



ASIIN Seal

Accreditation Report

Bachelor's Degree Programme
Medicine

Provided by
Universitas Lampung, Indonesia

Version: 12 December 2025

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A About the Accreditation Process

Name of the degree programme (in original language)	(Official) English translation of the name	Labels applied for ¹	Previous accreditation (issuing agency, validity)	Involved Technical Committees (TC) ²
Program Studi Pendidikan Dokter	Medical Programme	ASIIN	LAM-PTKes (Grade A or Excellent), determined by Decree 003/LAM-PTKes/Akr.Bd/Sar/2020, valid until 1 October 2025.	14
<p>Date of the contract: 08.11.2022</p> <p>Submission of the final version of the self-assessment report: 29.05.2024</p> <p>Date of the audit: 18.-19.09.2024</p>				
<p>Peer panel:</p> <p>Prof. Dr. Alice Assinger, Medical University of Vienna</p> <p>Dr. Syifa Mustika, Universitas Brawijaya</p> <p>Dr. Juliane Meng-Hentschel, MME, Pediatrician</p> <p>Mochamad Iskandarsyah Agung Ramadha, student at Universitas Indonesia</p>				
<p>Representative of the ASIIN headquarter:</p> <p>Johann Jakob Winter, M.Sc.</p>				
<p>Responsible decision-making committee:</p> <p>ASIIN Accreditation Commission</p>				
<p>Criteria used:</p> <p>European Standards and Guidelines as of May 05, 2015</p> <p>ASIIN General Criteria, as of December 07, 2021</p>				

¹ ASIIN Seal for degree programmes

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

A About the Accreditation Process

Subject-Specific Criteria of Technical Committee 14 – Medicine - WFME Global Standards 2015	
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B Characteristics of the Degree Programme

	Final degree (original)	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
Program Studi Pendidikan Dokter	Sarjana Kedokteran (S.Ked) Bachelor of Medicine	Agromedicine	6	Full time	no	7 semesters	154 SKS/ 233 ECTS	Intake once per year since October 2002

Universitas Lampung (UNILA) is the largest and most important public university in the Indonesian provincial capital Bandar Lampung, located in the south of the Sumatra island. It was established in 1965 and nowadays counts eight faculties and roughly 35,000 students. The programme under review is taught at the Faculty of Medicine and has been accredited as “excellent” by the Indonesian Accreditation Agency for Higher Education in Health. The accreditation process carried out by ASIIN is the first international quality assurance process conducted for the programme.

As mandated by the Indonesian Ministry of Education, Culture, Research, and Technology, medical programmes consist of two stages: The academic stage leads to a Bachelor’s degree in Medicine and contains theoretical and practical fundamentals. However, clinical practice is contained only in the consecutive clinical stage, also called professional programme, which consists of student clerkship in hospitals in form of a clinical rotation. Only the successful completion of this stage as well as the passing of a national test allow students to pursue a career as medical practitioners. UNILA offers both these programmes and, according to the programme coordinators, all students proceed to the clinical stage after the completion of the Bachelor’s degree. However, it is important to note that this accreditation procedure regards only the academic stage.

For the Medical Programme, the Faculty of Medicine at Universitas Lampung (UNILA) has presented the following strategic profile in its Self-Assessment Report:

³ EQF = The European Qualifications Framework for lifelong learning

B Characteristics of the Degree Programme

Vision	Mission	Objectives
<p>To create excellent, innovative, and competitive doctors at national and international levels in medical science with agromedicine specialization.</p>	<ul style="list-style-type: none"> • Organizing qualitative and innovative medical programs to educate professional and ethical doctors with a specialty in agromedicine at national and international levels. • Carrying out innovative basic and applied research to develop medical science, especially in the field of agromedicine at national and international levels. • Developing innovative community service as a form of medical science application, specifically in agromedicine and providing health services. 	<ol style="list-style-type: none"> 1. Providing quality and competitive education and teaching with the specialty of agromedicine. 2. Providing affordable and equitable medical education for the community (students and medical teachers are ready to continue further studies in the context of long-life learning). 3. Presenting Medical Program, Faculty of Medicine Universitas Lampung graduates to become professional and ethical doctors by Indonesian Doctor Competency Standards (Standar Kompetensi Dokter Indonesia/SKDI) who will be involved in the world of health. 4. Carrying out quality research with the specificity of agromedicine research. 5. Implementing effective community service. 6. Establishing collaboration with various parties that support service and research at national and international levels.

The graduate profile of the entire Medical Programme, including the clinical stage, comprises the professional assignments as

- “Medical Doctors with particular specialization in agromedicine,
- Academics and Researchers,
- Change agents, and
- Entrepreneurs”.

C Analysis and Findings of Experts

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome
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Evidence:

- Self-Assessment Report
- Academic guideline
- Website of the Faculty of Medicine: <https://fk.unila.ac.id/>
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The mission and intended learning outcomes of the Medical Programme are presented in the Self-Assessment Report as well as on the programme's website and the academic guidebook. These objectives are based on the faculty's vision "to create excellent, innovative, and competitive doctors at national and international levels in medical science with agromedicine's specialty" as well the Indonesian National Qualifications Framework (Kerangka Kualifikasi Nasional Indonesia/KKNI). They focus on knowledge and skills as professional learning outcomes, as well as attitude and soft skills as generic outcomes, including teamwork, communication, lifelong learning and community service. The outcomes are divided into general and professional outcomes and are displayed in the appendix.

The targets, strategies, and achievement indicators are stated in the faculty's strategic plan. In this plan, the teaching and research focus is said to be directed at the fields of global health and agromedicine. As the experts are not familiar with this term and the medical field behind it, the programme coordinators explain that agromedicine deals with the specific illnesses and injuries that are typical for workers in agriculture, as well as respective treatment methods and prevention strategies. As large parts of the population in the province of Lampung work in agriculture, this field of medicine is highly relevant for the local people. UNILA therefore offers this speciality as one of only two universities in Indonesia, which underlines the outstanding purpose of the programme, as the experts confirm.

In conclusion, the experts confirm that UNILA has defined the intended educational outcomes that students should exhibit upon graduation, including their achievements at a basic level regarding knowledge, skills, and attitudes. The programme equips the students

with an appropriate foundation for a future career in any branch of medicine as well as diverse roles in the health sector. The basic education of the academic stage prepares students for consecutive professional programmes in medicine or other postgraduate training and aims at strengthening students' commitment to and skills in life-long learning, the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. Moreover, the programme ensures the training of an appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. The intended programme learning outcomes are published on the programme's website.

Criterion 1.2 Participation in the formulation of mission and outcomes

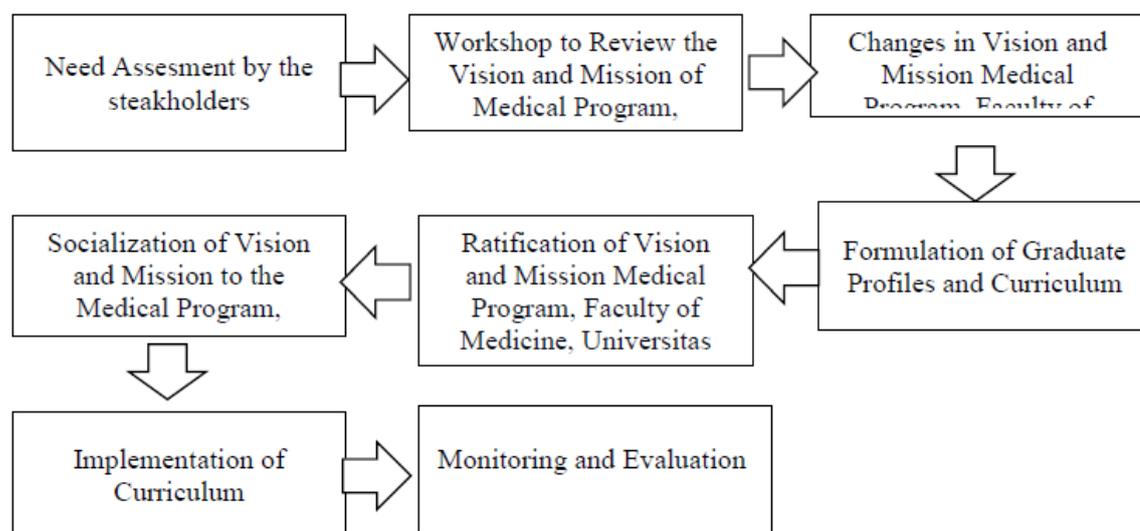
Evidence:

- Self-Assessment Report
- Programme handbook
- Medical programme strategic plan 2020-2024
- Website of the Faculty of Medicine: <https://fk.unila.ac.id/>
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The mission statement and programme learning outcomes, as displayed before, are published on the programme's website as well as in the programme handbook. According to the Self-Assessment Report, the formulation and review of the programme's vision, missions, and objectives involves both internal stakeholders, such as faculty leaders, lecturers, students, educational staff, and alumni, as well as external stakeholders like the Ministry of Health, the Indonesian Accreditation Agency for Higher Education in Health, professional associations, health service providers, community health centres, hospitals, and private corporations. For example, the local stakeholders contributed largely to the formulation and integration of the agromedicine specialty within the programme. During the on-site interview, stakeholders confirm their involvement in the programme, its design, and strategic planning in various instances.

The following figure taken from the Self-Assessment Report illustrates the process of programme review and stakeholder involvement:



In conclusion, the experts confirm that UNILA respectively the Faculty of Medicine publicly state the programmes mission, which outlines the aims and the educational strategy of the medical doctor education with the specifications outlined in the objectives and programme learning outcomes. Furthermore, they confirm that it is ensured that principal stakeholders participate in formulating the mission and programme learning outcomes.

Criterion 1.3 Institutional autonomy and academic freedom

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

UNILA as a public university is able to formulate and implement policies and degree programmes according to their own agenda, within the governmental frameworks set for study programmes. As mentioned before, these frameworks prescribe, among others, the division of the Medical Programme into an academic and a clinical stage. Within these frameworks, UNILA has the autonomy to formulate and implement policies for which its faculty, academic staff and administration are responsible, especially regarding design of the curriculum and the use of resources for implementation of the curriculum. During the respective on-site discussion rounds, both the university-level representatives as well as the programme coordinators explained several policies they implemented in recent years, including, among others, the introduction of a redesigned, outcome-based curriculum. Thus, the experts confirm that academic freedom is given.

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

The experts consider this criterion as **fulfilled**.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained in the Self-Assessment Report, the curriculum is designed based on the Indonesian National Qualifications Framework, the 2012 Indonesian Doctor Competency Standards, and the 2019 Indonesian National Standards for Medical Education published by the Indonesian Medical Council with reference to the Global Standard for Medical Education from WFME.

The current version of the curriculum was updated in 2022 and includes 50 courses to be completed over the regular study duration of seven semesters. The curriculum is divided into the four strands basic medical sciences, integrated sciences, the comprehensive phase and the clerkship phase, the latter belonging to the professional programme.

The curriculum contains a range of core medical courses like “Anatomy”, “Physiology”, “Basic biochemistry and molecular biology”, as well as “Clinical skills labs” to be completed in the first semesters. The first study year also contains compulsory modules of “Bahasa Indonesia”, religion and society (“Pancasila”), which are mandatory components of every Bachelor’s programme in Indonesia. The later semesters contain courses that are more specialized and a focus on ethics and research is introduced from the fifth semester on. The seventh semester contains the specialty module “Agromedicine” as well as one elective component in which students can choose between “Disaster medicine”, “Sport medicine”, and “Biomolecular medicine”. The final curriculum component is the thesis as a research-oriented project work. As mandatory in the Indonesian system of medical higher education, the study programme is followed by the professional stage, a practice-oriented clinical clerkship programme, which is not subject to this accreditation procedure.

With respect to the teaching methodology, the programme coordinators explain that diverse methods are used in each course to target the course-specific learning outcomes. Standard case teaching starts in the second semester through a problem-based learning approach. From the third and fourth semesters, students learn diseases by providing scenarios based on real cases through problem-based learning discussions and clinical skill lab activities using mannequins and simulated patients between students. In the fifth semester, students can conduct family-oriented health care programmes and walkthrough surveys by visiting community health centers, such as integrated health care centers. Additionally, ethical aspects of every disease are part of the “Bioethics” course in the sixth and seventh semester. The programme also teaches the development of biomedical science and public health in disease prevention, diagnosis, and disease management by providing assignments that present the latest cases in reading journals and problem-based learning.

The experts discuss various examples with the lecturers and learn that clinical skills labs, the exemplary practical training of students with mannequins, are the most important and frequently used teaching methodology. Other methods to encourage independent learning of students are small group discussions and team-based based learning in tutorial sessions. For the field of community medicine, the training consists of simulations and exemplary community meetings, while the teaching of agromedicine aspects involves a large share of teaching in the field such that the students can observe and treat the problems of workers at their respective workplaces. Moreover, the experts are also satisfied to learn that, for the courses in anatomy, students get to work with actual corpses. Besides the on-site teaching, all courses also contain self-study parts.

In summary, the experts confirm that UNILA has defined the overall curriculum of the Medical Programme as well as teaching methods that stimulate, prepare and support students to take responsibility for their learning process.

Criterion 2.2 Scientific method
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Evidence:

- Self-Assessment Report
- Curricular overview
- Programme handbook
- Examples of student theses
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As displayed in the curricular overview of the programme as well as the respective module descriptions contained in the programme handbook, medical research methods are explicitly taught in the “Medical Research” courses. These are designed to teach the students about scientific methods and how to apply them in writing a thesis. Part of these courses is also the involvement of students into research projects of the faculty, as the lecturers report. In the “Medical Research 3” course, students begin to design a research project and thesis title, accompanied and critically supported by their supervisor. The output of this course is a research proposal which is the basis for the final thesis. During the onsite visit, the experts review different examples of recently completed student theses and express their satisfaction with their thematic and methodological approaches which fully fulfil the standard of Bachelor’s theses.

In summary, the experts confirm that the curriculum includes the principles of scientific method, including analytical and critical thinking, teaches medical research methods, as well as evidence-based medicine. They confirm, that the programme corresponds to the standard of the EQF level 6.

Criterion 2.3 Basic Biomedical Sciences

Evidence:

- Self-Assessment Report
- Curricular overview
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As it becomes apparent from the curricular overview of the programme as well as the module descriptions, the Medical Programme includes basic biomedical science learning in the curriculum already in the first study year through the modules “Anatomy of Humans”, “Integrated Physiology of the Human Body”, “Medical Biochemistry” and “Molecular Biology”, “Histology of Human”, “Basic Immunology”, and “Basic Pharmacology”. This ensures that students are able to apply it to clinical learning in the curriculum for subsequent years. Additionally, students are involved into practical training for the entire duration of their program by means of the clinical skills labs in each semester.

