



ASIIN Seal

Accreditation Report

Specialist Programmes

Anaesthesiology and Intensive Therapy

Orthopaedics and Traumatology

Neurosurgery

Obstetrics and Gynaecology

Paediatrics

Clinical Microbiology

Provided by:

Universitas Airlangga, Surabaya

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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 Pendidikan Dokter Spesialis Anestesi dan Terapi Intensif	Anaesthesiology and Intensive Therapy Specialist Programme	ASIIN	-	14
Program Pendidikan Dokter Spesialis Orthopedik dan Traumatologi	Orthopaedics and Traumatology Specialist Programme	ASIIN	-	14
Program Pendidikan Dokter Spesialis Bedah Saraf	Neurosurgery Specialist Programme	ASIIN	-	14
Program Pendidikan Dokter Spesialis Obstetri dan Ginekologi	Obstetrics and Gynaecology Specialist Programme	ASIIN		14
Program Pendidikan Dokter Spesialis Ilmu Kesehatan Anak	Paediatrics Specialist Programme	ASIIN		14
Program Pendidikan Dokter Spesialis Mikrobiologi Klinik	Clinical Microbiology Specialist Programme	ASIIN		14
Date of the contract: 16.10.2019 Submission of the final version of the self-assessment report: 31.01.2020 Date of the onsite visit: 20.02. – 21.02.2020 at: Surabaya, Indonesia				
Peer panel:				

¹ ASIIN Seal for degree programmes;

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

<p>Prof. Dr. Kevin Cassar, University of Malta</p> <p>Dr. Thorsten Hornung, University Hospital Bonn</p> <p>Dr. Juliane Meng-Hentschel, Institute for Medical Education, University of Bern</p> <p>Prof. Dr. Thomas Reinheckel, University of Freiburg</p> <p>Dr. Sophie Schneitler, Saarland University Hospital</p> <p>Mochamad Iskandarsyah Agung Ramadha, Faculty of Medicine Universitas Indonesia</p>	
<p>Representative of the ASIIN headquarter:</p> <p>Rainer Arnold</p>	
<p>Responsible decision-making committee:</p> <p>Accreditation Commission for Degree Programmes</p>	
<p>Criteria used:</p> <p>European Standards and Guidelines as of 15.05.2015</p> <p>ASIIN General Criteria as of 28.03.2014</p> <p>Subject-Specific Criteria of Technical Committee 14 – Medicine as of 20.09.2019</p>	

B Characteristics of the Degree Programmes

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF ³	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Anaesthesiology and Intensive Therapy Specialist Programme	SpAn/ Anaesthesiologist		8	Full time	no	8 Semester	144 Indonesian credits / 240 ECTS	January & July
Orthopaedics and Traumatology Specialist Programme	SpOT/ Orthopaedic and Traumatologist		8	Full time	no	10 Semester	228 Indonesian credits / 300 ECTS	January & July
Neurosurgery Specialist Programme	SpBS/ Neurosurgeon		8	Full time	no	11 Semester	257 Indonesian credits / 330 ECTS	January & July
Obstetrics and Gynaecology Specialist Programme	SpOG/ Obstetric and Gynaecologist		8	Full time	no	9 Semester	212 Indonesian credits / 270 ECTS	January & July
Paediatrics Specialist Programme	SpA/ Paediatric		8	Full time	no	7 Semester	126 Indonesian credits / 210 ECTS	January & July
Clinical Microbiology Specialist Programme	SpMK/ Clinical Microbiologist		8	Full time	no	7 Semester	86 Indonesian credits / 210 ECTS	January & July

For the Anaesthesiology and Intensive Therapy Specialist Programme Universitas Airlangga (UNAIR) has presented the following profile in the Self-Assessment Report:

³ EQF = The European Qualifications Framework for lifelong learning

“1.1. Vision

Becoming the reputable, independent and innovative Doctor of Anaesthesiology and Intensive Therapy Specialist Study Program in national and international regions based on spiritual morals, and able to meet the demands of the community's needs in the field of Anaesthesiology and Intensive Therapy in 2020.

1.2. Mission

1. Enhancing professional academic abilities to develop the profession of Anaesthesiology and Intensive Therapy so that it can be recognized internationally.
2. Providing opportunities for students to become experts in Anaesthesiology and Intensive Therapy and take part internationally.
3. Improving students'⁴ innovation in the development of Anaesthesiology and Intensive Therapy science based on the development of the latest knowledge, through scientific research so that they are able to overcome the problems encountered in the field.
4. Improving students' innovation so that they are able to meet the demands of the community's needs for quality Anaesthesiology and Intensive Therapy services and are always based on professional ethics and high religious morals.”

For the Orthopaedics and Traumatology Specialist Programme Universitas Airlangga (UN-AIR) has presented the following profile in the Self-Assessment Report:

“1.1. Vision

Establishing Orthopaedic and Traumatology Specialist Program as a leading centre of education in the fields of education, research and community service at the national and international levels in 2020.

Promoting and developing Orthopaedic and Traumatology specialist program based on a comprehensive and modern learning system to produce graduates with global competence, as well as upholding moral and ethical.

1.2. Mission

⁴ Although, UNAIR uses the term „student“ in the Self-Assessment Report, the peers consider the terms “trainee” or “resident” to be more appropriate. The trainees have already finished a degree programme including the professional stage and the internship programme and are fully acknowledged medical doctor.

1. Organize and develop education specialists of orthopaedics and traumatology based on comprehensive learning systems and modern to produce graduates with global competencies, and uphold the moral and ethical.
2. Improving the quality and quantity of basic research, applied, and epidemiological that is recognised nationally and internationally to support the development of education and community service.
3. Improving the quality and quantity of teaching staff by developing a complete competence
4. Held by national and international networking to enhance the quality of education, technology and skills of the students and faculty
5. Develop institutional quality-oriented and able to compete at a global level.”

For the Neurosurgery Specialist Programme Universitas Airlangga (UNAIR) has presented the following profile in the Self-Assessment Report:

“1.1 Vision

The vision of Neurosurgery Study Programme is to be the education program in the field of neurosurgery that is dignified, competitive, and leading either nationally or internationally in research, basic equipment, and technology to support the education process and community service.

1.2 Mission

The missions of Neurosurgery Study Programme consist of:

1. Conducting neurosurgery study programme that is based on global competencies to produce professional graduates that uphold morals and ethics.
2. Enhancing the quality and quantity of basic, applied, and innovative research that is recognized either nationally or internationally to support education and community service
3. Dedicating and capable to develop skills and humanity-based technology in the neurosurgery field to the communities by having insights in national and international healthcare.
4. Developing a Neurosurgery Medical Specialists Education Institution as a quality and dignity oriented institution.”

For the Obstetrics and Gynaecology Specialist Programme Universitas Airlangga (UNAIR) has presented the following profile in the Self-Assessment Report:

“1.1 Vision

Vision of Obstetrics and Gynaecology Study Programme is to be an excellent, innovative, and independent study programme at the national and international level based on latest research and technology in supporting the education process and community service according to religion moral.

1.2 Mission

To achieve the vision, the mission of Obstetrics and Gynaecology Study Program, Medical Faculty, Universitas Airlangga are:

1. Executing and developing the academic and profession study program with international standard.
2. Conducting services according to the latest science professionally and developing it according to international standard.
3. Conducting and developing independent research or collaboration in both national and international level.
4. Dedicating knowledge and skill professionally as a community service through collaboration with various parties both domestic and foreign.
5. Conducting well governance of specialist study and orienting in quality and capable to compete both nationally and internationally.”

For the Paediatrics Specialist Programme Universitas Airlangga (UNAIR) has presented the following profile in the Self-Assessment Report:

“1.1. Vision

To become one of the trusted IPDSAs in producing noble minded and superior paediatricians in the fields of education, research, and community service in the ASEAN region in 2020

1.2. Mission

1. Organizing academic and professional education in the field of Child Health based on modern learning technology.

2. Carrying out basic, applied and innovative research in the field of Child Health to support the development of education and services.
3. Promote the expertise gained in the field of science and technology to the public.
4. Strive to develop modern management institutions that are oriented to quality and ability to compete internationally.”

For the Clinical Microbiology Specialist Programme Universitas Airlangga (UNAIR) has presented the following profile in the Self-Assessment Report:

“1.1 Vision

The vision of the Clinical Microbiology Specialist Education Program is to become a leading and independent Microbiology study program of the Faculty of Medicine, Universitas Airlangga in the regions of ASEAN and worldwide, to become leaders in the field of education, to become leaders in research, and leaders in community service.

1.2 Mission

The mission of the Clinical Microbiology Specialist Program is to practice Clinical Microbiology Specialist education and academic level 2 in:

1. Wholly manage infectious diseases until completion of treatment, starting from the preparation of specimens to causal diagnosis, treatment, and prevention of infectious diseases, all according to ASEAN and international standards.
2. Analyze the properties of bacteria, fungi, and viruses which causes infection; pathology and pathogenesis of infectious diseases; as the basic principles of giving therapy; the governance of patients with infectious diseases as well as epidemiology of infectious diseases all following developments at the ASEAN and worldwide levels.
3. Dealing with evidence-based nosocomial infection control processes in hospitals in compliance with global standards, providing reports on microorganism surveillance, and mapping the sensitivity of microorganisms in hospitals and in the community, all while following developments at the ASEAN and worldwide levels.
4. Academically analyze the field of Medical Microbiology as the basis for the development of science & technology in the fields of education, research, and community service.”

C Analysis and Findings of Peers

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

Evidence:

- Self-Assessment Report
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The intended learning outcomes of each specialist programme are easily accessible to all stakeholders through their publication on the programme's webpage. The goal of the specialist programmes is to educate medical specialists in line with the WHO criteria. To this end, graduates are expected to fulfil their duties as care provider, communicator, decision maker, manager, community leader, and researcher. As care provider, graduates of the specialist programmes should be able to provide safe and complete medical services (physically, psychologically, socially, culturally, and spiritually) in accordance to national and international standards. As communicator, they should be able to establish persuasive medical communication with patients, patients' families, communities, paramedics and interdisciplinary/multidisciplinary/institutional colleagues, aiming to prioritise patients' health. The duties as decision maker include being able to make well founded decisions regarding

patient safety and security, without neglecting the social, spiritual and cultural aspects, especially when they are faced with unfavourable circumstances such as limited facilities and infrastructure. As managers, graduates should be able to interact with colleagues in interdisciplinary or multidisciplinary teams and be able to contribute actively to the best medical treatment for each patient. Fulfilling the tasks of a community includes taking an active role in overcoming health problems in the community. Finally, graduates should have the ability to think creatively in the field of medical science and technology, in order to contribute to medical innovation as a qualified researcher.

The peers note that the intended learning outcomes of all six specialist programmes are well founded and reasonable. However, they point out that it would be useful to harmonise them between the different specialisations and to use the same structure. In addition, the peers note that the specialist programmes are aimed at training specialists for the Indonesian health care system.

Finally, the peers point out that on an international level a MD undergoing specialist training would no longer be considered a “student” but a medical trainee/resident. For this reason, it would be useful to use a term other than “student” in the intended learning outcomes and all other relevant documents to ensure that the achieved academic and professional qualifications are evident.

Criterion 1.2 Participation in the formulation of mission and outcomes

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

According to the Self-Assessment Report, several stakeholders are involved in the programme validation process. Stakeholders include the programme coordinators, academic staff members, trainees, the Indonesian Medical Council (Konsil Kedokteran Indonesia – KKI), and the Indonesian Ministry of Health and the health care providers. The aims of the Faculty of Medicine and hence of the specialist programmes are regularly discussed and updated. Input from external stakeholders on graduates’ qualification profile, based on scientific and social skills, is also incorporated.

The peers confirm that there is a well described and established process for developing and validating the objectives and learning outcomes of the specialist programmes. All principal stakeholders participate in that process.

Criterion 1.3 Institutional autonomy and academic freedom

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

UNAIR as a semi-autonomous public university is able to formulate and implement policies and degree programmes according to its own agenda. Thus, academic freedom is given.

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

The peers see that studying in a specialist programme involves being officially a “student” at UNAIR. Nevertheless, they consider a different term like resident or trainee to be more appropriate.

The peers consider criterion 1 to be fulfilled.

2. Educational Programme

Criterion 2.1 Curriculum model and instructional methods

Evidence:

- Self-Assessment Report
- Study Plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>

- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The specialist programmes have the following modes of teaching: lectures, reports with discussions, small group teaching, clinical skills sessions and -tutorials, simulation sessions, and clinical placements.

The peers discuss with the programme coordinators how teaching in the wards is organised and coordinated with patients' treatment. They learn that every day there is morning report in each department during which cases and upcoming tasks are discussed. Trainees are involved in these meetings and discuss with their supervisors about the planned schedule and their duties. Younger trainees (red stage) observe older trainees (yellow and green stage) in treating patients and using mannequins for practicing their medical skills. Usually trainees work together in small groups (three trainees from different stages); a consultant is always nearby to offer help and support to the trainees.

The peers confirm that the specialist programmes have a defined study plan and that the respective curriculum ensures that trainees are well prepared for lifelong learning.

Criterion 2.2 Scientific method

Evidence:

- Self-Assessment Report
- Study Plan
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

All trainees have to conduct research activities that result in a thesis and a publication in a national or international journal. Every trainee has two thesis supervisors, who provide guidance in carrying out the research activities and writing the thesis and the publication. This includes finding a suitable research idea, writing a research proposal, conducting research activities, writing the thesis, and preparing a publication. Consultations with the thesis supervisors are carried out at least 6 times per semester and are recorded in the

logbook. Residents have the right to use all facilities available in the Faculty of Medicine and in UNAIR's research centres.

The auditors confirm that trainees learn the principles of scientific methods, are able to carry out medical research activities, and are familiar with evidence-based medicine.

Criterion 2.3 Basic Biomedical Sciences

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Since the trainees have already completed a medical programme and have a degree as medical doctors, they have acquired the necessary competencies in the basic biomedical sciences in their previous studies. Nevertheless, the first stage of the specialist programmes includes some courses in biomedical sciences such as "Clinical Epidemiology", "Clinical Basic Immunology", "Molecular Biology", and "Clinical Pharmacology".

The peers discuss with trainees and programme coordinators why there are so many theoretical courses in the first stage of the specialist programmes. They are informed that several trainees do not start immediately with the specialist programme after finishing their

MD programme and the subsequent internship programme (one year of obligatory medical training in hospitals for all medical doctors) but first work as general practitioners for several years. As the trainees explain, many of them need to earn money before starting the specialist programme and they also need some time to decide on the area of specialisation.

The peers confirm that the trainees acquire the necessary knowledge in basic biomedical sciences and are familiar with the fundamental biomedical concepts and methods.

Criterion 2.4 Behavioural and social sciences and medical ethics

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As mentioned in the previous chapter, the trainees are fully acknowledged medical doctors. In addition, the first stage of the specialist programmes includes courses such as “Philosophy of Science” and “Medical Law, Ethics, and Interpersonal Relationship”. To this end, trainees are familiar with behavioural and social sciences, medical ethics and jurisprudence from their previous studies and their practical work as general practitioners.

