem it a sensible option to include these topics into the curric-	

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		ulum of the academic stage. Thus, they recom-mend integrat- ing knowledge and methodological skills regarding health sys- tems and healthpolicy into the curriculum	
	18	During the interview sessions with the students the experts learn that multiple participants have been part of international exchange activities and that they positively assess the sup- port by the university. This regards among others the flexible integration of mobility peri- ods, the uncomplicated recogni- tion of credits that were obtained at different universities, as well as the support of the staff to obtain funding for their mo- bility activities. The main funding sources are the Indonesian International Student Mobility Awards for which all In-done- sian students can apply, and which is therefore very competi- tive. Additionally, there is a smaller faculty level mobility fund. Still, the number of interested students exceeds number of provided places in mobility programmes and, looking on the university-level mobility statistics, the experts also note that the number of participants in mobility activi- ties is much higher in other programmes. Therefore, they recommend to further foster both incoming and outgoing international stu- dent mobility for the medical students.	We are currently (2025) working the implemen- tation of previous MoU with Mes-calady India, Curtin University Malaysia, and republic poly- technic Singapore. One of implementation is the student mobility program, where the students of our faculty will be sent to those universities for academic and non-academic activities. We are planned to have further discussion in India in late April, off-line meeting with Singapore in Indone- sia -next week (Monday 4-14th-25), and will in- vite all international institution in an off-line meet- ing during the commemoration of UNISBA Medi- cal Faculty birthday. The inbound international students were held on March 25, where the CIMSA (center for Indonesia medical student's activities) as a part IFMSA (International Feder- ation of Medical Students' Association) held an event that invite the international members. Stu- dents of Japan, Egypt, and Sudan were com- ing to the event. We will send the supporting document separate with this email.

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
Criterion 1.4 Admission requirements	22	The experts also positively acknowledge that the admission policy commits to non-discrimination and explicitly proclaims the admission of economically disadvantaged as well as disabled students. However, despite this commitment, there is still a regulation that excludes students with colour blindness from entering the programme, which the programme coordinators explain as a “safety measure” promoted by professional associations. Given that, with the help of modern support mechanisms, there is no more reason to treat partial blindness as a safety risk in medical professions, the experts consider this regulation as discriminatory and require UNISBA to abandon it.	Thank you for the feedback. This matter also has become our concern in the 2025/2026 admission process and we have discussed with the University Leader regarding this matter and provide some evidence worldwide regarding the partial colour blindness restriction for the medicine study programme admission
	22	Moreover, the experts inquire why the admission to the clinical stage is limited to Bachelor graduates of UNISBA. The programme coordinators explain that this restriction was recently introduced on purpose because of problems with the academic standards of students admitted from other universities in the past. A second reason is that UNISBA considers the medical education as one integrated programme which is separated only in administrative terms because of the national regulation. This becomes apparent among others in the above-mentioned pre-clinical rotation which links the academic and the clinical stage of the programme and is a particular feature of UNISBA’s programme in comparison with other medical programmes in Indonesia. Therefore, the experts are satisfied, but nevertheless suggest that, with adequate mechanisms to ensure the entrance qualification, the possibility of admitting graduates from other institutions would benefit the academic exchange of students in the programme.	Thank you for the inputs from the experts . Due to the regulation from the University and previous experience, we still postponed revising the existing regulation regarding admission restrictions from another medicine bachelor’s degree to enter our profession/clinical stage. In the future we will consider revising the regulation with several points such as accreditation status, GPA, specific admission test, etc to allow external academic stage graduates to enter our clinical stage. For now, there are also some possibilities to enter our clinical stage through the elective or MBKM mechanism. We have some experience cooperation in elective programme in the clinical stage with the CUCMS Malaysia (OBGYN), Yangtze University China and also the Republic Polytechnic Singapore. They sent several clinical