In conclusion, the experts are satisfied with the implementation of biomedical sciences in the curriculum and confirm that the curriculum incorporates the contributions of the basic biomedical sciences to create understanding of scientific knowledge, concepts, and methods that are fundamental to acquiring and applying clinical science.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, students are directed to learning about empathy, communication, and respect for other students, lecturers, employees, and the community in the “Self-development and professionalism” course. These aspects are additionally strengthened through family-oriented health care programmes and walkthrough surveys by visiting community health centers, such as integrated health care centers, which the students conduct in the fifth semester. Additionally, ethical aspects of every disease are part of the “Bioethics” course in the sixth and seventh semester. Medical ethics and medicolegal learning are contained in the “Bioethics” 1 and 2 courses, which focus on the students’ ability to analyse and implement ethics, bioethics, and professionalism. The standard teaching methodology consists of a roleplay about malpractice cases and ethics trials.

The programme coordinators and lecturers also explain that, besides the forementioned theoretical courses, practical aspects of behavioural and social sciences are contained in the “Basic community medicine” course. This course combines medical content with aspects of sociology and anthropology and includes, among others, different health care delivery systems, public health material, family medicine, occupational medicine, and national health systems. Students also taught about empathy, communication, and respect for patients and the community.

In summary, the experts confirm that the curriculum incorporates the contributions of the behavioural sciences, social sciences, medical ethics, and medical jurisprudence.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The basis for the development of clinical skills are the core courses in the first part of the curriculum: “Anatomy”, “Physiology”, “Histology”, “Immunology”, and “Pharmacology”. These courses include applying basic medical technology and material to support clinical development. To support the learning, there are seven laboratory facilities designated for the practical component of the courses, which the experts inspect during the onsite visitation: anatomy lab, histopathology lab, pharmacology, pharmacy, and clinical pathology lab, microbiology-parasitology lab, biochemistry lab, biomolecular and physiology lab, and community medicine lab. The individual practical learning is subject of the “Clinical Skills Laboratories” in which students train their skills using a mannequin or patient simulations among their fellow student peers.

In that regard, the experts note that the programme does not contain planned clinical practice in hospitals since this step is reserved only for students for the consecutive professional programme. However, the students explain that they get first practical experiences with real patients in the course of field studies or in community health centres, where they can do basic things like measuring blood pressure. The experts consider the field practice as well as role plays to simulate patient contact among the students themselves an adequate instrument to fulfilling the requirement of clinical science incorporation in the curriculum.

In summary, the experts confirm that the contributions of the clinical sciences are contained in the curriculum to ensure that students acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. Although students do not spend time in planned contact with patients in relevant clinical settings during the academic stage of the programme, the nevertheless observe patients and treatments in the field studies and train their practical skills on mannequins, as well as in simulations among peer students. Although early patient contact is a crucial part in modern medical education, the experts deem the share and methodology of introducing clinical students as sufficient for the purpose of the programme, since the training to become a medical practitioner is mainly contained in the professional stage, which is not the focus of this accreditation procedure.

Criterion 2.6 Curriculum structure, composition and duration

Evidence:

- Self-Assessment Report
- Curricular overview
- Study plans
- Programme handbook
- Website of the Faculty of Medicine: <https://fk.unila.ac.id/>
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The program is designed as a seven semester (3.5 years) full time study programme which is assessed with a total of 154 SKS credits (equivalent to 233 ECTS).

As explained in the Self-Assessment Report, the programme's curriculum structure is designed to integrate the different disciplines both horizontally and vertically across the entire programme duration. In this regard, the academic phase can again be separated into four phases:

- Phase 1 aims at the understanding of basic medical knowledge regarding the normal function of body systems, the application of medical learning, and understanding the basics of professionalism and ethics as a doctor where the related knowledge is biomedical sciences.
- Phase 2 concerns disorders of body function related to clinical medicine. Students learn to explain changes in body function from normal function to a disease or disorder, explain symptoms, physical examination, supporting physical examinations, as well as diagnosis of body function disorders.
- Phase 3 is a comprehensive phase, which includes scientific methods, community medicine, family medicine and an elective course where students can comprehensively explain and understand the problem of bodily dysfunction.
- In phase 4, students are provided with knowledge of medical practice and the professional development of doctors before graduating the study programme and entering the professional programme with the clinical clerkship rotation.

The curriculum is designed as a spiral model, which forces students to review subjects, patterns, and objectives in a few steps over several periods. As the experts learn, the structure was recently changed from a classical structure to a block structure which provides the students with intense and compressed teaching units from the second study year on. As the programme coordinators explain, each semester contains three blocks of a duration of

C Analysis and Findings of Experts

maximum 6 weeks. The following macro-curriculum table describes the vertical integration between clinical science (phases 2 and 3) and basic biomedical science (phase 1).

Phase 1 (Basic Medical Science)								
Year 1	Course	Semester 1			Course	Semester 2		
		1	Medical Biology and Embriology	3.02	OSCE REMEDIAL	7	Anatomy of Human 2	4.53
	2	Anatomy of Human 1	4.53	8		Integrated Physiology of Human	4.53	
	3	Physiology and Regulation of Human Body	4.53	9		Medical Biochemistry and Molecular Biology	3.02	
	4	Basic Biochemistry and Molecular Biology	4.53	10		Histology of Human 2	3.02	
	5	Histology of Human 1	3.02	11		Self Development and Professionalisme 2	3.02	
	6	Self Development and Profesionalisme 1	3.02			Clinical Skills Laboratory 2	3.02	
		Clinical Skills Laboratory 1	3.02			Religion Studies	4.53	
		Bahasa Indonesia	3.02			Kewarganegaraan	3.02	
		Pancasila	3.02			Basic Immunology	3.02	
						Basic Pharmacology	3.02	
		Total	32			Total	35	

Phase 2 (Integrated Sciences)								
Year 2	Semester 3			Semester 4				
	Blok 1	Blok 2	Blok 3	Blok 4	Blok 5	Blok 6		
	Basic Pathology (7.55 ects)	Endocrine, Metabolic, Nutrition & Child Growth (7.55 ects)	Tropical Infection Disease (7.55 ects)	OSCE REMEDIAL	Dermato Muskuloskeletal (7.55 ects)	Respiratory System (7.55 ects)	Cardiovascular System (7.55 ects)	OSCE REMEDIAL
		Enterpreneurship	4.53 ects		Clinical Skills Laboratory 4	3.02 ects		
		Clinical Skills Laboratory 3	3.02 ects		Medical Research 1	3.02 ects		
		Basic Community Medicine	6.44 ects					
		Total	37		Total	29		

Phase 3 (Comprehensive)								
Year 3	Semester 5			Semester 6				
	Blok 7	Blok 8	Blok 9	Blok 10	Blok 11	Blok 12		
	Genitourinary (7.55 ects)	Reproductive System (7.55 ects)	Hemato Immunology (6.44 ects)	OSCE REMEDIAL	Sensory System (7.55 ects)	Gastrointestinal & Hepatobilier (7.55 ects)	Neuropsychiatry & Geriatry (7.55 ects)	OSCE REMEDIAL
		Community Medicine	7.55 ects		Bioethics 1	3.02 ects		
		Medical Research 2	3.02 ects		Clinical Skills Laboratory 6	3.02 ects		
		Clinical Skills Laboratory 5	3.02 ects		Medical Research 3	1.51 ects		
		Total	35		Kuliah Kerja Nyata	4.53 ects		
					Total	35		

Phase 4 (Clerkship)								
Year 4	Semester 7			Medical Profession Program				
	Blok 13	Blok 14	Elective					
	Agromedicine (9.06 ects)	Emergency (7.55)	Elective (4.53)	OSCE REMEDIAL	Clerkship (Major = 10 weeks, Minor = 5 weeks) Internal Medicine, Pediatric, Surgery, Ophthalmology, Otorhinolarngology, Neurology, Phorensic, Dermatology, Radiology, Anaesthesiology, Community Medicine			OSCE REMEDIAL
		Bioethics 2	1.51 ects					
		Clinical Skills Laboratory 7	3.02 ects					
		Interprofessional Education	1.51 ects					
		Thesis	4.53 ects					
		Total	32					

With respect to the curricular structure, the experts find that it constitutes a reasonable balance and interlinkage of biomedical, behavioural and social and clinical subjects. The specialization of agromedicine combines elements of all aspects in a designated course as well as parts of other modules. One elective course slot provides at least some room for individual specialization of the students, which the experts deem useful.

In summary, the experts confirm that UNILA adequately describes the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects.

Criterion 2.7 Programme management

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained above, the curriculum was developed in an extensive process including all kinds of stakeholders. On the operational basis, the programme is coordinated by the Head of Medical Programme, who is responsible for planning of all educational and teaching activities, including lecturers' and students' schedules. The planning, implementation, and evaluation, of the programme is done by the Medical Education Unit (MEU) consisting of lecturers from all fields of medical science. This unit reports to the Deputy Dean of Academic Affairs and the Dean of the Faculty of Medicine. Further, the MEU has a curriculum division which is in charge of planning, monitoring, and evaluating the curriculum. On the faculty level, there is also a Quality Assurance Team which carries out end-of-semester evaluations of graduates' learning achievements, and five-year programme evaluations.

Although the experts gain a positive impression of the involvement of the relevant parties into the programme management and all relevant parties mentioned feedback channels in the interview sessions, they wonder about the existence of a curriculum committee as a formal instance to develop the curriculum on a regular basis. This committee should be the formal instance for developing and regularly updating the curriculum of the programme, and should reunite all relevant stakeholders, including representatives of the medical practice and students. Therefore, they ask UNILA for additional information and documentation regarding the establishment of such a committee, its working procedures, and its members.

Criterion 2.8 Linkage with medical practice and the health sector

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Although the academic phase does not involve active patient contact, both the programme coordinators as well as industry representatives of different hospitals affirm that the students learn how to interact with patients and doctors in hospitals or community centres.

Apart from that, the consecutive professional programme is the final link between the study programme and the medical profession. The experts confirm that there is strong co-operation with hospitals, public health centres, and the regional health offices which ensure the operational linkage between the educational programme and the subsequent stages of education or practice after graduation.

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

In its response statement, UNILA has presented a detailed action plan to implement a curriculum committee as a measure to formalize the existing curriculum review process. Therefore, the experts see no need to issue a requirement or recommendation on this regard.

No response was given with respect to the outline of the agromedicine specialization within the curriculum. Thus, the experts issue the recommendation A1.

In summary, the experts consider this criterion as **fulfilled**.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Self-Assessment Report
- Study plan
- Programme handbook
- Academic handbook
- Examples final theses
- Final thesis guidelines
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the assessment standards applied in the medical programme refer to the academic regulations of UNILA and the Faculty of Medicine. Student assessment is based on the principles of reliability, validity, alignment with learning outcomes and learning methodology, and positivity in terms of the learning progress. The different learning and assessment methods aim at the development of knowledge, skills,

and attitudes and are chosen to accordingly reflect the learning outcomes and the competence level: theoretical understanding ("knows"-stage), building understanding ("knows how"-stage), demonstration capability ("shows"-stage), and, finally, the "does"-stage when students independently perform in real-life situations during the clerkship.

Thus, every course is assessed using different theoretical, oral, and/ or practical instruments which are categorized in summative and formative assessment methods:

- Summative assessment includes written mid-term and final exams, Objective Structured Clinical Examination (OSCE) for the assessment of the practical skills of students, computer-based tests (CBT), and multiple-choice tests. Moreover, there are also structured assignments, essays, and quizzes to be concluded during the lecturing period. Summative assessment is applied also in continuous assessment methods during classes which are directed at developing the students' professional attitudes, such as problem-based learning discussions, practical performance, OSCE using a professionalism assessment checklist, and Student Oral Case Analysis (SOCA).
- Formative assessment refers to minimum standards as prerequisites to take courses and/ or exams. These are: 100% problem-based learning attendance as a prerequisite for the final exam, 100% practical attendance as a prerequisite for laboratory exams, at least 80% lecture attendance as a prerequisite for end-of-course and end-of-semester course exams, 100% clinical skills lab attendance as a prerequisite for OSCE exams, and sufficient professional attitudes scores given by the supervisors of the clinical skills lab. Moreover, a final thesis must be written and published in an academic journal.

With respect to the summative assessment of practical skills, the experts acknowledge and appreciate the emphasis on interactive, skill-based examinations but note that the term "OSCE" does not accurately describe the exam format used by UNILA because it is not conducted in a clinical environment. Instead, these exams are used as assessment of the students in the Clinical Skills Labs, where mannequins and simulations are used. Therefore, the used format more closely aligns with an Objective Skill Assessment (OSAT). In its strive for international recognition, UNILA should seek for this to be in line with the internationally recognized terminology of these examinations.

Regarding the formative assessment, the experts raise the question whether a 100% attendance requirement is realistic for students to achieve. The programme coordinators explain that, in case students miss certain sessions for qualified reasons as contained in the academic regulations, extra sessions can be offered for these students to catch up with the learning content. For the case that students miss larger parts of a term, the university has introduced the opportunity to take a so-called "short semester" in the break between the

odd and even terms to qualify for and ultimately take the exams without having to retake entire courses in the next semester or year. This offer can be used also by students who fail an exam or want to improve their grade. The experts wonder about this instrument exam organization as they suppose that this induces a lot of unaccounted extra work for the students. However, the students state that, despite the required additional time efforts and investments, they are very satisfied and grateful for this opportunity.

An internal assessment team constantly reviews and evaluates the assessment methodology to ensure their appropriateness, difficulty, suitability, and to avoid conflict of interest. In addition, also external experts, mostly clinical practitioners, are consulted for the design of the assessment methods and schemes for the courses in each semester.

The assessment is expressed both in numerical and letter grades as specified in the following table taken from the Self-Assessment Report:

Final Score	Quality Grades	Quantity Grades	Assessment status
≥ 76	A	4,0	Passed
$71 \leq - < 76$	B+	3,75	Passed
$66 \leq - < 71$	B	3,50	Passed
$61 \leq - < 66$	C+	3,25	Passed
$56 \leq - < 61$	C	3,00	Passed
$50 \leq - < 56$	D	2,75	Passed*
< 50	E	2,50	Failed

As the students confirm, they consider the grading criteria transparent and fair and are given the opportunity to consult the lecturers respectively course coordinators about their grades and appeal against it if they feel treated unfairly. The grades are collected, processed and published in the integrated academic information system ("SIKADU"). Additionally, they are announced via lists on the faculty's blackboard. The students specifically emphasize that not only final grades are displayed but all the individual assessment components that contribute to the final grade, which also the experts appreciate for transparency reasons.

All students have the chance to take a remedial exam if they want or, in case of failure, must obtain a better grade. Usually, as the programme coordinators explain, these exams are coupled with the beforementioned short semester. The best exam result obtained will

be given as final grade. However, as the experts learn during the onsite visit, the maximum grade in remedial examinations is capped at “B”. For students who cannot attend an exam for important reasons as contained in the academic regulations, follow-up exams or substitute exams are organized at later points in time but still in the current semester.

