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2026

**CODE OF PRACTICE FOR
PROGRAMME ACCREDITATION
BACHELOR OF DENTAL SURGERY
PROGRAMME OR EQUIVALENT
(COPPA BDS)**

COPPA BDS 3.0



**CODE OF PRACTICE FOR PROGRAMME ACCREDITATION BACHELOR OF DENTAL
SURGERY PROGRAMME OR EQUIVALENT
[COPPA BDS] VERSION 3.0 (2026)]**

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This COPPA BDS document was endorsed by the Malaysian Dental Council (MDC) at its 23rd meeting on 3rd April 2026. The effective date for its implementation is as follows:

Stage of Accreditation Application	Effective Date
Provisional Accreditation	1 July 2026
Full Accreditation/ Renewal application	1 July 2026
Revised Minimum Clinical Experience/ Expected Clinical Experience	For Year 1 intake, Academic session 2026/2027

These two documents were endorsed by the Malaysian Dental Council (MDC) at its 25th meeting on 11th August 2026. The effective date for its implementation is as follows:

Guidelines on Double Intake Per Year for Undergraduate Dental Programmes	1 October 2026
Evaluation of Capacity for an Increased Quota	1 October 2026

GLOSSARY OF TERMS

No.	Terms	Description
1.	Academic Staff	Personnel engaged by Higher Education Providers (HEP) who are involved in teaching and supervision. 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 40 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. 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 five hours per week on a regular basis. Four (4) part-time staff are considered as equivalent to one (1) full-time staff. Pre-clinical academic staff refers to academic staff teaching Basic Medical Science and Oral Biology courses. Clinical academic staff refers to academic staff teaching General Medicine and General Surgery, Operative Technique and Dental Technology as well as other dental clinical courses which includes Restorative Dentistry (Endodontology, Operative, Periodontology, Prosthodontics), Paediatric Dentistry, Orthodontics, Oral Maxillofacial Surgery, Oral Medicine & Oral Pathology and Dental Public Health.
2.	Alumni	Graduates of the programme.
3.	Assessment	A systematic mechanism to measure the student's attainment of programme learning outcomes. Formative Assessment refers to the assessment of student progress throughout a course, in which the feedback from the learning activities is used to improve attainment of student learning. Summative assessment refers to the assessment of learning, conducted at specific stages to summarise a learner's overall achievement and progress. Continuous assessment refers to regular assessment of learning performance related to a course and is separate from examinations. Continuous assessment, which forms part of the summative assessment, is carried out throughout the learning period to monitor performance, reinforce learning, and contribute to the final evaluation of the

No.	Terms	Description
		student's attainment. Final assessment refers to end-of-course assessment with formal completion marked by satisfactory summative assessment stipulated by HEP.
4.	Community Services	Services volunteered by individuals or organisation to benefit a community.
5.	Competency	A student's knowledge, skills and abilities which enable him/her to successfully and meaningfully complete a given task or role.
6.	Coordinator	The person responsible for coordinating activities and facilitating collaboration among different groups to ensure the effective achievement of programme goals.
7.	Courses	Components of a programme. The term courses are used interchangeably with subjects, units, or modules.
8.	Department	The area of the HEP responsible for the programme. Examples are a college, faculty, school, institute, department, centre and unit.
9.	Dental Degree Programme	It refers to Bachelor of Dental Surgery (BDS) programme or equivalent
10.	External Assessor	An acknowledged expert in the relevant field of study external to the HEPs tasked to assist in reviewing the programme.
11.	External Advisor	An acknowledged expert in the relevant field of study external to the HEPs tasked to evaluate the assessment system and the candidates.
12.	External Stakeholders	Parties external to the HEPs who have interest in the programme. Examples are alumni, industry, parents, collaborators, fund providers and professional associations.
13.	Formative Guidance	Continuous guidance which has an important influence on the development of a person.
14.	Full-time Staff	Staff with permanent appointment or contract appointment (minimum one year) who works exclusively for HEP.
15.	Full-time Equivalent Staff (FTE)	Staff formally appointed by the HEP. FTE calculation method: 1) 20 hours of academic work per week is equivalent to 1 FTE 2) 10 hours of academic work per week is equivalent to ½ FTE *[Two of ½ FTE) is equivalent to 1 FTE. Criteria for FTE appointment: 1) Malaysian citizen with a valid Annual Practising Certificate. 2) Possess a postgraduate qualification - HEPs may appoint staff without a postgraduate qualification among private dental practitioners who have served more than 10 years in a comprehensive clinic / General Practice 3) FTE appointment only by ONE university 4) FTE academic staff carry out teaching and learning activities as well as administrative duties as directed by the HEP at other times. <i>(MDC decision at its 130th meeting on 15 November 2019)</i>

