



**Faculty of Medicine
University of Jaffna
Sri Lanka**

**Self-Evaluation Report
For Accreditation of Medical Qualification Awarded by
a Medical School in Sri Lanka
by
Sri Lanka Medical Council**

2022

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LIST OF ABBREVIATIONS

1.	AHEAD	Accelerating Higher Education Expansion and Development
2.	CBE	Community-Based Education
3.	CDEC	Curriculum Development and Evaluation Committee
4.	CFM	Community and Family Medicine
5.	COVID-19	Coronavirus Disease 2019
6.	CQA	Centre for Quality Assurance
7.	EBPRM	Evidence Based Practice and Research Module
8.	GP	Graduate Profile
9.	HEIs	Higher Educational Institutes
10.	HeLLIS	Health Literature Library and Information Services
11.	ICT	Information and Communications Technology
12.	ILOs	Intended Learning Outcomes
13.	IQAC	Internal Quality Assurance Cells
14.	IQEF	Quality Enhancement Fund
15.	IQES	Internal Quality Enhancement System
16.	IRQUE	Improving Relevance and Quality of Undergraduate Education
17.	IT	Information Technology
18.	IWC	Integrated Ward Classes
19.	JMO	Judicial Medical Officer
20.	KPI	Key Performance Indicators
21.	LMS	Learning Management System
22.	MBBS	Bachelor of Medicine and Bachelor of Surgery
23.	MCQ	Multiple Choice Question
24.	MDS	Multidisciplinary Seminars
25.	MEC	Medical Education Cell
26.	MOH	Medical Officer of Health
27.	OPAC	Online Public Access Catalogue

28.	OSCE	Objective Structured Clinical Examination
29.	OSPE	Objective Structured Practical Examination
30.	PBL	Problem Based Learning
31.	PLOs	Principal Learning Outcomes or Programme Level Outcomes
32.	PPDS	Personal Professional Development Stream
33.	QA	Quality Assurance
34.	DR	Deputy Registrar
35.	SAR	Senior Assistant Registrar
36.	SDC	Staff development Centre
37.	SEQ	Structured Essay Question
38.	SGD	Small Group Discussion
39.	SLMC	Sri Lanka Medical Council
40.	SLQF	Sri Lanka Qualifications Framework
41.	SOP	Standard Operating Procedure
42.	SPICES	Student centered; problem-based learning; integrated teaching; community-based; electives and systematic
43.	TO	Technical Officer
44.	TOR	Terms of Reference
45.	UGC	University Grant Commission
46.	UMO	University Medical Officer
47.	URS	Undergraduate Research Symposium
48.	VC	Vice - Chancellor
49.	WFME	World Federation of Medical Education
50.	WHO	World Health Organization

SECTION A. GENERAL INFORMATION

A1 Name of the Medical School

Faculty of Medicine, University of Jaffna

A2. Name of the University that awards the medical qualification under review

University of Jaffna

A3. Name of the qualification for which certification is sought from SLMC

Bachelor of Medicine and Bachelor of Surgery (MBBS)

A4. Language of instruction in the Medical School

English

A5. If there is a second language of instruction, state the language

No

A 6 Minimum admission criteria required to register for the degree programme

1. Sri Lankan GCE Advance Level (AL)	Yes	X	No	
1.1 Subjects of Biology, Chemistry and Physics	Yes	X	No	
1.2 Minimum 2C's and 1S pass in above subjects	Yes	X	No	
2. London A/L (i.e., Cambridge, Pearson Edexcel AL)	Yes	X	No	
2.1 Subjects - Biology, Chemistry and Physics	Yes	X	No	
2.2 Minimum 2B's and 1C pass in above subjects	Yes	X	No	
3. Any other subjects/grades of Sri Lankan or London AL	Yes		No	X
3.1 Provide Details (Name of AL, Names of subjects and Grades)	Yes		No	X
4. Any other examination considered for admission other than Sri Lankan and London AL (e.g., International Baccalaureate, admission test, admission interview)	Yes		No	X
Provide details of any other examinations used.				

[Annex A6: Details of A/L results of the most recent intake](#)

SECTION B. VISION AND MISSION

B1. VISION and MISSION statements of the Medical School

The Vision of the Faculty of Medicine is “To be a leading centre of excellence in teaching learning, research and scholarship in the field of medicine.”

The Mission of the Faculty is “To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community”

B1.1 Process followed when developing the Vision and Mission statements

The vision and mission statements of the faculty were developed in 2007 in the curriculum revision workshops conducted under the IRQUE funding of the World Bank ([Annex B1.1- Programme Review Report -2008, pages 5-7](#); [Annex B1.2 - Curriculum Revision Workshop 2007 - Decisions and Photos](#)). Workshops were facilitated by an external expert panel in the field of medical education and attended by most of the academic staff of the Faculty of Medicine (FOM), University of Jaffna (UOJ) and several extended faculty members who were clinicians working in the Teaching Hospital, Jaffna.

The need for these statements and the underlying principles were discussed at the workshop and the vision and mission statements of a few other local and international institutions were explored. The vision and mission statements of the faculty were then developed by the participants after discussions regarding the direction on which the faculty wished to move and what it would like to achieve in the future. These discussions were facilitated by the external expert panel. In line with the recommendations of the Sri Lanka Medical Council (SLMC) Minimum Standards of Medical Education ([Annex B1.3](#)) and the Basic Medical Education World Federation of Medical Education (WFME) Global Standards ([Annex B1.4](#)), the vision and mission statements of the FOM, UOJ were developed with the participation of two major stakeholders of the faculty, namely the academic staff and the extended faculty under the guidance of an external expert panel in medical education.

These statements were then included in the curriculum book of the FOM, UOJ and were approved at the 244th Faculty Board meeting held on 09.09.2009 ([Annex B1.5 – Minutes of the 244th Faculty Board meeting held on 09.09.2009](#)) and at the 342nd meeting of the University Senate held on 29.09.2009 ([Annex B1.6 – Minutes of the 342nd meeting of the University Senate held on 29.09.2009](#)). The vision and mission statements were re-visited during the major curriculum revisions to see whether they are in line with the latest policies and guidelines.

B1.2 Explanation of how the Vision and Mission statements address the needs and expectations of the stakeholders and the country, using relevant reports, guidelines and policy documents including Minimum Standards of Medical Education in Sri Lanka

In the development of vision and mission statements The SLMC Minimum Standards of Medical Education ([Annex B1.3](#)), Sri Lanka Qualifications Framework (SLQF) ([Annex B1.7](#)) and Subject Benchmark Statement – 2004 ([Annex B1.8](#)) were used as the guides and the vision and mission statement were developed to fulfil their requirements. In order to address the needs and

expectations of the stakeholders including those who would benefit from the services of our graduates, vision and mission statements were drafted involving academics, specialists, administrators and experts involved in the development of policies and guidelines. As the vision of the FOM, UOJ is to be a leading centre of excellence in teaching and learning, research and scholarship in the field of medicine, the mission is to produce competent graduates to meet not only the emerging needs of the country but also the global demands.

The minimum standards for medical education states that the vision and mission of the medical school should address the health needs of the community and health care system, medical research, social accountability, professionalism and ethics and global health. The table below shows how these have been addressed in the mission statement of the faculty.

Minimum standards for medical education requirements	The components in the vision statement that address the minimum standards statement (Shown in Bold)	The components in the mission statement that address the minimum standards statement. (Shown in Bold)
The health needs of the community and health care system		To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.
Medical research	To be a leading centre of excellence in teaching learning, research and scholarship in the field of medicine.	
Social accountability, professionalism and ethics		To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.
Global health		To be a leading centre of excellence which produces intellectual, competent, compassionate and dedicated health care professionals to meet the emerging needs of the local, national and international community.

B1.3 Evidence showing that the Vision and Mission statements have been used for planning, delivery, management and quality assurance of the curriculum

During the revision of curriculum based of vision mission statements, five characteristics that are expected in our graduates were identified namely;

1. Intellectual and competent health care professionals (mission) by being a leading centre of excellence in teaching, learning and scholarship in the field of medicine (vision)
2. Being a leading centre of excellence in research in the field of medicine (vision)
3. Compassionate health care professionals (mission)
4. Dedicated health care professionals (mission)
5. Meet the emerging needs of the local, national and international community (mission)

These characteristics are considered in the planning, delivery and management of the curriculum. The Programme Level Outcomes (PLOs) of the faculty are indicated by the graduate profile ([Annex C1 i – Curriculum book Volume I, page 3](#)) in our curriculum which were developed based on the above-mentioned five characteristics. The graduate profile of the faculty is given below.

1. Apply the knowledge in basic and behavioural sciences in solving individual and population health issues.
2. Demonstrate communication, clinical and procedural skills in patient care.
3. Investigate, diagnose and manage common clinical problems and emergencies.
4. Promote individual and population health and institute preventive measures.
5. Utilise IT skills and record keeping skills necessary for medical practice.
6. Demonstrate leadership qualities, administrative skills and management skills.
7. Perform medico-legal procedures and provide expertise to the court of Law.
8. Demonstrate self-learning and continuous professional development.
9. Apply the principles of ethical practice in personal and professional life.
10. Educate peers and other members of the health care team.
11. Perform critical appraisal of research literature, practice evidence-based medicine and conduct research.
12. Enhance public health through promotion of peace and prevention of violence

The curriculum has been designed to achieve these PLOs through appropriate teaching, learning and assessment methods.

The table below shows how the vision and mission statements are addressed by the graduate profile.

A. Characteristics of the graduates as stated in the vision and mission	B. Graduate profile of the faculty (GP)	C. The graduate profile items that match the characteristics stated in the vision and mission in column A
1. Intellectual and competent health care professionals (mission) by being a leading centre of excellence in teaching, learning and scholarship in the field of medicine (vision).	1. Apply the knowledge in basic and behavioural sciences in solving individual and population health issues.	A.1 is achieved by GP 1, 2, 3, 4, 5, 6, 7, 8, 10 and 11.
2. Being a leading centre of excellence in research in the field of medicine (vision).	2. Demonstrate communication, clinical and procedural skills in patient care.	A.2 is achieved by GP 11.
3. Compassionate health care professionals (mission).	3. Investigate, diagnose and manage common clinical problems and emergencies.	A.3 is achieved by GP 2, 3, 9, and 12.
4. Dedicated health care professionals (mission).	4. Promote individual and population health and institute preventive measures.	A.4 is achieved by GP 8, 9 and 10.
5. Meet the emerging needs of the local, national and international community (mission).	5. Utilise IT skills and record keeping skills necessary for medical practice.	A.5 is achieved by GP 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.
	6. Demonstrate leadership qualities, administrative skills and management skills.	
	7. Perform medicolegal procedures and provide expertise to the court of Law.	
	8. Demonstrate self-learning and continuous professional development.	

	9. Apply the principles of ethical practice in personal and professional life.	
	10. Educate peers and other members of the health care team.	
	11. Perform critical appraisal of research literature, practice evidence-based medicine and conduct research.	
	12. Enhance public health through promotion of peace and prevention of violence.	

Each component of the curriculum is designed to address components of the graduate profile or PLOs. The complete curriculum when put together addresses each of these components in different subjects and student activities. The table below (from [Annex C1 i, page 14](#)) shows how different subjects of the programme address the PLOs of the faculty.

Subjects	Graduate Profile											
	1	2	3	4	5	6	7	8	9	10	11	12
English		X										
IT					X							
PPDS	X	X				X		X	X			X
Anatomy	X	X	X			X		X	X	X		
Biochemistry	X		X	X	X	X		X	X		X	
Physiology	X	X	X		X	X		X				
Microbiology	X		X	X				X		X	X	
Parasitology	X		X	X				X				
Community and Family Medicine	X	X	X	X	X	X		X	X	X	X	X
Forensic Medicine	X						X					
Pathology	X		X	X				X		X	X	
Pharmacology	X		X	X	X	X		X	X			
Psychiatry	X	X	X	X			X	X	X			
Medicine	X	X	X	X	X	X		X	X	X	X	
Obstetrics & Gynaecology	X	X	X	X	X	X	X	X	X	X	X	
Paediatrics	X	X	X	X	X	X	X	X	X	X	X	
Surgery	X	X	X	X	X	X		X	X	X		
Student Activities		X				X			X			X

The teaching and learning methods such as lectures, small group discussions, practical sessions, tutorials and clinical training are designed to make sure that the graduates are trained to achieve all the requirements of the graduate profile. Different assessment methods adopted at multiple levels of the programme ensure that the graduates achieve all the expended requirements stated in the graduate profile.

In a similar manner, the vision and mission statements ensure quality assurance by incorporating the requirements of SLQF. The graduate profile is designed to match the 12 categories of learning outcomes SLQF, 2015 ([Annex B1.7, pages 26-27](#)). The table below shows the mapping of graduate profile with the outcomes of SLQF.

Categories of learning outcomes	Graduate profile of the faculty (GP)	Mapping of graduate profile with the categories of SLQF outcomes
1. Subject / Theoretical Knowledge	1. Apply the knowledge in basic and behavioural sciences in solving individual and population health issues.	SLQF 1 is achieved by GP 1, 3, 4, 7 and 11.
2. Practical Knowledge and Application	2. Demonstrate communication, clinical and procedural skills in patient care.	SLQF 2 is achieved by GP 2, 3, 4 and 7.
3. Communication	3. Investigate, diagnose and manage common clinical problems and emergencies.	SLQF 3 is achieved by GP 2, 5, 10, 11 and 12.
4. Teamwork and Leadership	4. Promote individual and population health and institute preventive measures.	SLQF 4 is achieved by GP 6
5. Creativity and Problem Solving	5. Utilise IT skills and record keeping skills necessary for medical practice.	SLQF 5 is achieved by GP 3, 4, 7
6. Managerial and Entrepreneurship	6. Demonstrate leadership qualities, administrative skills and management skills.	SLQF 6 is achieved by GP 6
7. Information Usage and Management	7. Perform medicolegal procedures and provide expertise to the court of Law.	SLQF 7 is achieved by GP2, 3, 4, 5, 11

8. Networking and Social Skills	8. Demonstrate self-learning and continuous professional development.	SLQF 8 is achieved by GP 4, 5, 6, 10, 12
9. Adaptability and Flexibility	9. Apply the principles of ethical practice in personal and professional life.	SLQF 9 is achieved by GP 8
10. Attitudes, Values and Professionalism	10. Educate peers and other members of the health care team.	SLQF 10 is achieved by GP 8, 9
11. Vision for Life	11. Perform critical appraisal of research literature, practice evidence-based medicine and conduct research.	SLQF 11 is achieved by GP 8
12. Updating Self / Lifelong Learning	12. Enhance public health through promotion of peace and prevention of violence	SLQF 12 is achieved by GP 8

The vision and mission statements also cover the requirements of the latest (2021) Subject Benchmark Statement ([Annex B1.9](#)).

The above descriptions show that how the relevant policies and guidelines and needs and expected requirements are considered in the development of vision mission statements.