The final exam of the programme is the thesis for which the students have to conduct an independent academic research project under the supervision of a lecturer. According to the lecturers, students usually chose their topics on their own. Based on the examples examined during the onsite visit, the experts are highly satisfied with the quality of the final theses which includes both literature-related and own practical or statistical analyses of specific data collected in associated hospitals and/or community health centres. The “agro-medicine” focus of the programme becomes apparent when looking at the samples of final theses as well as publications in the university’s own medical journal. The experts also positively acknowledge that the formal criteria for the theses are transparently documented in a final thesis guideline which ensures a scientific practice standard on an international level.

To successfully complete the academic stage and proceed to the professional stage of the programme, all courses need to be passed. While grade E constitutes the failure of a course, grade D is still allowed as long as it does not exceed 12 credits out of all credits (157 credits).

In summary, the experts confirm that UNILA has defined, stated and published the principles, methods and practices used for the assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. They further confirm that a wide range of examination methods and formats is used which ensures that the assessment of knowledge, skills and attitudes is adequately covered. The exam policy ensures avoiding conflicts of interest, openness to scrutiny by external expertise, and includes a system for the appeal of assessment results.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Self-Assessment Report
- Programme handbook
- Academic handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The relation between assessment and learning is ensured using relevant assessment methods that suit the learning outcomes and the courses' learning methodology, as specified in section 3.1. Based on their impressions derived from all the discussion rounds, the experts also opine that the curriculum and assessment blueprint are aligned.

According to the Self-Assessment Report, the process of learning for and during the assessment itself is complemented by constructive feedback. In this way, students can actively participate in self-reflection and in understanding their strengths and weaknesses, abilities, and areas that require continuous improvement and self-development. Ethical evaluations and professional behaviour are given to ensure that students also develop the ethical values necessary in medicine. Evaluation of communication skills is also part of the assessment, considering the importance of effective communication in medical practice. In this way, the examination situations directly reflect challenges that students may face in the clinical practice in the future. The feedback is given by the responsible lecturers in their role as facilitators, and students can engage in active discussions about their challenges. By that, the lecturers can understand students' individual needs, and design assessments that support their development.

Students confirm the worth of the exams and the corresponding feedback for their learning process. The experts also note their hard-working attitudes and commitment towards obtaining good results, which also reflects the appreciation of the additional short semester. In this regard, however, the experts critically mention that taking a short semester should not be the regular case for students but only an exception. The examination system and load has to be designed in a way that allows students to obtain positive results in the regular semester (see also sections 7.3 and D 1.5).

In summary, the experts confirm that assessment principles, methods and practices are used in the programme which are clearly compatible with intended educational outcomes and instructional methods, promote student learning, and ensure that the intended educational outcomes are met by the students.

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

With respect to the "OSCE" term, the experts acknowledge its use as an "umbrella" term for the practical examinations which was set by the Indonesian Ministry of Higher Education and is commonly used throughout all universities in Indonesia. Therefore, they are satisfied with the situation and issue no requirement. However, given that the definition of

the term “OSCE” does not fully suit the exam format, suggest finding ways to adapt ways to make it compliant with the international terminology.

With respect to the design of the exam system and the corresponding workload, the experts get the impression from UNILA’s statement that the mentioned problems will be addressed. While they confirm that the relation between assessment and learning is given, they refer the problem of exam organization to section D 1.5 where a requirement is issued. In this way, the experts consider this criterion to be **fulfilled**.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Self-Assessment Report
- UNILA undergraduate admission website: <https://www.unila.ac.id/en/undergraduate-admissions/>
- Website Faculty of Medicine: <https://fk.unila.ac.id/>
- Academic handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained in the Self-Assessment Report, the Faculty of Medicine has established a standard procedure of student selection, which is in accordance with the regulations of the Indonesian Ministry of Education, Culture, Research, and Technology for public universities. As mandated by the national regulation, students can apply through three channels:

1. Seleksi Nasional Berbasis Prestasi (SNP, National Selection Based on Achievement): This way is implemented to promote students who have high school academic achievements. Admission criteria are based on students' scores at high schools and vocational schools. The SNBP student capacity for each study programme at the university is set at least 20% of the students.
2. Seleksi Nasional Berbasis Tes (SNBT, National Test Selection Based on Computer Based Test). This entrance pathway uses a Computer-Based Test with an emphasis on scholastic and academic competencies. The test is held simultaneously throughout Indonesia, and the admission is based on the test scores. The SNBT student's capacity for each study programme is determined to be at least 40% of the students.

3. Independent admission (Mandiri) by UNILA based on the own standard and selection method. The student capacity of the selection method is 30%.

Concerning the independent admission pathway, the experts ask the programme coordinators about the criteria for the selection and learn that it is a common feature of Indonesian university admission to establish own criteria which, among others, include outstanding achievements of potential students in sports, arts, or culture, as well as the promotion of students from disadvantaged population groups. These criteria are established on the university-level and have no particular features for the medical programme.

The exact admission quotas are determined before each intake by the Dean of the Faculty of Medicine. At the same time, the Rector's office and an Internal Supervisory Unit review admission policies periodically and evaluate the student admission process. This also links with the publication of admission processes and results after their completion and the implementation of an appeals system against admission results. The experts wonder about this system but, given that it is a common feature of Indonesian university admission, do not enquire further.

The Self-Assessment Report refers also to UNILA's special regulations for the admission of disabled students according to their particular needs, such as special rooms, efficiently accessible facilities, and particular companions. Although this regulation is in place, apparently no disabled student is currently enrolled in the Medical Programme, as the experts learn from the student representatives. Moreover, the programme accepts also foreign students and students who started their studies in other universities and offers the option of credit recognition for all courses with matching course contents and at least the similar number of credits as at UNILA, which were successfully accomplished at the other institution. The experts are satisfied that these regulations are in place and transparently published in the university's academic handbook.

In summary, the experts confirm that UNILA has formulated and implemented an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. The selection process ensures the qualification of the intake students for their study subject. There is a policy for the admission of disabled students, and a policy and for the transfer of students from other national or international programmes and institutions.

Criterion 4.2 Student intake

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the maximum capacity of student admissions in the study programme is based on the teacher-to-student ratio provisions of the Ministry of Education, Culture, Research, and Technology. In the medical field, this ratio is determined to be at least 1:10.

In terms of applications, the medical programme is one of the most competitive programmes of UNILA with a demand of about 20 applications per available study place. The numbers of applications and accepted students are displayed in the following table for the past five years:

Number of new students	2019	2020	2021	2022	2023
Number of registrant	2561	3362	4232	5352	4080
Number of accepted students	163	159	216	267	200
Number of incoming students (Re-registration)	154	153	207	246	191

Looking at the admission numbers of the past years, the experts are surprised about the notable decline of student intake in 2023. The programme coordinators explain that the allowed intake was limited due to faults found during a national accreditation visit in 2020. These have allegedly now been resolved and the intake can and is planned to be increased even to higher capacities than before.

Overall, the faculty currently consists of 75 lecturers and 798 students, yielding a ratio of 1:10.64. Thus, the experts note that the minimum ratio is not met, and that additional staff needs to be hired to meet this requirement (see also section 5.1). This need becomes even more pressing as the programme coordinators explain that the number of students per cohort is supposed to be increased from 220 to 250 due to the urgent need for medical doctors in the area in the coming year. Additionally, an English-speaking international class is in the planning stage.

In summary, the experts confirm that the size of student intake is defined and related to the programme's capacity at all stages. The size and nature of student intake in consultation with other stakeholders is periodically reviewed to meet the health needs of the community and society.

Criterion 4.3 Student counselling and support

Evidence:

- Self-Assessment Report
- Academic handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained in the Self-Assessment Report, UNILA offers a comprehensive advisory and support system for all students. The most important contact person for all students is their academic supervisor, whose duty is to assist students with all academic and non-academic problems during their study period. This includes also orientation and guidance for fresh intake students. Each supervisor is responsible for a maximum of 12 students who are assigned to the respective supervisors in the beginning of their studies.

Besides that, UNILA formed the Student Support Center Unit (SSC) as additional option for counselling. Apart from academic problems like planning of the schedule and problems with accomplishing the learning objectives, students can report various non-academic problems such as bullying, financial problems, temporary housing problems, and other personal problems. The SSC provides help with the university's own resources, such as psychiatrists, or recommends respectively arranges special external help arrangements. All counselling services are fully confidential.

Counselling is offered also regarding career planning and professional training. Besides the SSC, there is the university-level Center for Career and Entrepreneurship Development and an independent career counselling team at the Faculty of Medicine which specializes in this professional field.

Other university resources include, among others, temporary student dormitories for students, health facilities such as the campus clinic, and sports facilities. Furthermore, there is an orientation programme which introduces new students to the life on campus.

During the onsite interview, the students confirm that all these components of the support system are in place and can be easily used by them. Especially the academic supervisor is

regarded as a very helpful instance to address their problems. Each student should have at least three meetings with their academic advisor per semester, and additional consultation meetings can be scheduled flexibly, which the experts positively notice.

Furthermore, the experts learn that, as part of the support system, the students' parents are informed of their grade in the case that students have bad examination results and are in danger of dropping out of the programme. This practice was only imprecisely explained in the Self-Assessment Report and the experts wonder about the involvement of parents. The students explain that, although the official coming of age is 17 years in Indonesia and student usually enter the university at 18, the parents are culturally still an important anchor for them, which explains this policy.

In summary, the experts confirm that UNILA has a system for academic counselling of its students, offers a programme of student support, addressing social, financial and personal needs, allocates resources for student support, and ensures confidentiality in relation to counselling and support.

Criterion 4.4 Student representation

Evidence:

- Self-Assessment Report
- Academic handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Regarding the topic of student representation, the experts learn that each study programme at UNILA has a student representative council which works as intermediary between the students and both the programme and university administration. To gather feedback on a regular basis, UNILA also obliges its students to participate in different surveys such as online course evaluations at the end of each block. Students must take part in these surveys as they cannot access their exam results in the academic information system otherwise. Moreover, as explained in the Self-Assessment Report, students can directly offer suggestions and criticism through the medical faculty's helpdesk and online suggestion form, which is directly linked to the secretary of the Faculty of Medicine dean. Criticism and feedback on the university level can be provided through UNILA's online whistleblowing system, while complaints about the university institutions themselves can be directed to the Ministry of Higher Education via the "LAPOR!" platform.

The experts intensely discuss the topic both with the representatives of the Rector's office as well as the students that, notably, are all members of the student representative council introduced above. The existence of the beforementioned feedback channels is confirmed and the experts gain a generally positive impression of the feedback and quality assurance culture. However, as the experts note, there is no regular mechanism that closes the feedback loop back to the students, i.e., information given to the students about their feedback and the respectively taken measures. In case of specific questions, the student representative council can request a meeting with higher faculty and university representatives and transmit the results of the discussions to the other students. However, the experts find that this is not sufficient to fulfil the criterion that students must be informed about the results of their evaluations and the respectively implemented measures to address problems. Also, as the role of the curriculum committee remains unclear (see section 2.7), student involvement into this body is uncertain as well.

In summary, the experts confirm that a policy on student representation is in place which allows for student participation in the design, management, and evaluation of the programme as well as the voicing of student concerns. However, the feedback loop back to the students must be closed to ensure the participation of students in all stages of the quality assurance cycle.

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

With respect to the staff level of the programme, UNILA responds that the recruitment of 16 additional lecturers has been proposed to the university. Considering the apparent need for an increase of the staff level the experts welcome this step. Nevertheless, to stress the importance of this measure and guarantee its implementation, the experts issue a requirement to increase the staff level (see also section 5). Furthermore, the experts recommend improving the monitoring system of the staff workload to ensure a more adequate distribution of the staff workload over all Tri Dharma duties.

Regarding the feedback cycle which needs to be closed, feedback sessions with the students are included in the processes around the curriculum committee which is to be established (see also section 2). Therefore, the experts are satisfied and see no need to issue a requirement or recommendation in this regard.

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

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Self-Assessment Report
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Since UNILA is a public university, the staff recruitment process is integrated with the government's employee recruitment policy. The staff needs of each work unit are to be analysed based on a teaching activity plan, taking into account the curriculum and workload, the number of classes and students, and the roadmap for scientific/ expertise development of the faculty. Afterwards, they are discussed on the faculty and university level, before being reported to the Directorate General of Resources which then announces vacancies on UNILA's website and in national media. The recruitment criteria are an educational degree on the Master's level at least, competence in basic medical science, professional experience, and article publication experience. During the onsite visitation, the experts are presented with examples of the recruiting announcements of the university.

In this regard, the programme coordinators and lecturers explain that the criteria for advancing in the academic career and becoming a professor in the end are tied to long academic experience at universities, such that it is very unusual to recruit staff on the professor level from different universities. Commonly, Master's degree graduates enter UNILA's academic staff and pursue their further academic career including a PhD with the support of the university while already being involved into teaching activities. The experts acknowledge this system but, in light of the fact that lecturers pursuing higher academic degrees, they cannot devote their full work effort to the necessary teaching activities in combination with the low staff number which does not meet the prescribed quota of 1:10 (see section 4.2). The experts see the urgent need for recruiting additional staff. In this regard, the experts recommend considering (international) guest lecturers to increase the international perspective of programmes and incorporate external teaching expertise.

In conclusion, the experts confirm the existence of a structured HR planning and recruiting process but require the recruiting off additional academic personnel.

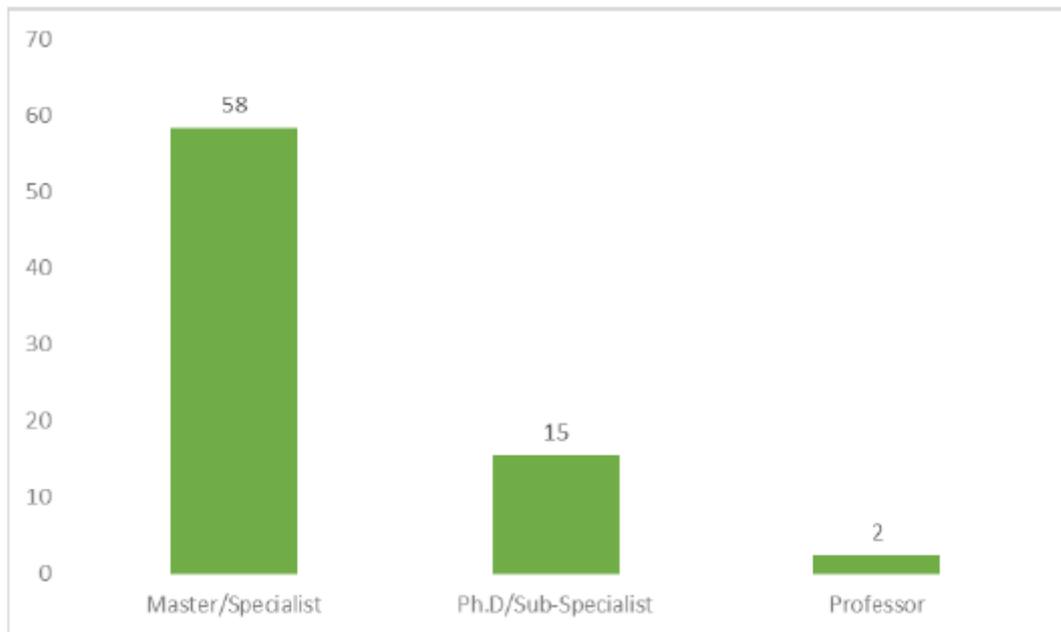
Criterion 5.2 Staff activity and development policy

Evidence:

- Self-Assessment Report
- List of staff training measures
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, UNILA's Faculty of Medicine currently employs 75 full-time teachers in different academic positions that are based on research activities, publications, academic education, supervision of students, and other supporting activities. There are professors, associate professors, assistant professors and lecturers. The distribution of the educational qualification of the teaching staff is displayed in the following table:



Out of the current Master's degree holders, 11 are currently pursuing a Doctoral degree. 81% of the lecturers have a medical science background, while the rest stems from academic fields related to biomedical science and public health. The staff's academic education, fields of expertise, professional positions and research activities are outlined in the faculty's staff handbook in sufficient detail.

