



ASIIN Seal

Accreditation Report

Bachelor of Medicine leading to Medical Doctor Programme

Specialist Programmes

Internal Medicine

Clinical Nutrition

Ophthalmology

Provided by:

Universitas Hasanuddin, Makassar

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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 Kedokteran – Profesi Dokter	Bachelor of Medicine leading to Medical Doctor Programme	ASIIN	IAAHEH ³ Rank A 2012 - 2022	14
Program Pendidikan Dokter Spesialis Ilmu Penyakit Dalam	Internal Medicine Specialist Programme	ASIIN	IAAHEH Rank A 2017 - 2022	14
Program Pendidikan Dokter Spesialis Gizi Klinik	Clinical Nutrition Specialist Programme	ASIIN	IAAHEH Rank A 2018 - 2023	14
Program Pendidikan Dokter Spesialis Ilmu Kesehatan Mata	Ophthalmology Specialist Programme	ASIIN	IAAHEH Rank A 2018 -2023	14
<p>Date of the contract: 04.02.2021</p> <p>Submission of the final version of the self-assessment report: 25.04.2022</p> <p>Date of the online audit: 31.05. – 02.06.2022</p>				
<p>Peer panel:</p> <p>Prof. Dr. Alice Assinger, Medical University Wien</p> <p>Prof. Nancy Margarita Rehatta, Universitas Airlangga, Indonesia</p> <p>Anika Biel, M.D., Physician for Urology</p> <p>Yudhistira Pradnyan Kloping, M.D., Universitas Airlangga, resident</p>				

¹ ASIIN Seal for degree programmes;

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

³ IAAHEH: Indonesian Accreditation Agency for Higher Education in Health

Representative of the ASIIN headquarter: Rainer Arnold	
Responsible decision-making committee: Accreditation Commission for Degree Programmes	
Criteria used: European Standards and Guidelines as of 15.05.2015 ASIIN General Criteria as of 28.03.2014 Subject-Specific Criteria of Technical Committee 14 – Medicine as of 20.09.2019	

B Characteristics of the Degree Programmes

a) Name	Final degree (original/English translation)	b) Areas of Specialization	c) Corresponding level of the EQF ⁴	d) Mode of Study	e) Double/Joint Degree	f) Duration	g) Credit points/unit	h) Intake rhythm & First time of offer
Bachelor of Medicine leading to Medical Doctor Programme	S. Ked.(Sarjana Kedokteran / Bachelor of Medicine)		6	Full time	no	7 Semester	154 SKS (205.96 ECTS)	July, 1956
	Medical Doctor (M.D.)		7			4 Semester	49 SKS (104.53 ECTS)	
Internal Medicine Specialist Programme	Sp.PD (Spesialis Penyakit Dalam) / Internist		8	Full time	no	8 Semester	150 SKS (225.67 ECTS)	March & September, 1983
Clinical Nutrition Specialist Programme	Sp.GK (Spesialis Gizi Klinik) / Clinical Nutrition Specialist		8	Full time	no	7 Semester	105 SKS (166.60 ECTS)	March & September, 1982
Ophthalmology Specialist Programme	Sp.M (Spesialis Mata) / Ophthalmologist		8	Full time	no	8 Semester	100 SKS (178.83 ECTS)	March & September, 1966

For the Bachelor of Medicine leading to Medical Doctor Programme (BM-MD) Universitas Hasanuddin (UNHAS) has presented the following profile in the Self-Assessment Report:

“Vision

To become a reputable with humanist and digital insighted graduates

Missions

1. Applying knowledge, skills, and medical ethics in educational processes
2. Applying digital system in educational process and management
3. Implementing learning strategies that foster a value of humanism, stimulate innovation and research that goes according to science and technology development.
4. Enhancing collaboration to improve the quality of education, research, and community service.”

⁴ EQF = The European Qualifications Framework for lifelong learning

For the Internal Medicine Specialist Programme (IMSP), Universitas Hasanuddin (UNHAS) has presented the following profile in the Self-Assessment Report:

Vision

“To become an excellent, independent and dignified education centre to produce qualified, responsible and professional Internal Medicine Specialists who are able to compete regionally, nationally and globally in the year of 2025.”

Missions

1. Organizing education of Internal Medicine Specialist based on evidence based and research.
2. Provide an excellent education of internal medicine specialist with humanism and cultural approach.
3. Increase the quantity and quality of national and international research in the field of Internal Medicine Specialist.
4. Create an accountable, responsible, independent, and integrated management system of Internal Medicine specialist study program.”

For the Clinical Nutrition Specialist Programme (CNSP), Universitas Hasanuddin (UNHAS) has presented the following profile in the Self-Assessment Report:

Vision

“To become a leading centre of excellence in Clinical Nutrition Specialist Program in 2025”.

Missions

1. Uphold scientific and medical profession ethic
2. Meet national & international standard of clinical competence
3. Implement research in contribution towards basic and clinical nutrition science
4. Provide high quality clinical nutrition service”

For the Ophthalmology Specialist Programme (OSP), Universitas Hasanuddin (UNHAS) has presented the following profile in the Self-Assessment Report:

Vision

“To Become the Foremost in Indonesia and Competitive in Asia in the Field of Ophthalmology in the Year of 2025”.

Missions

- “1. To conduct quality, character, research-based, evidence-based ophthalmologist education in hospitals that comply with national and international accreditation standards.
2. To improve and develop human resources and divisional facilities at Ophthalmology Study Program in order to render the Department of Ophthalmology, Faculty of Medicine UNHAS as a leading institution in developing Three Pillars of Higher Education in Indonesia.
3. To conduct continuous education and training (Continuing Program Development) at the local, national and international levels as well as conducting clinical and community-based ophthalmic science and technology research so as to be able to overcome eye health problems.
4. To improve eye health services professionally, efficiently, and have a high moral and ethical foundation and play an active role in the success of both local and national government programs in an effort to reduce blindness in Indonesia.
5. To strive for the development of human resources and infrastructure as well as expanding networks and cooperation with government and private institutions both national and international.”

C Analysis and Findings of Peers

1. Mission and Outcomes

Criterion 1.1 Statements of purpose and outcome

Evidence:

- Self-Assessment Report
- Webpage UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The intended learning outcomes of all four degree programmes under review are mentioned in the Self-Assessment Report. The goal of the BM-MD programme is to produce medical graduates who have competent medical knowledge and skills to work as professionals and/or continue their academic education. In addition, they should be ethical, humanist, and innovative graduates, who can contribute to the development of science and technology in the area of medicine.

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 their respective area of expertise. 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, nurses, and colleagues, aiming to focus on patients' health. The duties as decision maker include being

able to make well founded decisions regarding patients' 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 the BM-MD programme and of all three specialist programmes are well founded and reasonable. However, the peers notice that the objectives of the Clinical Nutrition Specialist programme are not listed on UNHAS's webpage. This needs to be corrected, because the intended learning outcomes should be easily accessible to all stakeholders e.g. by publishing them on the programme's website. This is also the case for the relevant information about the degree programmes (profile, academic study guide). These documents should also be available in English for all stakeholders.

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, residents, the Indonesian Medical Council (Konsil Kedokteran Indonesia – KKI), the Indonesian Ministry of Health, and the health care providers. The aims of the Faculty of Medicine and hence of the degree 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 all medical programmes under review. 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:

UNHAS as a public and semi-autonomous university is able to formulate and implement policies and degree programmes according to their 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 confirm that the objectives and learning outcomes as well as the graduate profile and the academic guidelines of the Clinical Nutrition Specialist Programme are now accessible via the programme's webpage.

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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Teaching and learning methods in the BM-MD programme include lectures, tutorials (PBL), practical medical skills, field activities, community service, and final project.

Students must first acquire the knowledge and skills to meet the competency standards of medical doctors through teacher-centred learning (TCL). In later semesters, the focus shifts to student-centred learning (SCL), which aims at developing autonomy and independent learning that places the responsibility for learning in the hands of students. Various SCL methods are implemented, such as problem-based learning (PBL), Team-based Learning (TBL), Clinical Skills (CSL), and research skills.

Students are also exposed to a clinical setting during the bachelor phase through clinical skills learning (CSL), where students are trained in clinical skills using mannequins. In the clinical skills laboratories, students can develop their skills in observation, data management & interpretation, knowledge and patient examination, and diagnosis procedures. In addition, the doctor-patient role-playing activity is used to develop communication skills, professional attitudes, empathy, history taking, physical examination, and clinical decision-making skills.

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. Residents are involved in these meeting and discuss with their supervisors about the planned schedule and their duties. Younger residents observe older residents in treating patients and using mannequins for practicing their medical skills. Usually, residents work together in small groups a consultant is always nearby to offer help and support to them.

During the audit, the alumni suggest introducing the students to telemedicine in the BM-MD programme. This is especially useful in more rural areas of Indonesia, because patients could be treated also in remote areas where there is only limited access to specialists. The peers point out that telemedicine and e-health are becoming more and more important because this way diagnostics and therapy can applied from a distance by bridging a spatial or temporal distance between doctors and patients or between two doctors consulting each other by means of telecommunication. Finally, UNHAS's partners from the health sector emphasise that it would be useful to improve the graduates' communications skills so that they can more easily discuss cases with their colleagues, physiotherapists, nurses, and other health care workers as well as better learn how to address and approach patients.

The peers confirm that all four medical programmes have a defined study plan and that the respective curriculum ensures that students 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:

From the first semester of the BM-MD programme, students are introduced to critical thinking and scientific methods. Especially in the evidence based learning courses, students need to solve clinical cases by using a scientific approach. In the third semester, students are required to develop a research proposal following the research methodology course. The proposal will be evaluated by the advisor so that students are allowed to start on their research project. In the seventh semester, students present the results of their research projects. In the professional stage, student rotate in the clinical departments. Several activities are included in these rotations such as bedside teaching and producing a scientific report with a literature review or a case report.

All residents have to conduct research activities that result in a thesis and a publication in a national or international journal. Every resident 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 several times per semester.

The peers confirm that all medical students 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Classes in basic biomedical sciences such as “Biomedics 1 to 5”, “Immunology and Haematology”, and “Basic Mechanism of Disease” are offered in the first semesters of the BM-MD programme. The biomedics courses integrate subjects such as anatomy, histology, physiology, and biochemistry, which are correlated with each other. The course “Basic Mechanism of Disease” integrates various related subjects, such as pharmacology, parasitology, microbiology, clinical pathology, pathology anatomy, nutrition, radiology, and several related clinical subjects. It is expected that students acquire the necessary knowledge in basic biomedical sciences in order to be able to understand the underlying scientific principles and fundamental concepts, which enables them to follow and apply the methods of clinical sciences in the next level of studies. The basic biomedical sciences are taught in courses based on human body systems using the problem-based approach, including soft skills and social reflection. The integration of new developments in the field of biomedical sciences into the core content of the BM-MD programme is ensured through active participation of researchers in the design of the programme and its content.