SECTION C. EDUCATIONAL PROGRAMME

C1. Principal learning outcomes (or programme learning outcomes) that curriculum expects from a successful medical undergraduate of the Medical School

The graduate profile (PLOs) of the Medical Programme of the Faculty of Medicine, University of Jaffna includes the following ([Annex C1 i - Curriculum book, Volume 1, page 3](#));

1. Apply the knowledge in basic and behavioural sciences in solving individual and population health issues.
2. Demonstrate communication, clinical and procedural skills in patient care.
3. Investigate, diagnose and manage common clinical problems and emergencies.
4. Promote individual and population health and institute preventive measures.
5. Utilise IT skills and record keeping skills necessary for medical practice.
6. Demonstrate leadership qualities, administrative skills and management skills.
7. Perform medicolegal procedures and provide expertise to the court of Law.
8. Demonstrate self-learning and continuous professional development.
9. Apply the principles of ethical practice in personal and professional life.
10. Educate peers and other members of the health care team.
11. Perform critical appraisal of research literature, practice evidence-based medicine and conduct research.
12. Enhance public health through promotion of peace and prevention of violence.

C1.1 Explanation of how the programme learning outcomes were developed and their alignment with the Vision and Mission of the Medical School

The Medical Programme of the Faculty of Medicine, University of Jaffna was started in 1978. The characteristics of the graduate of the Faculty of Medicine, University of Jaffna were developed by the curriculum committee comprised of faculty academics and consultants attached to the then General Hospital at its first meeting and revised at its second meeting which, Jaffna ([Annex C1.1.1](#) and [Annex C1.1.2 – Minutes of the Curriculum Development Committee 1981](#)). Thereafter the faculty graduate profile / PLOs have been reviewed and revised time to time in order to meet the latest trends, changes, and national and global demands in health care during the curriculum review workshops involving the faculty, extended faculty, students and external experts. The current version of the Graduate profile/ Programme Learning Outcomes were developed during a curriculum revision workshop in 2012 ([Annex C1.1.3 - Report of Curriculum revision workshop to introduce PBL - 2012](#)).

The graduate profile has been developed and revised on par with the vision and mission ([Annex C1 i - Curriculum book Volume 1, page 3](#)) of the Faculty of Medicine, University of Jaffna;

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

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

Learning outcomes 1, 2, 3, 4, 5, 6, 7, 8, 10 and 11 are with the view of excelling in teaching, learning, and research and producing intellectual and competent healthcare professionals and scholars whereas learning outcomes 9 and 12 help to make them compassionate and dedicated professionals.

C1.2 Brief description of the curriculum model along with the underpinning principles of curriculum design from which the model is derived, and its underpinning principles capable of achieving the Vision and Mission of the programme

The curriculum of the Faculty of Medicine, University of Jaffna started as traditional curriculum at the initial stage with teaching and learning activities that were discipline based. The faculty adopted a participatory approach inclusive of academic staff, extended faculty members and external experts in the design and development and the course is approved by the Faculty Board and the University Senate. ([Annex C1.2.1 - Minutes of the 33rd meeting of Medical Education and Quality Assurance Cell - approval of curriculum revision policy](#); [Annex C1.2.2 - Faculty Board approval of the curriculum revision policy](#)).

The curriculum underwent a major revision during the workshops conducted in 2007 and 2009 under IQEF grant of the IRQUE project of the World Bank. It was decided at that point to gradually introduce the principles of the SPICES model with improved synchronization of the subjects as an attempt to improve integration as a strategy to increase the understanding and retention and to manage the content overload in the curriculum. The curriculum was designed using the available standard guidelines and the Subject benchmark statement ([Annex C1.2.3 - Microbiology core curriculum](#), [Annex C1.2.4 - Paediatrics core curriculum](#), [Annex C1.2.5 - Surgery core curriculum](#), [Annex B1.8 – Subject Benchmark Statement-2004](#)).

In 2015, a Neurology module was introduced in Phase I ([Annex C1 i – Curriculum book I, page 57](#)) to implement an integrated module as a trial. In 2019, curriculum revision workshop was conducted with the participation of two external resource persons, the faculty staff and extended faculty to review the curriculum and investigate the feasibility of introducing further integration by adopting a system-based modular curriculum ([Annex C1.2.6 - Report of Curriculum revision workshop and external resource persons report, 2019](#)). An Immunology module was introduced in phase II since 2019 ([Annex C1 i – Curriculum book I, page 92](#)).

Currently the faculty is working towards changing Phase II into a system based modular curriculum. Two workshops have been conducted to facilitate the faculty to work towards this goal ([Annex C1.2.7 - Report of curriculum revision workshop 2021](#); [Annex C1.2.8 - Report of curriculum revision workshop 2022](#)). The modular curriculum is expected to come into effect in 2025.

Detailed Curriculum is attached as Annex C1:

[Annex C1 i - Curriculum book, Volume I](#)

[Annex C1 ii - Curriculum book, Volume II](#)

Detailed curriculum addresses:

- **Mandatory orientation programme for students and an outline of orientation programme.**
Orientation programme is carried out as integrated introductory module (earlier as introductory programme) as delineated in the Curriculum Book Volume I, page 15 ([Annex C1](#) i; [Annex C1.2.9 – Integrated introductory module – student guide](#)). This is a mandatory program consists of lectures and visits to key locations of faculty and university, conducted during the first eight weeks of the Medical Programme. It totally encompasses 65 hours of student activity.
- **The names of the components/courses/modules/subjects or disciplines and explain how these components contribute to the achievement of the vision and mission of the curriculum.**

Component of Medical Programme of the Faculty of Medicine, University of Jaffna

Co-modules

English

IT

Modules

Integrated introductory module (Introductory programme is renamed in 2022)

Neurology module

Immunology module

Streams

Personal Professional Development Stream (PPDS)

Evidence Based Practice and Research Module (EBPRM)

Subjects

Anatomy

Biochemistry

Physiology

Microbiology

Parasitology

Forensic Medicine

Community Medicine and Family Medicine

Pathology

Clinical Pharmacology and Therapeutics

Medicine

Obstetrics and Gynaecology

Paediatrics

Psychiatry

Surgery

The outcome mapping given in page 14 of Curriculum Book Volume I ([Annex C1 i](#)) outlines how each component contributes to achieve the vision and mission of the Medical Programme.

- **Interlinked and spatially arranged different components/courses/modules/subjects and disciplines:**
Chapter 4 (Programme structure) of the Curriculum, Volume I ([Annex C1 i, pages 4-14](#)) describe how the programme is structured and synchronized to facilitate better understanding by the students. Synchronization tables in Curriculum Volume I outlines how different disciplines are synchronized in Phase I (pages 81 and 82) and Phase II (pages 231-237).

- **Major topics covered in each component/course/module/subject or discipline**
Details are given under each discipline in the curriculum volume I ([Annex C1 i](#)). Topics covered during clinical training in each clinical discipline are given in Curriculum Book Volume II ([Annex C1 ii](#)).

- **Volume of learning within each area/section of study (e.g., course unit, module, discipline) in terms of either notional learning hours or credit value. Where credit value is given, please explain or refer to a document that details how credits are calculated.**

Though we do not follow the credit system, to estimate the workload credits are calculated according to the recommendations SLQF 2012 ([Annex C1 i - Curriculum Book Volume I, page 239](#); [Annex C1.2.10 - Sri Lanka Qualifications Framework - 2012](#)).

- **Area/section/component of the curriculum contributing to the achievement of the programme learning outcomes. Mapping of programme learning outcomes with the relevant course/module/subject learning outcomes. The lessons within each module/discipline/course learning outcomes mapped to the relevant course/module/subject learning outcomes**

Our faculty is planning to start mapping the subject/ module/ stream learning outcomes to the programme learning outcomes in the upcoming curriculum revision. A sample table with the learning outcomes of Anatomy mapped to the programme learning outcomes is attached as [Annex C1.2.11 - Learning outcomes at course level – Anatomy](#).

The table in Curriculum Volume I, page 14 ([Annex C1 i](#)) outlines how each subject/ discipline contributes to programme outcomes.

C2. Overall organizational structure of the programme of study leading to award of the medical qualification offered by the Medical School

The programme is divided into three phases and each phase is completed with an end of phase examination ([Annex C1 i - Curriculum Book Volume I, page 6](#)). Preclinical – Phase I (basic sciences) – consists of Biochemistry, Physiology and Anatomy, Paraclinical – Phase II (applied sciences) deals with abnormal structure and function in disease states, their application in clinical situations and prevention and control of diseases. Clinical - Phase III consists of clinical subjects. Before starting Phase I, Integrated Introductory Module is being conducted as the orientation programme. Personal and Professional Development Stream (PPDS) and Evidence Based Practice and Research Module (EBPRM) extends from year 1 to year 4 (during Phase I and II).

C3. Year / years at which the medical curriculum and subject areas taught

SUBJECT	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Basic biomedical sciences						-
Anatomy	X	X				-
Biochemistry and nutrition	X	X	X ^a			-
Cell biology	X	X				-
Genetics	X	X				-
Physiology	X	X				-
Microbiology (including bacteriology, mycology, parasitology and virology)			X	X	X ^b	-
Immunology			X			-
Molecular biology ^c	X	X	X			-
Pharmacology		X ^d	X	X	X ^b	-
Pathology			X	X	X ^b	-
Behavioural and social sciences^e						-
Medical Anthropology		X				-
Medical Ethics	X	X	X	X	X	-
Clinical Psychology			X	X		-
Sociology			X			-
Community medicine and public health						-
Biostatistics	X		X	X		-
Epidemiology	X		X	X	X ^b	-
Global health			X	X	X ^b	-
Primary health	X		X	X	X ^b	-
Hygiene and health promotion			X	X	X	-
Social and preventative medicine			x	x		-
Research project/Theory	x	x	x	x	x	-
Clinical forensic medicine and pathology			X	X		-
Clinical sciences						-
Internal medicine and its subspecialties			x	x	x	-
Surgery and its subspecialties			x	x	x	-
Obstetrics and Gynaecology			x	x	x	-
Paediatrics			x	x	x	-
Psychiatry			x	x	x	-
Family Medicine / General Practice			x	x	x ^b	-

^a Nutrition

^b Integrated ward classes in Paediatrics

^c Relevant molecular biology is taught in basic biomedical sciences in 1st, 2nd and 3rd years

^d Applied physiology

^e Covered in PPDS, Forensic medicine, Community medicine, Psychiatry and clinical training

C4. Teaching /learning methods used in the Medical School.

Lectures	X	Virtual patients/simulations	X
Tutorials	X	Electives	X
Small Group Discussions	X	Laboratory Based Practical	X
Learning in the Community	X	Hospital Based Learning	X
Problem Based learning/ Problem Solving	X	Guided self-learning	X
Assignments	X	Task-based learning/Core-clinical problems	-
Student presentations	X	Student-led seminars	X
Debates	X	Entrustable Professional Activities	
Role-play	X	Patient management problems	X
Fixed Learning Modules		Clinico-pathology Conferences conducted by senior teaching staff and hospital specialists	X
Audio-visual Modules	-	Student Projects (including research)	X
Any other		-	

Mapping process indicating how each of the above teaching and learning methods facilitate to achieve the learning outcomes of the programme and the relevant curriculum component. Principles of teaching and learning of the overall teaching and learning methods/strategies selected to achieve the programme learning outcomes

Interactive teaching learning actively engages the students, reinvigorates the classroom for both students and faculty, encourages students to take responsibility for their own learning, and promotes characteristics of effective learning. It provides greater accountability, responsibility, flexibility and learner-centredness.

1. Lecture

Lectures deliver knowledge mainly during pre-clinical and para-clinical years. Purpose is to deliver knowledge, explaining the concepts or problems and stretch the thinking of the students. The curriculum outcome 1 is covered by this method of teaching.

[Annex C4.1.1 - Attendance - Anatomy lectures - 44th batch](#)

[Annex C4.1.2 - Attendance - Clinical Pharmacology and Therapeutics lectures - 40th and 41st batches](#)

[Annex C4.1.3 - Timetables of Phase I - 44th batch](#)

[Annex C4.1.4 - Timetables of Phase II 40th batch, term 10-11](#)

2. Tutorials and Small group discussion (SGD)

Tutorials have positive effect on motivation to learn, elaboration of knowledge and productivity. They allow students to develop interpersonal, presentation and communication skills which are useful lifelong skills. They mostly cover the outcomes 1, 2, 3 and 4, mainly in Phase I and Phase II subjects.

[Annex C4.2.1 - Attendance of Anatomy tutorials - 42nd, 43rd and 44th batches](#)

[Annex C4.2.2 - Attendance of Clinical Pharmacology and Therapeutics tutorials - 40th batch](#)

Small group discussion are conducted in introductory module, clinical pharmacology and therapeutics, microbiology, anatomy (dissection, case-based discussion, museum demonstration), physiology (case-based discussion) forensic medicine (museum demonstration), Pathology (museum demonstration), Community and Family Medicine. It covers outcomes 1,2,3,4,6,8,9,10 and 11.

[Annex C4.2.3 - Journal club resource person appointment](#)

[Annex C4.2.4 - Evidence based practice module -SGD](#)

[Annex C4.2.5 – Clinical Pharmacology and Therapeutics SGD attendance - 40th batch](#)

3. Learning in the Community /community-based education (CBE)

Community-based education promotes socio-behavioural aspects of medical students in understanding factors affecting health problems in daily contexts and transform them into more compassionate and responsible health professionals. Community based education is mainly conducted in community and family medicine and to some extent in psychiatry (rehabilitation centre visits) paediatrics and obstetrics. It covers the outcomes 2, 4, 5, 6, 8, 9, 10, 11 and 12.

[Annex C4.3.1 - 76th Department of CFM Meeting Minutes](#)

[Annex C4.3.2 - Integrated ward class, Phase III - student presentation with student activities highlighted](#)

[Annex C4.3.3 - Field Health Programme, Community and Family Medicine - Student Guide -41st Batch-24.01.2022](#)

[Annex C4.3.4 - Field Health Programme, Community and Family Medicine - Supervisor Guide -41st batch](#)

4. Problem Solving

It is particularly aimed at improving the quality of educational outcomes through collaborative, integrated, self-directed and comprehensive learning. It is done through small group tutorials based on scenario-based discussions, especially in anatomy, physiology, community and family medicine, microbiology, PPDS, clinical pharmacology and therapeutics and pathology. The outcomes 3, 8,9 and 10 are achieved through this approach.

[Annex C4.4.1 - Attendance – Case Based Learning - Community and Family Medicine -40th batch](#)

[Annex C4.4.2 - Attendance – Case Based Learning – Clinical Pharmacology and Therapeutics -40th batch](#)

[Annex C4.4.3 - PPDS portfolio](#)

5. Assignments

According to current educational principles, complex learning can be supported by an assignment that constitutes a realistic or authentic task. In activity-based learning students are engaged in the learning processes in which students actively participate in the learning experience rather than sit as passive listeners. These activities help in developing skills such as teamwork, communication, leadership, problem-solving, and making them lifelong learners. It can help students to apply the same in their future clinical practice. example of the use of assignment in the paediatric rotations include the assignment on growth and on immunization and immunology. Assignments help to achieve the outcomes 2, 3, 4, 5, 8 and 10.