All lecturers must carry out the Indonesian Tridharma of Higher Education, which consists in education/ teaching, research, and community service activities. Asking about the distribution of the workload across these three pillars, it becomes clear to the experts that teaching takes by far the highest share of the academic staff's workload. The lecturers estimate that they can spend around 5 hours of their weekly working time on own research, which the experts deem to be comparatively low. However, the lecturers affirm that they are

nevertheless able to conduct and publish their research projects, and that there is also a financial reward for the successful publication of articles in renovated journals. In addition to the Tridharma duties of the university, many faculty lecturers also work as practicing clinical doctors in hospitals, which further increases their workload. Although no criticism about the workload is voiced, the experts consider the workload of the staff as very high and imbalanced between the different duties. This adds to the already induced requirement for additional staff recruitment.

In terms of continuous lecturer development, UNILA has established a comprehensive system that, according to the Self-Assessment Report, offers various trainings such as

- (1) courses for the improvement of basic skills and instructional techniques,
- (2) applied approaches,
- (3) research methodology,
- (4) e-learning and IT skill seminars,
- (5) tutorship/ leadership trainings.

It is deemed a crucial process to adopting up-to-date teaching methodologies and regularly evaluating the applied methods. At the university level, lecturers' training includes character training, case-based and project-based learning methods, and training to become an academic advisor. On the faculty level, the training aims at preparing the lecturers for becoming problem-based learning facilitators, clinical laboratory skills instructors, laboratory practitioners, technologists, and teaching learning. Refreshment of internal lecturers in problem-based learning activities and clinical skills laboratories are carried out every year. Training is also given to new lecturers before they can become laboratory clinical skills instructors.

Moreover, there are courses on the application and provision of research and community service funds, scientific journal management, and career development. In this way, the didactical competencies of the teaching staff are ensured. Also, UNILA organizes various training activities like seminars and workshops regarding developments in the scientific fields to support lecturers in keeping up with recent developments. Scientific conferences are periodically planned on the university level, as well as regionally and internationally. Senior teaching staff is also responsible for further educating and guiding the junior staff in terms of both research and teaching. This includes also encouragement and facilitating measures for lecturers with Master's degrees to continue their education and complete a PhD programme.

The Faculty of Medicine actively engages in research and has achieved to publish about 1.037 scientific articles in national and international journals between 2021 and 2023.

UNILA's leadership policy encourages the publication of lecturers' scientific works both through research funding and remuneration incentives.

Besides the incentives for research activities, there is also a system of rewards and punishment for lecturers and education personnel. The reward system was implemented in order to motivate lecturers and education personnel in achieving their performance, which refers to government regulations regarding the reward system for civil servants. Awards are given, e.g., to lecturers with exemplary teaching performance and lecturers with the most publications.

The experts extensively discuss the continuous learning offer with the academic staff of the programme. They confirm that the continuous learning offer is in place and name Artificial Intelligence in teaching methodology as well as research methodology and project management as examples of the courses they can take every year. The topics of the offered courses are chosen and adapted according to current developments and challenges in teaching, society, and academia. The lecturers additionally explain that their salary is partly dependent on their activity reports, course engagement, and evaluation results.

As the experts learn from the programme coordinators that they aim at implementing an international class in which the entire programme content is taught in English language, they enquire whether also language courses are part of the course offer. Although the students state their satisfaction with the English language skills of their lecturers at the moment, the experts deem it necessary to further train the lecturers to be sufficiently prepared to master the challenge of teaching their courses fully in English. The lecturers affirm that they can participate in language courses of the university's language centre which pleases the experts. Nevertheless, they emphasize that the preparation for English teaching has to be taken seriously and recognized by the programme coordinators.

In summary, the experts confirm that UNILA has formulated and implemented a staff activity and development policy which ensures the recognition of activities with appropriate emphasis on teaching, research and service qualifications, ensures that clinical service functions and research are used in teaching and learning, and ensures sufficient knowledge by individual staff members of the total curriculum. However, to sustain and expand the programme and allow for a more balanced distribution of the staffs' workload and capacities between teaching, research and service functions, the number of staff needs to be increased. In terms of development, the experts confirm that the system also includes teacher training, development, support and appraisal mechanisms.

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

Regarding the need for staff recruitment, the experts point towards the explanations given in section 4, and require UNILA to address the problem of staff shortage.

To address the topic of English language qualification of the lecturers, UNILA has proposed an extensive course offer to continuously develop the lecturer's English skills, which pleases the experts. Nevertheless, even with further language qualification of the lecturers, the establishment of an international class still means considerable extra effort for the lecturers, which needs to be considered for the staff planning.

The experts consider this criterion as **mostly fulfilled**.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Visitation of facilities
- Discussions during the audit

Preliminary assessment and analysis of the experts:

During the audit, the peers visit the facilities and can confirm that UNILA and the Faculty of Medicine provide adequate resources for teaching, supervision, and administration:

For the theoretical classes, there are four large lecture halls with capacity of up to 250 students each, five smaller lecture rooms, and a large hall which is used both for teaching, representative, and social activities. All lecture halls have standard support facilities such as air conditioning, computers, LCD projectors, sound systems, and Wi-Fi connection. As the experts note, a new building with lecture halls and administration offices for the faculty was inaugurated recently. This also includes a new library space with both physical and digital materials. As the programme coordinators explain, the library is planned to be expanded to offer individual learning spaces as well, which is positively commented on by the experts. Both students and lecturers confirm their satisfaction with the available facilities and resources.

For the applied teaching part, there are 24 tutorial rooms and 28 Clinical Skills Lab rooms, each with a capacity of 10-12 students, to support learning related to clinical skills. The available laboratories are designated and equipped for the following medical applications: Anatomy, Community Medical Science, Histology, Clinical Pathology and Anatomy Pathology, Pharmacology, Biomol/Biomedical/Biochemistry/Physiology, Microbiology and Parasitology, and CBT/IT. The experts positively note that the Anatomy room is equipped for work with real corpses which the experts consider highly important for the teaching. Besides that, there is also modern digital anatomy teaching equipment, and the experts are satisfied to observe the good standard and sufficient number of mannequins used in the Clinical Skills Labs.

To ensure the maintenance and security of the labs, UNILA has established a Health and Safety Work Committee. This committee is dedicated to preventing work accidents and occupational diseases, as well as managing all health and safety issues concerning educational staff and students in the programme.

In summary, the experts confirm that UNILA provides sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. The safety standards are considered adequate.

Criterion 6.2 Clinical training resources

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, introduction to clinical practice is given in form of the Clinical Skills Labs in which students are trained to apply theories learned to patient models. Besides this, there are clinical courses which are carried out in health service facilities such as public health centres. For this purpose, the students are divided into guided groups supervised by field supervising lecturers. In addition, students are involved in health services such as visits to health centers, integrated health posts, and family oriented medical education activities in “Community medical science” and “Agromedicine” courses. The students report that they consider these field visits highly useful for their learning as they can observe different fields practice work in real-life settings and get in touch with patients.

However, the medical programme does not yet contain clinical practice activities with real patients, since this is reserved for the professional programme that is not part of this accreditation procedure. Nevertheless, the experts visit the affiliated partner hospital in which the professional students carry out their clerkship and confirm the adequacy of the resources. Also, they are pleased to learn that a new teaching hospital and research building is under construction at the UNILA campus which will allow easier engagement of students of both stages of the programme to interact and, thus, benefit the opportunities for clinical experiences also for the academic stage students.

In summary, the experts confirm that the present resources are adequate for giving the students adequate preclinical experience within the structural boundaries of the academic stage of the Medical Programme.

Criterion 6.3 Information technology

Evidence:

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

Preliminary assessment and analysis of the experts:

To facilitate and enable the learning and teaching, UNILA provides an elaborate environment of digital facilities, as described in the Self-Assessment Report. The available systems include the Academic Information System (“SIAKADU”), the Vclass online lecture application, the university’s and faculty’s websites and a system for computer-based examinations.

SIAKADU provides educational services like encompass storage of lecture materials in various formats, communication between and among lecturers and students, online class formats, e-learning options, user-to-user messaging features within Vclass, and online assignment submission. The system can be accessed easily via the official university e-mail addresses which is confirmed by the students. Access to online facilities is ensured via multiple Wi-Fi networks on campus.

Furthermore, the programme coordinators explain that the library offers various digital resources, including access to scientific journals and databases like *Elsevier*. Also, the faculty seeks to further expand its offer of digital on-site teaching resources, as the recent installation of a virtual dissection table in the anatomy lab demonstrates.

In summary, the experts confirm that UNILA supports an effective and ethical use and evaluation of appropriate information and communication technology and ensures access to web based or other electronic media. However, as elaborated in more detail in section 6.5, the assessment forms of the clinical partners as well as the logbooks for each student's preclinical activities should be digitalized to facilitate more efficient communication.

Criterion 6.4 Medical research and scholarship

Evidence:

- Self-Assessment Report
- Study plans
- Programme handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

In the Self-Assessment Report, UNILA emphasizes their focus on and commitment to the alignment and combination of teaching and research. Thus, the Faculty of Medicine has developed a research roadmap which, based on the faculty's vision and mission, outlines the priorities and describes research projects to be concluded. Lecturers regularly conduct research as part of their Tridharma obligation.

Students are included in the research agenda through the compulsory Bachelor's thesis. During their education, the students learn to use several research approaches including quantitative research (surveys, correlations, experiments) and qualitative research (case studies). Furthermore, they are taught the skill of independent scientific writing in the "Medical research" courses. The topics chosen for the theses are very broad, ranging from basic medical science, clinical science, public health, to medical education. A team of thesis reviewers monitors and evaluates the research work. The Faculty of Medicine has also established an own journal for the publication of research. During the on-site visit, the experts observe multiple examples of theses and research articles by both the students and lecturers. They are especially satisfied with the quality of the student theses, which, for students on a Bachelor's level, fulfil a high standard in terms of content, methodology, and formalities. They are also pleased to notice that the specialization of agromedicine, which the programme coordinators highlighted as the flagship of their medical programme, is well-reflected in the topics of theses as published research articles.

Also, the lecturers explained that students are also involved in research activities going beyond the thesis, as they can take part in the lecturers' own research projects to train their

research skills. The experts positively highlight this neat alignment and integration of teaching and research. Further expanding the focus of the research, students also participate in different national and international competitions.

In summary, the experts confirm that the programme relies on medical research and scholarship as a basis for the educational curriculum, fosters the relationship between medical research and education, and describes the research facilities and priorities at the institution in their report adequately.

Criterion 6.5 Educational expertise

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

During the on-site visit, it becomes clear to the experts that UNILA's Faculty of Medicine relies on the expertise of both faculty members and external consultants to assess the programme and implement policies for curriculum development through course development workshops, semester learning plans, and cooperation with hospitals. Moreover, the stakeholders from the practice also confirm their close involvement in the teaching process, which includes also structured evaluation and feedback about the students' performances to the programme coordinators through student "logbooks". However, as room for improvement, it is mentioned that these channels should be digitalized to allow quicker and more interactive communication and feedback, which the experts consider a valuable suggestion.

The main responsibility for the review and development lies within the Medical Education Unit that engages in organizing learning goals and objectives, ensuring alignment with Indonesian Doctor Competency Standards 2012, and refining and innovating learning methods such as team-based learning, project-based learning, bed-side teaching, tutorials employing problem-based learning approaches, and the Clinical Skills Labs.

However, while the experts acknowledge the close alignment of the regional stakeholders with the university and the programme, they recommend including international expertise in the development and delivery of the programme. As an example, international guest lectures would be a good tool to increase the international perspective in the programme. Moreover, this would also partly address the mentioned issue of high workload of the academic staff (see sections 5.1 and 5.2).

In summary, the experts confirm that the programme is designed and further developed based on educational expertise. A policy on the use of educational expertise in curriculum development as well as the development of teaching and assessment methods, according to current medical education processes, is implemented.

Criterion 6.6 Educational exchanges

Evidence:

- Self-Assessment Report
- Academic handbook
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the Medical Programme has successfully established memoranda of understanding with six overseas universities: Chanyang University (China), Hiroshima University (Japan), McMaster University (Canada), University of Ostrava (Czech Republic), University of Kentucky (USA), and Yokohama National University (Japan). These partnerships serve the purposes of joint academic programme development, lecturer and staff exchange, and collaborative research through joint projects, conferences and seminars. While the experts appreciate these collaborations, they notice that, apart from short conferences and seminars, there is only little room for the use of them by the students.

In terms of student mobility, UNILA is only at the beginning of a journey towards internationalization. So far, all student exchange programmes are conducted at the university level, the places are limited, and the selection process is very competitive. The selection criteria are study year, academic achievement, English language profession, and extracurricular engagement. Nevertheless, the experts appreciate the strive for internationalization that the representatives show during the on-site meeting: New cooperation agreements have been settled, among others with universities in Russia, Philippines, Thailand, Malaysia, and Turkey, and a new annually available fund has been created to support students of all faculties to go abroad. The available fund of 1bn IDR (roughly 60.000 €) is distributed evenly among the faculties. These new agreements should also enable students to go abroad for a full semester without losing ground in their programmes.

The practical realization of international exchanges is facilitated through various programmes such as the Center for Indonesia Medical Students' Activities, the Indonesian International Student Mobility Awards, and the Project Implementation Unit (PIU) of the

Higher Education for Technology and Innovation Project at UNILA. As the experts see in the academic handbook, a policy which enables the transfer and recognition of externally obtained credits for the students is in place.