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
			students to take some elective course with credits conversion in our clinical stage rotation.
Criterion 1.5 Workload and Credits	25	The experts deem it very beneficial in terms of the strive for internationalization to convert the national credits also in ECTS points. They assess the conversion policy as well-founded and suitable for adequately transferring the credit numbers. As a note regarding this policy which currently takes only 14 weeks as calculation basis for the total number of hours per credit point, they suggest including also the 2 weeks of examinations as they are officially part of the semester and are also connected to workload for the students. Besides that, however, looking at the credit numbers displayed in different documents, in the first place the module handbook, the experts note that the credit conversion policy is not consistently applied for all modules. Multiple modules with the same number of SKS credits are transferred to different ECTS numbers. This also becomes apparent when multiplying the total number of SKS credits of the stages with the designated factor of 1.6, which results in different numbers of ECTS than stipulated in the documents. It generally appears, that one SKS credit point in the clinical stage accounts for more ECTS points than in the clinical stage. Therefore, the experts require UNISBA to review and consistently apply the credit conversion policy.	Thank you for the correction to our ECTS calculation and implementation during the visit. Based on the input from the experts, we have revised the credits conversion guidelines as attached with this document based on the previous regulation from our ministry of higher education and the newest regulation from the ministry of higher education and revised all the ECTS calculation in the curriculum book. In the future we have planned to recalculate all the credits (SKS) based on the new regulation from the Indonesian Ministry of Higher Education and the ECTS. We have discussed with the university leader to pursue the university regulation regarding the credit's conversion guidelines at the university level as the umbrella for all the study programme in UNISBA
Criterion 1.6 Didactic and Teaching		On a more general level, the experts inquire how the bilingual teaching, which is pointed out in the descriptions of almost all modules, is organized. They learn that bilingual in this sense means that most of the teaching materials are provided in English language. The instruction language however is Bahasa	Thank you for the valuable inputs for the enrichment of our curriculum. As mentioned above, we will put this recommendation as our main concern for the next macro curriculum evaluation

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
Methodology		(Indonesia) in all modules. Given that the students positively comment on the teaching of the lecturers, the experts deem this generally a sensible approach for the subject-specific modules. However, for modules like “Research methods”, “Scientific Writing” or “English language”, which focus on the understanding, writing and application of international media and foreign language, the experts would deem it highly beneficial to fully teach them in English. Given the students’ and lecturers’ English skills that were demonstrated during the on-site visit, the implementation of English teaching in selected subjects should be easily manageable. Thus, the experts recommend teaching suitable modules fully in English language.	that will be conducted at the end of this academic year (2024/2025). Special for the English enhancement, this even semester of the academic year 2024/2025 we have implemented a specific compulsory co-curricular activity called English Enhancement Programme with the objective to improve the academic and medicine context English skills for the students. The document related with the program can be accessed through this link:
Criterion 2 Exams: System, concept and organization	34	To be allowed to take the final exams, students have to attend at least 80% of sessions and 100% of clinical skills activities. Exceptions apply if students miss for valid reasons (see below). While the academic calendar, which among others points out the relevant exam weeks, is publicly available and distributed to the students at the beginning of each academic year. The detailed exam schedule is announced at least one week prior the exams. The experts consider this to be on very short notice, but no critique is voiced by the students in that regard. Nevertheless, the experts suggest that an earlier announcement of the detailed exam schedule would be to the benefit of the students. The university registers the exam results in the Academic Information System and publishes them via the university’s learning management system within one week from the examination period. In case of justified reasons such as proved sickness, assigned study activities out of campus, and	Thank you for the feedback, especially for the grade cap of the follow up exams for the students and also the remedial examination. We will put this recommendation as our main concern on the revision of our assessment system regulation.

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		other reason approved by the Faculty Dean or Rector, follow-up exams have to be organized within two weeks from the original exam date. Besides these follow-up exams, remedial exams are organized at the end of each semester respectively the academic year as outlined in the respective Standard Operating Procedures. Remedial exams can be taken up to 2 times per subject. Additionally, under certain conditions, students can take the “transitional year remedial” (see below). The grade for follow-up and remedial exams is capped at the letter “B”, respectively “B+” in the academic stage. While the experts agree that a grade cap for remedial exams is reasonable, they wonder why the grade cap is applied also for follow-up exams which are organised only of students miss exams for “good” reasons. The programme coordinators explain that this cap is only applicable for remedial exams. However, given that the respective Standard Operation Procedures prescribe this grade cap also for follow-up exams which the experts deem unfair, they require UNISBA to abandon this regulation.	
	36	Nevertheless, it strikes that to ensure their timely graduation, many students have to do remedial exams which, as the programme coordinators explain, are organized in the end of each semester or in a so-called “transitional year remedial” during the break between the even and the odd semesters. Students who could not attend the original examination for valid reasons as specified by the exam regulations are allowed to take the regular re- medial. Meanwhile, students who fail exams or deliberately want to improve their grades can take the transitional year remedial, which appears to be greatly appreciated and	Thank you for the feedback, we will put this recommendation as our main concern on the revision of our assessment system regulation and communicate with all the academic advisors regarding permission for the students to take the transitional year remedial examination.