Criterion 2.5 Clinical sciences and skills

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Clinical sciences and skills are the essential part of each of the specialist programmes. Through trainees' exposure to the clinical setting in the wards and through the provision of a clinical environment, trainees acquire sufficient clinical and professional skills to treat patients and to fulfil their role as medical specialists. This is supported by small group bedside teaching in the relevant clinical disciplines. As the peers observe during the audit, trainees spend most of their time in planned contact with patients in relevant clinical settings. However, the peers point out that there is almost no direct contact with patients in the first stage of the specialist programmes. The first stage trainees are not allowed to treat patients but merely observe their more experienced colleagues and the consultants. As pointed out before, the trainees are medical doctors and have prior experience with treating patients from the internship programme and from working as general practitioners. For this reason, the peers are convinced that it would be useful to facilitate trainees' direct contact with patients even in the first stage of the specialist programmes.

The peers discuss with the programme coordinators and the trainees about the handling of mortality of patients. In the guidebooks it is mentioned that trainees are reprimanded if

“mortality occurs in carrying out the task” and trainees may fail the specialist programme if the mortality rate of their patients is too high. The peers are very surprised by this statement, but learn during the discussion that trainees do not have to fear any repercussions if one of their patients dies. There are regular morbidity and mortality meetings in each department and severe cases are discussed with the consultants. Trainees are expected to learn from mortality cases and to analyse the reasons why the treatment failed. The trainees confirm this policy and do not report any problems in this respect. The peers accept the explanations and recommend changing the wording in the guidebooks to ensure that this reflects how cases of morbidity and mortality are handled.

Criterion 2.6 Curriculum structure composition and duration

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The curriculum of the Specialist Programme Anaesthesiology and Intensive Therapy focuses on imparting advanced medical competencies in the areas preoperative, anaesthesiology, intensive care, emergency-disaster medicine, pain management, and research methodology according to the national education standards for anaesthesiology and intensive

care specialists. It is designed for 8 semesters and 144 Indonesian credits / 240 ECTS are awarded. In more detail, the curriculum consists of three stages:

1. Stage I (adaptation and comprehension) covers 1 semester
2. Stage II (deepening of knowledge) covers 3 semesters
3. Stage III (independence of applying the knowledge) covers 4 semesters

The curriculum of the Specialist Programme Orthopaedics and Traumatology covers the following areas: bone and joint disease & general orthopaedics, hand & micro reconstruction, knee, ankle & foot, hip joint, spine, paediatric orthopaedics, shoulder & elbow, orthopaedic oncology, and sports injury. It is designed for 10 semesters with 228 Indonesian credits / 300 ECTS and consists of three stages:

1. Stage I (Basic Orthopaedics) covers three semesters
2. Stage II (Advanced Orthopaedics) covers six semesters
3. Stage III (Manager) covers one semester

The curriculum of the Specialist Programme Neurosurgery is designed for 11 semesters with 257 Indonesian credits / 330 ECTS. It consists of the following three stages:

1. Stage I (Basic Surgery) covers three semesters
2. Stage II (Basic and Advanced Neurosurgery) covers seven semesters)
3. Stage III (Chief Resident) for one semester)

The curriculum of the Specialist Programme Obstetrics and Gynaecology encompasses 9 semesters with 212 Indonesian credits / 270 ECTS. It consist of three stages:

1. Stage I (Basic Stage) covers four semesters
2. Stage II (Enrichment Stage) covers four semesters
3. Stage III (Independent Stage) covers one semester

The curriculum of the Specialist Programme Paediatrics encompasses 7 semesters with 126 Indonesian credits / 210 ECTS. It consists of:

1. Stage I (junior level) covers two and a half semesters
2. Stage II (mid level) covers three semesters
3. Stage III (senior level) covers one and a half semesters

The curriculum of the Specialist Programme Clinical Microbiology encompasses 7 semesters with 86 Indonesian credits / 210 ECTS. It consists of:

1. Stage I (preparation phase) covers two semesters
2. Stage II (intern phase) covers two semesters
3. Stage III (independent phase) covers three semesters

In general, the curricula of the specialist programmes are covered through class and small group teaching as well as practical hands-on clinical skills through clinical placements in a number of health settings, which are both hospital and community based. All specialist programmes are divided into three stages: red, yellow, and green. Courses in the first stage (red) cover basic medical sciences and trainees do not have direct contact with patients. In the second (yellow) and third (green) stage, trainees gradually have more direct contact with patients and are allowed to work more independently as they progress further. The curriculum of the respective specialist programme is designed in accordance with the national standards for each specialisation, because after passing the “local” exams, trainees need to pass the national competency test, which covers both theoretical (Computer based Test, CBT) and practical areas (OSCE exam).

Unfortunately, the Self-Assessment Report and the Academic Guidebooks are not consistent with respect to the awarded Indonesian and ECTS credits for each stage and the whole specialist programme. The peers note several discrepancies between the workload of the different stages and specialist programmes. For this reason, the peers expect the Faculty of Medicine to provide consistent study plans that include the workload and the awarded credits for each course and every stage. This issue is also discussed under criterion D 2.2 Work load and credits.

Criterion 2.7 Programme management

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The Faculty of Medicine is led by the Dean. In addition, there is a Head for each department and a coordinator for each specialist programme. The curriculum for each specialisation is designed by the respective department in accordance with the national regulations. The

curriculum is regularly reviewed by the curriculum review team. This team involves teachers from related courses, the programme coordinators and the heads of each department. The reviewed curriculum is then submitted to the Dean and to the Faculty Consideration Board (Badan Pertimbangan Fakultas/BPF). Finally, UNAIR's Rector needs to endorse the updated curriculum and issues a decree to this effect.

Criterion 2.8 Linkage with medical practise and the health sector

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Trainees in the specialist programmes learn from the beginning of their studies how to interact with patients and doctors in hospitals or community centres. The peers confirm that there is strong cooperation with hospitals, public health centres, and the regional health offices.

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

The peers thank UNAIR for providing updated study plans that include the students' workload and the awarded ECTS credits for each course. Nevertheless, there are still some inconsistencies (the three different stages do not add up correctly) that should be corrected.

The peers consider criterion 2 to be mostly fulfilled.

3. Assessment of Students

Criterion 3.1 Assessment methods

Evidence:

- Self-Assessment Report
- Academic guidebooks
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Assessment of intended learning outcomes consist of local exams at the Faculty of Medicine and a national exam for obtaining a specialist doctor's certificate. The national examination is conducted at the end of each specialist programme. It includes a computer based written exam and a practical competency examination in form of an objective structured clinical examination (OSCE).

During the course of the specialist programme, trainees are required to complete all tasks and obligations of one stage before being allowed to enter the next stage. In addition to passing the exams at the end of each stage, trainees need to submit a specified number of scientific papers. The number of papers depends on the stage (usually zero in stage 1) and the specific requirements of the area of specialisation.

The following grading system is applied:

> 75 – 100 / A / 4.0

> 70 – 75 / AB / 3.5

> 65 – 70 / B / 3.0

> 60 – 65 / BC / 2.5

> 55 – 60 / C / 2.0

> 50 – 55 / D / 1

< 50 / E / 0

The passing grade for an exam in the specialist programmes is 70 %.

The assessment forms are written and oral exams, logbook review, continuous observation, and scientific papers. The exams methods are:

- 1) Mini – Clinical Evaluation Exercise (Mini CEX)
- 2) Direct Observation Procedural Skill (DOPS)
- 3) Case-based Discussion (CbD)
- 4) Mini-PAT (Mini – Peer Assessment Tool)
- 5) Multiple Choice Questions (MCQ)
- 6) Objective Structured Clinical Examination (OSCE)

The criteria for passing an exam are described in the respective module description.

Overall, the peers confirm that throughout the specialist education, appropriate assessment processes ensure that only trainees whose performance, skills, competences, attitudes, and behaviours meet the standards required of a practising doctor are able to complete the programme.

The peers also inspect a sample of theses and publications and are overall satisfied with the general quality of the samples. Nevertheless, the peers observe that the quality of the theses and publications strongly varies from department to department. For this reason, they expect the Faculty of Medicine to issue a guideline for all specialties, harmonising the research activities and the criteria and requirements for the theses.

Criterion 3.2 Relation between assessment and learning

Evidence:

- Self-Assessment Report
- Module descriptions
- Academic Guidebooks
- Discussions during the audit

Preliminary assessment and analysis of the peers:

In the course of the specialist programmes, several forms of clinical and practical examinations are applied. Mini-CEX (Mini-Clinical Evaluation Exercise) is a method of structured observation assessment of trainees' clinical interaction abilities with patients. DOPS (Direct Observation Procedural Skill) is a method to assess the competence of students' medical actions / procedures by directly observing the trainees' diagnostic or treatment skills. CbD (Case-based Discussion) is a method of assessment using interview techniques by senior trainees on a particular case that is discussed in detail. Mini-PAT (Mini-Peer Assessment Tool) is a method to assess the achievements of a trainee. Feedback is given by teaching staff members, fellow junior and senior level residents, nurses, and other relevant health / non-health workers in the hospital. In each stage of education, the trainees have the obligation to complete scientific assignments in the form of scientific presentations (e.g. journal reading, case presentations, etc.).

To assess a trainee's competencies and skills in an objective and structured manner, an Objective Structured Clinical Examination (OSCE) is conducted. An OSCE is a circuit consisting of several stations where each trainee will face a simulated case. The components assessed in this exam are communication, physical examination, and medical procedures.

Overall, the peers confirm that the used examination forms and methods are suitable to verify the intended educational outcomes. In addition, the assessment system promotes student learning and provides an appropriate balance of formative and summative exams.

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

UNAIR does not comment on this criterion in its statement.

The peers consider criterion 3 to be mostly fulfilled.

4. Students

Criterion 4.1 Admission policy and selection

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Academic guidebooks
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the Self-Assessment Report, admission for the specialist programmes is possible twice a year, namely in January and July.

The admission process encompasses general criteria for all specialist programmes and programme specific requirements. The general admission requirements include having a degree as a general practitioner from an accredited A or B degree programme, completing the internship programme, a verification of English proficiency (e.g. TOEFL test) and of sufficient academic ability (e.g. Academic Potential Test, TPA), and a psychological test, which will be held at the Faculty of Medicine. Each specialist programme can decide on the necessary score in the English and Academic Potential Test and the minimum GPA for the medical degree. In addition, the programme specific criteria include an interview and a written

test at the respective department. The programme coordinators explain that during the interview, applicants are asked about their commitment and motivation for applying for a specialist programme, about their academic and professional background as well as their social activities. The result of the interview is documented in an official report sheet. The peers note that the interview is currently conducted by just one teacher and that it would be important to have two interviewers for each applicant. This way, the outcome of the interview will be better grounded and impartial.

The peers discuss with the programme coordinators the admission process to the specialist programmes and how the number of available places is determined. Admission to the specialist programmes is possible twice a year and coordinated by UNAIR's Centre of Admission. The number of available places depends on the available staff members in each department (student teacher ratio of 1 to 3) and a national committee that determines the total number for a specific speciality for all of Indonesia (see chapter 4.2).

The requirements, schedule, and registration venue are announced on UNAIR's webpage and thus accessible for all stakeholders.

In summary, the auditors find the terms of admission to be binding and transparent.

Criterion 4.2 Student intake

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Academic guidebooks
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>

- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The intake quota of the specialist programmes is different from department to department. It depends on the capacity of each specialisation, which is determined by the facilities, the number of staff members, and conditions set by the Ministry of Health. The capacity is summarised in the following table:

Academic Year	Maximum Capacity	Admitted Trainees
Anaesthesiology and Intensive Therapy		
2019	27	29
2018	27	24
2017	27	25
2016	27	24
Orthopaedics and Traumatology		
2019	12	10
2018	12	14
2017	10	11
2016	10	12
Neurosurgery		
2019	10	9
2018	10	15
2017	10	15
2016	10	11
Obstetrics and Gynaecology		
2019	16	15

2018	16	15
2017	16	14
2016	16	16
Paediatrics		
2019	16 - 20	16
2018	16 - 20	20
2017	16 - 20	16
2016	16 - 20	19
Clinical Microbiology		
2019	6	12
2018	6	11
2017	6	11
2016	6	8

The peers learn that on the one hand, the number of trainees resigning from the specialist programmes is rather low (between 0 and 4 trainees per year) and on the other hand, the number of applicants exceeds the number of available places. Approximately, there are 2 to 3 times as many applications as available places for each specialist programme, although there are differences between the specialisations. For example, obstetrics and anaesthesiology are in higher demand than clinical microbiology.

The peers note a discrepancy in the Clinical Microbiology Specialist programme between the number of available places (3 students for odd semester (July admission) and 3 students for even semester (January admission)) and the number of accepted students (between 8 and 12). For this reason, the peers ask the Department of Clinical Microbiology to explain how it is possible to accept almost double the number of students than places available.

There is a tuition fee for the specialist programmes, which varies between the specialisations within the range from 25 to 40 Mill IDR (~ 1537 to 2459€) per semester. The peers are very surprised that the trainees have to pay a tuition fee, although they are working as residents in the hospitals and provide care for patients. The trainees explain during the

audit, that on the one hand, they have to pay for the specialist education but on the other hand, they receive a salary from their department. In addition, scholarships from hospitals, the military, or other public institutions are available to the trainees.

The peers also enquire with the trainees if the tuition fees are higher than what they earn but do not receive a satisfactory answer. Obviously, trainees are paid different wages from stage to stage and from department to department and this may preclude them from sharing the details with the peers. However, the trainees usually work for some years as general practitioners before applying for a specialist programme to enable them to sustain themselves financially during their specialist training. From this statement, it is clear to the peers that trainees have to spend more money on their specialist education than what they earn from the departments. The peers feel that this situation is unsatisfactory and would prefer if the trainees would be remunerated adequately so that they are able to finance their living expenses.

Criterion 4.3 Student counselling and support

Evidence:

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

Preliminary assessment and analysis of the peers:

UNAIR offers a comprehensive advisory system for all trainees. At the start of the first semester, every trainee is assigned to a counsellor. Each counsellor is a member of the academic staff and is usually responsible for a group of approximately 1 to 3 trainees depending on the number of residents and teachers in the department. The counsellor is a student's first port of call for advice or support on academic or personal matters and is obliged to meet his students at least three times per semester. Counsellors are appointed and dismissed by the Head of Department. The main objective of the advisory system is to help and support trainees with successfully completing the specialist programme. There is a committee at rectorate level that may be consulted if there is a serious complaint about the conduct of teachers or supervisors. On a lower level, issues like misconduct are discussed within the department.

In addition, trainees are assigned two thesis supervisors, who are available to assist trainees in preparing and conducting their research activities. Thesis supervisors offer guidance

in finding research ideas, writing a research proposal, conducting research activities, writing the thesis and preparing a publication. Consultations with supervisors are carried out at least 6 times per semester and are recorded in the logbook.

All trainees at UNAIR have access to the digital platform UACC. The trainees' profiles (student history, study plan, academic transcript and grade point average/GPA, lecturer evaluation, course list) are available via UACC. Other services and facilities provided by UNAIR are a sports centre, student accommodation, health services, restaurants or canteens, and prayer rooms.

The peers note that the members of the teaching staff are available on any issues regarding the degree programmes and offer academic and practical advice. They appreciate this policy and also note the dedication of the teaching staff. There are enough resources available to provide individual assistance, advice and support for all trainees. The support system helps trainees to complete their studies successfully and without delay. The trainees are well informed about the services available to them.

Criterion 4.4 Student representation

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the Self-Assessment Report, there is a "student" representative in each department, who is elected from amongst the senior trainees. The tasks of the "student" representatives are to arbitrate between the programme coordinators and trainees, to provide information on students' problems with the goal to facilitate discussions and to solve problems. If there are issues with respect to classes or rotations, trainees can also directly address the teacher or the Head of Department.

In addition, the Faculty of Medicine provides support, funding, and facilities for non-academic activities, like clubs for music, theatre, dancing, and sports.