The programme coordinators and representatives of the Rector's office affirm that, as part of its strategic plan, UNILA seeks to further encourage academic mobility. Nevertheless, the current student mobility activities are low. Therefore, experts encourage UNILA to pursue this strategic plan but nevertheless recommend that further measures for the enhancement and facilitation of academic mobility should be sought after also on the faculty level. This would allow the establishment of subject-specific cooperations and exchange programmes, which would be highly welcomed by the students. Moreover, more and more diverse funding options and programmes should be explored and a structured guideline for students on how to apply for individual funding for international mobility would help to raise the needed financial resources for student exchanges. Notable in that regard is also, that, since UNILA is only at the beginning of its path towards internationalization, apparently no incoming students are enrolled in the programme. This would be highly beneficial for the internationalization of the programme and the students' learning experience and should therefore be supported and encouraged with respective policies.

In summary, the experts confirm that UNILA has formulated and implement policies for national and international collaboration with other educational institutions, including staff and student mobility. Also, the transfer of educational credits is formally regulated. However, both UNILA and especially also the Faculty of Medicine should seek to further increase the opportunities and funding for student mobility. Moreover, measures to increase the attractiveness of UNILA and encourage incoming mobility should be implemented.

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

In its response statement, UNILA provides a list of multiple guest lecturers and affirms the planning of further workshops and lectures to increase the inclusion of more external and international expertise in the teaching of the programme. The experts are satisfied with this plan and see no need to issue a formal recommendation anymore.

With respect to the recommended digitalisation of the student "logbooks" as feedback and evaluation tools for the practical teaching in the field, UNILA responds that electronic feedback channels were already implemented in the professional programme. These channels shall now be also implemented for the undergraduate programme, which the experts deem a sensible and practicable solution. Thus, they see no need to issue a formal recommendation in this regard anymore.

Likewise, UNILA has already addressed also the topic of student mobility through the planned provision of additional funds and programmes. As the experts deem this a crucial topic and still see much room for improvement, they nevertheless formulate the recommendation to further enhance the curricular opportunities and funds for international activities for students.

In summary, the experts consider this criterion as **fulfilled**.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

- Self-Assessment Report
- UNILA guidebook of the internal quality assurance system
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the Medical Programme is periodically subject to both internal and external programme evaluation:

UNILA's internal quality assurance system is based on the standards established by the university's Institute of Learning Development and Quality Assurance in 2022, and specifically for the Medical Programme, also refers to the 2012 National Standards for Indonesian Medical Education. The first instrument of programme evaluation is the monitoring of students' learning progress and satisfaction during courses as well as through course evaluation questionnaires. Further, the programme's curriculum is formally reviewed every five years through focus group discussions (FGD) and curriculum evaluation workshops involving students, lecturers, alumni and stakeholders. Different feedback mechanisms are addressed also in previous sections of this report.

In terms of external evaluation, the programme is subject to Indonesian national accreditation, which is conducted by the Indonesian Health Higher Education Independent Accreditation Institute (LAM-PTK). The programme received an "A" (excellence) accreditation in the last procedure carried out in 2020. In addition, UNILA seeks to strengthen its international focus also through international programme accreditation. The Medical Programme is subject to international accreditation by ASIIN for the first time.

In summary, the experts confirm that there is a routine curriculum monitoring system of processes and outcomes for the programme. A mechanism for programme evaluation that

addresses the curriculum and its main components, monitors student progress, and identifies and addresses concerns, is established and applied. UNILA and the Faculty of Medicine ensure that relevant results of this evaluation reflects back onto the curriculum through the participation of all stakeholders, including the students and lecturers, in different boards.

Criterion 7.2 Teacher and student feedback

Evidence:

- Self-Assessment Report
- Examples of surveys
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, feedback on the teaching and learning processes is gathered through multiple surveys filled by students, alumni, and lecturers.

The course questionnaires for students are to be filled out anonymously via SIAKADU and contain the following evaluation criteria:

- a. availability of learning plans, contracts, learning materials
- b. suitability between planning and implementation of the learning process
- c. the teacher's ability to transfer knowledge and create a positive academic atmosphere
- d. suitability of assignments and exams to learning outcomes
- e. satisfaction with online learning support media

Students can also evaluate different aspects of their teachers' performance as well as their satisfaction with the university services one a scale of 1 to 4.

The results of the submitted surveys as well as other feedback, suggestions, and complaints gathered, among others, through the tracer study, are then analysed and discussed at meetings with related parties. The results become a reference for preparing follow-up plans for the next semester's quality development activities.

The experts raise the issue of students and lecturer feedback in all on-site discussion rounds and gain a very positive image of UNILA's feedback culture and quality management system. However, while the students confirm that their feedback is collected and taken into account, it becomes apparent that the students do not get regular feedback on the results of their evaluations. It is explained that the student executive board can request meetings

with the programme coordinators in case of questions regarding the feedback; however, the experts find that this does not qualify as a regular structured feedback mechanism (see also section 4.4). Therefore, they require that the structured feedback loop needs to be closed such that students are informed about the results and actions taken in response to their feedback on a regular basis.

In summary, the experts confirm that, with the shortcoming of the missing last part of the feedback loop, UNILA systematically seeks, analyses and responds to teacher and student feedback.

Criterion 7.3 Performance of students and graduates

Evidence:

- Self-Assessment Report
- Medical programme strategic plan 2020-2024
- Discussions during the audit

Preliminary assessment and analysis of the experts:

UNILA explains in the Self-Assessment Report that student performance is monitored through the students' Grade Point Average (GPA), the compound of all grades according to their weighting in the courses. Statistical data shows that the GPA of students ranges between 2.53 and 3.71 out of 4.00, while the average score is 3.27. Given these assessments, all students can pass the programme and, as the average study duration of three years and eight months indicates, most of the students are able to complete the programme in the regular study duration of seven semesters.

However, based on examples of other Indonesian universities, the experts judge the average GPA to be comparatively low. Moreover, they noticed that the programme's strategic plan 2020-2024 mentioned, among others, problems with student performance and motivation. Raising these issues in the on-site interview sessions, the university representatives and programme coordinators do not recall any of these problems. The students also appear highly motivated and committed to the programme, which is positively noted by the experts.

On the other hand, it also strikes that the provided statistics indicate an average graduation duration of 3.9 years for the Medical Programme, which partly contradicts the Self-Assessment Report. In that regard, the experts learn that the Indonesian regulation for the design of medical programme curricula allows for a duration of the academic stage of up to 4 years. As this is apparently quite close to the actual graduation time of UNILA's medical

Bachelor students, they wonder why the university's curriculum is designed only for 7 semesters. In that regard, students report that, indeed, prolongations of their study periods are necessary in certain cases, which is in most of the cases due to delays of the research work in the hospitals and other partner institutions that is required for the thesis. The experts are of the opinion that this issue needs to be addressed for the sake of both students and programme coordinators. As graduates of the programme usually proceed to the professional stage as next step in their practical education, disruptions of the Bachelor graduation further disrupt also the planning for the consecutive education stages. However, as the obtained information on this matter is inconsistent and partly contradictory, the experts ask UNILA for more detailed, updated statistics and additional information to allow for a realistic assessment of this criterion.

In summary, the experts confirm that UNILA conducts analyses of the performance of cohorts of students and graduates in relation to mission and intended educational outcomes, the curriculum, and the provision of resources. However, the matter of the standard graduation time needs to be clarified and addressed to ensure a smooth study path and a successful transition to following education stages for all students.

Criterion 7.4 Involvement of stakeholders

Evidence:

- Self-Assessment Report
- Discussions with during the audit

Preliminary assessment and analysis of the experts:

As UNILA describes in the Self-Assessment Report, feedback of stakeholders plays a crucial role in its quality management, especially in curriculum evaluation. This involvement is formalized through focus group discussions for the programme review, as well as through the regular distribution of online questionnaires to gather feedback. Topics of interest are the qualification of students respectively graduates with respect to the following competences: moral and ethical integrity, professional field or expertise, foreign language skills, proficiency in the use of information and technology, communication skills, teamwork, and leadership abilities. More detailed features of the involvement of stakeholders in the programme are explained in previous sections of this report.

The experts confirm that UNILA and the Faculty of Medicine involve its principal stakeholders in its programme monitoring and evaluation activities.

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

The issues of the closure of the formal feedback cycle as well as the digitalization of student logbooks, which were critically mentioned by the experts, have already been addressed as described in earlier parts of this report.

The critical matter of the prolonged study period is addressed under the criterion D 1.5.

In summary, the experts consider this criterion as **fulfilled**.

8. Governance and Administration

Criterion 8.1 Governance

Evidence:

- Self-Assessment Report
- UNILA Chancellor’s Decree Number 1978/UN26/OT/2020, September 25, 2020
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The Self-Assessment Report shows that UNILA has established a comprehensive governance structure, as can be discerned from the visualisation below. The Rector is the leader of the university as well as its associated bodies. The Faculty of Medicine is headed by the Dean, who is assisted by three Deputy Deans with special fields of expertise and tasks. On the faculty level, there are also a Head of Administration, eight work units, and the labs that are coordinated by a Head of Laboratory each.

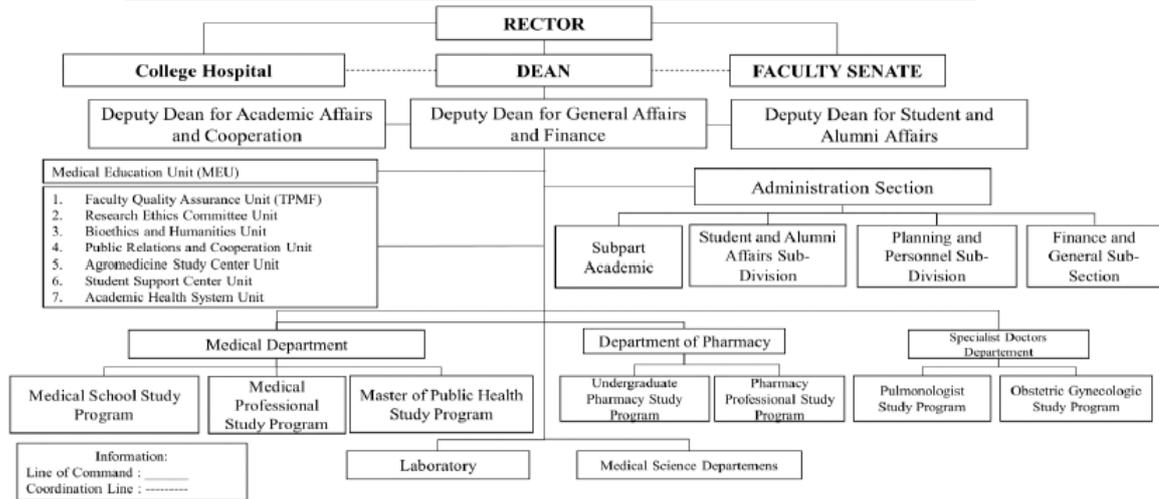
The Faculty of Medicine is further divided into three departments: The Specialist Doctors Department, the Department of Pharmacy, and the Medical Department which offers the programme under review. The programme itself is coordinated by the Head of Study Programme. To fulfil its duties, the faculty receives also assistance, training, instruction, and evaluations from 13 university level institutions, among which are the Institute of Research and Community Service and the Institute of Learning Development and Quality Assurance.

The university’s governance structure is displayed in the following figure:

C Analysis and Findings of Experts

ATTACHMENT TO LAMPUNG UNIVERSITY RECTOR'S DECISION
 NUMBER: 1978/UN26/OT/2020
 DATE: 25 SEPTEMBER 2020
 CONCERNING: DETERMINATION OF THE ORGANIZATIONAL STRUCTURE OF THE LAMPUNG UNIVERSITY FACULTY OF MEDICAL

ORGANIZATIONAL STRUCTURE OF THE FACULTY OF MEDICINE, LAMPUNG UNIVERSITY



The experts confirm that the Faculty of Medicine has defined adequate governance structures and -functions including its relationships within the university.

Criterion 8.2 Academic leadership

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As specified in the Self-Assessment Report, the Rector in his responsibility to oversee the university's management receives support from

- the Vice Chancellor for Academic Affairs,
- the Deputy Chancellor for General Affairs & Finance,
- the Vice Chancellor for Student & Alumni Affairs,
- and the Deputy Chancellor for Cooperation Planning & ICT.

On the faculty level, the Dean is responsible for the supervision and organization of education, teaching, research, and community service in cooperation with the Heads of the study programmes as well as the faculty work units. Furthermore, the Dean oversees lecturers, students, and educational staff, and reports to the Rector. The Dean is supported by

- the Deputy Dean for Academic Affairs and Cooperation,

- the Deputy Dean for General Affairs & Finance,
- and the Deputy Dean for Student & Alumni Affairs.

On the department level, each Head of Department appoints a Head of Study Programme. This coordinator is responsible for the delivery the programme and its associated activities. This position is again supported by year coordinators who specifically oversee the students and learning activities in the respective study years.

The experts confirm that the responsibilities of the Faculty of Medicine's academic leadership for definition and management of the programme are defined.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the respective Deputy Chancellor and Deputy Dean are responsible for the budget planning and resource allocation at the university and faculty levels. The university funding for the Faculty of Medicine amounts to 25 bn IDR (approx. 1.4 million EUR) per year. The faculty itself is responsible for the acquisition of additional funds and has obtained further financial resources through collaborations, research, and community service grants from outside the university. For example, the faculty received a grant for the construction of two new buildings by the Lampung provincial government in 2021. Likewise, the Asian Development Bank invested 500 bn IDR in the construction of an educational hospital to be finished in 2025. In 2024, 11 bn IDR were invested for the renovation of the faculty's labs.

As human resource expenditures like the staff salaries are paid by the university, the faculties own financial resources are mainly directed towards the development of learning facilities and infrastructure. This includes, among others, purchasing laboratory equipment and materials, curriculum development such as making learning videos, as well as support for collaboration and funding research in medical science. The programme coordinators express their satisfaction with the financial resource allocation of the university and the budgetary standing of the faculty.

The experts confirm that there is a clear line of responsibility and authority for resource allocation to the curriculum, including a dedicated educational budget. The necessary resources for the implementation of the curriculum and the distribution of the educational resources in relation to educational needs are ensured.

Criterion 8.4 Administrative staff and management

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Besides the 75 lecturers, the Faculty of Medicine has 22 administrative and professional staff for the support of the implementation of the academic programmes. This includes office workers, lab assistants, technical staff, IT experts, as well as cleaning and security personnel. The administrative staff is coordinated by the administration department. No complaints were raised regarding the number and qualification of the present administrative staff during the on-site interviews.

The experts confirm that UNILA and the Faculty of Medicine dispose of an administrative and professional staff that is appropriate to support implementation of its educational programme and related activities and ensure good management and resource deployment.

Criterion 8.5 Interaction with health sector

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to the Self-Assessment Report, the Faculty of Medicine engages in a multiplicity of external collaborations to facilitate and enhance the programme, governed by university guidelines regarding its institutional collaborations and partnerships.

There are various partners in the health and wellness sectors related to society and government. So far, there are 52 partners, including 12 regional hospitals, 9 local companies and 7 district health offices in the province of Lampung. Cooperation is fostered also on the

academic level with other universities across Indonesia and abroad. Furthermore, the university supports village community empowerment with respect to health-related problems through the Desa Binaan programme.