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		regularly used by the students. This remedial exam is coupled with a condensed short form of the respective modules, offering additional training and closer supervision, even though it comes at an extra cost. The maximum number of credits that can be completed in this form is 9 SKS per semester. The experts are generally satisfied with this form of allowing students to repeat exams, but underline that the necessity of taking these additional short semesters should be only an exception and not the regular case, as the curriculum and the respective exams need to ensure the students' adequate qualification without the general need of additional, unaccounted classes.	
	39	The experts deem this as highly useful and important to ensuring the uniform quality standard of the instruction in the clinical stage. However, they note the complaint of the lecturers that the administration of the rotations and quality assurance among the cooperating community health centres which can only handle small groups of students each is very effortful because of the high number of different partners and respectively involved people. The experts therefore suggest appointing an additional staff member to adequately cover these administrative tasks without burdening the lecturers.	Thank you for the recommendation regarding the findings related with staff's workload. We will recalculate and reevaluate the productivity of the administrative staffs and reallocate or recruit new staff(s) based on the human resources evaluation result. This year we are still developing improvement of our Information System called SINAMED to facilitate many administrative things that previously performed by paperwork and manual work by the faculty and administration staff. We hope that this system will be completely implemented at the next academic year especially for facilitating the clinical stage.
Criterion 3.1 Staff and Staff	39	However, they note the complaint of the lecturers that the administration of the rotations and quality assurance among the cooperating community health centres which can only handle small groups of students each is very effortful because of the	Thank you for the recommendation regarding the findings related with staff's workload. We will recalculate and reevaluate the productivity of the administrative staffs and reallocate or recruit new

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
Development		high number of different partners and respectively involved people. The experts therefore suggest appointing an additional staff member to adequately cover these administrative tasks without burdening the lecturers.	staff(s) based on the human resources evaluation result. This year we are still developing improvement of our Information System called SINAMED to facilitate many administrative things that previously performed by paperwork and manual work by the faculty and administration staff. We hope that this system will be completely implemented at the next academic year especially for facilitating the clinical stage.
Criterion 3.3 Funds and equipment	43	Although the experts wonder about the untransparent documentation regarding the financial planning, they gain the impression based on the visitation of the well-equipped and maintained facilities (see below) as well as the interview sessions that there are no shortages or bottlenecks in the available funds. It appears that the UNISBA foundation serves as a fall-back level to cover any unforeseen expenditure. While the experts therefore confirm that the financial planning constitutes a reliable basis for the delivery of the degree programme, they still recommend UNISBA to further diversify the income sources.	Thank you for the concern, as a private university this is a challenging matter, but we always try to diversify our income resource such as establishing the commercial research laboratory, finding external grants, industrial cooperation for the research products of our faculty members, and also establishing our own teaching hospital, etc.
Criterion 4.1 Module descriptions	46	There are well-structured and transparent module descriptions which complement the curricular overviews for both stages of the programme and contain all the necessary content-related and practical information for the modules. This includes the course name, semester (course study time), name of the course coordinator, language of instruction, curriculum alignment, teaching methods, workload, credit points, course type, course credits, required and recommended prerequisites for	Thank you for the correction we will update the website regarding the module handbook description by adding the last amendment. We have revised the effective communication module by adding the "lecture, role play, and simulation" as the teaching modalities in the curriculum book as the main formal document source for the module handbook.

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		module enrolment, module objectives/intended learning outcomes, course content, examination formats, study and examination requirements and a reading list. However, the experts note that the date of the last amendment is missing in the descriptions and require UNISBA to add this information as an important feature of transparency and topicality. Also, the descriptions need to be reviewed with respect to the above-mentioned problem of the inconsistent credit allocation respectively conversion. Moreover, the mentioned inaccuracy of the teaching format in the module “Effective doctor communication” needs to be corrected.	
Criterion 4.2 Diploma and Diploma Supplement	47	With respect to the Diploma Supplement, the experts express their satisfaction with the form and information contained, but notice that no statistical information is provided which enables the readers to assess the individual student performance in relation to, e.g., the cohort. This needs to be addressed. Furthermore, the experts note that the achieved credit points are listed only in SKS credits. To enable international comparability, the Transcript of Records is recommended to include the credit load also in the converted ECTS unit, and the applied conversion system should be explained in the Diploma Supplement.	Thank you for the valuable recommendations. We have discussed this recommendation to the Vice Rector of the academic affairs to enable our graduate who wants to take postgraduate degree abroad to be facilitated with the international standard of the graduate diploma