In summary, the peers appreciate the comprehensive advisory system, the high availability of staff members, and the good relation between trainees and teachers.

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

The peers confirm that in some departments (Paediatrics, Obstetrics and Gynaecology) the admission interview is conducted by an interviewer team. They point out that this is a useful procedure and the other departments should adopt similar procedures.

The peers thank the Department of Clinical Microbiology for clarifying, that there are 3 residents for each staff member. Since there are 10 staff members the Department is able to accept 30 residents at any time. The specialist programme takes 7 semesters, thus every semester the Department of Clinical Microbiology can accept 4-5 new residents.

The peers consider criterion 4 to be mostly fulfilled.

5. Academic Staff/Faculty

Criterion 5.1 Recruitment and selection policy

Evidence:

- Self-Assessment Report
- Staff handbook
- Study plans
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

At the Faculty of Medicine, academic staff members hold different positions: professor, associate professor, senior lecturer, and lecturer. All of them should have a Master's degree. Most of the teachers in the specialist programmes are qualified medical doctors and work as consultants in Dr. Soetomo General Hospital or in one of the network hospitals.

The academic staff activity in Indonesia is called Tridharma Perguruan Tinggi, it means that lecturers have the tasks of carrying out teaching, research, and community services in accordance with their fields of expertise and provide guidance to trainees in order to meet their needs and interests in the education process. Non-permanent lecturers are only involved in teaching.

The trainees confirm during the audit that there are enough staff members. The teacher-tutor ratio ensures that the trainees have sufficient exposure to practical patient care and

that teachers can dedicate enough time for each trainee (small group teaching). The teachers point out that it is very important for trainees to have sufficient hands-on experience and problem-solving skills.

After the audit, the departments provide additional information on the number of staff members and the resulting trainee-teacher ratio:

Anaesthesiology and Intensive Therapy Specialists Programme						
Academic Title				Total Number of Staff Members	Total Number of Residents	Ratio
Professor	Consultant	Specialist	General Course Teacher			
2	19	10	12	43	143	1:3,3

Orthopaedics and Traumatology Specialist Programme						
Academic Title				Total Number of Staff Members	Total Number of Residents	Ratio
Professor	Consultant	Specialist	General Course Teacher			
3	17	3	12	27	66	1 : 1,88

Neurosurgery Specialist Programme						
Academic Title				Total Number of Staff Members	Total Number of Residents	Ratio
Professor	Consultant	Specialists	General Course Teacher			
1	13	0	12	26	61	1 : 2,3

Obstetrics and Gynaecology Specialist Programme						
Academic Title				Total Number of Staff Members	Total Number of Resident	Ratio
Professor	Consultant	Specialist	General Course Teacher			
8	31	7	12	58	59	1:1

Paediatrics Specialist Programme					
Academic Title			Total Number of Staff Members	Total Number of Residents	Ratio
Professor	Consultant	Specialist			
8	38	7	53	138	1 : 2,6

Clinical Microbiology Specialist Programme						
Academic Title				Total Number of Staff Members	Total Number of Resident	Ratio
Professor	Consultant	Specialist	General Course Teacher			
4	5	0	12	21	34	1: 1,62

From the tables the peers note, that there are enough academic staff members and that the trainee-teacher ratio is adequate.

The auditors observe that the teachers are professionally qualified and their qualification profiles are commensurate with the focus of the specialist programmes. Clinical expertise and activities are well integrated into the curriculum, which leads to a good interaction between teaching and patient care. The auditors explicitly laud the involvement of senior trainees in teaching and supervising less experienced trainees.

Criterion 5.2 Staff activity and development policy

Evidence:

- Self-Assessment Report

- Study plans
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

UNAIR encourages the training of its academic staff and has developed a programme for improving the didactic abilities and teaching methods. According to the Self-Assessment Report, the Centre of Innovation Studies and Certification (Pusat Inovasi Pembelajaran dan Sertifikasi / PIPS) is responsible for the development of lecturers' skills by offering courses to improve the didactic and professional skills and by assisting members of the teaching staff who are doing a PhD abroad. The departments and faculties facilitate the staff development by enabling them to participate in national and international seminars and conferences. The staff exchange programme is supported by each faculty and funded by UNAIR and the Indonesian Ministry of Research, Technology and Higher Education. Sabbatical leave is also possible, but the length of the stay may vary from one month to one year; there are funds from the Indonesian Ministry of Higher Education and UNAIR available for such stays. In the last few years, some lecturers joined fellowship programmes to improve their research competencies abroad (e.g. at Nagasaki University, Maastricht University, Iowa University, Mahidol University, and Niigata University).

In addition, the Faculty of Medicine encourages their staff members to join national and international seminars, symposiums, and conferences. UNAIR provides rewards for lecturers whose articles are published in highly reputable international journals and provide training and funds for book writing and publishing.

At the Faculty of Medicine, there is also the Medical Education Research and Staff Development Unit (MERSDU), which is responsible for the further academic and didactic development of the lecturers. MERSDU is committed to support lecturers in improving their clinical teaching competences, especially for the professional stage. This unit will arrange specific training courses such as medical teacher training, training of tutor (TOT) and training of instructor (TOI).

The peers discuss with the members of the teaching staff the opportunities to develop their personal skills and learn that the teachers are satisfied with the internal qualification programme at UNAIR. In addition, there is an academic incentive programme for teachers. The possible financial benefits are based on research performance, academic development, tutoring, awards, and teaching evaluations.

Overall, the auditors confirm that UNAIR offers sufficient support mechanisms and opportunities for members of the teaching staff who wish to further develop their professional and teaching skills.

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

UNAIR does not comment on this criterion in its statement.

The peers consider criterion 3 to be fulfilled.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

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

Preliminary assessment and analysis of the peers:

Clinical classes are taught at the Facilities of the Faculty of Medicine, while the clinical placements and rotations are mostly held at Dr. Soetomo General Hospital, which is located directly next to the Faculty of Medicine. In addition, there are several network hospitals to support the practical medical education. The aim is to provide a sufficient number and variety of cases, beyond the spectrum that can be found at Dr. Soetomo General Hospital. All network hospitals have signed a cooperation agreement with the Faculty of Medicine.

Moreover, the Faculty of Medicine collaborates with the Institute for Tropical Diseases (ITD), which is located on the UNAIR campus and has a large laboratory for molecular work. Some modern instruments for sequencing or chromatography as well as a stem cell laboratory are available at ITD.

During the audit, the auditors also visit some wards, the laboratories, the skills labs, the simulation settings, and the lecture rooms at the Faculty of Medicine and Dr. Soetomo General Hospital in order to assess the quality of infrastructure and technical equipment. The financial resources of the Faculty of Medicine and Dr. Soetomo General Hospital are limited but sufficient for guaranteeing the training of the specialists aimed at the specific needs of

the Indonesian health care system. Sophisticated technical equipment is rarely available but necessary basic instruments and equipment is mostly available and used for educating the trainees. The programme coordinators point out that Dr. Soetomo General Hospital is one of the main public hospitals in Surabaya and they cannot refuse patients. As a result, there may be a lack of instruments and personnel if many patients need medical treatment at the same time. The consultants then need to decide who to treat first and who needs more intensive care based on the severity of the cases. In addition, it is also useful for trainees to learn how to apply essential medical treatment without the help of sophisticated instruments, because several of them will work as specialists in remote areas of Indonesia in hospitals, which are not as well equipped as Dr. Soetomo General Hospital. However, the peers see the need to draft a master plan in order to determine in which areas and in which department investment is needed to update and extend the physical facilities, technical patient care equipment, and laboratory and diagnostic machinery. In addition, a time and financial plan as to when these will be acquired needs to be drafted and put into effect. Overall, the available resources seem to allow for adequate teaching of the trainees to meet the current Indonesian standard.

Criterion 6.2 Clinical training resources

Evidence:

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

Preliminary assessment and analysis of the peers:

It is essential for adequately delivering the specialisation programmes that there is a sufficient number of patients, of patient variation, and facilities. Otherwise, trainees will not be able to perform the required number of clinical procedures. For this reason, the Faculty of Medicine collaborates with several network hospitals.

During their clinical and lab placements, trainees are exposed to various clinical settings. These include inpatient and outpatient wards, operating theatres, radiology facilities, clinics, and labs in accordance with the specific requirements of their specialisation. As the auditors find out during the audit, trainees are supervised by consultants and senior trainees during the clinical rotations. The focus is on small group teaching with an increasing amount of direct patient contact and independent work as the trainees progress through their specialist education.

Consultants in the hospitals have enough time for teaching the trainees. Every month they prepare a schedule with the Head of Department that includes their task as teachers and the time allocated for it. They perceive themselves as teachers and medical consultants at the same time, teaching trainees is integrated in their daily duties/tasks and is an essential part of their responsibilities.

In general, there are sufficient clinical training resources available for adequately teaching the trainees. In addition, cooperations with medical schools in Korea and Japan are in place to send staff members abroad for using sophisticated medical technology that is not yet available at UNAIR. The auditors state that further and timely investment in instruments and physical facilities for patient care and thus clinical teaching is necessary.

Criterion 6.3 Information technology

Evidence:

- Self-Assessment Report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

The electronic information system at the Faculty of Medicine is managed by the Digital Data Management Unit (Unit Pengelolaan Data Digital/UPeDDi). Its goal is to be a reliable and efficient data management unit, which guarantees a high quality management information system. This should support the use of information and communications technology in the learning and teaching process at UNAIR.

Airlangga Indonesia Medical Education Network (JEMARI) is a computer network of the Faculty of Medicine that allows the management of intranet and internet access throughout the campus.

Airlangga Medical e-Library service is currently used by all programmes offered by the faculty of Medicine. This service can also be accessed via WiFi-hotspots and offers access to electronic journals collections, data-based information, and various international e-books.

Distance Learning is also offered at UNAIR. Its application is currently under development under the supervision of the Directorate of Information System (DSI) and the Cyber Campus Team Airlangga University (CCTAU). Currently, distance learning applications, e.g. online tutorial, e-quiz, online lecture, etc., have been implemented only for some courses at the Faculty of Medicine.

Finally, there are computer facilities available at the CBT-centre (Computer Based Test), which is not only used for the UKMPPD but also for computer based local exams, SBMPTN, and other study programmes such as nursing and pharmacy.

Criterion 6.4 Medical research and scholarship

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Conducting medical research activities is an essential part of the specialist programmes. In their last academic year, each trainee needs to present two research reports to be evaluated by a board of examiners. The reports are subsequently used for writing scientific articles and submitting them to an international journal for publication. This is a prerequisite for the trainees' successful completion of the specialist programme and a graduation requirement.

The peers observe that the Faculty of Medicine adequately fosters the trainees' research activities by providing facilities, cases, and academic advice. In addition, the trainees have enough time for following their research ideas, which is confirmed by the trainees during the discussion with the peers. However, the peers note that the research activities at the Faculty of Medicine are not coordinated between the different departments and degree programmes. Each department follows its own agenda. Instead of focusing the available resources on certain research topics that are relevant for Indonesia (e.g. Tuberculosis) the goal is to publish as many papers as possible. The peers point out that quality is more important than quantity. It would be more useful to pool all resources and to identify some main areas of research, to involve all departments and to include the staff members and trainees from the Master's programmes Tropical Medicine and Basic Medical Science. The goal should be to draft a master plan for the Faculty of Medicine in order to coordinate and focus the research activities across all departments.

Criterion 6.5 Educational expertise

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The auditors confirm that trainees are generally satisfied with the teachers' expertise, teaching performance. This is verified through the online surveys.

The close interaction with clinical practice is supported by the consultants, who work as teachers at the Faculty of Medicine as well as physicians in hospitals or health care centres.

UNAIR recognises that not only academic performance is important for becoming a successful medical doctor but also soft skills and behaviour (communication skills, teamwork) need to be emphasised. In addition, the departments collaborate with several medical institutions both domestically and abroad. Visiting professors are invited regularly to deliver guest lectures, to conduct coaching clinics, to review research manuscripts, and to offer insights into new medical developments.

Criterion 6.6 Educational exchanges

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The Faculty of Medicine encourages staff members and trainees to spend a few weeks abroad as part of a research cooperation and to experience another health care system. Academic staff members can attend workshops and conferences abroad or can conduct their research activities at international universities. Some teachers are part of international projects or participate in local and international events related to their speciality.

For example, the Department of Anaesthesiology and Reanimation recorded 31 international exchanges from 2014-2019. They included stays in countries such as Japan, India, Poland, and Malaysia. The department's international collaborations are conducted in areas such as neuro-intensive care and neurosurgery anaesthesia, pain management, emergency medicine, and intensive care. The Department of Orthopaedics and Traumatology organises an overseas exchange programme with Japan and Korea. Trainees are sent to different medical institutions in Japan and Korea (e.g. Department of Orthopaedic Surgery/ Hiroshima University Hospital, Department of Orthopaedic Surgery, Ewha Womans Univer-

sity Seoul) for 3 months. The Department of Neurosurgery collaborates with several medical centres both domestically and abroad and regularly invites guest lecturers. For example, collaborations exist with the University of Toronto, Osaka City University, and the Department of Neurosurgery of the Tokyo Women's Medical University. The Department of Obstetrics and Gynaecology regularly sends staff members to the University of Amsterdam, the Kameda Medical Centre in Japan, and the National Cancer Centre Seoul in Korea. The Department of Paediatrics recorded 14 educational exchanges both national and international from 2014-2019. Several staff members went for clinical training to countries such as Malaysia, Singapore, Japan, England, Switzerland, and the Netherlands. The collaborations include several fields such as emergency and critical care, paediatric cardiology intensive care, metabolic disorders, neonatology, paediatric nephrology, paediatric endoscopy, and HIV and infection in paediatrics. Several staff members from the Department of Clinical Microbiology have contact with institutions in countries such as Japan, Thailand, and Hong Kong. Currently, two post-graduate residents are studying abroad (Japan, Thailand) and working towards their PhD and one of the trainees is outbound at Kobe University in Japan for 3 months of training and research.

In summary, the peers confirm that the trainees of all involved departments have the opportunity for participating in educational exchange programmes. The peers commend the already existing international collaborations and encourage the Faculty of Medicine to further expand their international contacts and to send more trainees and staff members abroad.

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

The peers thank UNAIR for providing the investment plans for each department. However, they suggest drafting an investment plan for the whole Faculty of Medicine that defines priorities and includes a long-term timetable.

In addition, the peers have not seen a research plan for the whole Faculty of Medicine. Each department should define its areas of interest. Cooperation between different specialisations should be fostered and resources pooled.

The peers consider criterion 6 to be mostly fulfilled.

7. Programme Evaluation

Criterion 7.1 Mechanisms for programme monitoring and evaluation

Evidence:

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

Preliminary assessment and analysis of the peers:

At university level, the quality assurance system at UNAIR is coordinated by the Quality Assurance Board (BPM), at Faculty level by the Quality Assurance Unit (SPM), and at programme level by the Quality Assurance Unit (GPM).

The student/trainee representatives gather feedback from all cohorts of the specialist programmes, which is then discussed in the different panels.

External quality assurance of the specialist programmes is carried out through national accreditation by the Indonesian Accreditation Agency for Higher Education in Health (Lembaga Akreditasi Mandiri Pendidikan Tinggi Kesehatan Indonesia / LAM-PTKes).