Since the residents have already completed a medical programme and have a degree as medical doctor, 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”.

There are several theoretical courses in the first stage of the specialist programmes, because most residents do not start immediately after finishing their MD programme and the subsequent internship programme (one year of obligatory medical training in hospitals for all medical doctors) with the specialist programme but first work as general practitioners

for several years. As the residents 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 residents 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Behavioural and social sciences including courses such as “Civics”, “Character Building”, “Bahasa Indonesia”, “Religion Education”, “Philosophy”, and “Bioethics are extensively taught especially in the first three semesters of the BM-MD programme. The goal is to familiarise students with the changing scientific, technological, demographic, cultural contexts, and the anticipated needs of the society and the health care system.

As mentioned in the previous chapter, the residents are fully acknowledged medical doctors. In addition, the first stage of the specialist programmes includes courses such as “Leadership in Nutrition”, “Philosophy”, and “Epidemiology & Medicolegal Ethics”. To this end, residents 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Clinical sciences and skills are introduced in the BM-MD programme through students' exposure to the clinical setting and through the provision of a clinical environment. Bedside teaching in small groups as well as simulation equipment (mannequins etc.) are used to expose students to the application of clinical sciences.

The complexity of clinical skills is increased gradually. For example, the first and the second year courses focus on procedural skills and basics of history taking, physical examination, and on developing their competence in clinical decision making. In the third and fourth year, the clinical skills are becoming more complex and integrate different tasks. During the professional phase, these competencies are enhanced through direct observation and treatment of relevant cases at the university hospital and other health centres.

Supplementing the lectures, small group teaching (clinical skills sessions, simulation sessions and case-based scenarios) are conducted during the professional phase. Students are required to attend clinical placements on rotation basis in the different medical areas (Internal Medicine, Neurology, Paediatrics, Pharmacology, Psychiatry, Forensics, Dermatology, Pathology, Surgery, Obstetrics and Gynaecology, Ophthalmology, Anaesthesiology, and Public Health).

Clinical sciences and skills are the essential part of each of the specialist programmes. Through students' exposure to the clinical setting in the wards and through the provision of a clinical environment, residents 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.

Criterion 2.6 Curriculum structure composition and duration

Evidence:

- Self-Assessment Report
- Study plans
- Module descriptions
- Webpage UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The BM-MD programme consists of two phases. The bachelor phase (7 semesters) and the professional phase (4 semesters). In the bachelor phase, the curriculum focuses on providing the scientific and clinical competences, while the professional phase provides students with direct interaction and hands-on experience with patients and clinical cases.

The bachelor phase consists of 44 course modules with 154 SKS (Indonesian credit points) (205.96 ECTS). In the first and second semester, students will attend basic scientific and medical courses. In the 3rd semester, they start designing a research proposal, which will be conducted in the next four semesters, and the final thesis will be presented at the end of the bachelor phase (in the 7th semester).

During the first year, students attend courses, which cover the basics of medical science including anatomy, histology, physiology and biochemistry. At this stage, the normal structure and function of body systems, organs and normal cellular metabolism are studied in the biomedical courses 1, 2, 3, and 4. Medical philosophy is also taught at this stage to provide an understanding of the nature of medical science as well as logical thinking. In the second semester, biomedics is continued and students start studying basic disease sciences, which includes basic disease mechanisms, immunology and haematology as well as basic clinical skills. The basics of public health and primary health services are also taught in this phase.

Furthermore, in semesters 3 to 7, students are given general courses, which teach them about abnormal functions associated with overall health and illness. Furthermore, tropical medicine and supporting competencies such as the pathophysiology of disease and the main health problems experienced by the community are discussed. Health promotion and disease prevention efforts for individuals, families, and communities are also taught.

Students are also exposed to a clinical setting during the bachelor phase through clinical skills learning (CSL), where students are trained in clinical skills using mannequins. In the clinical skills laboratories, students can develop skills in observation, data management & interpretation, knowledge and patient examination and diagnosis procedures. In addition, the doctor-patient role-playing activity is used to develop communication skills, professional attitudes, empathy, history taking, physical examination, and clinical decision-making skills.

In the last semester of the bachelor phase, students are also required to conduct a community based internship, in which they have to implement their knowledge and skills in the communities and practice interprofessional collaboration with students from another health programmes (nursing, dentistry, etc.), health practitioners, and other stakeholders, either in or out of South Sulawesi province. The community service is compulsory for all Indonesian students. It has a minimum length of eight weeks and often takes place in villages or rural areas where students stay and live together with the local people. The course is designed “to allow students to apply their knowledge based on own field in order to empower society.” Since the community service usually takes place in remote areas, the students cannot attend any classes during this time. The students work in interdisciplinary teams during the community service in order to advance society and bring further development about. This course was introduced at all Indonesian Universities in 1971. The assessment of the community service consists of a work plan, programme implementation, and activity report. The peers understand that students should work for the benefit of the community and the Indonesian society during the community service and support this concept.

Upon completion of the bachelor phase, graduates obtain a bachelor of medicine degree (S.Ked).

The professional phase is designed for 4 semesters, consisting of 18 courses with 49 SKS (104.53 ECTS). In this phase, students will apply the knowledge, skills, and professional attitudes that they have acquired during the bachelor phase directly to patients under a supervisors' guidance.

The profession phase, which is the clinical clerkship stage, is carried out at the Wahidin Sudirohusodo teaching hospital, the UNHAS university hospital, and other network hospitals, including other health service facilities (special hospitals, health centers and medical centers). During the profession phase, students start directly learning real cases with real patients.

During the fifth year (semesters 8 and 9), students will rotate through ten clinical courses, namely internal medicine, paediatrics, cardiology and vascular diseases, pulmonology and respiratory medicine, neurology, psychiatry, dermatovenerology, and reproduction health, physical medicine and rehabilitation, radiology and clinical pathology. In the sixth year (semesters 10 and 11), students will rotate through eight clinical courses, namely surgery, obstetrics and gynaecology, orthopaedics and traumatology, ear nose and throat health, anaesthesiology, eye health, forensic medicine and medicolegal, community and family medicine.

The BM-MD programme has the following modes of teaching: lectures, small group teachings, clinical skills sessions, simulation sessions, clinical rotations, tutorials, and seminars. Audio-visual aids and e-learning supplement the attendance-based classes. Tutorials with problem-based learning and a student-centred teaching approach are the learning methods used in most of the advanced courses. This method comprises several steps, which requires students to gather information, solve problems, make reports, and discuss and present the results. In addition, thesis proposal and research activities, followed by a written thesis, are compulsory tasks for all students in the BM-MD programme. In addition, the following teaching and learning methods are used:

Bed Side Teaching: A method of learning in small groups that takes place in front of the patient. The aim is to enhance the student's learning experience in patient care. Subjects of learning involve history taking, clinical examination, diagnostics and planning treatment for patients. This method is carried out under the guidance of a clinical staff member.

Mini C-ex: A learning method that is also used as an assessment form in assessing the progress of clinical skills performance and providing feedback through direct observation.

Literature review: A task for students to strengthen their ability to compare the views of researchers on a particular clinical problem. Also to increase students' knowledge and clinical perspective on diseases or medical conditions. This assignment is presented in front of other students and carried out under the guidance of a staff member.

Case Report: An assignment for students to exercise their ability to analyse the patients' clinical conditions based on medical history, clinical examination, diagnostic findings, and therapeutic approach.

Health Counselling: This method will allow students to increase their understanding of the scope of the public health problems surrounding the patient and their relationship to the family and the larger community.

Clinical Reports: Students observe and learn standards of care as well as assist in health services under the supervision of a staff member.

Assignments at the Community Health Center: This form is applied in order to raise students' awareness of the importance of proper health care. Students are expected to understand the ideal method of reaching the community and helping to apply routine skills to support health care measure that can be applied at home.

Emergency Room Assignments: Students can see, examine, and learn from emergency conditions experienced by patients under the supervision of a staff member.

Operating Room Assignments: Students can see and learn about surgical procedures through surgery performed by clinical staff member.

The curriculum of the Internal Medicine Specialist Programme is organised in three stages (basic, intermediate, and advanced) and is aligned with the Internal Medicine Specialist Education Standards by the Indonesian National Internal Medicine Collegium (KIPD) and the Indonesian Internal Medicine Specialist Organization (PAPDI).

The curriculum of IMSP consists of 27 courses and is divided into 8 semesters, in total, 150 SKS (225.67 ECTS) are awarded. In more detail, the curriculum consists of three stages:

1. Stage I (Basic) covers two semesters and consists of 11 courses, 36 SKS (57.1 ECTS)
2. Stage II (Intermediate) covers four semesters and consists of 11 courses, 81 SKS (123.59 ECTS)
3. Stage III (Advanced) covers two semesters and consists of 5 courses, 33 SKS (44.98 ECTS)

In the basic stage, students have to attend courses in the area of medical ethics, human rights, medical jurisprudence, behavioural and social sciences, and biomedical sciences. The intermediate stage focuses on clinical sciences and is designed to deepen the residents' knowledge and skills in the different areas of internal medicine. During the advanced stage, students apply their competencies in a clinical setting and experience doctor-patient relationships. IMSP includes ten different divisions: gastroenterology and hepatology, endo-

crine and metabolic diseases, cardiology, nephrology, rheumatology, allergy and immunology, tropical and infectious disease, haematology and medical oncology, psychosomatic diseases, pulmonology, and geriatric diseases.

The curriculum of the Clinical Nutrition Specialist Programme is organised in three stages (basic, intermediate, and advanced) and is aligned with the standards as provided by the Indonesian Clinical Nutrition Physician Association.

The curriculum of CNSP consists of 51 courses and is divided into 7 semesters, in total, 105 SKS (166.6 ECTS) are awarded. In more detail, the curriculum consists of three stages:

1. Stage I (Junior) covers two semesters and consists of 16 courses
2. Stage II (Intermediate) covers three semesters and consists of 25 courses
3. Stage III (Senior) covers two semesters and consists of 10 courses

The CNSP curriculum covers areas such as physiology, statistics, molecular biology, nutritional physiology, nutrient metabolism, nutritional management of cardiovascular diseases and of malnutrition, nutrigenomics, and nutrition in disaster.

The curriculum of the Ophthalmology Specialist Programme is organised in three stages (enrichment, internship, and independent) and is aligned with the National Standards for Ophthalmologists Competences.

The curriculum of OSP consists of 26 courses and is divided into 8 semesters, in total, 100 SKS (178.83 ECTS) are awarded. In more detail, the curriculum consists of three stages:

The first phase is the enrichment phase, which provides basic science knowledge and skills, basic ophthalmology theory and practice, basic research methodology and statistics, and medical ethics. Throughout the enrichment phase, students will have a mix of theoretical studies, and initial exposure in a clinical setting. Students will have case-based discussions, present literature related to the anatomy and physiology of the eye and experience bedside teaching and discussions. The types of assessment used in this phase are oral exams, multiple-choice tests (MCQ), Objective Structured Clinical Examinations (OSCE), and Ophthalmology Surgical Competency Assessment Rubrics (OSCAR).