No.	Terms	Description
16.	Good Practices	A set of internationally accepted norms which is expected to be fulfilled to maintain high quality practices
17.	Governance	Describes the organisational structure used to ensure that its constituent parts follow established policies, processes and procedures.
18.	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.
19.	Institutional Audit	An external evaluation of an institution to determine whether it is achieving its mission and goals, to identify strengths and areas of concern, and to enhance quality.
20.	Internal Quality Audit	A self-review exercise conducted internally by HEP to determine whether it is achieving its goals; to identify strengths and areas of concern, and to enhance quality. The internal quality audit generates a Self-Review Report.
21.	Learning Outcomes	Statements on what a learner should know, understand and can do upon the completion of a period of study.
22.	Malaysian Qualifications Framework (MQF)	An instrument that develops and classifies qualifications based on a set of criteria that is agreed nationally and benchmarked with international practices, and which clarifies the academic levels learning outcomes and credit system based on student academic load'.
23.	MQF Level	A qualification level described with generic learning outcomes and descriptors.
24.	Needs Analysis	An analysis carried out for identifying needs. (e.g. the training needs of staff and the market demand of a programme)
25.	Professional Body	A body established under a written law (or any other body recognised by the Government) for purposes of registration and regulating a profession.
26.	Programme	An arrangement of modules 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.
27.	Programme Accreditation	Programme Accreditation is an exercise to determine whether a programme has met the quality standards set and is in compliance with the Standards and Criteria for Undergraduate Dental Degree Programme. Provisional Accreditation is an accreditation exercise to determine whether a programme has met the minimum quality requirements for purposes of offering a programme. Full Accreditation is an accreditation exercise to ascertain that the teaching, learning and all other related activities of a programme provided by HEP has met the quality standards set and is in compliance with the Standards and Criteria for

No.	Terms	Description
		Undergraduate Dental Degree Programme.
28.	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.
29.	Qualification	An affirmation of achievement which is awarded by HEP or any party that is authorised to confer it.
30.	Quality Enhancement	Steps taken to bring about continual improvement in quality.
31.	Scholarly Activities	Activities that apply systematic approaches to the development of knowledge through intellectual inquiry and scholarly communication. (e.g., teaching and learning, research, publications, and creative and innovative products).
32.	Self-Review Report	Self-rated assessment rubric submitted by HEP to demonstrate whether it has achieved the quality standards for purposes of a full programme accreditation exercise.
33.	Student Learning Experience	An experience comprising the entire educational experience of a student whilst studying for a programme.
34.	Student Learning Time	The amount of time that a student is expected to spend on the learning-teaching activities, including assessment to achieve specified learning outcomes.
35.	Support Staff	Non-academic personnel (administrative and clinical support staff) engaged by HEP. Clinical support staff include registered dental therapist, dental surgery assistant/ trained clinical assistant or equivalent/ clinical assistant (attendant), registered medical staff nurse, registered radiographer, registered dental technologist, registered medical laboratory technologist and patient registration clerk. Administrative staff include registrar/executive officer, administrative assistant personnel, IT personnel, financial officer, technician and others.

ABBREVIATIONS

APC	Annual Practicing Certificate
BDS	Bachelor of Dental Surgery
COPPA	Code of Practice for Programme Accreditation
CSSD	Central Sterile Supply Department
DDS	Doctor of Dental Surgery
ECE	Expected Clinical Experience
GDC	General Dental Council
HEP	Higher Education Provider
LAN	<i>Lembaga Akreditasi Negara</i>
MCE	Minimum Clinical Experience
MDA	Malaysian Dental Association
MDC	Malaysian Dental Council
MoHE	Ministry of Higher Education
MOH	Ministry of Health
MQA	Malaysian Qualifications Agency
MQF	Malaysian Qualifications Framework
JTAC	Joint Technical Accreditation Committee
PEO	Programme Educational Objective
PLO	Programme Learning Outcome
PoA	Panel of Assessors
QA	Quality Assurance
SLT	Student Learning Time
TPC	Temporary Practicing Certificate

SECTION I

**FUNDAMENTALS OF ACCREDITATION
FOR BACHELOR OF DENTAL SURGERY
PROGRAMME OR EQUIVALENT**

SECTION I: FUNDAMENTALS OF ACCREDITATION FOR BACHELOR OF DENTAL SURGERY PROGRAMME OR EQUIVALENT

1) INTRODUCTION

Malaysia is committed to the highest standards of professionalism in dental practice. Accreditation of the Bachelor of Dental Surgery (BDS) Programme, or its equivalent, was introduced as a quality assurance mechanism. The aim is to promote public confidence and to assure society and the profession that the quality of dental education and the standards for the award of a degree in Dentistry are safeguarded and continually enhanced.

The accreditation process assists dental faculties/schools in meeting standards regarding structures, functions, educational processes, and graduate performance. It serves to provide a professional judgement of the quality of dental education and to encourage its continued improvement. In this context, accreditation is concerned with both quality assurance and quality enhancement. It seeks to maximise the programme's potential whilst ensuring high-quality dental education.

The document for accreditation of the BDS Programme or equivalent was first developed in 2002. Several revisions were made, particularly on the section "Standards and Criteria for BDS Programme or equivalent". The Dental Deans' Council had made several proposals regarding student learning time (SLT), the competencies of new dental graduates in Malaysia, and the minimum clinical experience for competency-based assessment. These proposals were deliberated by the relevant committees and incorporated into the current edition of the accreditation document. This document outlines the policies, standards and procedures as well as the organisations and committees involved in the accreditation process.

2) AIM OF DOCUMENT

This document is developed to establish the standards of the BDS Programme or its equivalent in Malaysia by formulating policies and principles to support judgments and decisions on accreditation.