[Annex C4.5.1 - Growth module assignment - LMS records](#)

[Annex C4.5.2 – Problems given on Immunisation to be worked out and discussed in groups – 42nd batch](#)

[Annex C4.5.3 – PPDS assignments on gender issues](#)

6. Student presentation and Student led seminars

These are active teaching, learning methods to promote self-development of learners. It encourages them to search and read about the topic, thereby improving the learning outcomes.

It promotes deeper understanding of the topic as well as motivates students for self-directed learning. The process of preparing the presentation includes obtaining information from online and printed sources. It helps the students to develop and improve their presentation skills as well. The students are directed to achieve almost all the PLOs via this mode of teaching.

Student presentations are included in the following subjects.

- PPDS ([Annex C1 i, pages 30- 32](#))
- Evidence based practice and research module ([Annex C1 i, pages 36, 38](#))
- Microbiology ([Annex C1 i, page 84](#))
- Paediatrics – Integrated ward classes ([Annex C1 i, page 201](#))
 - [Annex C4.6.1 - Paediatrics - Integrated ward class student presentation topics - 38th Batch Group IV](#)
 - [Annex C4.3.2 - Integrated ward class, Phase III – sample student presentation](#)
- Medicine
 - [Annex C4.6.2 - Medicine - Seminar topics to be discussed by the students 38th Batch Group 1](#)
- Psychiatry ([Annex C1 i, page 215; Annex C1 ii, page 123](#))
- Community and Family Medicine ([Annex C1 i, pages 116, 117; Annex C1 ii, pages 11; Annex C4.6.3 – Community and Family Medicine student guide, page 45](#))

7. Roleplay

Roleplay is widely used as an educational method for communication skills in medical education. Good communication skills are important for health professionals for effective communication with patients and other health professionals.

Roleplays help to explore the realistic situations, understand patients’ problems and improve the communication both verbal and non-verbal.

Roleplays are conducted in family medicine, psychiatry and PPDS.

8. Simulation / virtual patients

The simulations used in the faculty are low fidelity. Often it is limited to using the various mannequins or models to practice or assess procedural skills. They are also used to acquire skills related to cardio-pulmonary resuscitation, endotracheal intubation, lumbar puncture and neonatal resuscitation.

It covers the outcomes 2, 3, 4, 8, 9, and 10 especially in physiology, microbiology, surgery and paediatrics. The annexures below are requests made by departments for the use of various models/mannequins for teaching or assessments.

[Annex C4.8.1 - Request to use skill lab equipment – Microbiology](#)

[Annex C4.8.2 - Request to use skill lab - Obs and Gyn](#)

[Annex C4.8.3 - Request to use skill lab equipment – Paediatrics](#)

[Annex C4.8.4 - Request to use skill lab equipment - Surgery](#)

9. Laboratory based practical

Students have hands on experience on laboratory based practical.

Students gain laboratory-based experiences mainly in IT co-module, preclinical and Para clinical subjects.

[Annex C4.9.1 - Anatomy practical attendance 43rd and 44th batches](#)

[Annex C4.9.2 - Biochemistry practical attendance 44th batch](#)

[Annex C4.9.3 - Physiology practical attendance 43rd and 44th batches](#)

[Annex C4.9.4 - Manual for Physiology practical](#)

[Annex C4.9.5 - Microbiology practical attendance 40th and 41st batches](#)

Students are also placed to 2 weeks clinical pathology laboratory clerkship to have hands on experience in laboratory techniques.

[Annex C4.9.6 - Clinical Pathology appointment request letter](#)

Laboratory based practical sessions help in the acquisition outcomes 1,2,3, 5,8 and 10.

10. Hospital Based Learning.

Learning in the hospital environment in which the students are trained in clinical skills including history taking, physical examination, clinical reasoning, decision making as well as professional behaviour in the real setting. Clinical training starts during the Phase II. Students undergo clinical training at the hospital in the morning and attend the para-clinical activities in the afternoons during Phases II. In Phase III students undergo full time clinical training.

[Annex C4.10.1 - Attendance sheets of pre-professorial and professorial appointments of 38th batch](#)

11. Guided self-directed learning

Study guide, portfolio and log book are used to enhance self-directed learning, which helps students to plan and implement their own learning and promotes lifelong learning. They are used as a learning material in PPDS, physiology, clinical pharmacology and therapeutics, community medicine and family medicine and clinical subjects.

[Annex C4.11.1 - Medical Professionalism - Study guide](#)

[Annex C4.11.2 - Portfolio - PPDS](#)

[Annex C4.9.4 - Manual for Physiology practical](#)

[Annex C4.11.3 - Clinical Pharmacology and Therapeutics Study Guide](#)

[Annex C4.6.3 – Community and Family Medicine student guide](#)

[Annex C4.11.4 - Logbook - Community Medicine Clerkship](#)

[Annex C4.11.5 - Logbook - Surgery](#)

[Annex C4.11.6 - Logbook - Medicine](#)

[Annex C4.11.7 - Logbook - Paediatrics](#)

[Annex C4.11.8 - Logbook - Obstetrics and Gynaecology](#)

[Annex C1.2.9 – Integrated introductory module – student guide](#)

12. Clinico-pathology Conferences conducted by senior teaching staff and hospital specialists

For selected common medical conditions multidisciplinary seminars (MDS) are conducted by experts from different disciplines in Phase II ([Annex C4.12.1.1 – MDS Tutor guide](#); [Annex C4.12.1.2 – MDS student guide](#); [C4.12.1.3 – MDS feedback](#)). During the paediatric professorial appointment in Phase III, integrated ward classes (IWC) are conducted. Here students present a case ([Annex C4.12.2 – Invitation for integrated ward class](#)). Experts from different disciplines conduct the MDS in Phase II while in the IWC experts from different fields observe the presentations by the students and provide feedback and clarifications. These sessions provide opportunity to the students to work on a patient problem in a wholistic manner and help to understand the role of multidisciplinary team in patient management.

In addition, the final year students are invited to the monthly clinical meetings and academic sessions of the Jaffna Medical Association where they can update their knowledge and become aware of current health issue at regional and national levels.

13. Student Projects

Project-based learning is a powerful teaching method that has extensive benefits for students, ranging from critical thinking to project management.

In the phase II students carry out an undergraduate research project as groups of about five in the Evidence Based Practice and Research Module ([Annex C4.13.1 - Introduction to the undergraduate research project – EBPRM](#)). Working on the research project improves critical thinking, problem solving skill, understanding of research methods and enables them to carry out research in their carrier later.

Health education activity during the community and family medicine clerkship and the Field Health programme in community and family medicine are two other examples of student projects in which students plan and implement health promotion activities.

[Annex C4.6.3 – Community and Family Medicine study guide, page 45](#)

[Annex C4.3.3 - Field Health Programme, Community and Family Medicine - Student Guide](#)

[Annex C4.3.4 - Field Health Programme, Community and Family Medicine - Supervisor Guide](#)

C5. The number of hours that every student is expected to spend in planned and guided skills training/learning.

	Total hours of planned & guided skills training/learning
The total number of minimum hours to acquire the overall required skills training & experience in patient care in all clinical settings (Hospital, community and special clinics) of all subjects (i) to (viii) listed in C6.	3864 hours

C6. Total number of hours that every student is expected to spend in planned skills training and learning in a hospital based clinical setting or a community-based setting excluding any type of laboratory-based training

Please note that the community based clinical training must not exceed 20% of the total hours.

Clinical disciplines	Minimum Hours of learning		
	In hospital based clinical setting*	In community based clinical setting	Total Hours
I. Internal medicine and related subspecialties (including cardiology, dermatology, neurology and venereology / sexually transmitted infections)	960	-	960
II. Surgery and related subspecialties (including anesthesiology, ophthalmology, orthopaedic surgery, oto-rhino-laryngology)	936	-	936
III. Obstetrics & gynaecology	576	-	576
IV. Paediatrics	576	-	576
V. Psychiatry	480	-	480
VI. Forensic Medicine	96	-	96
VII. Community Medicine	-	144	144
VIII. Family Medicine	-	96	96

C6.1 Clinical rotations / appointments that all students complete on each Specialty rotation / appointment including the total. (in hours)

Details of all clinical rotations that students are expected to complete.

Specialty (Example Medicine)	Number of Rotations or Appointments	Average Duration in Each (Hrs)	Total Duration of All (Hrs)
Medicine	3	224	672
Surgery	3	224	672
Paediatrics	3	192	576
Obstetrics and Gynaecology	3	192	576
Psychiatry	2	240	480
Forensic Medicine	1	96	96
Community Medicine	1	144	144
Family Medicine	1	96	96
Dermatology	1	48	48
Venereology	1	24	24
Pulmonology	1	48	48
Cardiology	1	48	48
Rheumatology and rehabilitation	1	48	48
Neurology	1	24	24
Oncology	1	48	48
Orthopaedics	1	48	48
Otolaryngology	1	48	48
Ophthalmology	1	48	48
Anaesthesiology & Intensive care	1	48	48
Neurosurgery	1	24	24
Radiology	1	48	48

[*Annex C4.10.1 - Attendance sheets of pre-professorial and professorial appointments of 38th batch*](#)

C7. Clinical skills training

7.1. Year at which the students begin their clinical skills training.

Third year (phase II)

7.2. Allocations of number of students per group for clinical skills rotations.

Minimum: 17

Maximum: 37

C8. Clinical skills expected from a graduate who is awarded the medical qualification

[Annex C8.1 - Details of expected clinical skills](#)

[Annex C8.2 - Guide to Undergraduate Skills](#)

[Annex C.8.3 - Practical clinical skills workbook](#)

C9. Mandatory internship before award of the degree certificate.

Yes No

SECTION D. ASSESSMENT OF STUDENTS

D1. Methods and practices used for assessment of learning by students in the Medical School

Assessment methods in medical schools are dynamic and evolving to suit the programme learning outcomes of the institutions and the concepts of medical education. The Faculty of Medicine, University of Jaffna has been revisiting its method of assessment according to the emerging need, global trends and revolution in medical education by appropriate curriculum workshops conducted on a regular basis. Various assessment methods have been put in place across all three phases to make sure that the assessments are reliable, valid and fair.

D1.1 Assessment tools used with regard to each curricular component

[*Annex D1.1 - Details of student's assessments tools*](#)

[*Annex D1.1.1 - Summary of the Scheme of Evaluation*](#)

[*Annex D1.2 - Student-Hand-Book – 2022 with details of assessments and by-laws related to assessments, page 34-39*](#)

D1.2 Criteria for setting pass marks, grade boundaries and number of allowed retakes

D1.2.1. Award of Pass, Fail, Distinctions and Class

End of course examinations of the Phase I, Phase II and Phase III are independent and outcomes of each examination will not be carried to the examination/s of the next phase/s. The students will be awarded pass, class and distinctions for each examination separately.

D1.2.2. Award of Pass in a Subject

The students should obtain the marks of 50% or above and obtain the qualifying marks in the specified component/s of a subject to pass any subject ([*Annex D1.2 - Student-Hand-Book, page 37*](#)).

Qualifying marks for the theory component [MCQ and Essay] are 45% for all subjects. Qualifying marks for the clinical component [short case and long case in Medicine, Surgery, Paediatrics and Psychiatry and Obstetrics and Gynaecology] is 50% ([*Annex D1.2 - Student-Hand-Book, page 37*](#)).

The Community and Family Medicine assessment has five components. Students must obtain more than 45% marks in each component to pass each component except in-course assessments.

In clinical pharmacology and therapeutics in addition to theory component, students should obtain 45% marks in OSCE to qualify.

D1.2.2. Award of Fail and Referred in an examination

Any student who fails to appear at any scheduled examination will be deemed to have failed that examination unless supported by an acceptable excuse by the Faculty Board and approved by the Senate ([*Annex D1.2 - Student-Hand-Book, page 36*](#)).

If any student obtains less than 50% in a subject will fail the particular subject and if any student obtains less than 50% in all subjects of an examination will fail the entire examination.

If any student fails to obtain the qualifying marks, the student will fail in that subject irrespective of the total marks obtained.

If any student obtains less than 25% in any subject of a particular examination, the student will be failing the entire examination irrespective of the marks obtained in other subjects.

If the student passes one or more subjects and fails to pass the other subjects of a particular examination, the student will be deemed to have referred in the unsuccessful subject/s.

D1.2.3. Award of Pass and Class Honours

Pass will be awarded to students when they obtain pass marks in all subjects of an examination ([Annex D1.2 - Student-Hand-Book, page 38](#)). Class Honours will be awarded to students only if they pass the course in the first scheduled attempt and obtain average marks for the particular examination as follows:

Range of Marks	Award
50-59	Pass
60-64	Second Class Lower
65-69	Second Class Upper
70 or above	First Class

D1.2.4. Award of Distinction

Distinction will be awarded to students who got 70% or above in the particular subject/s if they have obtained pass marks in all other subjects of the examination at the first scheduled attempt ([Annex D1.2 - Student-Hand-Book, page 38](#)).

D1.2.5. Evaluation Procedures and Award of Degree

Each subject will be evaluated by the respective department of study ([Annex D1.2 - Student-Hand-Book, page 34](#)). Both in-course assessments (formative) and end-of-course examinations (summative) are held. Three end-of-course examinations are conducted namely First Examination for Medical Degrees, Second Examination for Medical Degrees part I and II and Final Examination for Medical Degrees. All the end of course examinations are barrier examinations. The students must pass all subjects in a particular examination to enter the next stage.

In-course assessment

Respective departments conduct in-course assessment during the course ([Annex D1.2 - Student-Hand-Book, page 35](#)). If any student is absent at the in-course assessment for a valid reason, the department concerned may conduct another examination either in written or oral form. If a student is absent without acceptable reason, they will be given zero mark for that in-course assessment. A portion of the final marks of the first attempt will be obtained from the in-course assessment marks which differs from subject to subject.

End-of-course Examination

End of course examinations are conducted at the end of each Phase ([Annex D1.2 - Student-Hand-Book, page 35](#)). Each end of course examination has two examinations (first and second). A second examination will be conducted 6 weeks after releasing the results of the first examination. Currently each subject is examined separately. Integrated examinations could be evolved when integrated teaching is introduced in due course. Each subject may have several components such as MCQ, essay

questions, structured essay questions, practical examination, OSPE, OSCE, viva and clinical examinations. The components vary according to the nature of the subject.

Applications for end of course examinations are called by the office of the Dean. Students should submit the application form within the stipulated time.

Along with application for the examination students should submit the record book signed by the respective heads of the departments for each subject.