The second stage is the internship stage, during which students are equipped with the ability to diagnose and manage patients in the clinic and to conduct surgeries including emergency cases under supervision. In this phase, students will be rotated in 11 sub-divisions. In addition, students should conduct journal reviews, literature presentations, and case reports. Skill lab, wet-lab, and video-assisted learning are also part of this phase. Each rotation will require passing an assessment that includes an MCQ, DOPS and Workplace-based

Assessment (WBA). At the end of the phase, students must also pass the OSCE/OSCAR assessment.

The third phase is the independent phase. In this phase, students are expected to have mastered core competencies, and act as junior ophthalmologists at satellite hospitals. This phase requires students to carry out a literature review, and a research project with respect to the essential theory and practice of eye care. At the end of this phase, students are required to take a national board examination to assess their competencies. After passing the national board examinations and completing their research, students will graduate as ophthalmologists.

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, although they are called differently in each specialist programme. Courses in the first stage usually cover basic medical sciences and students do not have direct contact with patients. In the second and third stage, students 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, residents need to pass the national competency test, which covers both theoretical (Computer based Test, CBT) and practical areas (OSCE exam).

The peers confirm that all four medical programmes have a defined study plan and the curriculum ensures that students are prepared for lifelong learning. In addition, the individual forms of teaching and learning (lectures, tutorials, seminars, electives, project work, and thesis) are defined in a way that students know what to expect.

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 degree 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 department. The reviewed curriculum is then submitted to the Dean. Finally, UNHAS'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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

Medical students 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 co-operation 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:

UNHAS does not comment on this criterion in its statement.

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:

In the BM-MD programme, the methods of assessment and the weighting, if there is more than one component for each study-unit, are indicated in the respective module description and are announced to the students at the beginning of each semester. The grade for each class takes into account all assessment components. There are few students whose performance fails to reach the minimum standards, who are then required to retake the exams or to repeat the whole course. The regulations allow students to repeat a course as often as he or she wants.

Assessment of intended learning outcomes in the specialist programmes consists 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 programmes, residents 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, residents need to submit a specified number of scientific papers. The number of papers depend on the stage (usually zero in stage 1) and the specific requirements of the area of specialisation.

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

- 1) Multiple Choice Questions (MCQ)
- 2) Mini Clinical Evaluation Exercise (Mini CEX)
- 3) Case-based Discussion (CbD)
- 4) Direct Observation Procedural Skill (DOPS)

5) Oral Presentations

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 residents whose performance, skills, competences, attitudes, and behaviours meet the standards required of a practising doctor are able to complete the programme.

During the discussion with the residents and the teachers the peers notice that they receive different and partly contradictory information about the requirements concerning the publication in the specialist programmes. They gain the impression that neither all residents nor all teachers are well informed about the exact graduation. This situation needs to be improved so that it is clear for all teachers and all residents what journals are acceptable and if the publication needs to be submitted, reviewed, or accepted.

The peers also inspect a sample of theses and publications and are overall satisfied with the general quality of the samples.

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:

The assessment of learning outcomes in the BM-MD programme is carried out in various methods according to the expected learning objectives. Types of assessment include:

1. Computer-Based Test (CBT) tests students' knowledge of the subjects that have been studied. This test is conducted in a computer laboratory, with multiple-choice questions (MCQ) of 60-70 questions.
2. Objective Structured Clinical Examination (OSCE). Students are asked to demonstrate some of the clinical skills that have been learned in the clinical skills laboratory. In general,

there are 12 stations with cases evaluating different skills, where there is at least one examiner at each station. Some stations provide standardized patients who have been trained.

3. Practicum Examination. This is a written exam that assesses knowledge that supports the basic theory of the subject in question. Practicum exams are held in the anatomy laboratory and in integrated laboratories (histology, biochemistry, physiology, microbiology, anatomical pathology, clinical pathology, parasitology, nutrition, pharmacology).

4. Tutorial Evaluation (problem-based learning/ PBL). During the PBL discussion, the tutor will assess the readiness, knowledge, communication skills, and discipline of each student.

5. TBL evaluation. Before the TBL begins, the students are given a pre-test. Furthermore, students are given cases to be discussed in their groups, which are then presented in front of the class. After that, a post-test is carried out; each group is accompanied by a teaching staff who is in charge of assessing group collaboration and group presentations. Post-test results are also assessed in this activity.

6. Evaluation of Real Work Lectures (Kuliah Kerja Nyata/ KKN). Real work lectures are field activities that last for two months, which aim to provide opportunities for students to carry out field practice. Students will work closely with students from different study programs and apply their knowledge for the benefit of society. Assessments for KKN courses are carried out during, before and after the courses are completed, aiming to evaluate the contributions, attitudes, professionalism, cooperation, and performance of students during KKN.

7. Research Assessment: before graduating from university, students must write a final research project by following the guidelines for writing a final project. For this project, students are assessed in three seminar phases: proposal seminar, results seminar, and final seminar. Students are assessed based on psychomotor aspects, systematic aspects of writing, mastery of content, and overall performance.

In the professional phase, the exam methods are focused on workplace-based assessments. Cognitive abilities are assessed using MCQ Tests, SOOCA, and case presentations. Students' attitude is assessed by evaluating the students' participation in class and logbook grading, which includes weekly attitude assessment and performance evaluation. Skills are assessed by evaluating the students' case reports and journal presentations. A student's competence is assessed using OSCE, DOPs, and Mini C-EX. Assessments are conducted during and at the end of each course.

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 residents' 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 residents' skills in treating patients. CbD (Case-based Discussion) is a method of assessment using interview techniques by senior residents on a particular case that is discussed in detail. Mini-PAT (Mini-Peer Assessment Tool) is a method to assess the achievements of a resident. 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 residents have the obligation to complete scientific assignments in the form of scientific presentations (e.g. journal reading, case presentations, etc.).

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

Overall, the peers confirm that the used examination forms and methods are suitable for verifying 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:

UNHAS 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>

- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- Discussions during the audit

Preliminary assessment and analysis of the peers:

According to the Self-Assessment Report, admission procedures and policies for new students follow the National Regulation No.2, 2015. The requirements, schedule, registration venue, and selection test are announced on UNHAS's webpage and thus accessible for all stakeholders.

There are three different ways by which students can be admitted to a Bachelor's programme at UNHAS:

1. National Entrance Selection of State Universities (Seleksi Nasional Masuk Perguruan Tinggi Negeri, SNMPTN), a national admission system, which is based on the academic performance during high school.
2. Joint Entrance Selection of State Universities (Seleksi Bersama Masuk Perguruan Tinggi Negeri, SBMPTN). This national selection test is held every year for university candidates. It is a nationwide online test (subjects: mathematics, Bahasa Indonesia, English, physics, chemistry, biology, economics, history, sociology, and geography).
3. Independent Local Admission Selection. Students are selected based on a test (similar to SBMPTN) specifically held by UNHAS for prospective students that haven't been accepted through SNMPTN or SBMPTN. SPMB is carried out twice per year. First after the results from SNMPTN, and the second time after the announcement of the SBMPTN results.

In the last two years, approximately 20 % of the new students in the BM-MD programme were admitted through SNMPTN, 45 % through SBMPTN, and 35 % through the local admission selection.

In addition, UNHAS offers an international class in the BM-MD programme, in which all courses are taught in English. The criteria for admission to the international class are slightly different from the regular class in terms of the entrance test they have to pass.

As described in the Self-Assessment Report, admission for the specialist programmes is possible twice a year, namely in March and September. 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 degree programme, an English proficiency test, and completing the internship programme. In addition, the programme specific criteria include an interview, a practical skills test, and a written test at UNHAS. The written test is designed to assess the cognitive and reasoning abilities of the candidates via multiple-choice questions (MCQ test). 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 efforts to self-development. The admission interviews are conducted by a team of teachers from the respective department and the results are documented in an official report sheet.

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 the respective departments are responsible for coordinating the procedure. The number of available study places in the specialist programmes is mainly determined by the number of teachers in the respective department, because the student to teacher ratio should not be more than 1 to 5. In addition, it needs to be taken into account, how many graduates there are in the current year.

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

In summary, the peers 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>

- Discussions during the audit

Preliminary assessment and analysis of the peers:

As described in the Self-Assessment Report, the number of applications exceeds by far the number of available places in the BM-MD programme. As medicine is a very prestigious study programme, the demand from high school graduates is very high. In the last five years, an average of 6000 high school graduates applied for admission to the BM-MD programme at UNHAS. Of those, 280 can be admitted every year, which is equivalent to an admission quota of approximately 5 %.

There is a tuition fee for the BM-MD programme with different levels (from 0 to 25 Mill IDR ~ 1600€ per semester) depending on the economic background of the students. In addition, several kinds of scholarships are available. The details are published on UNHAS's webpage.

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. In OSP, the intake was 13 new students in 2018/19 and 2019/20 and 17 new students in 2020/21. The numbers are similar in CNSP, here 8 new students were admitted in 2020, 13 new students in 2021, and 16 new students in 2022. The number of available places and applications is significantly higher in IMSP. The intake was 24 new students in 2019, 28 new students in 2020, and 34 students in 2021. The number of applications for IMSP is twice as high as the number of available places.

There is a fee for enrolling in the specialist programmes, which includes an application fee of 600 000 IDR and a tuition fee of 10 150 000 IDR (~ 643 €) per semester. The peers are surprised that the residents have to pay a tuition fee, although they are working as residents in the hospitals and provide care for patients. The residents 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 the hospital they are working at. In addition, scholarships from hospitals or other public or private institutions are available to the residents.

Residents are paid different wages from stage to stage and from hospital to hospital. However, the residents 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. It is clear to the peers that residents have to spend more money on their specialist education than what they earn from the hospitals. The peers point out that this situation is unsatisfactory and would prefer if the residents 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:

UNHAS offers a comprehensive advisory system for all students and residents. At the start of the first semester, every student and resident is assigned to an academic advisor. The advisor is a member of the academic staff and is usually responsible for a group of approximately 1 to 3 residents depending on the number of residents and teachers in the department. In the BM-MD programme, each advisor is responsible for approximately 20 to 25 students. The academic advisor is a student's first port of call for advice or support on academic or personal matters and is obliged to meet his students regularly. The main objective of the advisory system is to help and support students with successfully completing their study programme.

In addition, students are assigned a thesis supervisor to assist students 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.

All students and residents at UNHAS have access to the digital platform NeoSIA. The students' profiles (student history, study plan, academic transcript and grade point average/GPA, lecturer evaluation, course list) are available via NeoSIA.