Criterion 7.2 Teacher and student feedback

Evidence:

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

Preliminary assessment and analysis of the peers:

In order to involve trainees in the quality assurance system, each department conducts online-surveys. Trainees are expected to complete questionnaires, which address the following topics: admission process, lectures, clinical rotations, performance of teachers and administrative staff, and quality of instruments and technical equipment. In addition, there is informal feedback from trainees and study programs. This is performed through informal dialogue, which is communicated to the programme coordinators and supervisors in the course of the department meetings. Internal evaluation includes weekly meetings in each department for discussing cases and problems. In addition, senior trainees are asked to provide feedback to help monitoring and evaluating the clinical teaching processes.

The results of the questionnaires are internally reviewed and used for further developing the specialist programmes. Nevertheless, a system for systematically gathering feedback from teachers is not yet in place and needs to be developed and implemented. In addition, the peers observe that the trainees are not informed about the results of the online-questionnaires. Trainees are included in the quality assurance processes via the online questionnaire in order to give anonymous feedback about the quality of teaching and the educational services (at every educational stage). The peers observe that this feedback is used for further developing the programmes and the educational methods. The results are discussed within the departments but are not directly presented to trainees. This needs to be corrected in order to close the feedback loops.

Furthermore, feedback from alumni is provided through alumni meetings, which are organised by the respective departments, and written questionnaires about the demands and needs of the labour market.

In summary, the peer group confirms that feedback from teachers and trainees is used to identify weaknesses and for improving the degree programme.

Criterion 7.3 Performance of students and graduates

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The vast majority of the graduates will work as medical specialists in Indonesian hospitals. Some will continue their medical education in a sub-specialisation.

The auditors observe that the specialist programmes are very competitive and the entrance requirements are very strict. For this reason, trainees are very motivated to complete the specialist programmes in time and only a few (1 to 2 %) drop-out and do not complete the programme successfully.

After the audit, UNAIR provides additional information on the average length of studies in the specialist programmes. The peers note that in the Anaesthesiology and Intensive Therapy Specialist Programme and in the Paediatrics Specialist Programme, trainees need several semesters more than expected to complete their studies. For this reason, the peers expect both departments to determine and analyse the reasons for the prolonged period of study (e.g. by interviewing trainees and graduates) in order to develop and implement

suitable measures for overcoming the identified obstacles with the goal of reducing the average length of studies.

Criterion 7.4 Involvement of stakeholders

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the Self-Assessment Report, the departments regularly monitor and evaluate the respective specialist programme every 6 to 12 months by drafting a self-evaluation report, which is submitted to the Faculty of Medicine. Furthermore, external stakeholders such as representatives of the Ministry of Health, of the network hospitals, of other departments, and alumni are involved in reviewing the specialist programmes. Stakeholder evaluate curriculum design and graduates' performance of the specialist programmes through questionnaires and annual workshops.

In addition, the departments frequently invite stakeholders as guest speakers to give their opinions and views on the development of medical education and the needs of the health care sector in Indonesia.

In summary, the peers confirm that the departments stay in close contact with their alumni, are well informed about their further academic and professional career and involve all stakeholders in the quality assurances processes.

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

The peers see that the reason for prolonged studies in some specialisations is the fact that the residents start preparing their research proposal too late in the course of their studies. As a result, they cannot complete their research and publish it on time. The peers recommend further analysing this issue and verifying if the implemented measures (earlier presentation of the research proposal) solve the problem.

The peers consider criterion 7 to be mostly fulfilled.

8. Governance and Administration

Criterion 8.1 Governance

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the Self-Assessment Report the governance of UNAIR refers to the standard structure as determined by the University's management. The highest decision making board at UNAIR is the University Senate, which is headed by the Rector.

At faculty level, the Dean is assisted by three Vice Deans. Each degree programme is led by the Coordinator of Study Programme (KPS). In general, the governance system of the Faculty of Medicine follows the organizational structure that has been standardised by UNAIR.

The KPS coordinates the implementation of the respective degree programme activities, while she/he is assisted by the Quality Assurance Unit in monitoring and evaluating the outcome. Lecturers' briefing is done through coordination meetings at the beginning of the semester and evaluation meetings at the end of the semester.

Management of the educational resources and processes in the specialist programmes is conducted centrally by the vice deans. The KPS of the specialist programmes can make suggestions to the vice deans, while the requirements of the teaching staff are coordinated with the head of the affiliated departments.

The peers confirm that the Faculty of Medicine has a well-defined structure of governance, which includes representatives from all stakeholders.

Criterion 8.2 Academic leadership

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The academic leaders at UNAIR are the Deans. The Dean chairs the Faculty Consideration Board (Badan Pertimbangan Fakultas/BPF) and refers academic matters to the University Senate, of which she/he is a member.

At programme level, the KPS has the function of leading the implementation of educational processes, research activities, community service, and fostering the cooperation with the community and the administrative staff.

In addition, the KPS regularly monitors and evaluates trainees' performance and the result of academic and non-academic staff evaluations, and uses this feedback for improving the degree programme.

Criterion 8.3 Educational budget and resource allocation

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The specialist programmes are fully supported by UNAIR and the Faculty of Medicine. Most of UNAIR's funding is covered by the central and regional governments (mostly in the form of lecturers and education staff salaries, research funds and scholarship assignments) and tuition fees. Moreover, the Faculty of Medicine participates in projects with private companies to supplement its revenues. Currently, the Faculty of Medicine is actively trying to increase the funding by developing its own businesses. These activities are supported and coordinated by the Academic Business Unit (Satuan Usaha Akademik/SUA).

As the peers learn during the discussion with UNAIR's management, around 40 % of UNAIR's total budget comes from the Indonesian government (Ministry of Education). The rest is mostly derived from tuition fees and some from private companies or other institutions.

All revenues are centralized at UNAIR's Finance Office and then distributed to the faculties according to their financial needs. Each department and each faculty presents an annual budget plan so that the UNAIR's Finance Office can design a budget for the whole university. Managing the funds of each degree programme is the sole task of the Vice Dean for Resources, Finance and Information Systems.

Criterion 8.4 Administrative staff and management

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Non-academic staff consists of administration staff, librarians, and technicians (laboratory assistants, technicians, analysts, and IT-experts). The Faculty of Medicine usually directly recruits administrative and supporting staff members.

The Faculty of Medicine supports the non-academic staff members in increasing their qualifications and competencies. For this reason, different training is offered: training in archive management, workshops on rules and contracts, teamwork training and self-development, office administration technical training, and computer courses.

For the further enhancement of skills, the Faculty of Medicine regularly organises specialised skills training such as procurement of goods and services, laboratory training, and computer training. All staff members are involved in internal monitoring and evaluation of the degree programmes.

Criterion 8.5 Interaction with health sector

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The programme coordinators point out that the Faculty of Medicine has a strong working relationship with the health sector in Indonesia. The cooperation exists mainly in the fields of education, research, community service, and medical technology. Collaboration with East Java Health Office enables trainees to study at affiliated hospitals and public health centres. This offers additional opportunities to improve the learning process, especially in terms of hands-on experience with patients. To foster research and social activities, the Faculty of Medicine collaborates with other medical faculties and health institutions, such as the Centre for Pest Control in Pasuruan, East Java.

In particular, the cooperation with the Institute for Tropical Disease (ITD) for conducting research activities in the area Tropical diseases is a strong point of the Faculty of Medicine.

In summary, the peers come to the conclusion that the Faculty of Medicine has an excellent reputation as one of the best medical faculties in Indonesia, that there is a good cooperation with alumni and that employers are very satisfied with the qualification profile of the graduates.

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

UNAIR does not comment on this criterion in its statement.

The peers consider criterion 8 to be fulfilled.

9. Continuous Renewal

Evidence:

- Self-Assessment Report
- Webpage of the Faculty of Medicine: <https://fk.unair.ac.id/en/>
- Webpage Specialist Programme Anaesthesiology and Intensive Therapy: <http://spesialis1.anestesi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Orthopaedics and Traumatology: <http://spesialis1.orthopaedi.fk.unair.ac.id/en/>
- Webpage Specialist Programme Neurosurgery: <http://spesialis1.ibs.fk.unair.ac.id/en/>
- Webpage Specialist Programme Obstetrics and Gynaecology: <http://spesialis1.obsgin.fk.unair.ac.id/en/>
- Webpage Specialist Programme Paediatrics: <http://spesialis1.ika.fk.unair.ac.id/en/>
- Webpage Specialist Programme Clinical Microbiology: <http://spesialis1.mk.fk.unair.ac.id/?lang=en>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the previous chapters, continuous renewal of the specialist programmes under review is an essential part of quality assurance system at the Faculty of Medicine.

For example, there is a continuous process at UNAIR in order to improve the quality of the degree programmes, which is carried out through internal and external evaluation. Internal evaluation of the quality of the degree programmes is mostly provided through trainees' feedback and quality audits. In addition, alumni and employers' surveys are conducted. The peers appreciate that the Faculty of Medicine stays in close contact with its alumni and uses their expertise and feedback for further developing the degree programmes.

Moreover, UNAIR collects data about applications, enrolment and academic results. These indicators are used to analyse the programme's success and if deficits are found, they are addressed.

As an overall judgement, the peers generally find that continuous monitoring and renewal is indeed taking place and that most of the quality assurance loops are closed. Furthermore, the peer group confirms that the quality management system is suitable to identify weaknesses and to improve the degree programmes. The stakeholders are involved in the process.

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

UNAIR does not comment on this criterion in its statement.

The peers consider criterion 9 to be fulfilled.

D Additional ASIIN Criteria

Criterion D 1.2 Name of the degree programme

Evidence:

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

Preliminary assessment and analysis of the peers:

The peers consider the original Indonesian names as well as the English translations of the specialist programmes (Anaesthesiology and Intensive Therapy Specialist Programme / Program Pendidikan Dokter Spesialis Anestesi dan Terapi Intensif, Orthopaedics and Traumatology Specialist Programme / Program Pendidikan Dokter Spesialis Orthopedik dan Traumatologi, Neurosurgery Specialist Programme / Program Pendidikan Dokter Spesialis Bedah Saraf, Obstetrics and Gynaecology Specialist Programme / Program Pendidikan Dokter Spesialis Obstetri dan Ginekologi, Paediatrics Specialist Programme / Program Pendidikan Dokter Spesialis Ilmu Kesehatan Anak, and Clinical Microbiology Specialist Programme / Program Pendidikan Dokter Spesialis Mikrobiologi Klinik) to be in line with the intended learning outcomes and the curricular content.

The titles awarded to graduates of the specialist programmes are SpAn / Anaesthesiologist, SpOT / Orthopaedic and Traumatologist, SpBS / Neurosurgeon, SpOG/ Obstetric and Gynaecologist, SpA / Paediatrician, and SpMK / Clinical Microbiologist.

Criterion D 2.2 Work load and credits

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Based on the National Standards for Higher Education of Indonesia (SNPT), all degree programmes use a credit point system called CSU, which is regulated as follows:

Type of activity	Definition of 1 CSU/week/semester	Duration (min)	TOTAL (min)
Classroom course	Classroom meeting	50	170
	Structured task	60	
	Independent work	60	
Practical course	Practical work	170	170
Seminar	Seminar meeting	100	170
	Independent work	70	

In comparison to ECTS credit system, wherein 1 ECTS equals 25-30 hours of trainees' workload per semester, it is determined that 1 CSU is awarded for 170 minutes of workload per week and the relation between the different kind of learning (contact hours, self-studies) is fixed.

The peers point out that it will be necessary to introduce (in addition to the described Indonesian system) a credit point system that is based on the trainees' total workload. It would be most useful to adopt the European Credit Transfer System (ECTS). In the ECTS, 25 - 30 hours of trainees' workload (including lecture hours and self-study hours) are equivalent to 1 ECTS credit. The peers stress that the trainees' total workload in hours also needs to be indicated in the module descriptions and the distinction between classroom work and self-study should be made transparent.

During the discussions with the programme coordinators and the trainees, the peers learn that so far there has been no survey asking the trainees to evaluate the amount of time they spend outside the classroom for preparing the classes and studying for the exams. Since this is necessary in the ECTS framework, the peers suggest asking the trainees directly about their experiences. This could be done by including a respective question in the course evaluations. The peers point out that the Faculty of Medicine should follow the ECTS users' guide, while determining the trainees' total workload. This is the time trainees typically need to complete all learning activities (such as lectures, seminars, projects, practical work, self-study, and examinations).

In other words, a seminar and a lecture may require the same number of contact hours, but one may require significantly greater workload than the other because of differing amounts of independent preparation by trainees. Typically, the estimated workload will result from the sum of:

- the contact hours for the educational component (number of contact hours per week x number of weeks)

- the time spent in individual or group work required to complete the educational component successfully (i.e. preparation beforehand and finalising of notes after attendance at a lecture, seminar or laboratory work; collection and selection of relevant material; required revision, study of that material; writing of papers/projects/dissertation; practical work, e.g. in a laboratory)
- the time required to prepare for and undergo the assessment procedure (e.g. exams)

Since workload is an estimation of the average time spent by trainees to achieve the expected learning outcomes, the actual time spent by an individual trainee may differ from this estimate. Individual trainees differ because some progress more quickly, while others progress more slowly. Therefore, the workload estimation should be based on the time an “average student” spends on self-study and preparation for classes and exams. The initial estimation of workload should be regularly refined through monitoring and trainee feedback.

The trainees confirm with the peers that the workload is adequate and that the curriculum is manageable within the intended time.

In summary, the peers expect the Faculty of Medicine to verify the trainees’ total workload and to adjust the awarded ECTS credits accordingly.

Criterion D 3 Exams: System, concept and organisation

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Exemplary theses
- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the previous chapters, all specialist programmes under review comprise a thesis. During the audit, the peers also inspect a sample of theses and publications and are overall satisfied with their general quality.

Criterion D 5.1 Module descriptions

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Discussions during the audit

Preliminary assessment and analysis of the peers:

While analysing the provided module descriptions, the peers note that the trainees' workload and the awarded ECTS credits are not mentioned in the module descriptions. In addition, the peers point out that the awarded ECTS credits and the trainees' workload need to be consistent and verified (see criterion D 2.2). Furthermore, the peers expect UNAIR to make the Indonesian as well as the English module descriptions available to all stakeholders, e.g. by publishing them on the Faculty's webpage. This is also relevant for the information about the specialist programmes (learning out-comes, study plan, etc.). These documents should also be available in English on the faculty's webpage

Otherwise, the module descriptions include all necessary information about the module.

Criterion D 5.2 Diploma and Diploma Supplement

Evidence:

- Self-Assessment Report

Preliminary assessment and analysis of the peers:

The peers acknowledge that the trainees are awarded a Diploma Certificate and a Transcript of Records after graduation.

On the other hand, the peers note that no Diploma Supplement is awarded. They point out that each trainee should receive a Diploma Supplement shortly after graduation. The Diploma Supplement was introduced to inform about the structure and content of the respective degree programme. It must include a description of the academic career, the competences acquired during the studies, explain the qualification gained including the achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

In order to be able to rate the level of academic education and qualification from a study programme, the peers expect that all graduates be provided with a standardised Diploma Supplement that complies with the internationally accepted standards. They stress that a Diploma Supplement should be automatically issued together with UNAIR's diploma after

graduation. The graduates benefit from this standardised document because this way their academic qualification is more easily recognised abroad, the description of their academic career and the competences acquired during their studies are included, and it offers them easier access to opportunities for work or further studies abroad. Graduates need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

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

The peers thank UNAIR for explaining that Indonesian universities use SKS (credit points). SKS does not represent the students' total workload but "the weight of the subject, course or competency". However, UNAIR has introduced the ECTS in addition to the Indonesian credit point system, updated the module descriptions, and published the relevant information about the specialities in English on its webpage.