D1.2.6. Eligibility to sit for the First Examination for Medical Degrees

The subjects are Anatomy, Biochemistry and Physiology ([Annex D1.2 - Student-Hand-Book, page 35](#)).

- The student must have valid registration in the University.
- The student must have at least 80% attendance in the compulsory components (practical and tutorials, etc.) of all the subjects.

D1.2.7. Eligibility to Sit for the Second Examination (I and II) for Medical Degrees

The Second Examination for Medical Degree has two parts;

- Part I: subjects for Part I are Parasitology, Microbiology and Forensic Medicine will be held at the end of 9th term.
- Part II: subjects for Part II are Community Medicine, Pathology and Clinical Pharmacology and Therapeutics will be held at the end of 11th term.
- The student must have valid registration in the University.

([Annex D1.2 - Student-Hand-Book, page 35](#))

D1.2.8. Eligibility to sit Part I of second examination

- The student must have at least 80% attendance in practical and tutorial classes of the three subjects.
- 100% attendance is needed in Forensic Medicine clerkship. Up to 10% absenteeism in Clinical component could be acceptable with written permission of the Consultant/ Head of the department.

D1.2.9. Eligibility to sit Part II of second examination

- Students should have at least 80% attendance for the compulsory components of each subject/stream.
- 100% attendance is needed for the clinical clerkship on Pathology and Community and family medicine. Up to 10% absenteeism in clinical component could be acceptable with written permission of the Consultant/ Head of the Department.
- Students also should have completed EBPRM and PPDS.

D1.2.10. Eligibility to Sit for the Final Examination for Medical Degrees

The subjects are Medicine, Obstetrics & gynaecology, Paediatrics, Psychiatry and Surgery ([Annex D1.2 - Student-Hand-Book, page 36](#)).

The student must have valid registration in the University.

The student must have 100% attendance in clinical component. Up to 10% absenteeism in Clinical component could be acceptable with written permission of the Consultant. The student should have at least 80% attendance in other relevant components of all the subjects or the absence should have been excused by the Faculty Board and the University Senate.

D1.2.11. Attempts and Excuses

The examination scheduled immediately after the completion of the course shall be deemed to be the first attempt. The students must appear for the scheduled examinations ([Annex D1.2 - Student-Hand-Book, page 36](#)). Students will be allowed to sit four scheduled attempts at the first examination and six scheduled attempts at the other examinations. If any student misses the scheduled examination for not fulfilling the above-mentioned criteria or for any other reason, the student will be deemed to have failed that examination unless the absence at the examination is excused by the Faculty Board and the University Senate. If any student happens to be unable to appear at the examination due to ill health, the student should get examined by the University Medical Officer (UMO) or a Consultant at the Teaching Hospital or a Government Medical Officer if the student is away at the time of illness. The medical certificate should be duly certified by the UMO and submitted to the faculty within two weeks. Medical certificates or any appeal of excuses will not be accepted after releasing the results of the particular examination.

An additional grace chance may be granted under exceptional circumstances for students who have not completed any examination within the stipulated number of attempts if the appeal of the student is supported by authenticated documents and accepted by the Faculty Board and approved by the University Senate.

Copies of documentation made available to students with regard to assessments are attached as

[Annex D1.2 - Student Hand Book](#)

[Annex C1 i - Curriculum 2020, Volume I](#)

[Annex C1 ii - Curriculum 2020, Volume II](#)

D1.3 Examination By-Laws or Regulations

[Annex D1.3.1 - Manual of procedure for conduct of University Examinations, UGC – 1983](#)

The regulations in this manual are absorbed and updated by the University of Jaffna and the Faculty of Medicine as shown by the policy documents given below.

[Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022, page 246 \(By-Laws for the Examination Procedure, Offences and Punishments University of Jaffna, Sri Lanka\)](#)

[Annex D1.3.3 - Standard operating procedure - Examinations, Faculty of Medicine, UOJ](#)

D2. Method of adaptation of the medical curriculum by the Medical School to ensure that assessment principles, methods and practices are aligned with the intended learning outcome

Intended learning outcomes are assessed using appropriate methods at different levels. Core knowledge is assessed by theory components and the observational and interpretive skills by Objective Structured Clinical Examination (OSCE) / Objective Structured Practical Examination (OSPE) and the hands-on training by practical examinations, long cases, short cases etc.

Each subject has specified intended learning outcomes (ILOs) and assessment principles, methods and practices which are aligned with ILOs. Blue prints are used to map the assessments to ILOs.

[Annex D2.1 - Assessment blueprint, Medicine](#)

[Annex D2.2 - Assessment blueprint, Paediatrics](#)

[Annex D2.3 - Assessment blueprint, Physiology](#)

D3. Regulations and By-laws indicating the results of assessments guide decisions about the progress of the student to the relevant next stage of the training programme described in the curriculum

The medical curriculum is divided into 3 phases. At the end of each phase an end course examination is held and considered as a barrier exam to proceed to the next phase. (A second examination also conducted after 6 weeks from the time of release of results).

Three end-of-course examinations are First Examination for Medical Degrees, Second Examination for Medical Degrees part I and II and Final Examination for Medical Degrees. The students must pass all subjects to enter the next stage.

[Annex C1 i – Curriculum book Volume I, Chapter 6, pages 240-247](#)

D4. Procedures adopted by the Medical School to avoid examiners' conflict of interest in student assessments/examinations/evaluations including the Conflict-of-Interest Form

Faculty of Medicine, University of Jaffna has been maintaining standard procedures at all levels to avoid examiners' conflict of interest in the standard assessments/ examinations/ evaluations on par with other state Universities abided by the guidelines of University Grants Commission.

Each university staff shall take an oath of secrecy before their respective heads of the department at the commencement of each year.

[Annexure D4.1 - Oath of secrecy](#)

External examiners and examiners from extended faculty or any other person whose services are utilized for the examinations are expected to sign a conflict-of-interest form before engaging in such activity

[Annexure D4.2 - Declaration of Conflict of interest](#)

Every question paper set for an examination of the university or any other document related to examination declared as secret shall be deemed to be a secret document.

Every employee of the university engaged in any type of work connected with examinations shall bring to the notice of the vice chancellor if any close relative of his/her is sitting for the examination. For this purpose, the words "employee of the university" shall include any person engaged for work connected with examinations. A close relation includes child/spouse/sibling.

An index number assigned by the examination branch is used until the results are released to avoid conflict of interest. Candidates' personal identity is not used in any examination related matters.

Each written answer scripts are marked by two independent examiners and the average marks is taken. In case of non-concordance among the examiners the chief examiner has the right to seek another examiner's help.

In case of clinical examination (e.g. short case, long case etc.) at least two examiners (preferably one external examiner attached to another university or the ministry of health) are appointed to each

panel to avoid any conflict of interest. Cases for clinical examination are calibrated together before the commencement of examinations.

[Annexure D4.3 - Calibration form of short case](#)

[Annexure D4.4 - Calibration form of long case](#)

D5. Procedures adopted by the Medical School to incorporate scrutiny of assessments/ examinations/ evaluations by external experts (Such as theory questions, clinical examinations, OSCE, viva etc.)

Faculty of medicine, University of Jaffna has been strictly following the standard procedures to make sure that each assessment is

- appropriate for the expected level of competency.
- based on the learning objectives and intended learning outcomes.
- based on the blue print for assessment.

Each component of examination/ assessment/ evaluation will be set, scrutinized and calibrated by both internal and external experts to ensure the above.

D5.1 Common procedures for all examinations

Calendar of dates

The Examination Calendar is available online.

[Annex D5.1.1 - Examination Calendar](#)

Appointment of examiners

For each examination, examiners are nominated by the departments and approved by the Faculty Board and University Senate. For each examination, setter, moderator/s, first and second markers, and examiners for practical examination, viva, OSCE/ OSPE, or clinical examination are appointed. Internal examiners are appointed from respective department and other departments within the faculty and external examiners are appointed from the extended faculty or other medical faculties.

[Annex D5.1.2 - Faculty board minutes confirming list of examiners](#)

[Annex D5.1.3 - List of examiners sent to the senate](#)

External Examiner's report

External Examiner's report is obtained from all the external examiners who take part in the First, Second and Final Examination for Medical Degrees.

[Annex D.5.1.4 - External examiners report - sample form](#)

D5.2 Theory and Practical examinations

Setting of exam papers

Exam papers are prepared by both internal and external examiners (*Annex D5.1.3 - List of examiners sent to the senate*).

Moderation of the exam papers

The Chief Examiner shall send the question papers and the marking scheme under confidential cover to the moderator appointed by senate (*Annex D5.1.3 - List of examiners sent to the senate*).

Scrutiny of examination papers

Once the moderated examination paper is ready, a Board of Scrutiny is arranged with the participation of the chief examiners.

[Annex D5.2.1 - Scrutiny Letter for Phase I](#)

[Annex D5.2.2 - Scrutiny Letter for Phase II](#)

[Annex D5.2.3 - Board of Scrutiny Form](#)

Handing Over of Question Papers to the SAR/DR

Once the changes recommended at the scrutiny board have been made, the Chief Examiners shall hand over the question papers to the Senior Assistant Registrar (SAR)/ Deputy Registrar (DR) of Faculty of Medicine in the form of hard copy in a sealed envelope. It will be kept confidentially under lock and key under the custody of the Senior Assistant Registrar (SAR)/ Deputy Registrar (DR) of faculty of Medicine. Confidentiality of the question paper shall be maintained by the Chief Examiner, Moderator and the SAR/DR.

[Annex D5.2.4 - Handing over of examination paper to SAR or DR](#)

Preparing marking scheme and marking of answer scripts

Before marking the answer scripts, a marking scheme is prepared by the examiners setting questions and agreed upon by the moderator (*Annex D1.3.3 - SOP - Examinations, page 48-49*). The answer scripts are marked according to the marking scheme.

[Annex D5.2.5 - Answer script handling record - Paediatrics](#)

D5.3 Continuous assessments

Theory paper (MCQs, SEQ) are set, moderated and scrutinized at the department level.

D5.4 Final MBBS - Theory - Common Multiple-Choice Questions (MCQ) paper

Preparation of the common MCQ (True / False and Single Best Answer types) paper shall be done strictly according to the guidelines given by the UGC.

[Annex D5.4.1 - Guidelines for preparation of common MCQ for ranking](#)

[Annex D5.4.2 - Preparation & Scrutiny Common MCQ - Medicine July 2021 & March 2022](#)

[Annex D5.4.3 - Preparation & Scrutiny Common MCQ - Medicine, November 2021 & March 2021](#)

[Annex D5.4.4 - Guidelines for scrutiny of common MCQ - Medicine October 2020](#)

D5.5 Clinical examination

Nomination of Clinical Examiners

Examiners should be a board of certified specialists (Internal and External) in the subject or in related subjects ([Annex D1.3.3 - SOP - Examinations, page 58](#)).

Clinical examination shall be conducted between six weeks prior or six weeks after the theory examination. The examination shall comply with the guidelines issued by the UGC on conducting the Final Examination for Medical Degrees.

Time allocation for clinical examination

Time allocation for different components of the clinical examination (e.g., number of cases and duration of short cases and long cases) shall comply with the latest guidelines issued by the UGC on conducting the Final MBBS examination.

Selection of patients for examination

A debriefing convened by the Chief Examiner to the internal and external examiners prior to the commencement of the clinical examination where details of arrangements are discussed ([Annex D1.3.3 - SOP - Examinations, page 52](#)).

Selection of patients shall be made randomly from a pool of patients previously identified or from currently available hospitalised patients by Chief Examiner with a help of internal examiners.

For paediatric assessment, efforts must be taken to keep them as comfortable as possible with their parents or guardian.

Calibration of patients

Before the examination, each patient will be assessed and calibrated by both internal and external examiners independently and an agreement will be made between both examiners on assessment procedures and marking scheme.

[Annex D1.3.3 - SOP - Examinations, page 52](#)

[Annex D5.5.1 - Letter to External examiner with instructions for calibration of patients](#)

[Annexure D4.3 - Calibration form of short case](#)

[Annexure D4.4 - Calibration form of long case](#)

Marking of clinical examination

Two examiners (usually one internal and one external) shall examine in each component. Each examiner shall mark the performance of a candidate independently.

For each candidate, each component of clinical examination will be assessed by different Panels of Examiners.

[Annex D5.5.2 - Scrutiny Board of Final Examination 2021](#)

D6. Procedures adopted by the Medical School to ensure confidentiality and integrity of examination results

Before the examination, the procedures mentioned in D4 applies to maintain the confidentiality and avoidance of conflict of interest. We adopt oath of affirmation of secrecy by the Faculty of Medicine, University of Jaffna (*Annex D4.1*) and declaration of Conflict of interest by the examiners, University of Jaffna (*Annex D4.2*).

Procedures to maintenance of secrecy during the examination and release of results are followed as per the By-Laws for the Examination Procedure, Offences and Punishments, University of Jaffna (*Annex D1.3.2*) and Standard operating procedure - Examinations, Faculty of Medicine, UOJ (*Annex D1.3.3, pages 64-71*).

Answer scripts are stored in the confidential room in the Dean's Office. Upon correction of the answer scripts, they are kept confidentially and sent back to the confidential room of the Faculty of Medicine. When the results are finalised a pre results board and a results board are conducted according to the Examination Procedure, Offences and Punishments, University of Jaffna (*Annex D1.3.2*) and Standard operating procedure - Examinations, Faculty of Medicine, University of Jaffna (*Annex D1.3.3, page 73-78*). Detailed results will be released once confirmed in the senate of the university.

[Annex D6.1 - Paper Printing Record](#)

[Annex D6.2 - Question packet handing over to Supervisor](#)

[Annex D6.3 - Answer script handing over to deputy registrar](#)

[Annex D6.4 - Answer Script handling record for marking](#)

D7. Description of the feedback system that the Medical School has put in place to provide strengths and weaknesses of students at assessments described above

Feedback regarding the student's assessments both their strengths and weaknesses are given in many ways. They are

1. Direct verbal feedback to students
2. Distribution of awards and scholarships
3. Mentoring programme
4. Appeals and Re-correction facilities

Unsuccessful students are given feedback by the academics of some departments individually ([Annex D1.3.3 - SOP - Examinations, page 82](#)). This will cover all the components of the examination of the relevant subject. The feedback includes their weaknesses, strengths and encouragement to study as well. Those who need further clinical training are given the opportunity for it on individual basis by some departments ([Annex D7.1 - Feedback for students who fail in the exam](#)).

Scholarships, awards and gold medals are given to the outstanding students after the end of course examinations. Memorial prizes and gold medals are awarded for individual subject and the clinical performance at the end of the course at General convocation ([Annex D1.2 - Student handbook, Chapter 5](#)).

A mentoring programme is in place from the first year to final year of the undergraduate medical programme and through this programme encouragement and feedback are given for both successful and unsuccessful students by the respective mentors ([Annex D1.2 - Student-Hand-Book, page 44](#)).