UNHAS and the Faculty of Medicine provide additional support for students and residents to develop their talents. For example, extracurricular activities in a variety of fields, including Medical Youth Research Club (MYRC), Medical Support Team (TBM), Asian Medical Students Association (AMSA), Student Journalist Unit, Sinovia Magazine, Medica Band, Plika Vokalis Choir, Photography, and Sports (futsal, basketball, table tennis, badminton) are offered.

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 students. The support system helps them to complete their studies successfully and without delay. Students and residents 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:

AT UNHAS, there is the Student Representative Council (ORMAWA), which consists of students from each faculty to represent their fellow students. The Student Council has the task to facilitate communication between students and UNHAS.

As described in the Self-Assessment Report, there is a student representative in each specialist programme, who is elected from amongst the senior residents. In addition, there is student council consisting of residents from the 5th semester. The tasks of the student representatives are to arbitrate between the programme coordinators and students, 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, students can also directly address the teacher or the Head of Department.

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

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

The peers understand that the Indonesian Government regulates the residents' payment at national universities. They would appreciate if the responsible ministries would adopt a regulation that ensures the regular payment of residents.

The peers consider criterion 4 to be 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, assistant professors, and lecturers. 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 the University Hospital or in one of the associated hospitals.

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

The number of teachers with respect to their academic position is shown in the following table:

Medicine	Professors	Associate professors	Assistant professors	Lecturers
Bachelor of Medicine leading to Medical Doctor	27	27	59	90
Internal Medicine	2	3	13	6
Clinical Nutrition	4	3	2	9
Ophthalmology	2	2	7	20

Source: Self-Assessment Report, Faculty of Medicine, UNHAS

The tasks of teaching, research, and community service is fairly balanced according to the needs of the Faculty of Medicine and the professional qualifications of the teaching staff. Policies regarding staff promotions are regulated by UNHAS and depend on three components (teaching, research, and community service). Performance points are awarded to each teacher and a certain number of points is needed in order to achieve the next academic level.

The student to teacher ratio is depicted in the following table:

	Teaching Staff	Students	Teaching Staffs and Students Ratio
Bachelor of Medicine leading to Medical Doctor (Bachelor Phase)	203	930	1:5
Bachelor of Medicine leading to Medical Doctor (Professional Phase)	203	991	1:5
Internal Medicine	45	153	1:3
Clinical Nutrition	18	63	1:5
Ophthalmology	31	71	1:2.2

Source: Self-Assessment Report, Faculty of Medicine, UNHAS

The students confirm during the audit that there are enough staff members and the teacher-tutor ratio ensures that the residents have sufficient exposure to practical patient care and that teachers can dedicate enough time for each resident (small group teaching).

The peers discuss with UNS's management how new staff members are recruited. They learn that every year the faculties and departments announce their vacancies to the university's management, which subsequently announces the vacancies on the university's webpage. Since UNHAS is semi-autonomous, they can decide themselves what staff members to hire. One way to recruit new teachers is to send promising Master's students from UNHAS abroad to complete their PhD and then to hire them as teachers when they are finished. Nevertheless, UNHAS also hires graduates from other universities. Vacancies are announced nationally, so UNHAS also receives applications from other universities. In addition, UNHAS plans to hire more international lecturers in order to further promote the university's internationalisation.

The peers confirm that the teachers are professionally qualified and their qualification profiles are commensurate with the focus of the BM-MD programme and 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 peers explicitly laud the involvement of senior residents in teaching and supervising less experienced residents.

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:

UNHAS encourages the training of its academic staff and has developed a programme for improving the didactic abilities and teaching methods. Applied Approach (AA) is a compulsory training for all staff members that focuses on advancing pedagogical knowledge. It is designed particularly for junior faculty members to introduce various teaching methods, as well as syllabus and course content development. All teachers at UNHAS are obligated to

attend the lecturer certification programme held by the Directorate General of Higher Education (Direktorat Jenderal Pendidikan Tinggi, DIKTI). An official teaching certificate is issued after the faculty member has completed the certification process.

Young staff members with a Master's degree are encouraged to pursue doctoral studies (usually abroad). To support this policy, UNHAS provides foreign language training and organises seminars presenting scholarships from various sources.

UNHAS and the Faculty of Medicine 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 UNHAS 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 UNHAS available for such stays.

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 UNHAS. 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. However, the peers point out that it would be useful to require new teachers to attend a specified number of course in order to further developing their professional skills. The peers recommend that the Faculty of Medicine should draft such a list of required courses for new teachers.

Overall, the peers confirm that UNHAS 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:

UNHAS does not comment on this criterion in its statement.

The peers consider criterion 5 to be mostly fulfilled.

6. Educational Resources

Criterion 6.1 Physical facilities

Evidence:

- Self-Assessment Report
- Videos of relevant facilities
- 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 carried out at Dr. Wahidin Sudirohusodo Hospital and at the University Hospital. 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 the University Hospital. All network hospitals have signed a cooperation agreement with the Faculty of Medicine.

Before the audit, the peers receive a video showing some wards, the laboratories, the skills labs, the simulation settings, and the lecture rooms at the Faculty of Medicine in order to assess the quality of infrastructure and technical equipment. The financial resources of the Faculty of Medicine and the affiliated hospitals are limited but sufficient for guaranteeing the training of the students and the residents. Sophisticated technical equipment is rarely available but necessary basic instruments and equipment is mostly available and used for educating the residents. In addition, it is also useful for residents 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. Wahidin Sudirohusodo Hospital or the University Hospital. Overall, the available resources allow for adequate teaching of the students and residents.

Criterion 6.2 Clinical training resources

Evidence:

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

Preliminary assessment and analysis of the peers:

Students receive clinical training from the second semester of the BM-MD programme. Among the imparted competencies are anamnesis skills on different cases (such as dyspnoea, infections, pregnancy, etc.), basic physical examination (such as vital signs, spine, thorax, and abdomen examinations) and invasive procedures (such as injection, intra venous-line, urethral catheter, nasogastric tube, circumcision, etc.). In clinical skills courses, students are given lectures and demonstrations by experts, followed by practical sessions, where students are divided into small groups, each supervised by an instructor. Students take turns on taking the role as a doctor or as a patient. Each group is provided with mannequin and medical equipment according to each topic. There are hospital visit sessions to observe clinical practice at the hospital with real patients.

During the professional stage, students will receive clinical training at the teaching hospitals. Every student will follow a clinical rotation, where they will learn to handle cases with real patients under guidance and supervision of expert lecturers. Dr. Wahidin Sudirohusodo Hospital is the main teaching hospital; Students also have opportunity to learn at the University Hospital, and several other health facilities, including primary health centers.

It is essential for adequately delivering the specialisation programmes that there is a sufficient number of patients and facilities. Otherwise, residents will not be able to perform the required number of clinical procedures. For this reason, the Faculty of Medicine collaborates with several network hospitals. In this context, the peers discuss with the programme coordinators of the specialist programmes if there is a fixed number of specific procedures that the residents have to perform in each area. They learn that in IMSP there is no fixed number of procedures that the specialist students have to conduct. Residents' competences in theory and practical application are assessed and if they are sufficient, residents can advance to the next stage. The peers point out that it would be very useful, to draft a list with the number of procedures that all residents in IMSP are required to conduct. Otherwise, not all residents may acquire the necessary practical skills. For this reason, the peers suggest that it should be specified how many procedures in each area are required from the IMSP residents in order to pass the respective stage. In addition, these specific requirements should be made transparent in the IMSP guidebook.

In OSP, there is a list of cases that all specialist students need to conduct before they can advance to the next stage. In CNSP, all residents need to present a minimum number of cases during their rotations and write them down in their logbook. If not enough patients for the required procedures are available, this may cause a delay in the residents' progress to the next stage. However, the specialist programmes can adjust the requirements and

can exchange one procedure for another. In addition, cooperations with additional hospitals will be established so that the residents will have more opportunities in treating patients.

During their clinical and lab placements, residents 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 peers find out during the audit, residents are supervised by consultants and senior residents during the clinical rotations. The focus is on small group teaching with an increasing amount of direct patient contact and independent work as the residents progress through their specialist education.

Consultants in the hospitals have enough time for teaching the residents. 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 residents 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 students and residents.

Criterion 6.3 Information technology

Evidence:

- Self-Assessment Report
- Discussion during the audit

Preliminary assessment and analysis of the peers:

Students' learning is facilitated by providing access to libraries and digital information. The information is provided on university level for general topics and on faculty level for medicine and health specific topics. In the professional phase and the specialist programmes, each department has a library so that students and residents have access during their clinical rotations. Students can also access free Wi-Fi on the UNHAS campus and at major hospitals (Wahidin Sudirohusodo and Hasanuddin University Hospital).

The Faculty of Medicine has computer facilities to support learning and research. There is an independent computer laboratory belonging to the Faculty of Medicine with 170 computers, which are used regularly for learning and computer-based exams.

For educational activities, all schedules, modules, and manuals can be accessed by students and staff members through the faculty's website. From this site, students can fill out questionnaires and suggestions.

Finally, there is a Learning Management System (LMS), which helps the interaction of teaching staffs and students.

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:

Research and promoting students' independent scientific work is part of the learning process and is incorporated into the curriculum of all four programmes under review.

For example, students' research activities in the BM-MD programme start in the third semester, when they start writing their research proposal. After completing the research methodology course, each student must make a proposal, conduct research, and report the findings in their final research project. This activity will be guided by the thesis supervisor and the results are presented in front of a panel. Students' research activities are supervised and guided by teachers who have expertise related to the respective research topics.

Conducting medical research activities is an essential part of the specialist programmes. In their last academic year, each resident needs to present a research report 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 residents' successful completion of the specialist programme and a graduation requirement. Submitting a scientific publication is necessary for graduating from the specialist programmes. This requirement is aligned with the Indonesian Qualification Framework level 8.

The peers observe that the Faculty of Medicine adequately fosters the residents' research activities by providing facilities, cases, and academic advice. In addition, the residents have

enough time for following their research ideas, which is confirmed by the residents during the discussion with the peers.

Teachers conduct their research activities usually by involving students. Research funding is available from UNHAS, the Indonesian government, and private, national, and international institutions. Lecturers also work in international research groups and some have co-operations with private companies or research institutions in health-related projects. The research results are presented in seminars, published in books, and national and international journals.

Criterion 6.5 Educational expertise

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

The peers confirm that students and residents are generally satisfied with the teachers' expertise, delivery and support. This is verified through the online surveys.

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

UNHAS 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 imparted. 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 insight in new medical developments.

The peers appreciate that UNHAS and the Faculty of Medicine have responded quickly to the requirements of the COVID pandemic and despite the necessary restrictions, there was little noticeable loss of quality in students' and residents' medical education. This aspect is also explicitly emphasised positively by the stakeholders.