3) ACCREDITING AUTHORITIES

The Malaysian Qualifications Agency (MQA), which replaced the *Lembaga Akreditasi Negara* (LAN) on 1 November 2007 with the coming into force of the Malaysian Qualifications Agency Act 2007 [Act 679], is the sole quality assurance agency in Malaysia. It oversees both public

and private higher education providers (PHEP).

The main role of MQA is to implement the Malaysian Qualifications Framework (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.

The MQA works closely with the Malaysian Dental Council (MDC) through the Joint Technical Accreditation Committee (JTAC) to accredit dental education programmes. 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.

4) 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”*.

“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;
- ii. To make recommendations to grant or refuse an application for accreditation of a dental programme under subsection 52(1)³ of Act 679;

¹Dental programmes refer to dental undergraduate programmes. The definition of ‘dental programmes’ does not include postgraduate dental programmes.

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.

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.

- ii. To make arrangements to conduct an institutional audit under subsection 52(3)⁴ of Act 679;
- iii. To make recommendations for imposing conditions for accreditation under section 54⁵ of Act 679;
- iv. To make recommendations for the revocation of accreditation of a dental programme under section 55⁶ of Act 679;
- v. 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.
- vi. All members are eligible to vote on issues raised. The Chairperson shall have the casting vote.

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

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

⁶Section 55 of Act 679 – see footer overleaf.

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 (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

- 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. One (1) member from the Oral Health Programme, Ministry of Health (MOH)
- iv. The Chairman of the Dental Deans' Council
- v. Three (3) Deans from the dental faculties of the local Higher Education Provider (HEP)
- vi. One (1) member from the Malaysian Dental Council
- vii. One (1) member from the Malaysian Dental Association (MDA)
- viii. One (1) member from the dental profession
- ix. One (1) representative from the MQA
- x. Two (2) representatives from the Ministry of Higher Education (MoHE)
 - a. One (1) representative from the Academic Excellence Division, Department of Higher Education [*Bahagian Kecemerlangan Akademik, Jabatan Pendidikan Tinggi*]; and
 - b. One (1) representative from the Registration and Standard Division, Department of Higher Education [*Bahagian Standard Swasta, Jabatan Pendidikan Tinggi*]
- xi. One (1) member from the Malaysian Dental Therapist Board from the public sector, who shall be invited for the accreditation of the dental therapists' programme in the private sector.
- xii. One (1) member from the Malaysian Dental Therapists Board from the private sector, who shall be invited for the accreditation of the dental therapists' programme in the public sector.

The Secretary of JTAC shall be jointly held by an officer of the MDC and an officer 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)].

4.4 APPOINTMENT OF MEMBERS

The Chairperson shall request representatives from the participating agencies (MOH, MQA, MoHE and MDC).

The Chairperson shall request the Deans of HEPs to indicate their interest in being considered

for membership in JTAC.

The President of the MDC shall make the selection and appointments.

The President of the MDC shall appoint one member from the dental profession.

The President of the MDC shall appoint the members for a term of **three (3) years**; **EXCEPT** for the Chairman of the Dental Deans' Council, the Deans of the dental faculties of local institutions, and the Secretary of the MDC, who shall be members of JTAC for the duration of their term of office.

4.5 SECRETARIAT

4.5.1 JOINT TECHNICAL ACCREDITATION COMMITTEE (JTAC)

The secretariat of JTAC comprises an officer of the MDC and the officers of the Accreditation and Globalisation Section of the Oral Health Programme, MOH. The Office of the Secretariat shall be located at the Oral Health Programme, Ministry of Health.

4.5.2 OTHER COMMITTEES

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

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

4.6 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.

5) AREAS OF EVALUATION

The **seven (7)** areas are as follows:

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

This document provides a framework that enables dental faculties to develop aims and objectives with the overriding goal of producing dental graduates who are able to practice safe and quality dentistry independently.

These standards are sometimes stated in a manner that is not amenable to quantification or precise definition because the nature of evaluation is qualitative and can only be carried out through the exercise of professional judgement by qualified personnel. The guidelines focus on dental undergraduate education within the matrix of multiple activities in the HEP.

These standards and criteria will be reviewed from time to time by the JTAC and other relevant authorities.

6) PROCEDURES FOR ACCREDITATION

The accreditation procedures require an integrated approach involving both the JTAC and the HEP.

The JTAC is concerned with monitoring and ensuring compliance with the standards by the HEP, whilst the HEP is responsible for the establishment, maintenance and enhancement of its processes and standards. The accreditation process is beneficial to the HEP, as it necessitates a rigorous periodic review of its processes and standards, including areas such

as student selection, objectives, curriculum, design and delivery, teaching and learning methods, facilities, and financial and human resources.

The HEP can derive additional benefits from the accreditation process. Such benefits include obtaining feedback from experts in various fields of dental education, sharing experiences from institutions, and leveraging local authoritative reports to rectify deficiencies.

The accreditation process for a new BDS programme or equivalent involves two stages: Provisional Accreditation and Full Accreditation. The flowchart for the Provisional and Full Accreditation processes is illustrated in Figures 1 and 2.

7) PROVISIONAL ACCREDITATION

The purpose of Provisional Accreditation (PA) is to establish that the HEP has met the stipulated minimum standards to commence the programme in relation to the predetermined areas of evaluation as in Section II.