Students could also make an appeal and request re-correction if they are unsatisfied with the results ([Annex D1.3.2 - Codes, Policies and Bylaws, page 284](#); [Annex D7.2 - Provision for re-scrutiny of marks UGC circular](#)).

SECTION E. STUDENTS

E1. Admission policy of the Medical School and the selection procedures for admission of medical students [Other than those given in A6] with relevant justification

The University Grants Commission (UGC) is the apex body responsible for selection and allocation of students to State Universities and Higher Educational Institutes (HEIs) established under the Universities Act No. 16 of 1978 ([Annex E1 - Admission to Undergraduate Courses of the Universities in Sri Lanka, Page 12](#)).

The selection procedure for admission of medical students is common to all state universities.

The total number of students to be selected for the course is based on national policy. UGC offers 40% of the admission to medical schools based on the merit system, 55% based on the district quota and 5% is allocated to educationally disadvantaged districts.

University of Jaffna receives the list of students who can be registered in our institution from UGC for each year of intake.

E2. Number of students who are currently enrolled, by year of admission and current year of study

Year of study	Total students	No. of students Local	No. of students Foreign
First year 44 th batch	190	190	---
Second year 43 rd batch	188	187	01
Third year 42 nd batch	152	152	---
Fourth year 41 st batch	152	151	01
Fourth year 40 th batch	150	149	01
Final year 39 th batch	136	136	---
Total	965	962	03

E3. Medical School's policy on transfer of students from other institutions and programmes to the degree programme of the school

Transfer of students within the state universities or from foreign universities are not entertained in the State universities of Sri Lanka ([Annex E1 - Admission to Undergraduate Courses of the Universities in Sri Lanka, page 119](#)).

E4. Feedback of the Medical School to students after each assessment

Feedback on students' performances at formative and summative assessments are given.

1. Verbal feedback is given directly to the whole batch as well as individual students (on request or if any concerns) at the end of each in-course assessment by the departments.

[Annex E4.1 - Feedback on In-course assessment - Pharmacology departmental minutes](#)

[Annex E4.2 - Feedback on In-course assessment - Pharmacology Time table](#)

Feedback at the end of the professorial clerkship by the relevant department at the final year based on the in-course examinations.

2. Student mentoring program is in place for medical students from first to final year. Each student is allocated to a mentor independently. Through this programme encouragement and feedbacks are given for both successful and unsuccessful students by the mentors.
3. Scholarship and awards: Scholarships, awards and gold medals are awarded at the end of the phase I, phase II examinations to encourage students. Memorial prizes and gold medals are awarded for individual subject and the clinical performance at the final examination at General convocation ([Annex D1.2 - Student handbook, Chapter 5, page 50](#)).
4. Unsuccessful students are given feedback by the academics individually, including their strengths and weakness and motivate them to prepare for the next examination. Those who needs further clinical training, opportunities are given on individual basis.

[Annex D7.1 – Feedback form for students who fail in the exam](#)

[Annex D1.3.3 - Standard operating procedure - Examinations, Faculty of Medicine, UOJ, pages 82-84](#)

E5. Facilities available for counselling of students (such as student counselling units, counsellors, mentors, etc.) regarding their academic, examination and other problems, including available hours and available staff in the Medical School.

The faculty of Medicine, University of Jaffna has developed following programs and policies to empower the student well-being during the faculty years;

University Well-Being Centre
Student counsellor service
Centre for Gender Equity and Equality
Faculty of Medicine Wellbeing Centre
Mentor Programme

Committee on Disability Access and Inclusion
Campus Stories

[Annex D1.2 – Student Handbook, Section on General Information and Student Welfare, page 41-46](#)

Student counsellors are approachable in person or over the phone/ email at any time. Dedicated time to meet student counsellors was in practice but was abandoned as students failed to utilize it.

[Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022, page 200](#)

E5.1 Student mentoring program

Objectives:

- Improve student wellbeing
- Enhance personal and professional development
- Motivate students to be engaged in academic and social activities at the faculty
- Sensitize students to the available opportunities and resources
- Provide career counselling and guidance

[Annex E5.1.1 - Mentor programme guidelines](#)

[Annex E5.1.2 - Phase I Timetable showing timeslot to meet mentors](#)

E5.2 Campus Stories: The First-Year Seminar Series

Objectives:

- To facilitate the interaction between the new comer with fellow students, their staff in the campus and faculty culture
- To create an environment for the students about the realities of life as a medical student

[Annex E5.2.1 - Campus stories guidelines](#)

[Annex E5.2.2 - Feedback of students regarding Campus stories](#)

E5.3 Faculty of Medicine Wellbeing Centre

The objective of the Wellbeing Centre is to assist and support medical students to cope with university culture, academic and psycho-social challenges

[Annex D1.2 – Student Handbook, page 44](#)

E5.4 Policy on Disability Access and Inclusion

The Committee on Disability, Access and Inclusion of the Faculty of Medicine has created the policy document on Disability access and inclusion. The objective of the committee is to create a disability-friendly environment to empower people with disabilities to participate independently in Faculty life.

[Annex E5.4 Policy on disability access and inclusion](#)

SECTION F. ACADEMIC STAFF

F1. Medical School's policy on, recruitment of academic staff (such as qualifications, previous experience, contributions to research, marking schemes etc.) promotion of academic staff induction of newly recruited staff

F1.1 Recruitment of academic staff (such as qualifications, previous experience, contributions to research, marking schemes etc.)

Faculty of Medicine University of Jaffna, recruits academic staff according to the UGC circular for recruitment ([Annex F1.1.1](#); [Annex F1.1.2](#)) considering their qualification and specialty for the applied vacancy. In addition to that, previous experience and contribution to research carries marks for the selection.

Annually the registrar advertises vacancies for the posts of lecturer, senior lecturer and professor in newspapers and university website ([Annex F1.1.3](#)) and a national newspaper. A selection board comprising of the head of the relevant department, dean, senate nominees and council nominees. Vice chancellor of the University of Jaffna chairs selection board and the board selects the academic staff based on a points system following an interview for the vacancies advertised.

F1.2 Promotion of academic staff

Faculty of Medicine University of Jaffna follows UGC circulars for promotion of academic staff.

[Annex F1.2.1 - Effective date of promotion from Senior lecturer grade II to grade I](#)

[Annex F1.2.2 - Schemes of recruitment/promotion for associate professor/professor](#)

F1.3 Induction of newly recruited staff

All newly recruited academic staff must follow an induction programme for confirmation. The Staff Development Centre (SDC) of the University of Jaffna organises an induction programme annually. Most of the newly recruited academic staff follow the induction programme conducted by the SDC, University of Jaffna ([Annex F1.3.1 - Staff development centre Induction programme - list of topics and resource persons](#); [Annex F1.3.2 - Staff development centre, Induction programme - List of Staff who completed the course](#)). Further details can be obtained from the SDC website through the following link <http://www.unit.jfn.ac.lk/sdc/>.

The Certificate Course in Medical Education conducted by the Postgraduate institute of Medicine, University of Colombo is also accepted as an induction programme for the academic staff of state medical faculties in Sri Lanka ([Annex F1.3.3, page 3](#)).

F2. List of responsibilities assigned to different grades of academic staff (Dean, Professor, Head of Department, etc.)

Responsibilities of the academic staff including professors

- Teaching and assessment
- Research and development
- Student mentoring
- University and national development
- Other responsibilities assigned to them by the faculty or university

Responsibilities of Head of the Departments

- In addition to the above responsibilities, administration of the department

Main responsibilities of the dean are

- academic administration of the faculty
- representative of the faculty to the rest of the University, UGC and External bodies

However, Dean can involve in teaching, research, university and national development activities as well.

Faculty of Medicine, University of Jaffna abide by the following documents regarding code of conduct, work load and norms.

[Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022, page 28](#)

[Annex F2 - Ethics and academic accountability for academic staff in the Sri Lankan University system](#)
(available at <https://www.eugc.ac.lk/qac/ac-accountability.html>)

F3. List of all academic staff attached at present to each academic department (including clinical departments such as medicine, surgery each) in the Medical School, together with their highest academic qualifications and designations

Details of all academic of the Faculty of Medicine, University of Jaffna is attached as [Annex F3](#).

F4. List of extended teaching faculty staff who are not direct employees of the Medical School but attached to the affiliated teaching hospital(s) and teach and supervise clinical training of medical students

List of extended faculty staff involving in training of medical students is attached as [Annex F4](#).

F5. Permanent academic staff/student ratio in the Medical School

Total number of medical students:

Usually, five batches are at the faculty in a given time. Due to the delays during the past two years, at the moment there are six batches.

Number of medical students at the Faculty of Medicine, University of Jaffna = 819 (total of five batches) + 39th batch (final year - 139 students).

Total number of permanent academic staff

Number of permanent academic staff is 52.

In addition to the permanent academic staff, visiting staff from teaching and other faculties are involved in teaching, assessment and mentoring.

Ratio of students: permanent academic teaching staff

819: 52 = 16: 1

Visiting academic staff contribute significantly to the teaching and training of the students and fill the gaps in teaching and training. Therefore, we have calculated the staff student ratio including the visiting staff as well.

Permanent academic staff + extended faculty = 52 + 66

Student: academic staff ratio = 818: 118 (7:1)

F6. List of non-academic staff (other than academic staff) attached to each academic department and administrative/ support unit in the Medical School

List of non-academic and supportive staff attached to the Faculty of Medicine; University of Jaffna is attached as [Annex F6](#).

F7. List of staff development/ teacher training programs/courses (name, duration, frequency, etc.) for academic and other staff in the preceding year recognized by the medical school

Training programmes/ courses for the staff are organised by the university, SDC and the respective faculties. Evidences for staff development programmes/ courses for academic and non-academic staff are listed below;

F7.1 Academic staff

[Annex F7.1.1 - Training of trainer workshop on living with diversity](#)

[Annex F7.1.2 - Preparing marks sheet and analysing the results using Excel](#)

[Annex F7.1.3 - Global ranking in higher education](#)

[Annex F7.1.4 - Training workshop on Leadership and Motivation](#)

[Annex F7.1.5 - Curriculum design and revision](#)

[Annex F7.1.6 - Training workshop on assessment and evaluation](#)

[Annex F7.1.7 - Student Mentoring System](#)

[Annex F7.1.8 - Mentor Workshop](#)

F7.2 Administrative staff

[Annex F7.2 - SDC workshop on computer skills for Management assistants](#)

F7.3 Technical staff

[Annex F7.3.1 - SDC - Essential skill for tech-laboratory staff august 2020- certificate](#)

[Annex F7.3.2 - Skill Development training Programme for technicians](#)

F7.4 Support staff

[Annex F7.4.1 - Network Management and Measurements workshop](#)

[Annex F7.4.2 – Online workshop on network/ systems monitoring](#)

F7.5 All non-academic staff

[Annex F7.5.1 - Registration for Language skills programme](#)

[Annex F7.5.2 - Workshop on use of Microsoft 365](#)

F8. Unit and trained staff in the Medical School dedicated to curriculum development and medical education

Available

Details:

The Faculty of Medicine, University of Jaffna has a Medical Education and Audio-Visual Unit which is dedicated to curriculum development and medical education.

A trained technical officer and lab attendant are attached to this unit.

F9. Senior academic staff members of the Medical School with a degree/ diploma/ certificate in medical education or trained in medical education

Details of academic staff who are trained in medication:

Prof. M.G. Sathiyadas - Head, Medical Education and AV Unit holds Post graduate diploma in Medical Education, University of Dundee. She is a Professor of Paediatrics.

Dr. S. T. Sarma – Postgraduate certificate in Medical Education (Postgraduate institute of Medicine, University of Colombo). He is a Senior lecture in Surgery.

Dr. S. Sanchayan - Temporary lecturer (MD trainee in Medical Education, Postgraduate institute of Medicine, University of Colombo)

F10. Process that the Medical School ensures (such as providing training programmes in the university or outside university) that all academic staff members have adequate knowledge of the medical curriculum and delivery of different segments in the curriculum including contents and examinations/ assessments

Printed detailed curriculum book is issued to all the academic staff members. Detailed curriculum book is available in the faculty website ([Annex C1 i](#), [Annex C1 ii](#)).

All the academic staff actively participate in curriculum revision workshops.

[Annex F10.1 Report of Curriculum revision workshop 2019](#)

[Annex F10.2 -- Report of curriculum revision workshop 2021](#)

[Annex F10.3 - Report of second module workshop 2022](#)

Regular Curriculum Development and Evaluation Committee meetings are held and decisions are forwarded to the faculty board. This committee includes all the heads and professors and the decisions are conveyed to all the staff.

[Annex F10.4 - Meeting of the curriculum development and Evaluation Committee - minutes July 2022](#)

Workshops on different segments of the curriculum, teaching methods and procedures are conducted time to time.

[Annex F10.5 - Report Curriculum revision workshop to introduce PBL](#)

[Annex F10.6 - Workshop on Portfolio Assessment, PPDS](#)

[Annex F10.7 - Workshop on Examination procedures for MBBS programme](#)

During the COVID-19 pandemic rapid shift to online teaching occurred. University of Jaffna with the support of Department of Computer Science conducted training sessions for academic staff on online teaching methods.

[Annex F10.8 - Workshop on Zoom conferencing system](#)

[Annex F10.9 - Training Workshop on Advanced use of LMS](#)

SECTION G. EDUCATIONAL RESOURCES

G1. Details of lecture halls with audio-visual facilities available for medical undergraduate teaching

		Number of lecture halls	Total seating capacity	
(i)	Faculty of Medicine, University of Jaffna	4	Lecture hall I -	400
			Lecture hall II	400
			Hoover auditorium	600
(ii)		1	Auditorium (at the student hostel near the Teaching Hospital, Jaffna)	150
	Teaching Hospital, Jaffna	06 student teaching rooms	Ward-11 Ward-23A Ward-29 Ward-23B Ward-7 Ward-1	20 seating capacity 20 seating capacity 20 seating capacity 20 seating capacity 20 seating capacity 20 seating capacity

Process and details of the above facilities as to how they contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

Complex of the Faculty of Medicine, University of Jaffna has a three-story main block, an auditorium, students' block, another block with skill laboratory and conference hall, examination hall and a cafeteria. Two lecture halls with the seating capacity of 400 each are located on the second floor of the main block which are used mainly for large group teaching of 1st, 2nd, 3rd, and 4th year medical students. The auditorium is mainly utilized to conduct conferences, student cultural events and scientific session. However, when additional space is required, the auditorium is used for large group teaching activities. Students teaching rooms attached to the wards are used for small group teaching such as case discussion and student presentations. These teaching activities helps the students acquire knowledge and improve their skills and communications.

[Annex G1.1 - Timetable showing use of Lecture Hall 1](#)

[Annex G1.2 - Timetable showing use of Lecture Hall 2](#)

Lecture halls and auditoriums are also used for student research symposiums.

G2. Availability and the seating capacity of facilities at Medical School

	Facility	Number of halls / rooms	Capacity
(i)	Tutorial rooms	Pharmacology-02 Community and family Medicine 01 Forensic Medicine-01 Physiology-01	30 each 25 20 20 30
(ii)	Discussion rooms	Board room-01 Conference Hall-01	60 80
(iii)	Examination halls	01	150
(IV)	Auditorium	02 (Including hostel Auditorium)	750
(V)	Reading rooms	01 (Wellbeing center)	10
(VI)	Any other (please specify)	Seminar room (Department of Community and Family Medicine)-01 Conference room (department of Microbiology)-01	50 15 150

Explanation of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

Tutorial rooms and conference hall are used to carry out tutorial sessions, SGDs, career guidance programs, research symposiums, and community medicine clerkship discussions where the whole batch is divided into small groups, encouraging more interaction. These sessions are carried out in a student-centred manner as much as possible. These teaching and learning activities help in achieving PLOs 1, 2, 4, 5, 6, 8, 10 and 11.

[Annex G2.1 - Tutorial room booking](#)

[Annex G2.2 - Conference Hall booking](#)

The examination hall is designed and is mainly used for conducting the examinations. However, it is used for teaching activities whenever additional space is needed and for exhibitions.

G3. List of academic departments of the Medical School which have teaching / learning museums and laboratories for student skills training (such as Anatomy Museum and Biochemistry laboratory, Pathology laboratory etc)

Department	Museums	Laboratories	Any other (please specify)
Microbiology	-	01	
Pharmacology	-	02	
Anatomy	01	01	Dissection hall 01
Forensic Medicine	01	-	
Physiology	-	02	
Pathology	01	02	
Parasitology	-	01	
Medicine		01	
Obstetrics and Gynaecology	-	01	
Paediatrics		01	

Explanation of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

Dissection hall, laboratories and museums are used for cadaveric dissection (anatomy), demonstrations and practical sessions which mainly help the students to develop their skills and knowledge.

Laboratory practical sessions are conducted in biochemistry, physiology, histology, haematology, histopathology, microbiology and parasitology. These practical sessions provide hands on experiences (e.g., blood pressure measurement, urinalysis, stool examination, etc.) and helps to differentiate normal and abnormal findings and interpret the laboratory reports. Students carry out some laboratory investigations in the laboratories adjoining the professorial wards in the final year applying the skills and knowledge acquired during the practical sessions in Phase I and Phase II.

Demonstrations of biological sample collection and medication delivery prepare the students for clinical training. Museum demonstrations in anatomy, forensic medicine and pathology enable the students to identify the structural abnormalities and types of injuries.

These teaching and learning modalities help the students to achieve outcomes 1, 2, 3, 7, 8, 9 and 10.

G4. Availability of Clinical Skills Laboratory.

Available

Supervision of laboratory sessions:

Training session at clinical skills laboratory are supervised by the staff from the respective departments.

List of items available at the clinical skills laboratory is attached as [Annex G4](#).

Supervised hours (approximately) a student spends in this laboratory during the medical undergraduate course:

Number of hours a student undergoes supervised training at clinical skills laboratory is 12 hours.

Surgery - 03 hours

Gynecology & Obstetrics - 05 hours

Paediatrics - 03 hours

Microbiology - 01 hour

[Annex G4.1 - Request to use skill lab equipment - Microbiology](#)

[Annex G4.2 - Request to use skill lab - Obs and Gyn](#)

[Annex G4.3 - Request to use skill lab equipment - Paediatrics](#)

[Annex G4.4 - Request to use skill lab equipment – Surgery](#)

Explanation of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

In clinical skill laboratory students can practice clinical skills before using them in a real clinical setting. It also allows the students to do tasks repetitively under supervision until the desired competency level is achieved. Training the student in clinical skill laboratory will help the students to perform the tasks in real clinical settings with perfection which will ensure patients safety. Through training sessions in clinical skill laboratory students mainly learn the clinical skills and procedures.

In addition to those mentioned above, clinical departments have some mannequins for special clinical training sessions.

G5. Details regarding the main library of the Medical School

Total seating capacity:

100

Lending facility for students:

Available

The number of peer reviewed foreign journals available for reading by students:

160

Wi-Fi and internet facilities:

Available

E-books and facilities to access them via internet:

Available

Other service:

User awareness Programme

Total number of computers:

Four

Facilities for photocopying:

Office use only

Total number of books in English in each subject

Subject	Number of books
Medicine & Health	1228
Human Anatomy	1139
Human Physiology	1288
Biochemistry	1150
Personal Health & Softy	512
Forensic Medicine	708
Pathology	927
Parasitology	880
Pharmacology and Therapeutics	905
Diseases	4992
Surgery, dentistry	1073
Gynaecology, Obstetrics	1207
Paediatrics	1250
Psychiatry	704

Details of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes

The medical faculty library contains a dynamic and rapidly growing collection of 10,000 volumes of books and a selective collection of periodicals, which includes 40 titles of the regular subscription and a large collection of bound and unbound periodicals. The library provides many services to the readers. These services include lending books, giving full articles on request, article searching, document delivery services and a reading area for studying with a seating capacity of 100 seats. The library's opening hours are on weekdays and Saturdays from 8.00 AM – 8.00 PM. It is kept open from 8.00 AM – 2.30 PM on Sundays. Library is closed only during public holidays.

Multiple copies of the updated new edition of medical textbooks are one of the popular information sources among the students. A web-based (OPAC) Online Public Access Catalogue in LIBSYS Database provides access to the library materials' bibliographic information. In addition, the library subscribes to some current electronic full-text periodicals. National Science Foundation offers remote institutional access to our institution, which includes the Scopus database. Further, readers can access UGC subscribed databases, including Oxford Medicine online, Oxford medical journals, Sage research methods and other electronic journals. Medical Library maintains an institutional repository, which provides access to all the institutional research publications.

A literature search service is also provided. In addition, instruction in the effective use of the library resources is a regular part of orientation activities for the new students.

Articles are purchased with the support of documents supply services of the Consortium of Academic Libraries of Sri Lanka. Besides, donations are received from various reputed institutions such as World Health Organization (WHO), Asia Foundation and several well wishes. They are actively

involved in providing collaborating support to develop and maintain the standards of the library. Publication of the WHO holds a unique place in the library for the benefit of the users.

Online resources such as e-journals, e-books, subject databases, such as HINARI, PubMed and evidence-based tools are now available which increase and ease access to health information.

In addition, there is an e-learning corner with a few computers. Readers can use the computers to access the e-resources.

A library user orientation program is conducted for the new students to become familiar with the library resources. Barcoded membership cards are issued to the readers at the time of registration, which can be used for lending library materials from the automated library system. Medical Library is a member of a HeLLIS Network. It extends the services to the readers provided by the HeLLIS Network.

The library helps in the achievement of PLOs 1, 3, 4, 5, 7, 8, 9 and 11.

The Library of the Jaffna Medical Association

The above-mentioned library is situated within the premises of the Teaching Hospital, Jaffna and allows students to access its resources. This is a great support for the clinical learning of the students.

G6. Names of the hospitals used for teaching undergraduate students, with the total number of beds in each specialty and the approximate distance of each from the Medical School

Name of Affiliated Teaching Hospital	Total Beds	Beds in each major specialty (Example: Surgery-60) with bed occupancy rate (average % of beds occupied per day over a year)	Distance from Medical School (km)
Teaching Hospital Jaffna			
Gynecology & Obstetrics	163	85%	3.5 Km
Surgery	293	76%	3.5 Km
Medicine	293	75%	3.5 Km
Paediatrics	168	80%	3.5 Km
Base Hospital Tellipalai*			
Psychiatric	60	80%	14 Km

* In-patients service of the psychiatric units of Teaching Hospital, Jaffna, function at Base Hospital, Thellepalai

G7. Field practice area of the Medical School to provide students clinical exposure in a community setting

Nallur MOH area is assigned as the field practice area for training of medical students in community setting.

Distance of field practice area from the Medical School (in km) and the approximate number of residents in the field practice area.

Distance from the Medical school: 2 km

Population: 36,728

Details of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

Primary health care ensures people receive quality comprehensive care ranging from promotion of health and prevention of disease, rehabilitation, and palliative care. During the training at community settings students understand health-related issues in the community and how the community-based healthcare institutions function.

Students are exposed to primary care services during family medicine clinical attachment at Family Health Centre, Kondavil and community medicine clerkship. These activities help to achieve the programme outcomes of 1, 2, 3, 4, 8, 9 and 10.

Field health program is designed carry out related health activities in Nallur MOH area. Students have to work individually as well as group to improve the health status of the family as well the community. Students are guided by academics of the department during the field health program. Assessment of this program includes field evaluation and portfolio submission. These activities help to achieve the programme outcomes 1, 2, 3, 4, 5, 6, 8, 9, 10 and 12.

[Annex C1 i - Curriculum book I, page 10;](#)

G8. Provision of exposure to clinical forensic medicine and forensic pathology

Medical undergraduates of Faculty of Medicine, University of Jaffna are exposed to clinical forensic during the four weeks forensic medicine clinical rotation.

Name the facility used for this purpose and distance from the Medical School (in km).

Unit of Judicial Medical Officer (JMO), Teaching Hospital, Jaffna

Distance from the Medical School - 3.5 Km

Explanation of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

The main objective of the course is to train the students medico-legal issues ([Annex C1 i - Curriculum book I, page 99;](#) [Annex C1 ii Curriculum book II, page 41-45](#)).

During this training the students are expected to visit the various locations including wards in the Teaching hospital under the supervision of the JMO: Students learn about the duties of a Medical officer with respect to medico-legal cases. They also visit Coroner's court or other courts, seen of crime, exhumation and observe the post-mortem examinations (autopsies).

By observing these procedures, the students are expected to learn the following: Principles of examination of different medico-legal cases including assaults with different weapons, motor traffic accidents, child abuse, child sexual abuse, sexual abuse of adults, etc., principles of post-mortem examination of natural, accidental and homicidal cases and medico-legal duties of medical officers.

In addition, they are expected to develop the following skills: interviewing, examination and reporting of different types of medico-legal patients; post-mortem examination and reporting, including dissection of organs and different special dissections.

From this training the students achieve programme outcomes 7, 8 and 9 from these activities.

G9. ICT facilities available in the Medical School including computer labs, internet access for students, and Wi-Fi facilities

1. The faculty ICT centre situated on the first floor of the faculty building has 52 computers with internet access and a trained Technical Officer.
2. The library contains four computers with internet access.
3. Free Wi-fi is available for students through the University network throughout the faculty premises.
4. Students have access to the Learning Management System (LMS) based on Moodle.

Explanation of how the above facilities contribute to the implementation of the curriculum in order to achieve the required programme learning outcomes.

ICT Centre is used for the following activities

- Hands on training session on computer application during the Integrated Introductory Module.
- Preparation of project reports, presentations, perform statistical analysis.

Even though this may facilitate achievement of many of the programme learning outcomes, it mainly facilitates outcome 5 - Utilise IT skills and record keeping skills necessary for medical practice.

Since the pandemic in 2019, the use of the LMS and online teaching have drastically increased. The ICT facilities available at the faculty allow the teaching to continue with minimal interruptions during the pandemic.

G10. Residential facilities (hostels) for male and female students with the number of students accommodated in each

The hostel complex for medical students is located in front of Teaching Hospital, Jaffna with separate blocks for male and female students. Details are given below;

Capacity

Male: 180 Students

Female: 180 Students

Facilities available:

Vehicle Parking Facilities

24 Hours Security Service

Elevator Facilities

Generator Facilities

Canteen

Two study halls with six tables and twelve benches

The hostel has four floors, with two common rooms on each floor.

First year students are given residential accommodation at “Kondavil Hostel” which is about one kilometre from the Faculty of Medicine.

Allocation

Male: 44

Female: 40

Facilities available:

Vehicle Parking Facilities

24 Hours Security Service

Availability of Generator Facilities

Playground

Canteen

G11. Medical Centre in the Medical School for examination and treatment of minor illnesses and injuries of students, staffed by a doctor and qualified nurses.

The University Health Centre is located at the Main Campus of University of Jaffna staffed by a doctor and qualified nurse located 01 km from the Faculty of Medicine.

Students undergoing clinical training usually get the treatment from the Teaching Hospital, Jaffna.

G12. Cafeteria facilities available for students and staff with numbers of canteens and seating capacity in each.

There are two cafeterias for students;

1. The faculty cafeteria has around 40 seating capacities.
2. The Hostel cafeteria has only takeaway facility.

The students and staff use the same cafeteria at the faculty.

Final year students are allowed to use doctors mess at the Teaching Hospital, Jaffna as well.

G13. Recreational facilities to students of the Medical School.

Recreational facilities available for medical students:

1. Volleyball court
2. Badminton court
3. Gymnasium
4. Music society
5. Basket Ball
6. Information Technology Society
7. Playground (It is Common for all Faculties)
8. Students Welfare Society
9. Photography Society
10. Sports club
11. Home garden

[Annex G5](#) shows the images of the facilities and resources available in the faculty.

SECTION H. PROGRAMME EVALUATION & QUALITY ASSURANCE

H1. Description of the Quality Assurance (QA) system that the Medical School follows and how it is implemented with regards to internal and external part of the QA system and follow-up action adopted to implement the recommendations of the quality assurance reviewer reports

The QA system of the Faculty of Medicine is an extension of the internal quality enhancement system (IQES) developed by the University of Jaffna to enhance quality and ensure and sustain academic standards as per University Grants Commission (UGC) guidance.

Quality Assurance (QA) at the University of Jaffna

The Centre for Quality Assurance (CQA) and Internal Quality Assurance Cells (IQAC) were established at the University and the faculty/unit levels, respectively, to institutionalize standards for the delivery of quality higher education. A quality enhancement policy, bylaws and framework approved by the Council of the University of Jaffna empowers the CQA and IQACs to maintain the standards of the academic programs ([Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022](#)). The composition of the CQA is given on page 140 of [Annex D1.3.2](#).

The CQA functions to assure institutional accountability with probity to all stake holders and funding agencies and UGC. CQA works with the Quality Assurance Council of the UGC to review the teaching, learning and assessment practices of each academic program periodically. Both CQA and IQAC adopt external ([Annex H1.1 - Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities and Higher Education Institutions](#)) and internal review mechanisms to ensure the standards of the academic programs.

Internal Quality Assurance Cell of the Faculty of Medicine

The faculty level IQAC is headed by a Coordinator and the Dean as chair. IQAC includes all heads of departments, chairpersons of all the committees and units, librarian and other relevant representatives from the faculty nominated by the Dean ([Annex D1.3.2, page 141](#); [Annex H1.2 – Members of the IQAC, FOM, UOJ](#)).

The IQAC liaises with the Curriculum Development and Evaluation Committee (CDEC) and other committees to ensure implementation of relevant guidelines and work towards achieving the subject benchmarks for the MBBS program in accordance with University and UGC standards. Further, it ensures the implementation of quality assurance policies and principles and incorporation of recommendations from program reviews into faculty action plans.

[Annex H1.3 – Self Evaluation Report, Program Review 2020](#)

[Annex H1.4 - Programme Review 2020 Reviewers report](#)

[Annex H1.5 - Action plan based on Program Review, 2020 recommendations](#)

IQAC has monthly meetings and monitors the progress of the action plan-based activities. It reports to the Faculty Board and CQA regularly ([Annex H1.6 - Sample minutes of the IQAC meeting held on 06.04.2022](#); [Annex H1.7 – Sample Quarterly Report, First quarter, 2022](#))

External review of the MBBS academic program is conducted by the Quality Assurance Council of the UGC coordinated by the CQA/University of Jaffna. A mechanism for periodic internal program review for academic programs has been developed and awaits University council approval.

Program Review 2020

The latest external program review of the MBBS program was conducted by a team of external reviewers from the Quality Assurance Council of the UGC in January 2020. Based on the recommendations of the reviewer team, a 5-year action plan has been devised and incorporated into the Strategic Management Plan of the faculty ([Annex H1.3](#), [Annex H1.4](#) and [Annex H1.5](#)).

Faculty of Medicine, University of Jaffna was awarded Grade B for the MBBS program in 2020.

[Annex H1.8 - 5-year Strategic Management Plan, 2022-2026](#)

Implementation of recommendations and follow up based on MBBS program review

The five-year action plan has been integrated into the Strategic Management Plan (2022-2026). In addition, it has also implemented various measures to monitor the progress of annual quality enhancement work plans, such as quarterly progress report to CQA.

Academic cadre positions have been revised and advertised to recruit more staff to the departments to improve the academic staff/ student ratio. Staff promotions are encouraged and currently, the number of merit professors in the faculty in various departments have increased. A staff appraisal system is being developed and awaits approval. Annual teacher evaluation is done based on peer and student evaluation. The stakeholders' feedback is considered during the curriculum revision.

Several steps have been taken to promote research at the faculty. An Evidence-Based Practice and Research Module that spans first four years of the MBBS degree programme has been introduced and an annual undergraduate research conference is held for students to showcase their work. An annual research conference (Research Conference of the Faculty of Medicine – RCFMJ) was launched in 2022 and will be an annual event at the faculty. An ethics review committee functions at the faculty to ensure that all research initiatives adhere to recommended ethical standards.

Many student welfare activities support the students to continue their studies without obstacles. A Student Welfare and Wellbeing Committee and a Student Wellbeing Centre have been established in the faculty to support these efforts. In addition, the faculty's Mentor Programme pairs each student with a member of academic staff or extended faculty member, while the Policy on Disability Access and Inclusion offers support for students with special learning needs.

Improving the soft and technical skills of the staff and maintaining a stress-free work environment upgrades the quality of the academic program. The University Staff Development Centre (SDC) Conducts various training programs in collaboration with other units and CQA to improve soft and technical skills of both the academic and support staff.

H2. Feedback of the Medical School from students and staff and details of how feedback is obtained, analysed and results used for programme development ([Annex H2](#))

Student feedback on the MBBS programme is obtained regularly at the faculty and department level. At the Faculty level, the Medical Education Unit carries out end of phase feedback surveys for each cohort on completion of the first (preclinical) and second (paraclinical) phase of the MBBS programme, as well as a graduate exit survey on completion of the MBBS course. The results of these surveys are analysed and circulated to the heads of departments of the relevant phase. It is also submitted to the Curriculum Development and Evaluation Committee (CDEC) where it is discussed.

[Annex H2.1.1 – Student feedback - Phase I – 43rd Batch](#)

[Annex H2.1.2 – Student feedback - Phase II – 39th Batch](#)

[Annex H2.1.3 – Report of graduate exit survey – 38th Batch](#)

Staff feedback on the curriculum is obtained during Curriculum Revision Workshops. All academic staff are invited to the workshops and curriculum revision is planned through a collaborative process with the involvement of students.

[Annex H2.2.1 - Staff feedback - Curriculum Revision Workshop 2019](#)

[Annex H2.2.2 - Student feedback - Curriculum Revision Workshop 2019](#)

Student feedback is obtained on student welfare activities and considered for the development of the welfare programmes.

[Annex H2.3.1 Feedback on Mentor Programme – 44th Batch](#)

[Annex H2.3.2 Feedback on Campus Stories – 43rd Batch](#)

[Annex H2.3.3 - Feedback on Stepping stones to gender equality– 43rd Batch](#)

Student feedback is regularly obtained at the department level and integrated into the curriculum. The Department of Community and Family Medicine summarised the results of its subject evaluation from the 39th batch obtained via the learning management system (LMS) and shared individual feedback on teaching with all lecturers and also implemented changes to the curriculum on this basis ([Annex H2.4.1 - Department of Community and Family Medicine– summary of student feedback -39th Batch](#)). Department of Physiology recently introduced an OSCE and VIVA component into the in-course assessments based on feedback from students of the 43rd Batch ([Annex H2.4.2 -Department of Physiology – summary of student feedback - 42nd Batch](#)).

Feedback from external examiners is also obtained for end of course examinations ([Annex H2.5.1 - External examiners' feedback – Psychiatry](#)). The Department of Pharmacology recently modified the structure of viva marking based on feedback from external examiners ([Annexure H2.5 - Department of Pharmacology Minutes - evidence for incorporating examiner's feedback](#)).

Subject-wise feedback is obtained routinely when students complete the course.

[Annex H2.6.1 - Subject wise feedback – Physiology – 43rd Batch](#)

[Annex H2.6.2 - Subject wise feedback – Pathology – 38th Batch](#)

[Annex H2.6.3 - Subject wise feedback - Paediatrics – 38th Batch](#)

Feedback is regularly obtained on specific components of the curriculum at the Department/module level and the feedback is integrated.

[Annex H2.7.1 - Department of Community Medicine – Case-based learning – 39th Batch](#)

[Annex H2.7.2 - Department of Obstetrics and Gynaecology – Emergency Obstetrics Drill – 39th Batch](#)

[Annex H2.7.3 - Department of Psychiatry – Clinical Appointment – 39th Batch](#)

[Annex H2.7.4 - Evidence-based Research and Practice Module– Journal Clubs – 43rd Batch](#)

[Annex H2.7.5 – Community and family medicine clerkship feedback – 40th Batch](#)

H3. Comprehensive evaluation the Medical School has taken to review the MBBS degree programme within the past ten years

Programme Review 2020 ([Annex H1.4 - Programme Review 2020 Reviewers report](#))

H4. Analysis of performance of cohorts of students and graduates in relation to the mission, intended educational outcome, training programme and assessments the Medical School has undertaken

[Ongoing – we are in the process of carrying out tracer studies for Batches 30 to 36; Google forms have been sent to the 34th, 35th and 36th Batches]

SECTION I. GOVERNANCE AND MANAGEMENT

11. Organogram illustrating the governance structure of the Medical School

Organograms are attached as;

[Annex I1.1 - Organogram of the Faculty of Medicine](#)

[Annex I1.2 - Organogram of the University of Jaffna](#)

12. Levels of leadership, including at departmental and committee level and their responsibilities and contributions to implementation of learning outcomes and management of the medical degree programme

Overall responsibilities of the Faculty of Medicine are under the Dean and major decisions are taken at the faculty board. There are several subcommittees that function under a chairperson who will report to the faculty board. Each subcommittee has separate terms of references to facilitate the function and decision making. The subcommittees and their responsibilities and contribution to achieving the objectives are described and senate approved TORs are given as evidences.

[Annex I2.1 - TOR of subcommittees](#)

The Curriculum Development and Evaluation Subcommittee (CDEC) previously know as the Medical Education Cell (MEC) oversees all the curriculum related matters ([Annex I2.2 - TOR of CDEC](#)). Curriculum related workshops, revisions in the curriculum both minor and major changes are suggested and evaluated at the CDEC headed by a senior academic. The decisions made at the CDEC meetings are conveyed to the faculty board for implementation.

The student wellbeing is monitored through the student welfare and wellbeing committee.

The teaching and learning activities and examinations of each phase and subjects are planned and implemented at various levels. In each phase there are coordinators and each coordinator has separate TOR for functionality. ([Annex I2.3 TOR of Pre-clinical coordinator](#); [Annex I2.4 TOR of Para-clinical coordinator](#); [Annex I2.5 TOR of Clinical coordinator](#)) The coordinators are supported by the Heads of departments of each subject and planning and decision making is done at departmental level meetings headed by the Head of the department. The minutes once confirmed are submitted to the faculty board.

[Annex I2.6 – Minutes – Department of Anatomy](#)

[Annex I2.7 – Minutes – Department of Community medicine and family medicine](#)

[Annex I2.8 – Minutes – Department of Paediatrics](#)

13. Administrative staff employed by the Medical School to support implementation of the degree programme

The smooth functioning of the faculty needs administrative who are recruited according to University Act. The location of the Faculty of Medicine and nature of the study enables decentralisation of many functions related to the Medical Programme. Conduct of examinations, the decision of

purchase of equipment, development of infrastructure is are discussed at faculty level and conveyed to the respective branches/ divisions of the university.

Registrar is responsible for general administration of the university and the disciplinary control of its non-academic staff. At the faculty level deputy registrars and senior assistant registrars / assistant registrars oversee the general administration and financial management (if the faculty doesn't have a finance division).

Bursar is the chief finance officer of the university and responsible for development and implementation of financial system of the university, and providing information and accounts to University Council and other stakeholders. Assistant bursars' function under bursar and responsible for financial administration of at divisional or faculty level. Though an assistant bursar is appointed for the Faculty of Medicine, finance division of the faculty yet to be established.

Librarian is responsible for the overall administration and development of the libraries of the university. Senior assistant librarians / assistant librarians are responsible for the administration of the branch libraries. Library at the Faculty of Medicine is a branch library, functions under the administration of a senior assistant librarian.

[Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022 \(page 59 – code of conduct of executive staff and page 134 – responsibilities of librarian\)](#)

The list of administrative staff and their numbers are given below.

Administrative Unit	Designation	Number employed
Office of the Dean	Deputy Registrar	01
	Assistant Bursar	01
	Demonstrators (temporary)	09
Library	Senior Assistant Librarian	01

14. Details of accusation of funding, equipment consumable and books for the Medical School and the annual financial report

The faculty adopts and follows the Administrative and Financial regulations of the University and the UGC.

[Annex I4.1 - Financial Management Guidelines UOJ](#)

Resource allocation is transparently linked to activities identified in the annual plans of the respective years based on need and importance.

Funds are allocated to the University by the Ministry of Education, based on the needs and the previous year spending the allocation is divided among the faculties. The Medical faculty then divides the allocated fund to various departments based on their need and previous year's expenditure ([Annex I4.2 - Summary of allocation of fund to faculties and departments- 2021](#)).

Major equipment are processed and bought according to the UGC financial regulation. Sample procurement file is attached here as evidence ([Annex 14.3 Procurement and purchase of major equipment](#)).

Certain projects are completed with funds raised or donated by well-wishers. The faculty also raises funds from foreign students and elective students. These are spent periodically to purchase equipment ([Annex 14.4 - Video conference project](#)).

The faculty also has received funds through world bank and AHEAD projects ([Annex 14.5 List of equipment – AHEAD project](#)).

Financial Statement of University of Jaffna for the year 2021 is attached as [Annex 14.6](#).

15. Process of student involvement in the decision-making

Students are involved in the decision making process of the Faculty of medicine at several levels.

- Two student representatives are members of the board ([Annex 15.1 – Faculty Board minutes](#)).
- The faculty subcommittees on library ([Annex 15.2](#)), scholarship, prizes and awards, ([Annex 15.3](#)) and student welfare and wellbeing ([Annex 15.4](#)) also have student representations
- Student feedback are taken at the phase level and department level and their feedback utilized to improve teaching and learning.
[Annex 15.5 - Department of Community and Family Medicine – summary of student feedback -39th Batch](#)
[Annex 15.6- Department of Physiology – summary of student feedback - 42nd Batch](#)
- Students participate in major curriculum revision workshops and share their opinions and feedback regarding the existing program and planned improvements ([Annex 15.7 - Student participation in curriculum revision workshop](#)).

16. Institutional Strategic Plan used in the governance and management of the Medical School

Strategic Planning Unit of the University of Jaffna functions to lead strategic management initiative, coordinate planning of the strategic plan and action plan and monitor the implementation of the action plan by the faculties, units and management information system of the University of Jaffna.

The faculty of Medicine has its own strategic management planning committee headed by the Dean and meetings are held regularly to discuss the governance and management of the Faculty of Medicine. Few themes along with their key performance indicators (KPI) have been identified. The themes are education, research, institutional development, community reach. National and international collaboration. Each year the committee evaluates the KPIs to plan the next year. The faculty ensures that the prepared action plan is aligned with the University's Strategic Plan and functions accordingly.

Strategic plan and action plan for the years 2022 – 2026 are given as [Annex 16](#))

LIST of ANNEXURES

Annexure 1

No	Items
Section-A	
1.	Annex A6 - Details of AL results of the most recent intake
Section-B	
1.	Annex B1.1 - Programme Review Report -2008
2.	Annex B1.2 - Curriculum Revision Workshop 2007 - Decisions and Photos
3.	Annex B1.3 - SLMC Minimum Standards of Medical Education
4.	Annex B1.4 - Basic Medical Education World Federation of Medical Education standards-2020
5.	Annex B1.5 - Minutes of the 244 th Faculty Board meeting held on 09.09.2009
6.	Annex B1.6 - Minutes of the 342 nd meeting of the University Senate held on 29.09.2009
7.	Annex B1.7 - Sri Lanka Qualifications Framework
8.	Annex B1.8 - Subject Benchmark Statement – 2004
9.	Annex B1.9 - Subject Benchmark Statement – 2021

Annexure 2

No	Items
Section-C1	
1.	Annex C1 i - Curriculum book - Volume I – 2020
2.	Annex C1 ii - Curriculum book - Volume II – 2020
3.	Annex C1.1.1 - Minutes of the Curriculum Committee meeting - 02.02.1981
4.	Annex C1.1.2 - Minutes of the Curriculum Committee meeting - 03.1981
5.	Annex C1.1.3 - Report of Curriculum revision workshop to introduce PBL – 2012
6.	Annex C1.2.1 - Minutes of the 33 rd meeting of Medical Education and Quality Assurance Cell - approval of curriculum revision policy
7.	Annex C1.2.2 - Faculty Board approval of the curriculum revision policy
8.	Annex C1.2.3 - Microbiology core curriculum
9.	Annex C1.2.4 - Paediatrics core curriculum
10.	Annex C1.2.5 - Surgery core curriculum
11.	Annex C1.2.6 - Report of Curriculum revision workshop and external resource persons report, 2019
12.	Annex C1.2.7 - Report of curriculum revision workshop 2021
13.	Annex C1.2.8 - Report of curriculum revision workshop 2022
14.	Annex C1.2.9 - Integrated introductory module – student guide
15.	Annex C1.2.10 - Sri Lanka Qualifications Framework – 2012
16.	Annex C1.2.11 - Learning outcomes at course level – Anatomy

Annexure 3

No	Items
Section-C4.1 - C4.6	
1.	Annex C4.1.1 - Attendance - Anatomy lectures - 44 th batch
2.	Annex C4.1.2 - Attendance - Pharmacology lectures -40 th and 41 st batches
3.	Annex C4.1.3 - Timetables of Phase I - 44 th batch
4.	Annex C4.1.4 - Timetables of Phase II 40 th batch, term 10-11
5.	Annex C4.2.1 - Attendance of Anatomy tutorials - 42 - 43- 44
6.	Annex C4.2.2 - Attendance of Clinical Pharmacology and Therapeutics tutorials - 40 th batch
7.	Annex C4.2.3 - Journal club resource appointment
8.	Annex C4.2.4 - Evidence based practice module – SGD
9.	Annex C4.2.5 - Clinical Pharmacology and Therapeutics SGD attendance -40 th batch
10.	Annex C4.3.1 - 76 th Department of CFM Meeting Minutes
11.	Annex C4.3.2 - Integrated ward class, Phase III - student presentation
12.	Annex C4.3.3 - Field Health Programme, Community and Family Medicine - Student Guide -41 st Batch-24.01.2022
13.	Annex C4.3.4 - Field Health Programme, Community and Family Medicine - Supervisor Guide -41 st batch
14.	Annex C4.4.1 - Attendance - CBL - DCFM-40 th batch
15.	Annex C4.4.2 - Attendance - CBL - Pharmacology -40 th batch
16.	Annex C4.4.3 - PPDS portfolio
17.	Annex C4.5.1 - Growth module assignment - LMS records
18.	Annex C4.5.2 - Problems given on Immunisation to be worked out and discussed in groups - 42 nd batch
19.	Annex C4.5.3 - PPDS assignments on gender issues
20.	Annex C4.6.1 - Paediatrics - Integrated ward class student presentation topics - 38 th Batch Group IV
21.	Annex C4.6.2 - Medicine - Seminar topics to be discussed by the students 38 th Batch Group 1
22.	Annex C4.6.3 - Community and Family Medicine student guide

Annexure 4

No	Items
Section-C4.8 - C4.10	
1.	Annex C4.8.1 - Request to use skill lab equipment – Microbiology
2.	Annex C4.8.2 - Request to use skill lab - Obs and Gyn
3.	Annex C4.8.3 - Request to use skill lab equipment – Paediatrics
4.	Annex C4.8.4 - Request to use skill lab equipment – Surgery
5.	Annex C4.9.1 - Anatomy practical attendance 43 rd -44 th batches
6.	Annex C4.9.2 - Biochemistry practical attendance 44 th batch
7.	Annex C4.9.3 - Physiology practical attendance 43 rd -44 th batches
8.	Annex C4.9.4 - Manual for Physiology practical
9.	Annex C4.9.5 - Microbiology practical attendance 40 th -41 st batches
10.	Annex C4.9.6 - Clinical Pathology appointment request letter
11.	Annex C4.10.1 - Attendance sheets of pre-professorial and professorial appointments of 38 th batch

Annexure 5

No	Items
Section-C4.11	
1.	Annex C4.11.1 - Medical Professionalism - Study guide – PPDS
2.	Annex C4.11.2 - Portfolio – PPDS
3.	Annex C4.11.3 - Clinical Pharmacology and Therapeutics Study Guide
4.	Annex C4.11.4 - Logbook - Community Medicine Clerkship
5.	Annex C4.11.5 - Logbook - Surgery
6.	Annex C4.11.6 - Logbook - Medicine
7.	Annex C4.11.7 - Logbook - Paediatrics
8.	Annex C4.11.8 - Logbook - Obstetrics and Gynaecology

Annexure 6

No	Items
Section-C4.12 – C8	
1.	Annex C4.12.1.1 - MDS Tutor Guide
2.	Annex C4.12.1.2 - MDS Student Guide
3.	Annex C4.12.1.3 - MDS feedback
4.	Annex C4.12.2 - Invitation for integrated ward class
5.	Annex C4.13.1 - Introduction to the undergraduate research project – EBPRM
6.	Annex C8.1 - Details of expected clinical skills
7.	Annex C8.2 - Guide to Undergraduate Skills
8.	Annex C8.3 - Practical clinical skills workbook

Annexure 7

No	Items
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1.	Annex D1.1 - Details of student's assessments tools of each subject
2.	Annex D1.1.1 - Summary of the Scheme of Evaluation
3.	Annex D1.2 - Student-Hand-Book – 2022
4.	Annex D1.3.1 - Manual of procedure for conduct of University Examinations, UGC – 1983
5.	Annex D1.3.2 - Codes, Policies and Bylaws-Part-I-2022
6.	Annex D1.3.3 - Standard operating procedure - Examinations, Faculty of Medicine, UOJ
7.	Annex D2.1 - Assessment blueprint, Medicine
8.	Annex D2.2 - Assessment blueprint, Paediatrics, 2021
9.	Annex D2.3 - Assessment blueprint, Physiology
10.	Annex D4.1 - Oath of secrecy
11.	Annex D4.2 - Declaration of conflict of interest
12.	Annex D4.3 - Calibration Form Short case
13.	Annex D4.4 - Calibration form Long case
14.	Annex D5.1.1 - Examination Calendar
15.	Annex D5.1.2 - Faculty board minutes confirming list of examiners
16.	Annex D5.1.3 - List of examiners sent to the senate
17.	Annex D5.1.4 - External examiner report - sample form
18.	Annex D5.2.1 - Scrutiny Letter for Phase I - Physiology, 2019
19.	Annex D5.2.2 - Scrutiny Letter for Phase II - Pharmacology, 2022
20.	Annex D5.2.3 - Board of Scrutiny Form
21.	Annex D5.2.4 - Handing over of examination paper to SAR or DR
22.	Annex D5.2.5 - Answer script handling record – Paediatrics
23.	Annex D5.4.1 - Guidelines for preparation of common MCQ for ranking
24.	Annex D5.4.2 - Preparation & Scrutiny Common MCQ - Medicine July 2021 & March 2022
25.	Annex D5.4.3 - Preparation & Scrutiny Common MCQ - Medicine, November 2021 & March 2021
26.	Annex D5.4.4 - Guidelines for scrutiny of common MCQ – Medicine - October 2020
27.	Annex D5.5.1 - Letter to External examiner with instructions for calibration of patients
28.	Annex D5.5.2 - Scrutiny Board of Final Examination 2021
29.	Annex D6.1 - Paper Printing Record
30.	Annex D6.2 - Question packet handing over to Supervisor
31.	Annex D6.3 - Answer script handing over to deputy registrar
32.	Annex D6.4 - Answer Script handling record for marking
33.	Annex D7.1 - Feedback for students who fail in the exam
34.	Annex D7.2 - Provision for re-scrutiny of marks UGC circular

Annexure 8

No	Items
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1.	Annex E1 - Admission to Undergraduate Courses of the Universities in Sri Lanka
2.	Annex E4.1 - Feedback on Incourse assessment - Pharmacology departmental minutes – colour
3.	Annex E4.2 - Feedback on Incourse assessment - Pharmacology Time table – colour
4.	Annex E5.1.1 - Mentor programme guidelines
5.	Annex E5.1.2 - Phase I Timetable showing timeslot to meet mentors
6.	Annex E5.2.1 - Campus stories guidelines
7.	Annex E5.2.2 - Campus stories feedback-43 rd Batch
8.	Annex E5.4 - Policy on disability access and inclusion
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1.	Annex F1.1.1 - Scheme of recruitment
2.	Annex F1.1.2 - Amendments to Scheme of recruitment
3.	Annex F1.1.3 - Vacancy advertisement 2017 Faculty-of-Medicine
4.	Annex F1.2.1 - Effective date of promotion from Senior lecturer grade II to grade I
5.	Annex F1.2.2 - Schemes of recruitment promotion for associate professor/ professor, Circular 916
6.	Annex F1.3.1 - Staff development centre Induction programme - list of topics and resource persons
7.	Annex F1.3.2 - Staff development centre, Induction programme - List of Staff who completed the course
8.	Annex F1.3.3 - PG Certificate - Med education 2016
9.	Annex F2 - Ethics and academic accountability for academic staff in the Sri Lankan University system
10.	Annex F3 - Details of medical school academic staff
11.	Annex F4 - Details of extended faculty staff in hospitals and field unit
12.	Annex F6 - Details of non-academic staff in Medical School
13.	Annex F7.1.1 - Training of trainers workshop on living with diversity
14.	Annex F7.1.2 - Preparing marks sheet and analysing the results using Excel
15.	Annex F7.1.3 - Global ranking in higher education
16.	Annex F7.1.4 - Training workshop on Leadership and Motivation
17.	Annex F7.1.5 - Curriculum design and revision
18.	Annex F7.1.6 - Training workshop on assessment and evaluation
19.	Annex F7.1.7 - Student Mentoring System
20.	Annex F7.1.8 - Mentor Workshop
21.	Annex F7.2 - SDC workshop on computer skills for Management assistants
22.	Annex F7.3.1 - SDC - Essential skill for tech-lab staff august 2020- certificate
23.	Annex F7.3.2 - Skill Development training Programme for technicians, 2018
24.	Annex F7.4.1 - Network Management and Measurements workshop
25.	Annex F7.4.2 – Online workshop on network systems monitoring
26.	Annex F7.5.1 - Registration for Language skills programme
27.	Annex F7.5.2 - Workshop on use of Microsoft 365
28.	Annex F10.1 - Report of Curriculum revision workshop 2019
29.	Annex F10.2 - Report curriculum workshop 2021

30.	Annex F10.3 - Report of curriculum revision workshop 2022
31.	Annex F10.4 - Meeting of the curriculum development and Evaluation Committee - minutes July 2022
32.	Annex F10.5 - Report Curriculum revision workshop to introduce PBL
33.	Annex F10.6 - Workshop on Portfolio Assessment, PPDS
34.	Annex F10.7 - Workshop on Examination procedures for MBBS programme
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2.	Annex G1.2 - Timetable showing use of Lecture hall 2
3.	Annex G2.1 – Tutorial room booking
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5.	Annex G4 - List of items available at Clinical Skills Laboratory
6.	Annex G4.1 - Request to use skill lab equipment – Microbiology
7.	Annex G4.2 - Request to use skill lab - Obs and Gyn
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9.	Annex G4.4 - Request to use skill lab equipment – Surgery
10.	Annex G5 - Images of the facilities available in the Faculty of Medicine

Annexure 9

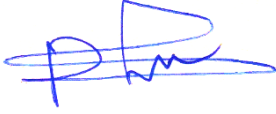
No	Items
Section- H	
1.	Annex H1.1 - Manual for Review of Undergraduate Study Programmes of Sri Lankan Universities and Higher Education Institutions
2.	Annex H1.2 - Members of the IQAC, FOM, UOJ
3.	Annex H1.3 - SER, Program Review 2020
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5.	Annex H1.5 - Action plan based on Program Review, 2020 recommendations
6.	Annex H1.6 - Sample minutes of the IQAC meeting held on 06.04.2022
7.	Annex H1.7 – Sample Quarterly Report, First quarter, 2022
8.	Annex H1.8 - 5-year Strategic Management Plan, 2022-2026
9.	Annex H2.1.1 – Student feedback - Phase 1 – 43 rd Batch
10.	Annex H2.1.2 – Student feedback - Phase 2 – 39 th Batch
11.	Annex H2.1.3 – Report of graduate exit survey – 38 th Batch
12.	Annex H2.2.1 - Staff feedback - Curriculum Revision Workshop 2019
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14.	Annex H2.3.1 - Feedback on Mentor Programme – 44 th Batch
15.	Annex H2.3.2 - Feedback on Campus Stories – 43 rd Batch
16.	Annex H2.3.3 - Feedback on Stepping stones to gender equality– 43 rd Batch
17.	Annex H2.4.1 - Department of Community and Family Medicine– summary of student feedback -39 th Batch
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19.	Annex H2.5.1 - External examiners’ feedback – Psychiatry
20.	Annex H2.5.2 - Evidence for incorporating examiner’s feedback - Minutes of Department of Pharmacology
21.	Annex H2.6.1 - Subject wise feedback – Physiology – 43 rd Batch
22.	Annex H2.6.2 - Subject wise feedback - Pathology – 38 th Batch
23.	Annex H2.6.3 - Subject wise feedback - Paediatrics – 38 th Batch
24.	Annex H2.7.1 - Department of Community Medicine – Case-based learning – 39 th Batch
25.	Annex H2.7.2 - Department of Obstetrics and Gynaecology – Emergency Obstetrics Drill – 39 th Batch
26.	Annex H2.7.3 - Department of Psychiatry – Clinical Appointment – 39 th Batch
27.	Annex H2.7.4 - Evidence-based Research and Practice Module – Journal Clubs – 43 rd Batch
28.	Annex H2.7.5 – Community and family medicine clerkship feedback – 40 th Batch

Annexure 10

No	Items
Section- I	
1.	Annex I1.1 - Organogram of the Faculty of Medicine
2.	Annex I1.2 - Organogram of the University of Jaffna
3.	Annex I2.1 - TOR of subcommittees
4.	Annex I2.2 - TOR of CDEC
5.	Annex I2.3 - TOR of Pre-clinical coordinator
6.	Annex I2.4 - TOR of Para-clinical coordinator
7.	Annex I2.5 - TOR of Clinical coordinator
8.	Annex I2.6 - Minutes – Department of Anatomy
9.	Annex I2.7 - Minutes – Department of Community medicine and family medicine
10.	Annex I2.8 - Minutes – Department of Paediatrics
11.	Annex I4.1 - Financial Management Guideline
12.	Annex I4.2- Summary allocation to faculties and departments – 2021
13.	Annex I4.3 - Procedure for purchase of major equipment
14.	Annex I4.4 - Video conference project
15.	Annex I4.5 - List of equipment – AHEAD project
16.	Annex I4.6 - Final Statement of University of Jaffna – 2021
17.	Annex I5.1 Faculty Board minutes
18.	Annex I5.2 - Minutes Library Subcommittee
19.	Annex I5.3 - Minutes SPAC
20.	Annex I5.4 - Minutes SWWC
21.	Annex I5.5 - Department of Community and Family Medicine– summary of student feedback -39 th Batch
22.	Annex I5.6 - Department of Physiology – summary of student feedback - 42 nd Batch
23.	Annex I5.7 - Student participation in curriculum revision workshop
24.	Annex I6 - Strategic plan and action plan for the years 2022 – 2026

Proclamation

I, the Dean of the aforesaid Medical School, certify that the information provided above is correct.



Prof. R. Surenthirakumaran
Dean
Faculty of Medicine
University of Jaffna

Name of the signatory: **Prof. R. Surenthirakumaran**

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Date: **27th September 2022**