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 its students to participate in international exchange programmes and to spend some time during their studies abroad. A problem faced by students is the possible loss of study time because of spending time at other institutions. Nevertheless, internationalisation is one strategic goal of UNHAS and there is an international class in the BM-MD programme, in which all lectures are given in English. Lectures in the regular classes are held in Bahasa Indonesia; however, some presentations in the BM-MD programme are done in English. In addition, most textbooks and scientific papers are provided in English. Approximately half of the case presentations and case readings in the specialist programmes are done in English. International students also have to learn Bahasa Indonesia, because they need to interact with Indonesian patients (e.g. taking anamneses) in the clinical skills courses.

The Faculty of Medicine has several international collaborations in research and education. This includes inbound and outbound students' and teachers' programmes as well as research and publication collaborations. For example, through the collaboration with the Leiden University Medical Centre (LUMC) UNHAS has been sending teachers and students regularly to LUMC since 2014. Likewise, LUMC professors have routinely visited to teach and share their expertise while LUMC students have been attending classes at UNHAS. In 2018, students from LUMC undertook research projects in tropical diseases with a focus on Helminth infections as part of a project in their undergraduate science degree. Meanwhile visiting professors play a role in strategic meetings to discuss potential collaborations, provide public lectures and allow for open discussions with students and staff.

Students' international academic mobility is supported by UNHAS. For example, through Indonesian International Students Mobility Awards (IISMA), a scholarship programme from the Ministry of Education and Culture starting from 2021. In addition, lecturers are encouraged to carry out joint research activities with international partners and to involve students in their projects.

Besides visiting international students, the Faculty of Medicine also accepts full-term enrolled students from many regions such as Malaysia, Qatar, Palestine, Yemen, Jordan, and Pakistan. In addition, the Faculty of Medicine regularly conducts student exchanges such as pre-clinical exchanges to the Netherlands and Griffith University Australia and clinical residency exchanges e.g. to Japan and Malaysia.

The Department of Ophthalmology collaborates with Dundee University since 2008. During this time, four lecturers and many students have studied at Dundee University on a regular

basis, and the Faculty of Medicine has received four visiting professors from Dundee University. The Faculty of Medicine has also signed cooperation agreements with Okayama Prefectural University, Japan, and Leiden University Medical Center, Netherlands. In addition, the Faculty of Medicine cooperates with Kaikoukai Healthcare Corporation, Japan.

In terms of research, the Faculty of Medicine has conducted multiple international conferences and collaborates in research networks. As an example, the Faculty of Medicine has signed a MoU for research collaboration with Gangnam Hospital Korea.

In 2018 UNHAS received an educational grant from the European Commission (Erasmus+ programme) for eight teachers, who are involved in clinical epidemiology and big data management. Since 2021, the Faculty of Medicine is involved in the CALOHEA Project, which focuses on measuring and comparing achievements of learning outcomes in Higher Education in Asia and Europe.

The Faculty of Medicine encourages staff members and residents 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. The peers see that staff members can join international research groups and UNHAS funds these activities. Students are also encouraged to visit international universities and UNHAS provides financial support for students' academic mobility.

Students and alumni confirm during the discussion with the peers that some opportunities for international academic mobility exist. However, they also point out that they wish for more places and more scholarships for long and short-term stays abroad. The number of available places in the exchange programmes is still limited and there are restrictions due to a lack of sufficient financial support. UNHAS and the Faculty of Medicine can provide only limited travel grants, while the demand from students is rising. The lack of financial support hinders students from joining the outgoing programmes.

The peers understand these problems; however, they recommend increasing the effort to further internationalising UNHAS by offering more places in international exchange programmes and more scholarships. In addition, the peers point out that the cooperation of OSP with Dundee University should be a shining example for the other specialist programmes. Moreover, CNSP and IMSP should establish international exchange programmes with renowned medical faculties.

In summary, the peers confirm that students, residents, and teachers of all degree programmes under review have the opportunity for participating in educational exchange programme and they appreciate the efforts to foster international mobility. However, there is still room for improvement and the peers encourage the Faculty of Medicine to further expand their international contacts and to send more students and staff members abroad.

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

The peers appreciate that the Faculty of Medicine and UNHAS are committed to further promoting educational exchanges. They strongly recommend to increase the efforts to this respect and to establish more international cooperations and to send more students and staff members abroad.

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:

The peers discuss the quality management system at UNHAS with the programme coordinators. They learn that there is a continuous process in order to improve the quality of the degree programmes and it is carried out through internal and external evaluation. The quality assurance system is conducted at university level by the Board of Quality Assurance and Development of Education (LPMPP), which is supported by the Quality Assurance Unit (GPM) on faculty level and the Quality Assurance Units (UPM) at programme level. The GPMs and UPMs aim at establishing a quality management system and processes that promote the further academic and administrative development of the respective programmes.

Every year, the GPMs conduct an internal audit to identify where is room for improvement in the learning and teaching processes. Each degree programme then drafts a self-evaluation report that includes performance analysis and evaluation. The results of the internal

audit will be discussed in the faculty's management review meeting in order to implement appropriate measures for solving the identified problems.

External quality assurance of the BM-MD programme as well as of the specialist programmes is carried out through national accreditation by the Indonesian Accreditation Agency for Higher Education in Health (IAAHEH) every five years. All four degree programmes under review have received the rank "A" from IAAHEH. This national standard of higher education was designed to encourage educational institutions to improve their performance in providing quality education services. Moreover, the objective of this standard is to support transparency and accountability in the implementation of national education system.

Criterion 7.2 Teacher and student feedback

Evidence:

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

Preliminary assessment and analysis of the peers:

Internal evaluation of the quality of the degree programmes is mainly provided through student, alumni and employer surveys. Students and residents give their feedback on the courses by filling out the questionnaire online. Giving feedback on the classes is compulsory for the students; otherwise, they cannot access their account on the digital platform. The course evaluations are conducted at the end of each semester; the questionnaire was developed by the course survey committee and includes questions with respect to the course in general and about the teachers' performance.

The employer survey is intended to evaluate UNHAS's alumni performance and qualification. An alumni survey is done at an interval of two years after graduation.

The results of the course evaluations surveys are handed out to each teacher. Based on the results the programme coordinator and the teachers re-assess every course and possibly some changes are made. If there a negative results, the programme coordinator invites the concerned teacher to discuss about his or her teaching methods and thus, they are expected to enhance their performance in the future.

In order to involve residents in the quality assurance system, each department conducts online-surveys. Residents 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 residents 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 residents 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 residents are not informed about the results of the online-questionnaires. Residents are included in the quality assurance processes via the online questionnaire so that they can 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

During the audit, the peers learn that the results of the surveys are accessible by the students, the residents, and the members of the teaching staff. If there is negative feedback, the Dean talks to the respective teacher, analyses the problem, and offers guidance. Furthermore, there is a complain box for the students that can be used for suggestions or criticism. The peers gain the impression that the faculties take the students' feedback seriously and changes are made if there is negative feedback.

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 residents 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 quality of new students determines the success of the learning process and the graduates. The peers observe that the BM-MD programme is very competitive and the entrance

requirements are very strict. From 2018 to 2022, of 29511 applicants only 1441 were accepted. This is equivalent to an acceptance quota of only 4.9 %. For this reason, the students are very motivated to complete the degree programme in time and only a few (1 to 2 %) resign and do not complete the programme successfully. This indicates that the BM-MD programme has a very high appeal for Indonesian students. The average GPA of graduates in the last 5 years is quite high at 3.4 in the bachelor's stage and 3.7 in the professional stage.

In the BM-MD programme, the graduation time average was 6.5 years within the last five years. The main cause of the delay is the students' adaptation to the rotation system in the professional stage. Because the students' need to be distributed to the different department according to their interests and sometimes students have to wait several weeks before they can enter the rotation cycle in the profession stage.

The vast majority of the graduates of the specialist programmes will work as medical specialists in Indonesian hospitals. Some will continue their medical education in a sub-specialisation. The average time of studies is 5.2 years in IMSP, 4.5 years in CNSP, and 4.6 years in OSP. The peers notice that the residents need an average of two semesters more than expected to complete their studies. The programme coordinators explain that there are different reasons why the residents exceed the expected study period. For example, residents usually have to wait some time before the national board exams take place, because this exam is only offered twice per year. In addition, there are not always enough patients available for the required procedures, this may cause a delay in the students' progress to the next stage. Finally, submission of the required publication of the research results takes sometimes longer than expected. The peers suggest that the respective departments should systematically investigate (e.g., by interviewing students and graduates) the reasons for exceeding the study period in order to be able to implement appropriate countermeasures. On the other hand, the peers appreciate that almost no students drop out of the specialist programmes.

Finally, the peers point out that demand for medical graduates is very high in Indonesia and all graduates, either from the BM-MD programme or from the specialist programmes, will find a suitable occupation shortly after graduation. The employability rate is 100 %.

Criterion 7.4 Involvement of stakeholders

Evidence:

- Self-Assessment Report
- Discussions during the audit

Preliminary assessment and analysis of the peers:

UNHAS has established an alumni network that allows them to keep in touch with each other and with the UNHAS. The peers see that alumni are involved in the educational processes in the form of curriculum review, seminars, conferences, guest lectures, etc. Alumni surveys provide information regarding the relevance of alumni's knowledge, skills, and competences in comparison to market needs. The peers discuss with the representatives of UNHAS's partners from the health sector that there are regular meetings with the partners on faculty level, where they discuss the needs and requirements of the health sector and possible changes to the degree programmes. As the peers consider the input of the employers to be very important for the further improvement of the degree programmes, they appreciate the existing culture of quality assurance with the involvement of all stakeholders in the quality assurance process. However, there is no institutionalised board with external stakeholders besides the Board of Trustees on university level.

The peers discuss with the representatives of UNHAS's partners from public institutions and private companies if there are regular meetings with the partners on faculty or department level, where they discuss the needs and requirements of the employers and possible changes to the degree programmes. They learn that some employers and alumni are invited to give their feedback on the content of the degree programmes. The peers appreciate that UNHAS stays in contact with its alumni and has a close relation with its partners from the industry. However, no academic advisory board exists. As the peers consider the input of the employers to be very important for the further improvement of the degree programmes, they appreciate the existing culture of quality assurance with the involvement of employer in the quality assurance process. Nevertheless, they recommend establishing an academic advisory board at the Faculty of Medicine. The advisory board should consist of a group of professionals, employers, and experts of the relevant fields from outside the university (e.g. health care institutions and companies, hospitals, and governmental agencies).

During the audit, the peers learn that students are only represented in the university's Board of Trustees but not in any other board on faculty or department level. Thus, students are not directly involved in the decision-making processes. The peers are convinced that it would be very useful to have student members in the different boards. For this reason, they recommend that student representatives should be members of the boards at the Faculty of Medicine –at least on programme or department level - and be actively involved in the decision-making processes for further developing the degree programmes.

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

The peers support the plan to make students' representatives members of the Faculty Senate and to directly involving them in the decision-making processes.

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 UNHAS refers to the standard structure as determined by the University's management. The highest decision making board at UNHAS is the University Senate, which is headed by the Rector.