7.1 SUBMISSION OF DOCUMENTS

The HEP is required to submit documents comprising programme information to the MQA as follows:

TYPE OF ACCREDITATION	TIMING OF SUBMISSION	NAME OF DOCUMENT	CODE/FORM	COPIES
Provisional accreditation	Determined by HEP - Check the information on the MQA website for document submission	Application for Provisional Accreditation of Programme	Form A	1 copy
		Database document containing - Part A: General Information Part B: Programme Information Part C: Program Standards	MQA 01-BDS	Soft copy (Flash drive and any suitable cloud storage)

The guide to preparing the programme database document is given in Section II.

7.2 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 them to the JTAC secretariat. If the documents are incomplete, the HEP will have to resubmit them as required.

7.3 PANEL OF ASSESSORS

The JTAC will propose the names of the Panel of Assessors (PoA) as indicated in the “Guide for the Conduct of Programme Evaluation Visit”, as in Section III.

7.4 DESKTOP ASSESSMENT

The PoA will assess the programme information submitted by the HEP for compliance to the standards stipulated in the Standards and Criteria for BDS Programme or Equivalent. The HEP may need to submit additional documents as requested by the PoA for assessment. If the information in the accreditation document complies with the standards, the PoA may conduct a visit to the institution.

7.5 THE ACCREDITATION VISIT

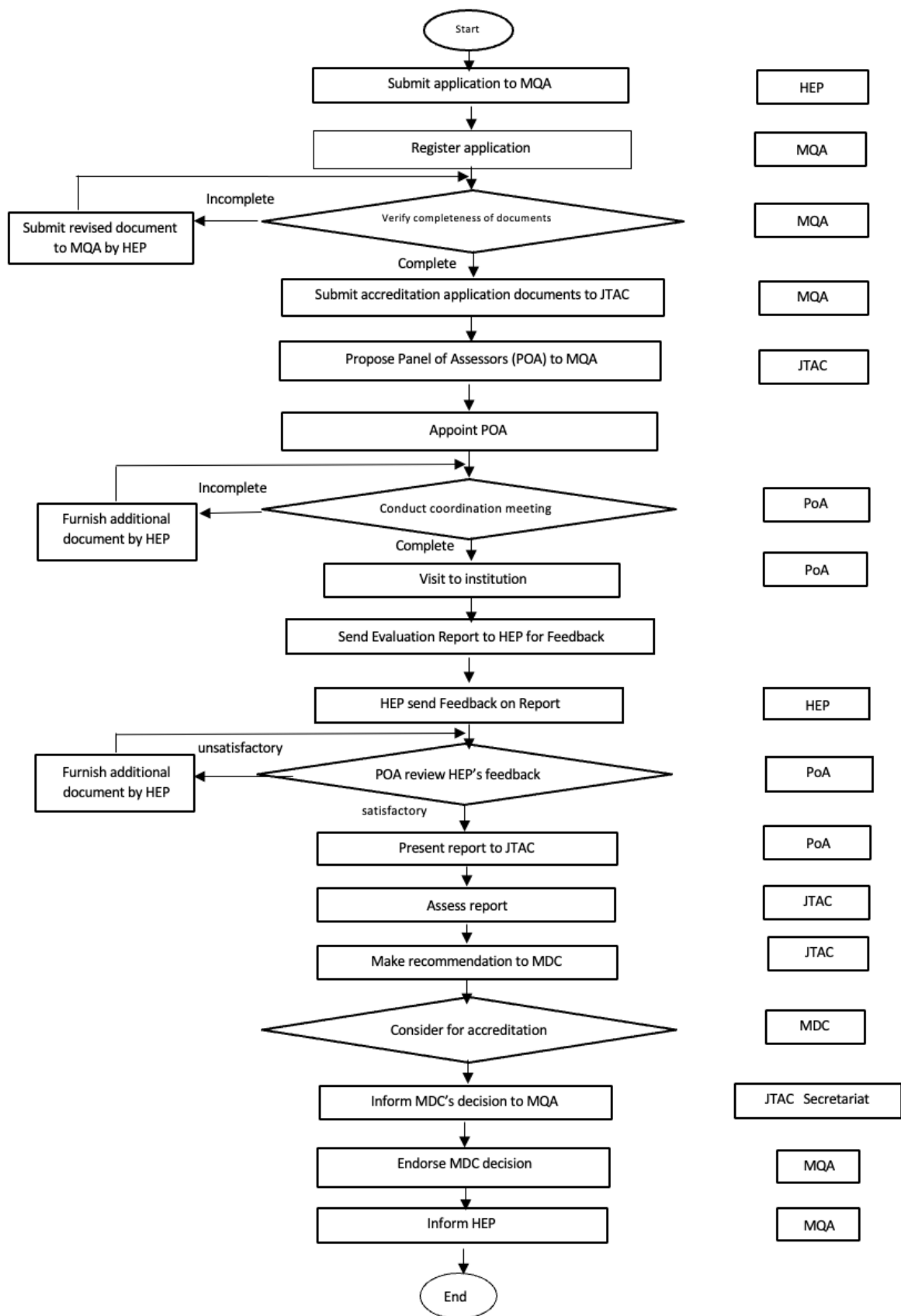
The PoA will conduct a visit to the institution in accordance with the “Guide for the Conduct of Programme Evaluation Visit” to assess for compliance with the accreditation standards.