These cooperations have different forms and instruments: On a regular basis, there are expert lectures given by experts from the practical field from, e.g., hospitals, the Indonesian Doctors Association, the National Search and Rescue Agency, and BPJS Kesehatan (healthcare and social security agency). With other universities as well as hospitals, health services, and veterinary centres, the faculty conducts joint research projects. Partnerships also target the development of joint curricula. The collaboration with public health centres consists in practical training and internships for the students, as well as the community service activities. Further details about interactions of the university with the related health and social sectors are contained in previous parts of this report.

In summary, the experts confirm that programme engages in constructive interaction with the health- and health related sectors of society and government.

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

The experts consider this criterion as **fulfilled**.

9. Continuous Renewal

Evidence:

- Self-Assessment Report
- Guidebook of the Internal Quality Assurance System
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As outlined in previous sections of this report, continuous development of the study programme under review is a routine part of the quality assurance system at UNILA. The curriculum and learning outcomes of the programme are periodically reviewed and updated in accordance with the Indonesian National Medical Education Standards, market developments, and stakeholder feedback. Further concerns of quality assurance are teaching, learning and assessment methods, resources and learning facilities, and university services. The Internal Quality Assurance monitors and evaluates learning process development based on evaluations and reviews. Also, the quality assurance structures themselves are subject to continuous development.

D Additional ASIIN Criteria

Based on the above, the experts find that adequate continuous monitoring and development mechanisms are in place. They are impressed by the great dedication of all stakeholders towards quality assurance and continuous improvement. The experts confirm that procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment- and learning environment of the programme are in place.

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

The experts consider this criterion as **fulfilled**.

D Additional ASIIN Criteria

Criterion D 1.2 Name of the Degree Programme

Evidence:

- Self-Assessment Report
- Programme handbook (module descriptions)
- Medical Programme website:
https://pspd.fk.unila.ac.id/PSPDUNILA/?page_id=655
- Discussions during the audit

Preliminary assessment and analysis of the experts:

According to a regulation of the Indonesian Ministry of Education, Culture, Research, and Technology, the name of a study programme must reflect its learning outcomes. The experts consider the original Indonesian names as well as the English translations of the programme to be in line with the intended learning outcomes and the curricular content. UNILA awards graduates with the degree of “Bachelor of Medicine”. The experts further confirm that the English translation matches the original Bahasa name and the terminology is consistently applied in all official documents.

Criterion D 1.5 Workload and Credits

Evidence:

- Self-Assessment Report

- Programme handbook (module descriptions)
- Dean's Decree about Conversion of Credits Applied in Medical Program
- Medical Programme website:
https://pspd.fk.unila.ac.id/PSPDUNILA/?page_id=655
- Discussions during the audit

Preliminary assessment and analysis of the experts:

As explained in the Self-Assessment Report, UNILA applies the Indonesian credit point system called SKS, based on the national standards for higher education in Indonesia. The medical programme is a fulltime Bachelor's programme with a total (minimum) number of 154 SKS credits (233 ECTS credits) to be completed over the duration of seven semesters with each 16 weeks of structured learning activities, including two weeks for midterm and final exams.

For regular classes, 1 SKS of academic load for the programmes is equivalent to 3 academic hours per week, which equals 170 minutes. This includes:

- 50 minutes of scheduled contact with the teaching staff in learning activities,
- 60 minutes of structured activities related to lectures, such as doing the assignments, writing papers, or studying literature,
- 60 minutes of independent activities outside the classroom to obtain a better understanding of the subject matters and to prepare academic assignments such as reading references.

For the purpose of internationalization, a policy of credit conversion to the ECTS system was introduced for the programme as mandated on Dean's decree in 2022. The system of credit conversion is specified in the following table:

D Additional ASIIN Criteria

Number of Credits	Conversion Calculation	Information
1 credit	$= 170 \text{ minutes/week/semester}$ $= 170 \text{ minutes} \times 16 \text{ weeks}$ $= 2,720 \text{ minutes}$ $= 45.3 \text{ hours}$	<p>A. Learning Form 1 (one) credit in the learning process in the form of a lecture, response or tutorial, consisting of:</p> <ol style="list-style-type: none"> 1. Learning process activities 50 (fifty) minutes per week per semester; 2. Structured assignment activities 60 (sixty) minutes per week per semester; and 3. Independent learning activities 60 (sixty) minutes per week per semester <p>B. 1 semester = 16 weeks including 2 weeks for mid-semester exams and final semester exams.</p>
	$= 45.3 \text{ hours} / 30 \text{ hours}$ $= 1.51 \text{ ECTS}$	1 ECTS = 25 - 30 hours, so 1 ECTS = 30 hours is set as the maximum standard
154 credits	$= 154 \times 1.51 \text{ ECTS} =$ 233 ECTS	The minimum credit for a medical program = 154 credits
<p>Applied Medical Program activities consisting of a minimum amount of curricular 154 credits which is equivalent to 233 ECTS</p>		

The experts consider both the SKS credit system as well as its transfer into ECTS well-founded and transparent. It is based on the students' workload, which is in all the course-related activities aggregated over the entire semester, as shown in the module descriptions.

In general, the experts note that the workload induced by the credits is very high. According to the ECTS user guide, a semester's full time workload should not exceed an average of 30 ECTS credits (900 work hours) for students. This would induce a total load of 210 ECTS credits for the programme, which is notably surpassed. Although not complaining, the students state in the on-site interview that their workload is very high. Multiple students state that their daily average workload is even between 8 and 10 hours. Moreover, the experts learn that many students make use of the "short semester" in the July break to improve grades or repeat failed exams. This short semester is not credited, but additionally raises the real workload of students. In the experts' opinion, this short semester should only be a last instance in case of exam failure or when a student misses many lectures, but, generally, the study time in the regular semesters should be adequate to prepare well for the exams and achieve good grades. In this regard, the experts also raise the question why UNILA has

limited the programme duration to 7 semesters while many different Indonesian universities distribute the content over 8 semesters.

Because of these considerations, the experts urge the university to review the workload distribution of the programme and verify it accordingly via student surveys. It needs to be ensured that the students can generally pass the exams without the need of additional teaching or learning that go beyond the regular study plan, and it has to be ensured that students can graduate in time (see also section 7.3).

Criterion D 2 Exams: System, Concept and Organisation

Evidence:

- Self-Assessment Report
- Programme handbook (module descriptions)
- Academic guideline
- Medical Programme website:
https://pspd.fk.unila.ac.id/PSPDUNILA/?page_id=655
- Discussions during the audit

Preliminary assessment and analysis of the experts:

Addressed in section 3.

Criterion D 4.1 Module Descriptions

Evidence:

- Self-Assessment Report
- Programme handbook (module descriptions)
- Medical Programme website:
https://pspd.fk.unila.ac.id/PSPDUNILA/?page_id=655

Preliminary assessment and analysis of the experts:

There is a well-structured and transparent programme handbook which complements the curricular overview of the programme with all the necessary content-related and practical information of the courses. These descriptions include course title, awarded credit hours, responsible lecturers, intended learning outcomes, knowledge prerequisites, teaching and examination formats and weights, as well as a reading list.

The experts are generally satisfied with the formal and content-wise design of the handbook. However, they wonder why the instruction language is said to be English in all courses, which, as the experts learn during the on-site interviews, is not the case. With rare exceptions, all courses are taught in Bahasa and only the study materials are sometimes provided in English. This needs to be corrected in the descriptions. Furthermore, the teaching and examination methods are only generically mentioned. To inform the students about the actually applied teaching and learning methods, the lecturers have to determine these and specifically state them in the programme handbook.

Furthermore, to increase the accessibility and transparency of the information for all stakeholders including active and prospective students, the module descriptions should be made available on the programme's curriculum webpage.

Criterion D 4.2 Diploma and Diploma Supplement

Evidence:

- Sample Certificate and Transcript of Records for each degree programme
- Sample Diploma Supplement for each degree programme
- Discussions during the audit

Preliminary assessment and analysis of the experts:

The experts confirm that the students are awarded a Diploma and a Diploma Supplement after graduation. The Diploma is provided in English and consists of a Diploma Certificate and a Transcript of Records. The Transcript of Records lists all the courses that the graduate has completed including the title of the thesis, the achieved credits, grades, and cumulative GPA. The Diploma Supplement, which is provided in both an Indonesian as well as an English version, contains all required information about the degree programme.

To increase the transparency and enhance the international understanding of the official documents, the experts recommend including the ECTS credit numbers in the Transcript of Records. Furthermore, information about both credit systems and the applied conversion should be displayed in the Diploma Supplement.

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

In its response statement, UNILA shows credible commitment with respect to addressing the critical problem of regularly exceeded graduation times. A reduction of credit points or

an expansion of the programme to 8 semesters will be considered as possible measures to be discussed as first items on the agenda of the new curriculum committee. In this regard, the experts remind UNILA that a decrease of credit point needs to go along with a reduction of teaching content/ teaching hours, which they would not advise. Therefore, they consider the extension of the programme, as done in many medical programmes in Indonesia, the more suitable measure to address this problem. As this matter is crucial to the feasibility of the programmes, the experts issue the requirement to check the curricular structure and workload of students and adapt it accordingly to ensure that students can complete the programme within the designated time period.

Moreover, the experts issue another requirement regarding the review and correction of different minor, but still important, faults in the module handbook. No comment was provided on this matter by UNILA.

Lastly, the experts acknowledge that UNILA has already implemented their recommendation to include the ECTS points in the Transcript of Records. They further suggest to adapt also the Diploma Supplement with information on the credit systems, but see no need to issue a formal recommendation anymore.

In summary, the experts consider this criterion to be **partly 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:

- Information about the incorporation and members of a curriculum committee
- More detailed and updated statistics about the graduation time of students
- Timeline and (strategic) plan for the establishment of the international class

F Comment of the Higher Education Institution (31.10.2024)

E. Comment of the Higher Education Institution (31.10.2024)

Statements, clarifications and additional information from the Universitas Lampung, especially Cluster C, on the Draft Accreditation Report that was sent on 21 October 2024 are written in black colour (the green coloured sections are part of the draft report submitted by ASIIN). The section written in blue with an underline indicates that there is a link to evidence that strengthens the statement from Universitas Lampung.

A. About the Accreditation Process

There are no further comments on this section.

B. Characteristics of the Degree Programmes

There are no further comments on this section.

C. Expert Report for the ASIIN Seal

1. Mission and Outcomes

a. Criterion 1.1 Statements of purpose and outcome

There are no further comments on this section.

b. Criterion 1.2 Participation in the formulation of mission and outcomes

There are no further comments on this section.

c. Criterion 1.3 Institutional autonomy and academic freedom

There are no further comments on this section.

2. Educational Programme

a. Criterion 2.1 Curriculum model and instructional methods

There are no further comments on this section.

b. Criterion 2.2 Scientific method

There are no further comments on this section.

c. Criterion 2.3 Basic Biomedical Sciences

There are no further comments on this section.

d. Criterion 2.4 Behavioural and social sciences and medical ethics

There are no further comments on this section.

e. Criterion 2.5 Clinical sciences and skills

There are no further comments on this section.

f. Criterion 2.6 Curriculum structure, composition and duration

There are no further comments on this section.

g. Criterion 2.7 Programme management

Information in the draft accreditation report:

Although the experts gain a positive impression of the involvement of the relevant parties into the programme management and all relevant parties mentioned feedback channels in the interview sessions, they wonder about the existence of a curriculum committee as a formal instance to develop the curriculum on a regular basis. This committee should be the formal instance for developing and regularly updating the curriculum of the programme, and should reunite all relevant stakeholders, including representatives of the medical practice and students. Therefore, they ask UNILA for additional information and documentation regarding the establishment of such a committee, its working procedures, and its members.

Statement/Clarification from Universitas Lampung:

Within the MEU, there is a curriculum committee tasked with developing the curriculum through planning, development, implementation, and evaluation activities. Some ongoing activities include the 2017 curriculum evaluation, workshops, and the development of the 2022 curriculum draft, which has been implemented for the 2022 student cohort. In the future, we will involve stakeholders and students in the curriculum development process.

The medical education program will form a curriculum committee comprising the Dean, Vice Dean for Academic Affairs and Cooperation, Head of the Medical Department, Head of the Medical Program, MEU, faculty members, stakeholders from teaching hospitals, public health centers, provincial and district health offices, agricultural companies, and student representatives from each batch. Activities to be conducted after the formation of the curriculum committee include curriculum committee socialization, curriculum workshops, curriculum monitoring and evaluation, and follow-up meetings at the end of each semester.

The following is the activity plan for the formation of the curriculum committee.

No	Activity	Implementation	Repetition	Person
	Socialization of Curriculum Committee	18 th December 2024	-	Dean; Vice Dean of Academic and Curriculum; Head of Medical Program Study; Medical Education Unit
	Establishment of Curriculum Committee	13 th January 2025	-	Dean; Vice Dean of Academic and Curriculum; Head of Medical Program Study; Medical Education Unit; Lecturer of Bachelor of Medicine Program Study; Stakeholders from teaching hospitals, public health centres, district health offices, agricultural companies
	Curriculum Workshop	12 th March 2025	Every beginning of semester	
	Monitoring and Evaluation Report Meeting	18 th June 2025	Every end of semester	
	Follow-up Meeting	20 th August 2025		

Evidences:

1. The existing Dean's Decree about Medical Education Unit (MEU) Team
2. Curriculum committee decree draft

3. Curriculum evaluation report

h. **Criterion 2.8 Linkage with medical practice and the health sector**

There are no further comments on this section.

3. Assessment of Students

a. Criterion 3.1 Assessment methods

Information in the draft accreditation report:

With respect to the summative assessment of practical skills, the experts acknowledge and appreciate the emphasis on interactive, skill-based examinations but note that the term "OSCE" does not accurately describe the exam format used by UNILA because it is not conducted in a clinical environment. Instead, these exams are used as assessment of the students in the Clinical Skills Labs, where mannequins and simulations are used. Therefore, the used format more closely aligns with an Objective Skill Assessment (OSAT). In its strive for international recognition, UNILA should seek for this to be in line with the internationally recognized terminology of these examinations.

Statement/Clarification from Universitas Lampung:

The use of the term OSCE in the Medical Program at Faculty of Medicine (FoM) UNILA refers to the terminology set by the Indonesian Ministry of Higher Education and has been adopted by all medical education programs in Indonesia. This is intended because at the final stage of medical education, students will undergo the Competency Test for Medical Professional Program Students (*Uji Kompetensi Mahasiswa Program Profesi Dokter/UKMPPD*). The use of the term OSCE in this exam format also refers to the AMEE Guide No. 81.