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

The Head of Study Programme coordinates the implementation of the respective degree programme activities, while he is assisted by the Quality Assurance Unit in monitoring and evaluating the outcome.

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 UNHAS are the Deans. The Dean chairs the Faculty Board and refers academic matters to the University Senate, of which he is a member.

At programme level, the Head of Study Programme 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 Head of Study Programme regularly monitors and evaluates students' 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 BM-MD programme as well as the specialist programmes are fully supported by UNHAS and the Faculty of Medicine. Most of UNHAS'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.

All revenues are centralized at UNHAS's Finance Office and then distributed to the faculties according to their financial needs. Each department and each faculty present an annual budget plan so that the UNHAS's Finance Office can design a budget for the whole university.

As detailed in the Self-Assessment Report, in 2020, the BM-MD programme used 55 % of the annual budget for educational purposes, 31 % were used for investment in human resources, facilities and infrastructure and 14 % were used for research and community services. In the same year, IMSP used 87 % of the annual budget for operating the degree programme, 2 % for research and public service, while the rest was spent on staff development and infrastructure. OSP used 54 % and CNSP used 80 % of their annual budget for operating the respective degree programme, while the remaining funds were spent on research, staff development, and infrastructure. In general, the Faculty of Medicine receives sufficient funds for adequately running the degree programme. However, the Faculty of Medicine would like to spend more money on research activities and is trying to generate

more revenues by increasing the cooperations with private companies and the health sector. The peers support these efforts.

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 consist 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 regional health office enables students 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 in Indonesia. For example, OSP collaborates with the Makassar Health Office to screen for eye

diseases, such as Glaucoma, Cataract, Diabetic Retinopathy and also Childhood Blindness (white pupil campaign) every week at the Primary Health Services. OSP also collaborates with the Indonesian Ophthalmology Association (IOA) in order to eradicate blindness by regularly holding free cataract surgery services.

In summary, the peers come to the conclusion that the Faculty of Medicine has an excellent reputation, 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:

UNHAS 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 UNHAS: <https://unhas.ac.id/v2/en/>
- Webpage of the Faculty of Medicine: <https://med.unhas.ac.id/>
- Webpage BM-MD Programme: <https://med.unhas.ac.id/kedokteran/>
- Webpage Specialist Programme Internal Medicine: <https://med.unhas.ac.id/interna/>
- Webpage Specialist Programme Clinical Nutrition: <https://med.unhas.ac.id/ig/>
- Webpage Specialist Programme Ophthalmology: <https://med.unhas.ac.id/ipm/>
- 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 UNHAS 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 students' 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, UNHAS 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.

The Faculty of Medicine collects students' and staff members' satisfaction with facilities and infrastructure. The results of the questionnaires are used for identifying problems and subsequently for improving the infrastructure so that the learning processes can take place properly. For example, students complained about broken or inadequate toilets, and internet capacity and speed. At the same time, staff members were dissatisfied with the available computers, discussion rooms, parking areas, as well as internet capacity and speed.

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:

UNHAS 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 BM-MD programme and the specialist programmes to be in line with the intended learning outcomes and the curricular content.

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

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

For lab work, final project, fieldwork, and other similar activities, 1 SKS is equivalent to 3 to 5 hours a week of student's activities.

In comparison to the ECTS, wherein 1 ECTS equals 25-30 hours of students' workload per semester, it is determined that 1 SKS 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 there can be no fixed conversion rate between SKS and ECTS points, thus the ECTS points need to be determined and verified separately for each course. This can, e.g., be done by asking the students directly about the time they actually spend on each course. For this reason, it would be useful to include a respective question in the course questionnaires that are used for evaluating the quality of teaching and learning at the end of each semester. In any case, UNHAS must make sure that the actual workload of the students and the awarded ECTS points correspond with each other.

Based on the module descriptions, the peers see that 25 hours of students' total workload are required for one ECTS point. However, the of students' total workload required for one ECTS point needs to be made transparent and should be incorporated in an official regulation.

In summary, the peers expect the Faculty of Medicine to verify the students' 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 four 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 confirm that the module descriptions include almost all necessary information. However, they point out that the module descriptions also need to include information on the students' total workload per semester including the time spent on self-studies. In addition, the peers point out that the awarded ECTS credits and the students' workload need to be consistent and verified separately for each course (see criterion D 2.2).

Criterion D 5.2 Diploma and Diploma Supplement

Evidence:

- Self-Assessment Report
- Sample Diploma Supplements
- Sample Transcripts of Record

Preliminary assessment and analysis of the peers:

The peers confirm that the graduates of all four programmes under are awarded a Diploma Supplement and a Transcript of Records upon graduation.

The Diploma Supplements are aligned with the European template and include all required information. The peers emphasise that it would be useful if the Transcript of Records would also mention the ECTS points for each course and for the whole degree programme.

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

The peers appreciate that the Faculty of Medicine will conduct a survey in the BD-MD programme for verifying the students' total workload. They expect that will also be done in the other degree programmes under review and that the results will be submitted in the further course of the procedure.

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:

- none

F Comment of the Higher Education Institution (21.07.2022)

UNHAS submits the following statement:

No	Criteria/Sub Criteria	Panel's Findings	Responses of Cluster B	Evidences
1	The Degree Programme: Concept, Content & implementation			
1.1.	Objectives and learning outcomes of a degree programme (intended qualifications profile)	The objectives of the Clinical Nutrition Specialist programme are not listed on UNHAS's webpage. This needs to be corrected, because the intended learning outcomes should be easily accessible to all stakeholders e.g. by publishing them on the programme's website. This is also the case for the relevant information about the degree programmes (profile, academic study guide). These documents should also be available in English for all stake-holders.	The issue of CNSP ILO absence in the website has been addressed and now it can be accessed at https://med.unhas.ac.id/ig/ . We also have provided graduates profile and academic study guide.	-
4.2.	Student intake	Residents are paid different wages from stage to stage and from hospital to hospital. However, the residents usually work for some years as general practitioners before apply-ing for a specialist programme to enable them to sustain themselves financially during their specialist training. It is clear to the peers that residents have to spend more money on their specialist education than what they earn from the hospitals. The peers point out that this situation is unsatisfactory and would prefer if the residents would be remuner-ated adequately so that they are able to finance their living expenses.	All the financial activities for all study programs that come from national university have to follow Indonesian Government Regulation. Until now, we still can not provide regular payment for residents. However, right now, Ministry of Health and Ministry of Education are planning to implement regulations regarding regular payment for residents.	-
6.6.	Educational exchanges	In summary, the peers confirm that students, residents, and teachers of all degree programmes under review have the opportunity for participating in educational exchange programme and they appreciate the efforts to foster international mobility. However, there is still room for improvement and the peers encourage the Faculty of Medicine to further expand their international contacts and to send more students and staff members abroad.	Our faculty is in commitment to keep on promoting educational exchange. For this year budget planning and years ahead our faculty allocated funding for 4 lecturers and 8 students for each study program to participate in overseas educational exchange each year. Our faculty and study programs also in intensive communication with potential overseas institution to produce more internal collaboration.	-
7.4.	Involvement of stakeholders	During the audit, the peers learn that students are only represented in the university's Board of Trustees but not in any other board on faculty or department level. Thus, students are not directly involved in the decision-making processes. The peers are convinced that it would be very useful to have student members in the different boards. For this reason, they recommend that student representatives should be members of the boards at the Faculty of Medicine –at least on programme or department level - and be actively involved in the decision-making processes for further developing the degree programmes.	Our faculty now is in process to include students representative as member of faculty senate in order to ensure students voice included in faculty evaluation and development.	-
	ADDITIONAL ASIIN CRITERIA			
2.2.	Work load and credits	The peers expect the Faculty of Medicine to verify the students' total workload and to adjust the awarded ECTS credits accordingly.	As effort to identify real student work load, right now, BM-MD study program has finished obtaining survey time hours from students for last semester. We will continue this survey on the upcoming semester. This also will be conducted by other study programs	-

G Summary: Peer recommendations (16.08.2022)

Taking into account the additional information and the comments given by UNHAS, 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
BM-MD Programme	With requirements for one year	-	30.09.2028
Internal Medicine Specialist Programme	With requirements for one year	-	30.09.2028
Clinical Nutrition Specialist Programme	With requirements for one year	-	30.09.2028
Ophthalmology Specialist Programme	With requirements for one year	-	30.09.2028

Requirements

For all degree programmes

- A 1. (ASIIN 2.2) Verify the students' total workload for each course and make sure that the awarded ECTS points comply with the students' total workload.
- A 2. (ASIIN 5.1) The module descriptions need to include information about the students' total workload and the awarded ECTS points.

For the Specialist Programmes

- A 3. (WFME 3.1) Make transparent to all teachers and residents what the exact requirements for graduation with respect to the publication are.

Recommendations

For all degree programmes

- E 1. (WFME 5.2) It is recommended to draft a required list of courses that new teachers need to attend to further improve their professional skills.
- E 2. (WFME 6.6) It is recommended to further promote the academic mobility of the students and to increase the number of available places and scholarships.
- E 3. (WFME 7.4) It is recommended to make student representatives members of the boards at the Faculty of Medicine and to directly involve them in the decision making processes for further developing the degree programmes.
- E 4. (WFME 7.4) It is recommended to establish an advisory board with external stakeholders at the Faculty of Medicine.

For the BM-MD Programme

- E 5. (WFME 2.1) It is recommended to introduce students to telemedicine and teach them how patients can be treated from a distance.
- E 6. (WFME 2.1) It is recommended to improve the students' communication skills so that they can better interact with colleagues, nurses, and patients.

For the Specialist Programmes

- E 7. (WFME 7.3) It is recommended that the departments systematically investigate the reasons why residents exceed the study period in order to be able to implement appropriate countermeasures.

For the Specialist Programmes Clinical Nutrition and Internal Medicine

- E 8. (WFME 6.6) It is recommended to establish international exchange programmes with renowned medical faculties for residents and teachers.

For the Specialist Programme Internal Medicine

- E 9. (WFME 6.2) It is recommended to specify how many procedures in each area are required from the residents in order to pass every stage and to make these requirements transparent in the programme's guidebook.

H Comment of the Technical Committee 14- Medicine (05.09.2022)

Assessment and analysis for the award of the ASIIN seal:

During the audit, the peer group took as positive that the students are satisfied with the study programmes, that there is an international class taught in English in the Bachelor's programme, that there is a cooperation with the University of Dundee in the field of ophthalmology, and that the job prospects of the graduates are very good. As points of criticism, it should be noted that the academic mobility of students should be increased and better promoted, an introduction to telemedicine would be useful, the ECTS points and the students' workload must match, the reasons for exceeding the study time should be systematically investigated, student representatives should be officially represented in the committees of the Faculty of Medicine, and the establishment of an advisory board with external stakeholders at the Faculty of Medicine would be useful. In sum, the peer group proposes three requirements and nine recommendations.