The procedure for conducting the visit is outlined in the “Guide for the Conduct of Programme Evaluation Visit (Section III).

7.6 THE ACCREDITATION REPORT

Based on the site visit and evaluation of the accreditation documents, the PoA will prepare a report in accordance with the “Guide to Preparing Accreditation Report” (Section IV). The chairman of the panel will then make a presentation to the JTAC. 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 will inform HEP of its decision.

Figure 1: Flowchart for the Provisional Accreditation Process



8) ACCREDITATION

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 II).

The term Accreditation is used when the HEP is granted accreditation for the 1st time following Provisional Accreditation. Subsequent to obtaining accreditation, it is mandatory for the HEP to renew its accreditation status.

Accreditation is granted for a fixed period, and the accreditation period shall commence on the day after the MDC decision is made, or on any other date that the MQA deems fit.

8.1 SUBMISSION OF DOCUMENTS

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

TYPE OF ACCREDITATION	TIMING OF SUBMISSION	NAME OF DOCUMENT	CODE/ FORM	COPIES
Full accreditation	Full Accreditation: Not less than nine (9) months before the end of the academic calendar/schedule of the first cohort. Full Accreditation (Renewal) Not less than nine (9) months before the expiry of the current accreditation period.	Application for Full Accreditation of programme	Form B	1 copy
		Database containing – Part A: General Information Part B: Programme Information Part C: Programme Standards	MQA 02 - BDS	Soft copy (Flash drive and any suitable cloud storage)
		Assessment Rubric for Accreditation for BDS Programme or Equivalent		
		Other supporting documents: - Reports on actions taken on findings of previous accreditation visit - Programme Curriculum		

For Full Accreditation, the institution must submit the required accreditation documents when the first cohort of students reaches its final year (Not less than nine (9) months before the end

of the academic calendar/schedule of the first cohort.

To renew its accreditation status, the institution must submit the accreditation documents to the MQA at least **9 months** before the expiry of the current accreditation period.

The HEP must submit the application for Full Accreditation, or for its renewal and monitoring, based on the timeline stated by the MQA (in *Surat keputusan penilaian akreditasi program*). If the timely submission is not fulfilled, the validity of the accreditation period for full accreditation or its renewal will be reduced by one (1) year. The date of submission is taken from the date in *Surat Dokumen Lengkap*. For monitoring, the penalty will be recommended by JTAC.

8.2 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 JTAC secretariat. If the documents are incomplete, the HEP will have to resubmit them as required by the MQA.

8.3 PANEL OF ASSESSORS

The JTAC will propose the names of the PoA as indicated in the “Guide for the Conduct of Programme Evaluation Visit” (Section IV).

8.4 DESKTOP ASSESSMENT

The PoA will assess the programme information submitted by the HEP for compliance with the standards as stipulated in the “Standards and Criteria for BDS Programme or equivalent”. 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.

8.5 ACCREDITATION VISIT

The PoA will conduct a visit to the institution in accordance with the “Guide for the Conduct of Programme Evaluation Visit” (Section IV) to assess compliance with the accreditation standards.

8.6 THE ACCREDITATION REPORT

Based on the visit and evaluation of the accreditation documents, the PoA will prepare a report

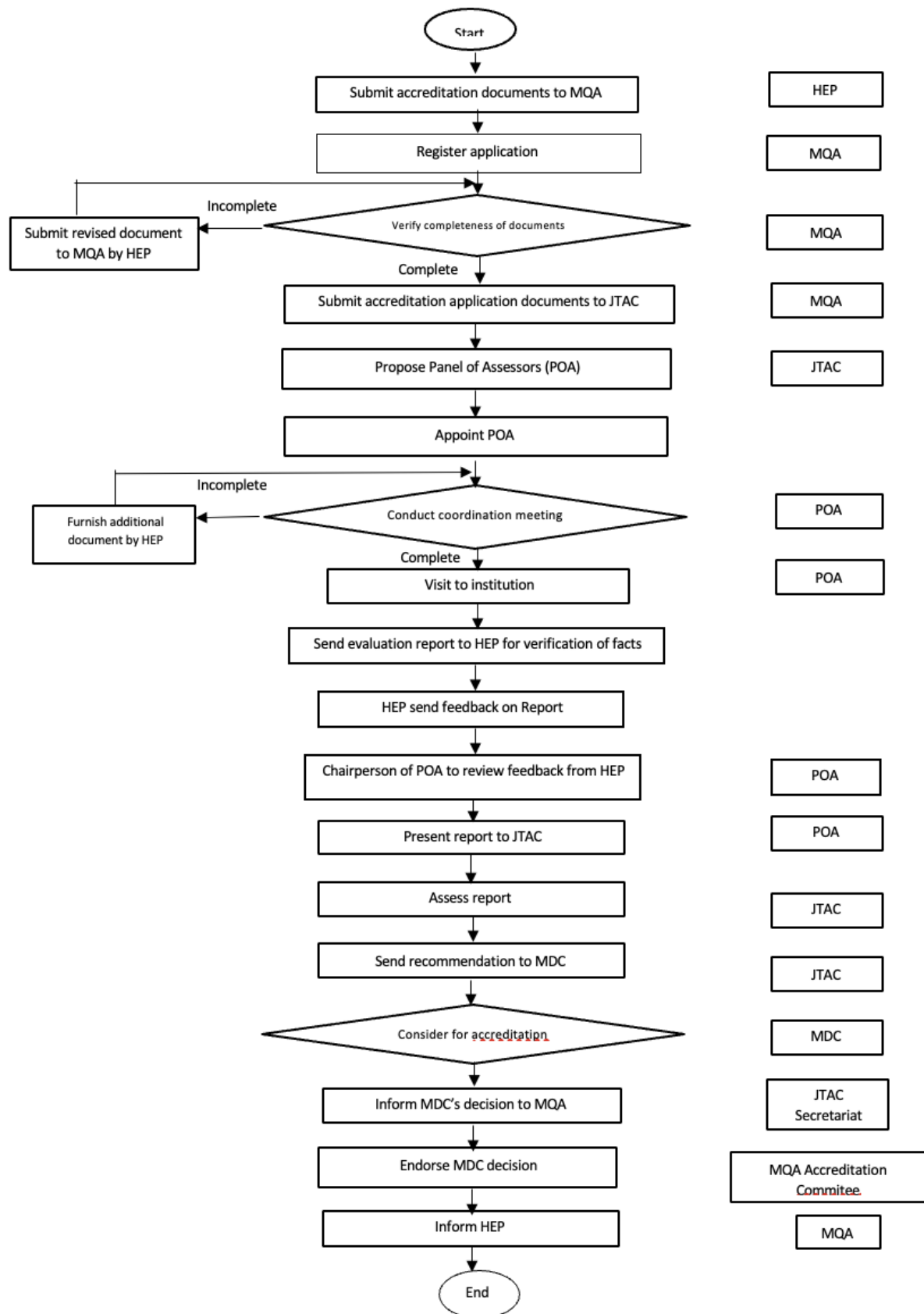
in accordance with the “Guide to Preparing Accreditation Report” (Section V). The chairman of the panel will then make a presentation to the JTAC. The members of the POA (including the observer) may be present during the presentation.