The peers consider the additional ASIIN criteria to be mostly fulfilled.

E Additional Documents

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

- consistent study plans that include the workload and the awarded credits for each course and every stage

F Comment of the Higher Education Institution (08.05.2020)

UNAIR submits the following documents:

- | | |
|-------------|-------------------------------------------------------------------------------------------|
| Appendix 1 | Curriculum Structure of Anaesthesiology and Intensive Therapy Specialist Programme |
| Appendix 2 | Curriculum Structure of Clinical Microbiology Specialist Programme |
| Appendix 3 | Curriculum Structure of Neurosurgery Therapy Specialist Programme |
| Appendix 4 | Curriculum Structure of Paediatric Specialist Programme |
| Appendix 5 | Curriculum Structure of Obstetrics and Gynaecology Specialist Programme |
| Appendix 6 | Curriculum Structure of Orthopaedic and Traumatology Specialist Programme |
| Appendix 7 | Inventory Data and Facility of Anaesthesiology and Intensive Therapy Specialist Programme |
| Appendix 8 | Inventory Data and Facility of Clinical Microbiology Specialist Programme |
| Appendix 9 | Inventory Data and Facility of Neurosurgery Therapy Specialist Programme |
| Appendix 10 | Inventory Data and Facility of Paediatric Specialist Programme |
| Appendix 11 | Inventory Data and Facility of Obstetrics and Gynaecology Specialist Programme |
| Appendix 12 | Inventory Data and Facility of Orthopaedic and Traumatology Specialist Programme |

- Appendix 13 Module Description of Anaesthesiology and Intensive Therapy Specialist Programme
- Appendix 14 Module Description of Clinical Microbiology Specialist Programme
- Appendix 15 Module Description of Neurosurgery Specialist Programme
- Appendix 16 Module Description of Paediatric Specialist Programme
- Appendix 17 Module Description of Obstetrics and Gynaecology Specialist Programme
- Appendix 18 Module Description of Orthopaedic and Traumatology Specialist Programme
- Appendix 19 Study Load of Anaesthesiology and Intensive Therapy Specialist Programme
- Appendix 20 Study Load of Clinical Microbiology Specialist Programme
- Appendix 21 Study Load of Neurosurgery Specialist Programme
- Appendix 22 Study Load of Paediatric Specialist Programme
- Appendix 23 Study Load of Obstetrics and Gynaecology Specialist Programme
- Appendix 24 Study Load of Orthopaedic and Traumatology Specialist Programme

and a detailed statement:

Criterion 1.1 Statements of purpose and outcome

ASIIN

The peers note that the intended learning outcomes of all six specialist programmes are well founded and reasonable. However, they point out that it would be useful to harmonise them between the different specialisations and to use the same structure. In addition, the peers note that the specialist programmes are aimed at training specialists for the Indonesian health care system.

Finally, the peers point out that on an international level a MD undergoing specialist training would no longer be considered a “student” but a medical trainee/resident. For this rea-

son, it would be useful to use a term other than “student” in the intended learning outcomes and all other relevant documents to ensure that the achieved academic and professional qualifications are evident.

Cluster B

ALL

The learning outcome of each specialist was adopted from each National Medical Specialist College standard. But for curriculum structure were made based on university structure standard and for the need of Indonesian health care system.

We use the term student instead of a resident because the specialist education is university-based so-called by “student”. In general, we call them by residents, sometimes we have a directional mistake by calling them because of attending university by calling students to all students who admitted and study at university.

Obstetrics and Gynaecology Specialist Programme

We are well aware that every specialist programme has its own difference and difficulties, but the term student sometimes limits the rights given and also affects the treatment given to us. By calling the participant of the specialist programme as a resident or trainee, it should be followed by giving the appropriate rights that might be discussed together with the program director, including the necessary documents and academic or professional achievements.

Criterion 2.6 Curriculum Structure Composition and Duration

ASIIN

the Self-Assessment Report and the Academic Guidebooks are not consistent with respect to the awarded Indonesian and ECTS credits for each stage and the whole specialist programme. The peers note several discrepancies between the workload of the different stages and specialist programmes. For this reason, the peers expect the Faculty of Medicine to provide consistent study plans that include the workload and the awarded credits for each course and every stage. This issue is also discussed under criterion D 2.2 Work load and credits.

Cluster B

ALL

Sixth Specialist Study Programme already revised the Self-Assessment Report, the Academic Guidebooks and the Module description based on the awarded Indonesian and ECTS credits for each course and every stage. The study programmes identify and recalculate again the trainee's workload and firm up the calculation from the last additional document about ECTS credits that we sent previously. The peers could take a look for the newest curriculum structure in the **Appendix 1-6**. Below is the example of the workload and credits for each course and every stage.

Anaesthesiology and Intensive Therapy Specialist Programme

The Anesthesiology and Intensive Therapy Specialist Program has held workshops or annual work meetings to consistently evaluate the application of modules and credits in each course or level of education, and we have revised the Indonesian credit provided and ECTS credit for each level based on additional documents sent by the Faculty of Medicine previously. The Anesthesiology and Intensive Therapy Specialist Study Program has three stages with a total of 144 credits / 240 ECTS Explanation of Indonesia's credit and ECTS below:

1. Stage I (adaptation and comprehension) will be held for 1 (one) semester (24 credits / 18 ECTS)
2. Stage II (deepening of knowledge) whereas stage II for 3 (three) semesters (59 credits / 90 ECTS) and
3. Stage III (independence of applying the knowledge) for 4 (four) semesters (61 credits / 120 ECTS).

The curriculum must be implemented with SPICES (Student-centred, Problem-based, Integrated, Community-based, Elective, Systematic/Structured) approach.

Orthopaedics and Traumatology Specialist Programme

The curriculum of the Specialist Programme Orthopaedics and Traumatology covers the following areas: bone joint disease & general orthopaedics, hand & micro reconstruction, knee, ankle & foot, hip joint, spine, paediatric orthopaedics, shoulder & elbow, orthopaedic oncology, and sports injury. It is designed for 10 semesters with 300 ECTS and consists of three stages:

1. Stage I (Basic Orthopaedics) covers three semesters (66 credits/85 ECTS)
2. Stage II (Advanced Orthopaedics) covers six semesters (144 credits /184 ECTS) and
3. Stage III (Manager) covers 1 semester (18 credits /31 ECTS)

Criterion 4.1 Admission policy and selection

ASIIN

The programme coordinators explain that during the interview, applicants are asked about their commitment and motivation for applying for a specialist programme, about their academic and professional background as well as their social activities. The result of the interview is documented in an official report sheet. The peers note that the interview is currently conducted by just one teacher and that it would be important to have two interviewers for each applicant. This way, the outcome of the interview will be impartial.

Cluster B

Anaesthesiology and Intensive Therapy Specialist Programme

Each applicant will have 5 times interview sessions, with different interviewers in each session. Every interviewer has to document the result in an official report sheet.

Paediatrics Specialist Programme

Each applicant will have 1 time interview session, with an interview team consists of 11 interviewers from the Department of Paediatrics which pointed with an assignment letter. The interview documented in an official report sheet.

Obstetrics and Gynaecology Specialist Programme

Each applicant is given a 1 time interview session, in which the applicant might get one of the two teams of interviewers. The interviewers' team usually consists of 5-6 department staff from each of the obstetrics and gynaecology divisions. However, if there is only a few numbers of the applicant, the applicant might be given an interview session with each interviewers team.

Criterion 4.2 Student intake

ASIIN

The peers note a discrepancy in the Clinical Microbiology Specialist programme between then number of available places (3 students for odd semester (July admission) and 3 students for even semester (January admission)) and the number of accepted students (between 8 and 12). For this reason, the peers ask the Department of Clinical Microbiology to explain how it is possible to accept almost double the number of students than places available.

The peers also enquire with the trainees if the tuition fees are higher that what they earn but do not receive a satisfactory answer. Obviously, trainees are paid different wages from

stage to stage and from department to department and this may preclude them from sharing the details with the peers. However, the trainees usually work for some years as general practitioners before applying for a specialist programme to enable them to sustain themselves financially during their specialist training. From this statement, it is clear to the peers that trainees have to spend more money on their specialist education than what they earn from the departments. The peers feel that this situation of that the trainees have to pay a tuition fee, although they are working as residents in the hospitals and provide care for patients is unsatisfactory and would prefer if the trainees would be remunerated adequately so that they are able to finance their living expenses.

Cluster B

Residents pay tuition to get some educational facilities. For example, practical work, experience providing care for patients, and other facilities. For all Specialist Program, each resident receives costs from the hospital according to their workload, currently being recalculated according to the unit costs incurred by each study program for each population based on workload.

Clinical Microbiology Specialist Programme

The Clinical Microbiology Specialist programme was started in 2010, after 2-3 years run, started to assess the Resident number enrollment. But in this beginning era of the program, the resident candidate was still lower, then start the increase in 2015 (SK PPRA).

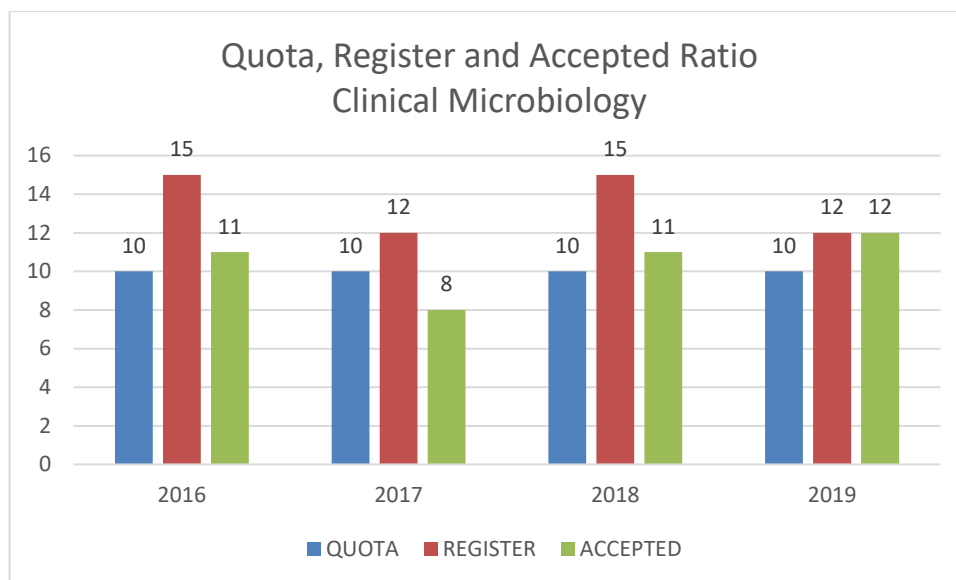
As Accreditation body regulation, the good performance of the resident recruitment is 3 residents in total for each staff member. During the last 5 years, the staff of the Clinical Microbiology Specialist programme was 10 staff members. It means that approximately the total resident is 30. If the graduation average 7 semesters, it thus every semester we can accept **4-5 resident/semester**.

The resident entry in each semester was variable, the lowest was one resident, it means that the capacity in the following recruitment, would be higher.

The second thing, since the **Regulation of Ministry of Health No. 411/2010 concerning Clinical Microbiology Laboratory, article 14 paragraph d**, stated that **at least one Clinical Microbiologist was requested to chair the laboratory of Microbiology**. Indonesia at this moment has about 120 Regional internal hospital and 14 National Referral hospitals, that all needed Clinical Microbiologist. This calculation was not yet including the other hospital (Army, Private, etc). It means that the capacity of resident recruitment should be also increased.

As our policy through staff meeting we decide the number of resident recruitment, based on the number of candidates, and the total number of resident at that semester, then we

find the number. But the total still in range of the 3-4 residents per staff member. The prolongation of the resident graduation is also another factor.



Obstetrics and Gynaecology Specialist Programme

The paradigm of specialist programme in Indonesia is a quite different with the ones in the United States, we are more alike with Europeans systems, in which residents are considered students which are part of the education system, and all of services performed are considered means of study, very different with United States systems, in which residents are considered as junior staffs, in which they not also learn things, but also working for the hospital, in which the hospital is responsible to provide sound remuneration for the resident. Whether or not this is feasible in our university is debatable, but in a long term study period in which residents are not allowed to have a side job and some are already married and responsible for the well being of the family, a sound remuneration is a considered wise, which will lessen the financial burden of the residents, giving more clarity in focusing to other educational responsibility.

Criterion 6.1 Physical facilities

ASIIN

The peers see the need to draft a master plan in order to determine in which areas and in which department investment is needed to update and extend the physical facilities, technical patient care equipment, and laboratory and diagnostic machinery. In addition, a time and financial plan as to when these will be acquired needs to be drafted and put into effect. Overall, the available resources seem to allow for adequate teaching of the trainees to meet the current Indonesian standard.

Cluster B

All

Every specialist programme we make sure to always arrange the inventory data and financial plan. Both documents support the department to make adequate teaching of the trainees to meet the Indonesian standard. The peers could take a look for the department investment in the **Appendix 7-12**.

Anaesthesiology and Intensive Therapy Specialist Programme and Paediatrics Specialist Programme

We have Inventory Data of Facilities and that always listed by every year. So we could know what are and how is the condition of the facilities that we had. We also have an Annual Budget Plan to arrange the financial plan by its year based on the condition and the need to meet adequate

Orthopaedics and Traumatology Specialist Programme

Orthopedics and Traumatology Specialist Programme has academical modules and skills lab inventories to refresh dan update the skills of the residents. Besides, we also send the residents to the network hospitals to improve their skills and also their independence. Every year, the orthopedic and traumatology department held an annual meetings to regulate budget plan for the following year. The Budget plan consists plan for education inventory (such as textbook, journal subscription, etc) and skills lab equipment, overseas study. And also we have an inventory list and updated annually and check for its condition. If some inventory is broken or needed for repair, we will ask for medical faculty for budget repair.

Criterion 6.4 Medical research and scholarship

ASIIN

The peers observe that the Faculty of Medicine adequately fosters the trainees' research activities by providing facilities, cases, and academic advice. In addition, the trainees have enough time for following their research ideas, which is confirmed by the trainees during the discussion with the peers. However, the peers note that the research activities at the Faculty of Medicine are not coordinated between the different departments and degree programmes. Each department follows its own agenda and instead of focusing the available resources on certain research topics that are relevant for Indonesia (e.g. Tuberculosis) the goal is to publish as many papers as possible. The peers point out that quality is more important than quantity. It would be more useful to pool all resources and to identify some main areas of research, to involve all departments and to include the staff members and trainees from the Master's programmes Tropical Medicine and Basic Medical Science. The goal should be to draft a master plan for the Faculty of Medicine in order to coordinate and focus the research activities across all departments.

Cluster B

ALL

In research conducted by the sixth specialist study programme always involves mentors from other departments. This is done so that the scope of research can be utilized by several research areas.

Every department creates a research agenda based on their specific interests, the development of medical specialties technology and the need for an Indonesian health care system. Every year, this agenda is reported to the faculty to be coordinated and funded by involving

another specialist to expand the scope by utilizing several research areas. So, in addition to quality, the quantity of research will increase as well.

Criterion 6.6 Educational exchanges

ASIIN

In summary, the peers confirm that the trainees of all involved departments have the opportunity for participating in educational exchange programmes. The peers commend the already existing international collaborations and encourage the Faculty of Medicine to further expand their international contacts and to send more trainees and staff members abroad.

Cluster B

ALL

The Faculty of Medicine always encourage and facilitate every staff and trainee to expand their international contact and involve in educational exchange programmes. As we reported before, each specialist study programme has carried out several exchanges both staff members and residents in the last 3 years according to the data attached in the appendix. Each specialist study program encourages staff members and residents to expand their international contacts and send more trainees and staff members abroad. Even the study program also supports by giving rewards to staff members and residents who carve achievements and sometimes help them with transportation and accommodation fees.

Criterion 7.3 Performance of students and graduates

ASIIN

After the audit, UNAIR provides additional information on the average length of studies in the specialist programmes. The peers note that in the Anaesthesiology and Intensive Therapy Specialist Programme and in the Paediatrics Specialist Programme trainees need several semesters more than expected to complete their studies. For this reason, the peers expect both departments to determine and analyse the reasons for the prolonged period of study (e.g. by interviewing trainees and graduates) in order to develop and implement suitable measures for overcoming the identified obstacles with the goal of reducing the average length of studies.

Anaesthesiology and Intensive Therapy Specialist Programme

Based on the Indonesian Anaesthesiology and Intensive Therapy College (Kolegium Anestesiologi dan Terapi Intensif Indonesia/KATI), the process of Specialist Programme lasts for 8 semesters. Also, Universitas Airlangga also applies a local content in the form of

a General Basic Course (Mata Kuliah Dasar Umum/MKDU) as an introduction to a specialist programme that lasts for 1 semester. So from the two basics, the Education process will be 9 semesters. But starting in 2017, the General Basic Course (Mata Kuliah Dasar Umum/MKDU) was changed to 10 weeks. Anaesthesiology and Intensive Therapy Specialist Program finally redesigned the curriculum to 8 semesters and included local content in General Basic Courses.

So the residents, who register before 2017, still have a 9-semester study period. Our strategies to deal with these are.

We recommend that residents start making their research proposals in the second year of their studies (at most in semester 4), so that they can complete their research and publish it on time.

Paediatrics Specialist Programme

After we did curriculum evaluation and interview the resident and graduates, we concluded that the reasons for a prolonged period of study are because the residents start making their research proposal in the third year of their studied (at most in semester 6-7), so they can't complete their research and publish it on time.

Based on that reason Specialist Programme in Paediatrics redesigned the curriculum to 7 semesters and the research proposal must be presented in the 3rd semester and chapter 2 of the proposal (literature review) must be presented in 2nd semester as a part of a mandatory scientific assignment.

Obstetrics and Gynaecology Specialist Programme

The problem in our department is almost similar, in which the planned program is 9 semesters, however, in our current system, it is impossible to finish the programme in 9 semesters. The stages that the residents undergo are finished in 9 months, in which the final thesis and case series presentation are only permitted to be performed after finishing all stages / levels, this makes after 9 semesters, there is still another waiting process until the paper can be presented, which further delays the end of the programme. This makes prolonged study possible.

Additional ASIIN Criteria

Criterion D 2.2 Work load and credits

ASIIN

The peers point out that it will be necessary to introduce (in addition to the described Indonesian system) a credit point system that is based on the trainees' total workload. It would be most useful to adopt the European Credit Transfer System (ECTS). In the ECTS, 25 - 30 hours of trainees' workload (including lecture hours and self-study hours) are equivalent to 1 ECTS credit. The peers stress that the trainees' total workload in hours also needs

to be indicated in the module descriptions and the distinction between classroom work and self-study should be made transparent.

Cluster B

ALL

Indonesian system is not using ECTS, we call it SKS (credit point). SKS are using for every higher education system in Indonesian, including the Medical specialist programme. But SKS is not represented working hours of workload in the medical specialist field. It is represented the weight of the subject, course or competency that must learn by the resident. So, SKS in the medical specialist field is not measured in time but by the weight of every subject, course or competency.

However, the arrangement of ECTS already set up by the trainees' total workload. One of the module descriptions has been calculated by lecture hours and self-study hours and adjusted by the 25-30 hours are equivalent to 1 ECTS credit. The new calculation of the trainee's workload available in the **Appendix 19-24**.

Criterion D 5.1 Module descriptions

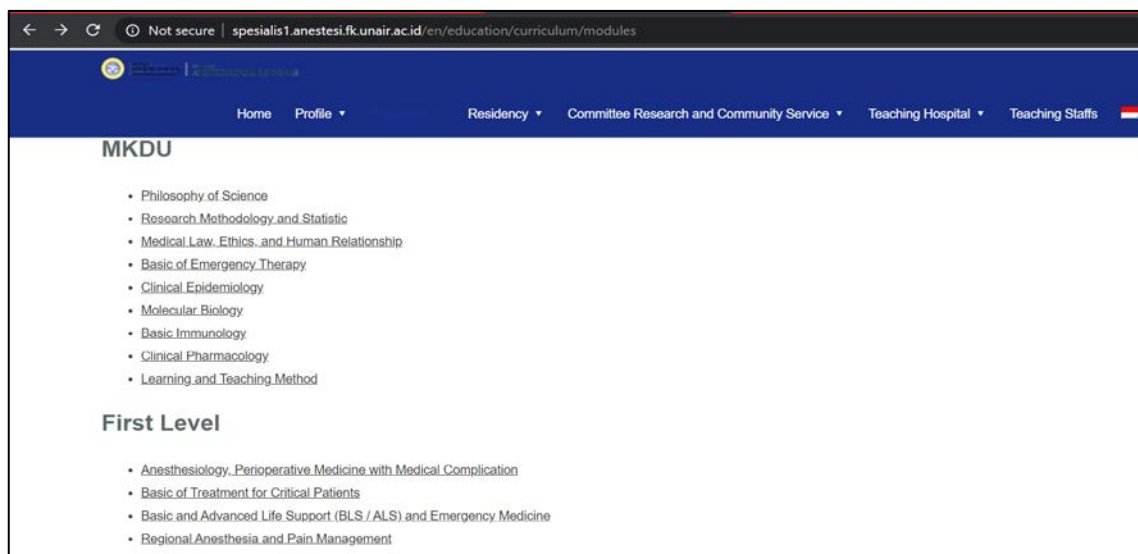
ASIIN

In addition, the peers point out that the awarded ECTS credits and the trainees' workload need to be consistent and verified (see criterion D 2.2). Furthermore, the peers expect UN-AIR to make the Indonesian as well as the English module descriptions available to all stakeholders, e.g. by publishing them on the Faculty's webpage. This is also relevant for the information about the specialist programmes (learning out-comes, study plan, etc.). These documents should also be available in English on the faculty's webpage

Cluster B

ALL

As the peers expect to make the English module descriptions available to all stakeholder by publishing them on the Faculty's webpage. All of the Specialists Study Programme already provided all of information in English. The peers can access the study programme websites to get the information about module descriptions in English. The picture below is one example of the module description that available in English as well.



Criterion D 5.2 Diploma and Diploma Supplement

ASIIN

The peers acknowledge that the trainees are awarded a Diploma Certificate and a Transcript of Records after graduation.

On the other hand, the peers note that no Diploma Supplement is awarded. They point out that each trainee should receive a Diploma Supplement shortly after graduation. The Diploma Supplement was introduced to inform about the structure and content of the respective degree programme. It must include a description of the academic career, the competences acquired during the studies, explain the qualification gained including the achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

In order to be able to rate the level of academic education and qualification from a study programme, the peers expect that all graduates be provided with a standardised Diploma Supplement that complies with the internationally accepted standards. They stress that a Diploma Supplement should be automatically issued together with UNAIR's diploma after graduation. The graduates benefit from this standardised document because this way their academic qualification is more easily recognised abroad, the description of their academic career and the competences acquired during their studies are included, and it offers them easier access to opportunities for work or further studies abroad. Graduates need to receive documentation explaining the qualification gained, including achieved learning outcomes and the context, level, content and status of the studies that were pursued and successfully completed.

Cluster B

ALL

Universitas Airlangga has implemented diploma supplements for bachelor and master programme. Homework for us to do advocacy in preparing diploma supplements for a specialist programme to meet the standard.

G Summary: Peer recommendations (22.05.2020)

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

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
Anaesthesiology and Intensive Therapy Specialist Programme	With requirements for one year		30.09.2025
Orthopaedics and Traumatology Specialist Programme	With requirements for one year		30.09.2025
Neurosurgery Specialist Programme	With requirements for one year		30.09.2025
Obstetrics and Gynaecology Specialist Programme	With requirements for one year		30.09.2025
Paediatrics Specialist Programme	With requirements for one year		30.09.2025
Clinical Microbiology Specialist Programme	With requirements for one year		30.09.2025

Requirements

- A 1. (WFME 3.1) Draft a guideline for the research activities to harmonise the criteria and requirements for the thesis for all specialties.
- A 2. (WFME 7.2) Close the feedback loops and inform the trainees about the results of the on-line teaching evaluations.
- A 3. (WFME 7.2) Develop and implement a system for systematically seeking feedback from teachers for further developing the specialist programme.
- A 4. (ASIIN 5.2) Issue a Diploma Supplement that contains detailed information about the educational objectives, intended learning outcomes, the structure and the academic

level of the degree programme as well as about the individual performance of the trainee.

Recommendations

- E 1. (WFME 2.5) It is recommend to change the wording in the guidebooks to clarify how cases of morbidity and mortality are handled.
- E 2. (WFME 2.5) It is recommend to give trainees direct contact with patients even in the first stage of the specialist programmes.
- E 3. (WFME 4.1) It is recommended that admission interviews are conducted by more than one teacher.
- E 4. (WFME 6.2) It is recommended to draft a master plan in order to coordinate and focus the research activities at the Faculty of Medicine.
- E 5. (WFME 6.4) It is recommended to determine, in which areas investment for updating and extending the physical facilities and technical equipment is necessary and to set out a time plan of when this will be implemented.

For the Specialist Programme Anaesthesiology and Intensive Therapy and the Specialist Programme Paediatrics

- E 6. (WFME 7.3) It is recommended to determine and analyse the reasons for prolonged studies and to develop and implement suitable measures for reducing the average length of studies.

H Comment of the Technical Committee 14 - Medicine (10.06.2020)

Assessment and analysis for the award of the ASIIN seal:

The degree programmes are the Indonesian version of a medical specialist training, but is based at the university and is carried out in the form of a study programme. The status of the "students", their designation and payment were key issues during the audit. As the "students" are all licensed medical doctors, they should better be called "trainees". The technical equipment is in need of improvement in many areas and should not be equated with German standards. The peer group noticed that there is little cooperation between the individual departments and that a bundling of resources would be very useful here, as would a standardisation of the criteria for research papers and final theses. The university has already improved some points, but there are still four requirements and six recommendations left. The expert committee agrees with the proposals of the peer group.

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

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
Anaesthesiology and Intensive Therapy Specialist Programme	With requirements for one year		30.09.2025
Orthopaedics and Traumatology Specialist Programme	With requirements for one year		30.09.2025
Neurosurgery Specialist Programme	With requirements for one year		30.09.2025
Obstetrics and Gynaecology Specialist Programme	With requirements for one year		30.09.2025
Paediatrics Specialist Programme	With requirements for one year		30.09.2025
Clinical Microbiology Specialist Programme	With requirements for one year		30.09.2025

I Decision of the Accreditation Commission (26.06.2020)

Assessment and analysis for the award of the ASIIN seal:

The Accreditation Commission discusses the procedure and decides to change requirement A 1 into a recommendation, because the university is not obliged to coordinate its research activities between the different departments. Otherwise, the AC agrees with the proposed requirements and recommendations.

The Accreditation Commission for Degree Programmes decides to award the following seals:

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
Anaesthesiology and Intensive Therapy Specialist Programme	With requirements for one year		30.09.2025
Orthopaedics and Traumatology Specialist Programme	With requirements for one year		30.09.2025
Neurosurgery Specialist Programme	With requirements for one year		30.09.2025
Obstetrics and Gynaecology Specialist Programme	With requirements for one year		30.09.2025
Paediatrics Specialist Programme	With requirements for one year		30.09.2025
Clinical Microbiology Specialist Programme	With requirements for one year		30.09.2025

Requirements

For all degree programmes

- A 1. (WFME 7.2) Close the feedback loops and inform the trainees about the results of the on-line teaching evaluations.
- A 2. (WFME 7.2) Develop and implement a system for systematically seeking feedback from teachers for further developing the specialist programme.
- A 3. (ASIIN 5.2) Issue a Diploma Supplement that contains detailed information about the educational objectives, intended learning outcomes, the structure and the academic level of the degree programme as well as about the individual performance of the trainee.

Recommendations

For all degree programmes

- E 1. (WFME 3.1) It is recommended to better coordinate the research activities between the different departments and to harmonise the criteria and requirements for the thesis for all specialties
- E 2. (WFME 2.5) It is recommend to change the wording in the guidebooks to clarify how cases of morbidity and mortality are handled.
- E 3. (WFME 2.5) It is recommend to give trainees direct contact with patients even in the first stage of the specialist programmes.
- E 4. (WFME 4.1) It is recommended that admission interviews are conducted by more than one teacher.
- E 5. (WFME 6.2) It is recommended to draft a master plan in order to coordinate and focus the research activities at the Faculty of Medicine.
- E 6. (WFME 6.4) It is recommended to determine, in which areas investment for updating and extending the physical facilities and technical equipment is necessary and to set out a time plan of when this will be implemented.

For the Specialist Programme Anaesthesiology and Intensive Therapy and the Specialist Programme Paediatrics

- E 7. (WFME 7.3) It is recommended to determine and analyse the reasons for prolonged studies and to develop and implement suitable measures for reducing the average length of studies.

Appendix: Programme Learning Outcomes and Curricula

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Anaesthesiology and Intensive Therapy Specialist Programme:

“A. Department of Anaesthesiology and Reanimation

1. Graduates are able to develop personal attitudes in accordance with ethics and professional ethics in the field of Anaesthesiology and Intensive Therapy
2. Graduates have competence in Anaesthesiology and Intensive Therapy based on the latest scientific developments.
3. Graduates are able to perform services based on the latest technological developments
4. Graduates are able to solve problems arise in community related to Anaesthesiology and Intensive Therapy
5. Graduates have abilities to manage special cases along with the progress of medical science
6. Graduates have ability to do multidisciplinary collaboration”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration

Anaesthesiology and Intensive Therapy Specialist Program Study

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Semester 1: Basic and General Lesson (Stage I - Red)							
1	PHK601	Philosophy of Science		2			2
2	PNK695	Research Methodology and Statistic		2			2
3	ETK601	Medical Law, Ethics, and Interpersonal Relationship		2			2
4	KDG601	Basic of Emergency Therapy		2			2
5	KME633	Clinical Epidemiology		2			2
6	BIS604	Molecular Biology		2			2
7	BII604	Basic Immunology		2			2
8	FAT615	Clinical Pharmacology		2			2
9	EDK601	Learning and Teaching Method		2			2
AIT-PS							
No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
10	KDAxxx	Anesthesiologi, Perioperative Medicine with Medical Complication	1,2,3,5,6,7,28,29,31	2,5			2,5
11	KDAxxx	Basic of Treatment for Critical Patients	1,2,3,5,6,7,13,14,31	1			1
12	KDAxxx	Basic and Advanced Life Support (BLS / ALS) and Emergency Medicine	1,2,3,5,6,21	1			1
13	KDAxxx	Regional Anesthesia and Pain Management	4,9,10	1,5			1,5
Study Loads of Semester 1							24

0 Appendix: Programme Learning Outcomes and Curricula

Semester 2, 3, 4 (Stage II - Yellow)							
Semester 2							
14	KDAxxx	Fluid Therapy and Acid-Base Balance	1,2,3,5,6	1			1
15	KDAxxx	Perioperative Anesthesia and Management of Critical Neonatal and Pediatric Patients	13,14,31,32,33	1			1
16	KDAxxx	Mechanical Ventilation and Respiration Disorder	1,2,3,13,14	1			1
17	KDAxxx	Management of Perioperative Arrhythmia	5,6,28,29	1			1
18	KDAxxx	Neonatal and Pediatric Advance Life Support (NLS/PALS)	31,32,33	1			1
19	KDAxxx	Basic Anesthesiology	1,2,3,4,5,6,7,8,9,30,31			2	2
20	KDAxxx	Regional Anesthesia	1,2,3,5,6,7,9,10,17,18,31			2	2
21	KDAxxx	Basic Emergency and Disaster Medicine	7,11,12,19,21,23,28,29,31			3	3
22	KDAxxx	Basic Gynaecology Anesthesia	1,2,3,4,5,6,7,8,9,10,20,25,26,31			2	2
23	KDAxxx	Basic Emergency Anesthesia	1,2,3,4,5,6,7,8,9,10,11,12,19,21,28,29,31			3	3
24	KDAxxx	Basic Critical Care	4,7,11,12,13,14,19,21,23,28,29,31,32			4	4
Semester 3							
25	KDAxxx	Orthopedic Anesthesia	1,2,3,4,5,6,7,8,9,10,11,12,17,18,28,29,31,34			2	2
26	KDAxxx	Applied Basic Critical Care	4,13,14,21,23,28,29,31,32,34,35			4	4
27	KDAxxx	Advanced Gynaecology Anesthesia	4,5,6,7,8,9,10,20,25,26,28,29,31			2	2

0 Appendix: Programme Learning Outcomes and Curricula

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
28	KDAxxx	Geriatric Anesthesia and Basic Urology	1,2,3,4,5,6,8,9,10,27,28,29,31,34			2	2
29	KDAxxx	Basic Pain Management	4,7,9,10,22,23,28,29,31,34			6	6
30	KDAxxx	Basic Ear Nose Throat - Head and Neck Surgery Anesthesia	1,2,3,4,5,6,7,8,15,16,24,28,29,30,31,34			2	2
31	KDIxxx	Basic Anesthesiology and Intensive Care Symposium	31,37		2		2
Semester 4							
32	KDAxxx	Basic Obstetric Anesthesia	4,5,6,7,8,9,10,25,26,31,32			2	2
33	KDAxxx	Intermediate Anesthesiology	1,2,3,4,5,6,7,8,9,20,24,30,31,34			2	2
34	KDAxxx	Basic Pediatric Anesthesia	4,5,6,7,8,9,10,31,32,33			2	2
35	KDAxxx	Intermediate Critical Care	4,11,12,13,14,19,21,23,28,29,31,32,34,35			4	4
36	KDAxxx	Intermediate Emergency Anesthesia	4,5,6,8,9,10,11,12,19,21,28,29,31,32,33			3	3
37	KDAxxx	Intermediate Emergency Medicine and Disaster	11,12,19,21,23,28,29,31,32,33			3	3
38	KDIxxx	Intermediate Anesthesiology and Intensive Care Symposium	31,37		2		2
Study Loads of Semester 2, 3, 4							59
Semester 5, 6, 7, 8 (Stage III - Green)							

0 Appendix: Programme Learning Outcomes and Curricula

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Semester 5							
39	KDAxxx	Advance Obstetric Anesthesia	4,5,6,8,9,10,13,14,25,26,31,32			2	2
40	KDAxxx	Advance Pediatric Anesthesia	4,8,9,10,13,14,31,32,33			3	3
41	KDAxxx	Advance Critical Care	4,13,14,23,28,29,31,32,33,35,36,38,39			4	4
42	KDAxxx	Advance Geriatric and Urology Anesthesia	1,2,3,4,5,6,27,28,29,31,34			2	2
43	KDAxxx	One Day Care Anesthesia	4,5,6,22,23,28,29,31,34			4	4
44	KDIxxx	Advance Anesthesiology and Intensive Care Symposium	31,37		2		2
Semester 6							
45	KDAxxx	Advance Pain Management	4,5,6,7,9,10,22,23,28,29,31			4	4
46	KDAxxx	Advance Anesthesiology	4,5,6,7,8,20,23,24,28,29,30,31			2	2
47	KDAxxx	Advance Ear Nose Throat - Head and Neck Surgery Anesthesia	4,5,6,7,8,15,16,24,28,29,30,31,34			2	2
48	KDAxxx	Advance Emergency Medicine and Disaster	11,12,19,21,23,28,29,31,32,33			3	3
49	KDAxxx	Ambulatory Anesthesia	4,5,6,7,20,21,22,23,28,29,31,32,34			2	2
50	KDAxxx	Basic Neurosurgical and Spine Anesthesia	4,5,6,17,18,20,28,29,30,31,34,35,36			2	2

0 Appendix: Programme Learning Outcomes and Curricula

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Semester 7							
51	KDAxxx	Critical Care Lanjut Terapan	4,13,14,23,28,29,31,32,34,35,36,38,39			5	5
52	KDAxxx	Cardio-Thorac-Vascular Anesthesia	4,5,6,19,20,21,23,28,29,31,38,39			2	2
53	KDAxxx	Advance Neurosurgical and Spine Anesthesia	20,28,29,30,31,32,33,34,35,36			2	2
54	KDAxxx	Advance Emergency Anesthesia	7,11,12,15,16,19,21,28,29,31,32,33,35,36			3	3
Semester 8							
55	KDIxxx	Clinical Anesthesiology Study	31,37			2	2
56	KDIxxx	Disaster Management	4,11,12,19,21,22,23,31		2	1	3
57	KDIxxx	Research	31,37		2	6	8
58	KDIxxx	Clinical Management	4,11,12,19,21,22,23,31		1	3	4

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Orthopaedics and Traumatology Specialist Programme:

“B. Department of Orthopaedics and Traumatology

1. Graduates possess knowledge and skills in giving comprehensive community service promotively, preventively, curatively, and in a rehabilitative way so that the best quality of service is obtained based on patient’s holistic needs in a physical, mental, and physical way. This service must be given in an integrational, complementing, and sustainable way
2. Graduates have the capability to overcome any problems or situations in the orthopaedic field by interacting or conducting discussions between colleagues in interdisciplinary or multidisciplinary professions to be able to take an initiative and the best policy in individual or the general community health.
3. Graduates have a role in deciding the procedures of medical services according to the guidelines to achieve the best result of therapy without ignoring the possible risks. The decision taken must be considered either in a planned situation or emergency /conflict.
4. Graduates have the ability to think innovatively in the field of science, technology, and recent information that are being implemented in a form of research and its development to give advantageous scientific contributions in the orthopaedic and traumatology field.
5. Graduates have a primary role in delivering promotive and educative healthcare information in the orthopaedic field to individuals, families, and other healthcare providers to enhance healthcare quality.
6. Graduates have an ability in the field of knowledge and skills that are applicable in the orthopaedic medical services that are based on ethics, morals, and medical laws.”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration
Orthopedic and Traumatology Specialist Program Study

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Semester 2: Pre-Surgery & Basic Surgery(Stage 1 – Red)							
10	KDB604	Basic Trauma and Intensive Care		2	1		3
11	KDB605	Basic Science and Management of Surgical Infections		2	1		3
12	KDC604	Basic Science and Management of Neoplasm		1	1		2
13	KDB606	Basic Science and Management of Degenerative Diseases in Surgery		1	1		2
14	KDB607	Basic Science and Management of Congenital Diseases in Surgery		1	1		2
15	KDB608	Diagnostic Basic for Surgical Support		2			2
Study Loads of Semester 2							24
Semester 3: Basic Orthopaedic(Stage 1 – Red)							
16	KDQ602	Basic Orthopaedic			10	6	16
17	KDQ703	Emergency in Orthopaedic			4	4	8
Study Loads of Semester 3							24
Semester 4: Advanced Orthopaedic 1 (Stage 2 - Yellow)							
18	KDQ704	Lower Extremity Trauma 1			4	4	8
19	KDQ705	Upper Extremity Trauma 1			5	5	10
20	KDM702	Infection and Inflammation			3	3	6
Study Loads of Semester 4							24
Semester 5: Advanced Orthopaedic 1 (Stage 2 - Yellow)							
21	KDQ706	Lower Extremity Trauma 2			4	5	9
22	KDQ707	Upper Extremity Trauma 2			4	5	9
23	KDQ708	Spine Trauma			3	3	6
Study Loads of Semester 5							24
Semester 6: Advanced Orthopaedic 1 (Stage 2 - Yellow)							
24	KDP715	Pediatric Trauma			3	4	7

0 Appendix: Programme Learning Outcomes and Curricula

No.	Subjects		Module Number	Study Loads (Credit)			
	Code	Title		Lecture	Tutorial	Practical Activity	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
25	KDQ709	Sport Injury			2	3	5
Study Loads of Semester 6							12
Semester 6: Advanced Orthopaedic 2 (Stage 2 - Yellow)							
26	KDC704	Muskuloskeletal Tumor			3	4	7
27	KDD702	Metabolic & Endokrin Disorders			2	3	5
Study Loads of Semester 6							12
Semester 7: Advanced Orthopaedic 2 (Stage 2 - Yellow)							
28	KDQ710	Elective Upper Extremity 1			4	5	9
29	KDQ711	Pediatric Orthopaedic 1			4	5	9
30	KDQ712	Degenerative Orthopaedic & Geriatry			3	3	6
Study Loads of Semester 7							24
Semester 8: Advanced Orthopaedic 2 (Stage 2 - Yellow)							
31	KDQ719	Elective Lower Extremity 1			4	5	9
32	KDQ715	Elective Upper Extremity 2			4	4	8
33	KDQ713	Elective Spine			3	4	7
Study Loads of Semester 8							24
Semester 9: Advanced Orthopaedic 2 (Stage 2 - Yellow)							
34	KDQ718	Elective Upper Extremity 3			3	4	7
35	KDQ720	Elective Lower Extremity 2			3	4	7
36	KDQ721	Pediatric Orthopaedic 2			3	3	6
37	KDQ702	Physical Medicine & Rehabilitation			4		4
Study Loads of Semester 9							24
Semester 10: Chief (Stage 3 - Green)							
38	MNK701	Clinic Management				10	10
39	PNK698	Thesis Proposal			2		2
34	PNK699	Thesis			6		6
Study Loads of Semester 10							18

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Neurosurgery Specialist Programme:

“C. Department of Neurosurgery

1. Graduates who are competent, qualified, and having entrepreneurial spirit as a result of student- centred learning method and long life learning principle in order to manage brain, spine, and nerve peripheral system problem and to improve the community health level based on morality.
2. Graduates who are reliable in conducting basic neurosurgery, public health, and applied neurosurgery researches both independently and through joint researches which are oriented to the principle of giving benefits and compliance to uphold the morality and intellectual property rights.
3. Graduates who are capable to empower the communities to be able to identify and formulate the health problem which are related to general condition and/or brain, spine, and nerve peripheral function and to be able to apply the appropriate and useful technology for strategic planning in solving brain, spine, and nerve peripheral system problems as a part of human health as a whole. Furthermore, the activity can be used as a basis to improve public health status.”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration

Neurosurgery Specialist Program Study

Code			Subjects	Year	Semester	Study Loads (Credit)	ECTS
Semester 2- 3 (Basic Surgery) Stage I							
1	S	KDB604	Basic Trauma and Intensive Care	1	2	3	4.51
2	S	KDB605	Basic Science and Management of Infections in the field of Surgery	1	2	3	4.51
3	S	KDC604	Basic Science and Managements of Neoplasma	1	2	2	3.19
4	S	KDB606	Basic Science and Managements of Degenerative Diseases in the Field of Surgery	1	2	2	3.19
5	S	KDB607	Basic Science and Managements of Congenital Abnormality in the Field of Surgery	2	3	2	3.19
6	S	KDB608	Basic Surgical Supporting Diagnostics	2	3	2	2.64
7	S	PNK698	Thesis Proposal	2	3	2	3.19
8	S	KDB704	Trauma Management and Intensive Care	2	3	7	15.20
Semester 4-5 (Basic Neurosurgery) Stage II							
9	S	KDN787	Neurotrauma I	2	4	7	12.27
10	S	KDN785	Basic Neurology	2	4	5	6.13
11	S	KDN608	Neuroradiology	2	4	2	0.27
12	S	KDN788	Neurotrauma II	3	5	8	15.60
13	S	KDB748	Intregated Basic Surgery I	3	5	5	14.00
Semester 6-9 (Advance Neurosurgery) Stage II							
14	S	KDN779	Paediatric Neurosurgery I and Central Nervous System Infection I	3	6	7	6.13

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Code			Subjects	Year	Semester	Study Loads (Credit)	ECTS
15	S	KDN781	Spine and Peripheral Neurosurgery I	3	6	8	6.13
16	S	KDN777	Oncologic Neurosurgery I	4	7	8	9.20
17	S	KDN773	Neurovascular Surgery I	4	7	8	6.13
18	S	KDB749	Integrated Neurosurgery II	4	7	2	14.00
19	S	KDN780	Paediatric Neurosurgery I and Central Nervous System Infection II	4	8	8	9.20
20	S	KDN782	Spine and Peripheral Neurosurgery I	4	8	8	9.20
21	S	KDN778	Oncologic Neurosurgery I	4	8	8	9.20
22	S	KDN774	Neurovascular Surgery II	5	9	8	6.13
23	S	KDB750	Integrated Neurosurgery III	5	9	2	14.00
Semester 10 (Advance Neurosurgery) Stage II							
24	S	KDN784	Comprehensive Emergency Neurosurgery	5	10	5	14.00
25	S	KDN610	Scientific Paper/Case Report II	5	10	2	8.00
26	S	KDN775	Functional Neurosurgery	5	10	4	6.13
27	S	PNK699	Research/ Final Paper/ Research and Thesis	6	11	6	14.00
Semester 11 (Chief Resident) (Stage III)							
28	S	KDN776	Bedah Saraf Managerial/Final Course of Neurosurgery (Chief Resident)	6	11	5	14.00

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Obstetrics and Gynaecology Specialist Programme:

“D. Department of Obstetrics and Gynaecology

1. Graduates are able to think, reason, and act scientifically, logically, critically, creatively, ethically, and morally as an Obstetric and Gynaecologic Specialist.
2. Graduates are able to use their knowledge as Obstetric and Gynaecologic Specialist and to develop knowledge through research and analysis in accordance with the development of science and technology.
3. Graduates are able and competent in acting and use their knowledge in line with the skills of Obstetric and Gynaecologic Specialist.
4. Graduates are able and competent in specific skills in Obstetric and Gynaecologic Specialist Study Programme.”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration
Obstetric and Gynecology Specialist Program Study