Evidences:

AMEE Guide for OSCE

b. Criterion 3.2 Relation between assessment and learning

Information in the draft accreditation report:

Students confirm the worth of the exams and the corresponding feedback for their learning process. The experts also note their hard-working attitudes and commitment towards obtaining good results, which also reflects the appreciation of the additional short semester. In this regard, however, the experts critically mention that taking a short semester should not be the regular case for students but only an exception. The examination system and load has to be designed in a way that allows students to obtain positive results in the regular semester (see also sections 7.3 and D 1.5)

Statement/Clarification from Universitas Lampung:

The Medical Program at FoM UNILA will be revising its curriculum in accordance with the Regulation of the Minister of Education, Culture, Research, and Higher Education of the Republic of Indonesia (*Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi*) No. 53/2023 on Higher Education Quality Assurance. This revision includes plans to either reduce the number of credits (SKS) or increase the total semesters to eight for the Medical Program FoM UNILA.

The following is the activity plan for the formation of the curriculum committee.

No.	Activity	Implementation
1.	Establishment of Curriculum Revision team	October 2024
2.	Evaluation meeting of curriculum revision (student workload and assessment technique)	14 th November 2024
3.	Curriculum Revision (student workload and assessment technique) Workshop	December 2024
4.	Monitoring and Evaluation Report Meeting	January 2025

Evidences:

1. Regulation of the Minister of Education, Culture, Research and Technology Republic of Indonesia No. 53 Year 2023
2. Curriculum Revision Team

4. Students

a. Criterion 4.1 Admission policy and selection

There are no further comments on this section.

b. Criterion 4.2 Student intake

Information in the draft accreditation report:

Overall, the faculty currently consists of 75 lecturers and 798 students, yielding a ratio of 1:10.64. Thus, the experts note that the minimum ratio is not met, and that additional staff needs to be hired to meet this requirement (see also section 5.1)

Statement/Clarification from Universitas Lampung:

The Faculty of Medicine UNILA has planned and proposed the addition of 16 lecturers each year. The proposal from the FoM UNILA is submitted to the university level, and then the university forwards it to the Indonesian Ministry of Education, Culture, Research, and Technology.

Evidences:

Staff recruitment

c. Criterion 4.3 Student counselling and support

There are no further comments on this section.

d. Criterion 4.4 Student representation

Information in the draft accreditation report:

The experts intensely discuss the topic both with the representatives of the Rector's office as well as the students that, notably, are all members of the student representative council introduced above. The existence of the before mentioned feedback channels is confirmed and the experts gain a generally positive impression of the feedback and quality assurance culture. However, as the experts note, there is no regular mechanism that closes the feedback loop back to the students, i.e., information given to the students about their feedback and the respectively taken measures. In case of specific questions, the student representative council can request a meeting with higher faculty and university representatives and transmit the results of the discussions to the other students. However, the experts find that this is not sufficient to fulfil the criterion that students must be informed about the results

of their evaluations and the respectively implemented measures to address problems. Also, as the role of the curriculum committee remains unclear (see section 2.7), student involvement into this body is uncertain as well.

In summary, the experts confirm that a policy on student representation is in place which allows for student participation in the design, management, and evaluation of the programme as well as the voicing of student concerns. However, the feedback loop back to the students must be closed to ensure the participation of students in all stages of the quality assurance cycle.

Statement/Clarification from Universitas Lampung:

The Medical Program FoM UNILA plans to involve student representatives in the presentation of evaluations and response feedback from students. Below is an example of an activity plan for curriculum development that involves students as stakeholders.

No	Activity	Implementation	Repetition	Person
	Socialization of Curriculum Committee	18 th December 2024	-	Dean; Vice Dean of Academic and Curriculum; Head of Bachelor of Medicine Program Study; Medical Education Unit
	Establishment of Curriculum Committee	13 th January 2025	-	Dean; Vice Dean of Academic and Curriculum; Head of Bachelor of Medicine Program Study; Medical Education Unit; Lecturer of Bachelor of Medicine Program Study; Stakeholders from teaching hospitals, public health centres, district
	Curriculum Workshop	12 th March 2025	Every beginning of the semester	
	Monitoring and Evaluation Report Meeting	18 th June 2025	Every end of the semester	

No	Activity	Implementation	Repetition	Person
	Follow-up Meeting	20 th August 2025		health offices, agricultural companies

Evidences:

Curriculum committee decree draft

5. Academic Staff/Faculty

a. Criterion 5.1 Recruitment and selection policy

Information in the draft accreditation report:

The experts see the urgent need for recruiting additional staff. In this regard, the experts recommend considering (international) guest lecturers to increase the international perspective of programmes and incorporate external teaching expertise. In conclusion, the experts confirm the existence of a structured HR planning and recruiting process but require the recruiting off additional academic personnel.

Statement/Clarification from Universitas Lampung:

The Faculty of Medicine UNILA has planned and proposed the addition of 16 lecturers each year. The proposal from the Faculty of Medicine UNILA is submitted to the university level, and then the university forwards it to the Indonesian Ministry of Education, Culture, Research, and Technology.

Evidences:

Staff recruitment

b. Criterion 5.2 Staff activity and development policy

Information in the draft accreditation report:

Although no criticism about the workload is voiced, the experts consider the workload of the staff as very high and imbalanced between the different duties. This adds to the already induced requirement for additional staff recruitment.

Statement/Clarification from Universitas Lampung:

The Faculty of Medicine UNILA has planned and proposed the addition of 16 lecturers each year. The proposal from the Faculty of Medicine is submitted to the university level, and then the university forwards it to the Indonesian Ministry of Education, Culture, Research, and Technology.

Evidences:

Staff recruitment

Information in the draft accreditation report:

The experts deem it necessary to further train the lecturers to be sufficiently prepared to master the challenge of teaching their courses fully in English. The lecturers affirm that they can participate in language courses of the university's language centre which pleases the experts. Nevertheless, they emphasize that the preparation for English teaching has to be taken seriously and recognized by the programme coordinators.

Statement/Clarification from Universitas Lampung:

In addition to sending lecturers to participate in English courses at the university's language center, the Faculty of Medicine UNILA also plans to specifically invite English instructors, allowing all lecturers the opportunity to enhance their teaching skills in English. Several specialized topics are planned to be covered over 16 sessions. The planned English course activity for lecturers at the Faculty of Medicine, UNILA is presented below.

Activity plan for English improvement class for lecturers in the Medical Program, Faculty of Medicine, Universitas Lampung.

No.	Week	Topic	Activity	Assessment
1.	1-3	Introduction to Academic Writing	<ul style="list-style-type: none"> Lecture on academic writing conventions Group discussion on common writing mistakes 	Writing assignment: Summarize a research article in 250 words

No.	Week	Topic	Activity	Assessment
			<ul style="list-style-type: none"> Writing exercise: summarizing a research article 	
2.	4-7	Academic Writing Styles	<ul style="list-style-type: none"> Lecture on different writing styles (APA, MLA, Chicago) Peer review of draft research papers Writing workshop: improving clarity and coherence 	Peer-reviewed draft of a research paper
3.	8-10	Presentation Skills	<ul style="list-style-type: none"> Lecture on effective presentation techniques Group presentation practice Feedback session on presentation skills 	Group presentation on a medical topic
4.	11-13	Effective Communication	<ul style="list-style-type: none"> Role-playing: doctor-patient communication Mock interviews for academic positions Discussion on intercultural communication 	Individual presentation on a personal experience related to language learning
5.	14-16	Review and Final Exam	<ul style="list-style-type: none"> Review of key concepts Q&A session Final exam 	Final written exam covering all course material

Evidences:

Budget Plan

6. Educational Resources

a. Criterion 6.1 Physical facilities

There are no further comments on this section.

b. Criterion 6.2 Clinical Training Resources

There are no further comments on this section.

c. Criterion 6.3 Information technology

There are no further comments on this section.

d. Criterion 6.4 Medical research and scholarship

There are no further comments on this section.

e. Criterion 6.5 Educational expertise

Information in the draft accreditation report:

During the on-site visit, it becomes clear to the experts that UNILA's Faculty of Medicine relies on the expertise of both faculty members and external consultants to assess the programme and implement policies for curriculum development through course development workshops, semester learning plans, and cooperation with hospitals. Moreover, the stakeholders from the practice also confirm their close involvement in the teaching process, which also includes structured evaluation and feedback about the students' performances to the programme coordinators through student "logbooks". However, as room for improvement, it is mentioned that these channels should be digitalized to allow quicker and more interactive communication and feedback, which the experts consider a valuable suggestion.

Statement/Clarification from Universitas Lampung:

We have actually been using digitized channels to evaluate and provide feedback on student performance through student "logbooks" in the doctor professional program. Furthermore, we also plan to implement this digital logbook for students at the academic stage in the Medical Program at FoM UNILA.

Evidences:

LogBooks

Information in the draft accreditation report:

However, while the experts acknowledge the close alignment of the regional stakeholders with the university and the programme, they recommend including international expertise in the development and delivery of the programme. As an example, international guest lectures would be a good tool to increase the international perspective in the programme. Moreover, this would also partly address the mentioned issue of high workload of the academic staff (see sections 5.1 and 5.2).

Statement/Clarification from Universitas Lampung:

The Medical Program at FoM Unila has invited several international guest lecturers from various universities to deliver lectures and workshops. Some of the invited guest lecturers include Prof. Cheng Hwee Ming from Universiti Malaya, Malaysia; Assoc. Prof. Cahyo Budi-man; Dr. Ruzaidi Azli; Dr. Ismail Bin Ware; and Dr. Mardani Bin Abdul Halim from Universiti Malaysia Sabah (UMS), Malaysia; and Prof. Robert Bortolussi from Dalhousie University, Canada. Additional guest lecturers will also be invited to give guest lectures and workshops based on the MoU or MoA agreements held by the Faculty of Medicine at UNILA, including lecturers from Mahidol University, Thailand; Hanyang University, South Korea; and Hiroshima University, Japan.

Evidences:

1. [International Guest Lecture](#)
2. [International MoU 2024](#)

f. Criterion 6.6 Educational exchanges

Information in the draft accreditation report:

According to the Self-Assessment Report, the Medical Programme has successfully established memoranda of understanding with six overseas universities: Chanyang University (China), Hiroshima University (Japan), McMaster University (Canada), University of Ostrava (Czech Republic), University of Kentucky (USA), and Yokohama National University (Japan). These partnerships serve the purposes of joint academic programme development, lecturer

and staff exchange, and collaborative research through joint projects, conferences and seminars. While the experts appreciate these collaborations, they notice that, apart from short conferences and seminars, there is only little room for the use of them by the students.

Statement/Clarification from Universitas Lampung:

FoM Unila will increase student participation in the student mobility program each year. FoM Unila will also expand the budget for student mobility activities, enabling more students to be sent abroad for various programs such as student exchange, competitions, oral/poster presentations, and more. In addition, funding opportunities are also available from universities partnered with UNILA, which students can utilize. Some types of funding that may be available from universities with an MoU with UNILA include free tuition fees, accommodation, round-trip airfare, and/or research and publication funding, thereby enhancing students' opportunities to participate in student mobility programs.

Evidences:

1. [International MoU 2024](#)
2. [Budget Plan](#)

7. Programme Evaluation

a. Criterion 7.1 Mechanisms for programme monitoring and evaluation

There are no further comments on this section.

b. Criterion 7.2 Teacher and student feedback

Information in the draft accreditation report:

The experts raise the issue of students and lecturer feedback in all on-site discussion rounds and gain a very positive image of UNILA's feedback culture and quality management system. However, while the students confirm that their feedback is collected and taken into account, it becomes apparent that the students do not get regular feedback on the results of their evaluations. It is explained that the student executive board can request meetings with the programme coordinators in case of questions regarding the feedback; however, the experts find that this does not qualify as a regular structured feedback mechanism (see also section 4.4). Therefore, they require that the structured feedback loop needs to be closed such that students are informed about the results and actions taken in response to

their feedback on a regular basis. In summary, the experts confirm that, with the shortcoming of the missing last part of the feedback loop, UNILA systematically seeks, analyses and responds to teacher and student feedback.

Statement/Clarification from Universitas Lampung:

Thank you for your suggestion. In the future, we plan to conduct monitoring and evaluation meetings and hold follow-up meetings with students to convey the results of the evaluation and feedback that students have given to the UNILA medical faculty. The following is a plan of activities that we will do.

No	Activity	Implementation	Repetition
	Monitoring and Evaluation Report Meeting	18 th June 2025	Every end of semester
	Follow-up Meeting	20 th August 2025	

Evidences:

Curriculum committee decree draft

c. Criterion 7.3 Performance of students and graduates

Information in the draft accreditation report:

On the other hand, it also strikes that the provided statistics indicate and average graduation duration of 3.9 years for the Medical Programme, which partly contradicts the Self-Assessment Report. In that regard, the experts learn that the Indonesian regulation for the design of medical programme curricula allows for a duration of the academic stage of up to 4 years. As this is apparently quite close to the actual graduation time of UNILA's medical Bachelor students, they wonder why the university's curriculum is designed only for 7 semesters. In that regard, students report that, indeed, prolongations of their study periods are necessary in certain cases, which is in most of the cases due to delays of the research

work in the hospitals and other partner institutions that is required for the thesis. The experts are of the opinion that this issue needs to be addressed for the sake of both students and programme coordinators.

Statement/Clarification from Universitas Lampung:

The Medical Program at FoM UNILA will be revising its curriculum in accordance with the Regulation of the Minister of Education, Culture, Research, and Higher Education of the Republic of Indonesia (*Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi*) No. 53/2023 on Higher Education Quality Assurance. This revision includes plans to either reduce the number of credits (*SKS*) or increase the total semesters to eight for the Medical Program FoM UNILA.

The following is the activity plan for the formation of the curriculum committee.

No.	Activity	Implementation
1.	Evaluation meeting of curriculum revision (student workload and assessment technique)	14 th November 2024
2.	Curriculum Revision (student workload and assessment technique) Workshop	December 2024
3.	Monitoring and Evaluation Report Meeting	January 2025

Evidences:

1. [Regulation of the Minister of Education, Culture, Research and Technology Republic of Indonesia No. 53 Year 2023](#)
2. [Curriculum Revision Team](#)

Information in the draft accreditation report:

As graduates of the programme usually proceed to the professional stage as next step in their practical education, disruptions of the Bachelor graduation further disrupt also the planning for the consecutive education stages. However, as the obtained information on

this matter is inconsistent and partly contradictory, the experts ask UNILA for more detailed, updated statistics and additional information to allow for a realistic assessment of this criterion.

In summary, the experts confirm that UNILA conducts analyses of the performance of cohorts of students and graduates in relation to mission and intended educational outcomes, the curriculum, and the provision of resources. However, the matter of the standard graduation time needs to be clarified and addressed to ensure a smooth study path and a successful transition to following education stages for all students.

Statement/Clarification from Universitas Lampung:

Thank you for your concern. The graduate students from 2022 until November 2024 is presented in this following table.