The Technical Committee discusses the procedure and is of the opinion that recommendations E6 and E9 should be upgraded to requirements, as the points of criticism mentioned therein are serious, and that this should be clearly signalled to the university. The remaining requirements and recommendations are approved without amendment.

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

Degree Programme	ASIIN seal	Subject-specific labels	Maximum duration of accreditation
BM-MD programme	With requirements for one year	-	30.09.2028
Internal Medicine Specialist Programme	With requirements for one year	-	30.09.2028
Clinical Nutrition Specialist Programme	With requirements for one year	-	30.09.2028
Ophthalmology Specialist Programme	With requirements for one year	-	30.09.2028

Requirements

For the BA-MD Programme

- A 3. (WFME 2.1) Improve the students' communication skills so that they can better interact with colleagues, nurses, and patients.

For the Specialist Programme Internal Medicine

- A 5. (WFME 6.2) Specify how many procedures in each area are required from the residents in order to pass every stage and make these requirements transparent in the programme's guidebook.

I Decision of the Accreditation Commission (23.09.2022)

Assessment and analysis for the award of the ASIIN seal:

The Accreditation Commission discusses the procedure, in particular how the students can improve their communication skills and the need to verify the students' workload. Since communication with patients, nurses, and doctors is an important part of the medical education, the AC agrees to upgrade the respective recommendation to a requirement. At the same time, the AC agrees with the suggestion of TC 14 to change the recommendation for the Internal Medicine Specialist Programme into a requirement, because it is necessary that students are informed about the required medical procedures. Otherwise, the AC agrees with the proposed requirements and recommendations.

The Accreditation Commission decides to award the following seals:

Degree Programme	ASIIN Seal	Subject-specific label	Maximum duration of accreditation
BM-MD Programme	With requirements for one year	-	30.09.2028
Internal Medicine Specialist Programme	With requirements for one year	-	30.09.2028
Clinical Nutrition Specialist Programme	With requirements for one year	-	30.09.2028
Ophthalmology Specialist Programme	With requirements for one year	-	30.09.2028

Requirements

For all degree programmes

- A 1. (ASIIN 2.2) Verify the students' total workload for each course and make sure that the awarded ECTS points comply with the students' total workload.
- A 2. (ASIIN 5.1) The module descriptions need to include information about the students' total workload and the awarded ECTS points.

For the BA-MD Programme

- A 3. (WFME 2.1) Improve the students' communication skills so that they can better interact with colleagues, nurses, and patients.

For the Specialist Programmes

- A 4. (WFME 3.1) Make transparent to all teachers and residents what the exact requirements for graduation with respect to the publication are.

For the Specialist Programme Internal Medicine

- A 5. (WFME 6.2) Specify how many procedures in each area are required from the residents in order to pass every stage and make these requirements transparent in the programme's guidebook.

Recommendations

For all degree programmes

- E 1. (WFME 5.2) It is recommended to draft a required list of courses that new teachers need to attend to further improve their professional skills.
- E 2. (WFME 6.6) It is recommended to further promote the academic mobility of the students and to increase the number of available places and scholarships.
- E 3. (WFME 7.4) It is recommended to make student representatives members of the boards at the Faculty of Medicine and to directly involve them in the decision making processes for further developing the degree programmes.
- E 4. (WFME 7.4) It is recommended to establish an advisory board with external stakeholders at the Faculty of Medicine.

For the BM-MD Programme

- E 5. (WFME 2.1) It is recommended to introduce students to telemedicine and teach them how patients can be treated from a distance.

For the Specialist Programmes

- E 6. (WFME 7.3) It is recommended that the departments systematically investigate the reasons why residents exceed the study period in order to be able to implement appropriate countermeasures.

For the Specialist Programmes Clinical Nutrition and Internal Medicine

- E 7. (WFME 6.6) It is recommended to establish international exchange programmes with renowned medical faculties for residents and teachers.

J Fulfilment of Requirements (22.09.2023)

Analysis of the experts and the Technical Committee/s (08.09.2023)

Degree Programme	ASIIN Seal	Subject-specific label	Maximum duration of accreditation
BM-MD Programme	All requirements fulfilled	-	30.09.2028
Internal Medicine Specialist Programme	All requirements fulfilled	-	30.09.2028
Clinical Nutrition Specialist Programme	All requirements fulfilled	-	30.09.2028
Ophthalmology Specialist Programme	All requirements fulfilled	-	30.09.2028

Decision of the Accreditation Commission (22.09.2023)

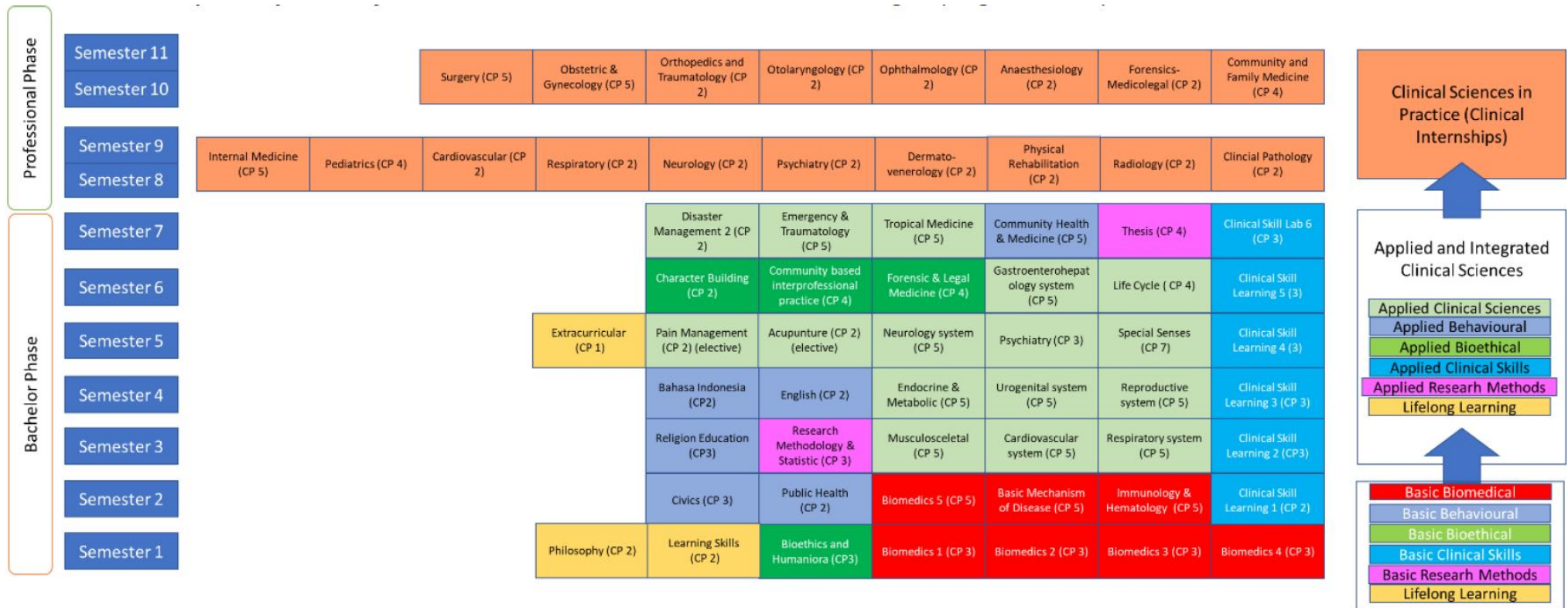
Degree Programme	ASIIN Seal	Subject-specific label	Maximum duration of accreditation
BM-MD Programme	All requirements fulfilled	-	30.09.2028
Internal Medicine Specialist Programme	All requirements fulfilled	-	30.09.2028
Clinical Nutrition Specialist Programme	All requirements fulfilled	-	30.09.2028
Ophthalmology Specialist Programme	All requirements fulfilled	-	30.09.2028

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 Bachelor of Medicine leading to Medical Doctor Programme:

AREA	CODE	LEARNING OUTCOMES
		Upon graduation, students will:
ATTITUDE (A)	A1	Believe in God Almighty and be able to show a religious attitude
	A2	Have a national perspective and carry out a profession by upholding religious beliefs, morality, professional ethics, discipline, law, and social norms
	A3	Demonstrate a responsible attitude towards work in their field of expertise with a spirit of independence, struggle, entrepreneurship, and humanist
KNOWLEDGE (K)	K1	Be able to apply the latest Biomedical Sciences, Humanities, Clinical Medicine, and Public Health / Preventive Medicine / Community Medicine to manage health problems holistically and comprehensively
	K2	Be able to apply knowledge of research methodology and information technology in disseminating health sciences
SKILLS (S)	S1	Be able to work and be responsible in their field of expertise to increase their capacity based on competency standards and professional code of ethics
	S2	Be able to lead and cooperate in developing networks with other professions to solve occupational problems in the health sector
	S3	Be able to manage data and information in making scientifically independent decisions for evaluation, development of national policies, and improving the quality of resources
	S4	Be able to produce innovative work which is useful for professional development and can be scientifically responsible to the community. To have task competence in delivering medical care and services that able to compete nationally and globally
COMPETENCES (C)	C1	Be able to explore and exchange information verbally and non-verbally with patients of all ages, family members, communities, colleagues, and other professions
	C2	Be able to utilize information communication technology and health information in medical practice
	C3	Be able to carry out clinical procedures related to health problems by applying patient safety principles, the safety of oneself, and others
	C4	Be able to manage individual, family, and community health problems in a comprehensive, holistic, integrated, and sustainable manner in the context of primary health care