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
Additional Documents		Before preparing their final assessment, the panel asks that the following missing or unclear information be provided together with the comment of the Higher Education Institution on the previous chapters of this report: Clarification of the learning outcomes The relevant document can be accessed through this links: SSC and Revised Curriculum Book: https://drive.google.com/drive/folders/1t59wbb05LjOP-Pkqd6QpQN_uFPEFkD8Zy?usp=drive_link Credits Conversion Guidelines Revised: https://drive.google.com/drive/folders/1ekt0MUx8rV2G9w9ooFcR5shYcBxIjyR6?usp=sharing Templates of the Diploma Supplements with new learning outcomes The relevant document can be accessed through this links: https://drive.google.com/drive/folders/1iG-lwVmU2ft5lBv2FxHpOpBSa7BCfH6Sp?usp=sharing Overview about international student mobility activities The relevant document can also be accessed through this links: https://drive.google.com/drive/folders/1M1EmHMDQ95dcCEbRj5vJf8h4gv9FvnoP?usp=sharing	

Criterion	Page	Findings from the ASIIN Expert	Feedback from the Faculty of Medicine Unisba
		Overview of recent and future plan for the student mobility: We are currently (2025) working the implementation of previous MoU with Mes-calady India, Curtin University Malaysia, and republic polytechnic Singapore. One of implementation is the student mobility program, where the students of our faculty will be sent to those universities for academic and non-academic activities. We are planned to have further discussion in India in late April, off-line meeting with Singapore in Indonesia -next week (Monday 4-14th-25), and will invite all international institution in an off-line meeting during the commemoration of UNISBA Medical Faculty birthday. The inbound international students were held on March 25, where the CIMSA (center for Indonesia medical student's activities) as a part IFMSA (International Federation of Medical Students' Association) held an event that invite the international members. Students of Japan, Egypt, and Sudan were coming to the event.	

F Summary: Expert recommendations (24.04.2025)

Taking into account the additional information and the comments given by UNISBA, the experts summarize their analysis and **final assessment** for the award of the seals as follows:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2030
Medical Doctor Profession Education	With requirements for one year	30.09.2030

Requirements

For both stages

- A 1. (ASIIN 1.3/ 1.5) Credits have to be awarded to all compulsory practical components of the curriculum.
- A 2. (ASIIN 1.4) Abandon the discriminatory admission restriction for students with disabilities and special needs, e.g. colour blindness.
- A 3. (ASIIN 2) Abandon the unfair regulation of a grade cap for follow-up exams.
- A 4. (ASIIN 4.2) Include statistical data in the Diploma Supplement to allow the assessment of the individual student performance.

For the academic stage (Ba Medicine)

- A 5. (ASIIN 1.1) Harmonize the learning outcomes of the academic stage with the curricular contents.

For the professional stage (Medical Doctor Profession Education)

- A 6. (ASIIN 1.5) Harmonize the credit allocation.

Recommendations

For both stages

- E 1. (ASIIN 1.3) It is recommended to enhance the focus on patient communication across the curriculum.
- E 2. (ASIIN 1.3) It is recommended to integrate knowledge and methodological skills regarding health systems and health policy into the curriculum.
- E 3. (ASIIN 1.3) It is recommended to further foster both incoming and outgoing international student mobility.
- E 4. (ASIIN 4.2) It is recommended to display the ECTS credits on the Transcript of Records and provide an explanation regarding the credit systems and their conversion in the Diploma Supplement.

G Comment of the Technical Committee 14 - Medicine (05.06.2025)

Assessment and analysis for the award of the ASIIN seal:

The TC discusses the procedure and is satisfied that there are no major points of critique regarding the programme. The requirements 1 to 4 and 6 are considered uncritical, as these concern common problems noted in Indonesia and are also issues the university has already recognised or started to address. The necessary administrative separation of the academic and clinical stage is considered to be a hindrance overall which should be abandoned for medical education; however, given the current ministerial provisions, requirement 5 is still necessary. The TC further discusses the recommendation health systems and health policy as this is something which is explicitly not part of medical education in Germany. Nevertheless, the TC recognises this as a criterion for employability and therefore agrees to issue a recommendation in that regard. Overall, the TC agrees with the proposal of the experts.

The Technical Committee 14 – Medicine recommends the award of the seals as follows:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2030
Medical Doctor Profession Education	With requirements for one year	30.09.2030

H Decision of the Accreditation Commission (27.06.2025)

Assessment and analysis for the award of the subject-specific ASIIN seal:

The Accreditation Commission discusses the procedure and recognises most of the requirements as common for universities/ programmes in Indonesia that have not been subject of ASIIN accreditation before. Particular point of discussion is A3 regarding the grade cap, as the Accreditation Commission deems it important to underline that the grade cap needs to be abandoned only for follow-up exams in the case that students missed an exam for reasons beyond their fault, such as illness or force majeure. In contrast to that, the Accreditation Commission would deem a certain grade cap adequate for the cases in which students repeat an exam after failing the first attempt (“remedial exam”). In this regard, the word “unfair” is removed from the requirement text. Moreover, the Accreditation Commission intensely discusses the wording of A5 as, from a quality assurance perspective, not the Learning Outcomes have to be adapted to the curriculum, but the curriculum needs to be derived respectively built on the Learning Outcomes. However, the committee recognises that the requirement specifically targets the Learning Outcome mentioning the competency as a medical professional, which is clearly a Learning Outcome of the clinical but not the academic stage, and that this was supposedly accidentally mixed up during the process of dividing the learning outcomes for both stages as required by the experts. Therefore, the Accreditation Commission sees this not as a systemic problem and agrees to apply the original formulation of the recommendation.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	With requirements for one year	30.09.2030
Medical Doctor Profession Education	With requirements for one year	30.09.2030

Requirements

For both stages

- A 1. (ASIIN 1.3/ 1.5) Credits have to be awarded to all compulsory practical components of the curriculum.
- A 2. (ASIIN 1.4) Abandon the discriminatory admission restriction for students with disabilities and special needs, e.g. colour blindness.
- A 3. (ASIIN 2) Abandon the regulation of a grade cap for follow-up exams.
- A 4. (ASIIN 4.2) Include statistical data in the Diploma Supplement to allow the assessment of the individual student performance.

For the academic stage (Ba Medicine)

- A 5. (ASIIN 1.1) Harmonize the learning outcomes of the academic stage with the curricular contents.

For the professional stage (Medical Doctor Profession Education)

- A 6. (ASIIN 1.5) Harmonize the credit allocation.

Recommendations

For both stages

- E 1. (ASIIN 1.3) It is recommended to enhance the focus on patient communication across the curriculum.
- E 2. (ASIIN 1.3) It is recommended to integrate knowledge and methodological skills regarding health systems and health policy into the curriculum.
- E 3. (ASIIN 1.3) It is recommended to further foster both incoming and outgoing international student mobility.
- E 4. (ASIIN 4.2) It is recommended to display the ECTS credits on the Transcript of Records and provide an explanation regarding the credit systems and their conversion in the Diploma Supplement.

I Fulfilment of Requirements (26.06.2026)

Analysis of the experts and the Technical Committee (22.06.2026)

Requirements

For both stages

- A 1. (ASIIN 1.3/ 1.5) Credits have to be awarded to all compulsory practical components of the curriculum.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: As explained in the documentation including the admission handbook, the previously uncredited pre-clerkship rotation that should serve the transfer of students between the academic stage and the clinical stage has been modified. Instead as a curricular module and instead, the readiness of graduates to begin the clinical stage and work with real patients is now assessed through a placement test as part of the admission process which the experts deem reasonable. As this has been addressed, all curricular components are now adequately credited and the requirement is considered as fulfilled.
TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.

- A 2. (ASIIN 1.4) Abandon the discriminatory admission restriction for students with disabilities and special needs, e.g. colour blindness.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: Upon review of the revised admission-related documents and institutional communication, the experts confirm that no discriminatory terminology or exclusionary restriction, including colour blindness or disability-related restrictions, is retained in the admission process anymore. The requirement is considered as fulfilled.

TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.
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A 3. (ASIIN 2) Abandon the regulation of a grade cap for follow-up exams.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: The faculty has revised the academic regulation concerning follow-up examinations and abandoned the automatic grade cap for students in follow-up exams who were unable to attend the original exam due to justified reasons. The requirement is considered as fulfilled.
TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.

A 4. (ASIIN 4.2) Include statistical data in the Diploma Supplement to allow the assessment of the individual student performance.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: Together with the university's academic office, the faculty has redesigned the Diploma Supplement/SKPI format so that it provides clearer information on individual student performance in relation to cohort-level statistical data. The requirement is considered fulfilled.
TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.

For the academic stage (Ba Medicine)

A 5. (ASIIN 1.1) Harmonize the learning outcomes of the academic stage with the curricular contents.

Initial Treatment	
experts	Fulfilled Vote: unanimous

	Justification: As evidenced by the updated curriculum handbook the faculty has revised the PLO to address the inconsistency regarding the differentiation of learning outcomes of the academic and the professional stage, which fulfils the requirement.
TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.

For the professional stage (Medical Doctor Profession Education)

A 6. (ASIIN 1.5) Harmonize the credit allocation.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: The faculty has recalculated and harmonised the credit allocation for the Medical Doctor Profession Education stage to the experts' satisfaction.
TC 14	Fulfilled Vote: unanimous Justification: The TC follows the assessment of the experts without changes.

Decision of the Accreditation Commission (26.06.2026)

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	All requirements fulfilled	30.09.2030
Medical Doctor Profession Education	All requirements fulfilled	30.09.2030

Appendix: Programme Learning Outcomes and Curricula

The following **objectives** and **learning outcomes (intended qualifications profile)**, at UNIBSA called SSC, shall be achieved through the academic stage of the Medical Study Programme:

SSCNO.	DESCRIPTION OF SSC AT THE ACADEMIC STAGE
SSC 1	Conduct self-reflection, self-awareness, and self-evaluation to identify strengths and weaknesses, think critically, and constantly identify learning needs associated with the role as a medical student
SSC 2	Master the latest concepts of Biomedicine, Humanities, Clinical Medicine, and Public Health/Preventive Medicine/Community Medicine to manage health problems holistically and comprehensively at the individual, family, community and society levels
SSC 3	Carry out clinical procedures according to problems, patient needs and his/her authorities and apply patient safety principles
SSC 4	Plan to manage the health problems of individuals, families, communities and societies, especially industrial communities, in a holistic, comprehensive, continuous and collaborative manner.
SSC 5	Apply the concept of professional medical practice in accordance with Islamic values and principles of divinity, noble morals, ethics, discipline, law, socio-culture and Islamic religion in the context of his/her role as a bachelor of medicine.
SSC 6	Apply information and communication technology effectively for scientific development and quality improvement of health services.
SSC 7	Apply scientific knowledge in making changes to medical and health phenomena through inter/multidisciplinary, innovative, and tested studies.
SSC 8	Implement collaborative learning in accordance with applicable principles, values and ethics

The following **curriculum** is presented:

SEMESTER	COURSE CODE	BLOCK NAME/ COURSE		SKS	ECTS	FORM OF LEARNING
(1)	(2)	(3)	(4)		(5)	(6)
One (1)	JAC101	<i>Ketrampilan Belajar dan berfikir kritis</i>	Learning Skills and critical thinking	2	3	Lecture, Tutorial, Laboratory practicum.
	JAC102	<i>Biomedik 1/ (Biologi Molekular, Genetik dan Sel)</i>	Biomedic 1/ (Molecular Biology, Genetic and Cell)	5	6	Lecture, Tutorial, Laboratory practicum.
	JAC103	<i>Biomedik 2/ (Jaringan dan Organ)</i>	Biomedic 2 / (Tissue and organ)	3	4	Lecture, Tutorial, Laboratory practicum.
	JAC104	<i>Biomedik 3/ (Dasar Diagnostik dan Terapi)</i>	Biomedic 3/ (Basic Diagnostic and Therapy)	4	5	Lecture, Tutorial, Laboratory practicum.
	A1C101	<i>PAI I / Aqidah</i>	Islamic Education 1 (Aqeedah)	2	3	Lecture
	A2C101	<i>Pancasila</i>	Pancasila	2	3	Lecture
	A3C101	<i>Bahasa Indonesia</i>	Indonesian Language	2	3	Lecture
	JAC105	<i>Komunikasi Efektif Dokter</i>	Effective Communication of Doctors	2	3	Lecture
Total Credits for Semester 1				22	30	
Two (2)	JAC106	<i>Sistem Hematologi dan Onkologi</i>	Hematology and Oncology System	4	5	Lecture, Tutorial, Laboratory practicum.
	JAC107	<i>Sistem Penginderaan</i>	Special Sense System	3	4	Lecture, Tutorial, Laboratory practicum.
	JAC108	<i>Sistem Dermat Muskuloskeletal</i>	Dermatomusculoskeletal System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC121	<i>Keterampilan Klinik Dasar 1</i>	Clinical Skill Programme 1	1	2	Clinical skills practice
	JAC109	<i>Bioetik dan Humaniora 1 (Etika Kedokteran)</i>	Bioethics & Humanities 1 (Medical Ethics)	2	3	Lecture
	JAC110	<i>Ilmu Kesehatan Masyarakat dan Komunitas 1</i>	Public Health and Community Medicine 1	2	3	Lecture
	A1C102	<i>PAI II / Pesantren Mahasiswa</i>	Islamic Education II (Islamic Boarding School)	1	2	Lecture
	A2C102	<i>Kewarganegaraan</i>	Civil Education/Citizenship	2	3	Lecture
Total Credits for Semester 2				22	32	
Three (3)	JAC201	<i>Sistem Neurobehaviour</i>	Neurobehavioural System	7	10	Lecture, Tutorial, Laboratory practicum.

SEMESTER	COURSE CODE	BLOCK NAME/ COURSE		SKS	ECTS	FORM OF LEARNING
(1)	(2)	(3)	(4)		(5)	(6)
	JAC202	<i>Sistem Endokrin dan Metabolisme</i>	Endocrine and Metabolism System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC221	<i>Keterampilan Klinik Dasar 2</i>	Clinical Skill Programme 2	1	2	Clinical skills practice
	A1C201	<i>PAI III / Fiqh Muamalah</i>	Islamic Education III (Fiqh-Human interrelationship)	1	1	Lecture
	JAC203	<i>Bioetik dan Humaniora 2 (Sosiologi dan antropologi kedokteran)</i>	Bioethics & Humanities 2 (Sociology and Medical Anthropology)	2	3	Lecture
	JAC204	<i>Epidemiologi</i>	Epidemiology	2	3	Lecture
	A3C201	<i>Bahasa Inggris</i>	English Language	2	3	Lecture
Total Credits for semester 3				22	32	
Four (4)	JAC205	<i>Sistem Reproduksi</i>	Reproductive System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC206	<i>Sistem Genitourinari</i>	Genitourinary System	4	5	Lecture, Tutorial, Laboratory practicum.
	JAC207	<i>Sistem Immunologi</i>	Immunology System	3	4	Lecture, Tutorial, Laboratory practicum.
	JAC222	<i>Keterampilan Klinik Dasar 3</i>	Clinical Skill Programme 3	1	2	Clinical skills practice
	A1C202	<i>PAI IV / Akhlak</i>	Islamic Education IV / (Akhlak)	1	1	Lecture
	JAC208	<i>Bioetik dan Humaniora 3 (Hukum Kesehatan)</i>	Bioethics & Humanities 3 (Medical Law)	1	1	Lecture
	JAC209	<i>Ilmu Kesehatan Masyarakat dan Komunitas 2</i>	Public Health and Community Medicine 2	2	3	Lecture
	JAC210	<i>Biostatistik</i>	Biostatistic	2	3	Lecture
Total Credits for Semester 4				21	29	
Five (5)	JAC301	<i>Sistem Gastrointestinal</i>	Gastrointestinal System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC302	<i>Sistem Respirasi</i>	Respiration System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC321	<i>Keterampilan Klinik Dasar 4</i>	Clinical Skill Programme 4	1	2	Clinical skills practice
	A1C301	<i>PAI V / Sejarah Peradaban Islam</i>	Islamic Education V (History of Islamic Civilization)	1	1	Lecture
	JAC303	<i>Bioetik dan Humaniora 4 (Bioetik)</i>	Bioethics & Humanities 4 (Bioethics)	2	3	Lecture
	JAC304	<i>Ilmu Kesehatan Masyarakat dan Komunitas 3</i>	Public Health and Community Medicine 3	2	3	Lecture, Tutorial, Field practice

0 Appendix: Programme Learning Outcomes and Curricula

SEMESTER	COURSE CODE	BLOCK NAME/ COURSE		SKS	ECTS	FORM OF LEARNING
(1)	(2)	(3)	(4)		(5)	(6)
	JAC305	Metodologi Penelitian	Research Methodology	2	3	Lecture, Tutorial
Total Credits for Semester 5				22	32	
Six (6)	JAC306	Sistem Kardiovaskuler	Cardiovascular System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC307	Sistem Kedokteran Tropis	Tropical Medicine System	7	10	Lecture, Tutorial, Laboratory practicum.
	JAC322	Keterampilan Klinik Dasar 5	Clinical Skill Programme 5	1	2	Clinical skills practice
	A1C302	PAI VI (Pemikiran Islam)	Islamic Education VI / (Islamic thought)	1	1	Lecture
	JAC308	Bioetik dan Humaniora 5 (Profesionalisme dan Inter Profesional Education)	Bioethics and Humanities 5 (Professionalism and Interprofessional Education)	2	3	Lecture
	JAC309	Kedokteran Keluarga	Family Medicine	1	1	Lecture
	JAC310	Ilmu Kesehatan Masyarakat dan Komunitas 4	Public Health and Community Medicine 4	3	5	Lecture, Field practice
	JAC391	Usulan Penelitian	Research Proposal	1	1	Tutorial, seminar
Total Credits for Semester 6				23	33	
Seven (7)	JAC401	Kedokteran Kegawatdaruratan dan penanggulangan bencana	Emergency & Disaster Relief Medicine	6	8	Lecture, Tutorial, Clinical Skills Practice
	JAC402	Kesehatan Masyarakat Industri	Industrial Community Health	4	5	Lecture
	JAC421	Keterampilan Klinik Dasar 6	Clinical Skill Programme 6	1	2	Clinical skills practice
	A1C401	PAI VII (Islam Disiplin Ilmu Kedokteran)	Islamic Education VII / Islam on Medical discipline	2	3	Lecture
	JAC431	Mata Kuliah Pilihan healthy aging *)	Elective Healthy Aging *)	2	3	Lecture
	JAC432	Mata Kuliah Pilihan Naturopati dan Pengobatan Herbal *)	Elective Naturopathy and Herbal Medicine *)			Lecture
	JAC433	Mata Kuliah Pilihan Kedokteran Olahraga *)	Elective Sport Medicine *)			Lecture
	JAC491	Skripsi	Minor thesis	5	6	Lecture, seminar
Total Credits for Semester 7				20	27	
Total credits				152	209	

The following **objectives** and **learning outcomes (intended qualifications profile)**, at UNIBSA called SSC, shall be achieved through the professional stage of the Medical Study Programme:

NO SSC	DESCRIPTION OF SSC AT THE CLINICAL STAGE
SSC 1	Practice medicine by carrying out self- reflection, realizing limitations, overcoming personal problems, and increasing knowledge in a sustainable manner, as well as producing innovativework in order to solve health problems.
SSC 2	Carry out clinical procedures related to health problems by applying the principlesof patient safety, personal safety, and the safety of others.
SSC 3	Plan the management of individual, family,community and community health problems, especially industrial communities, in a comprehensive, holistic,integrated and sustainable manner based on the latest Biomedical, Humanities, Clinical Medicine, and Public Health/Preventive Medicine/Community Medicine in the context of primary health services.
SSC 4	Be able to apply the principles of patient safety in the management of healthproblems.
SSC 5	Apply the practice of professional medicaldoctor in accordance with Islamic values and principles of divinity, noble morals, ethics, discipline, law, socio-culture and Islamic religion in managing the health problems of individuals, families, communities and societies.
SSC 6	Implement effective communication bybuilding relationships, gathering information, receiving and exchanging information, negotiating and persuasionverbally and non-verbally; showing empathy to patients, family members, communities and peers, in a local andregional cultural diversity order.
SSC 7	Apply scientific knowledge in making changes towards medical and health phenomena and towards the advances in science and technology in the field of medicine and health that take into accountinter/multidisciplinary, innovative, and tested studies.
SSC 8	Be able to collaborate and cooperate withpeers, health inter-professionals and otherprofessions in the management of health problems by applying values, ethics, rolesand responsibilities, and to manage problems effectively.

The following **curriculum** is presented:

Clinical Stage Curriculum Contents (new curriculum/2023-2024)

Code Course	Clinical Learning Module	Duration of Rotation (week)	SKS	CREDITS ECTS
JAJ105	Internal Medicine Science	11	8	20
JAJ106	Obstetrics and Gynecological Diseases Science	11	8	20
JAJ107	Surgical Science	11	8	20
JAJ108	Pediatric Science	11	8	20
JAJ220	Community Health Science	5	4	4
JAJ221	Dermatology and Venereology Science	3	3	3
JAJ222	Mental Health Science	3	3	3
JAJ223	Neurology	4	3	5
JAJ224	Radiology	3	2	2
JAJ225	Forensic Medicine and Medicolegal Science	3	2	4
JAJ226	Anesthesiology And Intensive Therapy	3	3	4
JAJ227	Ophthalmology Science	4	3	4
JAJ228	Otorhinolaryngologic Diseases (ENT) Science	3	3	3
JAJ229	Dental and Oral Diseases Science	1	4	1
JAJ230	Physical Medicine and Rehabilitation Science	2	3	2
JAJ231	Industrial Community Health	3	1	2
JAJ232	Industrial Hygiene and Occupational Health	2	2	2
AIJ233	Islamic Boarding School for Clinical Stage	1	1	1
Total		84	65	121