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

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

This decision will be forwarded to MQA for accreditation approval or denial.

Figure 2: Flowchart for the Full Accreditation Process



9) GRANTING OF ACCREDITATION

9.1 PROVISIONAL ACCREDITATION

Upon issuance of a certification of provisional accreditation by MQA, HEPs must submit their application, together with other relevant documents required by MoHE, for approval to start an undergraduate degree programme.

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.

9.2 FULL ACCREDITATION

Upon issuance of the first certification of full accreditation, it is the responsibility of the HEPs 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 initial Full Accreditation is **three (3) years**. The maximum period for renewal of Full Accreditation status is **seven (7) years**. Subsequently, the HEPs must apply for renewal of their accreditation status nine months before expiry.

10) SURVEILLANCE VISITS

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

Any HEP that has obtained Provisional Accreditation to start a BDS Programme or equivalent must work on the details of the Assessment Rubric for Accreditation for BDS Programme or Equivalent and the proposed programme information.

The JTAC holds the mandate to ensure that approved programmes are conducted in compliance with the predetermined standards. A minimum of **three surveillance visits** is conducted for a BDS Programme or equivalent.

SURVEILLANCE VISIT		
TYPE OF VISIT	TIMING OF SUBMISSION	NAME OF DOCUMENT
Post – approval (Pre - admission)	Not less than six (6) months prior to intake of first cohort	MQA 01-BDS (Update on Area 4, 5 and 6) and actions taken on issues raised by PoA
Pre-clinical phase	Not less than three (3) months prior to the end of academic session of Year One of first cohort	MQA 01-BDS (Update on all areas) and actions taken on issues raised by PoA
Clinical phase	Not less than three (3) months prior to the end of academic session of Year Three of first cohort	MQA 01-BDS (Update on all areas) and actions taken on issues raised by PoA

10.1 Post-approval visit:

This is conducted three (3) months prior to intake of the 1st cohort. The purpose of this visit is to monitor the faculty's readiness to commence the BDS Programme or equivalent as planned. Three (3) PoA will be appointed for a one-day visit.

10.2 Pre-clinical phase visit:

This is conducted in Semester 1 of Year Two. The purpose of this visit is to ensure the smooth transition of the programme and facilities from the pre-clinical to the clinical phase. Three (3) PoA will be appointed for a one-day visit.

10.3 Clinical phase visit:

This is conducted in Semester 1 of Year Four. The purpose of this visit is to monitor and ensure the adequacy of clinical training. Three (3) PoA will be appointed for a one-day visit.

The three visits at every phase of the 5-year programme are essential to ensure the adequacy and appropriateness of the complex training required to produce competent dental professionals. The JTAC will recommend appointing a PoA to conduct the scheduled visits. After the visits, the panel will present its findings to the JTAC.

The HEP will be informed of any immediate actions/steps to be taken to ensure efficiency and

quality of the planned programme. Apart from the scheduled surveillance visits, the JTAC may request additional visits as and when it deems necessary.

11) MONITORING VISITS

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.

EVALUATION	TIMING OF SUBMISSION	NAME OF DOCUMENT
Monitoring	As stipulated in the MDC decision based on JTAC recommendation	MQA 02 - BDS

12) APPEAL

For **Provisional Accreditation**, an appeal against the decision of the MQA Accreditation Committee should be submitted to the Minister of Higher Education and copied to MQA.

