ASIIN Seal

Accreditation Report

Bachelor's Degree Programme
Medicine

Professional Programme
Medical Doctor

Provided by
Universitas Islam Negeri Syarif Hidayatullah Jakarta, Indonesia

Version: 06 December 2024

Table of Content

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]
Sarjana Kedokteran	Bachelor of Medicine	ASIIN	LAM-PTKes, 27.11.2020 - 26.11.2025	14
Program Studi Profesi Dokter	Profession of Medical Doctor	ASIIN	LAM-PTKes, 27.11.2020 - 26.11.2025	14
Date of the contract: 11.10.2022 **Submission of the final version of the self-assessment report:** 27.10.2023 **Date of the onsite visit:** 25.-26.09.2024 **at: Universitas Islam Negeri Syarif Hidayatullah Jakarta, Faculty of Medicine** **Location:** Jakarta, Indonesia.				
Expert panel: Prof Dr Ivo Volf, Medical University Vienna Dr Hanna Mutiara, Universitas Lampung Ms Anika Biel, M.D., Medical Specialist for Urology Mr Roy Novri Ramadhan, student at Universitas Airlangga				
Representative of the ASIIN headquarter: Dr Emeline Jerez				
Responsible decision-making committee: Accreditation Commission for Degree Programmes				

[1] ASIIN Seal for degree programmes
[2] TC: TC 14 - Medicine.

Criteria used: European Standards and Guidelines as of May 15, 2015 ASIIN General Criteria, as of December 7, 2021 WFME Global Standards for Quality Improvement: Basic Medical Education 2015	

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	Sarjana Kedokteran / Bachelor of Medicine	—	Level 6	Full-time	—	3½ years / 7 semesters	150 SKS equivalent to 219 ECTS.	Annually in August.
Medical Doctor	Program Studi Profesi Dokter / Profession of Medical Doctor	—	Level 6	Full-time	—	2 years / 4 semesters	66 SKS equivalent to 99 ECTS.	Four times a year in January, April, July and November.

The ASIIN experts acknowledged and considered the contextual framework within which the programmes under review are offered:

**Universitas Islam Negeri Syarif Hidayatullah Jakarta (UINJKT), ** the largest and oldest state Islamic university in Indonesia, has a rich history dating back to the founding of the Department of Religion Service Academy in 1957.

Officially established with its current name in 2002, UINJKT now has 13 faculties, including a Graduate School, encompassing diverse fields such as teacher training, humanities, social sciences, law, communication sciences, Islamic knowledge, psychology, economics, health sciences, political sciences and medicine. The University offers a range of educational programs, including undergraduate, as well as postgraduate programs such as professional, master, and doctoral studies.

[3] EQF = The European Qualifications Framework for lifelong learning

UINJKT has the vision “to become a university with a global reputation with excellence in the integration of Islamic, Indonesian and scientific knowledge”.

The Faculty of Medicine (FoM)[4]

Fakultas Kedokteran (FK) at UINJKT was formally established as an independent Faculty in 2018. It currently organizes medical and professional education programmes, including Bachelor of Medicine, Medical Doctor and Specialists. With over 650 students, its vision is "To Become a Faculty of Medicine (FoM) of International Reputation with Excellence in the Integration of Medicine and Islam in Education, Research and Community Service ".

FoM has presented the following mission statement on its website:

1. “To provide fair access to a quality medicine education for people at large
2. To improve quality and superior research based on integration between medical science and Islam
3. To produce research that can be utilized as a form of dedication and service to improve people’s life quality
4. To build trust and develop cooperation with national, regional and international institutions”.

The FoM pursues ASIIN accreditation for both the Bachelor of Medicine (BM) and the Medical Doctor (MD) programmes, which are introduced with the following profile:

i. Bachelor of Medicine

“Vision
"To become a medical degree program with an international reputation with excellence in the integration of medicine and Islam in education, research and community service.
Mission
1. To provide fair access to a quality medicine education for people at large
2. To improve quality and superior research based on integration between medical science and Islam
3. To produce research that can be utilized as a form of dedication and service to improve people’s life quality
4. To build trust and develop cooperation with national, regional and international institutions”

[4] https://www.fk.uinjkt.ac.id/en

ii. Medical Doctor

"Vision

To become a medical professional degree program with an international reputation with excellence in the integration of medicine and Islam in education, research and community service.

Mission

1. To provide fair access to a quality medicine education for people at large
2. To improve quality and superior research based on integration between medical science and Islam
3. To produce research that can be utilized as a form of dedication and service to improve people's life quality
4. To build trust and develop cooperation with national, regional and international institutions"

C Analysis and Findings of Experts

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

Evidence:

- Self-Assessment Report
- Curriculum documents, FK, UINJKT
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The intended learning outcomes of the Bachelor of Medicine (BM) and Medical Doctor (MD) study programmes are outlined in the provided Curriculum Documents (see Appendix). Since the two programmes represent one continuous educational qualification, consisting of an academic and a professional stage, their intended learning outcomes and graduate profiles are formulated together.

As stated by the FoM, the aim of the BM and MD programmes is to produce "Muslim Doctors with superior competency in Hajj medicine, Academician (Educators and Researchers), Communicator, Professional Leader, Agent of Change and Community Motivator".

When the expert panel inquired about the alignment of the intended learning outcomes (ILOs) between the two programmes, the programme coordinators reiterated that the ILOs are the same. However, the key difference lies in the depth and complexity of the skills developed, which reflects the different levels of cognitive engagement and practical application within each stage.

The expert panel also inquired about the practical integration of Islamic values and medical sciences within the curriculum. In response, the programme coordinators detailed that Islamic values are incorporated in specific modules from the second through to the final semester. This integration is also present in the MD programme, particularly in the area of bioethics. The curriculum includes training on how to deliver patient care that aligns with Islamic ethical principles, emphasizing compassionate treatment and respect for patients.

When the expert panel asked the health sector partners about what distinguishes UINJKT medical graduates from those of other universities, several factors were highlighted. They

emphasized that the graduates demonstrate a positive attitude and knowledge. Additionally, the graduates were noted for their display of empathy and commitment to patient care, which may be influenced by their grounding in Islamic values. Furthermore, UINJKT graduates consistently achieve high scores in clinical practice assessments.

In general, the experts consider the intended learning outcomes of the BM and MD programmes to be well founded and reasonable. The experts confirmed that the programmes' intended learning outcomes (as per the "Curriculum Documents" and stated in the appendix) are published on the programme's website and hence publicly accessible to all interested stakeholders.

Criterion 1.2 Participation in the formulation of mission and outcomes

Evidence:

- Self-Assessment Report
- Evidence of Meeting for Designing Mission and ILO of Study Programs
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
According to the Self-Assessment Report, the BM and MD programme's learning outcomes have been developed in accordance with the applicable governmental regulatory frameworks. This includes the Indonesian Qualification Framework (KKNI) and the Indonesian National Medical Education Standards (SNPDI), as well as further relevant standards such as those of the World Federation of Medical Education (WFME), the National Standards for Medical Professions (NSPK) and the Indonesian Doctor Competency Standards (SKDI).

As verified by the expert panel during the audit, the curriculum and learning outcomes of the BM and MD programmes undergo a major evaluation every five years. There is also an annual assessment involving a variety of internal (faculty leadership, lecturers, students) and external (e.g. alumni, hospitals, educational institutions, community health centres, professional associations) stakeholders to ensure alignment with both community and health sector needs. This is for instance achieved through regularly conducted student, graduate, and employer satisfaction surveys. When the expert panel asked health sector partners and alumni during the audit about their involvement in regular programme reviews, several confirmed their participation via surveys and related meetings with the FoM.

During the audit, the programme coordinators explained that changes incorporated in the new curriculum 2024 were informed by feedback from external stakeholders, including teaching hospitals, during ongoing curriculum evaluations and vision/mission reviews. For example, the structure has been adjusted so that the first year is dedicated to basic medical sciences, with a transition to clinical training occurring in the third semester. This contrasts with the 2019 curriculum, where life cycle is in the final two semesters. The revised approach allows for a smoother progression from pre-clinical to clinical training. Additionally, there is a renewed focus on addressing the challenges posed by degenerative diseases.

In summary, the experts confirm that there is a well-established process for designing and validating the objectives and learning outcomes. All relevant stakeholders are involved in the process.

Criterion 1.3 Institutional autonomy and academic freedom

Evidence:

- Self-Assessment Report
- Minister of Religious Affairs regulation No. 17/2014 concerning the Statutes of the Syarif Hidayatullah State Islamic University Jakarta
- Rector’s decree No 469/2016 concerning Student Code of Ethics UINJKT
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

As outlined in the Self-Assessment Report, UINJKT’s Statutes guarantee academic freedom for lecturers. This includes the right to pursue education, learning, and academic services according to their interests, talents, hobbies, and abilities, in line with applicable laws. This freedom also ensures that lecturers can express their views, share their publications, and engage in related activities in a secure and supportive environment.

The Student Code of Ethics upholds students' academic freedom. All students have an equal opportunity to participate in the activities organized by the Medical Science Student Council, as well as in academic and extracurricular events at the local, regional, national, and global levels, and outside the programme. Equal opportunities are also provided to the teaching staff and employees to participate in university activities both internally and externally. They are encouraged to express their opinions freely and respectfully, while also respecting the rights of others.

The experts confirm that academic freedom at UINJKT is given

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

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Module descriptions
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

The BM and MD programmes are structured as continuous programmes divided into two consecutive stages: the academic stage, represented by the Bachelor of Medicine, followed by the professional stage, embodied through the professional Medical Doctor.

During the academic phase, the instructional techniques encompass lectures, group discussions, laboratory practicums, basic clinical skills, special topic discussions, independent learning, and feedback. In turn, the professional phase is an internship activity in hospitals and primary health centers (Puskesmas). Teaching strategies focus on practical application, utilising pedagogical techniques such as bedside instruction, clinical tutorials, journal exploration, case analyses, and literature reviews. Through the above, the curriculum seeks to combine academic knowledge with clinical practice.

Teaching and learning formats in the BM and MD programmes include lectures, tutorials (PBL), practical medical skills, field activities, community service, and a final thesis project.

When inquired by the expert panel about their lectures, the students explained that they sometimes do not receive the lecture materials ahead of each lesson. As a result, the experts recommend that the lecture documents should be consistently provided to the students before each lesson to ensure they have ample time to review and prepare.

Furthermore, the experts focused on the "Curriculum Document" and identified areas for improvement to ensure its completeness. For instance, several modules are described,

while others are presented only by their titles, such as the Disease & Defense Module, Blood Module, and Cardiovascular System Module, Brain & Behavior Module, and many others. Crucial information necessary for an understanding of the curriculum model is absent. This includes instructional and learning methods employed, which are defined in a very general way. The experts strongly advocate for the completion of the written curriculum document and emphasize that essential information from the Semester Learning Plan should be included (more under criterion Criterion D 4.1).

Apart from this, the audit team confirms that the programmes under review have a defined study plan and the curriculum ensures that students are prepared for lifelong learning. In addition, the individual forms of teaching and learning are defined in a way that students know what to expect.

Criterion 2.2 Scientific method

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The curriculum integrates the scientific method in various ways. Students in the Bachelor of Medicine stage are required to attend two modules entitled Introduction to Research Methods and Evidence-based Medicine in which students are familiarised with principles of scientific work such as critical analysis, problem-solving, and clinical reasoning. Students are required to formulate hypotheses and conduct literature research. In their final semester, BM students need to deliver a scientific final thesis, which is elaborated on further under criterion 3.1.

Considering the connection between the scientific elements in the curriculum and English competence, the expert panel inquired during the audit whether there are modules taught in English. The programme coordinators clarified that while the BM programme does not have specific modules taught in English, it is encouraged to have occasional presentations in English. **When students were asked about potential improvement, they highlighted there is room for enhancing English skills, as studying in English is still challenging. The students suggested that more could be done. In line with this feedback, the experts recommend incorporating English instruction into the scientific elements of the curriculum to better prepare students for the requirements of the MD programme.**

During the Medical Doctor professional stage, students engage with scientific methodologies through case-based discussions in all clinical clerkships. They also participate in structured case reports and critically appraise journal articles, in alignment with the principles of evidence-based medicine.

All in all, the experts confirm that all medical students learn the principles of the scientific method, are able to carry out medical research activities, and are familiar with evidence-based medicine.

Criterion 2.3 Basic Biomedical Sciences

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Module descriptions (RPS-Course Module)
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

The Self-Assessment Report indicates that medical science is integrated into the curriculum and is distributed across all modules at both the pre-clinical and professional stages. The courses consist of integrated modules that emphasize biomedical science in the first year, with a gradual refinement of focus in the subsequent years. In their initial year, students receive instruction in fundamental biomedical sciences through courses such as *Life as Medical Student & Molecular Cellular Biology and Inheritance, Homeostasis I: Neuroscience Movement, Homeostasis Ii: Digestive and Metabolism, etc*.

The consolidation of biomedical knowledge during the 1st and 2nd semesters is facilitated using in-person teaching and practical sessions to ensure the students' grasp of human anatomy, physiology, histology, medical biology, biochemistry, pharmacology, parasitology, microbiology, anatomical pathology and clinical pathology. Assignments given for these subjects typically consist of group discussions, worksheets, practical reports and case presentations assessed by teaching staff based on an assessment rubric.

In sum, the experts confirm that the students acquire the necessary knowledge in basic biomedical sciences and are familiar with fundamental biomedical concepts and methods.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Integrated Muslim Doctors and Bioethics (IMDB) Blueprint, 2019 Curriculum
- Module descriptions (RPS-Course Module)
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

The Bachelor of Medicine programme incorporates behavioural sciences, social sciences, and medical ethics through the Integrated Muslim Doctors and Bioethics (IMDB) modules and all Problem-Based Learning courses. In the Medical Doctor programme, these materials are covered in all clerkship courses, including the modules of *Healthy Santri, Community Medicine, and Sharia Hospital.*

Behavioural and social sciences in the BM and MD programmes are also represented through nation-wide required foundational subjects such as *Indonesian Language, Civic Education, English, Arabic and Pancasila*, as well as through University requirements such as *Practical Worship, Practical Qiraat, Islamic Studies, Islam and Science* and *Soft-skills* courses.

The expert panel considers this sufficient.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Module descriptions (RPS-Course Module)
- List of Basic Clinical Skill in Practice of Medicine Curriculum FK 2019
- FoB website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

As described in Self-Assessment Report and verified by the experts during the audit, Bachelor of Medicine students acquire Basic Clinical Skills (KKD) through various learning activities integrated into the modules from the 2nd to the 7th semester. Assessment of

students' clinical abilities utilizes Objective Structured Clinical Examinations (OSCEs) and Student Oral Case Assessment (SOCA).

Through Community & Family Health Oriented Program (CHEFOR) courses, students are furthermore encouraged to obtain community coaching skills to be able to pursue preventive medicine promotion and conduct health problem analyses within families and communities.