NO	Specialist Competences		Year	Semester	Credit	Ects	Ects
BASIC STAGE 2 nd – 4 th SEMESTER							
SEMESTER 2 nd							
10	KDK704	Basic Clinical Skills I	1	2	2	4.48	3.73
12	KDB705	Primary Surgical Skills I	1	2	4	8.96	7.47
13	KDO744	Antenatal Care I, Labor Care I, Childbirth and Neonatal Care I	1	2	3	6.72	5.60
14	KDO709	Abnormal Labor Care I, Early Pregnancy Care I	1	2	2	4.48	3.73
15	KDO601	Obstetric Introduction Reproductive Health I, Gynecology Oncology I, Social Obstetric Gynecology I	1	2	2	4.48	3.73
SEMESTER 3 rd							
17	KDK709	Basic Clinical Skills II	2	3	4	8.96	7.47
18	KDB706	Primary Surgical Skills II	2	3	4	8.96	7.47
19	KDO603	Antenatal Care II and Early Pregnancy Management II	2	3	2	4.48	3.73
20	KDO745	Labor Care II	2	3	2	4.48	3.73
21	KDO711	Abnormal Labor Care II	2	3	4	8.96	7.47
22	KDO706	Childbirth and Neonatal Care II	2	3	2	4.48	3.73
23	KDO716	Integrated Obgyn I	2	3	2	4.48	3.73
24	KLK701	Obstetric Gynecology 1	2	3	2	4.48	3.73
SEMESTER 4 th							
25	KDB702	Post surgery care I	2	4	2	4.48	3.73
26	KDB713	Gynecology Surgery Procedure I	2	4	3	6.72	5.60
27	KDO704	Antenatal Care III	2	4	2	4.48	3.73
28	KDO723	Fetomaternal Medicine I	2	4	2	4.48	3.73

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NO	Specialist Competences		Year	Semester	Credit	Ects	Ects
29	KDO712	Abnormal Labor Care III	2	4	3	6.72	5.60
30	KDO707	Childbirth and Neonatal Care III	2	4	2	4.48	3.73
31	KDO729	Reproductive Health II	2	4	3	6.72	5.60
32	KDO717	Integrated Obgyn II	2	4	2	4.48	3.73
33	KDO718	Integrated Obgyn III	2	4	2	4.48	3.73
34	KLK702	Obstetric Gynecology 2	2	4	2	4.48	3.73
ENRICHMENT STAGE (5th – 8th SEMESTER)							
SEMESTER 5th							
35	KDB703	Post surgery care II	3	5	2	2.80	2.33
36	KDB715	Gynecology Surgery Procedure II	3	5	4	5.60	4.67
37	KDO746	Antenatal Care IV	3	5	2	2.80	2.33
38	KDO724	Fetomaternal Medicine II	3	5	4	8.96	7.47
39	KDO615	Abnormal Labor Care IV	3	5	2	4.48	3.73
40	KDO747	Childbirth and Neonatal Care IV	3	5	2	4.48	3.73
41	KDO719	Integrated Obgyn IV	3	5	2	4.48	3.73
42	KDO720	Integrated Obgyn V	3	5	2	4.48	3.73
43	KDO703	Obstetric Gynecology 3	3	5	2	4.48	3.73
SEMESTER 6th							
44	KDO606	Gynecology Surgery Procedure III	3	6	2	4.48	3.73
45	KDO730	Gynecology Problems I	3	6	4	8.96	7.47
46	KDO721	Integrated Obgyn VI	3	6	4	5.60	4.67
47	KDO722	Integrated Obgyn VII	3	6	4	5.60	4.67
48	KLK704	Obstetric Gynecology 4	3	6	2	4.48	3.73
SEMESTER 7th							
49	KDB725	Gynecology Surgery Procedure IV	4	7	4	6.72	5.60
50	KDO725	Fetomaternal Medicine III	4	7	4	6.72	5.60
51	KDO731	Gynecology Problems II	4	7	2	4.48	3.73
52	KDC703	Gynecology Oncology II	4	7	2	3.36	2.80

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NO	Specialist Competences		Year	Semester	Credit	Ects	Ects
53	KDO748	Obgyn Integrated VIII	4	7	4	6.72	5.60
54	KDO749	Obgyn Integrated IX	4	7	4	6.72	5.60
55	KLK705	Obstetric Gynecology 5	4	7	2	4.48	3.73
SEMESTER 8th							
58	KDB727	Gynecology Surgery Procedure V	4	8	4	8.96	7.47
59	KDO740	Subfertility I	4	8	2	4.48	3.73
60	KDO617	Reproductive Health II	4	8	2	4.48	3.73
61	KDO750	Gynecology Oncology III	4	8	2	4.48	3.73
62	KDO742	Urogynecology I	4	8	2	4.48	4.48
63	KDO764	Proposal Clinical Pathological Conference	4	8	2	4.48	3.73
64	KDO752	Integrated Obgyn X	4	8	4	8.96	7.47
65	KDO753	Integrated Obgyn XI	4	8	4	8.96	7.47
66	KLK706	Obstetric Gynecology 6	4	8	2	4.48	3.73
INDEPENDENT STAGE (9th SEMESTER)							
SEMESTER 9th							
67	KDB704	Post surgery care III	5	9	4	8.96	7.47
68	KDB729	Gynecology Surgery Procedure VI	5	9	4	8.96	7.47
69	KDO726	Fetomaternal Medicine IV	5	9	2	4.48	3.73
70	KDO732	Gynecology Problems III	5	9	2	4.48	3.73
71	KDO741	Subfertility II	5	9	2	4.48	3.73
72	KDO754	Reproductive Health III	5	9	2	4.48	3.73
73	KDO751	Gynecology Oncology IV	5	9	2	4.48	3.73
74	KDO743	Urogynecology II	5	9	2	4.48	3.73
75	KDO755	Obstetric Gynecology II	5	9	2	4.48	3.73
76	KDO756	Obstetric Gynecology 7	5	9	2	4.48	3.73
77	KDO757	Integrated Obgyn XII	5	9	4	8.96	7.47
78	KDO758	Integrated Obgyn XIII	5	9	4	8.96	7.47
					188	388.43	324.35

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Paediatrics Specialist Programme:

“E. Department of Paediatrics

1. Graduates who are able to provide complete specialist health services (promotive, preventive, curative, rehabilitative)
2. Paediatrician who can practice medicine especially in the field of child health science to the community optimally
3. Paediatrician who are able to act as a researcher and always strive to improve the ability of his professional duties independently
4. Paediatrician who can act as a planner, organizer, coordinator, and conduct evaluations to achieve the goal of improving Indonesian children’s health and welfare.”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration
Pediatric Medical Specialist Program Study

Study Load						
General Specific Skills			Year	Semester	Credit	ECTS
No	Code	Subject				
1	PHK601	Philosophy of Science	1	1	2	2.64
2	PNK695	Research and Statistics Methodology	1	1	2	2.64
3	BIS604	Molecular Biology	1	1	2	2.64
4	BII604	Clinical Immunology	1	1	2	2.64
5	FAT615	Clinical Pharmacology	1	1	2	2.64
6	KME633	Clinical Epidemiology	1	1	2	2.64
7	ETK601	Medical Law Ethics	1	1	2	2.64
8	KDG601	Basic Emergency Life Saving	1	1	2	2.64
9	EDK601	Teaching Method	1	1	2	2.64
6	KME633	Clinical Epidemiology	1	1	2	2.64
7	ETK601	Medical Law Ethics	1	1	2	2.64
8	KDG601	Basic Emergency Life Saving	1	1	2	2.64
9	EDK601	Teaching Method	1	1	2	2.64
JUNIOR LEVEL						
10	KDP610	Basic Growth and Development	1	1	2	2.64
11	BIK617	Electrolytes, water and acid-base balance for pediatric	1	1	2	2.64
12	KME634	Child health epidemiology	1	1	2	2.64
13	FAT616	Antimicrobial in pediatric	1	1	2	2.64
14	NUP601	Clinical nutrition in pediatric	1	1	2	2.64
15	BIG612	Clinical genetics	1	1	2	2.64

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Study Load						
General Specific Skill			Year	Semester	Credit	ECTS
No	Code	Subject				
16	KDP719	Integrated pediatric (shift) 1	1 – 2	1 – 3	2	2.78
17	BII703	Immunologic allergy 1	1 – 2	1 – 3	2	3.58
18	KDD711	Gastro-Hepatology 1	1 – 2	1 – 3	2	3.58
19	BIE701	Endocrinology 1	1 – 2	1 – 3	2	3.58
20	NUD702	Nutrition & Metabolic Disease 1	1 – 2	1 – 3	2	3.58
21	KDC718	Hemato-Oncology 1	1 – 2	1 – 3	2	3.58
22	KDH733	Child Cardiology 1	1 – 2	1 – 3	2	3.58
23	KDU709	Nephrology 1	1 – 2	1 – 3	2	3.58
24	KDN703	Neurology 1	1 – 2	1 – 3	2	3.58
25	KDL711	Respirology 1	1 – 2	1 – 3	2	3.58
26	KDM703	Infection-tropical disease 1	1 – 2	1 – 3	2	3.58
27	KDP706	Neonatology 1	1 – 2	1 – 3	2	3.58
28	KDP727	Growth and development 1	1 – 2	1 – 3	2	3.58
29	KDP613	Journal appraisal 1	1	2	1	0.53
30	KDP623	Literature review 1	1	2	2	4.80
MID LEVEL						
31	BII704	Immunology allergy 2	2 – 3	3 – 6	2	3.58
32	KDD719	Gastro-Hepatology 2	2 – 3	3 – 6	3	4.93
33	BIE702	Endocrinology 2	2 – 3	3 – 6	2	3.58
34	NUD703	Nutrition and metabolic disease 2	2 – 3	3 – 6	2	3.73
35	KDC719	Hemato-Oncology 2	2 – 3	3 – 6	2	3.73
36	KDH734	Child cardiology 2	2 – 3	3 – 6	2	3.73
37	KDU710	Nephrology 2	2 – 3	3 – 6	2	3.73
38	KDN705	Neurology 2	2 – 3	3 – 6	2	3.73
39	KDL712	Respirology 2	2 – 3	3 – 6	2	3.73
40	KDM706	Infection-tropical disease 2	2 – 3	3 – 6	2	3.73

Study Load						
General Specific Skill						
No	Code	Subject	Year	Semester	Credit	ECTS
41	KDP707	Neonatology 2	2 – 3	3 – 6	2	3.58
42	KDP728	Growth and development 2	2 – 3	3 – 6	2	3.73
43	KDP704	Pediatric emergency 1	2 – 3	3 – 6	2	3.58
44	KDR751	Child imaging	2 – 3	3 – 6	2	3.58
45	KDP720	Integrated pediatric (shift) 2	2 – 3	3 – 6	2	2.78
46	KDP614	Journal appraisal 2	2	3	1	0.53
47	PNK698	Proposal Thesis	2	3	2	3.33
48	KDP735	Problem Case	2	4	1	1.07
49	KDP735	Death Case	2	4	1	1.07
50	KDP615	Journal appraisal 3	2	4	1	0.53
51	KDP624	Literature Review 2	2	4	2	4.80
52	KDP616	Journal appraisal 4	3	5	1	0.53
53	KDP729	Case Report	3	5	1	1.07
SENIOR LEVEL						
54	KDP708	Neonatology 3	3 – 4	6 – 7	4	7.47
55	KDP705	Pediatric emergency 2	3 – 4	6 – 7	6	11.20
56	KKK701	Independent practice in out patient clinic	3 – 4	6 – 7	1	2.67
57	KKK702	Rotation in networking hospital	3 – 4	6 – 7	1	2.67
58	KDP720	Integrated pediatric (shift) 3	3 – 4	6 – 7	2	3.33
59	PNK799	Professional research	3	6	4	6.40
60	PNK698	Thesis	4	7	6	9.60
61	KDP736	Longitudinal Case Report	4	7	2	4.80

According to the Self-Assessment Report, the following **objectives** and **learning outcomes (intended qualifications profile)** shall be achieved by the Clinical Microbiology Programme:

“F. Department of Clinical Microbiology

At the end of the program residents of the Specialist Programme in Clinical Microbiology will be able to get competence in the field of Specialist competencies and Social competencies. Specialist competencies consist of General courses and Specialist courses. Specialist courses are expressed in the curriculum :

1. Graduate are able to manage cases of infectious diseases through handling patient specimens according to standard procedures, and interpret the results of microbiological examinations appropriately
2. Graduate are able to analyze epidemiological data in the hospital and in the people's community with a sense of responsibility / motivated, ethical, communicative, coordinative/cooperative, and independent
3. Graduate are able to perform conventional and up-to-date microbiologic checks. Graduate are able to care together with fellow clinicians in handling infectious patients with a sense of responsibility
4. Graduate are able to conduct basic research, clinical research, & epidemiological research that meets academic and ethical requirements for the control of infectious diseases and the resistance of microorganisms to antimicrobials continuously, both in hospitals and in the community”

The following **curriculum** is presented:

Curriculum Structure Composition and Duration

Clinical Microbiology Specialist Program Study

No.	Subject Code	Subject	Module	Credit Points			Competence	
				L	P	Σ	Element	Type
2 nd Semester		Basics of Microbiology						
1	KDM717	General Microbiology	1	2	1	3	MKK	Main
2	BII 09	Immunology of Infection/Clinic		2	1	3	MKK	Main
3	KDM715	Microbiology of Special Environments	1, 2	1	1	2	MKK	Main
4	KDM716	Diagnostic Medical Microbiology	1	1	1	2	MKK	Main
Total of the 2 nd Semester's Credit Points				6	4	10		
3 rd Semester		Clinical Science of Microbiology						
5	KDM725	Clinical Bacteriology	1, 2	2	1	3	MKK	Main
6	KDM726	Clinical Virology		2	1	3	MKK	Main
7	KDM727	Clinical Mycology	1, 2	2	1	3	MKK	Main
8	KDM728	General Infection Problems		1	1	2	MKK	Main
9	KME704	Epidemiology of Infectious Disease		1	1	2	MKK	Main
10	PNK698	Thesis Proposal			2	2	MKK	Main
Total of the 3 rd Semester's Credit Points				8	7	15		
4 th Semester		Clinical Microbiology Laboratory Management						
11	FIA701	Laboratory Instrumentation	1	1	1	2	MKK	Main
12	KDM729	Management of Clinical Microbiology Lab Examinations		1	1	2	MKK	Main
13	KDM730	Arrangement and Development of Clinical Microbiology Laboratory		1	1	2	MKK	Main

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14	KDM731	Methodology of Microbial Examinations		1	1	2	MKK	Main
15	KDK772	Interpretation of a Laboratory Examination's Results and its Clinical Application		1	1	2	MKK	Main
16	PNK699	Research and Writing the Thesis			6	6	MKK	Main
Total of the 4 th Semester's Credit Points				5	11	16		
	5 th Semester	Special Clinical Knowledge						
17	KDM732	Nosocomial Infection			2	2	MBB	Supplementary
18	KDI703	Infection Problems in Internal Medicine: Clinic Stage	3, 5, 6, 7, 13, 19		3	3	MBB	Supplementary
19	KDI701	Infection Problems in Pediatrics: Clinic Stage	9, 10, 11, 15		2	2	MBB	Supplementary
20	KDI702	Infection Problems in Surgery: Clinic Stage	4, 8, 12, 16, 17, 18		4	4	MBB	Supplementary
21	KDI704	Infection Problems in Obs & Gyn: Clinic Stage	14		4	4	MBB	Supplementary
Total of the 5 th Semester's Credit Points					15	15		
	6 th Semester	Management of Infection Patients and Scientific Activities						
22	KDI705	Clinical Consultation			2	2	MKK	Main
23	KDI706	Integrated Clinical Microbiology			2	4	MKK	Main
24	PNK698	Thesis Proposal			2	2	MKK	Main
Total of the 6 th Semester's Credit Points					6	8		
	7 th Semester	Thesis Writing						
25	PNK699	Research and Writing the Thesis			4	4	MKK	Main
Total of the 7 th Semester's Credit Points					4	4		
Sum of Credit Points from the 1 st Semester to the 7 th				37	47	86		