For **Full Accreditation**, an appeal against the decision of the MQA Accreditation Committee should be submitted through the MQA for consideration by the Appellate Committee set up by the MDC.

13) CONCLUSION

Accreditation of a BDS Programme or equivalent is one of the main approaches in quality assurance. The goal of accreditation is to ensure that graduates entering the healthcare system have achieved the required standards in their education. The accreditation process also reassures the public that dental degrees awarded meet established standards. The maintenance and enhancement of the achieved standards are ensured through regular visits to the institution as part of the accreditation process.

Since the first edition of these guidelines, intermittent enhancements have been made in alignment with developments in the policies of the relevant authorities.

This document is the third edition of the Code of Practice of Programme Accreditation – Bachelor of Dental Surgery Programme or equivalent (COPPA BDS) that was revised in 2025 and approved in 2026. It relates to the BDS Programme or equivalent, which is at the undergraduate level only and excludes postgraduate and dental auxiliary programmes. This document will serve as a reference for the HEP, PoA, JTAC, MDC, MQA and others involved in the accreditation of dental education programmes.

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SECTION II:

**STANDARDS AND CRITERIA FOR BDS
PROGRAMME OR EQUIVALENT &
GUIDELINES FOR PREPARATION OF
DATABASE**

SECTION II: STANDARDS AND CRITERIA FOR BDS PROGRAMME OR EQUIVALENT & GUIDELINES FOR PREPARATION OF DATABASE

1) INTRODUCTION

The database documentation is a crucial step in the process of programme approval, certification of minimum standards and accreditation. It should be read together with the relevant Malaysian Qualifications Agency (MQA) documents.

The items for assessment used in the database relate to specific accreditation standards contained in the COPPA BDS document. Each section of the database should be completed by the person(s) who is/are knowledgeable of the programme component and its results.

Care should be taken to ensure **accuracy** and **consistency** of data across sections of the database (for example, using a consistent base year for each data). A knowledgeable person should review the database as a whole to identify any discrepancies before submission.

For a new dental faculty seeking programme approval, 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 full complement of resources may also not be ready yet (e.g. number of teachers and physical facilities). In that case, provide plans for acquiring such resources.

The document must be submitted in English or *Bahasa Malaysia* as a soft copy (Flash drive or any suitable cloud storage). Institutions are requested to submit the Assessment Rubric for Accreditation of BDS Programme or equivalent and Reports on Actions Taken on Findings of Previous Accreditation Visit together with this database.

2) PREPARING THE DATABASE FOR PROGRAMME ACCREDITATION

In preparing the database documents, each dental faculty should establish a task force containing committees responsible for specific sections. A person familiar with dental faculties and the dental education process, and senior enough to know the faculty's policies and information sources and who can assure wide administrative, faculty and student support, should be appointed as the coordinator for the database and the self-study report. The responsibilities of the person in charge include distributing and collecting the database forms, supervising the preparation of the final unified version of the database and the report,

answering questions during database preparation and coordinating the activities of the committees.

Database preparation is a crucial step in the process of programme approval, certification of minimum standards, and accreditation. The database is divided into three (3) parts and consists of items that relate to specific accreditation standards and will be judged against these standards.

3) CONTENTS OF DATABASE

The database consists of three parts:

- i. Part A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER (HEP to attach this document, this information can be obtained from MQA website).
- ii. Part B: PROGRAMME DESCRIPTION
- iii. Part C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS

4) DATABASE PREPARATION BASED ON STANDARDS AND CRITERIA FOR UNDERGRADUATE PROGRAMME

PART A: GENERAL INFORMATION ON THE HIGHER EDUCATION PROVIDER

The PoA can access this information from the MQA website.

PART B: PROGRAMME INFORMATION

Part B requires the Higher Education Provider (HEP) to furnish information on the programme.

The information required is as follows:

1. Name of the Higher Education Provider (HEP):
2. Name of the responsible entity (faculty/school/kulliyyah) conducting the programme:
3. Name of the programme (as in the scroll to be awarded):
4. MQF level: **Level 6**
5. Total SLT and graduating credits:
6. Has this programme been accredited by MQA for other premises? If yes, please

provide the following details:

No.	Name and Location of the Premises (main campus/ branch campuses/ regional centre)	Mode of Delivery	Accreditation Status	
			Provisional	Full
1.				
2.				
3.				

7. National Education Code (NEC) and Field of study: **0911 - Dental Studies**
8. Language of instruction:
9. Type of programme (e.g., own, collaboration, external, joint award/joint degree, etc.):
10. Mode of study: **Full-time**
11. Mode of offer: **Coursework**
12. Method of teaching and learning (e.g., lecture/ tutorial/ practical/ field work/ studio/clinical practice, blended learning/ e-learning, etc.):
13. Mode of delivery: **Conventional**
14. Details of study duration:

Year	Year 1		Year 2		Year 3		Year 4		Year 5	
Semester	1	2	1	2	1	2	1	2	1	2
Study/teaching week (includes revision and assessment week)										
Total weeks for all semesters										
Minimum duration of study (year)										
Maximum duration of study (year)										

15. Entry requirements:
16. Estimated date of first intake: month/year (Applicable for provisional accreditation):

17. Projected intake and enrolment for the next five years: (Applicable for provisional accreditation)

Academic Session	No of student					Total enrolment
	Year 1	Year 2	Year 3	Year 4	Year 5	

