



PROGRAMME REVIEW REPORT

Bachelor of Medicine, Bachelor of Surgery (MBBS) Degree Programme

Faculty of Medicine

University of Jaffna

27 to 30th January 2020



Review Panel:

Dr. J.M.J.K. Jayasinghe (Chairman)

Professor P.A.S. Edirisinghe

Professor N. S. Soysa

Dr. A.L.M. Riyal

Quality Assurance Council

University Grants Commission, Sri Lanka

University: University of Jaffna

Faculty: Faculty of Medicine

Program: MBBS

Review Panel:

| Name | Signature |
|-----------------------------|---|
| Dr. J.M.J.K. Jayasinghe |  |
| Prof. Anuruddhi Edirisinghe |  |
| Prof. N. S. Soyza |  |
| Dr. A.L.M. Riyal |  |

Date: 30th January 2020

Table of Contents

| | |
|--|-----------|
| Section 1: Brief Introduction to the Programme | 1 |
| Section 2: Review Team’s Observation on the Self Evaluation Report (SER)..... | 6 |
| Section 3: Brief Description of the Review Process..... | 8 |
| Section 4: Overview of the Faculty’s Approach to Quality and Standards..... | 14 |
| Section 5: Judgment on the eight criteria of programme review | 16 |
| 5.1 Criterion 1: Programme Management..... | 16 |
| 5.2 Criteria 2: Human and Physical Resources | 18 |
| 5.3 Criteria 3: Programme Design and Development | 20 |
| 5.4 Criteria 4: Course/ Module Design and Development..... | 22 |
| 5.5 Criteria 5: Teaching and Learning | 24 |
| 5.6 Criteria 6: Learning Environment, Student Support and Progression..... | 26 |
| 5.7 Criteria 7: Student Assessment and Awards..... | 29 |
| 5.8 Criteria 8: Innovative and Healthy Practices..... | 31 |
| Section 6: Grading and Overall Performance of the Programme..... | 33 |
| Section 7: Commendations and Recommendations | 34 |
| Section 8: Summary | 36 |
| Annexure I: The schedule of the meetings..... | 39 |
| Annexure II: Attendance lists of the meetings | 44 |

Section 1: Brief Introduction to the Programme

University of Jaffna was initiated as Jaffna Campus on 6th November 1974 and it was the sixth campus of the University of Sri Lanka. Faculty of Medicine was established on 7th August 1978 under the University Act No. 16 of 1978. At the same time, the Provincial Hospital Jaffna was declared as the Teaching Hospital of the Faculty of Medicine. Faculty of Medicine, University of Jaffna was the third state Medical Faculty in Sri Lanka. Jaffna Campus was converted to an independent University on 1st January 1979. Faculty of Medicine is now located at Adiypatham Road, Kokuvil East, Jaffna.

Vision of the Faculty

To be a leading center of excellence in teaching, learning, research and scholarship in the field of medicine.

Mission of the Faculty

To be a leading center of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.

Overview of the study programme

The Faculty consists 14 departments namely Anatomy, Biochemistry, Physiology, Community and Family Medicine, Forensic Medicine, Pathology, Microbiology, Parasitology, Pharmacology, Surgery, Medicine, Obstetrics and Gynecology, Pediatrics, and Psychiatry. There are no permanent academic staff members in the Department of Forensic Medicine and Department of Psychiatry. Department of Physiology has only one Lecturer. These departments conduct teaching with the support from the extended faculty staff of the Teaching Hospital, Jaffna and the staff from the other Medical Faculties.

Faculty holds a good blend of human competencies and offers MBBS degree programme only. At present, there are 45 permanent academic staff members. Thirty nine of them have MD or PhD qualification. There are only two Senior Professor/ Professors in the faculty. However, recently five academic members have applied for Professorships in the faculty. Details of the man-power in the faculty are given in Tables 1.1, 1.2 and 1.3.

Staff to student ratio in the Faculty indicates an inadequate cadre provision in relation to the student numbers enrolled. However, during the last six years these carders have not been filled

up even though the necessary approval has been obtained from the Department of Management Services to recruit new academic members to the faculty. The approval from the University Council has been obtained to recruit ten selected applicants for the academic staff, however, the Ministry of Health has not yet granted approval. As a result, the workloads of current staff members are significantly high.

Table 1.1: Man-power in the Faculty of Medicine(Number of academic staff)

| Category | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--|------|------|------|------|------|------|
| Academic cadre approved by the Department of Management Services | 72 | 72 | 86 | 90 | 90 | 90 |
| Available cadre | 22 | 23 | 38 | 42 | 42 | 45 |
| Academic cadre vacancies | 50 | 49 | 48 | 48 | 48 | 45 |

Table 1.2: Detail distribution of academic cadre in 2020 (Number of academic staff with the highest academic qualification)

| Category | Quantity | PhD/ MD | Master/ MPhil | MBBS |
|---------------------------|-----------|-----------|---------------|----------|
| Senior Professor | 1 | 1 | - | - |
| Professor | 1 | 1 | - | - |
| Senior Lecturer, Grade I | 16 | 10 | 6 | - |
| Senior Lecturer, Grade II | 16 | 13 | 3 | - |
| Lecturer | 11 | 6 | 1 | 4 |
| On assignment basis | 3 | 3 | - | - |
| Total * | 45 | 31 | 10 | 4 |

*Staff on assignment basis are excluded.

In 2019, there were 29 cadre vacancies for non-academics (Table 1.3). These vacancies have not been filled for the last six years even though approval from Department of Management Services has been obtained for cadre positions. The available non-academic staff members perform extra workload.

Table 1.3: Man-power in the Faculty of Medicine (Number of non-academic staff)

| Category | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|--|------|------|------|------|------|------|
| Non-academic cadre approved by the Department of Management Services | 100 | 100 | 102 | 102 | 102 | 108 |
| Available cadre | 65 | 70 | 74 | 75 | 75 | 79 |
| Non- academic cadre vacancies | 35 | 30 | 28 | 27 | 27 | 29 |

At present, 971 students belonged to seven batches are studying in the faculty (Table 1.4). Despite the serious setbacks the faculty has faced in the past, it is now geared to practice modern teaching and learning techniques. The staff of the faculty and the teaching hospital have contributed tremendously to improve and maintain the standards of the degree programme. Over the years, the demand for the degree programme and the number of students graduated from the faculty has been increased.

Table 1.4:Current student population in the faculty

| Batch | Academic year | Tamil students | Sinhala students | Muslim students | Total |
|------------------|---------------------|----------------|------------------|-----------------|------------|
| 42 nd | 2018/19 First year | 55 | 70 | 25 | 150 |
| 41 st | 2017/18 First year | 57 | 67 | 28 | 152 |
| 40 th | 2016/17 Second year | 74 | 53 | 23 | 150 |
| 39 th | 2015/16 Third year | 72 | 45 | 19 | 136 |
| 38 th | 2014/15 Fourth year | 87 | 29 | 24 | 140 |
| 37 th | 2013/14 Final year | 67 | 35 | 26 | 128 |
| 36 th | 2012/13 Final year | 77 | 26 | 12 | 115 |
| Total | | 489 | 325 | 157 | 971 |

During the period of concern to this review, a traditional curriculum has been used with integration. The pre-clinical subjects are taught in the phase I. Pre-professorial clinical course is conducted in the morning at the Teaching Hospital, Jaffna during the phase II. Para-clinical subjects are taught in the faculty premises in the afternoon. During this phase, students are

adequately exposed to major clinical specialties and sub specialties. In the final year (phase III), students undergo clinical learning at the Teaching Hospital, Jaffna; Base Hospital, Thellipalai and Family Health Centre, Kondavil.

Newcomers are exposed to an introductory and orientation programme for 12 weeks. Orientation programme consists of language learning (3 languages), IT modules, and soft skills through the personal and professional development stream.

In the faculty, the lecture hall facilities seemed to be adequate to facilitate lecture sessions for seven batches. Lecture halls are equipped with multimedia, public address systems, fans, whiteboards and adequate number of chairs with writing support. A dedicated examination hall, a state-of-the-art auditorium with 550 seating capacity, and a gymnasium within the faculty are impressive.

Canteen facilities, laboratory facilities and library facilities are adequate. With the proposed new hostel facility, the faculty would be able to provide accommodation to all students. Student counselling, mentoring, health care, career guidance, and students' affairs services that are geared to enrich students' life are appreciable.

Interestingly, the Medical Students' Union is managing the faculty canteen and hence, provides management support to the faculty.

Having a multi-ethnic student population, the faculty encourages students to conduct multicultural events to sustain the harmony while providing opportunities to develop students' aesthetic skills and organizational skills of socio-cultural events. These activities include an annual publication-Naadi, cultural shows, religious activities, various community-based activities, sports events and Medical Exhibition.

During the span of review, the faculty has not undertaken a major curriculum revision. However, minor revisions were evident.

Recently, in collaboration with the Alumni, an annual undergraduate research symposium has been started to provide opportunity for the students to present the findings of the research work carried out on Community Medicine and Biochemistry subjects. Foundation for effective

research communications has now been laid and all are envisaged to create research culture within the faculty.

Faculty has made satisfactory efforts to address several issues pointed out by the previous programme review conducted in 2008. During the site-visit, the Review Panel noted that number of issues raised at the previous review regarding the academic activities of the faculty have not been addressed yet.

Section 2: Review Team's Observation on the Self Evaluation Report (SER)

Faculty has prepared the SER according to the structure given in the Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities. The SER of the faculty consisted of 89 pages and 4 chapters excluding the Annexure. It provided an introduction to the study programme, process of preparing the SER, compliance with criteria and standards, and a summary.

Chapter 1: Introduction to the study programme consisted an overview of the Faculty of Medicine followed by the vision and mission statements of the faculty. It includes the graduate profile and intended learning outcomes, the history of the faculty, administrative structure, student enrolment, profile of academic, academic support and non-academic staff, learning resource systems, curriculum revision activities, student support system and management, SWOT analysis, and the progress since last review. The learning resource systems of the faculty included descriptions on the library, English language teaching center, IT facilities and the LMS. Student support system and management consisted of sports facilities, student counselling services, accommodations, medical center, canteen, students' complex, welfare, carrier guidance services, banking and postal services.

Details of a SWOT analysis done by the Faculty has included in the SER. The SER has listed the long history of the Faculty with its MBBS degree programme, adoption of management procedures that comply national standard operational procedure, up to date web site, Internal Quality Assurance Cell (IQAC) with established polices and by-laws, the resourceful library, Gender Equity and Equality (GEE) Cell and Well-Being Centre, well-structured orientation programme, adoption of approved by-laws and policies regarding examinations, and a dedicated and qualified staff among the strengths of the Faculty. The weaknesses include poor capacity of LMS platform for virtual discussions, non-availability of performance appraisal and a reward system for staff, in adequate programmes and monitoring mechanisms for continuous professional development of all staff, limited space availability for several departments, increased number of vacant cadre positions, and lack of professors. Moreover, non-availability of Faculty approved policies for the use of open education resources, reward system for staff on research and teaching and differently abled students were included among weaknesses of the Faculty. The SWOT analysis reflected the status of the Faculty to a greater extent. The progress made by the Faculty since last review under four categories namely course and curriculum, staff, teaching learning activities and research and capacity building has provided.

Chapter 2: Process of preparing the SER described the process followed by the faculty. In consultation with the Medical Education Unit and IQAC, the faculty had appointed a team to

draft the SER. Regular meetings and workshops have been conducted to make staff members aware about writing the SER. To write each criterion separately, eight persons in-charge were appointed. Draft SER writing team under each criterion consisted of members from academic and non-academic staff of the faculty. Moreover, a team of seven members were appointed by the Faculty Board to write the final version of SER. The final SER was presented to the staff members of the faculty on 27th March 2019. Details of documentary evidence with code numbers under each criterion were presented.

Chapter 3 – Compliance with the Criteria and Standards, of the SER was in accordance with guidelines of the manual. A summary was given at the end of each criterion. Under each criterion, evidence with coded numbers were listed alongside the standards using the template provided in the manual. This facilitated the reviewers' assessment of each standard about the study programme.

Chapter 4 – Summary, of the SER consisted the measures taken to enhance the quality of the medical degree programme including a brief description of the previous programme review conducted in 2008.

The annexures at the end of the SER provided the milestones of the faculty, staff availability in each department, a list of contributors for programme review process and SER writing, web links, and an organography of the faculty. SER provided criterion and standard wise documentary evidence. However, most of the evidences mentioned in the SER did not support to claim maximum marks. For several standards, the evidences provided were not relevant while some evidences did not support for the period of three years.

Section 3: Brief Description of the Review Process

Review Panel

The Review Panel consisted of Dr. J.M.J.K. Jayasinghe (Chairman, University of Sri Jayewardenepura), Prof. P.A.S.Edirisinghe (University of Kelaniya), Prof. N.S. Soysa (University of Peradeniya) and Dr. A.L.M. Riyal (South Eastern University of Sri Lanka).

Pre site-visit evaluation

The pre-review workshop was held at the UGC on 4th July 2019. The SER copies submitted to the UGC by the Faculty of Medicine, University of Jaffna were received by the members of the Review Panel at the pre-review workshop. The key aspect of the programme review process is a careful analysis of the SER submitted by the faculty following the guidelines given in the Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities and Higher Education Institutions. Each member of the Review Panel assessed the SER and the results were submitted to the UGC by 31st July 2019. Individual reviewers' concerns and remarks over the evaluation were discussed among the members at the pre-site-visit meeting held on 2nd August 2019 at the UGC. Further clarifications on the evidence provided were made and discussed by the members at the pre site-visit meeting.

Agenda for the site-visit

In consultation with the Dean, Faculty of Medicine, University of Jaffna, a four-day schedule for the site-visit from 28th October 2019 was prepared. However, due to the trade union action of the non-academic staff of the university, the Review Panel had to re-schedule the dates for the site-visit from 27th to 30th January 2020. In consultation with the Dean of the faculty, a four day programme was finalized for the site-visit. The Dean made excellent arrangements to have all meetings in a very comfortable manner as per the programme. The schedule of the meetings (Annexure I) and attendance lists are attached (Annexure II).

The review process was commenced on 26th January 2020 with a pre review meeting held at the US Hotel, Jaffna at 8.30 pm. Review commenced on 27th January 2020 having its first meeting with the Competent Authority of the University of Jaffna.

Meeting with the Competent Authority

The meeting with the Competent Authority of the University of Jaffna was attended by the Review Panel and Dean/ Faculty of Medicine, Director/ Internal Quality Assurance Unit

(IQAU) and Coordinator/ IQAC. The Competent Authority welcomed the Review Panel and explained the past and present status of the University and the faculty. He described the administrative structure pertaining to the quality assurance and actions taken to improve the quality of the education system of the University of Jaffna.

Meeting with the Internal Quality Assurance Unit

Review Panel had a meeting with the Director/ IQAU of the University. Director/ IQAU explained the history of the University, faculties, degrees, facilities and quality assurance activities undertaken. As per the recommendations of the Institutional Review done in 2011, the IQAU was established in 2015. As a result, quality assurance framework and by-laws for IQAU and IQACs were developed and approved by the Senate and the Council of the University. Accordingly, 14 IQACs were formed under each faculty. IQAU is established in a separate room in the main building of the University with adequate facilities including human resources. It is conducting monthly meetings and the minutes of activities are reported to the Senate regularly. IQAU facilitates implementation of quality assurance activities through IQACs. IQAU has conducted workshops, established a network with IQACs, and facilitated writing SER, conducting programme review, and monitoring the implementation of the recommendations of previous quality assurance programmes. There are adequate evidences to show that IQAU is functioning smoothly.

Meeting with the Dean, Heads of Departments, Coordinator-IQAC

Dean welcomed the Review Panel and explained the administrative structure, recent infrastructure developments, human resource availability, committees, units, facilities, academic and extracurricular activities of the students including cultural, religious, and sports. In his presentation he has mentioned that all members in the faculty made their fullest support in completing the SER and collecting evidences on quality assurance activities. Talking about the LMS, he explained that the capacity of the server is not adequate and availability of Wi-fi facility is significantly limited within the faculty. There were no regular peer review process, student feedback collection and teacher evaluation. There are a large number of unfilled cadre positions under academic and non-academic sectors in the faculty. Even though approvals were obtained, due to various reasons recruitments have been delayed for approximately six years. This delay has been identified as a major drawback in implementing the degree programmes smoothly and maintaining its highest quality standards. Out of 45 academic staff available in the faculty there are only two Professors/ Senior Professors. Dean further stated that the annual student intake of the faculty is about 150 and the total student population is about 970. With the increased number of student intakes the existing human resources are heavily over loaded. Faculty has extended its fullest support to the students in conducting cultural and religious activities, participating at sports events, disseminating research findings, carrying out community-based activities and

attending academic related activities. Faculty has maintained zero tolerance for ragging and sexual and gender-based violence (SGBV).

Meeting with the Academic Staff (excluding the HoDs)

Review Panel discussed the SER writing process, teaching and learning process, LMS usage, teaching workload, student activities, involvement of the academic staff for the student activities, examination procedures and evaluation methods with the academic staff. It was revealed that several departments namely Forensic Medicine, Physiology and Psychiatry are seriously lacking academic staff members. Only a few staff members use the LMS in teaching and learning. The staff stated that they encourage students to involve in extracurricular activities and community-based activities, and also to publish their research findings.

Meeting with the Administrative Staff

The meeting conducted with the administrative staff included the Registrar, Bursar, Deputy Registrars (Establishment-Academic, Capital Works and Planning, Examination Service), Assistant Bursar, Assistant Registrar-Welfare Services and Senior Assistant Registrar- Medicine. During the meeting, the examination procedures, procurement procedures, facilities available to encourage active learning, students' complaints and handling of grievances, students progression monitoring and the awareness of staff on the quality assurance and their contribution to quality assurance tasks undertaken by the faculty were discussed.

Meeting with Technical and Academic Support Staff:

A separate meeting was conducted with the Technical and Academic Support Staff. During the meeting, the Review Panel discussed the awareness of the Technical and Support Staff on quality assurance and their contribution to the departments' teaching and learning process. Review Panel discussed many areas including LMS usage, computer lab facilities, available software for student use and student support services in relation to overcome the technical issues.

Meeting with the Directors of Centers/ Units/ Cells

This meeting was attended by the Directors (Computer Unit, Staff Development Centre, Well Being Center, CGEE) and Coordinators (Medical Education Unit, English Unit, Well Being Cell). At the meeting, action plans of their Centers/ Units/ Cells, activities undertaken, and availability of supporting policies, by-laws and resources were discussed.

Meeting with the Technical Officers

A separate meeting was conducted with the Technical Officers. Review Panel discussed their contribution to the departments' teaching and learning process, availability of resources

& facilities, training & development, safety issues, the awareness on quality assurance system and student support services in relation to overcome the technical issues.

Meeting with the Consultants, Teaching Hospital, Jaffna

This meeting helped the Review Panel to understand the contributions given by the staff of the extended faculty including Consultants and staff from the hospital. Their contributions to the students' clinical studies, curriculum development, quality assurance process, examinations and resource availability were discussed. The facilities available in the hospital including wards, office space for staff, waiting rooms, lecture halls and human resources were observed by the panel. Although some were deficient in space, satisfactory efforts have been made to overcome the issue. The support from extended faculty (Teaching Hospital) seems to be good and majority of the Consultants being alumni of the faculty also augmented the support.

Meeting with the Student Counsellors

The Review Panel met the Student Counsellors of the faculty and discussed about counselling mechanisms and procedures, activities undertaken, training received on counselling and monitoring.

Meeting with the Alumni members

Review Panel met alumni members and discussed their contributions to the faculty activities, curriculum development, quality assurance system and student support services. There seems to be a strong alumnus to the faculty and their support seems to be commendable. Alumni have purchased a land next to the students' hostel to improve the hostel facilities further.

Meeting with the undergraduate students

The discussion had with the students mainly focused on matters pertaining to orientation programme, study programme, human resources, facilities, welfare, and students' activities. Students were aware about the quality assurance process of the faculty. They stated that few departments use LMS in teaching and learning, and more lecture halls and chairs for existing halls are required to facilitate increased student intake. Students expressed their dissatisfaction over the way of conducting the English course and usage of student feedback. They expect a highly interactive English course and use of their feedback to improve the quality of teaching and learning. However, they were happy as the orientation programme has been reduced from 90 to 50 hrs for new students. Moreover, they were satisfied with the support given for learning the Tamil language and majority stated that their communication ability have improved when they start hospital work and stated that their colleagues helped them. Other areas they expressed their views include lack of staff members in the faculty, minimal facilities available in the teaching hospital and very limited Wi-fi facilities within the faculty. They have been actively participated

in student activities. Students expressed their satisfaction over the library and canteen. Moreover, the Student's Complex which include an IT lab, a mini gymnasium, office space for Students' Union, a hall and cluster rooms for group study is managed by students.

Career Guidance Unit (CGU)

The Review Panel met the Advisor of the CGU. According to him, CGU provides necessary information to students firstly during the orientation period. Then a few programmes are conducted in the consecutive years to make student more aware about their future endeavors.

Library

Faculty has a separate library and provides the information needs of the medical students. It contains text books, reference books, periodicals, thesis collection and electronic resources. Library has established a web based OPAC and LIBSYS database that facilitates access to library materials. Students can have access to e- journals, Scopus and HINARY. Multiple copies of new editions of medical books have arrived. However, it has limited seating capacity for 100. The faculty needs to take further steps to provide modern facilities in the library for the students and staff of the university. Moreover, the students have access to a mini library located in the hospital.

IT facilities

Review Panel visited the IT facility which is managed by the students' union. It was observed that the number of computers available and space allocated for the facility are not adequate. Even though internet facility and statistical packages such as SPSS are available, the management of the entire facility for the betterment of students is not satisfactory. The panel is of the view that proper supervision of the staff is necessary in managing the IT facility at Students' Complex.

Sport facilities

Faculty has a mini gymnasium. As the University has recently established a new gymnasium near the faculty premises, medical students now have easy access to the new gymnasium. However, the mini gymnasium of the faculty which is managed by the Students' Union seems to be underutilized and poorly managed.

Canteen facilities

Review Panel visited two canteens, one located in the faculty premises and the other at the medical students' hostel. Both are managed by Students Union. Both canteens seemed to be managed in a recommendable level. Moreover, doctors' canteen in the hospital provides foods to students.

Medical facilities

Free health care is available to students who have registered at the University Health Center. In addition, Consultants in the hospital look after the health needs of the medical students.

Hostel facilities

Two hostels available for girls and boys do not have enough rooms to accommodate all medical students. Since the hostel is situated in a very close proximity to the hospital, it had enabled the students to attend clinical work easily. Hostels are adequately equipped with a canteen, common room, study areas and parking space. There is a large auditorium with a public address system which is used to conduct lectures as well.

English Language Teaching Department

Review Panel visited the English Language Teaching Department (ELTD) which is currently functioning under the Faculty of Arts. ELTD designs and offers English courses for students during their induction period. Review Panel observed that human resources available in the ELTD are not adequate to conduct English courses during orientation period for all new students in the University.

Section 4: Overview of the Faculty's Approach to Quality and Standards

Review Panel observed the approach adopted by the faculty to assure the higher academic quality standards of the medical degree programme. IQAU which is the coordination body of the QAC, UGC was established in 2015. The office of IQAU is located in the main building of the University. IQAU is headed by a Director and is sufficiently equipped with resources. The Senate has approved the by-laws and policy framework for internal quality assurance of the University. IQAC was established in 2016 to develop and implement quality assurance activities of the Medical Faculty. It is working in collaboration with the Medical Education Unit (MEU) in monitoring and implementation of the curriculum development and quality assurance activities of the faculty. IQAC is headed by a Coordinator who is a senior staff member of the faculty.

Review Panel observed that the Competent Authority of the University has provided his fullest support for the implementation and improvement of the quality assurance system within the institution. The academic staff, supporting staff, non-academic staff and students are well aware of the quality assurance activities that are being implemented by the IQAC/ MEU of the faculty. They have contributed towards the improvement of quality standards of the institution and the degree programme. The commitment and enthusiasm of the Dean/ Faculty of Medicine, Director/ IQAU and Coordinator/ IQAC towards quality enhancement and activities planned and implemented are commendable.

The IQAU has implemented several activities such as networking QA cells, creating awareness among stakeholders on quality assurance, facilitating/ preparing programme reviews and institutional reviews, monitoring implementation of recommendations of previous reviews, and converting study programmes into SLQF.

Review Panel is also pleased with the way the faculty staff members cooperated with the IQAC in producing documentary evidences and arranged them in an orderly manner to facilitate reviewers for the evaluation process. All staff members are aware of the quality assurance activities.

Compared with the previous programme review, several aspects have been improved. For example, students from all major ethnic groups satisfactorily represent the current students' population of the faculty, multicultural environment is promoted, examination procedures and student assessment methods have been improved, academic staff vacancies have been filled up to 50%, library facilities are enhanced, study programme has been reduced to 5 years, extended

faculty has been reinforced and measures have been taken up to upgrade the Wi-fi system. SDC, MEU and IQAC have been established and are in operation. However, the services provided by these institutions on training of academic staff, non-academic staff and staff of the extended faculty are not adequate. As recommended by the previous review, faculty has failed to fill academic and non-academic staff vacancies and academic chairs for a longer period. A system to obtain regular feedback on teaching and learning activities including clinical teaching is not well established. There is no organized scheme for peer evaluation of academic staff and staff of the extended faculty. Lack of evidence to show that the faculty has obtained a greater involvement of various stakeholders in curriculum revisions completed from 2009-2019.

However, to obtain the long-lasting commitment and the fullest support from the staff and students to establish a quality culture, the faculty needs to fill up all vacant cadres immediately. Inadequate number of academic staff in major specialties such as Psychiatry, Physiology and Forensic Medicine affect adversely on the overall quality improvement of the faculty. Lack of adequate number of staff seriously hinders the effective and efficient implementation and monitoring of continuous quality improvement activities in the faculty. After completing the previous programme review, the faculty has shown a substantial improvement in cadre filling from 28% to 50%. However, immediate action to fill the academic and supporting staff vacancies of the faculty is recommended as students are very concerned about the lack of staff, although the learning is somehow managed with the visiting staff, which is also with difficulty. The situation has been continuing for many years without a permanent solution.

Moreover, staff constraint has been identified as a reason for poor research output of the faculty. Inculcating of research culture within the faculty has been hampered by the acute shortage of academic staff in the faculty. On the other hand, quality assurance being an integrated approach covering all the processes of a higher education institution, without having the support from adequate quantity of human resources, the expected continuous improvements in these processes would be very much difficult to achieve.

Discussions had with students raised their doubt whether their feedback has been considered to introduce positive changes and improvements to the teaching methods and content. Review Panel was unable to find evidence to support the above. Developing the confidence among the students over the use of their feedback on improvements is necessary.

Conducting awareness programmes for the staff on a regular basis is very much important to receive their fullest support in implementing quality assurance activities in the faculty. Review Panel is very much concerned about the poor management of the Students' Complex by the students.

Section 5: Judgment on the eight criteria of programme review

5.1 Criterion 1: Programme Management

This criterion deals with the procedures, guidelines and mechanisms of programme management. The organizational structure, strategic/action plan, governance and management procedures, by-laws relating to examinations, disciplinary procedures, student charter related to programme management are well in place in the faculty. Student's handbook with adequate information is provided to all new students. Result of the assessment on programme management is presented in Table 5.1 below.

Table 5.1: Assessment of Programme Management

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|--|---------------------------|--------------------------------|-------------------------|---------------------|--------------|
| Programme Management (Standards 1- 27) | 2 | 3 | 13 | 9 | 27 |
| Weighted Score | 0 | 3 | 26 | 27 | 56 |

Strengths:

- The action plan of the faculty has aligned with the university's strategic plan and demonstrates the readiness to adopt new trends in higher education.
- The functions of the faculty is effectively executed through different departments, units/centres and various committees.
- All incoming students are provided with a handbook. It includes the general information of the faculty, brief description of the study programme, learning resources, student support services, disciplinary procedures, welfare measures, grievances and redress mechanisms, options available to exit at different levels, examination procedures, grading mechanism, graduating requirements, and examination by-laws. The faculty provides information on the curricula of the study programme, courses offered, and options available to exit.
- Faculty website is up to date with current information and provides links to handbook, special notices, announcements, etc.

- All new students are facilitated with an induction/orientation programme to support their transition from school to University environment.
- Faculty has established an Internal Quality Assurance Cell (IQAC) with operational procedures and in collaboration with the Medical Education Unit (MEU), it works in liaison with the Internal Quality Assurance Unit (IQAU) of the university to implement internal quality enhancement procedures.
- All the students of the faculty have access to health care services, cultural and aesthetic activities, recreational and sports facilities.
- Faculty adopts and practices the university approved by-laws pertaining to examinations, examination offences, student discipline and student unions. By-laws adopted have made available to both staff and students.

Weaknesses:

- Adequate evidences are not provided to show implementation and monitoring of the action/corporate plans.
- Evidences provided were not adequate to show that management procedures contain documented national and institutional standard operating procedure(SOPs) with a wide circulation. Annual internal and external audit reports are not available.
- Duty lists, work norms and codes of conduct for all categories of staff are not available and their activities have not monitored regularly.
- No evidence on establishment of a MIS that deals with composite student data entering, maintenance and management. Lack of evidence on proper management of ICT facility and adoption of ICT tools in management, teaching and learning.
- Wi-fi facility is not available across the faculty buildings and it is a constraint for wider access to information and LMS to both staff and students. Servers with adequate capacity should be purchased by the faculty and University for upgrading the ICT facility and link to the MIS.
- Evidence for the implementation and communication of work norms, duty lists and codes of conduct for all categories of staff and monitoring of the same were insufficient.
- No evidence for implementation of a performance appraisal system and a reward scheme with recipients.
- Inadequate evidence on monitoring and implementation of the curriculum and quality of teaching and learning through multiple measures. No relevant evidence for graduate satisfaction surveys, feedback reports and use of feedback on continuous improvement of curriculum, and teaching and learning assessment methods.

- Evidence of implementation/ outcome of the collaboration specified in MoUs.

Recommendations:

- Strengthen up the ICT platform of the faculty to implement all key functions and link to the University MIS.
- Upgrade the faculty LMS and encourage staff to use LMS in teaching and learning by providing necessary technical and knowledge assistance.
- Issue work norms, duty lists and code of conduct to all staff and monitor regularly.
- Implement a performance appraisal system. Provide training to improve performance of staff and link to a rewarding system.
- Measure and monitor implementation of the curriculum and the quality of degree programme through multiple measures.
- Considering the SBS as reference point develop and introduce outcomes-based education (OBE)/ student-centered learning (SCL) approaches.
- Establish policies to support differently abled students and to deter SGBVs.

5.2 Criteria 2: Human and Physical Resources

This criterion assesses the human resources, training, development, appraisal, and adequacy of facilities on programme implementation. Result of the assessment on human and physical resources is presented in Table 5.2 below.

Table 5.2: Assessment of Human and Physical Resources

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|---|---------------------------|------------------------------------|-------------------------|---------------------|--------------|
| Human and Physical Resources (Standards 1- 12) | 0 | 2 | 5 | 5 | 12 |
| Weighted Score | 0 | 2 | 10 | 15 | 27 |

Human resource management of the faculty is unsatisfactory as a large number of vacancies in both academic and nonacademic including supporting staff have not been filled for more than 6

years. Especially, acute deficiency of academic staff members has adversely affected the effective and efficient implementation of the degree programme. Majority of the academic staff, 86% have postgraduate qualifications. At present, three qualified retired persons have been recruited to three departments namely Forensic Medicine, Physiology and Psychiatric.

Staff from the teaching hospital, Jaffna and other Medical Faculties support the academic activities of the faculty. However, the staff members of the faculty and extended faculty have been suffering from a significant extra workload for a longer period of time. The Review Panel learned that the extra workload prevailing in the faculty and salary differences between the faculty and the Health Ministry have discouraged qualified outsiders to apply for academic positions.

The staff strength of the English Language Teaching Department is not adequate to cater the requirements during the induction period of new students. Regular training programmes have not been implemented for continuous professional development of human resources in the faculty, especially for the technical staff. Faculty has provided adequate infrastructure facilities for the students in the faculty premises. However, the Review Panel observed very limited infrastructure and space availability for both extended staff and students in the teaching hospital. Even with the limited space, the academic and extended faculty have taken measures to have improved facilities. Having a multicultural environment, the faculty has encouraged students to conduct cultural and religious activities. At present, faculty maintains a high level of social harmony and cohesion among the students with different ethnic and religious backgrounds.

Strengths:

- The physical resources of the faculty for administration, teaching and learning are satisfactory.
- With the limited number of faculty and visiting staff, the teaching programme is being conducted to an appreciable level.
- The dedicated and qualified staff from the Teaching Hospital in Jaffna provides clinical teaching in the MBBS degree programme as an extended faculty staff.
- Availability of a faculty library, sufficient copies of latest editions of recommended text books, online library facilities, e-journals, inter library loan facility and access to online data bases.
- Training opportunities provided to students to acquire ‘soft skills’/ ‘life skills’ through regular career guidance programmes conducted by the Career Guidance Unit.

- Faculty is located in an attractive environment with ample land extent and provides adequate infrastructure facilities for students in their academic and extracurricular activities.
- With the support of the faculty, students are actively engaged in multicultural programmes to promote social harmony.

Weaknesses:

- Faculty has failed to ensure that its human resources are adequate to meet its current and future needs.
- Existing staff has limited time for research with overloaded teaching and service commitments.
- Non availability of HR plan for a long term professional development.
- No procedures for appraising staff performance.
- Limited resources of the ELTD.
- Inadequate ICT facilities for interactive teaching and student centred learning.

Recommendations:

- We strongly recommend that all vacant cadre positions in academic and non- academic staff of the faculty have to be filled urgently to cater teaching and learning requirements effectively and efficiently, and meet the emerging needs in higher education.
- Implement capacity development programmes for both academic and non- academic staff to ensure continuous professional development.
- Establish a staff performance appraisal system.
- Obtain stakeholder feedback.
- Enhance the staff strength of ELTD and restructure the faculty IT facility to provide a high quality service to students.

5.3 Criteria 3: Programme Design and Development

The MBBS degree programme consists of an orientation programme followed by three phases during its five year study period. Orientation programme for new students is scheduled for 90 days which consists English and IT. During the Phase I, pre-clinical subjects are conducted in the faculty. In the Phase II, pre-professorial clinical course and para-clinical subjects are taught.

Final year (Phase III) is for clinical learning at the Teaching Hospital- Jaffna, Base Hospital- Thellipalai and Family Health Centre-Kondawil. The faculty performed a major curriculum revision during 2007-2010 and a faculty level revision with a few changes in 2011 and 2015. The faculty policy on curriculum revision was established in 2018. A major revision has been again done in 2019. Result of the assessment on programme design and development is presented in Table 5.3 below.

Table 5.3: Assessment of Programme Design and Development

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|---|---------------------------|--------------------------------|-------------------------|---------------------|--------------|
| Programme Design and Development (Standards 1-24) | 2 | 1 | 14 | 7 | 24 |
| Weighted Score | 0 | 1 | 28 | 21 | 50 |

Strengths:

- Programme design and development procedures include specific details relating to entry and exit pathways including fall-back options, ILOs, and aligned to SLQF.
- Faculty ensures that programme approval decision is taken after full consideration of design principles, academic standards, and appropriateness of the learning opportunities available, monitoring and review arrangements and content of the programme specification.
- The evidence on adoption of principles of programme designed and development, and documentation and communication to relevant staff are adequate.
- Faculty has clearly identified appropriate ILOs for internship and timely communicated.

Weaknesses:

- Lack of evidence on stakeholder surveys and incorporating the feedback during programme design and development. During the discussion with the extended faculty, it was revealed that any new development in the curriculum enjoyed by the other medical faculties should be given to the students of the Faculty of Medicine, University of Jaffna. Therefore, we suggest to maintain a better coordination with the extended faculty and obtain more inputs for curriculum development of the faculty.

- No evidence for monitoring outcomes of the programme and incorporating survey results to review ongoing design and development of the curriculum.
- Evidence provided on student feedback, external stakeholder feedback and adopting assessment cycle were not adequate.
- Lack of evidence to prove adoption of OBE/SCL programmes with clearly aligned programme outcomes to course outcomes.
- No evidence to prove that faculty annually collects and records information about students’ destination after graduation and uses it for continuous improvement of the programme.
- Lack of flexible component such as electives in the syllabus where all students can select.

Recommendations:

- Incorporate variety of teaching techniques for students of each phase to improve student interest on learning.
- Consider to provide necessary facilities for differently abled students and allocate a quota from student intake for them.

5.4 Criteria 4: Course/ Module Design and Development

Programme development as well as the module design of the study programme has been carried out in a participatory manner involving external and internal stakeholders. The courses have been designed to meet the programme objectives, student centered teaching strategies and in compliance with SLQF. Courses contain clear specifications, ILOs, contents, assessment strategies and learning resources. The student handbook provides details of the structure of the degree programme. Result of the assessment on course/ module design and development is presented in Table 5.4 below.

Table 5.4: Assessment of Course/ Module Design and Development

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|---|-------------------|------------------------|-----------------|-------------|-------|
| Course/ Module | | | | | |
| Design and Development (Standards 1-19) | 0 | 3 | 7 | 9 | 19 |

| | | | | | |
|----------------|---|---|----|----|----|
| Weighted Score | 0 | 3 | 14 | 27 | 44 |
|----------------|---|---|----|----|----|

Strengths:

- Course design and development has been done by a course team with the involvement of internal and external subject experts.
- The course has been designed to meet the programme objectives and outcomes.
- The course has been designed in compliance with SLQF credit definition and is guided by other reference points and requirements of statutory or regulatory bodies.
- The contents, learning activities and assessment tasks are systematically aligned with the course outcomes which in turn are aligned with the programme outcomes.
- Student-centred teaching strategies have been considered in the course design and development enabling the students to be actively engaged in self-studies.
- The courses have a clear course specification that provides a concise description of the ILOs, contents, teaching learning and assessment strategies and learning resources, and are made accessible to all students.
- Course design specifies the credit value, the workload as per SLQF broken down into different types of learning.
- Relevant staff were made aware of the criteria against which the course proposals/specifications are assessed in the course approval process.

Weaknesses:

- Lack on evidence to prove that course design and development takes into account the needs of differently abled students by employing teaching and learning strategies which make the delivery of the course as inclusive as possible. Student feedback and student satisfaction survey data were not available.
- Evidence on course development committees, course evaluation reports and internalization were not adequate.
- Faculty had done several minor revisions of its curriculum but the evidence for obtaining approvals through the official procedures that has been established by the University and the faculty were not easily reflected in the evidence provided.
- No evidence of policies and regulations in the faculty governing the appointment of external examiners with clear TORs.
- Inadequate stakeholder feedback in course designing.

Recommendations:

- Evidence on course development committee and faculty course design policy should have been recorded and improved.
- Conduct a comprehensive course evaluation regularly on its content, appropriateness, effectiveness of teaching, and achievement of learning outcomes.
- Enhance the use of ICT in the delivery of courses, course evaluation, and obtaining student feedback.

5.5 Criteria 5: Teaching and Learning

Teaching and learning strategies of the faculty are based on the faculty's mission. Course specifications and timetables are timely communicated to students. Review Panel observed lecture sessions conducted for the first and the second year students. Lectures were dominated by conventional methods and lack of evidence related to SCL and OBE.

ICT based platform (LMS) established in the faculty has not been used by most of the staff members in conducting multi model teaching and learning. However, the faculty has taken steps to upgrade the LMS while encouraging staff to apply variety of teaching and learning methods. Faculty has recognized and taken necessary steps to impart basic skills in research, innovation and research communication to students. Teaching and learning methods can be improved by using improved internet-based facilities such as establishing smart classroom and e-blended learning environment.

Absence in record of staff work load hinders the evaluation of performance of academic staff. Academic staff should be provided with more research grants to engage in research and innovations, and disseminate their findings in the national and international conferences. Result of the assessment on teaching and learning is presented in Table 5.5 below.

Table 5.5: Assessment of Teaching and Learning

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|--|---------------------------|--------------------------------|-------------------------|---------------------|--------------|
| Teaching and Learning (Standards 1-19) | 0 | 6 | 5 | 7 | 18 |

| | | | | | |
|----------------|---|---|----|----|----|
| Weighted Score | 0 | 6 | 10 | 21 | 37 |
|----------------|---|---|----|----|----|

Strengths:

- Teachers encourage students to contribute to creative work and discovery of knowledge to update theory and practice appropriate to their programmes and the institutional mission through newsletters, research symposia, research and publications, exhibitions and work related to students’ union.
- Teaching and learning strategies of the faculty include providing opportunities for students to work in study groups to promote collaborative learning.
- Students are engaged in research as part of the teaching and learning strategy and disseminate the findings of such research through presentations in conferences.
- Faculty has a policy on gender equity. Teaching learning strategies ensure that they are not gender discriminative and abusive.
- Teaching learning strategies of the faculty promote the use of appropriate facilities, amenities and activities to engage in active/deep learning, academic development and personal wellbeing.

Weaknesses:

- Lack of evidence on constructive alignment such as curriculum mapping. Regular documentation of student evaluations, peer review reports, and external examiners’ reports were not found.
- Lack of evidence to prove that the faculty implements a mixture of diverse delivery methods to maximize students’ engagement with the programme (eg: LMS).
- Evidence provided to support that teachers integrate their research/ scholarly activities and current knowledge in the public domain into their teaching was not adequate. Reviewers were unable to find regular teacher evaluation reports by peers and students, and research reports of staff.
- Lack of evidence to prove that the teachers use appropriate tools to obtain regular feedback on the effectiveness and quality of teaching from the students, and peers through a coordinated mechanism and use the results of feedback for improvement of teaching and learning.
- Teacher appraisal system has not been established.
- Reports from external examiners and the use of the same to improve teaching and learning were lacking.

- Lack of evidence on work norms and workload of all staff members of the faculty and no evidence on staff feedback.
- No evidence to evaluate teachers and select champions of teaching excellence with faculty approved indicators and promote adoption of excellent practices. There is no award scheme for excellence in teaching.
- Inadequate evidence to show that the majority of teachers use LMS regularly.

Recommendations:

- Closely align teaching and learning strategies with assessments and learning outcomes.
- Encourage blended learning.
- Improve the capacity of LMS to deliver higher number of subjects by different departments.
- Introduce a teacher appraisal system.
- Use the information gained from assessment of student learning to improve teaching-learning.
- Considering the number of teachers involved in teaching activities, confining to allocated time period will be more productive.

5.6 Criteria 6: Learning Environment, Student Support and Progression

The learning environment of the faculty is conducive for the students. Policies, strategies, support services, and opportunities are available for students’ holistic progression. Establishment of the GEE and WEBE centers is commendable, however, additional support staff and close monitoring are essential for providing an effective service from them. A group of students representing all batches met the reviewers and stated that they are satisfied with the existing learning environment and the degree programme. Students stated that there were no serious problems with ragging or physical violence within the faculty. Reviewers were satisfied with the ability of students to speak in English as they expressed themselves well. Result of the assessment on learning environment, student support and progression is presented in Table 5.6 below.

Table 5.6: Assessment of Learning Environment, Student Support and Progression

| Standards | Inadequate | Barely | Adequate | Good | Total |
|------------------|-------------------|---------------------|-----------------|-------------|--------------|
| | (0) | Adequate (1) | (2) | (3) | |

| | | | | | |
|---|---|---|----|----|----|
| Learning Environment, Student Support and Progression (Standards 1-24) | 0 | 6 | 10 | 8 | 24 |
| Weighted Score | 0 | 6 | 20 | 24 | 50 |

Strengths:

- Faculty offers all incoming students a well-structured orientation programme.
- Faculty guides the students to use the available student support services optimally and empowers learners to take personal control of their own development.
- Faculty promotes active academic and social interaction between the staff and students.
- In line with the mission of the faculty, co-curricular activities such as sports and aesthetic programmes are promoted to obtain social and cultural dimensions of the educational experience.
- Students are equipped with career management skills and soft skills in order to empower them to pursue appropriate career advances through the CGU.
- Learning experience is enhanced through opportunities through internships and work based placements.
- Faculty promptly deals with students’ complaints and grievances, and deliver timely responses.
- Faculty has established close interaction with the alumni and encouraged active participation in faculty activities.

Weaknesses:

- Lack of evidence to prove that the faculty adopts a student-friendly administrative, academic and technical support system through job description of relevant staff, student feedback, help desk for students, greater interaction among students and staff, and reports on student satisfaction surveys.
- Lack of evidence to show that the faculty conducts need analysis and results are incorporated in strengthening the student support services.
- Faculty has not established a policy, strategies and guidance to meet the needs of differently abled students despite having such a student.

- Insufficient information on the maintenance of up-to-date records on student progress throughout a programme of study and follow up on the progression by the faculty and feedback given.
- Lack of evidence to show that the faculty regularly and systematically gathers information on students' satisfaction over the courses offered and support services provided. No information was available on the usage of such information in course improvements.
- Insufficient evidence for counselling unit, activity plan and effective student counselling. No evidence on student satisfaction surveys on counselling.
- As the faculty is closed at 9 pm, students are unable to use the faculty premises for extended hours on studies.
- Though student counsellors have attended some workshops, they need proper training in counselling.

Recommendations:

- Provide evidence of high level interaction between staff and students.
- Conduct need analysis and provide evidence on use of data to improve learning environment and support services for students.
- Develop a policy, strategies and activities aimed at facilitating students with special needs.
- Maintain a database of students with up to date records on examinations, assessment results, monitoring progression and evidence of feedback given.
- Conduct student satisfaction surveys on the degree programme, courses offered and support services. Provide evidence on use of findings in improvements.
- Provide evidence of maintaining an effective counselling service to facilitate students' progression.
- Provide evidence of collaboration between academics and library staff, and teachers motivating students to use the library.
- Improve ICT infrastructure, develop plans to enhance applications and usage.
- Implement ongoing training programmes for students and staff on common learning resources and provide evidence on satisfaction survey reports.

5.7 Criteria 7: Student Assessment and Awards

Students’ performance assessment methods include both formative and summative methods in all areas of the study programme. Information on examination by-laws, grading policy, assessment methods, regulations and punishments for academic misconduct are included in the students’ handbook. Complete transcripts of the courses followed, grades obtained, the final marks/ grades and classes awarded are given to students upon graduation. Result of the assessment on student assessment and awards is presented in Table 5.7 below.

Reviewers observed that handling of answer books to ensure their safety is very much lacking. We observed lack of confidentiality in maintaining the past examination papers in certain departments.

Table 5.7: Assessment on Student Assessment and Awards

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|---|---------------------------|--------------------------------|-------------------------|---------------------|--------------|
| Student Assessment and Awards (Standards 1- 17) | 0 | 2 | 10 | 5 | 17 |
| Weighted Score | 0 | 2 | 20 | 15 | 37 |

Strengths:

- Assessment of student learning is an integral part of the programme design.
- Faculty specifies the weightage relating to different components of assessments in the programme specifications and students’ handbook. Students’ assessment criteria, regulations and procedures are well communicated to students at the time of enrolment.
- The assessment procedures for different components of the degree programme are clearly stated in the programme specifications and clearly communicated to students.
- Faculty uses approved procedures for designing, setting, moderating, marking, grading, and monitoring the assessment methods.

- Faculty adopts policies and regulations governing the appointment of both internal and external examiners and provides them with clear ToRs.
- Faculty adopts well defined marking scale, marking schemes, internal second marking and procedures for recording and verifying marks.
- Faculty ensures that all students receive a complete transcript indicating the courses followed, grades obtained and the aggregate marks/grades, and the class at graduation.

Weaknesses:

- Faculty has not adopted a clear policy on appointment of external examiners and use of the external examiners' reports to ensure that changes recommended in the examiners' reports are implemented.
- Inadequate evidence to ensure accuracy in recording examination results. No evidence were available on students' feedback and use of the same for improvements.
- There is no central facility/ unit to deal with examination matters in the faculty. The panel observed that the examination paper bundles are not stored in a confidential place, hence enabling easy access to them by outsiders. Moreover, the panel felt that the faculty as a whole does not practice blind marking process appropriately.

Recommendations:

- Improve mechanisms to monitor, review and amend the assessment strategies of the degree programme periodically.
- Obtain reports from external examiners and incorporate their reports in programme improvements.
- SDC needs to develop and implement a training programme for staff involved in assessing students on their roles and responsibilities.
- Provide regular, appropriate and timely feedback to students on assessments and use the feedback to promote student learning.
- Introduce appropriate facilities for the students who are disabled or disabled after entering to the degree programme.

5.8 Criteria 8: Innovative and Healthy Practices

In this section, the policy and strategies of the faculty in promoting innovative and healthy practices and extend of their uses are assessed. Result of the assessment on Innovative and Healthy Practices is presented in Table 5.8 below.

Table 5.8: Assessment of Innovative and Healthy Practices

| Standards | Inadequate (0) | Barely Adequate (1) | Adequate (2) | Good (3) | Total |
|---|---------------------------|--------------------------------|-------------------------|---------------------|--------------|
| Innovative and Healthy Practices (Standards 1-14) | 2 | 4 | 5 | 3 | 14 |
| Weighted Score | 0 | 4 | 10 | 9 | 23 |

Strengths:

- As a part of the teaching and learning strategy students conduct research projects and the faculty has encouraged them to disseminate the findings.
- Faculty promotes students and staff engagement in a wide variety of co-curricular activities such as social, cultural and aesthetic pursuits, community related activities, and presenting research findings at conferences. These activities are well supported with physical, financial and human resources of the faculty.

Weaknesses:

- Physical evidence to prove the usage of LMS facility by the whole faculty in teaching and learning were not sufficient.
- Reviewers could not find the faculty approved policy and guidelines on the use of Open Educational Resources (OER). Lack of evidence to support that teachers and students use OER.
- Insufficient evidence to show that the faculty has established a policy and strategies on R&D.
- No evidence was found to prove that the faculty implements a reward system to encourage academics for achieving excellence in research and outreach activities.
- Faculty had a very few activities to complement the national grants. Lack of evidence of generating income and benefits acquired.

- Faculty has not established a policy and guidelines on credit transfer. No evidence was found on the use of this option.
- Steps should be taken to increase the national and international collaborations including staff and student exchange programmes.
- The staff should engage in more collaborative research activities with renowned higher educational institutions.

Recommendations:

- The LMS facility needs to be upgraded in its capacity to cater current and future requirements.
- Monitor LMS usage and train staff and students on using the LMS platform for teaching and learning.
- Introduce a reward system for academics to encourage achieving excellence in research and outreach activities.
- Establish a policy and guidelines on credit transfer and provide evidence of students making use of this option.

Section 6: Grading and Overall Performance of the Programme

The final grade and overall performance of the programme is presented in Table 6.1.

Table 6.1: Grading and overall performance of the programme

| No. | Assessment Criterion | Weighted Minimum Score | Weightage on a thousand scale | No. of Standards | Score given by the reviewers | Actual criterion-wise score |
|-----|---|------------------------|-------------------------------|------------------|------------------------------|-----------------------------|
| 1 | Programme Management | 75 | 150 | 27 | 56 | 104 |
| 2 | Human and Physical Resources | 50 | 100 | 12 | 27 | 75 |
| 3 | Programme Design and Development | 75 | 150 | 24 | 50 | 104 |
| 4 | Course/Module Design and Development | 75 | 150 | 19 | 44 | 116 |
| 5 | Teaching and Learning | 75 | 150 | 19 | 37 | 97 |
| 6 | Learning Environment, Student Support and Progression | 50 | 100 | 24 | 50 | 69 |
| 7 | Student Assessment and Awards | 75 | 150 | 17 | 37 | 109 |
| 8 | Innovative and Healthy Practices | 25 | 50 | 14 | 23 | 27 |
| | Total | 500 | 1000 | 156 | 324 | 702 |
| | Total % | | | | | 70.17 |
| | Grade | | | | | B |

Section 7: Commendations and Recommendations

Commendations:

1. Faculty of Medicine had prepared a comprehensive self-evaluation report.
2. The key stakeholders namely Competent Authority, Dean, Heads of the Departments, Internal Quality Assurance team, staff and students are committed to establish the quality assurance system for the degree programme.
3. Members of the faculty have made every possible effort to provide evidence and presented them in an organized manner for easy reference by the Review Panel.
4. Everybody in the faculty has given the fullest support to conduct the review. The very positive attitudes of the staff towards this external review made the task of Review Panel easier and pleasant.
5. Teaching and learning facilities of the faculty are at satisfactory level.
6. Staff have been overloaded, but committed to achieve more improvements in the degree programme.
7. Faculty has established the Internal Quality Assurance Cell and collaboratively working with the Medical Education Unit in the curriculum revisions and quality improvement programmes.
8. Student handbook with comprehensive course descriptions and information including study programme, code of conduct and examination by-laws is available for new students.
9. Adequate ICT course units, English courses and soft skills development programmes have been incorporated within the orientation programme.
10. Within the review process panel, members noticed that students from well represented multiethnic cultures are interacting and living happily.
11. Faculty provides equal opportunities for students to conduct cultural, aesthetic, recreational and sports activities.
12. A Well Being Centre has been established to support staff and students in their psychosocial issues.

Recommendations:

13. An immediate intervention of key stakeholders namely the Dean of the Faculty, University Administration, University Grant Commission and Ministry of Health is required to fill all vacancies in the academic, non-academic and supporting staff cadres.
14. Develop and implement a suitable mechanism urgently to encourage applying and absorbing qualified persons to the academic cadre of the faculty.
15. Prepare a human resource plan for the faculty which will be helpful in identifying current and future recruitments, and granting leave for postgraduate studies of the academic staff.
16. Implement a clear policy to conduct 5-6 year regular curriculum revision cycle.
17. Follow the established examination procedures including paper setting, marking and storing strictly as to maintain the quality of student assessment and degree programme.
18. Establish the policy and mechanism for assisting the differently abled students.
19. Establish a complete students' database for the faculty.
20. Upgrade the ICT platform, and provide training and technical support enabling more staff members to use LMS.
21. Departments need to take initiatives to sign MOUs related to their specific fields according to the university regulations as it significantly contributes towards upliftment of the departments, University and students.
22. Academic staff should be encouraged to involve more in research and publish in reputed journals in order to enhance qualifications of staff for promotions and promote research culture in the faculty, especially among young academic staff members.
23. Encourage academic staff to obtain higher academic qualifications such as MDs with Board certification and PhDs.
24. Implement an effective performance evaluation system for the academic and non-academic staff.
25. To motivate staff, establish a reward system for excellent teaching and research.
26. Introduce more SCL and OBE teaching and learning methods (for orientation and Phase I courses) to improve the relevance of higher education provision to the world of work.
27. Conduct student satisfaction surveys and used such information to improve the quality of the degree programme.

28. Implement exit surveys of graduates and to execute regular employment survey to know the destinations of graduates.
29. Formulate the work norms, duty lists, and code of conducts for all categories of staff.

Section 8: Summary

Internal and external quality assurance are important components of quality assurance framework of any higher education system. Programme review is designed to evaluate the quality of higher education within a specific subject discipline. It ensures the faculty and public that the quality and standards of the degree programmes are being achieved and maintained. Therefore, programme reviews are aimed at evaluating the quality of the curriculum and its delivery in relation to the expectations and identifying opportunities and priority areas where resources and more support are necessary for development and enhancement of high standard of academic programme awards.

Faculty of Medicine of the University of Jaffna which is located at Thirunelvely has a long history. The MBBS degree programme which is offered by the faculty follows the administrative and financial regulations of the university and UGC. The guidelines and mechanisms established by the Faculty of Medicine on programme management is satisfactory to carry out its functions. By maintaining a participatory approach with its stakeholders and adhering to the strategic plan of the University and action plan of the faculty, it aims to complete the degree programme within the stipulated time. MBBS programme of the faculty consists of a clear vision, mission, ILOs, entry and exit points with a fall back option, multidisciplinary activities and assessment methods to provide adequate competencies at each level. The facilities for clinical teaching are provided by the Teaching Hospital Jaffna and Base Hospital Thelliapalai. The details about the study programme are available on the faculty web site as well.

MBBS being a professional degree the alignment should be in par with the recommended level and necessary mapping and it should be evident. Faculty provides a safe and conducive environment for the staff and students in conducting teaching, learning and research activities satisfactorily. Information on the University, MBBS degree programme, University By-laws, student charter, examination regulations and other relevant details are provided as a students' handbook to all new students. Review Panel would like to commend issuing of Curriculum Volumes I and II to all students. Faculty provides 12 weeks high standard orientation programme for new-comers which includes courses on English language, IT and soft skills development.

IQAC and MEU established in the faculty, in collaboration with the well-organized IQAU of the University conduct the quality assurance programmes for the Faculty. Faculty possesses adequate

physical resources such as lecture halls, laboratories, examination hall, canteens, library and gymnasium. It provides student support services through hostels, scholarships, wellbeing center, career guidance unit and health center. Faculty has explored the possibilities to improve the resources and tried to maximize the efficient utilization of available resources in achieving set targets.

However, all vacant positions in the academic, non-academic and supporting staff are needed to be urgently filled up to enhance the quality of the study programme. Considering the significant negative impact caused to the delivery of the degree programme and to its quality, the University/ faculty should be able to expedite the long-delayed recruitment of qualified staff to the faculty cadre immediately, irrespective of any sort of external influence. Moreover, adequate level of space and other facilities needed to be provided to the members of the extended faculty to carry out clinical education up to the standards. Library facilities provided to the students are adequate however, more seating facilities are required while encouraging students to use the library services.

Faculty facilitates its multicultural student population to promote harmony through cultural, aesthetic, recreational and sports activities while supporting them to develop their organizing abilities and other soft skills. Student's Union of the faculty manages two canteens and three storied Students' Complex which includes an IT lab, gymnasium, office of MSU, and rooms for group studies. The intervention of the staff of faculty administration is required to improve the management of the Students' Complex.

The Faculty has established a policy on curriculum revision in 2018 and the curriculum has been revised in September 2019. Before that in 2015, a few changes have been made to the curriculum in the faculty level. Curriculum development should be carried out in a participatory manner involving more external and internal stakeholders than practiced in the past and monitored by the faculty IQAC/ MEU.

Faculty recognizes the value of exposing students to the 'world of work', research, knowledge dissemination, community services and self-administration and management during their undergraduate career.

Faculty needs a human resources development policy for continuous staff development. A peer review system and rewarding system for staff for teaching and research excellence have to be established. Obtaining students' feedback regularly and use of the information in programme improvement have to be ensured.

Staff should be encouraged to engage in more research work and dissemination of the findings. Review Panel observed that a number of MOUs have been signed in 2019 which can also be

identified as a good practice supporting quality teaching and learning environment. Faculty should take actions to establish more collaborations with foreign Universities and generate the expected results from the existing collaborative agreements/ MOUs. Review Panel is of the view that further improvements can be made in the outcome of the study programme by enhancing the use of the LMS platform and encouraging the staff of all departments to use it by providing training and technical support.

Review Panel also noted the dissatisfaction of the students having lectures on weekends. The extended faculty members and visiting lecturers are used to schedule their lectures during the weekends. This is because of the lack of experts in certain disciplines.

While the Review Panel commends the establishment of GEE and WEBE centers, their services are needed to be made more effective by providing additional support staff and continuous monitoring of the services.

Faculty issues a detailed transcript of the degree programme with course grades obtained, the final grade and class awarded to all students upon graduation. However, the Review Panel recommends to follow the double blind marking procedure strictly and incorporation of a second marker's report in order to further enhance the quality of the study programme.

The progressive actions taken to improve overall quality aspects of the degree programme in the recent past is commendable. As the final outcome of the review process, the Review Panel awarded a cumulative score of 71% and a grade "B" to the MBBS degree programme on the evidence provided by the Faculty of Medicine, University of Jaffna.

Annexure I: The schedule of the meetings

**Faculty of Medicine (FM), University of Jaffna (UJ)
Programme Review-Schedule for the Site Visit
27th to 30th January 2020**

27th January 2020 (Monday)-Day 1

| Time | Activity | Participants | Location |
|------------------|--|---|---------------------------------------|
| 8.30- 9.00 AM | Meeting with the Vice Chancellor UJ | Vice Chancellor/ Dean-FM, Director-IQAU/ Coordinator-FQAC, Chair-SER Preparation | Mini Board Room, University of Jaffna |
| 9.00 – 9.30 AM | Meeting with the Director-IQAU | Director-IQAU | Office of IQAU, UJ |
| 9.30 -10.00 AM | <i>Tea</i> | | |
| 10.00- 11.00 AM | Presentation about the Faculty and study programme by Dean FM | Dean FM/ Director-IQAU/Coordinator-FQAC/ All HODs of the Faculty/ SER team/ Study programme coordinator | Board Room, Faculty of Medicine |
| 11.00- 11.45 AM | Meeting with academic staff in permanent cadre (excluding HOD) | Teaching panel (excluding HODs) | Board Room, Faculty of Medicine |
| 11.45 AM -1.00PM | Observing documentation of evidence | Review team/ Facilitators | IQAC Store Room, Faculty of Medicine |
| 1.00- 2.00 PM | <i>Lunch</i> | | |
| 2.00- 2.30 PM | Meeting with administrative staff, University/ Faculty | Registrar/Bursar/SARs/AB/SAB/Work Engineer/Deputy Registrar Examination | Board Room, Faculty of Medicine |
| 2.30- 3.00 PM | Meeting with Directors of Centers/ Units / | All Directors of Centers/ Units/ Cell Coordinators-AVU, ELTU, GEEC, | Board Room, |

| | | | |
|---------------|--|---------------------------|--|
| | Cells, | MEC, MEU, SDC, WEBE | Faculty of Medicine |
| 3.00- 5.00 PM | Observing documentations of evidence <i>Working Tea</i> | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |

Faculty of Medicine (FM), University of Jaffna (UJ)

Programme Review-Schedule for the Site Visit

27th to 30th January 2020

28th January 2020 (Tuesday)-Day 2

| Time | Activity | Participants | Location |
|-----------------------|---|--|---|
| 8.00- 9.30 AM | Observing documentations of evidence | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |
| 9.30- 10.00 AM | Meeting with Technical Officers <i>Working Tea</i> | All Technical Officers | Board Room, Faculty of Medicine |
| 10.00- 11.00 AM | Observing teaching sessions and facilities (lecture halls, IT facilities) | Review Team/ Facilitators | Faculty of Medicine |
| 11.00 AM- 12.30 PM | Meeting with Consultants from Teaching Hospital, Jaffna. Observing facilities relevant to programme. | Consultants | Teaching Hospital, Jaffna |
| 12.30- 1.30 PM | <i>Lunch</i> | | |
| 1.30- 2.00 PM | Meeting with Librarian/ Senior Assistant Librarians (Library Visit) | Librarian/Senior Assistant Librarian/ Library Staff | Board Room, Faculty of Medicine |
| 2.00- 2.30 PM | Meeting with Student Counsellors | Senior Student Counsellors and Student Counsellors | Board Room, Faculty of Medicine |
| 2.30- 3.00 PM | Meeting with alumni members | Alumni members | Board Room, Faculty of Medicine |
| 3.00- 5.00 PM | Observing documentations of evidence <i>Working Tea</i> | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |

Faculty of Medicine (FM), University of Jaffna (UJ)
Programme Review-Schedule for the Site Visit
27th to 30th January 2020

29th January 2020 (Wednesday)-Day 3

| Time | Activity | Participants | Location |
|-----------------------|--|--|---|
| 8.00- 10.30 AM | Observing documentation <i>Working Tea</i> | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |
| 10.30- 11.30 AM | Meeting with selected students | Group of students (30) (representative of gender, ethnicity, level of study programmes) | Board Room, Faculty of Medicine |
| 11.30 AM- 12.30 PM | Meeting on support for student welfare. Visiting Sports Center, Medical Center, Canteen, labs, ELTU, Student's Complex. | Director/ Physical Education, University Medical Officer, Librarian | Board Room, Faculty of Medicine |
| 12.30- 1.30 PM | <i>Lunch</i> | | |
| 1.30- 2.00 PM | Meeting with mentors and career guidance staff | Coordinator/ mentoring and mentors, and Director – Career Guidance | Board Room, Faculty of Medicine |
| 2.00- 5.00 PM | Observing documentation <i>Working Tea</i> | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |

Faculty of Medicine (FM), University of Jaffna (UJ)

Programme Review-Schedule for the Site Visit

27th to 30th January 2020

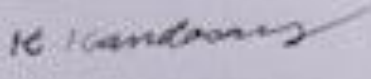
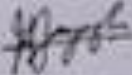
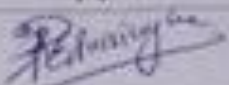
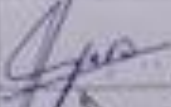
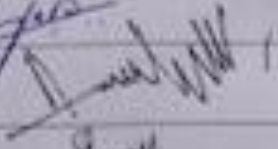


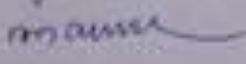
30th January 2020 (Thursday)-Day 4

| Time | Activity | Participants | Location |
|-----------------------|---|---|---|
| 8.00 AM- 12.30 PM | Observing documentation <i>Working Tea</i> | Review Team/ Facilitators | IQAC Store Room, Faculty of Medicine |
| 12.30- 1.30 PM | <i>Lunch</i> | | |
| 1.30- 2.30 PM | Private meeting of reviewers and report writing | Review Team | Board Room, Faculty of Medicine |
| 2.30- 3.30 PM | Closing meeting for debriefing | Vice Chancellor/ Dean/ Director-IQAU/ HODs/ Coordinators-IQAC/ MEU, SER team, Review Team, staff | Board Room, Faculty of Medicine |
| 3.40 PM | Departure of the PR panel | | |

Annexure II: Attendance lists of the meetings

QUALITY ASSURANCE COUNCIL OF THE UGC PROGRAMME SITE VISIT
 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
 FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA, SRI LANKA
 SIGNATURE SHEET

Meeting : Meeting with the Competent Authority, University of Jaffna
 Date: 27th January 2020 (Monday)
 Time: 8.30 am – 9.00 am
 Venue: Board Room, University of Jaffna

| Name | Signature |
|--|--|
| Prof. K. Karunanayake, Competent Authority, University of Jaffna |  |
| Dr. I.M.J.K. Jayasinghe, Chair & Reviewer |  |
| Prof. Anuraadda Edirisinghe Reviewer |  |
| Prof. H.S. Soysa Reviewer |  |
| Dr. A.L.M. Riyal Reviewer |  |
| Dr. S. Ravindra, Dean Faculty of Medicine |  |
| Prof. G. Makkumthar, Director, IQAU, University of Jaffna |  |
| Dr./Mrs. M.G. Subramaniam Coordinator PQAC Chair SBR Preparation |  |

QUALITY ASSURANCE COUNCIL OF THE UGC PROGRAMME SITE VISIT
 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
 FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA, SRI LANKA
 SIGNATURE SHEET

Meeting : Meeting with the Meeting with the Director/ QAU, University of Jaffna
 Date: 17th January 2020 (Monday)
 Time: 9:00 am - 4:20 am @ UGC, Jaffna -
 Venue: Office of the QAU, University of Jaffna

| Name | Signature |
|--|--|
| Dr. I.M.I.E. Jayasinghe, Chair & Reviewer |  |
| Prof. Anandika Edirisinghe Reviewer |  |
| Prof. N.S. Sena Reviewer |  |
| Dr. S.L.M. Royal Reviewer |  |
| Prof. G. M. Marikar, Deputy QAU, University of Jaffna CGA |  |
| Dr. G. S. S. S. S. IQAC/aud |  |
| Dr. S. K. K. Dean / am |  |

QUALITY ASSURANCE COUNCIL OF THE LLC PROGRAMME OF THE VMC
 FACULTY OF MEDICINE AND FACULTY OF DENTISTRY
 FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA, SRI LANKA
 SIGNATURE SHEET

Meeting / Presentation about the Faculty and study program by Dean, Faculty of Medicine
 Date: 17th January 2020 (Monday)
 Time: 10.00 am - 11.00 am
 Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|---------------------------|--------------------|
| 1 | Dr. J.M.J.K. Therothilake | <i>[Signature]</i> |
| 2 | Prof. Anura Kumara | <i>[Signature]</i> |
| 3 | Prof. N.J. Jayaraj | <i>[Signature]</i> |
| 4 | Dr. A.L.M. Rajadurai | <i>[Signature]</i> |
| 5 | Dr. K. Rajaratne | <i>[Signature]</i> |
| 6 | Prof. G. Mahipala | <i>[Signature]</i> |
| 7 | Dr. Mrs. H.M. Subasinghe | <i>[Signature]</i> |
| 8 | Prof. T. Anura Kumara | <i>[Signature]</i> |
| 9 | Dr. Mrs. S. Anura Kumara | <i>[Signature]</i> |
| 10 | Dr. S. Mahipala | <i>[Signature]</i> |
| 11 | Dr. Mrs. D. Mahipala | <i>[Signature]</i> |
| 12 | Dr. K. Suresh Kumar | <i>[Signature]</i> |
| 13 | Dr. P.A.D. Jayasinghe | <i>[Signature]</i> |
| 14 | Prof. S. Karanadasa | <i>[Signature]</i> |
| 15 | Dr. Mrs. H. Suresh Kumar | <i>[Signature]</i> |
| 16 | Dr. Mrs. S. Mahipala | <i>[Signature]</i> |
| 17 | Dr. N. Rajaratne | <i>[Signature]</i> |
| 18 | Dr. K. Mahipala | <i>[Signature]</i> |
| 19 | Dr. Mrs. H. Mahipala | <i>[Signature]</i> |
| 20 | Dr. T. S. Mahipala | |
| 21 | Dr. S. Mahipala | |
| 22 | Dr. S. Mahipala | |
| 23 | Dr. K. Mahipala | |
| 24 | Dr. T. S. Mahipala | |
| 25 | Dr. A. Mahipala | <i>[Signature]</i> |

APPEAL APPOINTMENT COUNCIL OF THE UGC PROGRAMME WITH VOTE
SCHOOL OF MEDICINE AND SURGERY DEPARTMENT
FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA, SRI LANKA
MINUTE SHEET

| | | |
|----|--------------------|--------------------|
| 26 | Dr K. Gunaratne | <i>[Signature]</i> |
| 27 | Dr T. Chandana | |
| 28 | Dr K. Manjula | <i>[Signature]</i> |
| 29 | Dr T. Sumanaratne | <i>[Signature]</i> |
| 30 | Dr K. Sumanaratne | <i>[Signature]</i> |
| 31 | Dr V. Sumanaratne | |
| 32 | Dr Sumanaratne | |
| 33 | Dr L. Sumanaratne | |
| 34 | Dr S. Sumanaratne | |
| 35 | Dr S. Sumanaratne | <i>[Signature]</i> |
| 36 | Dr S. Sumanaratne | |
| 37 | Dr Sumanaratne | |
| 38 | Dr L. Sumanaratne | |
| 39 | Dr S. Sumanaratne | |
| 40 | Dr S. Sumanaratne | |
| 41 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 42 | Mr. S. Sumanaratne | |
| 43 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 44 | Mr. S. Sumanaratne | |
| 45 | Mr. S. Sumanaratne | |
| 46 | Mr. S. Sumanaratne | |
| 47 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 48 | Mr. S. Sumanaratne | |
| 49 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 50 | Mr. S. Sumanaratne | |
| 51 | Mr. S. Sumanaratne | |
| 52 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 53 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 54 | Mr. S. Sumanaratne | <i>[Signature]</i> |
| 55 | Mr. S. Sumanaratne | <i>[Signature]</i> |

QUALITY ASSURANCE COUNCIL OF THE UGC PROGRAMME SITE VISIT
 BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
 FACULTY OF MEDICINE, UNIVERSITY OF JAFFNA, SRI LANKA
 SIGNATURE SHEET

| | | |
|-----|--------------------|-----------------------|
| 56. | Mr S Sridharan | <i>S.S.</i> |
| 57. | Ms N Suresya | |
| 58. | Mr T Kishan | |
| 59. | Ms S Shyamala | |
| 60. | Mrs M Sobana | |
| 61. | Mrs S Vidhya | <i>SV</i> |
| 62. | Mrs M Senthilini | |
| 63. | Miss C Kugayil | |
| 64. | Dr. V. Ambalavanar | <i>V. Ambalavanar</i> |
| 65. | Ms. Theodoras | <i>T.B.</i> |
| 66. | | |
| 67. | | |
| 68. | | |
| 69. | | |
| 70. | | |

SIGNATURE SHEET

Hearing / Meeting with administrative staff, University Faculty
 Date: 17th January 2020 (Monday)
 Time: 2.30 pm - 2.50 pm
 Venue: Board Room, Faculty of Medicine, University of Jaffna

| No | Name | Signature |
|----|--|-----------|
| 1 | Dr. I.M.J.K. Jayasinghe | |
| 2 | Prof. Anuraaddi Jayasinghe | |
| 3 | Prof. N.R. Seney | |
| 4 | Dr. A.J.M. Raju | |
| 5 | Mr. V. Kadiragoda Registrar, University of Jaffna | |
| 6 | Mr. K. Suresh Kumar Registrar, University of Jaffna | |
| 7 | Mr. K. Kadiragoda Works Programme, University of Jaffna | |
| 8 | Mr. A. Jayasinghe Chari Deputy Registrar, Examination (N.S.) | |
| 9 | Mr. S. Karunanayake Deputy Registrar, Examination (Academic) | |
| 10 | Mr. N. Rajaratnam Deputy Registrar, Capital Works & Planning | |
| 11 | Mr. K. Suresh Deputy Registrar, Examination Service | |
| 12 | Mr. Rajaratnam Deputy Registrar, Admission and Registration | |
| 13 | Mr. V. Gunawardena Deputy Registrar, Administration | |
| 14 | Assistant Nurse, University of Jaffna | |
| 15 | Senior Assistant Nurse, University of Jaffna | |
| 16 | Mr. P. Arupura Assistant Registrar, Welfare Services Branch | |

meeting - meeting with external critics

Date: 28th January 2020 (Tuesday)

Time: 2.30 pm - 3.00 pm

Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|-----------------------------|-----------|
| 1 | Dr. I.M.K. Jayasinghe | |
| 2 | Prof. Anuruddha Edirisinghe | |
| 3 | Prof. N.K. Seneviratne | |
| 4 | Dr. A.L.M. Riyal | |
| 5 | Mr. V. Gajapathiraja | |
| 6 | Mr. K. Muralidharan | |
| 7 | Mr. P. Suresh Kumar | |
| 8 | Mr. S. Subramanian | |
| 9 | Mr. K. Nishanthan | |
| 10 | Mr. K. Theodoranth | |
| 11 | Mr. M. Subramanian | |
| 12 | Mr. E. Perera | |
| 13 | Mr. S. B. Rajaratnam | |
| 14 | Mr. V. Vijayaraj | |
| 15 | Mr. S. Kalraj | |
| 16 | Mr. V. Suresh Kumar | |
| 17 | Mr. K. Muralidharan | |
| 18 | Mr. S. Theodoranth | |
| 19 | Mr. K. Suresh Kumar | |
| 20 | Mr. S. Subramanian | |
| 21 | Mr. K. Suresh Kumar | |

Meeting : Meeting with selected students
 Date: 27th January 2020 (Wednesday)
 Time: 10.30 am - 11.30 am
 Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|-------------------------------|-----------|
| 1 | Dr. J.M.J.R. Jayasinghe | |
| 2 | Prof. Anura Kumara Jayasinghe | |
| 3 | Prof. N.S. Jayas | |
| 4 | Dr. A.L.M. Rajul | |
| 5 | G. Kithiyilambath | |
| 6 | P. Sampath | |
| 7 | R. Tharanga | |
| 8 | S. Gunathilaka | |
| 9 | K.D.D.S. Herath | |
| 10 | J. Anura Kumara | |
| 11 | T. Harshana | |
| 12 | Sushila Wimala | |
| 13 | Mrs. Sushila Wimala | |
| 14 | S. Sampath | |
| 15 | Kulasekara Lakshminarayana | |
| 16 | P. Sampath | |
| 17 | M. Sampath | |
| 18 | S. Sampath | |

| | | |
|----|---------------------------------|---------------|
| 21 | A. M. Selva Arund | Self-employed |
| 22 | C. Arjunan | Self-employed |
| 23 | M. Arup. Arund | Self-employed |
| 24 | S. Thirum | Self-employed |
| 25 | S. Sankararaman | Self-employed |
| 26 | P. M. Chandrasekaran | Self-employed |
| 27 | T. S. M. Arund ^{Arund} | Self-employed |
| 28 | N. Dinakaran | Self-employed |
| 29 | M. Dilan Arund | Self-employed |
| 30 | G. M. Arund | Self-employed |

Meeting - Meeting with Students' Committee

Date: 28th January 2020 (Tuesday)

Time: 1.00 pm - 2.30 pm

Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|-------------------------|-----------|
| 1 | Dr. J.M.R. Jayasinghe | |
| 2 | Prof. Anandika Fernando | |
| 3 | Prof. N.Y. Jayar | |
| 4 | Dr. A.L.M. Raju | |
| 5 | Dr. P. Jayaraj | |
| 6 | Prof. S. Karunaratne | |
| 7 | Dr. K. Mahalingam | |
| 8 | Dr./Mrs. B. Manojan | |
| 9 | Dr. T. Chandrasekaran | |
| 10 | Dr. A. Manojan | |
| 11 | Dr./Mrs. B. Divakaran | |
| 12 | Dr. L. Aranganathan | |
| 13 | Dr./Mrs. B. Divakaran | |
| 14 | Mr. P. Aranganathan | |
| 15 | Mr. P. Aranganathan | |
| 16 | Mr. N. Vijayaratne | |
| 17 | Mr. Y. Rajaguru | |
| 18 | Mr. J. Jayaraj | |

Meeting : Meeting with Alumni members
 Date: 28th January 2020 (Tuesday)
 Time : 2.30 pm - 3.00 pm
 Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|-----------------------------|-----------|
| 1. | Dr. T.M.J.K. Jayasinghe | |
| 2. | Prof. Anura Kumara Fernando | |
| 3. | Prof. N.S. Seneviratne | |
| 4. | Dr. A.L.M. Riyal | |
| 5. | Dr. S. Mervin | |
| 6. | Dr. D. Kumarasinghe | |
| 7. | Dr. R. Sumanadasa | |
| 8. | Dr. P. A.D. Cooray | |
| 9. | Dr. I. Gunasinghe | |
| 10. | Dr. S. Gunasinghe | |
| 11. | Dr. J. Sumanadasa | |
| 12. | Dr. C. Sumanadasa | |
| 13. | Dr. P. A.D. Cooray | |
| 14. | Dr. S. Sumanadasa | |
| 15. | Dr. S. Sumanadasa | |

Date: 26th January 2020 (Tuesday)
 Time: 12:30 pm - 3:30 pm
 Venue: Board Room, Faculty of Medicine, University of Jaffna

| No. | Name | Signature |
|-----|-----------------------------|-----------|
| 1 | Dr. I.M.L.K. Jayasinghe | |
| 2 | Prof. Anandika Laksanage | |
| 3 | Prof. N.S. Sena | |
| 4 | Dr. A.L.M. Eryal | |
| 5 | Prof. K. Karunaratne | |
| 6 | Dr. J. Ravinj | |
| 7 | Prof. G. Mahipala | |
| 8 | Dr. (Mrs.) M.G. Satharath | |
| 9 | Prof. V. Arambam | |
| 10 | Dr. (Ms.) N. Anandapriya | |
| 11 | Dr. S. Balasena | |
| 12 | Dr. (Mrs.) M. Laksanarathna | |
| 13 | Dr. B. Sureshadasan | |
| 14 | Dr. P.A.D. Coombe | |
| 15 | Prof. S. Karunaratne | |
| 16 | Dr. (Mrs.) P. Sureshadasan | |
| 17 | Dr. (Mrs.) S. Sureshadasan | |
| 18 | Dr. N. Sureshadasan | |
| 19 | Dr. K. Mahipala | |
| 20 | Dr. (Mrs.) P. Sureshadasan | |
| 21 | Dr. T.K. Sena | |
| 22 | Dr. S. Sureshadasan | |

| | | |
|-----|----------------------|--------------------|
| 27. | Dr K. Ganesan | <i>[Signature]</i> |
| 28. | Dr T. Chandrasekaran | |
| 29. | Dr K. Srinivasan | |
| 30. | Dr T. Yogeswaran | <i>[Signature]</i> |
| 31. | Dr K. Sureshwaran | <i>[Signature]</i> |
| 32. | Dr V. Jayaraman | <i>[Signature]</i> |
| 33. | Dr A. Anandaraman | |
| 34. | Dr L. Ganesan | |
| 35. | Dr V. Gokulakrishnan | <i>[Signature]</i> |
| 36. | Dr S. Kumar | |
| 37. | Dr G. Rajan | |
| 38. | Dr Manjula Kumar | |
| 39. | Dr T. Kannan | |
| 40. | Dr G. Subramanian | <i>[Signature]</i> |
| 41. | Dr H. Rajaguru | |
| 42. | Ms A. K. Ramani | <i>[Signature]</i> |
| 43. | Ms S. Senthilja | <i>[Signature]</i> |
| 44. | Ms D. Selva | <i>[Signature]</i> |
| 45. | Ms K. Thirumalini | |
| 46. | Ms S. Sathya | |
| 47. | Ms P. Divya | |
| 48. | Ms M. Thirupavan | <i>[Signature]</i> |
| 49. | Ms K. Muthulakshmi | |
| 50. | Ms H. Anandini | <i>[Signature]</i> |
| 51. | Ms S. Sathya | |
| 52. | Ms S. Mahalingam | |

| | | |
|----|-------------------|------|
| 56 | Mrs S. Theysalini | Pass |
| 57 | Mr S. Sivalingam | |
| 58 | Mrs N. Saranya | Pass |
| 59 | Mr T. Krishanth | |
| 60 | Mrs S. Shyamshila | |
| 61 | Mrs M. Sathya | |
| 62 | Mrs S. Vithana | Pass |
| 63 | Mrs M. Senthilani | |
| 64 | Mrs C. Kapavini | Pass |
| 65 | | |
| 66 | Dr. V. Ambalavan | Pass |
| 67 | | |
| 68 | | |
| 69 | | |
| 70 | | |