<u>No.</u>	<u>Year</u>	<u>Graduate Student</u>	<u>Study time</u>	
			<u>7 semester</u>	<u>>7 semester</u>
<u>1</u>	<u>2022</u>	<u>205</u>	<u>77</u>	<u>128</u>
<u>2</u>	<u>2023</u>	<u>181</u>	<u>113</u>	<u>68</u>
<u>3</u>	<u>2024</u>	<u>144</u>	<u>107</u>	<u>37</u>

In addition, considering the ASIIN experts' advice regarding the students study load, the Medical Program at FoM UNILA will be revising its curriculum in accordance with the Regulation of the Minister of Education, Culture, Research, and Higher Education of the Republic of Indonesia (*Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi*) No. 53/2023 on Higher Education Quality Assurance. This revision includes plans to either reduce the number of credits (*Satuan Kredit Semester/SKS*) or increase the total semesters to eight for the Medical Program FoM UNILA.

The following is the activity plan for the formation of the curriculum committee.

No.	Activity	Implementation
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1.	Evaluation meeting of curriculum revision (student workload and assessment technique)	14 th November 2024
2.	Curriculum Revision (student workload and assessment technique) Workshop	December 2024
3.	Monitoring and Evaluation Report Meeting	January 2025

Evidences:

1. [List of Graduates](#)
2. [Regulation of the Minister of Education, Culture, Research and Technology Republic of Indonesia No. 53 Year 2023](#)
3. [Curriculum Revision Team](#)

d. Criterion 7.4 Involvement of stakeholders

There are no further comments on this section.

8. Governance and Administration

a. Criterion 8.1 Governance

There are no further comments on this section.

b. Criterion 8.2 Academic leadership

There are no further comments on this section.

c. Criterion 8.3 Educational budget and resource allocation

There are no further comments on this section.

d. Criterion 8.4 Administrative staff and management

There are no further comments on this section.

e. Criterion 8.5 Interaction with health sector

There are no further comments on this section.

9. Continuous Renewal

There are no further comments on this section.

D. Additional ASIIN Criteria

Criterion D 1.2 Name of the Degree Programme

There are no further comments on this section.

Criterion D 1.5 Workload and Credits

Information in the draft accreditation report:

Because of these considerations, the experts urge the university to review the workload distribution of the programme and verify it accordingly via student surveys. It needs to be ensured that the students can generally pass the exams without the need of additional teaching or learning that go beyond the regular study plan, and it has to be ensured that students can graduate in time (see also section 7.3).

Statement/Clarification from Universitas Lampung:

The Medical Program at FoM UNILA will be revising its curriculum in accordance with the Regulation of the Minister of Education, Culture, Research, and Higher Education of the Republic of Indonesia (*Peraturan Menteri Pendidikan, Kebudayaan, Riset, dan Teknologi*) No. 53/2023 on Higher Education Quality Assurance. This revision includes plans to either reduce the number of credits (*SKS*) or increase the total semesters to eight for the Medical Program FoM UNILA. There will be student's feedback survey responses regarding curriculum revision to ensure the student can graduate in time at the end of semester.

The following is the activity plan for the formation of the curriculum committee.

No.	Activity	Implementation
1.	Evaluation meeting of curriculum revision (student workload and assessment technique)	14 th November 2024

2.	Curriculum Revision (student workload and assessment technique) Workshop	December 2024
3.	Monitoring and Evaluation Report Meeting	January 2025
4.	Student's Feedback Survey Response regarding curriculum revision to ensure the student can graduate in time	July 2025

Evidences:

1. Regulation of the Minister of Education, Culture, Research and Technology Republic of Indonesia No. 53 Year 2023
2. Curriculum Revision Team

Criterion D 2 Exams: System, Concept and Organisation

There are no further comments on this section.

Criterion D 4.1 Module Descriptions

Information in the draft accreditation report:

To increase the accessibility and transparency of the information for all stakeholders including active and prospective students, the module descriptions should be made available on the programme's curriculum webpage.

Statement/Clarification from Universitas Lampung:

The Medical Handbook Module has been uploaded on the programme's curriculum website in this following link:

https://pspd.fk.unila.ac.id/PSPDUNILA/?page_id=655.

Evidences:

Module Handbook on Website

Criterion D 4.2 Diploma and Diploma Supplement

Information in the draft accreditation report:

To increase the transparency and enhance the international understanding of the official documents, the experts recommend including the ECTS credit numbers in the Transcript of Records.

Statement/Clarification from Universitas Lampung:

Thank you for the advice. The ECTS credit numbers in the Transcript of Records has been added.

Evidences:

Transcript with ECTS

G Summary: Expert recommendations (08.10.2024)

Taking into account the additional information and the comments given by UNILA 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

Requirements

- A 1. (WFME 4.2, 5.2) Increase the staff numbers to comply with the national regulations regarding the staff-student ratio and ensure the supervision of students without work overload of the staff.
- A 2. (ASIIN D 1.5) Check the curricular structure, examination system, and workload of students and adapt it accordingly to ensure that students can complete the programme within the designated time period.
- A 3. (ASIIN D 4.1) The module handbook (programme handbook) has to be corrected and specified, especially regarding the instruction language and teaching and examination methods in each course.

Recommendations

- E 1. (WFME 2.1, ASIIN D 4.1) It is recommended to outline the specialization of agromedicine more clearly outlined in the study plans and introduced more comprehensively in the curriculum.
- E 2. (WFME 4.2, 5.2) It is recommended to closely monitor the workload of the teaching staff to make sure that the number of teaching staff is sufficient to cover the teaching duties without excessive workload (given the considerable number of teaching staff doing their PhDs and the increase of intake capacity).
- E 3. (WFME 6.6) It is recommended to further enhance the curricular opportunities and funds for international activities, especially student exchanges, and encourage incoming student mobility as well.

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

Assessment and analysis for the award of the ASIIN seal:

The expert committee discusses the procedure and questions the commissioning of the increase in staffing levels (A1), to which Mr Winter explains that both the staffing ratio specified by the Indonesian Ministry of Education has not been met and the expert group unanimously came to the conclusion that more staff are urgently needed. In addition, the wording of A2 is discussed, which the expert committee considers too vague. Accordingly, the rewording below is proposed.

Finally, the topic of OSCE examinations was also discussed, which had also recently been of concern to the expert group, but was ultimately not included in the catalogue of conditions and recommendations. The background to this is that although the expert group was of the opinion that the form of examination carried out does not fully correspond to the OSCE concept, it is common in this form in Indonesia and, as the university stated in its statement, is mentioned accordingly in the national regulations as an ‘umbrella term’. As this topic was not discussed with the university during the audit, but only came up afterwards, the experts therefore decided not to issue a condition or recommendation. However, the expert committee members are of the opinion that it must be an urgent goal of international accreditation that topics such as the correct use of internationally standardised terms are demanded. Taking into account the aforementioned arguments in favour of the university, the expert committee therefore recommends the discussion of an additional recommendation in a general formulation in order to formally establish the problem and, if necessary, to take it up again directly in the course of reaccreditation.

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

Requirements

- A 1. (WFME 4.2, 5.2) Increase the staff numbers to comply with the national regulations regarding the staff-student ratio and ensure the supervision of students without work overload of the staff.
- A 2. (ASIIN D 1.5) Ensure that students can graduate the programme within the designated study period, e.g. by spreading the curriculum over 8 semesters.
- A 3. (ASIIN D 4.1) The module handbook (programme handbook) has to be corrected and specified, especially regarding the instruction language and teaching and examination methods in each course.

Recommendations

- E 1. (WFME 2.1, ASIIN D 4.1) It is recommended to outline the specialization of agro-medicine more clearly outlined in the study plans and introduced more comprehensively in the curriculum.
- E 2. (WFME 4.2, 5.2) It is recommended to closely monitor the workload of the teaching staff to make sure that the number of teaching staff is sufficient to cover the teaching duties without excessive workload (given the considerable number of teaching staff doing their PhDs and the increase of intake capacity).
- E 3. (WFME 6.6) It is recommended to further enhance the curricular opportunities and funds for international activities, especially student exchanges, and encourage incoming student mobility as well.
- E 4. (ASIIN D 1.5) It is recommended to align the exam naming with international standards.

I Decision of the Accreditation Commission (06.12.2024)

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

The Accreditation Commission discusses the procedure and proposes minor reformulations in the requirements. Besides that, it follows the recommendation of the Technical Committee.

The Accreditation Commission decides to award the following seals:

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

Requirements

- A 1. (WFME 4.2, 5.2) Increase the staff numbers to comply with the national regulations regarding the staff-student ratio and ensure the supervision of students without work overload of the staff.
- A 2. (ASIIN D 1.5) Submit a concept and implement concrete measures to ensure that students can graduate within the designated study period, e.g. by spreading the curriculum over 8 semesters.
- A 3. (ASIIN D 4.1) The module handbook (programme handbook) has to be corrected and specified, especially regarding the instruction language and teaching and examination methods in each course.

Recommendations

- E 1. (WFME 2.1, ASIIN D 4.1) It is recommended to outline the specialization of agromedicine more clearly in the study plans and to introduce it more comprehensively in the curriculum.

- E 2. (WFME 4.2, 5.2) It is recommended to closely monitor the workload of the teaching staff to make sure that the number of teaching staff is sufficient to cover the teaching duties without excessive workload (given the considerable number of teaching staff doing their PhDs and the increase of intake capacity).
- E 3. (WFME 6.6) It is recommended to further enhance the curricular opportunities and funds for international activities, especially student exchanges, and encourage incoming student mobility as well.
- E 4. (ASIIN D 1.5) It is recommended to align the exam naming with international standards.

J Fulfilment of Requirements (12.12.2025)

Analysis of the experts and the Technical Committee (26.11.2025)

Requirements

- A 1. (WFME 4.2, 5.2) Increase the staff numbers to comply with the national regulations regarding the staff-student ratio and ensure the supervision of students without work overload of the staff.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: The university has increased the academic staff body by 11 lecturers so far which significantly improves the situation and ensures compliance with national regulation. A 5-year-plan for the further expansion of the staff body is presented as well, which targets a very favourable staff-student ratio of 1:6.5 to be reached by 2030.
TC 14	Fulfilled Vote: unanimous Justification: The TC confirms the assessment of the experts.

- A 2. (ASIIN D 1.5) Submit a concept and implement concrete measures to ensure that students can graduate within the designated study period, e.g. by spreading the curriculum over 8 semesters.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: The university has submitted a detailed transition concept to spread the programme over 8 instead of 7 terms. This reduces the student workload per semester and diminishes the chance of students to exceed the standard period of study. Review processes to ensure the measures work.
TC 14	Fulfilled Vote: unanimous Justification: The TC confirms the assessment of the experts.

- A 3. (ASIIN D 4.1) The module handbook (programme handbook) has to be corrected and specified, especially regarding the instruction language and teaching and examination methods in each course.

Initial Treatment	
experts	Fulfilled Vote: unanimous Justification: The module handbook has been revised and updated to satisfaction.
TC 14	Fulfilled Vote: unanimous Justification: The TC confirms the assessment of the experts.

Decision of the Accreditation Commission (12.12.2025)

Degree Programme	ASIIN Seal	Maximum duration of accreditation
Ba Medicine	All requirements fulfilled	30.09.2030

Appendix: Programme Learning Outcomes and Curricula

According to the academic guidebook of the programme, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Medical Programme:

CODE	GENERAL OUTCOME (GO)
GO1	Communicate effectively with patients and patient families during clinical clerkship
GO2	Able to analyze disease based on basic medical, clinical and social science in managing health problems from history taking, physical examination, diagnosis, management and education
GO3	Able to analyze health problems in society
GO4	Able to analyze community health and disease problems on plantations in the field of agromedicine
GO5	Have knowledge of disease prevention principles in society
GO6	Able to analyze health problems of individuals, families, communities and the general public and the agromedicine community in a comprehensive, holistic, integrated and sustainable manner using resources effectively in the context of primary health services during professional education
GO7	Able to carry out clinical procedures related to health problems by applying the principles of patient safety, self-safety and the safety of others in simulation and during professional education
CODE	PROFESIONAL OUTCOME (PO)
PO1	Behave in accordance with divine, moral, noble, ethical, disciplinary, socio-cultural and religious values and principles in local, regional and global contexts as a medical graduate
PO2	Show respect towards lecturers, patients and the community both in campus, clinic and community environments
PO3	Show cooperation with friends and other colleagues both in the campus and hospital
PO4	Have knowledge about applying patient safety principles and principles of improving the quality of health services for individuals, families, communities and society
PO5	Having knowledge of the scientific basis of medicine in order to make changes to medical and health phenomena through medical actions and health interventions for individuals, families, communities and society for human welfare and safety, as well as advances in science field of medicine and health regarding inter/multidisciplinary studies, innovative and tested
PO6	Have knowledge of the principles of professionalism, patient safety, collaboration and awareness and self-development
PO7	Able to create, evaluate, use and disseminate scientific papers using information and communication technology effectively for scientific development and improving the quality of health services
PO8	Have personal, professional, introspective and self-development skills to increase professionalism as a student and doctor
PO9	Able to operate technology and information literacy
PO10	Able to communicate effectively with patients, colleagues, patient families, lecturers and the community in overcoming health problems

The following **curriculum** is presented:

No	Courses	Credits
1st SEMESTER		
1	Human Anatomy 1	3
2	Physiology and Regulation of the Human Body	3
3	Basic Biochemistry and Molecular Biology	3
4	Histology of Humans 1	2
5	Self-Development and Professionalism -	2
6	Clinical Skill Laboratory 1	2
7	Indonesian	2
8	Pancasila	2
9	Medical Biology and Embryology	2
		21
2nd SEMESTER		
10	Human Anatomy 2	3
11	Integrated Physiology of Human Body	3
12	Medical Biochemistry and Molecular Biology	2
13	Histology of Humans 2	2
14	Self-Development and Professionalism	2
15	Clinical Skills Laboratory 2	2
16	Religion	3
17	Citizenship	2
18	Basic Immunology	2
19	Basic Pharmacology	2
		23
3rd SEMESTER		
20	Basic Pathology	5
21	Endocrine Metabolism Nutrition and Child Growth	5
22	Tropical Infectious Diseases	5
23	Basic Community Medicine	4
24	Clinical skills Laboratory 3	2
25	Entrepreneurship	3
		24
4th SEMESTER		
25	Dermato-Musculoskeletal	5
26	Respiratory System	5
27	Cardiovascular system	5
28	Medical Research 1	2
29	Clinical Skills laboratory 4	2
		19
5th SEMESTER		

0 Appendix: Programme Learning Outcomes and Curricula

31	Community Medicine	5
32	Genitourinary	5
33	Reproductive	5
34	Hematoimmunology	5
35	Clinical Skills laboratory 5	2
36	Medical Research 2	1
		23
6TH SEMESTER		
37	Sensory System	5
38	Gastrointestinal and Hepatobiliary	5
39	Neuropsychiatry and Geriatrics	5
40	Medical Research 3	1
41	Bioethics 1	2
42	Clinical Skills laboratory 6	2
43	KKN	3
		23
7TH SEMESTER		
44	Agromedicine	6
45	Emergency	5
46	Elective	3
47	Interprofessional education	1
48	Research Project	3
49	Bioethics 2	1
50	Clinical Skills Laboratory 7	2
		21
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