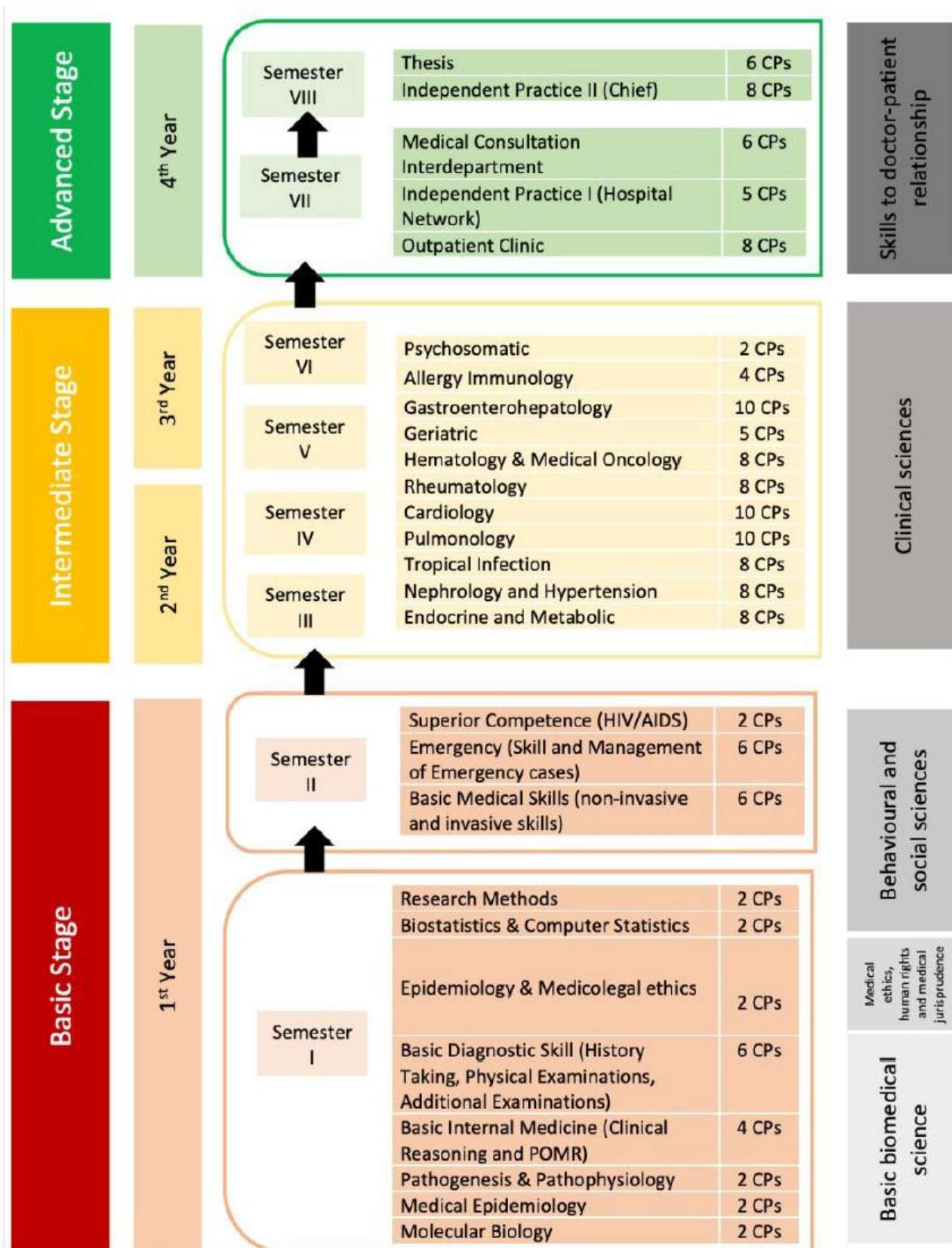
The following curriculum is presented:



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

AREA	CODE	LEARNING OUTCOME
ATTITUDE (A)	A1	Students will be able to show attitude with cultural sensitivity based on ethical principles and doctor legal aspects (Hippocrates oaths).
KNOWLEDGE (K)	K1	Students will be able to demonstrate and understand comprehensive concepts of disease regarding etiology, pathogenesis, pathophysiology, clinical signs, history taking and physical examinations in determining the diagnosis of internal medicine diseases
	K2	Students will be able to apply the concept of patient management based on clinical reasoning and Problem Oriented Medical Record (POMR)
SKILLS (S)	S1	Students will be able to apply logical, critical, systematic, and creative thinking through scientific writings, conduct scientific research in internal medicine and published in an accredited journal.
	S2	Students will be able to manage, develop and maintain networks with colleagues and peers; inter-departmental, other departments, wider health institutions and professional communities.
COMPETENCES (C)	C1	Students will be able to perform, making plan, interpretation, summarize and treatment plan for all problems for the patients with the general internal medicine.
	C2	Students will be able to perform the history taking, physical examination, laboratory tests, procedures in accordance with the specialization of internal medicine to make a diagnosis, by referring to evidence-based medicine
	C3	Students will be able to reach the level of competences which has been declared by Indonesian Medical Council (KKI) as General Internal Medicine Specialist. Through the training of how to perform diagnosis and clinical management in each divisions in internal medicine; Endocrine and Metabolic, Nephrology Hypertension, Pulmonology, Infection and Tropical Disease, Rheumatology, Hematology and Medical Oncology, Cardiology, Gastroenterohepatology, Geriatric and Geriantology, Allergic Immunology and Psychosomatic.
	C4	Students will be able to manage independently and /or lead a team work in problem solving internal medicine diseases in Outpatient, Emergency Department, Inpatient and Intensive Care Unit through inter, multi, and transdisciplinary approaches to improve curative, reduce morbidity and mortality rates.
	C5	Students will be able to work not only as internal medicine specialist but also as a researcher, educationalist, and as a role model for all communities where the students work.

The following curriculum is presented:



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

AREA	CODE	LEARNING OUTCOMES
ATTITUDE (A)	A1	Student will be able to show devotion to God Almighty, religious, civilized, upholds human values, ethical values, independent, and contribute to improving the quality of life in the community in the fields of medicine and health.
KNOWLEDGE (K)	K1	Student will be able to understand basic nutritional medical aspects
	K2	Student will be able to understand aspects of clinical specialization and hospital nutrition service management
SKILLS (S)	S1	Student will be able to develop and compile logical, critical, systematic, and creative thinking through scientific research and arguments, subsequently published according to scientific principles, procedures, and ethics as a specific design in media or in an accredited scientific journal
	S2	Student will be able to manage, develop, and maintain networks with colleagues and peers within the wider research institution and community
COMPETENCES (C)	C1	Student will be able to perform and assess nutritional and metabolic status through nutritional screening methods, anamnesis, assessment of energy and nutrient intake, physical examination, anthropometric examination, laboratory examination, examination of body composition and examination of functional capacity.
	C2	Student will be able to perform and record medical nutrition therapy, monitoring, and evaluation of various nutritional status disorders as well as organ function and metabolism disorders according to national and international standards
	C3	Student will be able to carry out, monitor, and evaluate oral, enteral, and parenteral nutritional therapy in various conditions/diseases.
	C4	Student will be able to apply International Patient Safety Goals (IPSG) principles in every action of clinical nutrition service which includes effective communication with patients, patients' families, and work partners regarding medical nutrition therapy according to the patient's condition, procedures undertaken, risk of complications, and nutritional management, as well as building and carrying out good nutritional therapy team work oriented to the patient's interests.

The following curriculum is presented:

Level	Year	Semester	Course Details	
			Course Name	CPs
Senior	4th Year	7th Semester	Final Project Clinical Nutrition Research	6 CPs
			Nutritional Service at Primary Health Care (Social Nutrition)	1 CPs
			Coaching Junior Residents	1 CPs
	3rd Year	6th Semester	Nutritional Management in Elderly (Menopause and Andropause)	2 CPs
			Nutritional Management in Pregnant and Lactating Women	1 CPs
			Nutritional Management in Infants, Children, and Adolescent	1 CPs
			Nutritional Management in Obesity	2 CPs
			Nutritional Therapy of Micronutrient Deficiency and Toxicity	2 CPs
			Nutritional Therapy in Malnourished (Marasmic and Kwashiorkor)	3 CPs
	3rd Year	5th Semester	Nutritional Therapy in Malignant Diseases	1 CPs
			Nutritional Management Therapy in Other Diseases (Allergy-immunology)	1 CPs
			Nutritional Management in Intensive Care	2 CPs
			Perioperative Nutritional Management	2 CPs
			Nutritional Management of Cardiovascular Disease	2 CPs
			Nutritional Management of Kidney Disease and Urogenital Tract	2 CPs
Intermediate	2nd Year	4th Semester	Scientific Presentation	1 CPs
			Nutritional Care Management	1 CPs
			Journal Reading	2 CPs
			Case Study / Long Case	1 CPs
			Case Report / Referat	2 CPs
			Patient Food Service Management	1 CPs
	2nd Year	3rd Semester	Laboratory for Nutritional Assessment	1 CPs
			Implementation of Clinical Nutrition	5 CPs
			Research Proposal	2 CPs
			Literature Review	2 CPs
			Sport and Occupational Nutrition	4 CPs
			Advanced Clinical Nutrition (Advanced assessment of Nutritional Status)	5 CPs
1st Year	2nd Semester	Nutrition Disaster	2 CPs	
		Basic Clinical Nutrition (Basic Assessment of Nutritional Status)	5 CPs	
		Nutrition in Life Cycle	2 CPs	
		Food Safety	2 CPs	
		Food Science	2 CPs	
		Nutrigenomics	2 CPs	
Junior	1st Year	1st Semester	Clinical Microbiology	2 CPs
			Leadership in Nutrition	2 CPs
	1st Year	Basic Lecture Study	Nutritional Physiology & Nutrient Metabolism	2 CPs
			Nutrition Science	2 CPs
	1st Year	General Study Material	Health Administration and Medical Records	1 CPs
			Immunology	2 CPs
			Clinical Pharmacology	1 CPs
			Molecular Biology	2 CPs
			Clinical Epidemiology & Evidence-Based Medicine	2 CPs
			Biostatistic & Computer Statistics	2 CPs
Research Method			2 CPs	
Ethico-medico-legal			1 CPs	

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

AREA	CODE	LEARNING OUTCOME
ATTITUDE (A)	A1	Students will be able to believe in God Almighty, be religious, civilized, uphold human values, have ethics, are independent, and contribute to improving the quality of people's lives in the fields of medicine and health.
KNOWLEDGE (K)	K1	Students will be able to master technical knowledge including basic science (biosciences) and clinical sciences (clinical sciences) in the field of ophthalmology expertise.
	K2	Students will be able to master related theoretical concepts (contextual knowledge) covering clinical epidemiology, service organization (organization services), and behavioural aspects in relation to the field of ophthalmology expertise.
SKILLS (S)	S1	Students will be able to develop logical, critical, systematic, and creative thinking through scientific research or design creation, compile scientific conceptions and the results of their studies based on scientific principles, procedures, and ethics in the form of a thesis published in writing in an accredited scientific journal.
	S2	Students will be able to compile ideas, thoughts and scientific arguments responsibly and based on academic ethics, as well as communicate through the media to the academic community and the wider community.
	S3	Students will be able to manage, develop and maintain networks with colleagues, peers within the wider research institution and community.
COMPETENCE (C)	C1	Students will be able to display intellectual skills including problem solving skills with a scientific approach (scientific problem-solving approach) and establish clinical decision making in the field of ophthalmology expertise, especially in the eradication of blindness.
	C2	Students will be able to implement the concept of interpersonal skills consisting of communication skills, medical interview skills, physical examinations, conducting and interpreting the results of supporting examinations (procedures) in the field of ophthalmology expertise.
	C3	Students will be able to manage operating room management, including management of operating instruments, operating techniques, patient safety, infection control, and counselling on operative actions in the field of ophthalmology expertise.
	C4	Students will be able to direct individual, family and community health problems in a comprehensive, holistic, integrated and sustainable manner in the context of eye health services.

The following curriculum is presented:

