

CODE OF PRACTICE FOR
PROGRAMME ACCREDITATION
COPPA
DIPLOMA IN DENTAL THERAPY

1st Edition



Malaysian Dental Council

CODE OF PRACTICE FOR PROGRAMME ACCREDITATION FOR DIPLOMA IN DENTAL THERAPY PROGRAMME

**by
Malaysian Dental Council**

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This Code of Practice for Programme Accreditation –
Diploma in Dental Therapy Programme
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Code of Practice for Programme Accreditation Diploma in Dental Therapy

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SLT	MDC website
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Accreditation Report Template	MDC website
Assessment Rubrics for:	MDC website
- Provisional	
- Full	
- Renewal	
Assessment Calculator for Curriculum Review	MDC website

Abbreviations

APC	Annual Practicing Certificate
APEL	Accreditation of Prior Experiential Learning
CLO	Course Learning Outcome
COPPA	Code of Practice for Programme Accreditation
DipDT	Diploma in Dental Therapy
DTP	Dental Therapy Programme
DSL	Directed Self-Learning
HEP	Higher Education Provider
JTAC	Joint Technical Accreditation Committee
MDC	Malaysian Dental Council
MDTB	Malaysian Dental Therapy Board
MOH	Ministry of Health
MoHE	Ministry of Higher Education
MQA	Malaysian Qualification Agency
MQF	Malaysian Qualifications Framework
MQR	Malaysian Qualification Register
PEO	Programme Educational Objective
PHEI	Private Higher Education Institution
PLO	Programme Learning Outcome
POA	Panel of Assessor
SDL	Self-Directed Learning
SLO	Specific Learning Outcome
SLT	Student Learning Time
SPM	Sijil Pelajaran Malaysia
STAM	Sijil Tinggi Agama Malaysia
STPM	Sijil Tinggi Pelajaran Malaysia
TOR	Term of References
TPC	Temporary Practicing Certificate

Glossary		
No	Terms	Description
	Academic calendar	Teaching and learning weeks + Study week + Examination week
	Academic staff	<p>Personnel engaged by Higher Education Providers who are involved in teaching and supervision To be discuss:</p> <p>Full time academic staff refers to personnel employed by an institution of higher education/faculty for teaching, supervision, patient care, research, publication and community engagement. He/she is expected to work the full number of hours according to policies adopted by the institution (minimum 35 hours per week). Full time employment comes with benefits such as annual leave, health insurance and salary progression subject to an annual assessment of performance that are not typically offered to a part time or contractual appointment.</p> <p>Part time academic staff refers to personnel employed by an institution of higher education/faculty and are expected to undertake the duties and responsibilities of a full-time academic staff but with a reduced load. A part time academic staff is expected to work not less than 5 hours per week on a regular basis. A part timer is only allowed to offer his services in only 1 institution at any one time. Four (4) part-time staff are considered as equivalent to 1 full-time staff.</p>
	Administrative Staff	Non-academic personnel engaged by Higher Education Providers The <u>administrative staff*</u> must include the registrar, IT personnel, financial officer, receptionist and others.
	Affective	Growth in feelings or emotional areas which include the manner in which feelings, values, appreciation, enthusiasms, motivations, and attitudes are dealt with
	Area	Broad components of structure and process of dental education
	Articulation	Articulation refers to the incremental development of learning objectives across the tiers and topic domains of formal education. Specifically, it is the process of comparing the content of courses that are transferred between institutions

Assessment	A systematic mechanism to measure the student's attainment of programme learning outcomes
Autonomy	Capacity to make an informed and un-coerced decision
Cognitive	Refers to mental skills (knowledge) and the development of intellectual skills involving processes related to remembering, understanding, applying, analyzing, evaluating and creating domains. Cognitive processes use existing knowledge and generate new knowledge
Collaborative Partner	A collaborative partner refers to an individual or organization with which you work together on a project or task. This can be a colleague, team member, or business partner who shares goals and responsibilities to achieve a common objective.
Communication methods	There are different methods of communication including: Verbal communication, Non-verbal communication, Written communication, Listening and Visual communication.
Communication techniques	Communication techniques are methods or strategies used to convey information, ideas, or messages effectively to others. These techniques encompass various skills and tools that enable individuals to communicate more clearly, persuasively, and efficiently.
Community Services	Services volunteered by individuals or organisation to benefit a community
Competency	A student's knowledge, skills and abilities which enable him to successfully and meaningfully complete a given task or role
Coordinator	The person responsible for providing organisation, for different groups to work together to achieve the goals of the programme
Courses	Components of a programme.
Credit	a representative measure to reflect the academic load
Credit Exemption	allows a student to be granted credit on application for exemption for a course(s) based upon learning achieved in another programme.
Credit Transfer	subject to the policy and framework set to enable learners to accumulate credits and to transfer credit

Criteria	Specific aspects of an area, corresponding to performance indicators. The criteria include three critical factors: outcomes, performance and quality management factors
Dental Faculty	Dental school, school of dentistry, dental college is a tertiary educational institution—or part of such an institution—that teaches dentistry to prospective dental personnel.
Didactic	It is teacher-centred where the students passively accepting the instructions, command and information by the teacher, listening and memorizing the content
Directed self-learning (DSL)	Defined as an instructional or learning strategy where students, with guidance from a teacher or mentor, decide what content will be delivered to the student and how it will be presented
Ethics	In practice, ethics seeks to resolve questions of human morality, by defining concepts such as good and evil, right and wrong, virtue and vice, justice and crime
External Assessor	An acknowledged expert in the relevant field of study external to the Higher Education Providers tasked to assist in reviewing the programme
External Examiner	An acknowledged expert in the relevant field of study external to the Higher Education Providers tasked to evaluate the programme's assessment system
External Stakeholders	Parties external to the higher education provider who have interest in the programme. Examples are alumni, industry, parents, collaborators, fund providers and professional associations
Formative Assessment	The assessment of student progress throughout a course, in which the feedback from the learning activities is used to improve student attainment. The marks obtained from formative assessment shall not be used for summative assessment
Formative Guidance	Continuous guidance which has an important influence on the development of a person
Full Accreditation	An assessment exercise to ascertain that the teaching, learning and all other related activities of a programme provided by a higher education provider has met the quality standards and in compliance with the Malaysian Qualifications Framework

Full Time Academic Staff	Full-time academic staff refers to personnel employed by an institution of higher education/faculty for teaching, supervision, patient care, research, publication, and community engagement. They are expected to work the full number of hours according to policies adopted by the institution (minimum 35 hours per week). Full-time employment comes with benefits such as annual leave, health insurance, and salary progression subject to an annual assessment of performance that are not typically offered to a part time or contractual appointment.
Full Time Equivalent Staff (FTE)	FTEs are considered full-time as they perform similar duties to full-time academic staff but at reduced hours.
Good Practices	A set of internationally accepted norms which is expected to be fulfilled to maintain high quality
Governance	Describes the organisational structure used to ensure that its constituent parts follow established policies, processes and procedures
Higher Education Provider (HEP)	A body corporate, organisation or other body of persons which conducts higher education or training programmes leading to the award of a higher education qualification
Horizontal Integration (concurrent)	Horizontal integration is the integration of knowledge and skills between the clinical disciplines in a curriculum, which has emphasis on early clinical exposure of students in training and holistic patient care approach in learning
Internal Quality Audit	A self-review assessment conducted internally by a higher education provider (HEP) to determine whether it is achieving its goals, to identify strengths and areas of concern, and to enhance quality.
Jurisprudence	The study, knowledge, skill and theory of law which includes principles behind law
Learning Outcomes (LO)	Statements on what a learner should know, understand and can do upon the completion of a period of study
Longitudinal Study	Study which involves repeated observations of the same variables or phenomena over a long period of time
Malaysian Qualifications Framework (MQF)	An instrument that classifies qualifications based on a set of criteria that are approved nationally and benchmarked against international best practices

Massive Open Online Courses (MOOC)	MOOCs are online courses that a student accesses through the internet. Typically, these courses consist of traditional class materials made accessible online
Micro-credential	Micro-credential is a term that encompasses various forms of certifications, including 'nano-degrees', 'micro-masters', 'credentials', 'certificates', 'badges', 'licences' and 'endorsements'" (UNESCO, 2018:10).
Modules	Components of a course.
MQF Level	A qualification level described with generic learning outcomes and descriptors
Must ; Shall	These words or phrases indicate requirements that are mandatory
Needs Analysis	An analysis carried out for identifying needs. (e.g., the training needs of staff and the market demand of a programme)
Plagiarism	"Wrongful appropriation" and "stealing and publication" of another author's "language, thoughts, ideas, or expressions" and the representation of them as one's own original work
Part time Academic Staff	<p>Part time academic staff refers to personnel employed by an institution of higher education/faculty and are expected to undertake the duties and responsibilities of teaching-learning activities with a minimum of 5 hours per week on a regular basis. They are not involved in any other duties, such as administrative work and programme management. Adjunct professors/visiting professor shall also not be included.</p> <p>Part-time staff are considered in calculation of total full-time academic staff (4 PT = 1 academic staff) but not for the calculation of percentages of full-time academic staff/full-time Malaysian citizens because it will undermine the purpose of calculating the percentage.</p>
Problem-based learning (PBL)	A student-centered pedagogy in which students learn about a topic through the experience of solving an open-ended problem. Other methods are also acceptable, which includes Case-based learning and Project-based learning.
Professional Body	A body established under a written law (or any other body recognised by the Government) for purposes of regulating a profession and its qualifications

Programme	An arrangement of courses that are structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to an award of a qualification
Programme Accreditation	<p>Programme Accreditation is an exercise to determine whether a programme has met the quality standards set and is in compliance with the MQF.</p> <p>Provisional Accreditation is an accreditation exercise to determine whether a programme has met the minimum quality requirements for the purpose of offering a programme.</p> <p>Full Accreditation is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a programme provided by a higher education provider has met the quality standards set and is in compliance with the MQF.</p> <p>Renewal Full Accreditation is a continuation of accreditation exercise after the full Accreditation has been obtained for certain period. The purpose is the same as FA.</p>
Programme Aims	Overarching statement on the purpose, philosophy and rationale in offering the programme
Programme Educational Objectives (PEO)	Broad statements that describe the career and professional accomplishments that the programme is preparing graduates to achieve after they have graduated
Programme Leader/Director	Responsible for the overall coherence, delivery, evaluation, and enhancement of academic programmes. Their role is key in that they can make a significant and positive contribution to the performance of a programme and the student experience.
Programme Learning Outcomes (P(PLO)	Statements that describe the specific and general knowledge, skill, attitude and abilities that the programme graduates should demonstrate upon graduation. Programme graduates are expected to have acquired the outcome by the time they finish all the coursework in their programme

Programme Monitoring Visit	After the HEP obtains full accreditation, monitoring visits may be conducted upon recommendation by the MDC to ensure all issues identified are addressed by HEP. The issues are listed as AOC by the previous report.
Programme Surveillance Visit	Surveillance visits are conducted after the granting of Provisional Accreditation. The aim of these visits is to ensure the HEP meets the minimum standards required in relation to the predetermined areas of evaluation (Section II) for the pre-clinical and clinical phases of the programme.
Programme Educational Objectives (PEO)	Specific statements on what a learner is expected to learn to achieve the programme aims
Psychomotor	Manual or physical skills such as movement, coordination, manipulation, dexterity, grace, strength, speed; actions which demonstrate the fine motor skills such as use of precision instruments or tools
Quality Assurance	A planned and systematic process to ensure that acceptable standards of education, scholarship and infrastructure are being met, maintained and enhanced
Quality Enhancement	A process where steps are taken to bring about continual improvement in quality
Reflective learning	Reflective learning is a way of allowing students to step back from their learning experience to help them develop critical thinking skills and improve on future performance by analysing their experience
Self-directed learning (SDL)	Involves no formal teaching in which individuals take the initiative without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing learning strategies and evaluating learning outcomes
Self-Review Assessment	A self-assessment using Rubrics (Section xx) submitted by a higher education provider to demonstrate whether it has achieved the quality standards for the purpose of programme accreditation exercise
Should	This word implies that compliance with the requirement is highly desirable

Standards	Standards are the expected level of attainment for each criterion and serve as a performance indicator. Standards are specified at two levels of attainment considering the institution at different stages of development and emphasises that quality improvement is a continual process. Hence there must be flexibility and recognition of diversity in order to facilitate the creative growth of education
Student Learning Experience	An experience comprises the entire educational experience of a student whilst studying for a programme
Summative Assessment	The assessment of learning, which summarises the progress of the learner at a particular time and is used to assign the learner a course grade. Usually, it is comprised of continuous assessment and final assessment.
Supporting Staff / Auxillary	Support staff include Dental Therapist, Dental Surgery Assistant/ Trained Clinical Assistant or Equivalent, Clinical Assistant (Attendant), Patient Registration Clerk and any other relevant support staff. Supporting staff such as Radiographer and Technician are highly recommended
Vertical Integration (Sequential)	Vertical integration is the integration of knowledge in basic sciences with clinical disciplines in a clinical context

COMMITTEE FOR CODE OF PRACTICE FOR PROGRAMME ACCREDITATION – DIPLOMA IN DENTAL THERAPY

Chairperson	<p>Prof. Madya Dr. Nik Mohd Mazuan bin Nik Mohd Rosdy <i>Oral Medicine Lecturer & Specialist</i> <i>Universiti Teknologi MARA</i></p>
Members	<p>Dr. Azalina binti Osman @ Ali <i>Paediatric Dentistry Specialist</i> <i>Ministry of Health</i></p> <p>Prof. Madya Dr. Farha binti Ariffin <i>Periodontology Lecturer & Specialist</i> <i>Universiti Teknologi MARA</i></p> <p>Dr. Faizah binti Abdul Fatah <i>Restorative Dentistry Specialist</i> <i>Universiti Sains Islam Malaysia</i></p> <p>Dr. Adilatul Hasanah binti Musa <i>Deputy Director of Training</i> <i>Pusat Pergigian Kanak-Kanak & Institut Latihan Kementerian Kesihatan</i> <i>Malaysia (Pergigian) Georgetown, Ministry of Health</i></p> <p>Dr. Nurul Syakirin binti Abdul Shukor <i>Secretary</i> <i>Malaysian Dental Council</i></p> <p>Pn. Normala binti Omar <i>Registrar,</i> <i>Dental Therapist Board</i></p> <p>Pn. Norliza binti Hamzah <i>Training Department</i> <i>Ministry of Health</i></p> <p>Pn. Naziah binti Md. Jasin <i>Dental Tutor</i> <i>Pusat Pergigian Kanak-Kanak & Institut Latihan Kementerian Kesihatan</i> <i>Malaysia (Pergigian) Georgetown, Ministry of Health</i></p> <p>Encik Mohd Fairoz bin Mustapha <i>Malaysian Qualification Agency</i></p> <p>Puan Asmaa' binti Suid <i>Malaysian Qualification Agency</i></p>
Secretariat (Accreditation and Globalization, Oral Health Programme, Ministry Of Health Malaysia)	<p>Dr. Akmal Aida binti Othman <i>Ministry of Health</i></p> <p>Dr. Ainon Natrah binti Aminnudin <i>Ministry of Health</i></p> <p>Dr. Ili Mazlina binti Mukhtar <i>Ministry of Health</i></p>

SECTION I

**FUNDAMENTALS OF ACCREDITATION
FOR
DIPLOMA IN DENTAL THERAPY
PROGRAMME**

SECTION I | FUNDAMENTALS OF ACCREDITATION FOR DIPLOMA IN DENTAL THERAPY PROGRAMMES

1.0 INTRODUCTION

Malaysia is committed to the highest standards of professionalism and delivery in dental education. Malaysian Dental Council (MDC) together with Malaysian Qualification Agency (MQA) is committed to an outstanding professionalism in dental practice in Malaysia. Accreditation of Dental Therapy Programmes (DTP) is introduced as a quality assurance mechanism. The objective is to bolster public trust while also assuring both society and the dental profession that we uphold and consistently elevate the quality of dental education and the criteria for granting a dental therapy practice in various level of qualifications.

The accreditation process assists dental faculties/schools or any relevant institutions in the attainment of standards regarding structures, functions, educational processes as well as the performance or competencies of graduates. It serves to provide a professional judgement of the quality of dental education and to encourage continued improvement thereof. In this context, accreditation is concerned with both quality assurance and quality enhancement. The goal is to harness the program's inherent strengths while ensuring the delivery of high-quality dental education in Malaysia.

This is an initial version of the document for DTP accreditation. MDC has incorporated this programme into its jurisdiction based on the new Dental Act 2018. The proposed standard was deliberated by the relevant committees and incorporated into the current edition of the accreditation document. This document provides details of the policies, standards, procedures, as well as the organizations and committees engaged in the accreditation process.

2.0 AIM OF DOCUMENT

This document is developed as a reference for the standards of DTP in this country. Its purpose is to inform the policies and principles that guide judgements and decisions on accreditation. The quality assurance evaluation process is primarily guided by the following documents published by Malaysian Qualification Agency (MQA):

- i. The Malaysian Qualifications Framework (MQF);
- ii. The Code of Practice for Programme Accreditation (COPPA); and
- iii. Guidelines to Good Practices: Programme Design and Delivery

3.0 ACCREDITING AUTHORITIES

MQA act within the jurisdiction of Malaysian Qualifications Agency Act 2007 [Act 679] is the sole quality assurance agency in Malaysia. It oversees both public and private higher education providers (HEP).

The main role of MQA is to implement the MQF as a basis for quality assurance of higher education and as the reference point for the standards and criteria for national qualifications. The MQA is also responsible for monitoring and overseeing quality assurance practices and accreditation of national higher education.

MQA works closely with the MDC through the Joint Technical Accreditation Committee (JTAC) in accreditation of DTP. After having considered the recommendations of the JTAC, the MDC under Section 52 (1) of the MQA Act 2007 may approve or refuse the granting of accreditation. The registration of graduates as Dental Therapist in Malaysia who have completed their studies at accredited institutions is under the purview of the Malaysian Dental Therapist Board (MDTB).

4.0 THE JOINT TECHNICAL ACCREDITATION COMMITTEE (JTAC)

4.1 Introduction

The JTAC was established by the MDC to fulfil section 51(1) of the Malaysian Qualifications Agency Act 2007 [Act 679] “A *Joint Technical Committee consisting of representatives of the relevant professional body, an officer of the Agency and such other persons as may be deemed necessary by the relevant professional body shall be established by the relevant professional body*”.

Special note:

- “Agency” means the Malaysian Qualifications Agency (MQA) established under section 4 of the Act 679.
- The relevant professional body in this context refers to the Malaysian Dental Council (MDC).
- The JTAC is accountable to the MDC.

4.2 Function

The functions of JTAC are as follows:

- i. To consider applications for accreditation of dental programmes¹ under subsection 50(1)² of Act 679;

¹Dental programmes refer to dental undergraduate and dental therapy programme only.

²Subsection 50 (1) Act 679: An application by a higher education provider for the accreditation of its local or foreign professional programme or professional qualification which complies with the Framework shall be made to the Agency within the specified period in the certificate of provisional accreditation in such form and manner as may be prescribed.

- ii. To make recommendations to grant or refuse an application for accreditation of a dental programme under subsection 52(1)³ of Act 679;
- iii. To make arrangement to conduct an institutional audit under subsection 52(3)⁴ of Act 679;
- iv. To make recommendations for imposing conditions for accreditation under section 54⁵ of Act 679;
- v. To make recommendations for the revocation of accreditation of a dental programme under section 55⁶ of Act 679;
- vi. Other functions as determined by the MDC that may include:
 - a. to regularly review the accreditation standards and procedures to ensure relevance to dental education before submitting them to the accreditation authorities;
 - b. to ensure an adequate pool of trained assessors;
 - c. to propose panel members for accreditation visits;
 - d. to respond to complaints or appeals concerning the accreditation process and to make proposals.

³Subsection 52 (1) Act 679: After having considered the recommendation of the Joint Technical Committee under section 51, the relevant professional body may –

- (a) approve the granting of accreditation; or
- (b) refuse the granting of accreditation, stating the grounds for refusal.

⁴Subsection 52 (3) Act 679: For considering an application under subsection 50 (1), any officer of the professional body and the Agency may conduct an institutional audit.

⁵Section 54 Act 679: The relevant professional body may, upon recommendation of the Joint Technical Committee at the time of or at any time after a certificate of accreditation has been issued under subsection 52 (2), impose such conditions as it may deem necessary or expedient and may vary, amend or revoke any such conditions or impose new or additional conditions from time to time.

⁶Section 55 of Act 679 – see footer overleaf.

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⁶Section 55 (1) Act 679: Subject to the provisions of this section, the relevant professional body may, upon recommendation of the Joint Technical Committee at any time, withdraw the approval for accreditation granted to a higher education provider under paragraph 52(1)(a) and the Agency shall revoke the certificate of accreditation –

- (a) if the higher education provider fails to comply with the Framework or any part of it; or
- (b) if the higher education provider breaches any condition for which the accreditation has been granted.

- (2) A written notice of the intention to withdraw the approval and to revoke the certificate of accreditation under subsection (1) shall be served by the Agency, upon the direction of the relevant professional body, on the higher education provider and the notice shall specify the grounds for such withdrawal and revocation.
- (3) The higher education provider shall be given an opportunity to make written representations within thirty days from the date of the notice in subsection (2).
- (4) After the expiry of the period of thirty days stated in subsection (3) and after considering any representation made under that subsection, the relevant professional body upon recommendation of the Joint Technical Committee shall—
 - a) issue a warning and give directions for the higher education provider to rectify the situation to the satisfaction of the relevant professional body within a specified period; or
 - b) proceed with the proposed action to withdraw the approval for accreditation.
- (5) If the higher education provider fails to rectify the situation as required under paragraph (4)(a), the Agency may, upon the decision of the relevant professional body, proceed to revoke the certificate of accreditation.
- (6) Where the certificate of accreditation has been revoked, the Agency shall enter the date of revocation into the Register and shall give notice of the revocation to the relevant authority.
- (7) Endorsed by the MDC at its 137th meeting on 1st December 2021

4.3 Members

The members⁷ of the JTAC shall be as follows:

- i. The Chairperson shall be the Director of Oral Health Practice and Development, Oral Health Programme, Ministry of Health by virtue of the post
- ii. The Deputy Chairperson shall be the Deputy Director, Accreditation and Globalisation Section of the Oral Health Programme, Ministry of Health by virtue of the post
- iii. The Chairman of the Dental Deans' Council
- iv. Three (3) Deans from the dental faculties of local Institutions for Higher Education
- v. One (1) member from Malaysian Dental Council
- vi. One (1) member from the Oral Health Programme, Ministry of Health
- vii. One (1) member from the dental profession
- viii. One (1) member from the Malaysian Dental Association (MDA)
- ix. Two (2) representatives from the Malaysian Qualifications Agency (MQA)
 - a. One (1) representative from Accreditation Division (Science and Medicine) [*Bahagian Akreditasi (Sains dan Perubatan)*], MQA; and
 - b. One (1) representative from Coordination and Quality Reference Division [*Bahagian Koordinasi dan Rujukan Jaminan Kualiti*], MQA
- x. Two (2) representatives from Ministry of Higher Education (MoHE)
- xi. One (1) member from Malaysian Dental Therapist Board from the public sector whom shall be invited for the accreditation of dental therapists' programme in the private sector
- xii. One (1) member from Malaysian Dental Therapist Board from the private sector, whom shall be invited for the accreditation of dental therapists' programme in the public sector.

The Secretary of JTAC shall be jointly held by officers of the MDC and officers of the Accreditation and Globalisation Section of the Oral Health Programme, MOH.

Members who are unable to attend the JTAC meetings are not allowed to send their representatives, EXCEPT for members from MQA [4.3 (ix)] and MoHE [4.3 (x)].

⁷Mesyuarat Pergigian Malaysia (MPM) Kesembilan pada 24 Julai 2023

4.4 Appointment of Members

- i. The Chairperson shall request for representatives from the participating agencies (MOH, MQA, MoHE, MDC, and MDTB)
- ii. The Chairperson shall request the Deans of Institutions for Higher Education to indicate their interest to be considered for membership in JTAC.
- iii. The President of the MDC shall make the selection and appointments.
- iv. The President of the MDC shall appoint one member from the dental profession.
- v. All members are eligible to vote on issues raised. The Chairperson shall have the casting vote.
- vi. The quorum for meetings of committees shall be not less than half of the members of the committee.

5.0 SECRETARIAT

5.1 Joint Technical Accreditation Committee (JTAC)

The secretariat of JTAC comprises of officers of the MDC and the officers of the Accreditation and Globalisation Section of the Oral Health Programme, Ministry of Health. The office of the JTAC shall be at such place as the Director General of Health may determine.

5.2 Other Committees

The MQA shall be the secretariat for the management of applications from local Higher Education Provider (HEP).

The Department of Higher Education (*Jabatan Pendidikan Tinggi*), MoHE shall be the secretariat to manage programme approval from local HEP.

The Coordination and Quality Reference Division (*Bahagian Koordinasi dan Rujukan Jaminan Kualiti*), MQA shall be the secretariat to manage local and foreign qualifications for the purpose of appointment in the public service.

5.3 FUNCTIONS OF JTAC SECRETARIAT

The functions of the JTAC Secretariat shall be as follows:

- i. Maintain documents
The secretariat shall maintain the following documents:
 - a. guidelines on criteria and standards for accreditation of dental programmes

- b. documents pertaining to the procedures and processes related to accreditation
- c. documents relating to applications for accreditation and the accreditation process
- d. the Terms of Reference for the JTAC
- ii. Facilitate the process of accreditation
- iii. Monitor the progress of accreditation
- iv. Prepare the minutes of JTAC meetings and reports
- v. Submit recommendations to the relevant authorities
- vi. Select and collate all relevant decisions and operational policy statements
- vii. Handle all correspondence relating to JTAC.

6.0 AREAS OF EVALUATION

The accreditation process for the DipDTP involves the assessment of the following **seven (7) areas**:

Area 1: Programme Development and Delivery

Area 2: Assessment of Student Learning

Area 3: Student Selection and Support Services

Area 4: Academic Staff

Area 5: Educational Resources

Area 6: Programme Management

Area 7: Programme Monitoring, Review and Continual Quality Improvement

Each of these seven areas contains quality standards and criteria. HEPs are expected to comply with these areas of evaluation.

This document offers a framework that empowers dental faculties or institutions to establish clear aims and objectives, with the ultimate aim of producing dental therapist graduates capable of practicing safe and high-quality dentistry under the supervision of dental practitioner.

These standards are sometimes stated in a fashion that is not amenable to quantification or precise definition because the nature of evaluation is qualitative and can only be accomplished through the exercise of professional judgement by qualified personnel. The guidelines focus on Dental Therapy Programme within the matrix of multiple activities in the HEP.

These Standards and Criteria for Programme Accreditation – Diploma in Dental Therapy Programme or equivalent as presented in **Section III** will be reviewed from time to time by the JTAC and other relevant authorities.

SECTION II

PROCEDURES FOR ACCREDITATION

SECTION II | PROCEDURES FOR ACCREDITATION

1.0 INTRODUCTION

The accreditation process is beneficial to the HEP as it necessitates a demanding periodic review of its processes and standards which includes areas such as the selection of students, objectives, curriculum, design and delivery, methods of teaching and learning, facilities, financial and human resources.

High-quality assurance in higher education necessitates well-defined, transparent, and equitable criteria and standards, serving as benchmarks for assessing and reporting on programs delivered by higher education institutions. The procedures for accreditation require an integrated approach involving both the JTAC, MDC, MQA and the HEP.

The MDC is concerned with monitoring and ensuring compliance to the standards by the HEP whilst the HEP is responsible for the establishment, maintenance and enhancement of its processes and standards.

The HEP can derive additional benefits from the accreditation process. Such benefits include obtaining feedback from experts in various fields of dental education and shared experiences from institutions and the leverage from local authoritative reports in rectifying deficiencies.

Program accreditation progresses through two primary stages: Provisional Accreditation and Full Accreditation. Subsequently, a renewal accreditation is undertaken as a seamless continuation of the process ([Figure 3](#)).

The purpose of Accreditation is to attest whether the HEP has met the minimum standards set to conduct the programme in relation to predetermined areas of evaluation ([Section III – Programme Standards & Criteria](#)).

The term Full Accreditation (FA) is used when the HEP is granted accreditation for the first time following Provisional Accreditation (PA). After obtaining a Full Accreditation (FA) status, it is mandatory for the HEP to obtain Renewal Accreditation (RA) based on accreditation period decided by MDC. A full description of these status can be found in the glossary.

2.0 PROVISIONAL ACCREDITATION

The aim of the Provisional Accreditation process is to ensure that the minimum requirements are met to establish a new program of study. The HEPs must meet the standards for the seven areas of evaluation (where applicable). A visit will be conducted to confirm the availability and the suitability of the facilities at the HEPs' premises. The evaluation involves an external and independent assessment conducted by JTAC and MQA through its Panel of Assessors (PoA). The findings of the PoA are tabled to the respective JTAC, MDC, and MQA Accreditation Committee for a decision and approval. One approval has been given; the HEP will seek approval from MoHE to offer the programme (if under Ministry of Higher Education).

2.1 Submission of Documents

The HEP needs to submit documents consisting of programme information to the MQA as follows.

No	Name of Document	Code/Form	Copies
1	Application for Provisional Accreditation of Programme	Form A	1 copy
2	Accreditation document containing: Part A: Programme Information (Faculty) Part B: Status of Programme Part C: Program Standards Compliance Proof	DipDT-01 and Assessment Rubrics	Softcopies (5 Flash drive and any suitable cloud storage)

The guide to preparing the programme database document is given in [Section IV - Guide to Preparing a Database for Programme Accreditation – Diploma in Dental Therapy Programme](#).

2.2 Verification of Documents

MQA will assess the completeness of documents submitted by the HEP according to the specified requirements. If the documents meet all requirements, MQA will proceed to submit them to the JTAC secretariat. In cases where the documents are incomplete, the HEP will need to resubmit them as necessary.

2.3 Panel of Assessors

JTAC will propose the names of the Panel of Assessors (POA) to the MQA as indicated in the **Section V - Guide for the Conduct of Programme Evaluation Visit**.

2.4 Desktop Assessment

The POA will assess the programme information submitted by the HEP for compliance to the standards stipulated in **Section III - Standards and Criteria for Programme Accreditation – Diploma in Dental Therapy Programme**. The HEP may be required to submit additional documents as requested by the POA for a thorough assessment. If the information in the accreditation document complies with the standards, the POA may conduct a visit to the institution.

2.5 The Accreditation Visit

The POA will conduct a visit to the institution in accordance with **Section V - Guide for the Conduct of Programme Evaluation Visit**. The aim of the visit is to assess for compliance with the programme standard.

2.6 The Accreditation Report

Based on the visit findings and evaluation of the accreditation documents, the POA will prepare a report in accordance with **Section VI - Guide to Preparing Accreditation Report**. Following the submission of the report to the JTAC secretariat, the panel chairman will deliver a presentation to the JTAC meeting for the elaboration of the report and further discussion. The members of the POA (including the observer (if any)) may be present during the presentation.

The JTAC will forward its recommendation to the MDC for endorsement before the decision by MQA. MQA shall communicate with HEP of its decision.

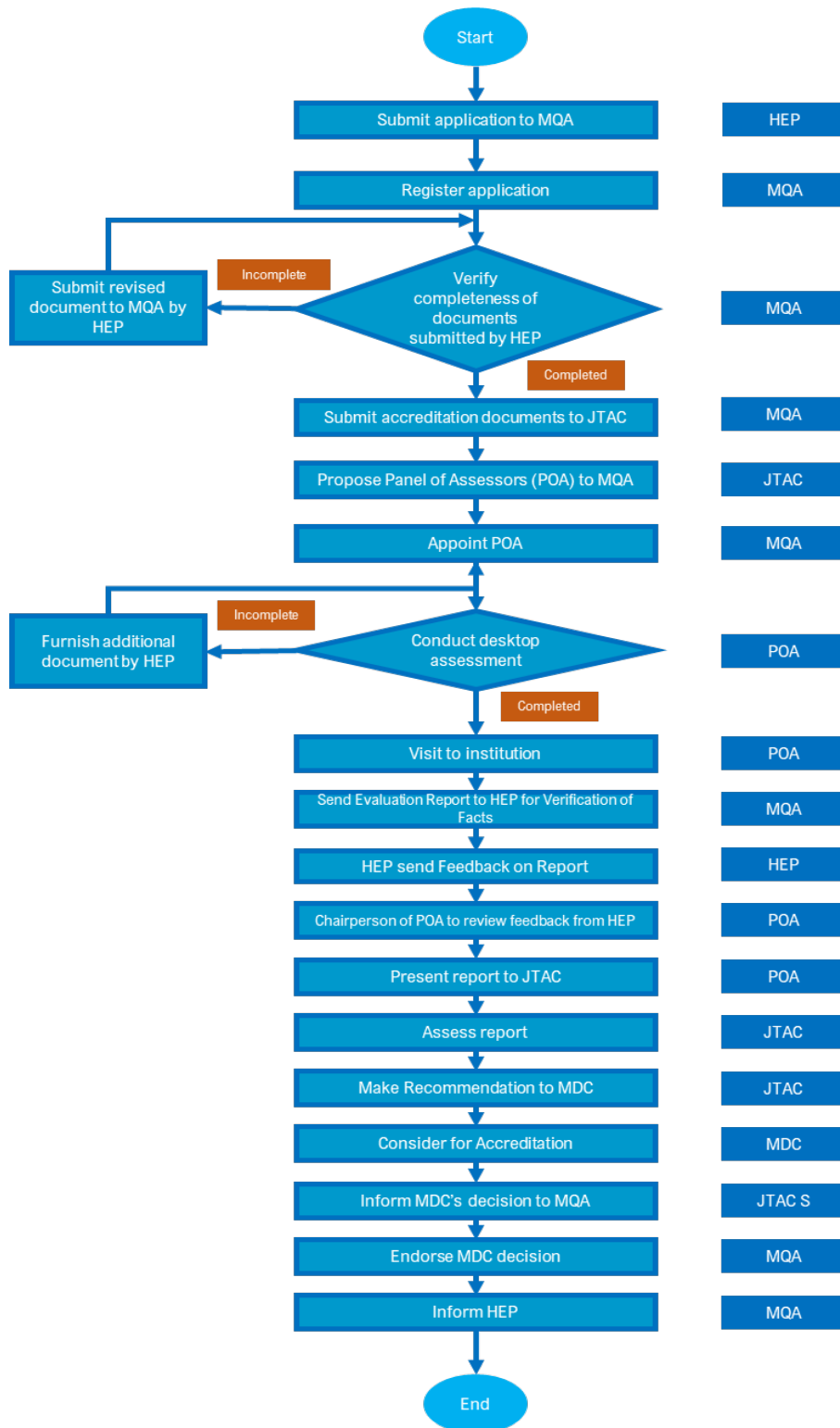


Figure 1:
Flowchart for the Provisional Accreditation Process

3.0 FULL ACCREDITATION

Accreditation is granted for a fixed period and the date of the commencement of the accreditation period shall be from the day after the MDC decision is made or any other date that the MQA deems fit.

3.1 Submission of Documents

The HEP needs to submit documents comprising of updated programme information and other relevant supporting documents to MQA as follows:

No	Name of Document	Code/ Form	Copies
1	Application for Full Accreditation of programme	Form B	1 copy
2	Database containing - Part A: Programme Information Part B: Status of Programme Part C: Programme Standards Compliance Proof	DipDT-02 And Assessment Rubric	softcopies (5 Flash drive and any suitable cloud storage)
3.	Assessment Rubric for Accreditation for Diploma of Dental Therapy Programme or Equivalent) - Self evaluation		
4.	Other supporting documents 4.1 Reports on actions taken on findings of previous accreditation visit 4.2 Programme Curriculum		Digital copies

For Full Accreditation, the institution must submit the required accreditation documents when the first cohort of students reaches its final year (**nine months** before the students sit for their final examination).

For renewal of accreditation status, the institution needs to submit the accreditation documents to the MQA not less than **nine months** before the expiry of the current accreditation period.

3.2 Verification of Documents

The MQA will verify the completeness of documents submitted by the HEP in accordance with the stipulated requirements. If the documents are complete, the MQA will submit one copy to the secretariat of the JTAC. If the documents are incomplete, the HEP will have to resubmit them as required by the MQA.

3.3 Panel of Assessors

The JTAC will propose the names of the POA to the MQA as indicated in the **Section V - Guide for the Conduct of Programme Evaluation Visit**.

3.4 Desktop Assessment

The POA will assess the programme information submitted by the HEP for compliance to the standards as stipulated in the **Section III - Standards and Criteria for Programme Accreditation – Diploma of Dental Therapy Programme** or any related documents. The HEP may need to submit additional documents as requested by the POA for assessment. If the information in the accreditation documents complies with the standards, the POA may conduct a visit to the institution.

3.5 Accreditation Visit

The POA will conduct a visit to the institution in accordance with the **Section IV - Guide for the Conduct of Programme Evaluation Visit**, to assess for compliance to the accreditation standards.

3.6 The Accreditation Report

Based on the visit and evaluation of the accreditation documents, the POA will prepare a report in accordance with the **Section VI - Guide to Preparing Accreditation Report**. The chairman of the panel will then make a presentation to the JTAC. The members of the POA (including the observer) may be present during the presentation.

The JTAC will forward its recommendation to the MDC for endorsement. The MDC will inform the MQA of its decision.

MDC may:

- (a) approve the granting of accreditation; or
- (b) refuse the granting of accreditation, stating the grounds for refusal as in the MQA Act 2007 Section 52(1).

This decision will be forwarded to MQA for endorsement.

If there is a proposal for any changes in the curriculum, MQA must be notified of the changes. The MQA may request the JTAC to re-evaluate the programme

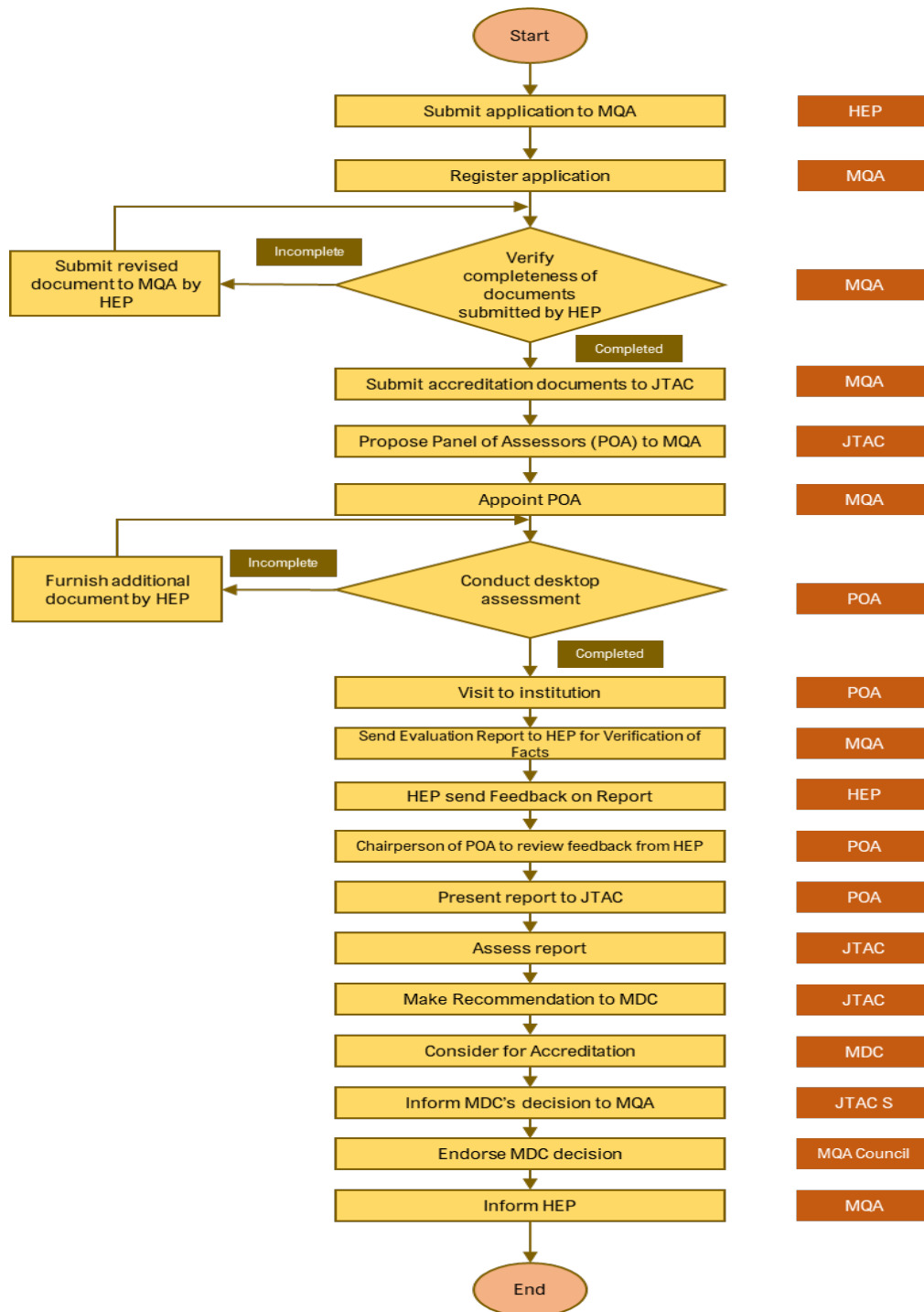


Figure 2: Flowchart for the Full Accreditation Process

4.0 GRANTING OF ACCREDITATION STATUS

4.1 Provisional Accreditation

Upon the grant of provisional accreditation by MQA, to start a programme, the HEP needs to submit their application together with other relevant documents required by MoHE for approval. **The maximum number of student intake for the first cohort is 50.**

Any subsequent application to increase intake will only be considered after the first cohort graduates.

4.2 Full Accreditation

Upon the grant of full accreditation by MQA for the first time, it is the responsibility of the HEP to submit their application together with other relevant documents to MDC for **recognition** of the qualification and institution.

The maximum duration that can be granted for Full Accreditation is 5 years. The maximum period for renewal of Full Accreditation status is **5 years**. Subsequently the HEP must apply for renewal of its accreditation status nine months before expiry.

5.0 ACCREDITATION VISIT

Please refer to [Section V - Guide for The Conduct of Programme Evaluation Visit](#).

6.0 APPEAL

For **Provisional Accreditation (PA)**, an appeal against a decision of the MQA Accreditation Committee should be submitted to Department of Higher Education, Ministry of Higher Education through MQA for the consideration by the Minister of Higher Education.

For **Full Accreditation (FA)**, an appeal against the decision of the MQA Accreditation Committee should be submitted through the MQA for consideration by the Appellate Body set up by the MDC. All appeals must be made within the provision of MQA Act 679.

SECTION III

**STANDARDS AND CRITERIA FOR
DIPLOMA IN DENTAL THERAPY
PROGRAMME**

SECTION III | STANDARDS AND CRITERIA FOR DIPLOMA IN DENTAL THERAPY (DipDT) PROGRAMME

1.0 INTRODUCTION

These standards and criteria serve as the foundation for evaluating the information submitted by institutions seeking approval of accreditation in a new Diploma in Dental Therapy (DipDT) program or its equivalent, or for accrediting an existing program. It covers **seven (7) areas of evaluation**. The Programme Standards are used to ensure all dental therapist graduates are competent graduates and able to apply for registration in Malaysia.

2.0 PROGRAMME STANDARDS

The standards and criteria are used in assessing the information provided by the institution seeking approval to start a new DipDT programme or for full accreditation or renewal. These standards and criteria were drafted so as not to be too prescriptive or rigid, that they may stifle initiative, development and expansion in the field of dentistry. Some of these standards may lack precise definition or may be difficult to quantify due to their qualitative nature. However, institutions should strive to furnish comprehensive information to facilitate the assessment process. Each standard statement is supported by multiple criteria. The criteria are indicators that set out what is expected of any MDC accredited program to meet each standard statement. All these criteria are listed in the **Table SIII-1** below.

Area 1 : Programme Development and Delivery		
1.1	Statement of Educational Objectives of Academic Programme and Learning Outcomes	
	1.1.1 (PA)	The programme can only be considered after a need assessment has indicated a necessity for the programme to be established.
	1.1.2	The programme must be consistent with, and supportive of, the vision, mission and goals of the HEP.
	1.1.3	The HEP/ Faculty must state its programme educational objectives, learning outcomes, teaching and learning strategies, and assessment, and ensure constructive alignment between them.
	1.1.4	The programme learning outcomes must correspond to an MQF level descriptors
	1.1.5	The HEP/ Faculty shall provide the alignment of the curriculum content to the competencies as per Appendix SIII-2 (Competencies for New Dental Therapy Graduates, Malaysia)
	1.1.6	The programme learning outcomes (PLO) must be aligned with the programme educational objectives (PEO).

1.2 Programme Development: Process, Content, Structure and Teaching-Learning Methods		
1.2.1		The HEP (Faculty) must have sufficient autonomy to design the curriculum and allocate resources necessary for its implementation in achieving the learning outcomes. (Where applicable, the above provision must also cover collaborative programmes and programmes franchised to, or from, other HEPs in accordance with national policies)
1.2.2		The HEP/Faculty must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP.
1.2.3		The HEP / Faculty must consult relevant stakeholders in the development of the curriculum. Stakeholders include Ministry of Health, Ministry of Defense, Institutions of Higher Education, Professional Associations, Professional Bodies, and ***Alumni etc.
1.2.4 (M)		The curriculum must fulfill the duration requirement as stated below: <ul style="list-style-type: none"> I. Scheduled over 3 (three) academic years of teaching and learning, revision and examination week II. The student contact learning hours should not exceed OR less than the student learning time (SLT) as stated in the programme standard III. The maximum academic year should not exceed 44 weeks. IV. The SLT shall be calculated as per Appendix SIII-1 – Student Learning Time (SLT).
1.2.5		The curriculum must include horizontal (concurrent) and vertical (sequential) integration, self-directed learning, adequate and balanced theory, practical, clinical practice and external posting.
1.2.6		The course learning outcomes (CLO) must include cognitive, psychomotor and affective (CPA) domains which are appropriate to the needs of the nation and must be measurable (Appendix SIII-5 - Learning Taxonomy (Revised Bloom's)).
1.2.7 (M)		Curriculum content must incorporate sufficient depth and scope of knowledge in: <ul style="list-style-type: none"> i. Basic Medical/Dental Science: Anatomy, Biochemistry, Physiology, Pathology, Medical Microbiology, Pharmacology, Oral Biology/ Dental Anatomy ii. Dental Pre-Clinical Science: Dental Material & Technology, Infection Prevention & Control, Oral radiology (clinical interpretation) iii. Dental Clinical Course: Children development & behavioral sciences, Law and ethics in dentistry, Preventive dentistry and oral health promotion, Dental professionalism and practice management, Clinical sciences and skills (paediatric dentistry, periodontics, orthodontics, oral surgery (OS) and special care dentistry (SCD), Community-based programme components
1.2.8 (M)		Basic Medical/ Dental Science and Dental Pre-Clinical Science component must include but not limited to: <ul style="list-style-type: none"> i. Anatomy ii. Biochemistry iii. Physiology iv. Pathology v. Medical Microbiology

		<ul style="list-style-type: none"> vi. Pharmacology vii. Oral Biology viii. Dental Anatomy ix. Dental Material & Technology, x. Infection Prevention & Control, xi. Oral radiology (clinical interpretation)
	1.2.9 (M)	Dental Clinical Course component must include but not limited to: <ul style="list-style-type: none"> i. Children development & behavioural sciences, ii. Law and ethics in dentistry, iii. Preventive dentistry and oral health promotion, iv. Dental professionalism and practice management, v. Clinical sciences and skills (paediatric dentistry, periodontics, orthodontics, oral surgery (OS) and special care dentistry (SCD), Community-based programme components
	1.2.10	Community-Based Dental Practice component must establish operational linkage between educational programmes including oral health education and promotion (non-clinical).
	1.2.11	Ethics & Humanities component must incorporate aspects of ethics, jurisprudence and humanities that enable effective communication, decision-making and ethical practice. The ethics and humanities aspects are adapted from time to time to suit the scientific needs of the programme, the changing demographic as well as the cultural contexts and the needs of society
	1.2.12	The HEP should establish mechanisms to access the current information and to identify up-to-date topics of importance for inclusion in the curriculum and its delivery including the use of the technology.
	1.2.13	There should be co-curricular activities to enrich student experience, and to foster personal development and responsibility.
1.3	Programme Delivery	
	1.3.1	The HEP must take responsibility to ensure the effective delivery of the programme learning outcomes.
	1.3.2	Students must be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes and methods of assessment of the programme at the commencement of their studies.
	1.3.3.	The programme must have an appropriate full-time coordinator and a team of academic staff (e.g. programme committee) with adequate authority responsible for effective delivery of the programme.
	1.3.4	The programme team must have access to adequate resources to implement teaching and learning activities.
	1.3.5	The HEP must provide students with a conducive learning environment to support conventional and non-conventional approaches and other relevant approaches.
	1.3.6	The HEP must encourage innovations in teaching, learning and assessment.
Area 2 : Assessment of Student Learning		
2.1	Assessment Methods	
	2.1.1	The frequency, methods, and criteria of student assessment — including the grading system — must be documented and communicated to the students on the commencement of the programme.

	2.1.2 (M)	There must be a variety of methods and tools to assess learning outcomes and competencies. These include summative assessments (continuous and final) with a reasonable balance of 40 – 60% contributed by continuous assessment. The formative assessment may be utilised in addition to summative assessment.
	2.1.3	There must be mechanisms to ensure the validity, reliability, consistency, currency and fairness of the assessment methods.
	2.1.4	Changes to student assessment methods must follow established procedures and regulations and communicated to students prior to their implementation.
2.2 Relationship between Assessment and Learning Outcomes		
	2.2.1	Assessment principles, methods and practices must be aligned to the learning outcomes and competencies of the programme.
	2.2.2	The assessment must be consistent with the levels defined in the current MQF version, the domains of learning outcomes, programme standards as per prescribed competencies (Appendix SIII-2. - Competencies of New Diploma in Dental Therapy Graduates, Malaysia)
	2.2.3	The link between assessment and the achievement of learning outcomes in the programme must be reviewed periodically to ensure its effectiveness.
2.3 Management of Student Assessment		
	2.3.1	The HEP and its academic staff must have an adequate level of autonomy in the management of student assessment (not applicable to certain programme arrangements such as franchisee/etc).
	2.3.2	There must be mechanisms to ensure the security of assessment documents and records.
	2.3.3	Results of assessment must be communicated to the student within a reasonable time frame after endorsement by the relevant authority.
	2.3.4	The HEP must have an appropriate mechanism to address cases of academic plagiarism
	2.3.5	The HEP must periodically review the management of student assessment and act on the findings of the review.
Area 3 : Student Selection and Support Services		
3.1 Student Selection		
	3.1.1 (M)	The programme must have a clear policy on criteria and processes of student selection, including that of transferring students and foreign students. These policies must be consistent with current procedures of the Ministry of Higher Education (MoHE) and Malaysian Dental Council (MDC).
	3.1.2 (M)	The HEP must have a policy regarding blood-borne viruses for candidates and students. This standard must be consistent with “Guidelines for Oral Healthcare Practitioners Infected with Blood Borne Viruses” issued by MDC.
	3.1.3 (M)	Student enrolment must be commensurate with the capacity of the HEP to effectively deliver the programme. Any increase in student intake must have the approval of the relevant authority.
	3.1.4	The criteria* and processes of student selection must be transparent and objective.

		*subjected to current entry requirement
	3.1.5	There must be a clear policy and appropriate mechanisms for appeal on student selection.
	3.1.6	The admission policy for the programme must be monitored and reviewed periodically to continuously improve the selection processes.
3.2	Articulation and Transfer	
	3.2.1	The HEP must have well-defined and effectively disseminated policies, regulations and processes that facilitate student mobility, including credit transfer and credit exemption which are in accordance with current requirements by relevant authorities (Appendix SIII-4 – Credit Transfer). Incoming transfer students must have comparable achievement in their previous programme of study and have the capacity to successfully follow the programme.
3.3	Student Support Services	
	3.3.1	Students must have access to appropriate and adequate support services, such as physical, social, financial, sports and recreational, co-curricular activities, internet facilities, academic and non-academic counselling, and health services.
	3.3.2	There must be a designated administrative unit responsible for planning and implementing student support services, staffed by individuals who have appropriate experience consistent with their assignments.
	3.3.3	An effective orientation to the programme must be available to new students with special attention given to out of state and international students.
	3.3.4	Academic, non-academic and career counselling must be provided by adequate and qualified personnel.
	3.3.5	The HEP should provide mechanism that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
	3.3.6	The HEP must have a well-defined and documented processes and procedures in handling student disciplinary cases.
	3.3.7	There must be a grievance mechanism for students to make appeals on academic and non-academic matters.
	3.3.8	Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.
3.4	Student Representation and Participation	
	3.4.1	There must be programmes to encourage active student participation in matters related to their interest and welfare.
	3.4.2	Student rights and responsibilities must be acknowledged, clearly documented, and communicated to them.
	3.4.3	There must be adequate student representation and organization at the HEP levels.
	3.4.4	Student should be facilitated to develop linkages with external stakeholders and to participate in activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.
	3.4.5	Student activities and organizations should be facilitated to participate in activities that encourage character building, inculcate a sense of belonging and responsibility, and promote community and social responsibility.

3.5	Alumni (RA Only)	
	3.5.1	The HEP must foster active linkages with alumni to develop, review and continuously improve the programme.
Area 4 : Academic Staff & Support Staff		
4.1	Recruitment and Management	
	4.1.1	The HEP must have a clearly defined plan for its human resource needs. In preparation for Provisional Accreditation, a detailed plan for recruitment of academic and clinical support staff need to be provided.
	4.1.2	The HEP must have a clear and documented recruitment policy for academic and support staff.
	4.1.3 (M)	<p>Qualification of academic staff shall be:</p> <ol style="list-style-type: none"> i. Minimum academic staff qualification for Dental Therapy: <ul style="list-style-type: none"> • Bachelor's Degree in related field in dentistry with 3 years working experience or equivalent in related field in dentistry and still active in clinical practice with valid APC; OR • Diploma in related field in dentistry with minimum of 5 years working experience or equivalent in related field in dentistry and still active in clinical practice with valid APC. ii. International academic staff involved in clinical teaching shall have a valid TPC as stated in Guidelines for Temporary Registration as Dental Therapist (Appendix SIII-6). iii. Academic staff in Private Higher Education Institution (PHEI) must have a valid teaching permit from Ministry of Higher Education (MoHE)
	4.1.4 (M)	<p>The HEP must have adequate number of full-time academic staff responsible for implementing the programme. The calculation of total academic staff involved in conducting the programme is based on the following:</p> <p>Full-time academic staff</p> <p>Full-time Equivalent (FTE) i.e. a staff who spends not less than 20 hours per week, is considered as one (1) FTE</p> <p>Full-time Equivalent (FTE) i.e. a staff who spends not less than 10 hours per week is considered as 1/2 FTE</p> <p><i>*Refer to table for formula to calculate the requirements below:</i></p> <p>The criteria indicated below provide the guide in fulfilling this standard:</p> <ol style="list-style-type: none"> i) Overall, at least 60% of academic staff must be full-time (including FTE). MANDATORY ii) At least 50% of academic staff are Malaysian citizens. (justification: based on number of bachelor graduates that haven't been recruited) <p><i>*Refer to the table for the formula to calculate the requirements.</i></p>

4.1.5	<p>The staff-student ratio for the programme must be appropriate to the teaching - learning methods and comply with the programme standards for the discipline. The HEP must have the following academic staff to student ratio:</p> <p>i.1:10 for Dental science - Oral Biology/ Dental Anatomy (Year 1) *</p> <p>ii.1:10 for Dental Pre-clinical Science – Dental Materials & Technology (Year 1) **</p> <p>iii.1:6 for Dental clinical supervision (Year 2 and 3) ***</p> <p>*The ratio must consider all laboratory sessions **The ratio must consider all dental simulation sessions *** The ratio must consider all dental clinical sessions</p> <p>Note: Evidence from students' supervision timetable 4 part-time staff is equivalent to 1 full-time staff</p>
4.1.6	There may be a combination of teaching and service roles (community/promotion activities) for all academic staff. Research activities are encouraged for all academic staff
4.1.7	The policy of the HEP must reflect an equitable distribution of responsibilities among the academic staff.
4.1.8	The recruitment policy must seek diversity among the academic staff in terms of experience, approaches and background.
4.1.9	Recognition and reward through promotion, salary increment, or other remuneration must be based on equitable work distribution and meritorious academic roles using clear and transparent policies and procedures.
4.2 Service and Development	
4.2.1	The HEP must have policies addressing matters related to service, professional development and appraisal of the academic staff. Academic staff who has no experience in teaching shall undergo training related to teaching methodology after the appointment awarded.
4.2.2	The academic staff must be given sufficient autonomy to focus on areas of his/ her expertise.
4.2.3	The HEP must have a clearly stated policy on conflict of interest, particularly in the area of private practice, multiple employment and consultancy services.
4.2.4	The HEP must have clearly defined and documented processes and procedures in handling disciplinary cases involving the academic staff.
4.2.5	The HEP must have a staff development programme particularly for new academic staff including mentoring and formative guidance
4.2.6	The HEP must encourage and facilitate its academic staff to play an active role in community engagement activities.
4.2.7	The HEP must provide opportunities for academic staff to participate in professional, academic and other relevant activities, nationally and internationally and, where relevant for them to obtain professional qualifications to enhance teaching-learning experience.
4.3 Support Staff	
4.3.1	There should be sufficient support staff for teaching and learning purposes. [Support staff include Dental Therapist, Dental Surgery Assistant/ Trained Clinical Assistant or Equivalent, Clinical Assistant (Attendant), Patient Registration Clerk and any other relevant support staff.

		Supporting staff such as Radiographer and Technician are highly recommended]
		<p><u>Minimum number of staff required:</u></p> <ul style="list-style-type: none"> i. Dental Therapist – 1 per 50 students; ii. Dental Surgery Assistant/Trained Clinical Assistant/Clinical Assistant (Attendant) Equivalent – 3 per 50 students; iii. Patient Registration Clerk – 1
Area 5 : Educational Resources		
5.1 Physical Facilities		
	5.1.1	<p>The programme must have sufficient and appropriate general facilities and educational resources such as facilities for practical and clinical teaching to ensure its effective delivery.</p> <p>In preparation for Provisional Accreditation, a detailed plan of physical facilities and educational resources need to be provided.</p> <ul style="list-style-type: none"> i. Educational resources such as lecture hall/auditorium, tutorial room, seminar room, computer lab, dental health education (DHE) studio/ laboratory and strong room. MANDATORY ii. General facilities include cafeteria, toilet, locker room, storeroom, surau, students' common room, sports facilities and hostel.
	5.1.2	<p>The library or resource centre must have adequate and up-to-date reference materials and availability of qualified staff that meet the needs of the programme and research amongst academic staff and students. This would include provisions for appropriate digital devices, internet and communication technology-mediated reference materials.</p>
	5.1.3	<p>Specific equipment and facilities for training must be adequately provided for practical and clinical-based programmes;</p> <ul style="list-style-type: none"> i. Pre-clinical training facilities - operative technique (simulation lab) workstation to student ratio of 1:3 (Year 1); for Provisional Accreditation should have appropriate floor plan for simulation lab MANDATORY ii. Clinical training facilities <ul style="list-style-type: none"> a. dental chair to student ratio of 1: 3 (Year 2 and 3); based on minimal clinical sessions MANDATORY b. adequate pool of patients for optimal clinical training. (average ratio of one (1) student to 20 patients per year to fulfil clinical requirement) iii. Availability of related facilities such as dental health education (DHE) studio/ laboratory imaging, sterilization room. iv. Endorsement from Private Medical Practice Control Section (CKAPS- Cawangan Kawalan Amalan Perubatan Swasta) for clinical facilities (for private HEP) (M)
	5.1.4 (M)	All equipment (e.g., autoclaves, x-rays, compressor) must comply with the relevant laws and regulations.

	5.1.5	The facilities available in the HEP must be user friendly to patients with disabilities (for example: parking, ramp, toilet, special facilities, wheelchair)
	5.1.6	The educational resources, services and facilities must be periodically reviewed and improved upon to maintain their quality and appropriateness for current education and training.
5.2 Financial Resources		
	5.2.1	The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the programme.
	5.2.2	The HEP must have clear procedures to ensure that its financial resources are sufficient and that it is capable of utilising them efficiently and responsibly.
	5.2.3	The HEP must be given sufficient autonomy to allocate resources appropriately to achieve the programme educational objectives.
Area 6 : Programme Management		
6.1 Programme Management		
	6.1.1	The HEP (Institution, Faculty and Department) must clarify its governance structure and function, the relationships within them, and their impact on the programme, and these must be communicated to all parties involved based on the principles of transparency, accountability and authority.
	6.1.2	The HEP must have policies, procedures and mechanisms for regular reviewing and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement.
	6.1.3	The HEP management committee must be an active policy-making body with an adequate degree of autonomy within the terms of reference.
	6.1.4	Mechanisms to ensure functional integration and comparability of educational quality must be established for programmes conducted in campuses or partner institutions that are geographically separated (if applicable) <i>Note: The term "conducted in different campuses or partner institutions" in Standard 6.1.4 is applicable only for programme implemented in different campuses within the same HEP or in partner institutions. Therefore, this standard is only applicable for Full Accreditation (FA) and Compliance Evaluation (CE) if the HEP/department has arrangements with collaborative partners in implementing the programme.</i>
	6.1.5	The HEP must conduct internal and external consultations, and market needs and graduate employability analyses. <i>Note: The term "graduate employability analyses" in Standard 6.1.5 is applicable only for Compliance Evaluation (CE) since such analyses could only be carried out after the programme produces at least one cohort of graduates. Therefore, the evaluation of this standard during Full Accreditation (FA) should be limited not to include graduate employability analyses.</i>
6.2 Programme Leadership		
	6.2.1	The criteria for the appointment and responsibilities of the programme leader must be clearly stated. The programme leader must have appropriate qualification*, knowledge and experiences related to the programme he/she is responsible. <i>*Appropriate qualification as listed below:</i> 1. Master degree or higher in related professional field; OR

		2. Bachelor's degree in related field in dentistry with 5 years teaching experience; AND 5 years working experience or equivalent in related field in dentistry and still active in clinical practice; AND 3. Registered with MDC/ MDTB
	6.2.2	Mechanisms and processes must be in place to allow for communication between the programme and the HEP leadership in relation to matters such as staff recruitment and training, student admission, and allocation of resources and decision-making processes.
6.3 Administrative Staff		
	6.3.1	The administrative staff of the HEP must be appropriately qualified, technically competent and sufficient in numbers to support the implementation of the programme and related activities. The administrative staff must include the registrar, IT personnel, financial officer, receptionist and others.
	6.3.2	The HEP must conduct regular performance review of the programme's administrative staff.
	6.3.3	The HEP must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.
6.4 Academic Records		
	6.4.1	The HEP must have appropriate policies and practices concerning the nature and security of student, academic staff and other academic records. The policies should continuously be reviewed on the security of records including increased use of electronic technologies and safety systems.
	6.4.2	The HEP must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.
	6.4.3	The HEP must implement policies on the rights of individual privacy and the confidentiality of records.
Area 7 : Programme Monitoring, Review and Continual Quality Improvement		
7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement		
	7.1.1	The HEP must have clear policies and appropriate mechanisms for curriculum review. The content of the programme must be periodically reviewed to keep abreast with scientific, technological and knowledge development of the discipline, and with the needs of the society.
	7.1.2 (M)	The major curriculum review must be conducted every 3 to 5 years. Refer to Section VII-Guidelines for Curriculum Review for details.
	7.1.3	The HEP must have a dedicated Quality Assurance (QA) unit or personnel responsible for internal quality assurance.
	7.1.4	The HEP must have an internal monitoring and review committee headed by a designated coordinator who is dedicated to continuously review the programme. The review can involve external experts.
	7.1.5	Programme evaluation must involve the relevant stakeholders whose views are taken into consideration. *stakeholders (University, MOH, MOD, MDA)

7.1.6	The HEP/ Faculty must have mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement.
7.1.7	<p>Various aspects of student performance, progression, attrition, graduation and employment* must be analysed for the purpose of continual quality improvement. This must be consistent as in Appendix SIII-7 Clinical Experience & Competency Requirements or equivalent current documents.</p> <p><i>The scope of Standard 7.1.7 for the Full Accreditation (FA) should be limited to analyses on student performance, progression and attrition only.</i></p> <p><i>*As the analyses on “graduation” and “employment” could only be performed after the first cohort of the programme graduates, who then enter into employment afterwards, Standard 7.1.7 can be assessed and evaluated in totality during Compliance Evaluation (CE) only.</i></p>
7.1.8	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring.
7.1.9	The findings of a programme review must be presented to the HEP for its attention and further action plan.
7.1.10	There must be an integral link between the HEP (Institution and Faculty) for quality assurance processes.
7.1.11	The HEP’s review system must constructively engage with relevant experts (nationally and/or internationally) to identify areas of concerns and demonstrate ways to improve the programme
7.1.12	<p>The HEP must make the report on programme review accessible to appointed stakeholders in order to seek their views.</p> <p>*stakeholders may include industries, international institutions and NGOs</p>
7.1.13	The HEP must embrace the spirit of continual quality improvement based on prospective studies and analysis that leads to the revision of its current policies and practices.
7.1.14	The HEP must ensure the accreditation status is maintained. The HEP must submit the application of Full Accreditation or its renewal based on the timeline stated by the MQA (in Surat keputusan penilaian akreditasi program).

Table SIII-1: Description of Programme Standards for Diploma in Dental Therapy

SECTION III

APPENDICES

APPENDIX SIII-1

STUDENT LEARNING TIME OF DIPLOMA IN DENTAL THERAPY PROGRAMME OR EQUIVALENT

Student Learning Time (SLT) refers to the educational effort or workload of a student which is required to invest in attaining particular learning objectives. It encompasses the time allocated for learning, whether in direct interaction with a teacher or self-directed study (non-face-to-face), and it also encompasses time allocated for assessments as per the schedule. SLT is quantified using notional hours, which serves as an approximate gauge rather than a precise measurement, offering insight into the expected study workload and level of dedication required.

The Standards and Criteria for a Diploma in Dental Therapy Programme or equivalent, equates **one credit with 40 notional hours of learning**.

A guide to calculate SLT for a Diploma in Dental Therapy Programme or equivalent, is given in **Table 1**. The SLT for groups of courses are given in **Table 2**.

The total SLT for the Diploma in Dental Therapy programme (excluding University and General courses) is in the range of 3,000 to 4,000 notional hours.

TABLE 1: GUIDE TO CALCULATE STUDENT LEARNING TIME

Teaching Modality	Time (hr) <i>Face-to-face</i> (F2F)	Additional (hr) time to be added. (Independent Learning) Non-Face-to-Face (NF2F)	Total SLT (hr)
Lecture	1	2	3
Tutorial	1	1	2
Practical Lab	3	1	4
Clinical	3	1	4
Small Group Discussion	1	1	2
Directed Self Learning	1	0	1
Problem-based learning	6	6	12
Seminar / Case Presentations	1	3	4
Industrial attachment/ Posting e.g. (8 hours x 5 days)	40	0	40
Field work / Community service	1	1	2
Project Report / Case Report	2	18	20
Each 1500-word written assignment	2	8	10
Revision (in the time-table)	1	0	1
Revision (self-learning)	0	1	1
Continuous Assessment (in time-table)	1	3	4
Final Assessment (in time- table)	3	10	13
Massive Open Online Course / Micro Credential	Equivalent to Conventional Course		

TABLE 2: SLT FOR GROUPS OF COURSES

COURSES	SLT (notional hours)
Basic Medical*/ Dental Science (Including Oral Biology)	320 - 420
Pre-Clinical -Dental Materials and Technology)	540 -680
Dental Clinical Course**	2000 - 2200 <i>*F2F for clinical courses shall not be less than 1500 hrs</i>
University Courses	Up to 15% of total SLT or a maximum of 540 notional hours or whichever is less
Diploma in Dental Therapy Programme or equivalent, excluding University courses	3060
Total	3600 - 4200

**Basic Medical Sciences include Anatomy, Physiology, General Pathology, and Pharmacology.*

APPENDIX SIII-2

COMPETENCIES OF NEW DENTAL THERAPIST (DIPLOMA) GRADUATES, MALAYSIA

Competencies are a typical part of the practice of healthcare workers. Competencies are designed based on a combination of knowledge, attitude, psychomotor skills, and/or communication skill; and performed at or above an acceptable level of defined standards. These components become an integrated whole during the delivery of patient care or management by the competent dental therapist. Each component in the practice requires a complex behaviour or ability which essential for the dental therapist to apply.

This document uses learning outcomes domains based on Malaysian Qualification Framework 2nd edition (2024) and Malaysian Dental Council. These clusters of learning outcomes are:

- 1) Knowledge and understanding
- 2) Cognitive skills
- 3) Functional work skills with focus on:
 - a) Practical skills
 - b) Interpersonal skills
 - c) Communication skills
 - d) Digital skills
 - e) Numeracy skills
 - f) Leadership, autonomy and responsibility
- 4) Personal and entrepreneurial skills
- 5) Ethics and professionalism

These domains represent broad categories of professional activity and concern, which occur in dental therapist practice within the stipulated law and ethics.

The graduates of dental therapy programme shall demonstrate competence in the provision of dental care as specified by registration requirements, standards and professional conduct codes, relevant legislation and others where relevant. This is considered as 'entry-to-practice' competencies in order to ensure the safety and quality of patient care as well as a guide for the assessment of members' continuing competence for maintaining registration with Dental Therapist Board.

This document also reflects a curriculum that is patient driven, competency based and student-centred approach. These competencies define a required minimum level of practice for the new graduate, rather than dictating the higher level of practice that will be attained by dental therapy practitioners over their career lifetime.

PROGRAMME LEARNING OUTCOMES

At the end of the programme, the graduate must be able to:

PLO	Description/Attainment	Learning Level and Domain	MQF 2.0
1	Explain scientific knowledge of clinical sciences in dental services and patient management.	C2	Cluster 1
2	Apply cognitive skills using current scientific information and techniques in the practice of dentistry	C3	Cluster 2
3	Perform dental procedures and management safely.	P5	Cluster 3 3a
4	Present effectively, individually or as member of a team with healthcare professionals, patients and community	A2	3b
5	Adhere to effective communication with healthcare professionals, patients, communities, and other stakeholders	A4	3c
6	Display digital skills in the field of dentistry	P4	3d
7	Apply numerical data to support work processes	C3	3e
8	Demonstrate leadership skills and responsibility in teamwork related to managing oral health care	A3	3f
9	Apply appropriate skills and methods in lifelong learning for professional development and practice	A3	Cluster 4 4a
10	Apply managerial and entrepreneur mindset to enhance social functions and responsibilities	C3	4b
11	Apply ethical values and professionalism in practicing dentistry within the confine of the laws and guidelines governing the profession	C3, A3	Cluster 5

Compliance towards Dental Act

These competencies are specifically designed to ensure adherence to the provisions of the Malaysian Dental Act, in accordance with the guidelines set forth in Schedule 5. By focusing on these key areas, the aim is to uphold the highest standards of dental practice and ensure full compliance with legal and regulatory requirements.

The excerpt of the Schedule IV from the Dental Act 2018 as per below:

Fifth schedule

[Subsections 43(3) and (4), subsection 50(2) and paragraphs 51(2)(g), (h), (i) and (j)]

PROCEDURES THAT MAY BE CARRIED OUT BY A DENTAL THERAPIST

1. A dental therapist may carry out the following procedures:(a) clinical procedures on persons below the age of 18 years;(b) dental health promotion, education and instruction; and(c) intra-oral photography on instruction of the dental surgeon.
2. The clinical procedures that may be carried out by a dental therapist referred to in subparagraph (1)(a) shall be limited to the following:
 - a) oral examination;

- b) Class I, II, III and V restorations, using direct restorative materials;
- c) administration of local infiltration anaesthesia;
- d) extraction of primary teeth;
- e) placement of fissure sealant;
- f) application of topical fluoride gel and paste; and
- g) supra-gingival scaling and polishing.

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
<p>PLO1: Explain scientific knowledge of clinical sciences in dental services and patient management. (C2)</p>	<p>CLUSTER 1 Knowledge and Understanding</p>		<ol style="list-style-type: none"> 1. Explain fundamental anatomy and physiology of body systems, biochemistry, microbiology as well as basic macro and micro anatomy of oral and paroral structures. (C2) 2. Relate the interactions between general and oral health that can have an impact on dental care (C1) 3. Describe the principles of oral health education, promotion and disease prevention on children (C2) 4. Explain the influence of behavioural, social and environmental factors that have impact in oral health care among children (C2) 5. Identify normal and abnormal dental anatomy and oro-dentofacial development (C2) 6. Explain the basic clinical knowledge on aetiology, pathology, diagnosis, prevention and management of oral diseases (dental caries and periodontal diseases), accidental and non-accidental injuries (C2) 7. Identify relevant investigative procedures available to aid the diagnosis and management of dental caries and periodontal diseases (C2) 8. Identify the selection of dental instruments and materials for children, and related environmental issues (C2) 9. Explain the principles of restorations of deciduous and permanent dentition (C2) 10. Describe the principles of local anaesthesia in pain control related to dental procedures among children (C1) 11. Explain the principles of exodontia of deciduous teeth (C2)

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
			12. Explain management of dental and medical emergencies in dental practice (C2) 13. Discuss principles of standard precautions and methods of disinfection and sterilisation in dental practice (C2)
PLO 2: Apply cognitive skills using current scientific information and techniques in the practice of dentistry (C3)	CLUSTER 2 Cognitive skills		1. Demonstrate ability for problem solving and decision making in patient management among children, health hazard and health risk at the workplace (C3) 2. Utilize data from reports and findings for oral health care programme (C3)

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
<p>PLO 3: Demonstrate dental procedures and management safely (Psychomotor) (P4)</p>	<p>CLUSTER 3 Functional Work Skills</p>	<p>Practical skills</p>	<ol style="list-style-type: none"> 1. Organize dental health promotion, education and instruction (P4) 2. Display head and neck examinations on children include intra-oral and extra-oral examination (P4) 3. Perform caries assessment (CRA) and caries preventive measures (P5) 4. Perform basic periodontal examination (BPE) on permanent dentition (P5) 5. Manipulate commonly used dental materials and instruments for preventive, restorative, oral surgery and periodontal procedures (P4) 6. Perform basic restorative procedures on occlusal, interproximal and cervical surfaces in deciduous and permanent dentition (P5) 7. Display non-surgical management of periodontal conditions specifically oral hygiene instructions, supragingival scaling and polishing (P4) 8. Perform handling of local and topical anaesthesia for related dental procedures (P5) 9. Perform dental extraction procedures on deciduous dentition (P5) 10. Demonstrate appropriate management of medical emergencies in dental practice including Basic Life Support (P4) 11. Perform principles of standard precautions and methods of disinfection and sterilisation in dental practice including occupational safety and health (P5) 12. Display non-pharmacological approaches (at least 3 techniques) in behavioural management (P4)

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
PLO4: Present effectively, individually or as member of a team with healthcare professionals, patients and community (A2)		Interpersonal Skills	<ol style="list-style-type: none"> Perform effective management of a diverse patient population, utilizing strong interpersonal skills to adapt and function proficiently in a variety of healthcare settings. (A2) Perform collaboration with stakeholders to facilitate the provision of oral health care (A2)
PLO5: Adhere to effective communication with healthcare professionals, patients, communities, and other stakeholders. (A4)		Communication Skills	<ol style="list-style-type: none"> Integrate various type of communication methods with healthcare professionals, patients and community (A4) Apply the variety of communication techniques to facilitate the provision of care (A3) Comply to instructions and respond to questions appropriately in dental management (A2) Prepare an appropriate referral of a patient based on professional judgement (A4)
PLO6: Display digital skills in the		Digital Skills	<ol style="list-style-type: none"> Demonstrate the use of digital devices and applications to produce digital content to support learning and practice of dentistry (P4)

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
field of dentistry (P4)			
PLO7: Apply numerical data to support work processes (C3)		Numeracy Skills	<ol style="list-style-type: none"> 1. Utilize numerical data to plan oral health care programmes for patient management (C3)
PLO8: Demonstrate leadership skills and responsibility in teamwork related to managing oral health care (A3)		Leadership, Autonomy and Responsibility	<ol style="list-style-type: none"> 1. Demonstrate leadership and collaborative skills within a team to deliver effective, patient-centered oral health care (A3) 2. Explain preventive measures to individuals and the community according to the risk assessment status (A3)
PLO9: Apply appropriate skills and methods in lifelong learning for professional development and practice (A3)	CLUSTER 4 Personal & Entrepreneurial skill	Personal skills	<ol style="list-style-type: none"> 1. Select applicable resources to effectively update knowledge and skills, and cultivate a commitment to lifelong learning in professional development (A3)

Programme Learning Outcomes	Cluster	MQF Domain	Competencies
PLO10: Apply managerial and entrepreneur mindset to enhance social functions and responsibilities (C3)		Entrepreneur	<ol style="list-style-type: none"> 1. Apply managerial and entrepreneurial skills in the effective management of resources for sustainable healthcare delivery (C3)
PLO11: Apply ethical values and professionalism in practicing dentistry within the confine of the laws and guidelines governing the profession (C3, A3)	CLUSTER 5 Ethics & Professionalism		<ol style="list-style-type: none"> 1. Apply the laws, regulations and guidelines related to the practice of dentistry in Malaysia (C3) 2. Apply record management practices aligned with medico-legal standards, including informed consent, and adherence to confidentiality and legal compliance of patient records.(A3) 3. Recognise the limitations of their clinical skills and refer accordingly (A3) 4. Demonstrate appropriate ethical values, caring behaviour towards patient and respect professional boundaries between themselves, patients, their family and members of the community (A3)

APPENDIX SIII - 3

MINIMUM ENTRY REQUIREMENTS

- i) Possess SPM with a minimum of FIVE (5) credits in the following subject:
- Bahasa Malaysia;
 - English;
 - Mathematics
 - ONE (1) science subject either Biology/ Physics/ Chemistry/ General Science*; and
 - Any other one subject.

OR

- ii) A pass in ***Sijil Tinggi Persekolahan Malaysia (STPM)*** with a minimum of Grade C (**GP 2.00**) in any subject and a pass in Mathematics and Biology/ Physics/ Chemistry/ General Science*; at SPM level;

OR

- iii) A pass in ***Sijil Tinggi Agama Malaysia (STAM)*** with a minimum grade of Maqbul and a pass in Mathematics and Biology/ Physics/ Chemistry/ General Science* at SPM level;

OR

- iv) A Certificate (Level 3, MQF) in the relevant fields with at least CGPA of 2.00 and a pass in Mathematics and Biology/ Physics/ Chemistry/ General Science* at SPM level;

OR

- v) A pass in SKM Level 3, MQF in the relevant fields (Note: The HEPs are required to conduct screening and provide appropriate bridging courses in Mathematics and Biology/ Physics/ Chemistry/ General Science*);

OR

- vi) Other relevant equivalent qualifications recognised by Malaysian government as equivalent to the above requirements. (MQA - *SENARAI KELAYAKAN MASUK BAGI PELAJAR ANTARABANGSA*)

Notes:

*A pass in English and a credit in Mathematics or ONE science subject at the SPM level or equivalent qualifications (English subject requirement does not apply to international students since they are required to meet certain scores of international English examinations and are privileged with certain exemptions)

Can be waived should any other higher qualifications contain English, Mathematics and any Science subjects including General Science with an equivalent/higher achievement. Malaysian students using English as the medium of instruction in their previous study or with at least Band 2 in MUET or equivalent can be exempted from a pass in the English requirement.

Those without a credit in Mathematics and/or science subjects at the SPM level or equivalent can be admitted but are required to attend special enhancement course(s). These special enhancement courses should be SPM equivalent, remedial in nature. Students must pass the Mathematics and Science subject enhancement courses as a prerequisite to the related core courses. (Programme Standard Occupational, Safety & Health, 2022)

Appendix SIII - 4

CREDIT TRANSFER FOR DIPLOMA IN DENTAL THERAPY PROGRAMME

Although credit transfer is not encouraged for Diploma of Dental Therapy programme in Malaysia, applications from individuals can be considered on case-to-case basis. HEP shall obtain permission from MDC to accept the credit transfer. The application of the credit transfer must fulfill the following criteria:

- i. the candidate must fulfill the minimum entry requirement for admission to a Dental Therapy programme as determined by the Ministry of Higher Education, Malaysia; (**Appendix SIII-3 – Minimum Entry Requirements**)
- ii. the candidate has not failed the programme in an institution before applying to continue in the same programme in another institution;
- iii. admission of the candidate enables him/her to be in the receiving institution for a minimum period of 2 years before graduation;
- iv. Candidate shall not exceed 1 year of dormant/grace period;
- v. the institution that accepts a candidate must ensure that it does not exceed its stipulated annual intake of students;
- vi. the institution that receives the candidate is encouraged to seek a 'letter of good standing' of the candidate from the transferring institution;
- vii. these criteria are applicable to candidates for a Diploma in Dental Therapy programme or equivalent from local and overseas institutions;
- viii. other issues pertinent to the credit transfer which is not stated above shall refer to the MQA guidelines; and
- ix. decision of the credit transfer is under the purview of MDC.

Appendix SIII-5

Learning Taxonomies Taxonomy of Educational Objectives - Malaysian Edition for Dental Programme

Introduction

The Taxonomy of Educational Objectives is a classification of learning objectives or outcomes from simple to complex and concrete to abstract with the assumption that the lower level is prerequisite to achievement of the higher level. This taxonomy is initially focused on the cognitive domain but later expanded to encompass the affective and psychomotor domains. The aims are to assist teachers to formulate clear learning outcomes, develop appropriate teaching-learning activities and prepare supporting instructional materials. It also to help teachers construct suitable assessment tools.

The Taxonomy of Educational Objectives was developed by Bloom and co-workers in 1950s and subsequently a handbook on cognitive domain was published to guide teachers in using this taxonomy (Bloom et al., 1956). The cognitive domain in this handbook is classified into 6 levels, namely knowledge, comprehension, application, analysis, synthesis and evaluation. This original taxonomy was revised in 2001 by Anderson and Krathwohl by maintaining the six categories but reclassified into remember, understand, apply, analyse, evaluate and create so as to be consistent with current educational practices (Anderson & Krathwohl, 2001). Taking into cognisance the above development, the document on the Taxonomy of Educational Objectives – The Malaysian Edition for Dental Programme, adopts the reclassification of the cognitive domains. The psychomotor and affective domains remain unchanged.

Application

This document on Taxonomy of Educational Objectives – The Malaysian Edition for Dental Programme provides a guide for all lecturers to formulate learning outcomes for all courses in the dental curricula of educational programmes that are under the auspices of the Malaysian Dental Council.

It is applicable to all dental programmes in this country at diploma, undergraduate and post-graduate levels.

It also takes into consideration the good practices in student assessment as advocated by MQA (MQA, 2023).

The assessment methods must be appropriate and aligned to the level of taxonomy within the domains of cognitive or psychomotor or affective domains to ensure that dental students

achieve the stipulated level in the competencies of the new dental graduates at diploma, undergraduate and postgraduate levels.

The selection of choice of verbs to be used pertains specifically to the construction of learning outcomes rather than the development of assessment questions.

This guide provides the scope in its application and an outline of the three domains that are tabulated to include the description, teaching-learning activities and the choice of verbs. A summary of the verbs used for the categories of the domains are also included and presented as taxonomy wheel to facilitate quick reference in choosing appropriate verbs.

Domains

The process of learning is usually classified into three domains namely cognitive, psychomotor and affective. These three domains are commonly known as knowledge, skills and attitude.

- The cognitive domain is concerned with mental processes in acquiring knowledge and developing intellectual skills. The cognitive domain for this document is based on Anderson and Krathwohl (2001). The 6 categories enumerated from simple to complex are “remember, understand, apply, analyse, evaluate and create”. This new taxonomy reflects a more active form of thinking and consistent with current learning practices.
- The psychomotor domain involves use of motor skills that require physical movement and coordination. The psychomotor domain in this document is based on Simpson’s (1972). The seven major categories are listed from the simplest behaviour to the most complex are “perception, set, guided response, complex overt response, adaptation and origination.”
- The affective domain refers to how learners deal with their emotions that reflect their feelings, values and attitudes. This document adopts the domains as advocated by Krathwohl, Bloom, Masia (1973). The five affective categories are listed from the simplest behaviour to the most complex. It includes “receiving phenomena, responding to phenomena, valuing, organising values and internalising values.”

COGNITIVE				
Level		Description	Activities	Choices of verbs to be used
REMEMBER	C1	Retrieving relevant knowledge from long-term memory	1.1 Recognising 2.1 Recalling	Choose, Define, Describe, Enumerate, Find, Give, Identify, Label, List, Locate, Name, Omit, Recall, Relate, Select, State
UNDERSTAND	C2	Determining the meaning of instructional messages, including oral, written, and graphic communication	2.1 Interpreting 2.2 Exemplifying 2.3 Classifying 2.4 Summarizing 2.5 Inferring 2.6 Comparing 2.7 Explaining	Classify, Compare, Contrast, Comprehend, Demonstrate, Describe, Distinguish, Discuss, Explain, Extend, Identify, Indicate, Illustrate, Infer, Interpret, Outline, Relate, Rephrase, Show, Summarise, Translate, Review, Report
APPLY	C3	Carrying out or using a procedure in a given situation	3.1 Executing 3.2 Implementing	Apply, Arrange, Build, Classify, Choose, Construct, Demonstrate, Design, Develop, Establish, Execute, Identify, Illustrate, Implement, Interview, Model, Modify, Organise, Plan, Produce, Select, Solve, Show, Prepare, Relate, Use, Utilise
ANALYSE	C4	Breaking material into its constituent parts and detecting how the parts relate to one another and to an overall structure or purpose	4.1 Differentiating 4.2 Organising 4.3 Attributing	Analyse, Appraise, Categorise, Classify, Compare, Conclude, Contrast, Design, Differentiate, Discriminate, Dissect, Distinguish, Divide, Examine, Infer, Inspect, Interpret, Investigate, Justify, List, Outline, Predict, Prescribe, Relate, Simplify, Specify, Suggest, Summarise
EVALUATE	C5	Making judgements based on criteria and standards	5.1 Checking 5.2 Critiquing	Appraise, Assess, Choose, Compare, Conclude, Consider, Critique, Decide, Deduce, Defend, Determine, Discuss, Disprove, Estimate, Evaluate, Exclude, Explain, Interpret, Judge, Justify, Mark, Measure, Prioritise, Prove, Rate, Recommend, Relate, Select, Support, Summarise, Value, Validate, Weigh

CREATE	C6	Putting elements together to form a novel, coherent, whole or make an original product	6.1 Generating 6.2 Planning 6.3 Producing	Adapt, Arrange, Assemble, Build Change, Choose, Combine, Compile, Compose, Construct, Create, Devise, Design, Develop, Elaborate, Estimate Formulate, Fabricate, Generate, Hypothesise, Integrate, Innovate Improve, Invent, Maximise Minimise, Modify, Organise Originate, Plan, Predict, Propose, Produce, Revise, Solve
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PSYCHOMOTOR			
Level		Description	Choices of verbs to be used
PERCEPTION	P1	The ability to use sensory cues to guide motor activities	Choose, Describe, Detect Differentiate, Distinguish, Identify, Isolate, Select, Relate
SET	P2	The readiness to act	Begin, Display, Explain, Proceed, React, State, Show Volunteer
GUIDED RESPONSE	P3	Observe and imitate action or activity	Copy, Follow, Trace, React, Respond, Reproduce
MECHANISM	P4	Perform activity or task with some confidence and proficiency	Assemble, Calibrate, Construct, Demonstrate, Dismantle, Display, Fasten, Fix, Grind, Heat, Manipulate, Measure, Mend, Mix, Organize, Sketch
COMPLEX OVERT RESPONSE	P5	Perform activity or task proficiently	Assemble, Calibrate, Construct, Build, Diagnose, Display, Demonstrate, Dismantle, Integrate, Mend, Fasten, Formulate, Manipulate, Mix, Measure, Organize, Perform, Sketch,
ADAPTATION	P6	Coordinate and modify activity or task to address new situations	Adapt, Alter, Change, Rearrange, Reorganize, Revise, Vary
ORIGINATION	P7	Create and execute new technique or task	Arrange, Build, Create, Combine Compose, Construct, Design, Initiate, Originate

AFFECTIVE			
Level		Description	Choices of verbs to be used
RECEIVING PHENOMENA	A1	Willing to listen and experience	Ask, Choose, Describe, Give, Identify, Locate, Follow, Hold, Point to, Reply, Name, Select, Use
RESPONDING TO PHENOMENA	A2	Participate willingly	Aid, Answer, Assist, Comply, Conform, Discuss, Greet, Help, Perform, Practice, Present, Read, Report, Select, Tell, Write
VALUING	A3	Attach value and express opinion	Apply, Complete, Demonstrate, Differentiate, Explain, Follow, Form, Initiate, Invite, Join, Justify, Propose, Recognize, Report, Select, Share, Study, Work
ORGANISING VALUES	A4	Organise and develop personal value system	Adhere Alter, Arrange, Combine, Compare, Complete, Defend, Explain, Formulate, Generalize, Identify, Integrate Organize, Modify, Prepare, Relate, Synthesize
INTERNALIZING VALUES	A5	Adopt the value system into behaviour	Act, Discriminate, Display, Influence, Listen, Modify, Perform, Revise, Serve, Solve, Practice, Propose, Qualify, Question, Verify

Summary: Taxonomy Wheel

A summary of the Taxonomy of Educational Objectives - Malaysian Edition for Dental Programme is presented in form of Taxonomy wheel for the three domains of cognitive, psychomotor and affective. It is to provide a quick reference for those involved in formulating learning outcomes to choose appropriate verbs designed for effective of the students.







Conclusion

The taxonomy of educational objectives that was initiated by Blooms and his co-workers is used across many disciplines and educational levels. It is widely used because of common understanding about educational goals. However, there are changes made to the cognitive domains since the early days of the taxonomy of educational objectives. This document takes into consideration these changes so as to be relevant with the developments in educational processes

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APPENDIX SIII-6

**GUIDELINES FOR TEMPORARY REGISTRATION (TPC)
AS DENTAL THERAPIST**

Guideline available on MDC website

<http://mdc.moh.gov.my/uploads/TPC.pdf>

**Note: IHE (Institution of Higher Education) is equivalent to
Higher Education Provider (HEP) as in the Accreditation document**

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2. Practitioner Eligible for Temporary Practising Certificates (TPC)
 - 2.1 Categories of TPC
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 - 3.1 General Requirement
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APPENDICES

- A. Application for Temporary Practising Certificate (Form 32 of the Dental Regulations 2021)
- B. Personal Declaration Form
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1. INTRODUCTION

Under Section 37 of the Dental Act 2018, any person who practises dentistry, either as a dental surgeon or a dental therapist, must be registered with the Malaysian Dental Council (MDC) or the Malaysian Dental Therapists Board (MDTB) and must have a valid practising certificate.

As stated in section 62 (2) of the Act, a person shall be deemed to provide dental services/be practising dentistry if:

- (a) he treats or attempts to treat or professes to treat, cure, relieve or prevent any disease, deficiency, lesion or pain of the human teeth or the oral and maxilla-facial complex and its related structures;
- (b) he performs or attempts to perform any operation or procedure on human teeth or the oral and maxilla-facial complex and its related structures;
- (c) he inserts or attempts to insert any artificial teeth or appliance for the restoration, regulation or improvement of the teeth or its related structures;
- (d) he performs any radiographic work in connection with human teeth, the oral cavity or the oral and maxilla-facial complex and its related structures;
- (e) he performs or attempts to perform reconstructive surgery with grafts or flaps to restore or in an attempt to restore defects in the oral and maxilla-facial region;
- (f) he performs or attempts to perform oral and facial plasty or restoration in the oral and maxillo-facial complex and its related structures;
- (g) he gives any treatment, advice, or attendance on or to any person in connection with the fitting or insertion for the purpose of fitting or fixing of artificial teeth or a crown or bridge or an appliance for the restoration or regulation of the human teeth or the oral and maxilla-facial complex
- (h) he gives any anaesthetic or sedative in connection with any such operation or treatment as mentioned in this subsection; or
- (i) he holds himself out whether directly or indirectly as practising dentistry.

The application for practising certificate must be made in the prescribed form, and such application shall be accompanied by the evidence of sufficient continuing professional development (CPD) points obtained as specified by the MDC or the MDTB, as the case may be; the evidence of Professional Indemnity Cover as required by the MDC or the MDTB; the evidence of approval or registration under the Private Healthcare Facilities and Services Act 1998 [Act 586] for every private healthcare facility to be entered in the practising certificate; the fee as prescribed in the Fourth Schedule; and any other documents or evidence, as may be required by the Dental Registrar or the Dental Therapists Registrar, as the case may be. In the exercise of the powers conferred by subsection 1(2) of Act, the Minister appoints the requirement for CPD points and Professional Indemnity Cover to come into operation on 1 January 2025.

Under section 40 of the same Act, a non-Malaysian may apply for a Temporary Practising Certificate (TPC) to practise dentistry. The TPC aims to enable the transfer of skills and knowledge across the dental practice and practitioners and maintain high standards in dentistry.

Under Section 40 (1), an applicant may apply for a TPC as a **dental surgeon** if he fulfils the following conditions:

- (a) he is registered outside Malaysia as a dental surgeon or the equivalent of a dental surgeon;
- (b) he –
 - (i) has passed the Professional Qualifying Examination; or
 - (ii) holds a qualification granted by an accredited local training institution and has been certified by the Dental Qualifying Committee to have fulfilled the requirements of the Professional Qualifying Examination;
- (c) he has proven to the satisfaction of the Dental Registrar that he is a fit and proper person and is of good character; and
- (d) he proves to the satisfaction of the Dental Registrar that he has an offer of employment or sponsorship.

Under Section 40 (2), an applicant may apply for a TPC as a **dental therapist** if he fulfils the following conditions:

- (a) he is registered outside Malaysia as a dental therapist or the equivalent of a dental therapist;
- (b) he holds any of recognised qualifications listed in the Second Schedule, granted by an institution specified in relation to that qualification;
- (c) he has proven to the satisfaction of the Dental Therapists Registrar that he is a fit and proper person and is of good character; and
- (d) he proves to the satisfaction of the Dental Therapists Registrar that he has an offer of employment or sponsorship.

A TPC shall be in force for a maximum period of twelve months. The holder of a TPC shall not have more than one practising address except with the approval of the MDC or the MDTB.

The Dental Registrar or the Dental Therapists Registrar may at any time cancel the TPC granted under this section, and such certificate shall lapse from the date of cancellation. The holder of a TPC shall, while the TPC remains in force and subject to the conditions and restrictions specified in the TPC, be deemed to be registered as a dental surgeon or a dental therapist.

Notwithstanding Section 40(1)(b), the Dental Registrar may issue a TPC to any person who holds a specialist qualification, subject to such terms and conditions as the Dental Registrar may determine. The Dental Registrar may, if he thinks fit, allow the holder of a TPC to practise as a dental specialist by stating on the TPC the speciality he is allowed to practise.

This guideline provides information on the requirements and procedures to apply and register for the TPC. This guideline was approved by the members of the MDC at the first MDC Meeting on 17 January 2022 and by the members of the MDTB at the first MDTB Meeting on 8 June 2022.

2. PRACTITIONER ELIGIBLE FOR TEMPORARY PRACTISING CERTIFICATE (TPC)

2.1. Categories of TPC

A TPC may be granted to a practitioner in the following categories:

- A. Exchange practitioner in the public sector
- B. Lecturer in Institution of Higher Education (IHE)
- C. External examiner invited by IHE
- D. Practitioner attending a hands-on clinical course
- E. Practitioner employed in private healthcare facilities (specialist at private hospital, spouse of Malaysian or permanent residents)
- F. Expert engaged in the transfer of skills and knowledge
- G. Contract and collaborating practitioner in the public sector and IHE to conduct dental clinical research
- H. Dental practitioner undertaking voluntary community service

2.2 Conditions for TPC

A TPC may be granted based on the following conditions:

Category	Criteria for TPC and Scope of Practice
A. Exchange practitioner in the public sector	Provision of dental services at government facilities only or as stipulated in the service contract (for example, fieldwork for forensic dentistry).
B. Lecturer in Institution of Higher Education (IHE)	<p>TPC is required for lecturers who are involved in clinical supervision. Lecturers teaching basic dental and medical sciences, pre-clinical/ simulation and laboratory are not required to apply for TPC. The scope of practice includes providing dental services as part of teaching and learning within the dental programmes at the specified IHE and approved healthcare facilities specified by the IHE.</p> <p>Provision of dental services is at the approved healthcare facilities in the IHE.</p>

C. External examiner invited by IHE	<p>Provision of dental services as stated in Section 62 (2)(a-h) only, and is related to the Professional Examination of a dental programme only.</p> <p>External examiner involved in Objective Structured Clinical Examination (OSCE) only will not require TPC.</p>
D. Practitioner attending a hands- on clinical course	<p>TPC is required if the practitioner provides the dental services stated in Section 62 (2) (a-h) and is related to the specified hands-on courses at approved facilities under supervision.</p>
E. Practitioner employed in private healthcare facilities (specialist at private hospital, spouse of Malaysian or permanent residents)	<p>Provision of dental services at the specified private healthcare facilities [for example, hospital, Ambulatory Care Centre (ACC) or clinic].</p>
F. Expert engaged in the transfer of skills and knowledge	<p>Provision of dental services at specified clinical courses at approved facilities.</p> <p>Duration of TPC: Limited to the number of days of the specified clinical courses conducted by the expert.</p>
G. Contract and collaborating practitioner in the public sector and IHE to conduct dental clinical research	<p>Provision of dental services as specified by the research protocol.</p>
H. Dental practitioner undertaking voluntary community service	<p>Provision of voluntary dental services organised by or in collaboration with Malaysian organisations.</p> <p>Duration of TPC:</p> <ul style="list-style-type: none"> ● For a period of not more than seven consecutive days; and <p>For a total of not more than fourteen (14) days in a year.</p>

3. REQUIREMENTS FOR DENTAL PRACTITIONER

3.1. General Requirement

Under Section 40 (1), an applicant may apply for a TPC as a **dental surgeon** if he fulfils the following conditions:

- a. Registered outside Malaysia as a dental surgeon or the equivalent of a dental surgeon.
- b. Proven to the satisfaction of the Dental Registrar that he is a fit and proper person and is of good character.
- c. Proven to the satisfaction of the Dental Registrar that he has an offer of employment or sponsorship.

The requirements for the qualifications for TPC are as follows:

- i. For postgraduate qualification recognised by Dental Specialist Evaluation Committee (DSEC) – the dental practitioner may apply for registration as a specialist to DSEC. The TPC can be applied upon approval.
- ii. For postgraduate qualification not recognised by Dental Specialist Evaluation Committee (DSEC), the postgraduate degree must meet the standard of postgraduate dental training required by the IHE.
- iii. PQE certificate or if exempted, the basic degree must meet the standard of dental training & examination specified by the MDC.

The qualification requirement for each category of TPC is summarised in **Table 1**.

Table 1. The qualifications required for each category of TPC

Category	Dental Surgeon		Dental Specialist
	Basic degree meets the standard of dental training & examination specified by the MDC	Postgraduate degree meets the standard of postgraduate dental training required by the IHE	Upon recommendation by DSEC
A. Exchange dental practitioner in the public sector	√		√
B. Lecturer in Institution of Higher Education (IHE)	√	√	√

C. External examiner invited by IHE	√	√	√
D. Dental practitioner attending a hands-on clinical course	√		√
E. Dental practitioner employed in private healthcare facilities (specialist at private hospital, spouse of Malaysian or permanent residents)	√ & [passed Professional Qualifying Examination (PQE)]		√
F. Expert engaged in the transfer of skills and knowledge	√		√
G. Contract and collaborating dental practitioner in the public sector and IHE to conduct dental clinical research	√		√
H. Dental practitioner undertaking voluntary community service	√		√

3.2 Additional Requirement

Additional requirements and documents to be submitted for specific categories are as follows:

B. External examiner invited by Institutions of Higher Education

i. Letter of undertaking from the Person-In-Charge, Dean or Director of the Institution engaging the services of the external examiners.

D. Dental practitioner attending a hands-on clinical course

- i. Evidence of CPD points granted **OR** evidence of the course conducted by CPD provider as stated in the CPD guidelines.
- ii. Letter of undertaking from the Person-In-Charge, or Director of the facility that will be responsible for all treatment undertaken and for any dental or

medical emergencies that may arise from the hands-on course.

E. Dental practitioner employed in private healthcare facilities (specialist at private hospital, spouse of Malaysian or permanent residents)

- i. Letter of Approval from the facility if the applicant is also holding a TPC under Category B.

F. Expert engaged in the transfer of skills and knowledge

- i. Evidence of expertise.
- ii. Letter of approval from the employer/sponsor (for TPC holder who is already in another category).
- iii. Details of the procedure which will be carried out in the course.
- iv. Details of the course (including duration, number of participants and venue).
- v. Letter of undertaking from the Person-In-Charge or Director of the facility responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

G. Contract and collaborating dental practitioner in the public sector or IHE to conduct dental clinical research

- i. Memorandum of agreement.

H. Dental practitioner undertaking voluntary community service

- i. Memorandum of agreement.
- ii. Proof of a minimum of five (5) years experience as a dental surgeon.
- iii. Letter of undertaking (sponsor & local hospital/clinic) from the local hospital or clinic responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

4. REQUIREMENTS FOR DENTAL THERAPIST

4.1. General Requirement

- i. Registered outside Malaysia as a dental therapist or the equivalent of a dental therapist.
- ii. Holds any recognised qualifications listed in the Second Schedule, granted by an institution specified in relation to that qualification.
- iii. Proven to the satisfaction of the Dental Therapists Registrar that he is a fit and proper person and is of good character.
- iv. Proven to the satisfaction of the Dental Therapists Registrar that he has an offer of employment or sponsorship.

4.2 Additional Requirement

Additional requirements and documents to be submitted for specific categories are as follows:

b. Lecturer in Institution of Higher Education (IHE)

Postgraduate degree meets the standard of postgraduate dental training required by the IHE.

c. External examiner invited by IHE

Letter of undertaking from the Person-In-Charge, Dean or Director of the Institution engaging the services of the external examiners.

d. Dental therapist attending a hands-on clinical course

Evidence of CPD points granted **OR** the course conducted by CPD provider stated in the CPD guidelines.

Letter of undertaking from the Person-In-Charge, or Director of the facility that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise from the hands-on course.

e. Dental therapist employed in private healthcare facilities (spouse of Malaysian and permanent residents)

Letter of Approval from the IHE if the applicant is also holding a TPC under Category B.

f. Dental expert engaged in the transfer of skills and knowledge

Evidence of expertise.

Letter of approval from the employer (for TPC holder who is already in another category).

Details of the procedure which will be carried out in the course.

Details of the course (including duration, number of participants and venue).

Letter of undertaking from the Person-In-Charge or Director of the facility responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

g. Contract and collaborating dental therapist in the public sector or IHE to conduct dental clinical research

Memorandum of agreement

h. Dental therapist undertaking voluntary community service

Memorandum of agreement.

Proof of a minimum of five (5) years experience as a dental therapist.

Letter of undertaking (sponsor & local hospital/clinic) from the local hospital or clinic responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

5. APPLICATION PROCESS

Application for TPC must be submitted using Form 32 in the First Schedule of the Dental Regulations 2021 - Application for Temporary Practising Certificate (**Appendix A**). Such application shall be accompanied by a fee as prescribed in Fourth Schedule of the Act.

Dental practitioners shall not practise until they receive their TPC. Hence, the employer/sponsor is advised to submit an application to the MDTB or the MDTB at least one (1) month before the practitioner is due to begin practise in Malaysia.

APPENDIX A

FORM 32

[Subregulation 48(1)]

APPLICATION FOR TEMPORARY PRACTISING CERTIFICATE

1. Name of applicant:
2. Passport no.:
3. Passport expiry date:
4. Citizenship:
5. Date of birth:
6. Permanent address:
.....
7. Local address:
.....
8. E-mail: 9. Tel. no.:
10. Particulars of qualification:
 - (a) Description (in full):
 - (b) Name of institution:
 - (c) Country in which the qualification is granted:
 - (d) Date of qualification:
11. Particulars of post-graduate qualification (if any):
 - (a) Description (in full):

(b) Name of institution:

(c) Country in which the qualification is granted:

(d) Date of qualification:

(please use a separate sheet for every additional qualifications)

12. Professional position in country of origin:

13. Professional Indemnity Cover:

(i) Provider:.....

(ii) Membership/Policy no.:

(iii) Period of coverage: until

(please attach the relevant document)

14. Period of TPC: from until

15. Principal practising address:

.....
.....

Healthcare Facilities registration number (under the Private Healthcare Facilities and Services Act 1998) (if relevant):

16. Other practising address:

.....
.....

Healthcare Facilities registration number (under the Private Healthcare Facilities and Services Act 1998) (if relevant):

(please use a sperate sheet for every additional address)

17. Particulars of payment: bank draft/money order/online:

(a) Reference no.: (b) Amount: RM

(c) Bank/post office & date:

18. I hereby attach the following documents as proof of having satisfied the requirements of registration under section 40 of the Dental Act 2018 to support this application:

- (a) a certified true copy of a basic dental qualification;
- (b) a certified true copy of a registration certificate from the country of origin;
- (c) a certified true copy of passport;
- (d) a certified true copy of a contract, an agreement or an appointment letter from an employer or a sponsor;
- (e) personal declaration form;
- (f) three passport photographs;
- (g) Letter of Good Standing from the dental regulatory body of the country of origin;
- (h) *a certified true copy of a post-graduate qualification;;
- (i) *a certified true copy of other relevant qualifications;
- (j) *evidence of experience as a dental specialist;
- (k) *evidence of experience in an academic post;
- (l) *letter of undertaking from university or healthcare facility covering any and all emergencies;
- (m) *evidence of Continuing Professional Development;
- (n) evidence of payment of fee for temporary practising certificate as prescribed in the Fourth Schedule of the Act.

(* If required)

.....

Signature of applicant

Date:

DECLARATION

I,(full name).....
the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are copies of original documents which relate to me.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude, or an offence punishable with imprisonment whether imprisonment only or in addition to or in lieu of a fine.

.....
Signature of applicant

Date:

to be completed by employer or organiser

19. Application for

I declare that the above name is a prospective employee/participant/student and the details given are true to the best of my knowledge.

Signature of Dean/Director/Sponsor:

Date:

Name of Dean/Director/Sponsor:

Seal:

APPENDIX B

MDC/PDF/2022(1)

PERSONAL DECLARATION FORM

Nota:

- a. **The Malaysian Dental Council** (Council) reserves all rights to withhold or to terminate an application for registration or to take any action it deems fit, if any information or documents tendered is found to be false.
- b. It is a criminal offence to make a false statement, or to provide false information or documents to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate from any party.
- d. If you are unsure about whether a matter is important, please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be used only for the purpose of this registration and treated with the strictest confidentiality.

A. PERSONAL DETAILS

Name :

Identity Card/ Passport No. :

B. HEALTH STATUS

1. Health condition

a. Do you have any health problems such as blood borne diseases (HIV/AIDS, Hepatitis B, Hepatitis C), physical weakness, mental weakness? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C – Disciplinary Record)	Yes/ No
b. Please state the full nature of the condition. (Please provide details in a separate sheet)	
c. What was the date of the first diagnosis?	

2. Current status of health condition

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	

1

d. Details of the medical practitioner who are currently treating you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice of dentistry. (Please provide details in a separate sheet)	Yes/ No
(ii) Referral to occupational health or for health assessments. (Please provide details in a separate sheet)	Yes/ No

3. Employment

a. Have you been employed before? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C – Disciplinary Record)	Yes/ No
b. Did you inform your employer of your condition?	Yes/ No

C. DISCIPLINARY RECORD

a. Have you ever been reprimanded, suspended or deregistered by a dental regulatory authority? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section D – Criminal Record).	Yes/ No
b. Details of the regulatory authority that imposed the sanction, including your reference/ registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	
c. Have you ever been refused registration or a license to practice by any dental regulatory authority?	Yes/ No
d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds for the refusal. Information of any appeal on the refusal for registration (successful or not must be submitted). (Please provide details in a separate sheet)	
e. Has an employer ever taken disciplinary action against you?	Yes/ No

<p>f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)</p>	Yes/ No
---	---------

D. CRIMINAL RECORD

<p>a. Have you ever been convicted of an offence in a court of law or been cautioned? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section E – Declaration)</p>	Yes/ No
<p>b. Details of the conviction; date of the conviction, name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)</p>	

E. DECLARATION

<p>I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein are true. To the best of my knowledge and belief, I have not withheld any material fact.</p>	
<p>I consent to the Malaysian Dental Council contacting any of the medical practitioner, the person and the authority listed above should the Council decides to do so.</p>	
Signature:	Date:
Name:	

APPENDIX SIII-7

CLINICAL EXPERIENCE & COMPETENCY REQUIREMENTS

Clinical experience is a crucial concept in competency-based assessment within dental training. It represents the baseline amount of clinical practice and exposure that dental therapy trainees need to achieve proficiency in various competencies. Clinical competency is a core ability that is required for fulfilling dental therapist responsibilities in patient care and beyond. This document supports the achievement of the graduation competencies by outlining the required Clinical Experiences. It also ensures the HEP meets the competencies of dental therapist graduates. HEP must also have in place a system with central oversight that monitors and ensures completion by all dental therapy students of required clinical experiences in the dental therapy education program and remedies any identified gaps.

Total number of requirements of Clinical Experience includes Minimum Clinical Experience (MCE), Clinical Competency and Expected Clinical Experience (ECE) prior to graduation.

1.0 Definitions

1.1 Procedural Competency

- Ability to carry out a task (procedure) on **mannequin/ model** to a predetermined standard/level independently without assistance or supervision.
- Assessment covers psychomotor (technical skill) domain.

1.2 Minimum Clinical Experience (MCE)

- It is a pre-requisite for clinical competency assessment.
- It consists of **quantitative** (minimum number of requirement) and/or **qualitative** measurements according to rubrics of clinical assessment.

1.3 Clinical Competency

- Ability to carry out a task (clinical procedure) on **patient/ simulated patient** to a predetermined standard/level independently without assistance or supervision.
- Assessment covers psychomotor and affective domains.
- Met the pre-requisite requirement (minimum clinical experience) to sit the clinical competency test;
 - Time-based (readiness of a student) or;
 - Completion of minimum number of clinical requirement or;
 - Combination of the above.
- **Assessment methods**
 - Students need to pass the clinical competency assessment. Should they fail, they are allowed to repeat the test until they pass.

- It is optional whether such test will carry marks for continuous assessment.
- Clinical assessment by qualitative measurements according to rubrics. Rubrics need to be clear and objective.
- School which chooses not to opt for clinical competency assessment for certain procedure shall set a schedule for graduating to be at least double the minimum clinical experience.
- Assessment is best done by TWO assessors.

1.4 Expected Clinical Experience (ECE)

- This comprises of expected clinical and procedural experiences prior to the final professional examination / graduation.

1.5 Predetermined standard/level

- As indicated in the Competencies of New Dental Therapist Graduate in Malaysia (approved by the Malaysian Dental Council) - [Appendix SIII-2 - Competencies of New Dental Therapist \(Diploma\) Graduates, Malaysia](#)

Table I below indicates the procedural and minimum clinical experience based on disciplines.

Table I: Procedural Competency for Dental Therapist Program

Disciplines	Procedure	Specific Task	Quantity
Dental Anatomy	Morphological Wax Carving	Morphological Wax Carving Premolar - Permanent) Molar (Deciduous)	1 (tooth 24) 1 (tooth 64)
Conservative	Cavity Preparation on artificial/ extracted teeth	Cavity preparation for: ● ICDAS 3/4 ● ICDAS 5/6	Deciduous = 2 teeth Permanent = 1 tooth Deciduous = 2 teeth

Preventive Dentistry	Fissure Sealant	Fissure Sealant	5 teeth
Infection Control	Pre-Clinical/ Simulation	<ul style="list-style-type: none"> ● Personal Protective Equipment (PPE) ● Dental Gauze Sterilization ● Clinical Waste Disposal ● Spillage Management ● Hand Hygiene Technique (Hand Wash & Hand Rub) ● Disinfection of Dental Unit ● Instruments sterilization ● Handpiece sterilization ● Sharp Disposal (Handling of needle & cartridge) 	<ul style="list-style-type: none"> ● 1 ● 1 ● 1 ● 1 ● 1 ● 1 ● 1 ● 1 ● 1

Table 2 below indicates the clinical experience and competencies based on disciplines.

Table 2: Clinical Experience & Competency for Dental Therapist Program

Disciplines	Procedure	MCE	Clinical Competency	ECE
General Dental Practice	● Examination & Diagnosis	10 patients (presented E&D)	1 patient	2 patients (presented E&D)
	● Intra Oral Imaging Interpretation	Nil	Nil	<ul style="list-style-type: none"> ● 1 case of permanent tooth ● 1 case of deciduous tooth
	● Infection prevention and control	*Assessed in every procedural rubric of all disciplines	Nil	Nil

	<ul style="list-style-type: none"> • Basic Life Support 	Nil	Nil	Certification at least once
	<ul style="list-style-type: none"> • LA procedure 	Infiltration 2 patients	1 patient	Infiltration of molar deciduous 1 patient
	<ul style="list-style-type: none"> • Exodontia (fully developed tooth) 	Forceps extraction of deciduous tooth (2 teeth)	Forceps extraction of deciduous tooth (1 tooth)	Forceps extraction of molar deciduous 1 tooth
Restorative	<ul style="list-style-type: none"> • Caries management 	Initial (small-medium) (ICDAS 3 or 4) -Deciduous/permanent teeth 10 teeth	1 tooth	
		Advanced/deep caries (medium-large) (ICDAS 5 or 6) -Deciduous/permanent teeth 3 teeth	1 tooth	
Periodontics	Supragingiva scaling and polishing	Nil	Nil	3 patients
Paediatric Dentistry	Behavioural management	Non-pharmacological approach (at least 3 different techniques) 10 patients	1 patient	2 patients
Preventive Dentistry and Promotion of Oral Health	Oral Health Education Talk	<ul style="list-style-type: none"> • Lesson plan 1 activity • Conduct of talk 	<ul style="list-style-type: none"> • 1 lesson plan • 1 talk 	<p>Nil</p> <p>1 talk</p>

APPENDIX SIII-8

CRITERIA FOR FLEXI-TIME ACADEMIC STAFF

KRITERIA BAGI *FLEXI-TIME ACADEMIC STAFF*

Kertas Cadangan Majlis Dekan Pergigian

(Diluluskan pada Mesyuarat MPM ke-130 pada 15 November 2022)

Cadangan Penambahbaikan oleh Majlis Dekan Pergigian Malaysia berhubung Kriteria dan Kaedah Pengiraan Staf Akademik Separuh Masa (Mengambil Kira *Flexi Academic Staff*)

Latarbelakang

Salah satu justikasi bagi Moratorium Program Pergigian pada tahun 2013 ialah kesulitan untuk mendapatkan staf akademik tempatan. Enam tahun selepas Moratorium dijalankan masih banyak lagi IPT yang tidak dapat sekurang-kurangnya 30% staf akademik tempatan seperti yang ditetapkan dalam kriteria dan standard program Sarjana Muda Pembedahan Pergigian atau setara.

Disamping itu banyak IPT mengambil tenaga pengajar sambilan (*part time*) bagi menjalankan tugas pengajaran dan penyeliaan klinikal. Pengiraan tiga (3) part-time bersamaan dengan satu (1) pensyarah juga telah diluluskan bagi membantu memperbaiki ratio pensyarah dan pelajar. Walaubagimana pun bilangan pensyarah sambilan ada "*capping*" iaitu 40%.

"Full Time Equivalent" (FTE) diperkenalkan bagi membantu meningkat bilangan staf akademik tempatan. Ramai pakar-pakar yang telah bersara wajib ingin berkhidmat secara "*part time*" di IPT kerana lantikan ini lebih "fleks" kerana mereka tidak terikat secara mutlak dengan majikan setelah bersara. Memandangkan pensyarah-pensyarah fleks ini menjalankan semua amanah tugas akademik seorang pensyarah, mereka boleh di kategorikan sebagai pensyarah tetap dan di ambil kira dan boleh dimasukkan ke dalam nisbah pengiraan staf : pelajar

KRITERIA BAGI LANTIKAN FTE

- 1) Warganegara Malaysia dengan Sijil Perakuan Amalan Tahunan / *Annual Practicing Certificate (APC)*
- 2) Mempunyai ijazah lanjutan*

Institusi Pengajian Tinggi (IPT) boleh mengambil staf yang tidak mempunyai ijazah lanjutan di kalangan pengamal perigian swasta yang telah berkhidmat lebih dari 10 tahun di klinik komprehensif / *General Practice*.

- 3) Mesti dilantik secara formal oleh universiti.
- 4) Lantikan FTE hanya oleh SATU universiti sahaja.
- 5) Pensyarah FTE ini juga boleh menjalankan aktiviti pengajaran dan pembelajaran serta tugas pentadbiran seperti yang diarah oleh IPT di lain masa ketika tidak menjalankan tugas di pejabat.

CARA PERKIRAAN FTE

- 1) 20 jam seminggu bersamaan dengan 1 FTE.
- 2) 10 jam seminggu bersamaan dengan ½ FTE.

*2 (½ FTE) bersamaan dengan 1 FTE

SECTION IV

**GUIDE TO PREPARING THE DATABASE
FOR
DIPLOMA IN DENTAL THERAPY
PROGRAMME ACCREDITATION**

SECTION IV

GUIDE TO PREPARING THE ACCREDITATION DOCUMENT FOR DIPLOMA IN DENTAL THERAPY PROGRAMME

1.0 INTRODUCTION

This section describes guidelines on preparation of database to be submitted for the accreditation. The database shall be developed based on the standards and criteria for the **DipDT** programme.

2.0 PREPARING THE DATABASE FOR PROGRAMME ACCREDITATION

The development of the database is a pivotal step in the process of programme approval and accreditation. The database should be reviewed in conjunction with the pertinent MQA documents. The items for assessment provided in the database relate to specific accreditation standards for DipDT programme.

Each section of the database should be completed by the person(s) who is/are knowledgeable of the programme component and its results. It's imperative to exercise diligence in ensuring the accuracy and consistency of data across all sections of the database. Prior to submission, it is advisable to have a knowledgeable individual thoroughly review the database to identify any discrepancies.

For provisional accreditation, some data may not be available (e.g. data on student or graduate performance). In such cases, a ***Not Applicable Yet*** note is acceptable.

The document must be submitted in English or Bahasa Malaysia in softcopy (Thumb drive and any suitable cloud storage). Apart from the database for Programme Accreditation, the HEP also must submit several documents as indicated in **SECTION III**.

3.0 CONTENTS OF DATABASE

The database consists of **three (3)** parts:

- i. **Part A:** General Information on the higher education provider (HEP) [this information can be accessed from E-SP SYSTEM (E-SEMAKAN PERMOHONAN) on MQA website]
- ii. **Part B:** Programme Description
- iii. **Part C:** Information Required in The Database According to Programme Standard.

3.1 Part A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER

The POA can access this information from the document provided by HEP.

The information required from HEP are as follows:

1. Name of Higher Education Provider (HEP)
2. Background of HEP, its organizational structure and chart
3. Name of ALL courses and degrees awarded
4. Language of instruction
5. Mailing and website addresses
6. Telephone and fax numbers, email addresses
7. Name of site visit Coordinator, telephone number, fax number and email address
8. Name of Vice Chancellor / President / Rector / Chief Executive Officer telephone number, fax number and email address
9. Date of establishment of HEP
10. Reference number of the approval for establishment

3.2 Part B: Status of Programme

1. Indicate the mode by which the course is conducted.

Mode of Course	Mark [ü] Where Appropriate
Internal to the HEP	[]
Collaboration (specify)	[]

2. If the course is conducted in a mode other than internal to the HEP, please provide the following information:
 - 2.1. Name of collaborative partner and equivalent degree(s) awarded
 - 2.2. Accreditation status of the collaborative partner
 - 2.3. Recognition status by MDC of the collaborative partner
 - 2.4. Indicate number of years of study in collaborative partner and in your faculty
 - 2.5. What are the credit transfer requirements?
 - 2.6. Provide evidence/documents pertaining to the agreement between your faculty and the parent faculty(ies)
3. Physical Resources and Finance
 - 1.1 Give a brief description of source of financing and proportion budget allocation for the present year and the last two years.
 - 1.2 List all members who are responsible for decisions on budget allocation and their positions in relation to the faculty.
4. Management of the Programme
 - 4.1 List all committees, which are responsible for programme management.

4.2 List all members of these committees and their relationship to the faculty.

5. Name of Dean / Director, telephone number, fax number and email address
6. Duration of Programme
7. General breakdown of student learning time / contact hours for the whole programme. (Refer to **Appendix SIII-1 - Student Learning Time**)

Breakdown of Courses Classification	Student Learning Time (SLT)	Credit equivalent	Percentage
General Studies <i>(Mata Pelajaran Umum) (for HEP under MOHE)</i>			
University courses (if applicable)			
Compulsory courses			
Electives (if applicable)			

**takrifan MPU – program pendidikan prasiswazah yang bertujuan membekalkan pelajar dengan ilmu persediaan untuk hidup dalam masyarakat moden. Ilmu tersebut meliputi kefahaman tentang nilai-nilai mulia, sejarah dan tanggungjawab dalam masyarakat, penguasaan kemahiran insaniah, perluasan ilmu berteraskan Malaysia dan berupaya mengaplikasi ilmu dalam kehidupan seharian. (MOHE)*

8. Language of instruction of programme
9. Mode of study
10. Mode of delivery
11. Method of learning
12. Graduating credit
13. Date of first intake of programme

3.3 Part C: Information Required in the Database According to Programme Standards

Area 1: Programme Development and Delivery

Programme Standards		Information Required in Database	
1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes			
1.1.1 (PA)	The programme can only be considered after a need assessment has indicated a necessity for the programme to be established (applicable for Provisional Accreditation only). MANDATORY	a.	Describe the rationale for the establishment of this programme. Show evidence that the HEP has conducted market and societal demand for the programme. (<i>For new programmes only</i>). <i>*must use primary data, minimum of 50 respondents that may include these major stakeholders (MDA, MOD, MOH, MPDPA, PJPM, KJPKKSM, private practitioners, IPTA, IPTS) feedback</i> <i>*must obtained at least 75% positive responses</i>
1.1.2	The programme must be consistent with, and supportive of, the vision, mission and goals of the HEP.	a.	State the vision and mission of the HEP and linkages to the programme.
1.1.3	The HEP must state its programme educational objectives, learning outcomes, teaching and learning strategies, and	a.	Show the constructive alignment between programme educational objectives, learning outcomes, teaching and learning strategies, and assessment.

	assessment, and ensure constructive alignment between them.																																																																								
1.1.4	<p>The programme learning outcomes must correspond to an MQF level descriptors</p> <p>MANDATORY</p>	a.	<p>Map the PLO to the five clusters of the Malaysian Qualifications Framework (MQF) learning outcomes as in the table below:</p> <p>Matrix of Programme Learning Outcomes (PLO) against MQF Learning Outcomes</p> <table border="1"> <thead> <tr> <th>Cluster PLO</th> <th>C1 Knowledge & understanding</th> <th>C2. Cognitive</th> <th>C3(i) Practical Skills</th> <th>C3(ii) Interpersonal & Communication Skills</th> <th>C3(iii). Digital & Numeracy Skills</th> <th>C3(iv). Leadership, Autonomy & Responsibility</th> <th>C4(i). Entrepreneurial Skills</th> <th>C4(ii) Personal Skill</th> <th>C5. Ethics & Professionalism</th> </tr> </thead> <tbody> <tr> <td>PLO 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLO 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLO 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLO 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLO 5</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PLO 6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Cluster PLO	C1 Knowledge & understanding	C2. Cognitive	C3(i) Practical Skills	C3(ii) Interpersonal & Communication Skills	C3(iii). Digital & Numeracy Skills	C3(iv). Leadership, Autonomy & Responsibility	C4(i). Entrepreneurial Skills	C4(ii) Personal Skill	C5. Ethics & Professionalism	PLO 1										PLO 2										PLO 3										PLO 4										PLO 5										PLO 6									
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1.1.5	The HEP shall provide the alignment of the curriculum content to the competencies as per Appendix SIII-2 (Competencies for New Dental Therapist (Diploma) Graduates, Malaysia)	a.	Map alignment of the curriculum content to the competencies as per Appendix SIII-2 (Competencies for New Dental Therapist (Diploma) Graduates, Malaysia)																																																		
1.1.6	The programme learning outcomes (PLO) must be aligned with the programme	a.	<p>Map the PLO against the PEO as in the table below:</p> <table border="1"> <thead> <tr> <th rowspan="2">Programme Learning Outcomes (PLO)</th> <th colspan="4">Programme Educational Objectives (PEO)</th> </tr> <tr> <th>PEO 1</th> <th>PEO 2</th> <th>PEO 3</th> <th>PEO 4</th> </tr> </thead> </table>	Programme Learning Outcomes (PLO)	Programme Educational Objectives (PEO)				PEO 1	PEO 2	PEO 3	PEO 4																																									
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			PLO 3				
			PLO 4				
			PLO 5				
			PLO 6				
			PLO 7				
			PLO 8				
			PLO 9				
			PLO 10				
			PLO 11				
1.1.7	The programme educational objectives (PEO) and learning outcomes (PLO) must be periodically reviewed in consultation with the relevant stakeholders.	a.	Provide a list of stakeholders who are consulted and involved in the formulation and periodic review of the PEO and PLO.				
1.2 Programme Development: Process, Content, Structure and Teaching-Learning Methods							
1.2.1	The HEP must have sufficient autonomy to design the curriculum and allocate resources necessary for its implementation in achieving the learning outcomes.	a.	Describe the provisions and practices that indicate the autonomy of the HEP in the design of the curriculum and utilisation of allocated resources.				
		b.	Provide supporting documents where appropriate.				

	<i>(Where applicable, the above provision must also cover collaborative programmes and programmes franchised to, or from other HEPs in accordance with national policies).</i>									
1.2.2	The HEP must have an appropriate process to develop the curriculum leading to the approval by the highest academic authority in the HEP.	<p>a. Provide information on the composition and membership of the curriculum committee * Role of Curriculum committee is to develop new curriculum</p> <table border="1"> <thead> <tr> <th>COMPOSITION OF CURRICULUM COMMITTEE</th> <th>[√] if present</th> </tr> </thead> <tbody> <tr> <td>Faculty members</td> <td>[]</td> </tr> <tr> <td>Representative from Dental Faculty</td> <td>[]</td> </tr> <tr> <td>Others – external members from the profession</td> <td></td> </tr> </tbody> </table> <p>b. Details of curriculum committee members</p> <p>c. Description of scope and function of the curriculum committee.</p> <p>d. Frequency of meetings in a year. Please provide evidence – Appointment letter, TOR, minutes of meeting</p> <p>e. Describe the processes to develop and approve the curriculum.</p>	COMPOSITION OF CURRICULUM COMMITTEE	[√] if present	Faculty members	[]	Representative from Dental Faculty	[]	Others – external members from the profession	
COMPOSITION OF CURRICULUM COMMITTEE	[√] if present									
Faculty members	[]									
Representative from Dental Faculty	[]									
Others – external members from the profession										
1.2.3	The HEP must consult relevant stakeholders in the development of the curriculum. Stakeholders include Ministry of Health, Ministry of Defence, Institutions of Higher	a.	Who and how are the stakeholders consulted in the development of the curriculum?							

	Education, Professional Associations, Professional Bodies, ***Alumni etc. (***)not applicable for provisional)																																				
1.2.4	The curriculum must fulfill the duration requirement as stated below: i) scheduled over 3 (three) academic years of teaching and learning, revision and examination week ii) The student contact learning hours should not exceed OR less than the student learning time (SLT) as stated in the programme standard; and iii) The maximum academic year should not exceed 44 weeks.	a. Provide information on the following: <table border="1" data-bbox="763 544 2033 826"> <thead> <tr> <th>Year of Study</th> <th>SLT (hrs.)</th> <th>No. of Weeks for Teaching Learning</th> <th>No. of Revision Weeks</th> <th>No. of Exam Weeks</th> <th>No. of Vacation Weeks</th> <th>Total Academic Weeks</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> b. Provide academic calendar, timetable and/or other relevant schedule of teaching-learning activities (If provisional accreditation – provide proposed calendar) c. Download from the MDC website to obtain the template (MS Excell) (Appendix SIV-1)	Year of Study	SLT (hrs.)	No. of Weeks for Teaching Learning	No. of Revision Weeks	No. of Exam Weeks	No. of Vacation Weeks	Total Academic Weeks																						Total						
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	iv) The SLT shall be calculated as per Appendix SIII-1 MANDATORY																																																																																																									
1.2.5	The curriculum must include horizontal (concurrent) and vertical (sequential) integration, self-directed learning, adequate and balanced theory, practical, clinical practice and external posting.	<p>a. Describe how the curriculum fulfils the horizontal (concurrent) and vertical (sequential) integration.</p> <p>b. Arrange courses presented by year and semester as in the table below:</p> <table border="1" data-bbox="759 571 2029 1278"> <thead> <tr> <th rowspan="2">No.</th> <th rowspan="2">Sem/Year offered</th> <th rowspan="2">Name and Course Code</th> <th rowspan="2">Classification (Dental Core Courses, University Courses and Others)</th> <th colspan="11">PLO</th> <th rowspan="2">SLT (Hours)</th> <th rowspan="2">Pre-requisite / Co-requisite</th> <th rowspan="2">Name of Academic Staff / Course Coordinator</th> </tr> <tr> <th>PLO 1</th> <th>PLO 2</th> <th>PLO 3</th> <th>PLO 4</th> <th>PLO 5</th> <th>PLO 6</th> <th>PLO 7</th> <th>PLO 8</th> <th>PLO 9</th> <th>PLO 10</th> <th>PLO 11</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="15">Total SLT</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>c. Provide evidence of incorporation/integration of basic sciences in clinical dental practice</p>	No.	Sem/Year offered	Name and Course Code	Classification (Dental Core Courses, University Courses and Others)	PLO											SLT (Hours)	Pre-requisite / Co-requisite	Name of Academic Staff / Course Coordinator	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9	PLO 10	PLO 11																																																										Total SLT																	
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1.2.6	<p>The course learning outcomes must include cognitive, psychomotor and affective (CPA) domains which are appropriate to the needs of the nation and must be measurable (Appendix SIII-5: Taxonomy Of Educational Objectives - Malaysian Edition For Dental Programme)</p>	d. Provide proof of incorporation/integration of Basic Medical Sciences in the clinical dental practice.																																																																																																																		
a. Map each of the courses to the Taxonomy of Educational Objectives as in the table below:																																																																																																																				
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		Knowledge	Comprehension	Application	Analysis	Evaluation	Creation	Perception	Set	Guided response	Mechanism	Complex Overt response	Adaptation	Origination	Receiving phenomena	Responding to phenomena	Valuing	Organizing values	Internalizing Value																																																																																																	
C1	C2	C3	C4	C5	C6	P1	P2	P3	P4	P5	P6	P7	A1	A2	A3	A4	A5																																																																																																			
Core Courses/Major Courses																																																																																																																				

			Clinical sciences and skills (Paediatric Dentistry, Periodontics, Orthodontics, Oral Surgery (OS) and Special Care Dentistry (SCD) Community-based programme components																						
1.2.8	<p>Basic Medical/ Dental Science and Dental Pre-Clinical Science component must include but not limited to:</p> <ul style="list-style-type: none"> ● Anatomy ● Biochemistry ● Physiology ● Pathology ● Medical Microbiology ● Pharmacology ● Oral Biology/ Dental Anatomy ● Dental Material & Technology, ● Infection Prevention & Control, ● Oral radiology (clinical interpretation) <p>MANDATORY</p>	a.	<p>List the content of basic medical/ dental sciences and dental pre-clinical sciences in the curriculum by mapping to the course:</p> <table border="1"> <thead> <tr> <th>Basic medical/ dental sciences and Dental Pre-Clinical content</th> <th>Course offered</th> </tr> </thead> <tbody> <tr> <td>Anatomy</td> <td></td> </tr> <tr> <td>Biochemistry</td> <td></td> </tr> <tr> <td>Physiology</td> <td></td> </tr> <tr> <td>Pathology</td> <td></td> </tr> <tr> <td>Medical Microbiology</td> <td></td> </tr> <tr> <td>Pharmacology</td> <td></td> </tr> <tr> <td>Oral Biology/ Dental Anatomy</td> <td></td> </tr> <tr> <td>Dental Material & Technology</td> <td></td> </tr> <tr> <td>Infection Prevention & Control</td> <td></td> </tr> <tr> <td>Oral radiology (clinical interpretation)</td> <td></td> </tr> </tbody> </table>	Basic medical/ dental sciences and Dental Pre-Clinical content	Course offered	Anatomy		Biochemistry		Physiology		Pathology		Medical Microbiology		Pharmacology		Oral Biology/ Dental Anatomy		Dental Material & Technology		Infection Prevention & Control		Oral radiology (clinical interpretation)	
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1.2.9	Dental Clinical Course component must include	a.	List the contents of pre-clinical and dental clinical courses in the curriculum by mapping with course																						

	<p>but not limited to Children development & behavioral sciences, Law and ethics in dentistry, Preventive dentistry and oral health promotion, Dental professionalism and practice management, Clinical sciences and skills (paediatric dentistry, periodontics, orthodontics, oral surgery (OS) and special care dentistry (SCD), Community-based programme components)</p> <p>MANDATORY</p>		<table border="1"> <thead> <tr> <th data-bbox="752 240 1854 325">Dental Clinical Course component</th> <th data-bbox="1854 240 2033 325">Course offered</th> </tr> </thead> <tbody> <tr> <td data-bbox="752 325 1854 368">Children development & behavioral sciences</td> <td data-bbox="1854 325 2033 368"></td> </tr> <tr> <td data-bbox="752 368 1854 411">Law and ethics in dentistry</td> <td data-bbox="1854 368 2033 411"></td> </tr> <tr> <td data-bbox="752 411 1854 454">Preventive dentistry and oral health promotion</td> <td data-bbox="1854 411 2033 454"></td> </tr> <tr> <td data-bbox="752 454 1854 497">Dental professionalism and practice management</td> <td data-bbox="1854 454 2033 497"></td> </tr> <tr> <td data-bbox="752 497 1854 619">Clinical sciences and skills (paediatric dentistry, periodontics, orthodontics, oral surgery (OS) and special care dentistry (SCD), Community-based programme components)</td> <td data-bbox="1854 497 2033 619"></td> </tr> </tbody> </table>	Dental Clinical Course component	Course offered	Children development & behavioral sciences		Law and ethics in dentistry		Preventive dentistry and oral health promotion		Dental professionalism and practice management		Clinical sciences and skills (paediatric dentistry, periodontics, orthodontics, oral surgery (OS) and special care dentistry (SCD), Community-based programme components)		
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1.2.10	<p>Community-Based Dental Practice component must establish operational linkage between educational programmes including oral health education and promotion (non-clinical).</p>	<p>a.</p>	<p>List and describe how community-based dental practice is carried out with appropriate health sectors or agencies, if any.</p> <table border="1"> <thead> <tr> <th data-bbox="752 1023 853 1066">No.</th> <th data-bbox="853 1023 1032 1066">Activity</th> <th data-bbox="1032 1023 1227 1066">Location</th> <th data-bbox="1227 1023 1662 1066">Description of activity</th> <th data-bbox="1662 1023 2033 1066">Comments (if any)</th> </tr> </thead> <tbody> <tr> <td data-bbox="752 1066 853 1150"></td> <td data-bbox="853 1066 1032 1150"></td> <td data-bbox="1032 1066 1227 1150"></td> <td data-bbox="1227 1066 1662 1150"></td> <td data-bbox="1662 1066 2033 1150"></td> </tr> </tbody> </table>	No.	Activity	Location	Description of activity	Comments (if any)								
No.	Activity	Location	Description of activity	Comments (if any)												
		<p>b.</p>	<p>Relevant evidence is required – Activities and reports</p>													

1.2.11	Ethics and Humanities component must incorporate aspects of ethics, jurisprudence and humanities that enable effective communication, decision-making and ethical practice. The ethics and humanities aspects are adapted from time to time to suit the scientific needs of the programme, the changing demographic as well as the cultural contexts and needs of society.	a.	<p>List the content of Ethics & Humanities in the curriculum.</p> <table border="1" data-bbox="775 325 2033 450"> <thead> <tr> <th data-bbox="775 325 1079 368">No.</th> <th data-bbox="1079 325 1514 368">Topic</th> <th data-bbox="1514 325 2033 368">Course</th> </tr> </thead> <tbody> <tr> <td data-bbox="775 368 1079 450"></td> <td data-bbox="1079 368 1514 450"></td> <td data-bbox="1514 368 2033 450"></td> </tr> </tbody> </table>	No.	Topic	Course			
No.	Topic	Course							
1.2.12	The HEP should establish mechanisms to access the current information and to identify up-to-date topics of importance for inclusion in the curriculum and its delivery including the use of the technology.	a.	Show evidence that the HEP has the mechanism in place to keep abreast with the latest development in the field of study.						
1.2.13	There should be co-curricular activities to enrich	a.	List the co-curricular activities of this programme. How do these activities enrich student learning experience, and foster personal development and responsibility?						

	student experience, and to foster personal development and responsibility.		
1.3 Programme Delivery			
1.3.1	The HEP must take responsibility to ensure the effective delivery of the programme learning outcomes.	a.	Show the evidence of leadership for the running of the programme.
1.3.2	Students must be provided with, and briefed on, current information about (among others) the objectives, structure, outline, schedule, credit value, learning outcomes, and methods of assessment of the programme at the commencement of their studies.	a.	Show evidence that the students are provided with and briefed on, the current information about the programme; for example, the Student Handbook, Course Guidebook and other relevant documents, where applicable.
1.3.3	The programme must have an appropriate full-time coordinator and a team of academic staff (e.g.	a.	Provide details of the coordinator and members of the team (programme committees) responsible for the programme.
		b.	Provide evidence such as appointment letter, terms of reference (TOR) and duration of appointment/ acceptance letter.

	programme committee) with adequate authority and responsible for effective delivery of the programme.		
1.3.4	The programme team must have access to adequate resources to implement teaching and learning activities	a.	Does the programme team have adequate resources to implement the curriculum? Show evidence.
1.3.5	The HEP must provide students with a conducive learning environment to support conventional and non-conventional approaches and other relevant approaches.	a.	Describe how the HEP provides a conducive environment for teaching-learning.
1.3.6	The HEP must encourage innovations in teaching, learning and assessment.	a.	Describe the HEP initiatives in teaching-learning and assessment innovations.

Area 2: Assessment of Student Learning

Programme Standards		Information Required in Database	
2.1 Assessment Methods			
2.1.1	The frequency, methods and criteria of student assessment - including the grading system - must be documented and communicated to the students at the commencement of the programme.	a.	Describe the student assessment methods in terms of frequency, methods and grading system. How are these documented and communicated to the students?
		b.	Explain how the HEP provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures.
		c.	How are the records made available to the students for the purpose of feedback on performance, review and corrective measures?
		d.	Explain the mechanism to implement the latest methods of assessment. Attach a copy of the Regulations of Examination.
		e.	Provide information on clinical requirement (MCE/ECE) or other competency determinants for the various clinical courses. (Refer to Appendix SIII-7 – Clinical Experience and Competency Requirements)
		f.	Describe the HEP graduation requirement, minimum and maximum time frame.
2.1.2	There must be a variety of methods and tools to assess learning outcomes and competencies. These include summative assessment (continuous and final) with a reasonable balance of 40-60% contributed by continuous assessment. The formative assessment must be utilised in addition to summative assessment. MANDATORY	a.	Describe the various methods and tools used in assessing learning outcomes and competencies.
		b.	Show the utilization of summative and formative assessment methods within the programme.

2.1.3	There must be mechanisms to ensure the validity, reliability, integrity, consistency, currency, and fairness of the assessment methods.	a.	Explain how the HEP ensures the validity, reliability, consistency, currency and fairness of student assessment over time.
		b.	How are the assessment methods reviewed periodically?
		c.	Describe how the review of the assessment methods in the programme is conducted (e.g., the existence of a permanent review committee on assessment and consultation with external assessors and examiners, students, alumni and industry).
2.1.4	Changes to student assessment methods must follow established procedures and regulations and communicated to students prior to their implementation.	a.	Explain the mechanisms used to make changes in the assessment method. How are the changes made known to the students?
2.2 Relationship between Assessment and Learning Outcomes			
2.2.1	Assessment principles, methods and practices must be aligned to the learning outcomes and competencies of the programme.	a.	State how the assessment of students is consistent with the learning outcomes and competencies of the programme.
2.2.2	The assessment must be consistent with the levels defined in the current MQF version, the domains of learning outcomes, programme standards as per prescribed competencies (Appendix SIII-7 – Clinical Experience and Competency Requirements)	a.	Show the mapping of assessment with the level defined in the current MQF version, the domains of learning outcomes, programme standards as per prescribed competencies
2.2.3	The link between assessment and the achievement of learning outcomes in the programme must be reviewed periodically to ensure its effectiveness.	a.	Provide evidence of review process

2.3 Management of Student Assessment			
2.3.1	The HEP and its academic staff must have adequate level of autonomy in the management of student assessment (not applicable to certain programme arrangements such as franchisee/etc).	a.	Describe the level of autonomy in the management of student assessment.
2.3.2	There must be mechanisms to ensure the security of assessment documents and records.	a.	Describe how the confidentiality and security of student assessment processes and documents as well as academic records are ensured.
2.3.3	Results of assessment must be communicated to the student within a reasonable time frame after endorsement by the relevant authority.	a.	Explain how the assessment results are made available to students. Indicate the time period. Show the evidence.
2.3.4	The HEP must have an appropriate mechanism to address cases of academic plagiarism.	a.	What mechanisms are in place to address cases of academic plagiarism among students?
2.3.5	The HEP must periodically review the management of student assessment and act on the findings of the review.	a.	Explain how the HEP periodically review the management of student assessment and addresses the issues highlighted in the review.

Area 3: Student Selection and Support Services

Programme Standards		Information Required in Database	
3.1 Student Selection			
3.1.1	The programme must have a clear policy on criteria and processes of student selection, including that of transferring students and foreign	a.	State the academic criteria and the mechanisms for selection and admission to the programme and any other additional requirements/ other equivalent qualifications, including that of transferring students.

	<p>students. These policies must be consistent with current procedures of the Ministry of Higher Education (MoHE) and Malaysian Dental Council (MDC).</p> <p>MANDATORY</p>	<p>b. If selection interview is utilised, describe it.</p> <p>c. Show how the selection criteria are consistent with the minimum entry requirement (Appendix SIII-3: Minimum Entry Requirement)</p> <p>d. Provide evidence that the students selected fulfil the admission policies.</p>																																																																																										
3.1.2	<p>The HEP must have a policy regarding blood-borne viruses for candidates and students. This standard must be consistent with “Guidelines for Oral Healthcare Practitioners Infected with Blood Borne Viruses” issued by MDC.</p> <p>MANDATORY</p>	<p>a. Describe the admission policy relating to the health status and other requirements such as hepatitis-B status and vaccination, and other related health issues.</p> <p>b. Are students briefed on policies and procedures on infection prevention and control? Provide evidence of implementation of policy (eg. timetable, briefing, attendance).</p>																																																																																										
3.1.3	<p>Student enrolment must be commensurate with the capacity of the HEP to effectively deliver the programme. Any increase in student intake must have the approval of the relevant authority.</p> <p>MANDATORY</p>	<p>a. Provide information on student intake for the last three years (as in table below) and the proportion of the applicant to intake. List the nationality of the foreign students (if applicable).</p> <table border="1" data-bbox="1048 999 2029 1335"> <thead> <tr> <th colspan="2" rowspan="2">Academic Session</th> <th colspan="3">Year 1</th> <th colspan="3">Year 2</th> <th colspan="3">Year 3</th> <th rowspan="2">Total</th> </tr> <tr> <th>M</th> <th>I</th> <th>T</th> <th>M</th> <th>I</th> <th>T</th> <th>M</th> <th>I</th> <th>T</th> </tr> </thead> <tbody> <tr> <td rowspan="2"></td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2"></td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Academic Session		Year 1			Year 2			Year 3			Total	M	I	T	M	I	T	M	I	T		N											R												N											R												N											R										
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			<i>M: Malaysian I: International T: Total students N: New students R: Repeat students (including those extend)</i>
		b.	Indicate the projection of student intake for the next 3 years.
3.1.4	The criteria* and processes of student selection must be transparent and objective. *subjected to current entry requirement	a.	Show evidence that the admission policy and mechanism are transparent and objective.
3.1.5	There must be a clear policy and appropriate mechanisms for appeal on student selection.	a.	Describe the policies, mechanisms and practices for appeal on student selection.
3.1.6	The admission policy for the programme must be monitored and reviewed periodically to continuously improve the selection processes.	a.	How does the HEP continuously monitor and periodically review the student selection processes?
3.2 Articulation and Transfer			
3.2.1	The HEP must have well-defined and effectively disseminated policies, regulations and processes that facilitate student mobility, including credit transfer and credit exemption which are in accordance with current requirements by relevant authorities (Appendix SIII-4: Credit Transfer). Incoming transfer students must have comparable achievement in their previous programme of study and have the capacity to successfully follow the programme.	a.	Describe the policies, regulations and processes of student mobility including credit transfer and credit exemption .
3.3 Student Support Services			
3.3.1	Students must have access to appropriate and adequate support services, such as physical,	a.	What support services are made available to students? Show evidence that those who provide these services are qualified

	social, financial, sports and recreational, co-curricular activities, internet facilities, academic and non-academic counselling, and health services.		Support Services	yes / no	Remarks (adequate / appropriate)
			Physical Facilities (Specify)		
			Social (Specify)		
			Financial (Specify)		
			Sports and Recreational (Specify)		
			Co-curricular activities (Specify)		
			Internet facilities (Specify)		
			Health services. (Specify)		
3.3.2	There must be a designated administrative unit responsible for planning and implementing student support services staffed by individuals who have appropriate experience consistent with their assignments.	a.	Describe the roles and responsibilities of those responsible for student support services.		
		b.	Describe the management of the student support services activities and maintenance of student records.		
3.3.3	An effective orientation to the programme must be available to new students with special attention given to out of state and international students.	a.	How are students orientated into the programme?		
		b.	Describe the evaluation of the orientation activities.		
3.3.4	Academic, non-academic and career counselling must be provided by adequate and qualified personnel.	a.	Describe the accessibility, confidentiality and effectiveness of the academic, non-academic and career counselling services available to students. Provide evidence of counselling services.		
		b.	How is the effectiveness of the counselling services measured, and the progress of those who seek its services monitored?		
		c.	What plans are there to improve the services including that of enhancing the skills and professionalism of the counsellors?		

3.3.5	The HEP should provide mechanism that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.	a.	Describe the mechanism that exists to identify and assist students who are in need of academic, spiritual, psychological and social support available for peer support to students.
3.3.6	The HEP must have a well-defined and documented processes and procedures in handling student disciplinary cases.	a.	Describe the processes and procedures in handling disciplinary cases involving the students.
3.3.7	There must be a grievance mechanism for students to make appeals on academic and non-academic matters.	a.	What mechanism is available for students to complain and to appeal on matters relating to academic and non-academic. Provide information on the appeal policy and processes. How are appeals dealt with?
3.3.8	Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.	a.	How are the adequacy and effectiveness of student support services evaluated and safety of students ensured?
3.4 Student Representation and Participation			
3.4.1	There must be programmes to encourage active student participation in matters related to their interests and welfare.	a.	What programmes are in place for active student participation in areas that affect their interest and welfare?
3.4.2	Student rights and responsibilities must be acknowledged, clearly documented, and communicated to them.	a.	Describe how student rights and responsibilities are acknowledged, spelt out and made known.
3.4.3	There must be adequate student representation and organization at the HEP level.	a.	What is the status of student representation and organisation at the HEP level? Provide policy for student engagement, student council appointment letter, and sample of student activities.
3.4.4	Student should be facilitated to develop linkages with external stakeholders and to participate in	a.	What does the HEP do to facilitate students to develop linkages with external stakeholders?

	activities to gain managerial, entrepreneurial and leadership skills in preparation for the workplace.	b.	How does the HEP facilitate students to gain managerial, entrepreneurial and leadership skills in preparation for the workplace?
3.4.5	Student activities and organizations should be facilitated to participate in activities that encourage character building, inculcate a sense of belonging and responsibility, and promote community and social responsibility.	a.	How does the HEP facilitate student activities and organisations that encourage character building, inculcate a sense of belonging and responsibility, and promote community and social responsibility.
3.5 Alumni - not applicable for provisional accreditation (PA) and full accreditation (FA)			
3.5.1	The HEP must foster active linkages with alumni to develop, review and continuously improve the programme.	a.	Describe how the HEP maintains linkages with its graduates to improve the programme.

Area 4: Academic and Support Staff

Programme Standards		Information Required in Database	
4.1 Recruitment and Management			
4.1.1	The HEP must have a clearly defined plan for its human resource needs. In preparation for Provisional Accreditation (PA), a detailed plan for recruitment of academic and clinical support staff needs to be provided.	a.	Describe the mechanism used to identify the human resource needs of the programme.
4.1.2	The HEP must have a clear and documented recruitment policy for academic and support staff	a.	State the policy, procedures, and the terms and conditions of service for the recruitment of academic staff.
		b.	State other requirements for the basis of the decision in the appointment of academic staff

4.1.3	<p>Qualification of academic staff shall be:</p> <p>i. Minimum academic staff qualification for Dental Therapy:</p> <ul style="list-style-type: none"> • Bachelor’s Degree in related field in dentistry with 3 years working experience or equivalent in related field in dentistry and still active in clinical practice with valid APC; OR • Diploma in related field in dentistry with minimum of 5 years working experience or equivalent in related field in dentistry and still active in clinical practice with valid APC. <p>ii. International academic staff involved in clinical teaching shall have a valid TPC as stated in Appendix SIII-6 – Guidelines for Temporary Registration (TPC) as Dental Therapist).</p> <p>iii. Academic staff in Private Higher Education Institution (PHEI) must have a valid teaching permit from Ministry of Higher Education (MoHE)</p> <p>MANDATORY</p>	a.	<p>State the minimum qualification of the academic staff required for the delivery of the programme.</p> <table border="1" data-bbox="990 363 2031 657"> <thead> <tr> <th data-bbox="990 363 1155 529">Name of Academic Staff</th> <th data-bbox="1155 363 1373 529">Basic Qualifications</th> <th data-bbox="1373 363 1592 529">Postgraduate Qualifications</th> <th data-bbox="1592 363 1776 529">Dental Clinical experience (years)</th> <th data-bbox="1776 363 1874 529">APC / TPC</th> <th data-bbox="1874 363 2031 529">Teaching Permit</th> </tr> </thead> <tbody> <tr> <td data-bbox="990 529 1155 571"></td> <td data-bbox="1155 529 1373 571"></td> <td data-bbox="1373 529 1592 571"></td> <td data-bbox="1592 529 1776 571"></td> <td data-bbox="1776 529 1874 571"></td> <td data-bbox="1874 529 2031 571"></td> </tr> <tr> <td data-bbox="990 571 1155 612"></td> <td data-bbox="1155 571 1373 612"></td> <td data-bbox="1373 571 1592 612"></td> <td data-bbox="1592 571 1776 612"></td> <td data-bbox="1776 571 1874 612"></td> <td data-bbox="1874 571 2031 612"></td> </tr> <tr> <td data-bbox="990 612 1155 657"></td> <td data-bbox="1155 612 1373 657"></td> <td data-bbox="1373 612 1592 657"></td> <td data-bbox="1592 612 1776 657"></td> <td data-bbox="1776 612 1874 657"></td> <td data-bbox="1874 612 2031 657"></td> </tr> </tbody> </table>	Name of Academic Staff	Basic Qualifications	Postgraduate Qualifications	Dental Clinical experience (years)	APC / TPC	Teaching Permit																		
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4.1.4

The HEP must have adequate number of full-time academic staff responsible for implementing the programme.

The calculation of total academic staff involved **in conducting the programme** is based on the following:

- i. Full-time academic staff
- ii. Full-time Equivalent (FTE) i.e. a staff who spends not less than 20 hours per week, is considered as one (1) FTE
- iii. Full-time Equivalent (FTE) i.e. a staff who spends not less than 10 hours per week is considered as 1/2 FTE

**Refer to table for formula to calculate the requirements below:*

The criteria indicated below provide the guide in fulfilling this standard:

- iii) Overall, at least 60% of academic staff must be full-time (including FTE)

MANDATORY

a. Provide a summary information on every **academic staff** involved in conducting the programme:

No	Name	Specialty	Courses Taught in This Programme	Courses Taught in Other Programme	Past Work Experience		Appointment Status			Nationality	
					Positions Held	Years of Service	F	FT	P	M	I
A. Basic Medical / Dental Science											
B. Dental Pre-clinical Science											
C. Dental Clinical Courses											
Total											
Percentage											

FT=Full Time, FTE= Full Time Equivalent, PT=Part Time, M=Malaysian, I=International

exclusively for a Higher Education Provider.

b. Guide for calculation:

* Full-time – must not include lecturers for Human Disease

**must be verified based on the criteria

	<p>iv) At least 50% of academic staff are Malaysian citizens. (justification: based on number of bachelor graduates that haven't been recruited)</p>		<p>***part-time – academic staff with temporary or short-term appointment with less than normal hours of work and may not work</p>																						
		c.	<p>Provide curriculum vitae of each academic staff in the programme containing the following information:</p> <ul style="list-style-type: none"> ● Name ● Academic qualifications ● Current professional membership ● Current teaching and administrative responsibilities ● Previous employment ● Conferences and training ● Research and publications ● Consultancy ● Community service <p>Other relevant information</p>																						
4.1.5	<p>The staff–student ratio for the programme must be appropriate to the teaching-learning methods and comply with the programme standards for the discipline. The Faculty must have the following academic staff to student ratio:</p> <p>i) 1:10 for Dental science - Oral Biology/ Dental Anatomy (Year 1)*</p>	a.	<p>State the staff-student ratio:</p> <table border="1" data-bbox="1003 1066 1984 1233" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="3"></th> <th colspan="4">Staff</th> <th rowspan="3">No. of students per session</th> <th rowspan="3">Staff to Student Ratio</th> </tr> <tr> <th colspan="2">Number of staff</th> <th colspan="2">Total</th> </tr> <tr> <th>FT</th> <th>PT</th> <th>FT</th> <th>PT</th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Staff				No. of students per session	Staff to Student Ratio	Number of staff		Total		FT	PT	FT	PT							
	Staff				No. of students per session	Staff to Student Ratio																			
	Number of staff		Total																						
	FT	PT	FT	PT																					

	<p>ii) 1:10 for Dental Pre-clinical Science – Dental Materials & Technology (Year 1)**</p> <p>iii) 1:6 for Dental Clinical supervision (Year 2 and 3)***</p> <p>*The ratio must consider all laboratory sessions **The ratio must consider all dental simulation sessions ***The ratio must consider all dental clinical sessions</p> <p>Note: Evidence from students’ supervision timetable 4 part-time staff is equivalent to 1 full-time staff</p>		<table border="1" data-bbox="1003 240 1984 738"> <tr> <td data-bbox="1003 240 1341 408">Dental science - Oral Biology/ Dental Anatomy (Year 1)*</td> <td data-bbox="1341 240 1417 408"></td> <td data-bbox="1417 240 1494 408"></td> <td data-bbox="1494 240 1570 408"></td> <td data-bbox="1570 240 1646 408"></td> <td data-bbox="1646 240 1722 408"></td> <td data-bbox="1722 240 1830 408"></td> <td data-bbox="1830 240 1984 408"></td> </tr> <tr> <td data-bbox="1003 408 1341 571">Dental Pre-clinical Science – Dental Materials & Technology (Year 1)**</td> <td data-bbox="1341 408 1417 571"></td> <td data-bbox="1417 408 1494 571"></td> <td data-bbox="1494 408 1570 571"></td> <td data-bbox="1570 408 1646 571"></td> <td data-bbox="1646 408 1722 571"></td> <td data-bbox="1722 408 1830 571"></td> <td data-bbox="1830 408 1984 571"></td> </tr> <tr> <td data-bbox="1003 571 1341 738">Dental Clinical supervision (Year 2 and 3)***</td> <td data-bbox="1341 571 1417 738"></td> <td data-bbox="1417 571 1494 738"></td> <td data-bbox="1494 571 1570 738"></td> <td data-bbox="1570 571 1646 738"></td> <td data-bbox="1646 571 1722 738"></td> <td data-bbox="1722 571 1830 738"></td> <td data-bbox="1830 571 1984 738"></td> </tr> </table> <p>Note: Provide simulation and clinical session timetable, lecturers’ roster and students’ attendance list (based on site teaching).</p>	Dental science - Oral Biology/ Dental Anatomy (Year 1)*								Dental Pre-clinical Science – Dental Materials & Technology (Year 1)**								Dental Clinical supervision (Year 2 and 3)***							
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Dental Pre-clinical Science – Dental Materials & Technology (Year 1)**																											
Dental Clinical supervision (Year 2 and 3)***																											
4.1.6	There may be a combination of teaching and service roles (community/promotion activities)	a.	State your policy on staff roles and responsibility in terms of teaching and clinical service.																								

	for all academic staff. Research activities are encouraged for all academic staff	b.	Provide the following information: University Required Weightage of Academic Staff Activities <table border="1" data-bbox="1059 325 1984 635"> <thead> <tr> <th data-bbox="1059 325 1570 368">Activity</th> <th data-bbox="1570 325 1984 368">Percentage of Time</th> </tr> </thead> <tbody> <tr> <td data-bbox="1059 368 1570 411">Teaching</td> <td data-bbox="1570 368 1984 411"></td> </tr> <tr> <td data-bbox="1059 411 1570 454">Research</td> <td data-bbox="1570 411 1984 454"></td> </tr> <tr> <td data-bbox="1059 454 1570 497">Clinical Service</td> <td data-bbox="1570 454 1984 497"></td> </tr> <tr> <td data-bbox="1059 497 1570 541">Administration</td> <td data-bbox="1570 497 1984 541"></td> </tr> <tr> <td data-bbox="1059 541 1570 584">Community/Social Service</td> <td data-bbox="1570 541 1984 584"></td> </tr> <tr> <td data-bbox="1059 584 1570 635">TOTAL</td> <td data-bbox="1570 584 1984 635"></td> </tr> </tbody> </table>	Activity	Percentage of Time	Teaching		Research		Clinical Service		Administration		Community/Social Service		TOTAL	
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TOTAL																	
4.1.7	The policy of the HEP must reflect an equitable distribution of responsibilities among the academic staff.	a.	Describe how the HEP ensures equitable distribution of duties and responsibilities among the academic staff.														
4.1.8	The recruitment policy must seek diversity among the academic staff in terms of experience, approaches and background.	a.	Show how the recruitment policy seeks a balance between senior and junior academic staff, between academic and non-academic staff, between academic staff with different approaches to the topics, and academic staff with multi-disciplinary backgrounds and experiences.														
4.1.9	Recognition and reward through promotion, salary increment, or other remuneration must be based on equitable work distribution and meritorious academic roles using clear and transparent policies and procedures.	a.	State the mechanisms and procedures for monitoring and appraising academic staff performance, for ensuring equitable distribution of duties and responsibilities among the academic staff, and for determining the distribution of rewards.														

4.2 Service and Development			
4.2.1	The HEP must have policies addressing matters related to service, professional development and appraisal of the academic staff. Academic staff who has no experience in teaching shall undergo training related to teaching methodology after the appointment awarded.	a.	Provide information on the HEP's policies on service, development and appraisal of the academic staff including career pathway opportunities, and evidence of academic staff training on teaching methodology.
4.2.2	The academic staff must be given sufficient autonomy to focus on areas of his/ her expertise.	a.	How does the HEP ensure that the academic staff have sufficient autonomy in areas of his expertise such as curriculum development and delivery, academic supervision of students, research and writing, scholarly and consultancy activities, community engagement and academically-related administrative duties?
4.2.3	The HEP must have a clearly stated policy on conflict of interest, particularly in the area of private practice, multiple employment and consultancy services.	a.	State the HEP's policies and practices to address conflict of interest, for example, staff involvement in private practice, multiple employment and consultancy services.
4.2.4	The HEP must have clearly defined and documented processes and procedures in handling disciplinary cases involving the academic staff.	a.	Describe the processes and procedures in handling disciplinary cases involving the academic staff.
4.2.5	The HEP must have a staff development programme particularly for new academic staff including mentoring and formative guidance	a.	Indicate the mechanisms that are in place for academic staff training. State the mechanisms and procedures for professional development and career

			advancement of the academic staff (e.g., study leave, sabbatical, advanced training, specialised courses etc).				
4.2.6	The HEP must encourage and facilitate its academic staff to play an active role in community engagement activities.	a.	Describe the engagement of academic staff in community activities. Assess the extent to which the activities are conducted.				
4.2.7	The HEP must provide opportunities for academic staff to participate in professional, academic and other relevant activities, nationally and internationally and where relevant, for them to obtain professional qualifications to enhance teaching-learning experience.	a.	Describe how the academic staff are given the opportunity to participate in professional, academic and other relevant activities at national and international levels. How does this participation enhance teaching-learning and research experiences?				
4.3 Support Staff							
4.3.1	There should be sufficient support staff for teaching and learning purposes [Support staff include Dental Therapist, Dental Surgery Assistant/ Trained Clinical Assistant or Equivalent, Clinical Assistant (Attendant), Patient Registration Clerk and any other relevant support staff. Supporting staff such as Radiographer and Technician are highly recommended] <u>Minimum number of staff required:</u> • Dental Therapist – 1 per 50 students	a.	Provide a summary information on support staff available in the faculty:				
			Job Category	Rank / Grade	Qualification	No. of Staff Required	Current No. of Staff
			Dental Therapist				
			Dental Surgery Assistant / Trained Clinical Assistant/ Clinical Assistant (Attendant) or equivalent				
			Patient Registration Clerk				

<ul style="list-style-type: none"> • Dental Surgery Assistant/Trained Clinical Assistant/Clinical Assistant (Attendant) or Equivalent – 3 per 50 students • Patient Registration Clerk – 1 	<table border="1"> <tr> <td data-bbox="987 233 1337 363"> Others (please specify) </td> <td data-bbox="1337 233 1458 363"></td> <td data-bbox="1458 233 1664 363"></td> <td data-bbox="1664 233 1834 363"></td> <td data-bbox="1834 233 2027 363"></td> </tr> </table>	Others (please specify)				
Others (please specify)						

Area 5 Educational Resources

Programme Standards		Information Required in Database																															
5.1 Physical Facilities																																	
5.1.1	<p>The programme must have sufficient and appropriate physical facilities and educational resources such as facilities for practical and clinical teaching to ensure its effective delivery.</p> <p>In preparation for Provisional Accreditation, a detailed plan of physical facilities and educational resources need to be provided.</p> <p>i. Educational resources such as lecture hall/auditorium, tutorial room, seminar room, computer lab, dental health education (DHE) studio/ laboratory and strong room.</p> <p>MANDATORY</p>	a.	<p>List all the physical facilities related to the programme.</p> <p><u>Buildings</u></p> <table border="1" data-bbox="1037 730 2027 858"> <thead> <tr> <th data-bbox="1037 730 1469 774">Building Name / Block</th> <th data-bbox="1469 730 1789 774">Year Completed</th> <th data-bbox="1789 730 2027 774">Function(s)</th> </tr> </thead> <tbody> <tr> <td data-bbox="1037 774 1469 817"></td> <td data-bbox="1469 774 1789 817"></td> <td data-bbox="1789 774 2027 817"></td> </tr> <tr> <td data-bbox="1037 817 1469 858"></td> <td data-bbox="1469 817 1789 858"></td> <td data-bbox="1789 817 2027 858"></td> </tr> </tbody> </table> <p>b. Facility</p> <table border="1" data-bbox="1037 1026 2027 1321"> <thead> <tr> <th data-bbox="1037 1026 1738 1069">Type of Facilities</th> <th data-bbox="1738 1026 1879 1069">Number</th> <th data-bbox="1879 1026 2027 1069">Capacity</th> </tr> </thead> <tbody> <tr> <td data-bbox="1037 1069 1738 1112">Office</td> <td data-bbox="1738 1069 1879 1112"></td> <td data-bbox="1879 1069 2027 1112"></td> </tr> <tr> <td data-bbox="1037 1112 1738 1155">Lecture Theatre/Hall / Auditorium</td> <td data-bbox="1738 1112 1879 1155"></td> <td data-bbox="1879 1112 2027 1155"></td> </tr> <tr> <td data-bbox="1037 1155 1738 1198">Classrooms</td> <td data-bbox="1738 1155 1879 1198"></td> <td data-bbox="1879 1155 2027 1198"></td> </tr> <tr> <td data-bbox="1037 1198 1738 1241">Tutorial / Seminar Rooms</td> <td data-bbox="1738 1198 1879 1241"></td> <td data-bbox="1879 1198 2027 1241"></td> </tr> <tr> <td data-bbox="1037 1241 1738 1284">Dental Health Education Studio/ Laboratory</td> <td data-bbox="1738 1241 1879 1284"></td> <td data-bbox="1879 1241 2027 1284"></td> </tr> <tr> <td data-bbox="1037 1284 1738 1321">Computer Laboratory</td> <td data-bbox="1738 1284 1879 1321"></td> <td data-bbox="1879 1284 2027 1321"></td> </tr> </tbody> </table>	Building Name / Block	Year Completed	Function(s)							Type of Facilities	Number	Capacity	Office			Lecture Theatre/Hall / Auditorium			Classrooms			Tutorial / Seminar Rooms			Dental Health Education Studio/ Laboratory			Computer Laboratory		
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	ii. General facilities include cafeteria, toilet, locker rooms, storerooms, <i>surau</i> , students' common room, sports facilities and hostel.		Others (please specify) (e.g. study areas, lecturers' room, operating theatre)			
			TOTAL			
5.1.2	The library or resource centre must have adequate and up-to-date reference materials and availability of qualified staff that meet the needs of the programme and research amongst academic staff and students. This would include provisions for appropriate computer and information and communication technology-mediated reference materials.	a.	State the database system used in the library and information center.			
		b.	State the number of staff in the library and information center and their qualifications.			
		c.	Describe resource sharing and access mechanisms that are available to extend the library's capabilities. Comment on the extent of use of these facilities by academic staff and students. Comment on the adequacy of the library to support the programme.			
		d.	State the number of reference materials related to the programme:			
			Types of Reference Material	No. of Title	No. of Collection	
			Books			
	Online Resources					
	Journals					
	Others eg. Video and Electronic Reference Material					
		e.	Indicate availability and connectivity of internet facilities			
5.1.3	Specific equipment and facilities for training must be adequately provided for practical and clinical-based programmes:	a.	Provide information on the specific facilities related to the programme			
			a. <u>Pre-clinical facilities</u>			
			Operative Technique (Simulation Lab) Workstation (1:3)			
			No. of Workstation	No. of Students	Ratio	

<p>i. pre-clinical training facilities - operative technique (simulation lab) workstation to student ratio of 1:3 (Year 1); for Provisional Accreditation – HEP should have appropriate floor plan for simulation lab MANDATORY</p> <p>ii. Clinical training facilities</p> <p>a) dental chair to student ratio of 1:3 (Year 2 and 3); based on minimal clinical sessions MANDATORY</p> <p>b) adequate pool of patients for optimal clinical training (average ratio of one (1) student to 20 patients per year to fulfil clinical requirement)</p> <p>iii. Availability of related facilities such as dental health education (DHE) studio/ laboratory imaging, and centralized sterilization and supply departments (CSSD)/ sterilization room</p> <p>iv. Endorsement from Private Medical Practice Control Section (CKAPS- Cawangan Kawalan Amalan Perubatan Swasta) for clinical facilities (for private HEP)</p>	<table border="1"> <tr> <td></td> <td>(Year 1)</td> <td>(Workstation: Student)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		(Year 1)	(Workstation: Student)					
		(Year 1)	(Workstation: Student)						
	<p>b. Clinical facilities</p> <p>i. Dental Chair (1:3)</p> <table border="1"> <tr> <td>No. of Dental Chairs</td> <td>No. of Students (Year 2 and 3)</td> <td>Ratio (Dental Chair: Student)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	No. of Dental Chairs	No. of Students (Year 2 and 3)	Ratio (Dental Chair: Student)					
No. of Dental Chairs	No. of Students (Year 2 and 3)	Ratio (Dental Chair: Student)							
<p>b. Adequacy of Patients for Clinical Training</p> <p>Provide the following information:</p> <table border="1"> <tr> <td>i. Number of patients attending student dental clinic (current academic year)</td> <td></td> </tr> <tr> <td>ii. Number of clinical students (current academic year)</td> <td></td> </tr> <tr> <td>iii. Average number of dental patients managed by a student per academic year (i/ii)</td> <td></td> </tr> </table> <p>Indicate effort to assure adequacy of patients' number and mix based on Minimum Clinical Experience (MCE) and Expected Clinical Experience (ECE).</p>	i. Number of patients attending student dental clinic (current academic year)		ii. Number of clinical students (current academic year)		iii. Average number of dental patients managed by a student per academic year (i/ii)				
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ii. Number of clinical students (current academic year)									
iii. Average number of dental patients managed by a student per academic year (i/ii)									
<p>c. List related facilities such as imaging and centralized sterilization and supply departments (CSSD) / sterilization room to support teaching and learning activities.</p> <table border="1"> <thead> <tr> <th>Facility</th> <th>Type of Equipment</th> <th>Number of Equipment</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>Imaging</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Facility	Type of Equipment	Number of Equipment	Remarks	Imaging				
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Imaging									

			CSSD / sterilization room			
			Others (please specify)			
		d.	Endorsement from CKAP Show evidence of Endorsement from Private Medical Practice Control Section (CKAPS- Cawangan Kawalan Amalan Perubatan Swasta) for clinical facilities.			
5.1.4	All equipment (e.g.: autoclaves, x-rays, compressor) must comply with the relevant laws and regulations. MANDATORY	a.	Show evidence of report/test/QA certificate for equipment (e.g. autoclaves, x-rays, compressor etc.).			
5.1.5	The facilities available in the HEP must be user friendly to patients with disabilities (for example: parking, ramp, toilet, special facilities, wheelchair)	a.	Describe the availability of user-friendly facilities to those with disabilities			
5.1.6	The educational resources, services and facilities must be periodically reviewed and improved upon to maintain their quality and appropriateness for current education and training.	a.	Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources and the role of the faculty in these processes.			
		b.	Provide the information on, and provision for, the maintenance of the learning facilities.			

5.2 Financial Resources			
5.2.1	The HEP must have a clear line of responsibility and authority for budgeting and resource allocation that takes into account the specific needs of the programme.	a.	Indicate the responsibilities and line of authority in terms of budgeting and resource allocation in the HEP with respect to the specific needs of the programme.
5.2.2	The HEP must have clear procedures to ensure that its financial resources are sufficient and that it is capable of utilising them efficiently and responsibly.	a.	Demonstrate that the HEP has clear procedures to ensure that its financial resources are sufficient and managed efficiently.
		b.	Provide current fee structure.
		c.	Describe how financial resources allocated to the programme are managed.
5.2.3	The HEP must be given sufficient autonomy to allocate resources appropriately to achieve the programme educational objectives.	a.	Describe the degree of autonomy given to the HEP to allocate and utilise resources to achieve the programme educational objectives.

Area 6: Programme Management

Programme Standards		Information Required in Database	
6.1 Programme Management			
6.1.1	The HEP (Institution, Faculty and Department) must clarify its governance structure and function , the relationships within them, and their impact on the programme, and these must be communicated to all parties involved based on the principles of transparency, accountability and authority.	a.	<p>i) Describe the governance structure and functions, and the main decision-making components of the HEP (Institution, Faculty and Department), as well as the relationships between them.</p> <p>ii) How are these relationships made known to all parties involved?</p> <p>iii) What effect do these relationships have on the programme?</p> <p>Department</p> <ul style="list-style-type: none"> ● List the academic department ● Describe the appointment mechanism of head of department ● Duration of appointment of head of department

			<ul style="list-style-type: none"> • List job descriptions of head of department • Purpose(s) and goals/objectives of the department • How frequent does the department's academic staff meet? <p>Committees within the HEP (Institution, Faculty and Department) List all committees related to academic matters and the respective Term of Reference (ToR).</p> <table border="1"> <thead> <tr> <th>Committee</th> <th>No. of Members</th> <th>Frequency of Meeting</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Committee	No. of Members	Frequency of Meeting									
Committee	No. of Members	Frequency of Meeting													
6.1.2	The HEP must have policies, procedures and mechanisms for regular reviewing and updating of its structures, functions, strategies and core activities to ensure continuous quality improvement.	a.	Describe the HEP policies, procedures and mechanisms for regular reviewing and updating of the faculty structures, functions, strategies and core activities to ensure continuous quality improvement.												
		b.	Identify the committee and its Term of Reference for continual quality improvement within the programme.												
6.1.3	The HEP management committee must be an active policy-making body with an adequate degree of autonomy within the terms of reference.	a.	Show evidence (such as terms of reference, minutes of meeting) that the HEP board is an effective policy-making body with adequate autonomy.												
6.1.4	Mechanisms to ensure functional integration and comparability of educational quality must be established for programmes conducted in	a.	Describe the arrangements agreed upon by the HEP and its campuses or partner institutions (for example, franchise programmes, joint awards,												

	<p>campuses or partner institutions that are geographically separated (if applicable).</p> <p><i>Note: The term “conducted in different campuses or partner institutions” in Standard 6.1.4 is applicable only for programme implemented in different campuses within the same HEP or in partner institutions. Therefore, this standard is only applicable for Full Accreditation (FA) and Compliance Evaluation (CE) if the HEP/department has arrangements with its collaborative partners in implementing the programme.</i></p>		<p>collaborative research, student exchange arrangements) to assure functional integration and educational quality.</p>
6.1.5	<p>The HEP must conduct internal and external consultations, and market needs and graduate employability analyses.</p> <p><i>Note: The term “graduate employability analyses” in Standard 6.1.5 is applicable only for Compliance Evaluation (CE) since such analyses could only be carried out after the programme produces at least one cohort of graduates. Therefore, the evaluation of this standard during Full Accreditation (FA) should be limited not to include graduate employability analyses.</i></p>	a.	<p>Describe the committee system in the HEP responsible for programmes and how it utilises consultation and feedback, and considers market need analysis and employability projections in the programme development and review.</p>

6.2 Programme Leadership			
6.2.1	<p>The criteria for the appointment and responsibilities of the programme leader must be clearly stated. The programme leader must have appropriate qualification*, knowledge and experiences related to the programme he/she is responsible.</p> <p>*Appropriate qualification as listed below:</p> <ol style="list-style-type: none"> 1. Master degree or higher in related professional field; <p>OR</p> <ol style="list-style-type: none"> 2. Bachelor's degree in related field in dentistry with 5 years teaching experience; AND 5 years working experience or equivalent in related field in dentistry and still active in clinical practice; <p>AND</p> <ol style="list-style-type: none"> 3. Registered with MDC/ MDTB 	a.	Provide information on the qualification and experience of the programme leader.
6.2.2	<p>Mechanisms and processes must be in place to allow for communication between the programme and the HEP leadership in relation to matters such as staff recruitment and training, student admission, and allocation of resources and decision-making processes.</p>	a.	Describe the relationship between the programme and the HEP leadership in matters such as recruitment and training, student admission, and allocation of resources and decision-making processes.

6.3 Administrative Staff																							
6.3.1	The administrative staff of the HEP must be appropriately qualified, technically competent and sufficient in numbers to support the implementation of the programme and related activities. The administrative staff must include the registrar, IT personnel, financial officer, receptionist and others.	a.	Describe the profile of the administrative staff for the programme.																				
		b.	Explain how the number of administrative staff is determined in accordance with the needs of the programme and other activities. Describe the recruitment processes and procedures. State the terms and conditions of the service.																				
		c.	State the numbers required and available, job category and minimum qualification of administrative staff for this programme.																				
			<table border="1"> <thead> <tr> <th>No.</th> <th>Job Category</th> <th>Minimum Qualification</th> <th>No. of Staff Required</th> <th>Current No. of Staff / Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No.	Job Category	Minimum Qualification	No. of Staff Required	Current No. of Staff / Total															
No.	Job Category	Minimum Qualification	No. of Staff Required	Current No. of Staff / Total																			
6.3.2	The HEP must conduct regular performance review of the programme's administrative staff.	a.	State the mechanisms and procedures for monitoring and appraising the performance of administrative staff, for ensuring equitable distribution of duties and responsibilities among the staff, and for determining the distribution of rewards and for training and career advancement.																				
6.3.3	The HEP must have an appropriate training scheme for the advancement of the administrative staff as well as to fulfil the specific needs of the programme.	a.	Describe the training scheme for the administrative staff and show how this scheme fulfils the specific, advanced and future needs of the programme.																				

6.4 Academic Records			
6.4.1	The HEP must have appropriate policies and practices concerning the nature and security of student and other academic staff records. The policies should continuously be reviewed on the security of records including increased use of electronic technologies and safety systems.	a.	State the policies and practices on the nature, content and security of student and academic staff records at the programme level.
6.4.2	The HEP must maintain student records relating to their admission, performance, completion and graduation in such form as is practical and preserve these records for future reference.	a.	Describe how the HEP ensures the rights of individual privacy and the confidentiality of records. Please specify the record's duration to be preserved in the HEP relating to admission, performance, completion and graduation.
6.4.3	The HEP must implement policies on the rights of individual privacy and the confidentiality of records.	a.	Describe the HEP review policies on security of records and its plans for improvements

Area 7: Programme Monitoring, Review and Continual Quality Improvement

Programme Standards		Information Required in Database	
7.1 Mechanisms for Programme Monitoring, Review and Continual Quality Improvement			
7.1.1	The HEP must have clear policies and appropriate mechanisms for curriculum review. The content of the programme must be periodically reviewed to keep abreast with scientific, technological and knowledge development of the discipline, and with the needs of the society.	a.	Describe the policies and mechanisms for regular monitoring and review of the programme.
		b.	Curriculum review Provide information/evidence for the following: i. Is there a formal curriculum review committee? List the members of the committee.

			<ul style="list-style-type: none"> ii. How often does the committee meet? iii. Why is the need for review of curriculum? iv. What are the changes made in the curriculum review? v. Date of implementation of present and revised curriculum. vi. Date of last curriculum revision.
		c.	Explain how the monitoring and review processes help ensure that the programme keeps abreast with scientific, technological and knowledge development of the discipline, and with the needs of society.
7.1.2	The major curriculum review must be conducted every 3 to 5 years. Refer to Section VII-GUIDELINES FOR CURRICULUM REVIEW for details. MANDATORY	a.	The HEP / Faculty must show evidence of curriculum based on Section VII-GUIDELINES FOR CURRICULUM REVIEW .
7.1.3	The HEP must have a dedicated Quality Assurance (QA) unit or personnel responsible for internal quality assurance.	a.	Describe the role and the effectiveness of the unit responsible for internal quality assurance of the HEP
7.1.4	The HEP must have an internal monitoring and review committee headed by a designated coordinator who is dedicated to continuously review the programme. The review can involve external experts .	a.	Describe the structure and the workings of the internal programme monitoring and review committee.
		b.	Describe the processes, procedures and mechanisms for monitoring and reviewing the programme.
		c.	HEP must ensure compliance to Section VII-GUIDELINES FOR CURRICULUM REVIEW on curriculum review or current accreditation status.

		d.	Does the review involve external examiners/assessors / other expertise? Provide the relevant reports.
7.1.5	Programme evaluation must involve the relevant stakeholders whose views are taken into consideration. *Stakeholders (University, MOH, MOD, MDTA)	a.	Which relevant stakeholders are involved in a programme review?
		b.	Describe the degree of their involvement and how their views are taken into consideration.
7.1.6	The HEP must have mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement.	a.	Provide evidence of the mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement.
7.1.7	Various aspects of student performance, progression and attrition must be analysed for the purpose of continual quality improvement. This must be consistent as in Appendix SIII-7- CLINICAL EXPERIENCE & COMPETENCY REQUIREMENT or equivalent current documents. <i>* The scope of Standard 7.1.7 for the Full Accreditation (FA) should be limited to analyses on student performance, progression and attrition only. *As the analyses on “graduation” and “employment” could only be performed after the first cohort of the programme graduates, who then enter into employment afterwards, Standard 7.1.7 can be assessed and evaluated in totality during Compliance Evaluation (CE) only.</i>	a.	Describe system used in determining students’ performance (e.g. Board of Examiners).
		b.	Provide documented information on student performance, progression and attrition analysis for the purpose of continual quality improvement

7.1.8	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring.	a.	Describe the responsibilities of the parties involved in collaborative arrangements in programme monitoring.
7.1.9	The findings of a programme review must be presented to the HEP for its attention and further action.	a.	Provide evidence to indicate that the findings of the review is presented to the HEP and its further action thereafter.
7.1.10	There must be an integral link between the HEP (Institution and Faculty) for quality assurance processes.	a.	Explain the link between the HEP (Institution and Faculty) quality assurance processes.
		b.	Provide evidence on evaluation of programme effectiveness, that may include the following: <ul style="list-style-type: none"> i. Student scores on written exams ii. Performance-based assessment of student skills and abilities iii. Alumni/graduate survey iv. Student advancement and graduation rates v. Others (specify)
7.1.11	The HEP's review system must constructively engage relevant experts (nationally and/or internationally) to identify areas of concerns and demonstrate ways to improve the programme	a.	Provide records on engagement with relevant experts
		b.	Provide feedback raised by the relevant experts
7.1.12	The HEP must make the report on programme review accessible to appointed stakeholders* in order to seek their views. <i>*stakeholders may include industries, international institutions and NGOs</i>	a.	Provide information on how HEP disseminate the report on programme review to the stakeholders and their feedback?
7.1.13	The HEP must embrace the spirit of continual quality improvement based on prospective studies	a.	What are the steps taken by the HEP to build a culture of quality?
		b.	Describe the future plans for improving the Programme

	and analysis that leads to the revision of its current policies and practices.		
7.1.14	The HEP must ensure the accreditation status is maintained. The HEP must submit the application of Full Accreditation or its renewal based on the timeline stated by the MQA (in Surat keputusan penilaian akreditasi program).		Provide evidence of submission for accreditation (Complete document letter).

SECTION V

**GUIDE FOR THE CONDUCT OF
PROGRAMME EVALUATION VISIT**

SECTION V | GUIDE FOR THE CONDUCT OF PROGRAMME EVALUATION VISIT

1.0 INTRODUCTION

The MQA will designate a team of evaluators based on suggestions by MDC tasked with conducting a comprehensive site visit to the institution. This team will meticulously assess the institution's facilities, resources, and overall quality standards based on the guidelines. Additionally, they will engage with various stakeholders including students, faculty members, and other relevant partners to gather comprehensive insights.

The purposes of conducting an accreditation visit are to:

- determine compliance of the programme implementation to the stipulated standards and criteria of a Diploma in Dental Therapy or equivalent
- validate the database and seek additional information that may be inadequate in the submitted documents
- recommend necessary improvements and accreditation status of the programme

2.0 ACCREDITATION VISIT PROCESS

In this accreditation process, there are few types of visits with specific objectives:

- i. Compulsory Accreditation visit (PA, FA & RA)
- ii. Surveillance Visit (PA)
- iii. Monitoring Visit (FA, RA) - if applicable

The insight of the visit procedure is depicted in **Figure 3**. Both Provisional and Full as well as Renewal Accreditation require a visit by the PoA.

2.1 Compulsory Accreditation Visit

There are three compulsory accreditation visits that shall be conducted throughout the programme. The aims of compulsory visits are:

- i. Readiness of pre-clinical facilities
- ii. Readiness of clinical facilities (include CKAPS approval if required)

These visits will be conducted at:

2.1.1 Provisional Accreditation

This is a first visit to the HEP after the submission of document.
Provisional

Accreditation is a "candidacy assessment" to determine the strength of the curriculum to be offered and the readiness of its delivery support system before it is offered to the public

2.1.2 Full Accreditation

This visit will be conducted before the first cohort complete the programme. Compulsory visit for full accreditation is to assess the implementation of programme standards.

2.1.3 Renewal Accreditation

The visit will be conducted prior to the expiration of previous accreditation period.

2.2 Surveillance Accreditation Visit

Surveillance visits are conducted after the granting of Provisional Accreditation. The aim of these visits are to ensure the HEP meets the minimum standards required in relation to the predetermined areas of evaluation (**Section III**) for the pre-clinical and clinical phases of the programme.

2.2.1 First Surveillance visit – post approval of PA: To assess the readiness of the HEP for the preclinical facilities and resources prior to student admission.

2.2.2 Second Surveillance visit – To assess the readiness of the HEP for the clinical facilities and resources prior to student admission.

**These two visits are the minimum requirement prior to the full accreditation and may have additional visits when deemed necessary by MDC.*

The JTAC holds the mandate to ensure that approved programmes are conducted in compliance to the predetermined standards. A **minimum of two surveillance visits** are conducted for a Diploma of Dental Therapy Programme or equivalent. These visits are prior to the commencement of each phase are essential to ensure the adequacy and appropriateness of the complex training required to produce competent dental auxiliaries.

2.3 Monitoring Visit

After the HEP obtains full accreditation, monitoring visits may be conducted upon decision by the MDC to ensure all issues identified are addressed by HEP.

The JTAC will recommend the appointment of POA to conduct the scheduled visits. After the visits, the POAs will present its findings to the JTAC and JTAC will forward its recommendations to MDC for final decision. Later, MDC will inform MQA of its decision.



Figure 3: Flowchart for programme visits

SUMMARY IN TABLE FOR ALL ACCREDITATION TYPES AND VISITS

Type of Visit	Required Document*	Timing of Complete Document Submission	Timing of Visit	Aim of Visit
PROVISIONAL ACCREDITATION				
Compulsory Visit	DipDT-01 Rubric PA	Based on timeframe stipulated by MQA	Three (3) months after receiving complete documents	To determine the readiness of the HEP (faculty) to commence the Programme as planned
Surveillance Visits (Preclinical Phase)	Partial Documentation: Areas 4 and 5 only	6 month prior to first admission	Three (3) months after receiving complete documents	To determine the readiness of the HEP (faculty) to commence the Programme as planned especially for the preclinical phase facilities and other resources.
Surveillance Visits (Clinical Phase)	Partial Documentation: Areas 4 and 5 only	6 month prior to student advancing to clinical phase.	Three (3) months after receiving complete documents	To determine the readiness of the HEP (faculty) to commence the Programme as planned especially for the clinical phase facilities and other resources.
FULL ACCREDITATION				
Full Accreditation Visit^a (Compliance Visit)	Database containing all 7 areas	Nine (9) months before the 1 st cohort sits for Final Examination	Six (6) months before the 1 st cohort sits for Final Examination	To verify compliance to accreditation Standards and Criteria
Monitoring Visit (if applicable)	Based on the issues raised in previous report	6 months prior to the due date	Will be carried out if the accreditation status demand further rectification of AOC	To verify compliance and rectification of raised issues in previous report
RENEWAL ACCREDITATION				
Renewal Accreditation Visit^a			Not less than nine (9) months before	To verify compliance to accreditation

(Compliance Visit)			the expiry of current accreditation period	Standards and Criteria
Monitoring Visit (if applicable)	Based on the issues raised in previous report	6 months prior to the due date	Will be carried out if the accreditation status demand further rectification of AOC	To verify compliance and rectification of raised issues in previous report

^a The above visits are conducted during active teaching-learning sessions.

*The faculty must submit the most current data. Failure to submit appropriate documents will delay the accreditation process and affect the registration of graduates.

In total, there will be **at least four (4) compulsory visits including two (2) surveillance visits** prior to the award of accreditation of the programme.

3.0 PREPARATION FOR POA VISIT BY THE HEP (FACULTY)

- a. The HEP must appoint a liaison officer preferably a relatively senior academic staff to act as link between the Faculty and the POA throughout the visit. The liaison officer is expected to accompany the POA in respective sites visits such as hospital, library, classrooms, and other facilities.
- b. The Dean / representative shall prepare a tentative schedule for the visit to MQA so that POA can further deliberate on the suitability of dates and time durations.
- c. The Dean shall provide a room with necessary facilities for POA:
 - this room serves as an office for POA and the liaison officer
 - it should be equipped with necessary office equipment
 - all information in this room is made accessible to the POA
- d. The POA is tasked to obtain information regarding adequacy of programme such as students' counselling on academic and personal matters, health services, financial aid, student feedbacks on institutional policy. Therefore, the HEP (Faculty) must arrange appropriate venue to enable meeting with the following categories:
 - students;
 - support staff (clinical and non-clinical); and
 - academic staff

4.0 ROLE OF PANEL OF ASSESSORS (POA)

4.1 Appointment of POA

The chairperson and at least two (2) other members of the POA will be appointed by MQA on the recommendation of Joint Technical Accreditation Committee (JTAC). The membership of POA must have a balance of expertise in health services and community interest, and free of any conflict of interest.

4.2 Tasks and responsibilities of POA

MQA provides the documents to POA upon issuance of appointment letter. POA will also be equipped with the document on the guidelines for the accreditation.

4.3 POA convenes before the visit to:

- scrutinize the database and other relevant documents including previous POA reports to verify information of the documents
- clarify issues identified in the above documents
- enumerate questions for clarification
- list further information required
- determine the data and information from the database that needs verification during the visit.

4.4 Role of the chairperson

The chairperson is the key person in the accreditation process and should have experience as an assessor. The chairperson has the responsibility to create an atmosphere in which critical professional discussions can take place, where opinions can be liberally and considerately exchanged whereby integrity and transparency prevail. The mode and accomplishment of the accreditation exercise depends on the ability of the chairperson to facilitate the panel to carry out its work as a team rather than as individuals, and to bring out the best in those whom the panel meets.

The specific roles of the chairperson are to:

- serve as the spokesman of POA during the visit by leading the deliberations
- ensure attention be paid to comments made based on due compliance to quality assurance standards as stipulated in the *Standards and Criteria for Accreditation of a Dental Therapist Degree Programme*.
- present the oral exit report that summarizes the tentative findings of POA to the Dental Faculty/HEP
- involved actively in preparing the reports, ensuring the details of the oral exit report is not materially different from the final report, and
- present the final report to JTAC

4.5 Role of members of POA

Panel members shall assist the chairperson in collecting and recording additional data and findings during the visit, jointly prepare the report and review the draft. In reviewing the documents, POA should refer to the *Standards and Criteria for Accreditation of a Dental Degree Programme*.

5.0 CONFLICT OF INTEREST

5.1 Prospective assessors must declare their interest in the institution. If the prospective assessor has a direct interest, MQA may exclude him/her from consideration. In addition, the HEP can register its objections to their appointment. If an HEP disagrees with a prospective assessor, it is obliged to furnish reasons for its objection. However, the final decision whether to select a particular person as an assessor rest with the MQA.

5.2 Conflict of interest may be categorised as personal, professional or ideological.

- i. Personal conflict could include animosity or close relationship between an assessor and the Chief Executive Officer or other senior manager of the HEP, or being related to one, or being a graduate of the programme, or having close relative in the programme, or if an assessor is excessively biased for, or against, the HEP due to some previous events.
- ii. Professional conflict could occur if an assessor had been a failed applicant for a position in the HEP, is a current applicant or a candidate for a position in the HEP, is a senior advisor, examiner or consultant to the HEP, or is currently attached to an HEP that is competing with the one being evaluated.
- iii. Ideological conflict could be based on differing world views and value systems. An example of this type of conflict would be an assessor's lack of sympathy to the style, ethos, type or political inclination of the HEP.

6.0 PROCEDURES DURING THE EVALUATION VISIT

The procedures include schedule of visit, decorum and conduct of POA and presentation of the oral exit report.

6.1 Schedule of visit

- a. MQA provides the Dental Faculty/HEP a tentative schedule as agreed earlier by POA. This schedule is at mutually acceptable dates.
- b. Duration of ONE (1) day if allocated for the provisional visit, TWO (2) days is allocated for the full / renewal accreditation visit
- c. POA meets the senior management of the Faculty/HEP as well as individuals and committee members responsible for the programme. Topics

for discussion include those indicated in the standards and criteria. The POA also meets students, academic and support staff.

- d. POA inspects physical resources and facilities including teaching and research, computer-assisted learning facilities, library, community clinics, general practice settings and hospitals.
- e. The first and last hour of each day is set aside for members of POA to meet as a group.
- f. The Schedule of Visit as in [Appendix SIV-1 – Schedule of Visit](#) provides an example of the schedule of the site visit.

6.2 Decorum and conduct of POA

- a. The POA must be professional in approach, be helpful to the faculty and uphold the spirit of collegiality as accreditation is a peer review process which is positive and not punitive.
- b. At the faculty/HEP, the chairperson explains the purpose of the visit and introduces the POA.
- c. All interviews are conducted with the knowledge of the Dean with or without his presence to ensure dissenting views can be freely expressed without being attributed to individuals.
- d. POA must always remember that they are guests to the faculty/HEP, best not to be confrontational or get into arguments.
- e. The role of POA is to evaluate, thus must overcome the inclination to compare they visit with their own institution. POA must not play the role of consultants. They should encourage innovation and re-orientation in accordance with changing health needs.
- f. POA must validate the database and look for consistency in a programme. Four (4) questions need to be answered:
 - i. What are the objectives of the programme?
 - ii. Has the faculty organized its resources to accomplish these objectives?
 - iii. Is the accomplishing the objectives?
 - iv. What is the evidence?
- g. Some salient information for POA to look for:
 - i. Strategic plan where the dental faculty/HEP is heading in the next 5 years – mission statement, general objectives, specific objectives and whether these are made known to stakeholders
 - ii. How are the resources directed to achieve the objectives?
 - iii. Students' opinions/views about supervision, independent learning time, feedbacks
 - iv. Academic staff motivation and competence.
 - v. Is Marketability Survey conducted to the employer
- h. All information gained during the visit is **ABSOLUTELY CONFIDENTIAL**, there must be no sharing of information outside of the report. There must be no additional comments apart from what is stated in the report.

- i. At the end of each day, POA meets to arrive at a consensus on areas of concerns. These must be validated with the Standards and Criteria and presented at the exit meeting.

6.3 Oral exit report

- a. The chairperson should give the Dean and senior staff of the faculty the opportunity to clarify any findings or correct any issues or error.
- b. The chairperson gives the oral exit report to the institution at the end of the visit. It serves to provide immediate feedback prior to the final report.
- c. The oral exit report highlights the unique areas of strength and encourage distinctive activities/efforts of the faculty in the management of the programme. It also emphasizes the areas of concerns which are directly linked to non-compliance with standards.
- d. The chairperson should advise the HEP (faculty) that the oral exit report is only a preliminary report and **not** the final report or decision of MDC.

7.0 AFTER THE EVALUATION VISIT

The POA is responsible to consolidate the findings and prepare a comprehensive report. It should be submitted to the Secretariat of JTAC and present the findings at a determined date.

Writing the report

- a. The draft report must be prepared according to **Section VI – Guide to Preparing Accreditation Report**. It emphasizes the description and evaluation of the programme and document noteworthy strengths and weaknesses supported by documentation. Appropriate references should be made to the database.
- b. It is advisable that the draft report be completed by the end of the visit. This will facilitate the secretary to prepare the final version of the draft report.
- c. Verification of facts (report) by HEP – to give feedback within 14 days of receipt of report
- d. The Chairman of POA will review feedback from HEP.
- e. This final report as endorsed by the Chairperson is sent to the Secretariat of JTAC TWO (2) weeks after the visit.
- f. This report is **CONFIDENTIAL** and must not be released to anyone without authorization by JTAC.
- g. The report by POA does not necessarily represent the final recommendation from JTAC.
- h. Following its presentation at JTAC, the committee will formally present its recommendations at the MDC meeting for approval.
- i. The secretariat of JTAC notifies MQA of the decision made by MDC.
- j. It is important to note that the accreditation status of the HEP is public information but the report of the findings and deliberations of POA and JTAC / MDC are **CONFIDENTIAL**.

8.0 CONCLUSION

The assessment of dental therapy diploma and degree programs is carried out by a panel of assessors appointed by MQA. It is imperative that panel members are fully aware of their specific roles and conduct the evaluation with professionalism, ensuring there are no conflicts of interest in carrying out their duties. All information gathered during the assessment visit must be handled with the utmost confidentiality. The oral exit report serves as a preliminary assessment report, which the Chairperson presents to the dental Higher Education Provider (HEP) or faculty. The final report is ultimately the responsibility and prerogative of MQA.

SECTION V

APPENDICES

APPENDIX SV-1

**TEMPLATE FOR VISIT SCHEDULE
FULL / RENEWAL ACCREDITATION
DIPLOMA IN DENTAL THERAPY (MQA/FA XXXX)
XXXX UNIVERSITY**

DAY 1 (DD/MM/YYYY)		
TIME	ACTIVITY	VENUE
8.30am - 9.00am	Arrival of Panel of Assessors	Foyer, Administrative Building
9.00am - 10.00am	Opening meeting <ul style="list-style-type: none"> ● Welcome address & presentation on the university by <i>Chief Executive/ Vice Chancellor/Representative</i> Introductory Remark by Chairman of Panel of Assessors ● Presentation on the programme by <i>Dean, Faculty of Dentistry</i>) ● Updates of the Dental Degree Programme and actions taken based on previous panel reports by Deputy Dean (Academic Affairs) 	Meeting Room
10.00am - 10.15am	Morning Tea	
10.00am - 1.00pm	Review of Documents	Seminar Room
1.00pm - 2.00pm	Lunch Break	Cafeteria
2.00pm - 4.30 pm	Tour of Facilities	Faculty/Campus
4.30pm - 5.00pm	End of day Discussion by POA Tea Break	Seminar Room
5.00pm	End of Session.	
DAY 2 (DD/MM/YYYY)		
9.00am - 9.30am	Preparatory meeting of Panel of Assessors	Meeting Room
9.30am - 11.30am	Interview with Academic and Support Staff	Meeting Room
	Interaction with students (Year 1- 5)	Seminar Room 1
11.30am - 1.00 pm	Review of Documents and Tea Break	Seminar Room 2
1.00pm	Lunch Break	Cafeteria

- 2.00pm		
2.00pm - 4.00pm	Review of Documents Preparation for exit meeting report by POA	Seminar Room
4.00pm - 4.30pm	Interview with the Dean	Seminar Room
4.30pm - 5.00pm	Exit Meeting <ul style="list-style-type: none"> • Oral Presentation of Findings by the Chairman, POA 	Meeting Room
5.00pm	End of Session	

SECTION VI

**GUIDE TO PREPARING
ACCREDITATION REPORT**

SECTION VI | GUIDE TO PREPARING ACCREDITATION REPORT

1.0 INTRODUCTION

One of the roles of the panel of assessors (POA) is to prepare an accreditation report for the joint technical committee for accreditation (JTAC). They are guided by the suggested format as described below. This format is to be used for both the provisional and full accreditation of a programme.

The purpose of the accreditation report is to:

- i. provide a clear picture of the dental faculty's environment, its objectives, programme organisation, students, resources, and educational outcomes;
- ii. identify the strengths of the institution;
- iii. document any concerns of the POA including opportunities for improvement;
- iv. note major changes, recently implemented or underway, especially those that should be followed up;

2.0 FUNDAMENTAL PRINCIPLES

The POA are appointed by the MQA to act on its behalf in carrying out the evaluation of a Diploma/Degree in Dental Therapy Programme or equivalent. The information obtained in this exercise is privileged information and need to be considered strictly **confidential**. The report belongs to MQA and shall not be given to other parties without prior approval of MQA and the consent of the education institution concerned.

The audiences of the report are the MQA, JTAC and MDC. These committees/agencies expect a clear, concise and defensible report for their understanding to arrive at a fair decision with regard to the programme. It is the responsibility of the POA, through its report, to ensure the credibility and stature of these committees/agencies.

3.0 ROLE OF PANEL OF ASSESSORS

The POA will have a Chairperson and a Secretary. Each team member will be given specific tasks and responsibilities in the preparation of the report as outlined in this guide.

The findings by the respective team members should be submitted to the Secretary. These findings will be consolidated into a preliminary report by the

Chairperson for the exit meeting. During this meeting the faculty is given the opportunity to express its views with regard to the findings of the report. During the presentation, it is important to refrain from engaging in discussions, but the POA should actively take note of any feedback or concerns expressed by the faculty. The POA will prepare a preliminary report and submit the report to be forwarded to the Higher Education Provider (HEP) through MQA.

The HEP has 14 days to respond to MQA. MQA will forward the report to the POA to be finalised within 14 days before submission to the Secretariat of the JTAC.

The final report should include a description of the assessment based on Guidelines of the Standards and Criteria for the Accreditation of Dental Therapy Programme or equivalent outlining the strengths, areas of concern and opportunities for improvement. Relevant supporting documents should be included as appendices. This may include figures and tables from the programme self-review assessment. In-text references to appendices, tables and figures should be indicated in the report. Any concerns must be presented in a tactful manner. An executive summary of the report should also be included.

The Secretary is responsible for retaining the copies of the related documents provided during the visit for reference when required.

The report should be prepared in the prescribed format using Arial font, size 11 and spacing of 1.5.

The Secretary should circulate the draft of the final report to all members for consent. The final report shall only be submitted to the Secretariat of JTAC after consensus decision from the panel members.

4.0 FORMAT OF THE ACCREDITATION REPORT

The accreditation report consists of cover, cover page, executive summary, memorandum and the full report. The template of the report can be found in [Appendix SVI-1](#).

4.1 Cover

The cover should indicate the title of the report and the MQA reference number.

4.2 Cover Page

The cover page must contain the following information:

- The title of the report (indicate whether it is a Full or Provisional Accreditation)
- Name of HEP:

- Name of Programme:
- Reference No.:(As indicated in the letter from MQA)
- Date of site visit (Indicate date of site visit by the POA)
- Include the statement “Prepared by: The Panel of Accreditation for the Malaysian Dental Council and the Malaysian Qualifications Agency”
- At the bottom most of the page include the statement “*This privileged communication is the property of the Malaysian Qualifications Agency.*”

4.3 Memorandum

The memorandum is a written report duly prepared and signed by the Panel of Assessors (POA) especially for the Joint Technical Accreditation Committee (JTAC).

4.4 Executive Summary

The executive summary is a short document or section that serves as a preface to the report. It provides a general perspective to the reader on the report so that the reader can rapidly become acquainted with a large body of facts and information.

The executive summary of this report briefly outlines the strengths, areas of concern, opportunities for improvement as well as conclusion and recommendations.

4.5 The Accreditation Report

The accreditation report should consist of sub-headings as follows:

- Purpose
- Introduction
- Objective
- Acknowledgement
- Background
- Process of Accreditation
- Programme Self-review Assessment
- Findings in relation to Standards and Criteria based on SWOT analysis
- Conclusion and Recommendations
- Appendices

5.0 CONCLUSION

The POA should possess a deep familiarity with the standards and criteria of the Dental Therapy Diploma/Degree Programs or their equivalent. This expertise is essential to ensure the preparation of a report that is both clear and defensible. The quality of this report directly reflects the credibility and reputation of the accreditation body.

SECTION VI

APPENDICES

Appendix SVI-1

FULL / RENEWAL ACCREDITATION REPORT

Diploma in Dental Therapy (DipDT) Programme

XXXX University

(MQA/FA XXXX)

FULL / RENEWAL ACCREDITATION REPORT

Diploma in Dental Therapy (DipDT) Programme

XXXX University

(MQA/FA XXXX)

Date of Visit: DD to DD/MM/YYYY

Prepared by:

The Panel of Assessors

For the Malaysian Dental Council (MDC)

and

The Malaysian Qualifications Agency (MQA)

This privileged communication is the property of the Malaysian Dental Council (MDC) and the Malaysian Qualifications Agency (MQA)

To : The Joint Technical Committee, Accreditation of Dental Degree Programme

From : The Panel of Assessors for the Full Accreditation (Renewal) of the **Diploma in Dental Therapy (DipDT) Programme** of XXXX University, visited on DD – DD/MM/YY

The Panel of Assessors that visited XXXX University on DD - DD/MM/YYYY for the Full Accreditation (Renewal) Evaluation of DipDT Programme is pleased to provide the following report of its findings and conclusions.

Respectfully,

.....

Name

Designation (Chairman)

.....

Name

Designation (Secretary)

.....

Name

Designation (Member)

EXECUTIVE SUMMARY
REPORT OF THE FULL ACCREDITATION (RENEWAL)
FOR THE Diploma in Dental Therapy (DipDT) Programme (DipDT)
PROGRAMME
XXXX UNIVERSITY

Programme Name : **Diploma in Dental Therapy (DipDT) Programme**
Name of IHE : XXXX University
Reference No : MQA/FA XXXX
Level : Provisional / Full Accreditation / Full Accreditation
(Renewal)

Panel Members

- | | |
|---------|-------------|
| 1. | - Chairman |
| 2. | - Secretary |
| 3. | - Member |

Also present

- | | |
|---------|-------------------|
| 1. | - Observer |
| 2. | - MDC Secretariat |
| 3. | - MQA Secretariat |

Date of Visit: DD – DD/MM/YYYY

The general objective of the accreditation visit was to:

- i. evaluate the compliance of programme and the institution to the criteria and standards as stipulated in the MQA/MDC accreditation document for consideration of Full Accreditation status

SUMMARY OF FINDINGS

A. Issues From the Previous Visit

B. Findings From the Current Visit

STRENGTH

AREA		DESCRIPTION
Area 4: Academic and Support Staff	• ...	
Area 5: Educational Resources	• ...	
Area 7: Programme Monitoring, Review and Continual Improvement	• ...	

AREAS OF CONCERN

AREA		DESCRIPTION
Area 2: Assessment of Student Learning	•	
Area 3: Student Selection and Support Services	•	

AREA

DESCRIPTION

Area 5: Educational Resources •

OPPORTUNITIES FOR IMPROVEMENT

AREA

DESCRIPTION

Area 1: Programme Development and Delivery •
Area 2: Assessment of Student Learning •

CONCLUSION AND RECOMMENDATIONS

.....
.....
.....
.....
.....
.....

Full Accreditation (Renewal) Report
Diploma in Dental Therapy (DipDT) Programme
XXXX University
DD - DD/MM/YYYY

1. PURPOSE

This report is prepared for the consideration of the Joint Technical Accreditation Committee on the Full Accreditation of the **Diploma in Dental Therapy (DipDT)** programme of the Faculty of Dentistry, XXXX University.

2. INTRODUCTION

A Panel of Assessors were appointed to conduct the Full Accreditation (Renewal) of the BDS Programme offered by the Faculty of Dentistry, XXXX University. The Panel of Assessors comprised of the following members:

Chairman: Name
 Designation

Secretary: Name
 Designation

Member : Name
 Designation

Also present during the visit:

Observer: Name
 Designation

Secretariat: Name
Secretariat of Malaysian Dental Council (MDC)

Name
Malaysians Qualification Agency (MQA)

3. OBJECTIVE

The objectives of the Full Accreditation (Renewal) visit were:

Example

The objectives of the Full Accreditation visit were to:

- i. assess the faculty's response to issues raised by the previous Panel;
- ii. verify the information provided in the documents provided by the faculty;
- iii. evaluate the compliance of the programme and the institution to the criteria and standards as stipulated in the MQA/MDC accreditation document
- iv. make necessary recommendations to relevant agencies on the capacity and capability of the faculty in conducting the Programme

4. ACKNOWLEDGEMENT

Give credit to those who provided the assistance to the POA and the Secretariat in ensuring the smooth conduct of the accreditation activities.

Example

The Panel of Assessors expresses its appreciation to the Dean, Faculty of Dentistry, Universiti XXXX and her team comprising of academic, administrative and support staff as well as students for their assistance during this evaluation visit.

5. BACKGROUND

Provide information that can help the audience to understand the faculty and context of the accreditation in relation to the faculty and HEP. It also orientates the audience to the events leading to the accreditation exercise.

6. PROCESS OF ACCREDITATION

Describe the activities that were conducted in this accreditation exercise such as interviews, locations in the faculty that were visited and documents examined. Activities prior to the visit, such as pre-visit meeting to identify areas in the documents that need to be verified during the site visit should also be highlighted. In general, indicate all activities undertaken to obtain information and make decisions with regard to accreditation status of the dental faculty.

7. FINDINGS RELATED TO AREAS

7.1 ISSUES FROM THE PREVIOUS VISIT

Describe briefly the areas of concern raised by the previous panel and the remedial actions taken. Indicate actions have not fully completed and issues raised that were not resolved.

If the programme has previously gone through an accreditation exercise, for example a provisional accreditation exercise, summarise the key findings and recommendations (including any progress report addressing any problems identified previously or conditions that need to be fulfilled).

7.2 FINDINGS FROM THE CURRENT VISIT

Area 1: Programme Development and Delivery

If the programme complies with this area, indicate its compliance, provide evidence of compliance or provide a description of the compliance.

If this standard is not complied or some of the criteria of the standards are not fulfilled, indicate the relevant clause and evidence/description to support the contention.

Strength

The standard or criterion is considered as “strength” if its outcome is exceptionally superior or the practice/condition for this standard or criterion stands above the normative requirement and has positive effect on the programme.

Areas of concern

The term “area of concern” is equivalent to “weakness”. It is non-compliance of the standard or criterion. Therefore, remedial action is required to overcome this weakness or problem and strengthen the non-compliance of the standard, criterion, policy or procedure.

Opportunities for Improvement

It is related to identification of opportunities to enhance the attainment of the standard or criterion. It is up to the faculty to find ways to further improve this standard or criterion. It is not mandatory for the faculty to follow-up with the issues raised as it is not considered as a weakness.

Area 2: Assessment of Student Learning

Strength

Areas of concern

Opportunities for Improvement

Area 3: Student Selection and Support Services

Strength

Areas of concern

Opportunities for Improvement

Area 4: Academic and Support Staff

Strength

Areas of concern

Opportunities for Improvement

Area 5: Area 5: Educational Resources

Strength

Areas of concern

Opportunities for Improvement

Area 6: Programme Management

Strength

Areas of concern

Opportunities for Improvement

Area 7: Programme Monitoring, Review and Continual Improvement

Strength

Areas of concern

Opportunities for Improvement

8. CONCLUSION & RECOMMENDATIONS

Example

The Faculty of Dentistry, XXXX University has fulfilled the requirements in the ‘Standards and Criteria for Accreditation of Dental Degree Programmes’ and the Panel recommends that the BDS programme be given Full Accreditation for a period of three (3) years, starting from XXXX till XXXX.

At the same time, the Faculty of Dentistry, XXXX University needs to take necessary actions to address the areas of concern raised by the POA. It is pertinent for the Dental Faculty to consider the issues raised in the section on “Opportunity for improvement (OFI)”.

Report prepared by:

- | | |
|------------------|-------------|
| 1.Name..... | Chairperson |
| 2.Name..... | Secretary |
| 3.Name..... | Member |

List of Appendices

- | | | |
|-----------------------|---|------------------------------------|
| Appendix 1 | : | Programme Visit |
| Appendix 2 | : | Slide presentations by the Faculty |
| Additional Appendices | : | Please indicate |

SECTION VII

**GUIDELINES TO
CURRICULUM REVIEW**

SECTION VII | GUIDELINES TO CURRICULUM REVIEW

1.0 INTRODUCTION

A curriculum should be reviewed regularly to ensure it remains relevant, up-to-date, and aligned with current educational standards and industry needs. Regular reviews help identify areas for improvement, incorporate new teaching methodologies, and address any gaps in content or delivery. This requirement is stipulated in the COPPA Diploma in Dental Therapy Programme, Area 7 (7.1) on Mechanisms for Programme Monitoring, Review and Continual Quality Improvement. The Malaysian Qualifications Agency (MQA) in its letter dated 8 March 2018 also reminded the Higher Education Providers (HEP) to notify MQA if changes to the reviewed curriculum exceeds 30%. However, there was no specific guideline in quantifying the percentage of changes. An instrument to determine the proportion of change in a curriculum was adapted from the assessment calculator used by a local HEP. This instrument facilitates scoring the level of change in a curriculum review. This section sets out to outline the components of the curriculum; assessment of need for the curriculum review; the analysis on percentage of change in the curriculum revision using the assessment calculator; and the compilation of data and information that are required to be submitted in the process of curriculum review.

2.0 CURRICULUM

A curriculum is a blueprint for an educational programme. It outlines all the experiences of a student under the guidance of the educational staff to achieve the programme's goals. Every programme must have a structured curriculum. It consists of the following components:

- General information of the programme
- Background of the programme
- Goals and Objectives
- Educational philosophy of the programme
- Vision and mission
- Programme Educational Objectives (PEO)
- Programme Learning Outcomes (PLO)
- Instructional Design
- Course structure
 - List of courses by each year and semester
 - Course outline/information (Table 4 Excel MQA)
- Student Learning Time (SLT)
- Teaching-learning methods
- Assessment of Students
 - Assessment structure and methods
 - Assessment grading
- Professional or final examination
- Other relevant information

3.0 CURRICULUM REVIEW COMMITTEE SCOPE

The curriculum review process should be initiated every 3 years. Before embarking on the review of the curriculum at the faculty level, a Curriculum Review Committee must first be established. The committee shall be chaired by the head of academics or a relevant authority. Membership may include individuals involved in teaching or conducting the course. Ideally, representatives from all disciplines should be included. Additionally, the committee will be supplemented by members appointed by the Dean, including alumni, stakeholders, and industry representatives.

The committee must consult relevant stakeholders in the development of the revised curriculum. The stakeholders include the Ministry of Health, Ministry of Defence, Institutions of Higher Education, Professional Associations, Professional Bodies and Alumni. It can subsequently proceed to assess the need for change to the existing curriculum.

This assessment should consider the overall strategic plan, including considerations related to the curriculum, programmes, resources, budget, staffing, and the output and outcomes of the programme. The curriculum review process involves gathering feedback from both the cohort graduates and employers. This feedback will contribute to the comprehensive evaluation of the curriculum.

The Curriculum Review Committee should take several actions to conduct a comprehensive review of the curriculum, including:

- consulting with teaching staff, support staff, graduates, and students to gather their input and feedback on the current curriculum;
- soliciting feedback from other stakeholders, including supervisors/employer of graduates, to gain a broader perspective on the effectiveness of the programme; and
- documenting all consultations and feedback received to provide a clear record of the review process.

These steps as outlined above facilitates the Curriculum Review Committee to collate valuable data, information, insights and perspectives for necessary changes to the curriculum. The outcomes and recommendations of the review shall be presented to the faculty's academic committee or other relevant authorities with higher decision-making roles prior to subsequent process.

4.0 CURRICULUM REVISION PERCENTAGE ANALYSIS

One of the requirements of accreditation is for the Higher Education Providers (HEP) to notify MQA if changes to the curriculum involve more than 30%. This requirement was detailed in a letter to all HEPs on March 8, 2018 (Surat Makluman MQA Bil. 4/2018, reference no. MQA.100-1/7/2 Jld.2(7)). The letter

specified that if structural changes to the program information exceed 30% of the original curriculum, the HEP must inform the MQA in writing.

In order to ensure objectivity in determining the percentage of change in a curriculum review, the curriculum revision percentage analysis used by a local public institution was adapted for this purpose. It is an objective analysis of the level of change in a curriculum and incorporates part of the existing rating system.

The changes to the curriculum could involve any of the following components:

- Visions, Missions, and Objectives;
- PEOs, PLOs and CLOs;
- Curriculum Structure;
- Teaching-Learning Approach; and
- Assessment Strategy.

Any changes made to the curriculum should be analysed using the curriculum revision percentage analysis (assessment calculator). Actions need to be taken based on the score obtained.

If the score obtained is below 30%, the following actions need to be taken:

- i. The HEP shall appoint an External Expert or the Advisory/Academic Board to verify the percentage of changes from the Curriculum Review that is less than 30%
 - a. The appointed External Expert is an active panel member for the Dental Program and has attended the evaluator panel workshop organized by MDC-MQA.
 - b. The appointment process, including any applicable payments, is subject to the respective PPT.
 - c. Verification by the External Expert or Advisory/Study Board is confirmed through signatures on the modified MQA M-form.
 - d. JTAC has the right to request the Curriculum Vitae of the External Expert if needed before making a decision.
- ii. Request approval from the Senate of the respective Higher Education Provider (HEP) to implement the revised curriculum
- iii. The HEP should notify the Malaysian Dental Council (MDC) and the Malaysian Qualifications Agency (MQA) of the assessment conducted, including the assessment calculator. This evidence should be attached together with the letter.
- iv. The receipt of the information on the curriculum review will be given as acknowledgement.

If a score of above 30% is obtained, the following actions need to be taken:

- i. The HEP must submit the following documents to the MQA:
 - a. the revised curriculum and a comparison of changes made.
 - b. the database related to curriculum review.
 - c. the assessment calculator; and
 - d. the Assessment Rubric for Accreditation of Diploma/Degree of Dental Therapy Programme or Equivalent (Area 1 and Area 2)

- ii. A desktop assessment should then be carried out by the Panel of Assessors (POAs) appointed by MQA. The panel may recommend that the new curriculum:
 - a. be accepted to be implemented with no changes;
 - b. needs minor amendments; or
 - c. requires submission of full documentation with a visit.

- iii. The curriculum review report from the panel, will be tabled at the JTAC meeting for its recommendation and forwarded to MDC for further deliberations and decision.

The HEP is encouraged to continually review the curriculum. Any changes to the curriculum should be analysed using the curriculum revision percentage analysis (assessment calculator). Subsequent actions should be taken in accordance with the level of score obtained as outlined above.

5.0 ACCREDITATION DOCUMENT SUBMISSION

The HEP needs to provide essential information on the programme and several documents related to curriculum review.

A. Background Information

The following background data of the programme are required when the HEP submit the curriculum review document.

1. Name of Institution (HEP)
2. Name of the programme (as in the scroll to be awarded)
3. MQF level
4. Graduating credit and total SLT
5. Mailing and website addresses (University)
6. Telephone and fax numbers, email addresses (University)
7. Name of Curriculum Review Committee Coordinator, telephone
8. number, fax number and email address.
9. Curriculum review:
 - i. Frequency of curriculum review (since the last approval by MDC):
 - ii. Date of last review:
 - iii. Summarise the major changes in the previous curriculum review
10. Entry requirement
11. Duration of study:

	Full-time	
	Long Semester	Short Semester
No. of Weeks		
No. of Semesters		
No. of Years		

Note: Number of weeks should include study and exam week

B. Curriculum Review Documents

HEP are required to submit the following documents:

- a) Brief description on the review of the curriculum of the institution
- b) Justification for review of curriculum
- c) Area 1 and Area 2 of Part C in **Section III – Programme Standard**
- d) The HEP is required to refer to **Section IV - Guide to Preparing the Database for Programme Accreditation** on information that need to be furnished.
- e) The proposed curriculum
- f) Comparison of the curriculum content of the existing curriculum and the newly proposed curriculum.
- g) Comparison of the teaching-learning methods of the existing curriculum and the newly proposed curriculum.

- h) Comparison the new assessment methods/formats of the existing curriculum and the newly proposed curriculum
- i) Any other relevant information to support the institutions' ability to implement the revised curriculum such as process of student selection, staff training, infrastructure, equipment etc.
- j) Curriculum revision percentage analysis (assessment calculator) – [Appendix SVII-1](#)
- k) Assessment Rubric for Accreditation of Diploma/Degree Dental Therapy Programme or Equivalent for Area 1 and Area 2 only.

6.0 CONCLUSION

The purpose of the curriculum review is to verify that the curriculum remains in sync with both community needs and advancements in the field of dentistry. This review should be conducted in an impartial and objective manner. Ensuring the Higher Education Provider (HEP) adheres to submission requirements is essential to streamline the assessment process. Furthermore, the HEP is strongly encouraged to periodically assess the curriculum, and any suggested alterations should undergo evaluation using the curriculum revision percentage analysis (assessment calculator). The subsequent actions taken by the HEP will be contingent on the score obtained through this assessment.

SECTION VII

APPENDICES

Appendix SVIII – 1

Assessment Calculator

Please download from MDC website

SECTION VIII

**ASSESSMENT RUBRIC FOR
ACCREDITATION CRITERIA OF
DIPLOMA IN DENTAL THERAPY
PROGRAMME OR EQUIVALENT**

SECTION VIII

ASSESSMENT RUBRIC FOR ACCREDITATION CRITERIA OF DIPLOMA IN DENTAL THERAPY PROGRAMME OR EQUIVALENT

1.0 INTRODUCTION

Assessment rubrics are indispensable tools utilized in the accreditation process to ensure standardized evaluation and uphold quality standards. These rubrics consist of predefined criteria and performance levels, enabling evaluators to methodically assess various aspects of an institution or program. By providing clear benchmarks, assessment rubrics facilitate objective and consistent evaluations, enhancing transparency and fairness throughout the accreditation process. Additionally, they offer valuable guidance to institutions seeking accreditation, enabling them to align their practices with established standards and identify areas for improvement. Overall, assessment rubrics play a pivotal role in promoting accountability, rigor, and continuous enhancement within the accreditation framework.

This set of rubrics is to be used by institutions as they engage in self-reflection and evaluation. It is also used by PoA as they examine an institution's adherence to the Accreditation Standards. The Rubric provides PoAs and institutions with common summative and descriptive narratives to communicate and understand each institution's status.

2.0 USE OF THE RUBRIC SYSTEM

Rubrics form the basis on which evaluations are made about the quality of programmes and institutions. The rubrics in this document were developed for the standards and criteria for each of the seven areas. They can be used as reference points for the development of new programmes or institutions and the evaluation of the programme by the Panel of Assessors. This rubric system is advocated to be primarily used by the Panel of Assessors in the following ways:

- a) identify areas of strengths and concerns from the institutional self-study report and database;
- a) identify the areas that need further information or verification during the survey visit;
- b) refine the areas of strengths and concerns as more information is gathered and/or verified during the visit;
- c) identify the specific findings which should be highlighted in the quality assurance report;

- d) achieve greater objectivity in the collective judgments by all concerned.

This rubric system is also useful for the Higher Education Provider (both the University and the Faculty) to examine their accreditation documents for the strengths, areas of concern and opportunities for improvement before submission to the Malaysian Qualifications Agency (MQA). This is to enable the HEP to rectify or prepare justifications on the downside of the programme in a timely manner.

3.0 LIKERT SCALE

The Likert scale is a commonly used tool in surveys and research to measure respondents' attitudes, opinions, or perceptions on a particular topic. It typically consists of a series of statements or questions to which respondents are asked to indicate their level of agreement or disagreement.

A 5-point Likert scale is used in this assessment, specifically, offers respondents five options to choose from to express their agreement or disagreement with a statement. Each option is assigned a numerical value for analysis, often ranging from 1 to 5, with higher values indicating stronger agreement or more positive attitudes. These values will be used for further calculation in determining the outcome of the assessment as shown in [Figure 4](#).

<i>Likert-scale</i>	<i>General Interpretation</i>	<i>Further Action or Interpretation</i>
1	No evidence or poor compliance to the standards and criteria	Area of Concern
2	Evidence of compliance but has yet to meet the minimum standard.	Area of Concern
3	Minimum requirement by the standards and criteria has been met	Meet the standard/Can be Opportunity of Improvement (OFI)
4	Above the minimum criteria	Meet the standard
5	Above the recommended criteria or standards and/or exceed expectations with exemplary practice.	Strength

Figure 4: Likert-scale description for Assessment Rubric

4.0 PROCEDURES IN USING THE RUBRIC SYSTEM

The use of this rubric system requires adherence to procedures in scoring the relevant standards and criteria. The following steps in the procedure can guide the user to manoeuvre this rubric system.

- a. Use the detail rubric worksheet. The worksheet is divided into the seven areas of the standard.
- b. For each criterion in the area being evaluated the assessor should identify the box that best describes the findings for the item.
- c. Repeat the process for all the other criteria in that particular area.
- d. Similarly, repeat the process for all the other areas. Note the specific strengths, concerns and opportunities for improvement that have contributed to the rating.
- e. The percentage for each of the seven areas and also the overall percentage will be at the end of the rubric table.
- f. Refer to the assessment rubric to ascertain status of accreditation eligibility of the programme.
- g. Use Form A in MS Excel of the Assessment Rubric as a report of the findings.

5.0 SELF-REPORT USING RUBRICS

Self-evaluation serves as a foundational step in the accreditation process, where HEP assess their own performance against established standards set by MDC. This internal review helps HEP understand their strengths and weaknesses, set priorities for improvement, and demonstrate their commitment to maintaining high quality programme. It also prepares HEP for external evaluation by providing a clear, evidence-based narrative of their achievements and areas needing development. Self-evaluation using assessment rubrics is an essential practice in the accreditation process, offering a structured, objective, and transparent approach to assessing program performance. The HEP shall use the Assessment Rubrics for Self-evaluation whenever required in the accreditation process .

6.0 ASSESSMENT RUBRICS

The rubrics are prepared based on the type of accreditation process and programme standard. HEP may use the rubrics based on the type of their accreditation process. *These rubrics may be downloaded from the MDC website*

- a. Assessment rubrics for Provisional Accreditation**
- b. Assessment rubrics for Full Accreditation**
- c. Assessment rubrics for Renewal Accreditation**

These rubrics have several components including:

- a. Calculation Matrix
 - a. For determining the eligible period of accreditation
 - b. For the accreditation award
- b. Type of criteria:
 - a. Mandatory (Must be complied to obtain the accreditation)
 - b. Regular (Need to achieve a minimum standard)

SECTION VIII

APPENDICES

Appendix SVIII – 1

Assessment Rubric

Please download from MDC website



The Dental Registrar
Malaysian Dental Council
Ministry of Health Malaysia
E301, Level 3, Block 3440, Enterprise Building,
1, CoPlace 12, Jalan Teknokrat 3,
63000 Cyberjaya, Selangor