Asked about their clinical skills, alumni confirmed that their pre-clinical years in the programme were comprehensive, providing them with a strong foundation for clinical practice. They highlighted UINJKT's unique approach to clinical rotations, which allows students to apply their knowledge to specific populations.

As per MD students, they expressed confidence in applying the knowledge gained in class to their clinical practice during rotations. They emphasized that they learned foundational skills in the pre-clinical stage and noted the importance of refreshing that knowledge during clinical training. They found clinical rotations to be particularly beneficial, as these experiences enable them to perform medical procedures and adapt their skills in real-world settings.

In response to the expert panel's inquiry about potential improvements to the programmes, alumni and health sector representatives reflected on the difficulty that BM students face in imagining how to see the patient. They emphasized that the transition from pre-clinical to clinical is challenging, but they acknowledged recent improvements in the curriculum. They expressed hope that by the third year, each module would be integrated into the reality of the hospital, with students spending time in the hospital to gain exposure to real patient care. They also stressed the importance of improving communication and service skills for patient care.

In summary, based on the provided documentation and the insights gained during the audit, the experts come to the conclusion that students of the BM and MD programmes overall obtain adequate clinical skills over the course of their studies. Yet, the programme should be further developed for earlier exposure to patient care, as well as communication and service to the patient skills.

Criterion 2.6 Curriculum structure composition and duration

Evidence:

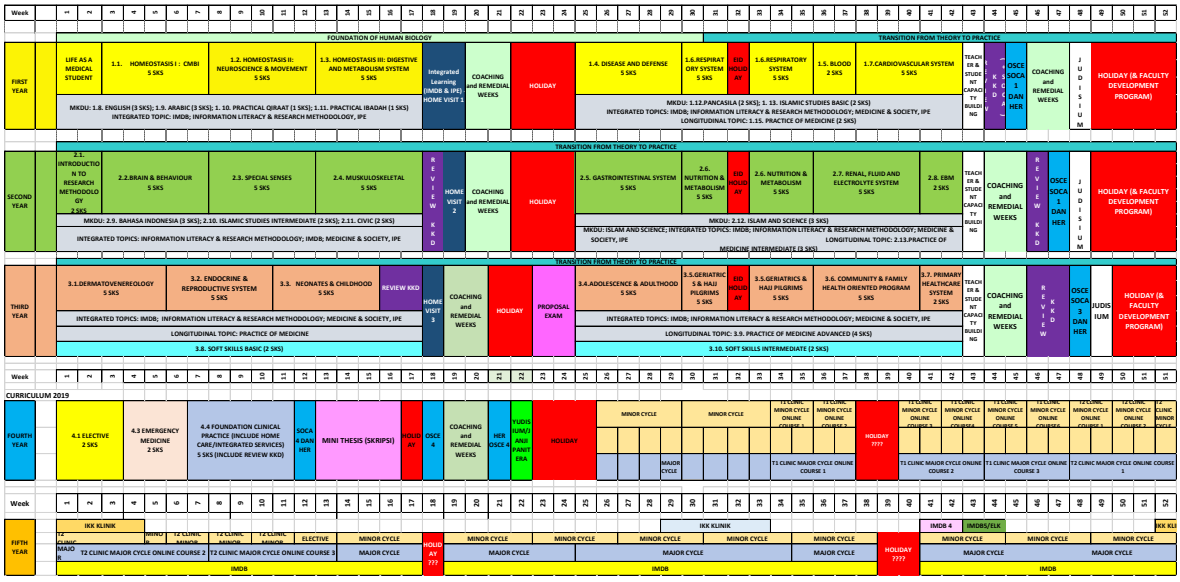
- Self-Assessment Report
- Academic Guideline Medical Science 2017-2018
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)

- Module descriptions (RPS-Course Module)
- Academic Calendar 2023/2024 or 2024/2025
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
As indicated under criterion 2.1, Medical education at the Faculty of Medicine of UINJKT is divided into two stages: The academic stage embodied by the Bachelor of Medicine, followed by the professional stage through the professional Medical Doctor programme. The academic phase incorporates 32 modules, accounts for 150 Indonesian credits (satuan kredit semester, SKS), and spans over 7 semesters (3 ½ years). The professional phase comprises 19 modules, accounting for 66 SKS, spread across 4 semesters (2 years).

In the first year of the Bachelor of Medicine, students immerse themselves in basic biomedical science and in understanding physiological mechanisms. Courses offered include Life as a Medical Student & Molecular Cellular Biology and Inheritance, Homeostasis I, II, Disease and Defense, Blood, Respiratory System, Cardiovascular System and foundational medical skills via Practice of Medicine (Basic).

The second year serves to deepen the student's understanding of the processes and functions of the body's systems. This learning spans the 3rd and 4th semesters. Consequently, students grasp concepts arising from infections, traumas, neoplasms, and degenerative diseases. This phase incorporates organ system courses such as Brain & Behaviour, Musculoskeletal System, Special Senses, Gastrointestinal System, Nutrition & Metabolism, Renal, Fluid & Electrolyte System, and clinical skills labs via Practice of Medicine (Intermediate). Students are also introduced to research methodology principles to help them understand research, compile proposals, and critically analyze academic papers, all of which support evidence-based medical practice.



Academic Calendar, Source: UINJKT

The third year continues the exploration into pathological conditions associated with organ systems, spanning the 5th and 6th semesters. Courses in this phase include Dermatovenereology, Endocrine & Reproduction System, Neonates & Childhood, Adolescence & Adulthood, Geriatrics & Hajj Pilgrims, Community & Family Health Oriented Program, Primary Healthcare System and clinical skills labs via Practice of Medicine (Advanced).

In their 7th semester, students shift focus towards their thesis and Emergency Medicine, Foundation of Clinical Practice and Practice of Medicine (Integrated) courses. Additionally, students can engage in elective courses, such as surgery, forensics, research and entrepreneurship.

With the completion of their 7th semester and thus the Bachelor's phase, graduates obtain a Bachelor of Medicine (*Sarjana Kedokteran*, S.Ked) degree.

Within their first year of the MD programme, students enter into the clinical phase, focussing on real-life patient observations and practices at teaching hospitals. The second and final year is a continuation of the previous year, requiring students to finish the rest of the modules across a spectrum of medical fields. Leading up to the culmination of their studies, students undergo an assessment before facing the UKMPPD (*Uji Kompetensi Mahasiswa Program Profesi Dokter*) test, the national Indonesian competency assessment for medical students to become practising medical doctors.

During the discussions, the expert panel learned about the schedule provided at the beginning of each rotation. It was noted that students may not receive this information in advance and often only become aware of the schedule three days before the rotation

begins. This lack of notice can be a stress-provoking situation, especially during exam periods, as also logistical preparations are required before starting the rotation. The panel strongly believes that students should be given the schedule for clinical rotations at the beginning of the programme, allowing them time to prepare.

Asked by the experts about the inclusion of urology, anatomy, oncology, ophthalmology, and ENT in the curriculum and the specific modules where these subjects are taught, the programme coordinators explained that the 2019 curriculum covers basic medical sciences and the pathology aspect of each module. Anatomy is taught from the beginning of each module, while urology and oncology are covered in specific modules. The oncology aspect is also included in the life cycle module and is spread across various modules in the clinical phase. Additionally, students learn about urology and gynecology in the clinical phase and during clinical rotations.

For the Bachelor of Medicine programme, the maximum study duration is twice the standard full-time duration, i.e. 14 semesters. Each semester concludes with a final examination, and there are remedial classes for students needing additional support in Biomedical courses. For the Medical Doctor stage, the cap is ten semesters.

As per the “Curriculum Documents”, the BM and MD programmes seek to distinguish from other local and regional study programmes in the field of Medicine through their focus on Muslim values with Hajj Medicine excellence and rural environments. As discussed with the programme coordinators, the content of Muslim doctor competencies is integrated into all existing modules. By the 6th semester, Hajj medicine is introduced through the Geriatric and Hajj Pilgrim courses, which will be continued in more detail at the professional education stage. Moreover, the content of rural doctor competencies is integrated into all modules of the pre-clinical stage and also found in the Community and Family Health Oriented Program and Primary and Health Care System modules.

Criterion 2.7 Programme management

Evidence:

- Self-Assessment Report
- Activity Report Education Coordination Committee and Curriculum Evaluation Workshop, 2023
- Implementation Report, several modules
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
A Curriculum Committee continuously monitors the delivery and quality of the programmes through regular reviews of the curriculum and the attainment of its intended learning outcomes.

Based on the information provided, the expert panel engaged in discussions with the programme coordinators during the audit regarding various operational aspects of the Curriculum Committee:

1. One of the aspects that was unclear to the experts was the exact composition and size of the Curriculum Committee. The programme coordinators explained that there is a specialized unit overseeing this, but in general, it is comprised of about 30 members, including the head of the department and the medical educational unit. **However, since this has not been formally established, the expert panel strongly believes that the University must clearly state the size and composition of the Curriculum Committee.**
2. Considering that the review includes two separate programmes, the experts were unsure as to whether there are two separate curriculum committees. The program coordinators clarified that there is only one committee overseeing both programs. **In light of this, the experts believe that the decision-making process for each programme would be more efficient if there were two programme-specific groups with fewer participants. Therefore, they recommend that the University consider establishing separate Curriculum Committees for each programme, with occasional joint meetings to facilitate collaboration.**
3. Another important topic of discussion was the involvement of students in the Curriculum Committee. The programme coordinators explained that students only fill out questionnaires and provide feedback, but are not directly involved in the committee. **The experts noted that in alignment with WFME criteria, it is essential to ensure that students are represented in the Curriculum Committee so their voices are directly considered in matters that affect them. This includes planning, preparing, and implementing the curriculum.**

The Curriculum Committee convenes at the beginning of each semester to coordinate the delivery of the curriculum and conduct its evaluation at the end of the semester using surveys. The insights drawn from these evaluations are shared will all relevant Faculty staff during a semester evaluation meeting.

Criterion 2.8 Linkage with medical practise and the health sector

Evidence:

- Self-Assessment Report
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

To facilitate linkage to medical practise and the health sector, the FoM organizes focus group discussions, online data collection, and curriculum workshops. These activities involve network hospitals, community health centers, and the alumni association. Topics of discussion encompass the quality of graduates and possible future curriculum improvements based on anticipated challenges within the medical field. Likewise, feedback from societal and community representatives is taken into consideration.

Based on the provided documentation as well as the discussions and visitations of the experts during the on-site visit, the auditors gain the overall impression that there is a well-established network of collaborations between the FoM and hospitals, public health centres, and the regional health offices, from which the BM and MD students benefit at both stages of their studies. Further aspects in this regard will be discussed under criterion 8.5.

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

The experts thank the Faculty of Medicine for the provided statements concerning criterion 2.

(WFME 2.1) Availability of lecture material ahead of each lesson – BM programme

The experts thank the Faculty for making lecture materials available to students. To encourage this becomes a long-term practice, they reiterate their recommendation and support the Faculty's plan to regularly update the materials and ensure their timely upload to the online learning platform by the module team leader.

(WFME 2.1) Ensuring the completeness of the curriculum document – Both programmes

The experts appreciate the update to the curriculum document, which now includes descriptions of previously missing modules. However, they believe that a mechanism should be found to ensure further steps:

- The descriptions of the modules are extremely heterogeneous in terms of scope and relevant content, and there is a lack of a uniform strategy for presenting the modules.

- The integration of relevant information from the semester learning plans into the curriculum document. In addition, the curriculum document must refer to the existence of the semester learning plans.

(***WFME 2.2) Student's English skills – BM programme***

The experts commend the Faculty of Medicine for its efforts to enhance student proficiency in English through various initiatives. These include holding an English Day every Monday, subscribing to e-journals, using English for learning materials and lectures, and requiring a minimum TOEFL score of 450 for entry into clinical clerkships. Additionally, they take note of the training courses available at the UIN Language Center for students who have yet to meet the TOEFL requirement. However, considering that this is an ongoing challenge that requires consistent and long-term effort, the experts reaffirm their initial recommendation.

(WFME 2.5) Early exposure to patient care – BM programme

The experts commend the current initiatives aimed at enhancing student exposure to patient care and developing communication and service skills in patient interactions. Recognizing that these efforts require ongoing commitment, they reiterate their recommendation and support the Faculty's proposed plan to design activities and establish collaborations with Haji UIN Jakarta Hospital and Syarif Hidayatullah Hospital (RSSH) to further strengthen these areas.

(WFME 2.6) Clinical rotation schedule – MD programme

The experts acknowledge the statement, noting that the student clinical rotation schedule is provided at the start of each semester. They appreciate the formal presentation of the schedule and clinical stage guidelines to students, starting in the 2024/2025 academic year. The experts recommend that the implementation of this approach be closely monitored, with regular surveys conducted to gauge student satisfaction.

(WFME 2.7) Curriculum Committee – Both programmes

Upon reviewing the Dean's Decision of the Faculty of Medicine, No. 68/2024, regarding the Curriculum Committee, the experts confirm that the document outlines the Committee's size and composition. They further affirm that student representatives are included as members of the Committee. However, the Faculty needs to evaluate the team's effectiveness moving forward. Given that the Committee consists of 33 members, the assessment team reiterates their recommendation that the University consider establishing separate Curriculum Committees for each program, with occasional joint meetings to facilitate collaboration.

The experts consider criterion 2 to be mostly fulfilled.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Academic Guideline Medical Science 2017-2018
- Explanation on Learning Assessments regarding grading by type of course
- Example: Scoring Rubric for Undergraduate Thesis
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
Academic assessment in the BM and MD programmes encompasses both formative and summative methods. Formative assessments monitor and enhance the learning process. Results from these assessments contribute to the final scores as process values. Summative assessments evaluate the achievement of learning objectives and determine the passing of the course.

In **Bachelor of Medicine programme**, formative assessments involve feedback during group discussions (DK), expert meetings, basic clinical skills (KKD) sessions, and practicums. Whereas, summative assessments include DK assessments, KKD tests, multiple-choice questions (MCQs), practicum exams, and student reports. Final course examinations usually use computer-based test (CBT), taking place in the last week of the semester. Should students fail to achieve a passing score, a remedial test is scheduled. The final results are announced within two weeks after the exam via the Academic Information System (AIS).

In addition to their course examinations, students participate in comprehensive assessments designed to evaluate their clinical skills and medical knowledge. One key component is the Objective Structured Clinical Examination (OSCE), which employs a rotational format with multiple skill stations that assess areas such as communication, physical examinations, and medical procedures, using mannequins or simulated patients. Another assessment is the Student Oral Case Assessment (SOCA), where students present a problem-solving analysis in front of two examiners, allowing for the evaluation of their medical knowledge during their first three years. Additionally, students take progress tests to further measure their understanding and development throughout the programme.

When asked by the expert panel about the transparency of the assessment criteria for examinations, the teaching staff explained that course coordinators provide a so-called learning contract to the students at the beginning of the course. The contract details the composition of the final mark, assessment methods, and an accompanying module description to ensure that students are informed about how they will be assessed. Students confirmed this procedure to the expert panel during the audit.

BM students are declared passed if they have a minimum score of C (60). The grading table for the Bachelor of Medicine is depicted below:

Table Grading Category.
Source: Academic Guideline Medical Science 2017-2018

Number value	Letter grade	Weight value	Description
85-100	A	4.00	
70-79	B	3.00	
60-69	C	2.00	
50-59	D	1.00	Not passed
01-49	e	0.00	Not passed

The Bachelor of Medicine concludes with a thesis project in the students' last semester. For this, students engage in idea development, research proposal drafting, and supervisor discussions in semesters 3 to 6 during Introduction to Research Methods and Evidence-based Medicine. Within their 7th semester, then, they attend a proposal seminar culminating in a written thesis. Following the thesis submission, students are moreover required to defend their work by oral presentation before a panel of examiners. The thesis is assessed based on various criteria, including conceptual clarity, the literature review conducted, research methodology, presentation, and the ability to respond to thesis-related questions during the thesis defence.

When the expert panel inquired about how thesis topics are assigned, the students explained that lecturers often propose research areas and invite students to express their interest in conducting research in those fields. However, students also have the option to suggest topics based on their personal interests. During their second year, they explore potential research areas more thoroughly. The FoM facilitates this process through a Google Form where students can indicate their research interests. In this form, students are required to explain their proposed topics, enabling the FoM to match them with suitable lecturers.

In the course of their perusal of exams and theses during the audit, the experts are satisfied with the quality of the provided samples, and deem them appropriate for the intended learning outcomes and level of qualification.

In the **Medical Doctor programme**, assessments focus predominantly on clinical-based evaluations such as Objective Structured Clinical Examinations (OSCEs) as well as mini clinical evaluations (mini-CEXs). Assessment comprises both formative and summative assessments. Formative assessments include bedside teaching (BST), journal readings, case reports, and literature review exercises.

Apart from their course examinations, students undertake comprehensive exams at the end of their 1st and 2nd years. The first year's exam is a prerequisite for progressing to the second level, whereas the second year's exam is essential for moving to the Competency Test for Medical Professional Education Students (UKMPPD) preparation stage. Should a student not pass one of the first-year courses in the MD programme, they have the opportunity to attend a re-sit examination at the end of the year before undertaking the first comprehensive examination. MD students are declared passed if they have a minimum score of B (70).

In the course of their assessments, the expert panel inquired about the presence of an appeal system against individual assessment results. In response, the students explained that a structured appeal process exists. Students can file an online appeal at the respective Department if they feel their assessment has been unfair.

Prior to taking UKMPPD, students are provided with coaching and try-outs, both computer-based tests and OSCEs.

All in all, based on the provided documentation and their discussions during the audit, the experts find that examinations are defined for every module in a transparent manner, that the employed examination types are sensible to impart the intended learning objectives at both stages of the programme, and that a mechanism for resit exams exists. They particularly appreciate that students have the ability to complain in case of disagreement with the given mark. Furthermore, they confirm that the Bachelor's programme includes a final project at an adequate level.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Self-Assessment Report
- Procedure for conducting an anamnesis in an OSCE setting
- Sample Examiner's Guide SOCA 2_Obesity and Depression
- Portfolio exam assessment February 2024
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
Student assessments in the BM and MD programmes follow a staged preparation and evaluation process. During the preparation phase, a question blueprint is developed based on the learning objectives, and relevant questions are gathered from lecturers in related scientific fields. These questions are subsequently reviewed to determine their appropriateness for the module's exam. Following the administration of the exam, the Medical Education Unit conducts a standardized analysis of the assessment items. Each exam form is evaluated for content validity, including the quantity and quality of the questions, the alignment of the assessment and learning methods, the time allocated for exam administration, and the learning outcomes for each course.

The FoM utilizes the Integrated Center for Learning and Assessment System (ICLAS) as a student assessment information system for MCQ-CBT, OSCE, and SOCA exams. In this application, lecturers can provide feedback on student exam performance, which can be used by the programme administrators as an input for improvement.

Moreover, the programmes create detailed plans, which are incorporated into the educational academic calendar. All activities, timing, learning processes, and exams must adhere to the timeline outlined in the calendar. The academic calendar also includes time frames for students experiencing disruptions in their learning process, such as not passing a module or facing conditions like illness.

The experts confirm that the forms of examination used are suitable for verifying to what degree the students reached the intended educational outcomes. Furthermore, exams and exam schedules are reviewed regularly.

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

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Self-Assessment Report
- Academic Guideline Medical Science 2017-2018
- UINJKT admission website: https://admisi.uinjkt.ac.id/

- University website https://www.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
As indicated in the Self-Assessment Report, student recruitment at UINJKT is based on the relevant government policy of the Ministry of Higher Education and Culture No. 48/2022 and the Rector's decrees published annually through the University's website.

For the **Bachelor of Medicine programme**, applications are possible through the admission portal. There are four selection routes for student admission:

1. Achievement- based National Selection (SNBP)
2. Computer-Based Written Examination – Test-based National Selection (UTBK-SNBT);
3. Independent Pathway:
   a. Independent New Student Admission Selection (SPMB);
   b. Independent Selection to Enter Western Regional Universities (SMMPT-BARAT) and
   c. Student Achievement Scholarship Program (PBSB) of the Directorate of Early Education and Islamic Boarding Schools of the Ministry of Religious Affairs.
4. Talent Scouting.

The maximum quota percentage for new student admissions is 20% for SNBP, 45% for UTBK-SNBT, and 35% for the Independent Pathway.

In response to the experts' inquiry during the audit about whether there are any disabled students and how they are supported, the representatives of the Rector's office mentioned the national inclusion policy which ensures that no student with a disability is denied admission. UINJKT provides financial support to disabled students through scholarships. Additionally, it was noted that the FoM does not have any students with physical disabilities, but there are students with partial blindness.

Regarding the **Medical Doctor programme,** the experts asked the programme coordinators if the admission process is separate from the BM programme. They explained that only internal students are admitted into the professional stage as the programme is not open to students from outside UINJKT. Internal applicants can re-register directly on the website as soon as they are notified of their successful completion of the BM programme.

As noted under criterion 2.1 concerning the "Curriculum Document," essential information needed to fully understand the curriculum model is currently absent. The experts specifically observe that this also refers to details regarding the progression from the academic to the professional stage.

Apart from this, the auditors find the terms of admission to be binding and transparent.

Criterion 4.2 Student intake

Evidence:

- Self-Assessment Report
- Rector's Decree No 33 regarding the quota for UINJKT student enrolment for the academic year 2023-2024
- University website https://www.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

The student capacity for each degree programme at UINJKT is decided annually by the Rector, along with the Dean and Heads of the Degree Programs. This decision considers the availability of human resources, as well as learning facilities and infrastructure before the admission process starts. During the discussion with the representatives of the Rector's office, the expert panel was informed that the maximum capacity in the BM programme is 200 students but, based on the resources available, the Faculty of Medicine is accepting 150. During the audit, also, the coordinators clarified that the programme is equally open to international and non-Muslim students.

The average ratio of admission to the BM, programme is 1:52 between admitted students and prospective applicants. The following table is provided as an appendix to the self-assessment report:

Table Applicant and enrolment numbers, 2020-2022,
Source: Appendix to the SAR, UINJKT

No	Year	Admission Path	Initial Quota	Revised Quota	Passed Selection	Re-registration	Applicants
1	2020	SNMPTN	33	33	33	32	333
		SBMPTN	44	45	45	41	1053
		SPMB MANDIRI	33	51	51	41	867
		SMMPTN BARAT	0	0	0	0	0
Total			110	129	129	114	2253
2	2021	SNMPTN	30	30	30	28	731
		SBMPTN	50	52	52	47	1322
		SPMB MANDIRI	30	26	26	26	2877
		SMMPTN BARAT	0	6	6	5	664
Total			110	114	114	106	5594
3	2022	SNMPTN	24	24	24	23	647
		SBMPTN	60	61	61	48	1441
		SPMB MANDIRI	33	51	51	46	3252
		SMMPTN BARAT	3	3	3	2	929
Total			**120**	**139**	**139**	**119**	**6269**

In terms of regional distribution, approximately one-quarter of all new Bachelor's students accepted come from outside the Java region. The others come from 27 provinces and abroad, including Pakistan, Malaysia, Palestine and Thailand.

The schedule of admission, the requirements, and the procedures are published and can be accessed via UINJKT's homepage.

Criterion 4.3 Student counselling and support

Evidence:

- Self-Assessment Report
- Table Guidance and Counselling Services for Students
- Faculty Website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
To ensure individual guidance and support during the **Bachelor of Medicine** stage, every student at the FoM is allocated an academic advisor.

Each academic advisor is a member of the academic staff and acts as a go-to person for advice on academic and non-academic matters to the students assigned to them. Centrally, academic advisors are tasked with providing feedback to their assigned students regarding their performance during the study period, receive educational direction, and explore solutions to their academic challenges. According to the information provided, each academic advisor is responsible for guiding up to 20 students.

In addition to the academic advisors, the guidance services for students include the following:

1. Thesis supervisors to guide the preparation of thesis proposals according to the field of science.
2. Islamic integration guidance, which provides guidance on worship and Qiraah, arranging corpses, giving cults, and dealing with dying patients.
3. Psychological support for mental health and well-being.
4. Guidance from the Student Council and Scientific Interest Organizations provided by an intra-student organization to resolve academic and non-academic complaints between students.
5. Scholarship services.
6. Health services for first aid in case of accidents.

Students are also provided with career guidance, job vacancy information services, including job vacancy dissemination, regular job fairs, career planning, job application training, and job placement information.

During the on-site visit, the expert panel learned from the alumni that they are invited to mentor current students. These interactions provide students with insights on career paths and professional development following graduation. Additionally, students have the opportunity to engage directly with alumni, allowing them to seek advice and guidance on various aspects of their future medical careers.

When asked by the expert panel about the support available to them, the students emphasized that they receive significant support from the faculty, especially their academic advisor. The students were satisfied with the remedial support provided. Additionally, they highlighted that the supervisors offer strong support for thesis writing, including tutoring and frequent discussions and meetings. **However, some students appeared to be unaware of the services available to support their mental health. An important recommendation is for the University to enhance awareness of its counselling and mental health support services among students.**

Criterion 4.4 Student representation

Evidence:

- Self-Assessment Report
- Student Organization Table, as appendix to the self-assessment report
- Rector's Decree No Un.01/R/HK.00.5/548/2014 concerning Articles of Association and Bylaws (AD/ART) of the Student Organization of UINJKT
- Rector's decree No Un.01/R/HK.00.5/666/2014 concerning the Management Structure of the Student Senate of UINJKT for the 2015 Service Period
- Bureau of Academic Administration, Student Affairs, and Cooperation website: https://biroaakk.uinjkt.ac.id/id
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

At the university level, students are represented by two primary bodies: the Student Executive Council (DEMA) and the University Student Senate (SEMA). These organizations operate under the coordination of the Bureau of Academic Administration, Student Affairs, and Cooperation. DEMA serves as the executive body, focusing on the development of student resources, whereas SEMA functions as a legislative body, overseeing and

supervising the activities of DEMA. Both cooperate with their representatives at the Faculty level, gathering student aspirations regarding the curriculum, facilities and infrastructure.

Medical students have also the opportunity to collaborate with peers both locally and internationally. Such collaborations allow students to expand their knowledge, develop skills, and participate in global forums. There are several student organizations to serve that purpose, including the Center for Indonesia Medical Student Activities (CIMSA), Medical Research of UIN Syarif Hidayatullah Jakarta (MERCY), UIN Shahid Medical Rescue (USMR), Olympiad Club (OLC), and Student Choir.

As discussed with the programme coordinators during the audit, the students are involved in curriculum development through end-of-module evaluations. They are also invited to the Annual Faculty Work Meeting to discuss planned activities.

The experts gain the impression that there is an institutionalised student representation, and that non-academic activities are offered that cater to students' interests and talents. **However, as noted under criterion 2.7, student involvement in the curriculum should not be limited solely to their perceptions through questionnaires. The experts strongly believe that students must be also represented in the Curriculum Committee.**

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

The experts thank the Faculty of Medicine for the provided statements concerning criterion 4.

(WFME 4.1) Curriculum document – Both programmes

The experts appreciate the inclusion of details regarding the progression from the academic to the professional stage in the curriculum document. They also note that students are introduced to the curriculum model upon admission, with activities and information sessions during both the BM and MD stages.

(WFME 4.3) Awareness of mental health support – Both programmes

The experts commend the integration of mental health awareness across various modules in the BM and MD programs. They also appreciate the establishment of a specialized mental health counselling unit on campus, which supports students in managing both academic and non-academic challenges. Recognizing the critical importance of student counselling and support, the experts reiterate their recommendation for the University to further promote these mental health services and resources to students.

(WFME 4.4) Curriculum Committee – Both programmes

Addressed under criterion 2.

In summary, the experts see this criterion as fulfilled.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Self-Assessment Report
- Rector's decree No 748 of 2016 concerning Guidelines for Recruitment of Lecturers at UINJKT
- FoM Strategic Plan 2022-2026
- FoM website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
UINJKT personnel comprise both teaching and supporting staff, encompassing permanent employees of state civil service (ASN), permanent non-ASN employees, and non-permanent/part time who work according to the needs of the BM or MD programme. Teaching staff members have different academic positions. There are professors, associate professors, assistant professors, and expert assistants.

The University has established a policy for staff recruitment and selection based on applicable laws and regulations from the Ministry of Religious Affairs, Ministry of Education and Culture, Ministry of Empowerment of State Apparatus, and State Civil Service Agency. Moreover, a staff recruitment plan is outlined in the Faculty of Medicine Strategic Plan for 2022-2026.

The FoM's recruitment planning process begins with a demand analysis, considering factors such as the lecturer-to-student ratio, upcoming retirements, and the need for staff with particular competencies to deliver the curriculum.

In their Self-Assessment Report, FoM has presented the following teaching staff-to-student ratios, which seem to fulfil their current needs of education:

Table Number of teaching staff in the BM-MD programme
Source: UINJKT

	Number of Teaching staff	Number of Student (Students Body)	The ratio of teaching staff to student
BM	41	344	1:8

	Number of Teaching staff	Number of Student (Students Body)	The ratio of teaching staff to student
MD	40	305	1:7

The assessment team appreciates the figures provided, but it remains unclear what the current capabilities are by discipline. Therefore, the experts ask the University to provide an updated list of lecturers (internal and external) and the disciplines in which they are teaching. They also observe that a consolidated staff handbook is not provided.

When the representatives of the Rector's office were inquired about the strategies implemented to recruit and retain faculty in underrepresented specialties, they explained that the FoM collaborates with approximately 11 hospitals to secure the necessary support. They also mentioned that a new staff member in the field of psychiatry has recently been recruited to address the faculty's needs in this specialty. **The experts acknowledge this important milestone but strongly believe that all the other clinical specialities need to be covered by University staff (e.g., anaesthesia, forensics and ENT).**

Upon receiving and reviewing the information stated above, the expert group will judge whether the composition and qualifications of the teaching staff are appropriate to implement the programmes under review successfully.

Criterion 5.2 Staff activity and development policy

Evidence:

- Self-Assessment Report
- Staff-related regulation as appendices to the Self-Assessment Report
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The Faculty of Medicine adheres to the human resources monitoring and evaluation system established by the University. This includes an online reporting system (LKP) through which permanent lecturers document their workload related to *Tridharma* activities. By government regulations, these activities require a minimum workload of 12 credits and a maximum of 16 credits each semester.

According to the Self-Assessment Report, the Continuing Medical Education Unit within the FoM facilitates several staff development programmes including workshops on clinical teaching, basic surgical abilities, modern techniques, and research and publication. Furthermore, the Faculty aims to foster conference attendance and international research collaboration.

In response to an inquiry from the audit team, members of the teaching staff shared examples of how the University supports their ongoing education in the field of teaching. For instance, the FoM provides funding for staff to participate in medical education courses offered by other universities, such as UGM, UNPAD, and UI. Additionally, the Medical Education Unit conducts in-house training on various topics, including effective discussion facilitation, problem-based learning, and strategies for motivating students during group discussions. Furthermore, training is provided on clinical teaching methods, preparation for national exams, and formulating examination questions.

Regarding the opportunity to participate in international workshops, members of the teaching staff also confirmed that the Faculty provides funding for this purpose. To attend an international seminar, they need to prepare a proposal.

When the expert panel inquired about the balance between teaching, research, and community service, the teaching staff explained that the majority of lecturers predominantly allocate their time towards teaching. However, they mentioned that the proportion of time dedicated to teaching, research, and community service depends on the lecturer's level of professorship. To progress in their academic careers, lecturers must invest a significant amount of time and effort into research.

In summary, based on the provided documentation and the insights gained during the audit, the experts conclude that appropriate training offers and resources for career development are available for the Faculty of Medicine staff.

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

The experts thank the Faculty of Medicine for the provided statements concerning criterion 5.

The experts acknowledge the explanation provided regarding some clinical specialties, such as anaesthesia and forensics, which have relied on instructors from teaching hospitals. As a result, not all of these instructors were initially included in the official faculty list. The experts thank the Faculty for updating the list and making the staff handbook available.

Additionally, the experts note that by the end of 2024, the Faculty of Medicine will welcome 17 new lecturers, with applications open for all academic fields, including anaesthesia, forensics, and ENT. Given that this process is still ongoing, the experts reiterate the importance of adequately staffing these clinical specialties.

Moreover, the experts believe that the inclusion of instructors from teaching hospitals in the official list does not necessarily address underlying structural issues. They identify a

clear need for a long-term staffing solution to fill the vacant subjects and teaching positions. Therefore, the experts reiterate that the University needs to provide an updated list of lecturers, both internal and external, along with the specific disciplines they are teaching upon completing the recruitment process.

Overall, the experts consider criterion 5 to be mostly fulfilled.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

- Self-Assessment Report
- Visitation of facilities
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The Faculty of Medicine provides various facilities to support the implementation of the study programmes under review. Available facilities include lecture rooms/auditoriums, classes, tutorial or group discussions rooms, laboratories for student practical works and research activities, laboratories for clinical skills (clinical skills' lab), office rooms, library/reading rooms, information, and technology facilities (internet network, computers for the Computer Based Test room).

The expert group visited several teaching facilities and the Main Teaching Hospital RSUP Fatmawati (Rumah Sakit Pendidikan Utama Fatmawati). The library on the first floor of Building A at the FoM provided the visiting team with a workspace on both days, allowing this facility to be evaluated independently of the planned site visit.

Overall, all visited facilities presented a modern and functional layout, including rooms dedicated to student learning and recreation where appropriate. The library is equipped with the most important textbooks in English and Indonesian, explicitly listed in the provided documents. Study desks and computer workstations are available for students and are being appropriately used. There are facilities available for accessing indexed international journals, which enable students to stay informed about the latest publications

Regarding general teaching facilities, the ASIIN team visited:

- OSCE rooms, which were well-suited in size and spatial arrangement

- A physiology lab that serves as a flexible space to accommodate different courses and related equipment
- A Computer Test Studio that currently does not allow testing all students of a year simultaneously; however, according to the responsible personnel, an expansion is imminent, which will be a significant improvement. The studio is equipped with modern technology; to ensure the reliable execution of assessments, adequately sized uninterruptible power supplies are used as backup systems. A generator is also available as an alternative power supply to ensure that exams can proceed without interruption in the event of a power outage.
- Anatomy facilities with a small lecture hall, a dissection area, and bone specimens produced via 3D printing
- Facilities for simulation training, including mannequins, sample organ models, and related materials, which are essential for effective learning. **However, the expert panel notes that additional rooms are urgently required for the simulation hospital.**

The main Teaching Hospital RSUP Fatmawati is a modern facility that spans several buildings. Here as well, there were rooms that allow students to meet for discussion and preparation. The opportunity for in-depth information provided by unit leaders is particularly appreciated.

At the hospital, the experts also visited the library, which can also be used for self-study by students. The opening hours are appropriate, and the facility is actively utilized. The panel also visited the paediatric ward, where they observed a quiet room for students, as well as a classroom. However, the surgical department was housed in a different building, so the panel had to forgo a visit due to time constraints.

Overall, apart from the simulation rooms, the experts judge the physical facilities as well-suited for the educational needs of the students. The laboratories are equipped with modern, up-to-date equipment that aligns with current industry and academic standards. This allows students to gain hands-on experience, enhancing their theoretical knowledge with practical application. The infrastructure is well-maintained and spacious, providing an environment for collaborative and individual work. Additionally, the availability of various lab tools enables students to engage in complex experiments and research projects. Overall, the facilities are considered adequate and sufficient to meet the needs of the curriculum.

Criterion 6.2 Clinical training resources

Evidence:

- Self-Assessment Report
- Visitation of facilities
- List of health sector partners and institutions with MoUs.
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

As noted under criterion 6.1 to support the clinical practice education process, the main Teaching Hospital RSUP Fatmawati provides special discussion rooms for students. These rooms facilitate discussions on various cases that students encounter during their clinical learning experiences. Additionally, the FoM has dedicated facilities equipped with materials and tools to support the development of basic clinical skills.

FoM has collaboration agreements with various clinical practices and primary care facilities to provide students with diverse clinical learning opportunities. The agreements cover a wide range of hospitals and health services, allowing students to gain practical experience and meet the standards for general practitioner competency.

Additionally, teaching staff involved in student education have undergone training to ensure high-quality clinical teaching. When the student were asked, during the audit, about their satisfaction with clinical training, they expressed to feel generally satisfied with the available resources.

In view of this feedback and in alignment with the impressions gained by the expert group during their visitation of the facilities, the experts come to the overall conclusion that there are sufficient clinical training resources available for appropriate teaching of students at the Faculty of Medicine.

Criterion 6.3 Information technology

Evidence:

- Self-Assessment Report
- Academic Information System: https://ais.uinjkt.ac.id/ais/login.zul
- Interactive System for Academic Network (INSAN): https://insan.fkuinjkt.id/
- Integrated Center for Learning Assessment System (ICLAS): https://iclas.fkuinjkt.id/

- Integrated System of Internal Quality Development in Medical Faculty (ISTIQOMAH): https://istiqoma.fkuinjkt.id/
- Integrated Center of System Administration for Medical Education Laboratory (ICSAN): https://icsan-fk.uinjkt.ac.id/
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The conduct of the BM and MD programmes is supported by several web-based applications, including an academic information system (AIS) and the platform for the assessment of medical student's activities, such as case discussions using Problem-Based Learning (PBL), basic clinical skills, and lecture activities (INSAN). This platform enables the exchange of information and supports autonomous learning, information retrieval, and course management. Some courses, for instance, offer learning materials, module guidebooks and tutor guides, thereby enabling them to immerse in their studies further.

Medical students use computer-based testing (CBT) conducted one to two times for each module in the CBT laboratory. Every two semesters, students also take SOCA and OSCE exams, utilizing web-based assessments at the Integrated Center for Learning Assessment System (ICLAS).

Additionally, the Integrated System for Internal Quality Development in the FoM (ISTIQOMAH) assists lecturers in completing the Lecturer Work Plan (RKD) and Lecturer Workload (BKD). Another application, the Integrated Center for System Administration for Medical Education Laboratory (ICSAN), supports the laboratory administration process.

For clinical students, the Physician Rotation Information System (SIROT) streamlines the administration and information related to clinical rotations. Furthermore, the branch library of FoM provides a specialised collection of medicine and health sciences-related literature, made available through an online catalogue. In addition, FoM offers a digital library with resources like tutorial videos, journals, and e-books.

Criterion 6.4 Medical research and scholarship

Evidence:

- Self-Assessment Report
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
Research and promoting students' independent scientific work is part of the learning process and is implemented by various means in the BM and MD programmes.

As outlined in criterion 2.2, students in the Bachelor of Medicine stage are required to attend the Introduction to Research Method module, longitudinal research in each module, and Evidence-Based Medicine module, in which students are familiarised with the principles of scientific work, and are subsequently required to present and defend a scientific final thesis at the end of their studies.

Aside from this, students can moreover engage in research outside of their curriculum, for instance through the MERCY student organization, which aims to foster research and academic writing among its peers through facilitating contacts to research institutions and the promotion of suitable symposia. This opportunity was confirmed by the students during the audit.

On the part of the lecturers and in response to the expert panel's inquiry regarding how teaching in the BM and MD programmes is informed by research, several staff confirmed that they are actively engaged in research and include insights gained in the delivery of their courses. The research results are presented in seminars, published in books, and national and international journals.

Criterion 6.5 Educational expertise

Evidence:

- Self-Assessment Report
- List of courses attended by teaching staff members.
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
During the on-site visit, the program coordinators highlighted that various surveys are conducted to evaluate student satisfaction with teaching methods and lecturer competence. The expert panel reviewed some results and noted that most students are satisfied with their lecturers' expertise, access to academic information, learning media, and evaluation methods. This was further confirmed during the audit, as students and alumni of the BM and MD programs expressed overall satisfaction with the teachers' expertise, delivery, and support.

Moreover, as described under criterion 5.2, the FoM offers various resources and training to foster the academic profiles and qualifications of its staff members.

In response to an enquiry by the experts regarding the extent to which innovative learning methods are implemented in class, teaching staff highlighted that problem- and case-based learning is represented in almost all courses across the curriculum.

As also noted under criterion 2.2, when the expert panel inquired about the integration of English-taught classes into the curriculum, the teaching staff clarified that, currently, there are no courses offered entirely in English. While presentations may be conducted in English, the primary medium of instruction for lectures remains Bahasa Indonesia.

In view of this statement and especially given the vision "to become a Faculty of Medicine (FoM) of international reputation", the experts recommend to introduce English-taught courses, especially in the science classes. By this means, the University will be able to intensify its internationalisation efforts, as well as to make the programmes more appealing to potential incoming international students and to foster its own students' English language proficiency.

Criterion 6.6 Educational exchanges

Evidence:

- Self-Assessment Report
- Rector's decree No 740 of 2021 on Cooperation Guidelines
- List of MoUs, Faculty of Medicine UINJKT
- Samples of Certificates for Attending Conferences/Training Abroad.
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The framework for educational exchanges is designed to align with national regulations and the implementation of the "Independent Learning - Independent Campus" (Merdeka Belajar - Kampus Merdeka, MBKM) scheme within the curriculum. This initiative enables students to engage in various activities outside their core curriculum, allowing the transfer of educational credits. Such activities include internships, mobility programs, teaching assistance, entrepreneurship, and humanitarian or project work.

Students reported during the audit that MBKM and study abroad opportunities are actively promoted. They mentioned chances to interact and make connections with national and international universities, such as in Malaysia and Taiwan. Additionally, they have participated in international conferences and competitions facilitated by the FoM. They highlighted that the BM programme has been accepting international students for a few years, with one student from Pakistan sharing that they received full funding through a scholarship.

The expert panel then inquired about how the University and the FoM nurture international collaboration. In response, the teaching staff cited support mechanisms, including funding, MoUs, and cooperation agreements with institutions abroad. Notably,

there is a collaborative exchange program between the FoM and Chiang Mai University, as well as with Far East Memorial Hospital in Taiwan.

In summary, the experts confirm that students, residents, and teachers of the programmes under review have the opportunity to participate in educational exchange programmes. The experts encourage the Faculty to invest further efforts to increase the international mobility of its students and staff, especially with the University's stated development plan in mind.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 6:

The experts thank the Faculty of Medicine for the provided statements concerning criterion 6.

(WFME 6.1) Expansion of simulation training facilities – BM programme

The experts commend and fully support the plans to expand the Clinical Simulation Unit from three floors to five. This renovation will enable the addition of KKD (basic clinical skills) rooms and a larger simulation hospital area. However, as the plan has not yet been implemented, the experts reiterate their recommendation to ensure its successful execution.

(WFME 6.5) Student's English skills – BM programme

Addressed under criterion 2.

(WFME 6.6) Educational exchange – Both programmes

The experts appreciate the efforts to strengthen internationalisation and encourage the Faculty of Medicine to further pursuing this path.

In summary, the experts see this criterion as fulfilled.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

- Self-Assessment Report
- Report Internal Quality Evaluation, Service Satisfaction Survey in 2022
- LAM-PTKes Accreditation Certificates

- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The BM and MD programmes are subject to both internal and external quality assurance mechanisms in accordance with the University's quality assurance standards.

Quality is overseen internally by dedicated quality assurance teams/units across the programme (GJM), faculty (KPMF), and university (LPM) levels. The internal quality assurance system comprises formative and summative evaluations. Formative evaluations are involved in the assessment of the course learning outcomes at the beginning and end of the semester and in the form of internal problem-based learning quality evaluations at the end of each module.

Summative evaluations are conducted annually at both the Faculty and programmes levels through the Service Satisfaction Survey (SKL), while the University level assesses quality through the Internal Quality Audit (AMI). In addition to the university's annual AMI, the FoM and the programmes also carry out monitoring and evaluation at the end of each semester (more under criterion 7.2).

In terms of external quality assurance, the BM and MD programmes undergo evaluations at five-year intervals by the Independent Accreditation Institute for Higher Education in Health (LAM-PTKes), which is certified by the World Federation for Medical Education (WFME). In 2020, both BM and MD programmes have been awarded grade "A" accreditation by the LAM-PTKes, valid until 2025.

Criterion 7.2 Teacher and student feedback

Evidence:

- Self-Assessment Report
- UINJKT Quality Assurance Institute (LPM) website: https://lpmuinjkt.id/
- Results of Evaluation of Lecturers by Students (EDOM), 2022 and 2023
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
Feedback on student learning experience for the BM and MD programmes is gathered through several surveys filled by students, lecturers and alumni.

Under criterion 7.1, it is noted that the Service Satisfaction Survey (SKL) is conducted annually by the FoM in collaboration with the quality assurance group at the study program level. This survey gathers feedback from students, lecturers, and administrative staff and

focuses on academic (education, research, and community service) and non-academic aspects (human resources, finance, facilities and infrastructure).

At the University level, the Lecturer Evaluation by Students survey (EDOM) is conducted at the end of the semester using an online platform. The expert panel had access to some reports on the results of this survey and noted that the survey primarily focuses on evaluating the lecturer's pedagogical, professional, personal, and social competence. Based on this, an important recommendation for the University is that the evaluation should shift its focus from the lecturer to the aspects of the curriculum, such as content, structure, availability of resources, and teaching methods. It is also suggested that specific modules include questions tailored to their content.

In response to the expert panel's inquiry about the course evaluation surveys and whether the results are shared with them, the students explained that after completing the module, they will be asked to fill out an evaluation survey using a Google Form. This survey collects feedback from students about how well the module aligns with the content and the quality of the teaching. In the pre-clinical part, students do not receive immediate feedback, but there are improvements for future students. They mentioned to be required to provide their names when filling out the survey. During the clinical part, at the end of the rotation, there is a meeting to discuss the results openly and figure out how to address any issues. Based on this information, the experts strongly believe that the university should establish a system that ensures personal anonymity during evaluations.

Apart from the above, the expert group confirms that feedback from students and lecturers is used for the continuous development of the BM and MD programmes. **However, course evaluation results need to be informed to the students, thus closing the feedback cycle.**

Criterion 7.3 Performance of students and graduates

Evidence:

- Self-Assessment Report
- Tracer Study Faculty of Medicine, Report 2023
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
To assess student learning attainment, evaluations of the achieved CLOs (course learning outcomes) are undertaken each semester following the publication of the final course grades, drawing from the student's performance in their course assessments.

During the audit, the experts focused on student performance and asked the programme coordinators about the number of retakes and the potential consequences on study duration, specifically whether failing a module necessitates an additional year of study. The coordinators reported that the failure rate in the pre-clinical program ranges from 0 to 6 percent, with some modules achieving a 100 percent pass rate. In instances where students do fail, they are required to take a special remedial examination.

The program coordinators explained that nearly all Bachelor's graduates continue their academic education by enrolling in the professional programme to become medical doctors. This is supported by statistics from the recent years, showing that there are currently 353 active students in the BM programme compared to 306 in the DM programme. Over the past seven years, a total of 52 students have resigned and one dropped out from the BM programme, while only one student resigned from the MD program. At the final stage of their education, students are assessed by a National Board Examination to obtain the necessary certificate of competence, which qualifies them to work as registered doctors.

Regarding on-time graduation, the following details indicate that most BM students complete within the expected duration:

Table Number of bachelor's program students graduating by semester.
Source: UINJKT

Academic Years	Semester when graduated						Total	% On-time Graduation	Average Study Length
	7	8	9	10	11	12			
2017	78	0	12	1	0	1	92	84,8	7,3
2018	93	19	3	3	4	1	123	75,6	7,4
2019	83	5	4	0	0	0	92	90,2	7,1
2020	78	18	0	0	0	0	96	81,3	7,2

Conversely, the data indicates that MD students are not graduating on time. The experts ask the University to clarify the reasons for this delay.

Table Number of medical doctor's program students graduating by semester.
Source: UINJKT

Academic Years	Semester when graduated									Total	On-time Graduation Percentage	Average Study Length
	4	5	6	7	8	9	10	11	12			
2018-1	0	1	7	3	1	1	0	0	1	14	0,0	7,6
2018-2	0	4	59	21	4	0	0	1	0	89	0,0	6,4
2019-1	0	0	0	1	0	0	0	0	0	1	0,0	7,0
2019-2	0	0	81	2	0	3	0	0	0	86	0,0	6,2
2020-1	0	0	60	13	0	0	0	0	0	73	0,0	6,3

Moreover, as outlined under the preceding criterion 7.2, several surveys are conducted with students, lecturers, and alumni of the BM and MD programmes.

On their part, alumni are invited to participate in tracer studies. The primary intent of these surveys is to foster alumni engagement and collaboration, enabling them to offer insights and data that aid the programme development. In particular, the alumni tracer studies provide valuable insight to ensure alignment of the curriculum and its intended learning outcomes with industry and societal needs. Furthermore, the alumni survey gathers details about post-graduation pursuits and experiences, spanning employment, further studies, professional undertakings, and career progression.

In general, the employers confirmed during the discussion with the expert panel, that they are very satisfied with the qualification profile of the graduates. **However, based on the tracer study data for 2023, the experts noted that when graduates were asked how long it takes for alumni to secure a job after their internship, out of 44 respondents, 6.8% indicated it took less than 6 months, 4.5% reported 6-12 months, and 88.6% stated they were not yet employed. This figure raises the question of the reasons for the high percentage of graduates who have not found a post-internship job. The experts ask the University to clarify this.**

Criterion 7.4 Involvement of stakeholders

Evidence:

- Self-Assessment Report
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The FoM declares that stakeholder feedback plays a crucial role in the evaluation of the curriculum and its expected learning outcomes. This feedback includes insights from the health sector where graduates are employed, such as academic medical centers, Hajj hospitals, network hospitals, education coordinating committees (Komkordik), regency and provincial health services, as well as private sector organizations.

As confirmed to the experts by the health sector partners during the audit, they hold regular meetings with the FoM to discuss professional education and the performance of alumni employed within their organizations.

In summary, the expert group confirms that the quality management system is suitable to identify weaknesses and to improve the degree programmes. All stakeholders are involved in the process.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 7:

The experts thank the Faculty of Medicine for the provided statements concerning criterion 7.

(WFME 7.2) Improved focus of Lecturer Evaluation by Students – Both programmes

In the absence of further comments or relevant additional evidence by the University, the experts maintain their recommendation in this regard***.***

(WFME 7.2) Feedback loop and anonymity during evaluation – Both programmes

The experts appreciate the Faculty's plan to revise the survey process to ensure complete anonymity by using anonymous online feedback forms that do not require students to log in or provide identifying information. They also support the introduction of regular, confidential feedback sessions, allowing students to voice concerns openly or through a neutral third party. However, given that these initiatives are set to be implemented in the near future, the experts reiterate their requirements on these matters.

(***WFME 7.3) Performance of students and graduates – Both programmes***

The experts acknowledge the disruption caused by the COVID-19 pandemic to the educational process, particularly with regard to restrictions on student access to hospitals and public health centers (puskesmas).

They also thank the Faculty for the clarification regarding the duration it takes for alumni to secure employment. According to the data, 74% of alumni reported finding a job within six months, 9% took six to twelve months, and 13% remained unemployed, citing reasons such as family responsibilities (especially among female respondents) or the pursuit of specialist education.

The experts appreciate this information and have no further comments.

In summary, the experts see this criterion as mostly fulfilled.

8. Governance and Administration

Criterion 8.1 Governance

Evidence:

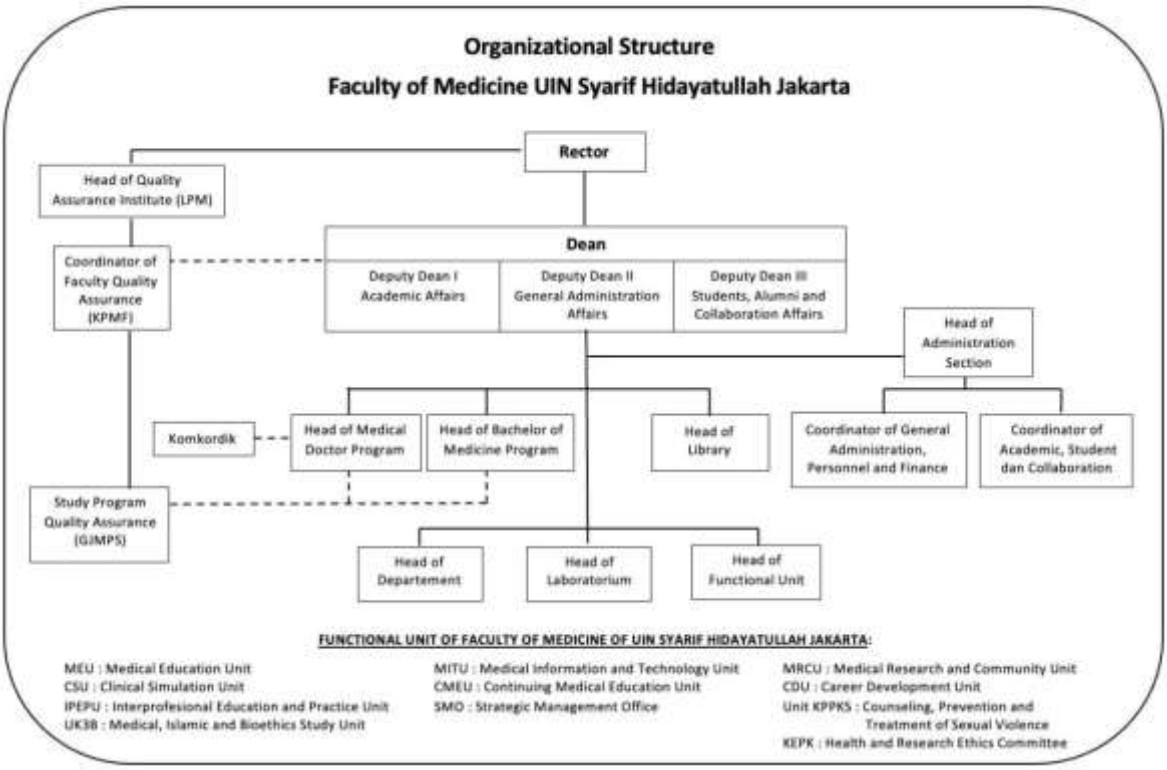
- Self-Assessment Report
- Minister of Religious Affairs' regulation No. 6 of 2013 concerning the Organisation and Work Procedures of UINJKT.
- Rector's Decree No 2027 of 2023 regarding appointment of the Dean of the FoM
- FoM website: https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

UINJKT has established a governance structure according to the mandate of the Minister of Religious Affairs. The Rector, supported by four Vice Rectors, oversees the operations of the University. The Faculty of Medicine is led by the Dean, assisted by three deputy deans. The Bachelor of Medicine and Medical Doctor programmes are directed by the Head of the Study Programme and have assistance from a Study Programme Secretary.

The Dean's appointment is made through an internal proposal from the Faculty or an appointment by the Rector based on current regulation. Head of the Study Program and Secretary of the Study Program are selected by the Dean and serve in line with the Dean's term of office.

The BM and MD programmes have functional units, and there are various departments dedicated to the development of scientific fields. Educational administration is organized under the Administration Division, which includes the Academic, Financial, and General Administration Sections. The Faculty of Medicine's functional structure includes an Education Coordinating Committee (Komkordik) comprising representative staff from the FoM and representatives from all main hospitals and networks. This committee aims to facilitate communication with the hospitals.



The organizational structure of Faculty of Medicine, Source: UINJKT

The experts confirm that UINJKT and the Faculty of Medicine, have a well-defined structure of governance, which includes representatives from all stakeholders.

Criterion 8.2 Academic leadership

Evidence:

- Self-Assessment Report
- UINJKT website: https://www.uinjkt.ac.id/en/organization
- FoM website: https://fk.uinjkt.ac.id/en/organization
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

In the responsibility to oversee the University's operation, the Rector receives support from

- the Vice-Rector for Academic Affairs
- the Vice-Rector for General Administration
- the Vice-Rector for Student Affairs
- the Vice-Rector for Cooperation and Institutional Development

The Dean is responsible for education, teaching, research, community service on the Faculty level. Furthermore, they oversee lecturers, students, and educational staff, and report to the Rector. Assisting the Dean are:

- the Deputy Dean I for academic affairs (education, research and community service)
- the Deputy Dean II for general administration affairs
- the Deputy Dean III for student, alumni and collaboration affairs

The Heads of the Study Programmes oversee and are responsible for the delivery the programme and its associated activities, supported by the Secretary of the Study Programme.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Self-Assessment Report
- Educational budget and resource allocation-related regulation and procedures
- Discussions during the audit.

Preliminary assessment and analysis of the experts:

When asked about how the University ensures the allocation of resources for curriculum implementation and the distribution of educational resources in relation to educational needs, representatives of the Rector's office highlighted a structured planning process. This process involves setting long-term targets of 20 years, medium-term targets of 5 years, and short-term targets for 1 year. For example, for the long term, there is a proposal for a new building, with funding options being explored, including the possibility of securing a loan. For the annual operation, regular planning meetings are conducted to assess the specific needs of the programmes. Each faculty is responsible for proposing its plans for the academic year, in the form of a Budget Business Plan (RBA), to the University level, which may include various initiatives, such as research projects.

Within the FoM, the authority and responsibility for the curriculum are of the Deputy Dean I for Academic Affairs, in collaboration with the Head of the Degree Program, the Secretary of the Degree Program, and the Medical Education Unit (MEU). They are supported by the Module Team and the Komkordik for hospital activities. Budget management is the responsibility of the Deputy Dean II for Finance and General Affairs, who operates based on proposals from the Head of the Degree Program and input from the Secretary of the Degree Program and the MEU.

According to the self-assessment report, budgeting for activities in the BM and MD programs has mostly focused on education so far. However, there are plans to prioritize research and community service in the upcoming budget year. Experts endorse this plan to increase funding, which will help strengthen the research profile moving forward.

Criterion 8.4 Administrative staff and management

Evidence:

- Self-Assessment Report
- Data on educational staff
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The non-academic staff of the FoM consists of 32 educational staff members, including librarians, academic service management personnel, IT professionals, and lab technicians overseen by Deputy Dean II for general administration affairs.

Whenever additional admin staff capacities are needed at the FoM, a corresponding request needs to be submitted for assessment. Upon evaluation, the Deputy Dean II then communicates these requirements to the University leadership if deemed justified. The University then initiates a recruitment process for suitable new staff members or may consider transferring current administrative employees from other units of the University.

Taken together, based on the provided documentation and their assessments made during the audit, the experts consider the number and qualification of the administrative staff members at the FoM to be sufficient for the delivery of the BM and MD programmes.

Criterion 8.5 Interaction with health sector

Evidence:

- Self-Assessment Report
- List of Memorandum of Understanding
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
FoM engages in external collaborations to facilitate the implementation of the BM and MD programmes. These collaborations are governed by university guidelines regarding is institutional collaborations and partnerships.

According to the self-assessment report, there are 12 collaborations established in line with the Tridharma of Higher Education, focusing on partnerships with Main Training Hospitals

and Network Hospitals. Other areas for collaborations encompass scholarships, research and laboratory services, lecturer training, student exchanges, elective activities, and the development of new degree programmes at local, national, and international levels.

The experts conclude that the Faculty of Medicine has a good reputation. The cooperation with alumni is good and the employers are satisfied with the qualification profile of the graduates.

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 8:

In the absence of further comments or relevant additional evidence by the University, the experts confirm their above preliminary assessment and see this criterion as fulfilled.

9. Continuous Renewal

Evidence:

- Self-Assessment Report
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
As described in the previous chapters (especially under criteria 1.2, 2.8, and 3.2 as well in chapter 7), continuous development of the study programmes under review is a routine part of the quality assurance system at the FoM and UINJKT. This is supported by multi-level quality assurance structures and drawing from a range of surveys addressing internal as well as external stakeholders and complemented by continuous staff training and available institutional support for academic development (see criterion 5.2).

Based on the above, the experts find that adequate continuous monitoring and development mechanisms are in place. The auditors confirm that the quality management system is suitable to identify weaknesses and to improve the degree programmes, involving relevant stakeholders in the process. **However, they reiterate that, in the context of continuous renewal, the students must be represented in the Curriculum Committee.**

Final assessment of the experts after the comment of the Higher Education Institution regarding criterion 9:

The experts thank the Faculty of Medicine for the information provided regarding criterion 9. They commend the Faculty's initiative to include student representatives in the

Curriculum Committee and hope that this practice will be maintained beyond the 2024-2025 academic year.

In summary, the experts see this criterion as fulfilled.

D Additional ASIIN Criteria

Criterion D 1.2 Name of the Degree Programme

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- FoM Website https://fk.uinjkt.ac.id/en
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
The experts consider the original Indonesian names as well as the English translations of the Bachelor of Medicine (Sarjana Kedokteran) and Medical Doctor (Profesi Dokter) to be in line with the intended learning outcomes and the curricular content.

Criterion D 1.5 Workload and Credits

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- FoM website https://fk.uinjkt.ac.id/en
- Module descriptions (RPS-Course Module)
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
Based on the National Standards for Higher Education of Indonesia (SNPT), the degree programmes use a credit point system called SKS/CP.

In comparison to the ECTS credit system, wherein one ECTS equals 25-30 hours of students' workload per semester, it is determined that one SKS is awarded for to 1 hour (50 minutes) in a class and 2 hours of self-learning or working independently related to the subjects of lecturers, or 3 hours of practice in the field or laboratory per week during 14 weeks per semester. For the conversion to ECTS, UNIJKT uses 1 SKS = 1.5 ECTS.

The experts received a comprehensive overview of the credits awarded per module, along with their corresponding ECTS conversions. However, they observe that the students' total workload in hours per semester is not indicated in the module descriptions and the distinction between classroom work and self-study is not made transparent. Additionally, the FoM has not made transparent, how many hours of students' total workload are required for one ECTS point.

Furthermore, the experts did not find evidence of a survey asking the students about their workload. Since this is necessary in the ECTS framework, the panel suggests asking the students directly about their experiences. This could be done by including a respective question in the course evaluations.

When students were asked about their workload, the students confirmed that the workload is high but manageable. They reported to have time to do other activities outside academic work.

Criterion D 2 Exams: System, Concept and Organisation

Evidence:

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- FoM Website https://fk.uinjkt.ac.id/en
- Module descriptions (RPS-Course Module)
- Discussions during the audit.

Preliminary assessment and analysis of the experts:
As described in the previous chapters, the Bachelor's degree programme under review comprises a thesis. During the audit, the experts also inspect a sample of final theses and are overall satisfied with their general quality.

For a further detailed outline of the examination and grading systems of the BM and MD programmes, please refer to chapter 3.

Criterion D 4.1 Module Descriptions

- Self-Assessment Report
- Curriculum Structure 2019, Bachelor of Medicine (BM)-Medical Doctor (MD)
- Module descriptions (RPS-Course Module)
- Faculty Website https://fk.uinjkt.ac.id/en

- Discussions during the audit.

Preliminary assessment and analysis of the experts:
While analysing the provided module descriptions, the experts note that the students' total workload (contact hours and time for self-studies) and the awarded ECTS credits are not mentioned in the module descriptions.

Regarding the curricular map, it should include the number of awarded ECTS points for each course. For this reason, the experts expect UINJKT to update the module description with respect to the students' total workload and to make transparent, how many hours of students' workload are required for one ECTS point.

The experts observe that while the Curriculum Structure 2019 document is accessible on the FoM website for interested stakeholders, it lacks essential information about the modules. A consolidated module handbook document containing essential information about the modules, such as module titles, responsible instructors, teaching methods, credits and workload, intended learning outcomes, module content, admission and examination requirements, exam formats, and explanations of how module grades are calculated, as well as recommended literature, needs to be provided.

Criterion D 4.2 Diploma and Diploma Supplement

Evidence:

- Self-Assessment Report
- Sample Transcript of Records, both programs under review
- Sample Diploma/Degree Certificate, both programs under review
- Sample Diploma supplements, both programs under review

Preliminary assessment and analysis of the experts:
According to the information provided, students from the Bachelor of Medicine and Medical Doctor programmes receive upon graduation a Diploma Certificate, accompanied by a Transcript of Academic Records. The issuance of Diploma certificates is the university's authority and is signed by the Rector and the Dean of the Faculty of Medicine.

Along with these documents, the graduates receive a Diploma Supplement, an official statement letter issued by the Faculty of Medicine. It contains all necessary information about the degree program, including mode of study, learning outcomes, grading scheme, relative position of the graduate's GPA.

The ASIIN experts are provided with samples of these documents. They confirm that the students of both programs under review are awarded a Diploma Certificate, as well as a

Transcript of Records and a Diploma Supplement. The Transcript of Records lists all the courses the graduate has completed, the achieved credits, grades, cumulative GPA, and the thesis title (BM programme).

Final assessment of the experts after the comment of the Higher Education Institution regarding the additional ASIIN criteria:

The experts thank the Faculty of Medicine for the provided statements concerning the additional ASIIN criteria

The experts confirm that the Faculty of Medicine has updated the Semester Learning Plan for each module to include missing information on workload and ECTS equivalence.

They also take note of the plans to conduct a survey asking students about their workload both during module evaluations and at the end-of-semester evaluations. However, since this initiative has yet to be implemented, the experts reiterate their recommendation on this matter.

The experts reiterate the importance of making module descriptions publicly accessible to relevant stakeholders. These descriptions should include essential information such as module titles, responsible instructors, teaching methods, credits and workload, intended learning outcomes, module content, admission and examination requirements, exam formats, grading criteria, and recommended literature.

The experts consider criterion D to be mostly fulfilled.

E Additional Documents

Before preparing their final assessment, the panel ask 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:

D 1. Please provide an updated list of lecturers (internal and external) and the disciplines in which they are teaching.

D 2. Please indicate the reasons why MD students are not graduating on time.

F Comment of the Higher Education Institution (06.11.2024)

The institution provided the following statement [links have been deactivated]

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

No further clarification is needed

Criterion 1.2 Participation in the formulation of mission and outcomes

No further clarification is needed

Criterion 1.3 Institutional autonomy and academic freedom

No further clarification is needed

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

1. **Preliminary assessment and analysis of the experts:**
   When inquired by the expert panel about their lectures, the students explained that they sometimes do not receive the lecture materials ahead of each lesson. As a result, the experts recommend that the lecture documents should be consistently provided to the students before each lesson to ensure they have ample time to review and prepare.

   UIN Jakarta Response:
   Lecture material can be accessed via website https://fk.uinjkt.ac.id for each program study. The lecture material will be updated regularly and uploaded on the website by the module team leader so that the students can receive the material before each lesson. (link)

2. **Preliminary assessment and analysis of the experts:**

The experts focused on the "Curriculum Document" and identified areas for improvement to ensure its completeness. For instance, several modules are described, while others are presented only by their titles, such as the **Disease & Defense Module, Blood Module, and Cardiovascular System Module, Brain & Behavior Module, and many others**. Crucial information necessary for an understanding of the curriculum model is absent. This includes instructional and learning methods employed, which are defined in a very general way. The experts strongly advocate for the completion of the written curriculum document and emphasize that essential information from the Semester Learning Plan should be included.

UIN Jakarta Response:

The curriculum document has been revised (link) and accessible via website https://fk.uinjkt.ac.id. Description of modules has been updated from page 52-70. The Semester Learning Plan (RPS) has been updated for study program of bachelor of Medicine (link) and for the study program of Medical Doctor (link)

Criterion 2.2 Scientific method

Preliminary assessment and analysis of the experts:

When students were asked about potential improvement, they highlighted there is room for enhancing English skills, as studying in English is still challenging. The students suggested that more could be done. In line with this feedback, the experts recommend incorporating English instruction into the scientific elements of the curriculum to better prepare students for the requirements of the MD programme.

UIN Jakarta Response:

The faculty holds an English day every Monday where students will conduct case discussions, journal reading, lectures using English as the language of the day, the faculty has also given subscription to access e-journals supporting the students' learning process (link) Apart from that, cases/scenarios for case discussions, lectures, tutorials, group discussions are delivered in English (link). Learning material and lectures are encourage written and presented in English for example on first year at first semester in the Homeostasis 1: Neuroscience movement module (link) and the second semester in cardiovascular system module (link), on second year at the third semester in Special sense module (link) and at the fourth semester in Nutrition and Metabolism module (link), EBM module (link), on the third years in the Endocrine and Reproduction System module (link) and for the Fourth year in Emergency module (link).

It is also in Geriatric module (link) at the medical doctor profession study programme. In order to improve English language skills, the faculty has also made the TOEFL score minimum 450 as a requirement for entering clinical clerkships (link). Although the TOEFL score <450 is 33% of students, this number is much better compared to other faculties at UIN Jakarta (link). For students who have not graduated, they are given training courses at the UIN language center. Students are also allowed to study independently until they reach a minimum TOEFL standard of 450 to be able to enter the clinical education stage.

Criterion 2.3 Basic Biomedical Sciences

No further clarification is needed.

Criterion 2.4 Behavioural and social sciences and medical ethics

No further clarification is needed.

Criterion 2.5 Clinical sciences and skills

Preliminary assessment and analysis of the experts:
In response to the expert panel's inquiry about potential improvements to the programmes, alumni and health sector representatives reflected on the difficulty that BM students face in imagining how to see the patient. They emphasized that the transition from pre-clinical to clinical is challenging, but they acknowledged recent improvements in the curriculum. They expressed hope that by the third year, each module would be integrated into the reality of the hospital, with students spending time in the hospital to gain exposure to real patient care. They also stressed the importance of improving communication and service skills for patient care. The programme should be further developed for earlier exposure to patient care, as well as communication and service to the patient skills

UIN Jakarta Response:
Earlier exposure to patient care, as well as communication and service skills with patients, has primarily been implemented in the community medicine module. Students go directly to the public health center (puskesmas) to learn how to interact directly with patients. At the end of the preclinical phase, students can also choose elective modules that utilize hospital-based learning platforms. To further enhance

early exposure, particularly in hospitals, the faculty is currently formulating activities and collaborations with Haji UIN Jakarta Hospital and Syarif Hidayatullah Hospital (RSSH).

Criterion 2.6 Curriculum structure composition and duration

Preliminary assessment and analysis of the experts:
During the discussions, the expert panel learned about the schedule provided at the beginning of each rotation. It was noted that students may not receive this information in advance and often only become aware of the schedule three days before the rotation begins. This lack of notice can be a stress-provoking situation, especially during exam periods, as logistical preparations are required before starting the rotation. The panel strongly believes that students should be given the schedule for clinical rotations at the beginning of the programme, allowing them time to prepare.

UIN Jakarta Response:
The student clinical rotation schedule can be accessed and known from the beginning of the semester, so as to minimize stressful situations and good preparation for each clinical rotation. (link) The schedule as well as the clinical stage rules are socialized to the students since the beginning of 2024/2025 academic year through a presentation (link) where every student is assigned to a clinical rotation and designated hospital, each student varies in pattern of rotation and takes turns in finishing them one by one (link).

Criterion 2.7 Programme management

Preliminary assessment and analysis of the experts:
One of the aspects that was unclear to the experts was the exact composition and size of the Curriculum Committee. The programme coordinators explained that there is a specialized unit overseeing this, but in general, it is composed of about 30 members, including the head of the department and the medical educational unit. However, since this has not been formally established, the expert panel strongly believes that the University must clearly state the size and composition of the Curriculum Committee.

UIN Jakarta Response:
To establish a curriculum committee there is already a dean decree on this topic for the bachelor in medicine study programme (link) and the medical doctor profession study programme (link). This curriculum committee is responsible for coordinating the making process of macro, meso, and micro curriculum. Participants of this committee

are the head of departments from every field needed in the study program. There are also heads of the MEU, CSU, MRCU, IPE, MIT, and four student representatives.

Criterion 2.8 Linkage with medical practise and the health sector

No further clarification is needed.

3. Assessment of Students

Criterion 3.1 Assessment Methods

No further clarification is needed

Criterion 3.2 Relation between assessment and learning

No further clarification is needed

4. Students

Criterion 4.1 Admission policy and selection

Preliminary assessment and analysis of the experts:
Regarding the Medical Doctor programme, the experts asked the programme coordinators if the admission process is separate from the BM programme. They explained that only internal students are admitted into the professional stage as the programme is not open to students from outside UINJKT. Internal applicants can re-register directly on the website as soon as they are notified of their successful completion of the academic stage.

As noted under criterion 2.1 concerning the "Curriculum Document," essential information needed to fully understand the curriculum model is currently absent. The experts specifically observe that this also refers to details regarding the progression from the academic to the professional stage.

UIN Jakarta Response:

Details progression from the academic to professional stage has been explained at page 48 (link) in the curriculum document. The students have been introduced to the curriculum model since the beginning of their admission, from the academic until the professional stage. This introduction and explanation are given within activities, such as:

1. PBAK activity (Introduction for Academic Culture in Campus) at the beginning of the academic year when they first enter as new students of the faculty, curriculum socialization by the Head of the Medical Study Program and the Head of the Professional Study Program
2. Explanation in LAMS module (Life as Medical Students).
3. Each student is given an academic calendar from the initial stage of entry until graduation
4. At the initial stage of the profession, students undergo orientation to socialize learning in the Hospital, assessment system, development, evaluation and UKMPPD National exam
5. Re-socialization at the beginning of each module at the Academic study program stage and the beginning of the stage at the professional stage through the Module Introduction which will always be reminded by the module team leader.
6. At the end of each module, the Katim provides the results of the module/station academic evaluation transparently to students (Module/Station Scores) and at the end of the semester can also be accessed via the AIS application.
7. The head of the study program delivers the results of the overall academic evaluation of students in each batch.

Criterion 4.2 Student intake

No Further Clarification is needed

Criterion 4.3 Student counselling and support

Preliminary assessment and analysis of the experts:

Some students appeared to be unaware of the services available to support their mental health. An important recommendation is for the University to enhance awareness of its counseling and mental health support services among students.

UIN Jakarta Response:

When the students first enter the faculty, there is an introduction and explanation about the importance of mental health as one of the rundowns in PBAK. It is also talked about in several modules like LAMS and IG.

The campus has also facilitated a specialized unit for mental health counseling (P3CA) (link), Apart from mental health, this unit also explores the problems that exist in academic and non-academic problems. For example the results of meetings with student parents regarding GPA, several students were referred to the unit to get several counseling sessions (link) and the unit gave a report on these consultations (link). The unit also carries out active outreach to students (link). Students are also screened before entering the clinical rotations making sure of their mental health well-being.

Criterion 4.4 Student representation

Preliminary assessment and analysis of the experts:
The experts strongly believe that students must be also represented in the Curriculum Committee.

UIN Jakarta Response:
Students at the bachelor of medicine study program (link) and medical doctor professional study program (link) are included in the curriculum committee.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Preliminary assessment and analysis of the experts:
The assessment team appreciates the figures provided, but it remains unclear what the current capabilities are by discipline. Therefore, the experts ask the University to provide an updated list of lecturers (internal and external) and the disciplines in which they are teaching. They also observe that a consolidated staff handbook is not provided.

The experts acknowledge this important milestone but strongly believe that all the other clinical specialities need to be covered by University staff (e.g., anesthesia, forensics and ENT). Upon receiving and reviewing the information stated above, the expert group will judge whether the composition and qualifications of the teaching staff are appropriate to implement the programmes under review successfully.

UIN Jakarta Response:
Some clinical specialties, such as anesthesia and forensics, have had instructors from teaching hospitals, so not all of them were included in the official list of faculty members based on their academic fields. Currently, all faculty members have been updated and are now fully listed in accordance with the Dean's decree (link). Additionally, the staff handbook is available and will be periodically updated (link).

By the end of 2024, the Faculty of Medicine at UIN Syarif Hidayatullah Jakarta will welcome 17 new lecturers as civil servants.(link) Applications are open for all academic fields, including anesthesia, forensics, and ENT (link). The recruitment process is currently in the data verification stage, managed by the rectorate's admissions team.

Criterion 5.2 Staff activity and development policy

No further clarification is needed.

6. Educational Resources

Criterion 6.1 Physical Facilities

Preliminary assessment and analysis of the experts:
Facilities for simulation training, including mannequins, sample organ models, and related materials, which are essential for effective learning. However, the expert panel notes that additional rooms are urgently required for the simulation hospital.

UIN Jakarta Response:
The Faculty of Medicine at UIN Syarif Hidayatullah Jakarta has a simulation hospital room located on the first floor of the Clinical Simulation Unit (CSU). This space includes a triage unit, a ward, and an operating room (link). To enhance the quality of education and prepare for an anticipated increase in student numbers, there are plans to expand the CSU from three floors to five. This renovation will allow for the addition of KKD (basic clinical skills) rooms and a larger simulation hospital area, with design plans already planned (link).

Criterion 6.2 Clinical training resources

No Further Clarification is needed

Criterion 6.3 Information technology

No Further Clarification is needed

Criterion 6.4 Medical research and scholarship

No further clarification is needed

Criterion 6.5 Educational expertise

Preliminary assessment and analysis of the experts:
In view of this statement and especially given the vision "to become a Faculty of Medicine (FoM) of international reputation", the experts recommend to introduce English-taught courses, especially in the science classes. By this means, the University will be able to intensify its internationalization efforts, as well as to make the programmes more appealing to potential incoming international students and to foster its own students' English language proficiency.

UIN Jakarta Response:
Several lectures, practicum, and skills tutorials have been encouraged and conducted using English. Until now, the Faculty of Medicine has also implemented English Day as a means for the Faculty to introduce English-taught courses to the academic community. (link)

Criterion 6.6 Educational exchange

Preliminary assessment and analysis of the experts:
In summary, the experts confirm that students, residents, and teachers of the programmes under review have the opportunity to participate in educational exchange programmes. The experts encourage the Faculty to invest further efforts to increase the international mobility of its students and staff, especially with the University's stated development plan in mind.

UIN Jakarta Response:
The Faculty has expanded its investment in educational exchange programs through the Student and Staff Mobility Program and actively supports exchange initiatives led by the student organization CIMSA. This commitment is demonstrated through Memorandums of Understanding (MoUs) signed by the dean with international universities, including Tashkent Medical Academy in Uzbekistan and Tohoku University in Japan. On July 30, 2024, the Faculty of Medicine provided training to 21 students who will participate in the student exchange program for the remainder of 2024.

For next year's student and staff mobility programs, the Faculty has also initiated collaborations with universities in Malaysia—including the University of Malaya, Universiti Kebangsaan Malaysia, Universiti Putra Malaysia, and University Cyberjaya and in Australia, including Western Sydney University and Griffith University. (link).

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

No further clarification is needed

Criterion 7.2 Teacher and student feedback

Preliminary assessment and analysis of the experts:
In the pre-clinical part, students do not receive immediate feedback, but there are improvements for future students. They are required to provide their names when filling out the survey. During the clinical part, at the end of the rotation, there is a meeting to discuss the results openly and figure out how to address any issues. Based on this information, the experts strongly believe that the university should establish a system that ensures personal anonymity during evaluations.

UIN Jakarta Response:
The socialization of the feedback results from the service satisfaction survey (SKL) through EMI (Internal Quality Evaluation) has been carried out with presentations in the class (link). However, we acknowledge that the speed of responding to student feedback still needs improvement. The anonymity survey has been implemented starting with the modules in this academic year. (link) The EDOM survey from the LPM requires names because it is linked to the completion of the KRS (study plan card) in the AIS (Academic Information System). The university is currently developing a new AIS website application system (link).

In the future, we will revise the entire survey process to ensure full anonymity by using anonymous online feedback forms that do not require students to log in or provide identifying information. We will also implement regular, confidential feedback sessions where students can voice concerns openly, or through a neutral third party. These actions aim to create a safer, more trusting environment, encouraging students to provide honest feedback that can be used to make meaningful improvements in the program.

Criterion 7.3 Performance of students and graduates

1. **Preliminary assessment and analysis of the experts:**
   Conversely, the data indicates that MD students are not graduating on time. The experts ask the University to clarify the reasons for this delay.

   UIN Jakarta Response:
   One of the key factors contributing to this delay is the disruption caused by the COVID-19 pandemic, which forced many educational institutions to shift to online learning and adjust clinical training schedules. The Faculty of Medicine at UIN Syarif Hidayatullah Jakarta has been grappling with the challenge of ensuring that students receive adequate clinical experience despite these constraints. Additionally, there were adjustments in the capacity of students allowed to enter hospitals and public health centers (puskesmas) during the pandemic, which further limited hands-on training opportunities.

   As a result, the university implemented a hybrid model, with 2 weeks of online learning and 3 weeks of offline learning, to maintain both educational quality and the timely graduation of students. The faculty is also working to balance these adjustments with the need to uphold high standards for medical education and the professional qualifications of graduates. Therefore, the delay in graduation can be attributed not only to the changes made during the pandemic but also to the ongoing efforts to ensure that students receive a full and comprehensive education, despite the challenges posed by limited clinical exposure.

2. **Preliminary assessment and analysis of the experts:**
   However, based on the tracer study data for 2023, the experts noted that when graduates were asked how long it takes for alumni to secure a job after their internship, out of 44 respondents, 6.8% indicated it took less than 6 months, 4.5% reported 6-12 months, and 88.6% stated they were not yet employed. This figure raises the question of the reasons for the high percentage of graduates who have not found a post-internship job. The experts ask the University to clarify this.

UIN Jakarta Response:
We apologize for the incomplete data. As of March 2024, the tracer study had collected responses from 755 participants. When asked about the duration required to secure employment, 74.04% of alumni reported finding a job in under six months, 8.74% indicated it took six to twelve months, and 12.98% stated they were still unemployed. Among the unemployed, the majority cited reasons such as family responsibilities (particularly among female respondents) or the pursuit of specialist education. (link).

Criterion 7.4 Involvement of stakeholders

No further clarification is needed.

8. Governance and Administration

Criterion 8.1 Governance

No further clarification is needed.

Criterion 8.2 Academic Leadership

No further clarification is needed.

Criterion 8.3 Educational budget and resource allocation

No further clarification is needed.

Criterion 8.4 Administatrive staff and management

No further clarification is needed.

Criterion 8.5 Interaction with health sector

No further clarification is needed.

9. Continuous Renewal

Preliminary assessment and analysis of the experts:
In the context of continuous renewal, the students must be represented in the Curriculum Committee.

UIN Jakarta Response:
Students at the bachelor of medicine study program (link) and medical doctor professional study program (link) are included in the curriculum committee for the academic year 2024-2025.

Additional ASIIN Criteria

Criterion D 1.2 Name of the Decree Programme

No further clarification is needed.

Criterion D 1.5 Workload and Credits

1. **Preliminary assessment and analysis of the experts:**
   The experts received a comprehensive overview of the credits awarded per module, along with their corresponding ECTS conversions. However, they observe that the students' total workload in hours per semester is not indicated in the module descriptions and the distinction between classroom work and self-study is not made transparent. Additionally, the FoM has not made transparent how many hours of students' total workload are required for one ECTS point.

   UIN Jakarta Response:
   The total workload for the module description has been outlined in the updated RPS for BM (link) and the updated RPS for MD (link). There is a rector's decree regarding

the calculation of ECTS (link). According to this decree, 1 SKS equals 1.5 ECTS. Based on this calculation, the BM program, which has 150 SKS, is equivalent to 225 ECTS, while the MD program, with 66 SKS, is equivalent to 99 ECTS. However, the decree also allows for other academic activities such as blocks/modules can be adjusted to suit needs. According to our calculation, BM results in 219 ECTS, and MD results in 99 ECTS. Both calculations fall within the ECTS range (216-225 ECTS) for undergraduate study programs (S1) and 90-120 ECTS for professional programs.

2. **Preliminary assessment and analysis of the experts:**
   Furthermore, the experts did not find evidence of a survey asking the students about their workload. Since this is necessary in the ECTS framework, the panel suggests asking the students directly about their experiences. This could be done by including a respective question in the course evaluations. When students were asked about their workload, the students confirmed that the workload is high but manageable. They reported to have time to do other activities outside academic work.

   UIN Jakarta Response:
   We will conduct a survey to ask students about their workload during module evaluations as well as at the end-of-semester evaluations.

Criterion D 2 Exams: System, Concept, and Organisation

No further clarification is needed.

Criterion D 4.1 Module Description

Preliminary assessment and analysis of the experts:
The experts observe that while the Curriculum Structure 2019 document is accessible on the FoM website for interested stakeholders, it lacks essential information about the modules. A consolidated module handbook document containing essential information about the modules, such as module titles, responsible instructors, teaching methods, credits and workload, intended learning outcomes, module content, admission and examination requirements, exam formats, and explanations of how module grades are calculated, as well as recommended literature, needs to be provided.

UIN Jakarta Response:

The curriculum document has been revised (link). The module description or the Semester Learning Plan (RPS) has been updated for study program of bachelor of Medicine (link) and for the study program of Medical Doctor (link)

Criterion D 4.2 Diploma and Diploma Supplement

No further clarification is needed.

G Summary: Expert recommendations (13.11.2024)

Taking into account the additional information and the comments provided by the Faculty of Medicine, 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	With requirements for one year	30.09.2030

Requirements

For both programmes

A 1. (WFME 2.1, ASIIN 4.1) Revise the module descriptions to address the lack of a uniform strategy for presenting the information (e.g., scope and relevant content) and fill in missing information.

A 2. (WFME 7.2) Establish a system that guarantees personal anonymity during evaluations.

A 3. (WFME 7.2) Close the feedback cycles and discuss with the students directly about the results of the course questionnaires.

For the Bachelor's degree programme Medicine

A 4. (WFME 5.1) Provide an updated list of lecturers, both internal and external, along with the specific disciplines they will be teaching, upon the completion of the ongoing recruitment process.

For the Medical Doctor programme

A 5. (WFME 5.1) Ensure that all clinical specialities are covered by University staff (e.g., anaesthesia, forensics and ENT).

A 6. (ASIIN 4.1) Ensure that the updated module descriptions are accessible, in full, to all interested parties.

Recommendations

For both programmes

E 1. (WFME 2.7) It is recommended to establish a distinct Curriculum Committee for each program with occasional joint meetings.

E 2. (WFME 4.3) It is recommended to actively promote the available counselling and mental health support services to students, as some are currently unaware of these resources.

E 3. (WFME 7.2) It is recommended that evaluations focus not on the lecturer, but rather on key aspects of the curriculum, such as content, structure, availability of resources, and instructional methods. Additionally, it is recommended that module evaluations include questions specific to the content.

E 4. (ASIIN 1.5) It is recommended to include a more specific question on the students' total workload in the course questionnaires.

For the Bachelor's degree programme Medicine

E 5. (WFME 2.2, 6.5) It is recommended that part of the scientific elements in the curriculum be taught in English to better prepare students for the language requirements of the MD programme.

E 6. (WFME 2.1) It is recommended that the lecture documents be made available to the students before each lesson.

E 7. (WFME 2.5) It is recommended to further enhance early exposure to patient care, along with improving communication and service skills in patient interactions.

E 8. (WFME 6.1) It is recommended to expand the Clinical Simulation Unit allowing the addition of basic clinical skills rooms and a larger simulation hospital area.

H Comment of the Technical Committee 14-Medicine (26.11.2024)

Assessment and analysis for the award of the ASIIN seal:

The Technical Committee discusses the requirements and recommendations proposed by the expert group, which are accepted by the Technical Committee without making any changes.

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	With requirements for one year	30.09.2030

Requirements

For both programmes

A 1. (WFME 2.1, ASIIN 4.1) Revise the module descriptions to address the lack of a uniform strategy for presenting the information (e.g., scope and relevant content) and fill in missing information.

A 2. (WFME 7.2) Establish a system that guarantees personal anonymity during evaluations.

A 3. (WFME 7.2) Close the feedback cycles and discuss with the students directly about the results of the course questionnaires.

For the Bachelor's degree programme Medicine

A 4. (WFME 5.1) Provide an updated list of lecturers, both internal and external, along with the specific disciplines they will be teaching, upon the completion of the ongoing recruitment process.

For the Medical Doctor programme

A 5. (WFME 5.1) Ensure that all clinical specialities are covered by University staff (e.g., anaesthesia, forensics and ENT).

A 6. (ASIIN 4.1) Ensure that the updated module descriptions are accessible, in full, to all interested parties.

Recommendations

For both programmes

E 1. (WFME 2.7) It is recommended to establish a distinct Curriculum Committee for each program with occasional joint meetings.

E 2. (WFME 4.3) It is recommended to actively promote the available counselling and mental health support services to students, as some are currently unaware of these resources.

E 3. (WFME 7.2) It is recommended that evaluations focus not on the lecturer, but rather on key aspects of the curriculum, such as content, structure, availability of resources, and instructional methods. Additionally, it is recommended that module evaluations include questions specific to the content.

E 4. (ASIIN 1.5) It is recommended to include a more specific question on the students' total workload in the course questionnaires.

For the Bachelor's degree programme Medicine

E 5. (WFME 2.2, 6.5) It is recommended that part of the scientific elements in the curriculum be taught in English to better prepare students for the language requirements of the MD programme.

E 6. (WFME 2.1) It is recommended that the lecture documents be made available to the students before each lesson.

E 7. (WFME 2.5) It is recommended to further enhance early exposure to patient care, along with improving communication and service skills in patient interactions.

E 8. (WFME 6.1) It is recommended to expand the Clinical Simulation Unit allowing the addition of basic clinical skills rooms and a larger simulation hospital area.

I Decision of the Accreditation Commission (06.12.2024)

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

The Accreditation Commission (AC) discusses the procedure and decides to follow the assessment of the experts and the Technical Committee with minor changes to the proposed Requirement A3 and Recommendation E3.

Regarding Requirement A3, the AC amends it based on the fundamental decision that students must be informed, though the form of the information is optional. Along the same lines, the AC decides on a rewording of Recommendation E3 to clarify the fact that the evaluation should focus more on key aspects of the curriculum. The AC also discusses the inclusion of Islamic content in the curriculum and notes the importance of avoiding discrimination.

In all other respects, the Accreditation Commission concurs with the assessments provided by the experts and the Technical Committee without any further changes.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN Seal	Subject-specific label	Maximum duration of accreditation
Ba Medicine	With requirements for one year	-	30.09.2030
Medical Doctor	With requirements for one year	-	30.09.2030

Requirements

For both programmes

A 1. (WFME 2.1, ASIIN 4.1) Revise the module descriptions to address the lack of a uniform strategy for presenting the information (e.g., scope and relevant content) and fill in missing information.

A 2. (WFME 7.2) Establish a system that guarantees personal anonymity during evaluations.

A 3. (WFME 7.2) Close the feedback cycles and inform the students about the results of the course questionnaires.

For the Bachelor's degree programme Medicine

A 4. (WFME 5.1) Provide an updated list of lecturers, both internal and external, along with the specific disciplines they will be teaching, upon the completion of the ongoing recruitment process.

For the Medical Doctor programme

A 5. (WFME 5.1) Ensure that all clinical specialities are covered by University staff (e.g., anaesthesia, forensics and ENT).

A 6. (ASIIN 4.1) Ensure that the updated module descriptions are accessible, in full, to all interested parties.

Recommendations

For both programmes

E 1. (WFME 2.7) It is recommended to establish a distinct Curriculum Committee for each program with occasional joint meetings.

E 2. (WFME 4.3) It is recommended to actively promote the available counselling and mental health support services to students, as some are currently unaware of these resources.

E 3. (WFME 7.2) It is recommended that evaluations focus more on key aspects of the curriculum, such as content, structure, availability of resources, and instructional methods. Additionally, it is recommended that module evaluations include questions specific to the content.

E 4. (ASIIN 1.5) It is recommended to include a more specific question on the students' total workload in the course questionnaires.

For the Bachelor's degree programme Medicine

E 5. (WFME 2.2, 6.5) It is recommended that part of the scientific elements in the curriculum be taught in English to better prepare students for the language requirements of the MD programme.

E 6. (WFME 2.1) It is recommended that the lecture documents be made available to the students before each lesson.

E 7. (WFME 2.5) It is recommended to further enhance early exposure to patient care, along with improving communication and service skills in patient interactions.

E 8. (WFME 6.1) It is recommended to expand the Clinical Simulation Unit allowing the addition of basic clinical skills rooms and a larger simulation hospital area.

Appendix: Programme Learning Outcomes and Curricula

According to the Faculty's *CURRICULUM STRUCTURE 2019,* the following **learning outcomes (intended qualifications profile)** shall be achieved by the Bachelor of Medicine and Medical Doctor programmes

NO	PROFILE OF GRADUATES	DESCRIPTION	OUTCOMES	CODE	INTENDED LEARNING OUTCOMES
1	Muslim doctor with excellent competence in Hajj medicine (Good Muslim Doctor which emphasized on Hajj Medicine)	Graduates who have competence in accordance with the competency standards of Indonesian **doctors integrated with Islamic values** in **health and medical services** who are able to make decisions with the best judgment based on science, Islam and bioethics.	Knowledge	ILO 1.K1	Able to apply biomedical, clinical, preventive, social humanities, Islamic and Indonesian knowledge in managing individual, family and community health problems in a comprehensive, holistic, integrated and sustainable manner in the context of primary health care and/or Hajj medicine.
			Attitude	ILO 1.A1	Able to internalize the professionalism of a Muslim doctor and become a role model in the community.
			Skills	ILO 1.S1	Able to perform clinical and non-clinical procedures related to health issues and Hajj medicine by applying the principles of istitha'ah, and the safety of patients, themselves and others based on the rules of Islamic law.
2	Academics (educators/researchers)	Graduates with employability, mastery of knowledge, and responsibility as **educators and researchers** in medical science who have literacy skills in the fields of science, finance, socio-culture, and *updated* information and digital technology, as well as being able to think critically, creatively and uphold Islamic values in dealing with complex health problems in the global era and in organizing education.	Knowledge	ILO 2.K1	Able to develop scientific knowledge in understanding medical and health phenomena in individuals, families, communities and society for human welfare and safety, as well as scientific advances in the field of medicine and health that pay attention to inter/multidisciplinary, innovative and tested studies
				ILO 2.K2	Able to determine the religious moral foundation in the development/research of medical science and technology and to enlighten in increasing faith and piety through the study of the latest medical science and technology.
			Attitude	ILO 2.A1	Able to apply a critical attitude in reviewing scientific work and developing science development in the context of lifelong learning
			Skills	ILO 2.S1	Able to show logical, critical, systematic, and innovative thinking in the context of developing or implementing science and technology that pays attention to and applies humanities and Islamic values in the field of medicine.
				ILO 2.S2	Able to demonstrate information literacy and media literacy skills and utilize information and communication technology in the development of the academic world and the world of work using Indonesian and foreign languages.
3	Communicator	Graduates who have public speaking and interpersonal communication skills based on health and medical science integrated with Islamic communication concepts and principles, focusing on the five levels of prevention of disease, negotiating and	Knowledge	ILO 3.K1	Able to apply the concepts of effective communication, empathic communication, and advocacy in dealing with individual, family, and community health problems with biopsychosociocultural and spiritual aspects.
			Attitude	ILO 3.A1	Able to internalize the principles of Islamic communication, namely: Qaulan Sadida (correct speech), Qaulan Baligha (effective), Qaulan Ma'rufa (using good words), Qaulan Karima (noble), Qaulan Layina (gentle), Qaulan Maisura (easy to understand).

NO	PROFILE OF GRADUATES	DESCRIPTION	OUTCOMES	CODE	INTENDED LEARNING OUTCOMES
		persuasion verbally and nonverbally; showing empathy for patients, family members, communities and colleagues, in the setting of local and regional cultural diversity	Skills	ILO 3.S1	Able to show how to deliver health-related information (including bad news, informed consent) and counseling according to Islamic communication principles
				ILO 3.S2	Able to demonstrate relevant procedures for providing information regarding legal and ethical aspects of medicine by taking into account the biopsychosociocultural and spiritual aspects of the communicant.
4	Professional leader	Graduates who are able to think and act as **professional leaders in the field of health/medicine** who uphold Islamic values, are visionary, have good social skills, are able to work in teams and cooperate with other related parties, are able to manage conflict , are able to **manage** and delegate tasks fairly, are able to guide and direct to develop the potential of the team they lead.	Knowledge	ILO 4.K1	Able to apply the principles of collaboration and leadership in carrying out roles and responsibilities as a Muslim doctor
			Attitude	ILO 4.A1	Able to internalize an Islamic responsible and professional attitude towards work in the field of medicine independently and in groups.
				ILO 4.A2	Able to internalize the process of self-reflection and feedback, for the development of individual and group potential.
			Skills	ILO 4.S2	Able to manage health problems through collaboration and cooperation with fellow professionals, health interprofessionals and other professions based on Islamic values, roles and responsibilities.
				ILO 4.S1	Able to make appropriate decisions in the development of the health sector based on the results of information and data analysis by considering Islamic and Indonesian values.
5	Change agent and community mobilizer	Graduates who have the ability to work, mastery of knowledge, and responsibility in medical science who are able to become **agents of change and community mobilizers** based on ethics and uphold Islamic values by acting as initiators of ideas as solutions to the results of identifying health needs to improve the health status of individuals, families, and communities.	Knowledge	ILO 5.K1	Able to analyze problems and principles of problem solving related to health at the individual, family and community levels
			Attitude	ILO 5.A1	Become a driving force in the development of Indonesian health according to Islamic principles through polite communication and sensitivity to community values.
				ILO 5.A2	Able to internalize the suitability of his attitude and actions as an agent of change
			Skills	ILO 5.S1	Able to design alternative solutions to health problems, and implement them by paying attention to advances in medical and health science and technology, as well as inter/multidisciplinary studies, innovative and tested.

The following **curriculum** is presented:

CURRICULUM STRUCTURE					
YEAR TO	SEMESTER	COURSE CODE	MODULE	SKS	TOTAL
1	1	DOK2001	LIFE AS A MEDICAL STUDENT & MOLECULAR CELLULAR BIOLOGY AND INHERITANCE	5	
		DOK2002	HOMEOSTASIS I: NEUROSCIENCE & MOVEMENT	5	
		DOK2003	HOMEOSTASIS II: DIGESTIVE & METABOLIC SYSTEM	5	
		BHS3122	ENGLISH	3	
		BHS2131	ARABIC	3	
		SAR5054	PRACTICAL WORSHIP	1	
		SAR2001	PRACTICAL QIRAAT	1	
		INTEGRATED	IMDB; INFORMATION LITERACY & RESEARCH METHODOLOGY		
					23
	2	DOK3004	DISEASE AND DEFENSE	5	
		DOK3005	BLOOD	2	
		DOK3006	RESPIRATORY SYSTEM	5	
		DOK3007	CARDIOVASCULAR SYSTEM	5	
		POL3017	PANCASILA	2	
		SAG3084	ISLAMIC STUDIES, BASIC	2	
		DOK3008	PRACTICE OF MEDICINE, BASIC	2	
		INTEGRATED	INFORMATION LITERACY & RESEARCH METHODOLOGY; IMDB; MEDICINE & SOCIETY		
					23

2	3	DOK3009	INTRODUCTION TO RESEARCH METHODOLOGY	2	
		DOK3010	BRAIN & BEHAVIOR	5	
		DOK3011	MUSCULOSKELETAL SYSTEM	5	
		DOK3012	SPECIAL SENSES	5	
		BHS5007	INDONESIAN LANGUAGE	3	
		SAG3070	ISLAMIC STUDIES, INTERMEDIATE	2	
		POL3045	CIVIC EDUCATION	2	
		INTEGRATED	INFORMATION LITERACY & RESEARCH METHODOLOGY; IMDB; MEDICINE & SOCIETY		
					24
	4	DOK3013	GASTROINTESTINAL SYSTEM	5	
		DOK3014	NUTRITION & METABOLISM	5	
		DOK3015	RENAL, FLUID & ELECTROLYTE SYSTEM	5	
		DOK3016	EVIDENCED BASED MEDICINE	2	
		SAG2002	ISLAM & SCIENCE	3	
		DOK3017	PRACTICE OF MEDICINE, INTERMEDIATE	3	
		INTEGRATED	INFORMATION LITERACY & RESEARCH METHODOLOGY; IMDB; MEDICINE & SOCIETY		
					23
3	5	DOK3018	DERMATOVENEREOLOGY	5	
		DOK4019	ENDOCRINE & REPRODUCTION SYSTEM	5	
		DOK4020	NEONATES & CHILDHOOD	5	
		INTEGRASI	INFORMATION LITERACY & RESEARCH METHODOLOGY; IMDB; MEDICINE & SOCIETY		
		DOK4021	SOFT SKILLS, BASIC	2	
					17
	6	DOK4022	ADOLESCENCE & ADULTHOOD	5	
		DOK4023	GERIATRICS & HAJJ PILGRIMS	5	

		DOK4024	COMMUNITY & FAMILY HEALTH ORIENTED PROGRAM	5	
		DOK4025	PRIMARY HEALTHCARE SYSTEM	2	
		DOK4026	PRACTICE OF MEDICINE, ADVANCED	4	
		INTEGRATED	INFORMATION LITERACY & RESEARCH METHODOLOGY; IMDB; MEDICINE & SOCIETY		
		DOK4027	SOFT SKILLS, INTERMEDIATE	2	
					23
4	7	DOK4028	ELECTIVE (UNDERGRADUATE)	2	
		DOK4029	THESIS	6	
		DOK4030	EMERGENCY MEDICINE	2	
		DOK4031	FOUNDATION OF CLINICAL PRACTICE	5	
		DOK4032	PRACTICE OF MEDICINE, INTEGRATED	2	
					17
TOTAL CREDITS ACADEMIC STAGE					150
5,6	8,9,10,11	DOK5001	HEALTHY SANTRI	2	
		DOK5002	SHARIA HOSPITAL	2	
		DOK5003	ELECTIVE (CLERKSHIP)	2	
		DOK5004	NEUROLOGY	2	
		DOK5005	OPHTHALMOLOGY	2	
		DOK5006	EAR, NOSE AND THROAT	2	
		DOK5007	DERMATOVENEREOLOGY	2	
		DOK5008	FORENSIC MEDICINE AND MEDICOLEGAL	2	
		DOK5009	PSYCHIATRY	2	
		DOK5010	GERIATRIC MEDICINE	2	
		DOK5011	EMERGENCY MEDICINE	2	
		DOK5012	CARDIOLOGY & ACLS	2	
		DOK5013	ANAESTHESIA	2	
		DOK5014	RESPIRATORY MEDICINE	2	

		DOK5015	INTERNAL MEDICINE	8	
		DOK5016	PAEDIATRICS	8	
		DOK5017	SURGERY & ATLS	8	
		DOK5018	OBSTETRICS AND GYNAECOLOGY	8	
		DOK5019	COMMUNITY MEDICINE (CLINICAL ROTATION)	6	
TOTAL CREDITS PROFESSIONAL STAGE					66
TOTAL CREDITS OF ACADEMIC AND PROFESSIONAL STAGES					**216**