18. Total student enrolment (Applicable for full accreditation):

Academic Session	No of student					Total enrolment
	Year 1	Year 2	Year 3	Year 4	Year 5	

19. Estimated date of first graduation: month/year

20. Types of jobs or position for graduates (at least two types):

21. Awarding body:

- Own
- Others (Please name)

(Please attach the relevant documents, where applicable)

- i. Proof of collaboration between HEP and the collaborative partner such as copy of the Validation Report* of the collaborative partner** and the Memorandum of Agreement (MoA).
- ii. Approval letter from the Higher Education Department (Jabatan Pendidikan Tinggi, JPT) of the Ministry of Higher Education for programmes in collaboration with Malaysian public universities.
- iii. Accreditation status of the awarding body.
- iv. Proof of approval and supporting letter to conduct the programme from certification bodies/awarding bodies/examination bodies.
- v. A copy of the programme specification as conducted by the collaborative partner (e.g. Handbook).
- vi. Proof of collaboration with Quality Partners*** for the programme, where applicable.

vii. For programmes which require clinical training, please attach proof of approval from the relevant authority.

viii. Any other documents where necessary.

22. A sample of the scroll to be awarded should be attached.

23. Address(es) of the location where the programme is/to be conducted:

24. Dean of the HEP responsible for submission:

i. Name and Title:

ii. Tel.:

iii. Email:

25. Contact person for the submission:

i. Name and Title:

ii. Designation:

iii. Tel.:

iv. Email:

Note:

*	Validation report is an evaluation by the collaborative partner on the readiness and capability of the institution to offer the programme.
**	Collaborative partner is the institution who owns the curriculum of the programme and confers the award (franchisor) while the programme delivery is conducted by another institution (franchisee).
***	Quality partners are usually better-established universities which attest to the quality of a programme through the involvement or oversight of curriculum design, learning and teaching, or assessment.

PART C: INFORMATION REQUIRED IN THE DATABASE ACCORDING TO PROGRAMME STANDARDS

AREA 1: PROGRAMME DEVELOPMENT AND DELIVERY

HEP - refers to the dental faculty. Unless stated otherwise.

Programme Standards		Information Required in Database	
1.1 Statement of Educational Objectives of Academic Programme and Learning Outcomes			
1.1.1	The programme can only be considered after a needs assessment has indicated a necessity for the programme to be established. The minimum number of 90 respondents for the market survey must comply with the requirement of the Ministry of Higher Education [Letter from MOHE (A)1000/013/013/02 Jld. 23(62)] (Applicable for Provisional Accreditation only) (Mandatory)	1.1.1	Provide evidence and explain how the HEP has considered market and societal demand for the programme. In what way is this proposed programme an enhancement of the others? Show evidence of needs assessment such as market survey, secondary data analysis (of reliable and credible sources), and societal demand, and how it was conducted. Provide analyses of the responses.
1.1.2	The aims of the programme must be consistent with and supportive of the vision and mission of the HEP.	1.1.2	Explain how the programme is consistent with and supportive of the vision and the mission of the HEP.
1.1.3	The programme must define its programme educational objectives (PEO) and programme learning outcomes (PLO) in compliance with the standards and criteria.	1.1.3.	State the programme educational objectives (PEO) and the programme learning outcomes (PLO).

1.1.4	The programme learning outcomes (PLO) must define the competencies that students should demonstrate on completion of the programme. These competencies must be consistent with that listed in the document “Competencies of New Dental Graduates, Malaysia” in Appendix SII-1 or related current guidelines by MQF. (Mandatory)	1.1.4.	a) Map the PLO to the nine major competencies of the current document of “Competencies of New Dental Graduates, Malaysia” Table 1.1.4(a)
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PLO (HEP)	Major competencies of “Competencies of New Dental Graduates, Malaysia”									
	1	2	3	4	5	6	7	8	9	C/P/A
1										
2										
3										
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7										
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9										
10										
(row can be added)										

			b) Map the PLO to the competencies on completion of the programme in “Competencies of New Dental Graduates, Malaysia” Table 1.1.4(b) Matrix PLO to the competencies on completion of the programme in “Competencies of New Dental Graduates, Malaysia” <table><tr><th rowspan="2">PLO HEP</th><th colspan="10">Sixty-three (63) competencies</th></tr><tr><th>1</th><th>2</th><th>3</th><th>x</th><th>x</th><th>x</th><th>x</th><th>x</th><th>x</th><th>Add more colu mn</th></tr><tr><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>10</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></tr></table>	PLO HEP	Sixty-three (63) competencies										1	2	3	x	x	x	x	x	x	Add more colu mn	1											2											3											4											5											6											7											8											9											10																					
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1.1.5	The programme learning outcomes (PLO) must be aligned with the programme educational objectives (PEO).	1.1.5	Map the PLO against the PEO as in the table below: Table 1.1.5 Matrix of programme learning outcomes against the programme educational objectives (HEP to edit this table as needed) <table><tr><th rowspan="2">Programme Learning Outcomes HEP</th><th colspan="5">Programme Educational Objectives (PEO)</th></tr><tr><th>PEO</th><th>PEO</th><th>PEO</th><th>PEO</th><th>PEO</th></tr><tr><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></tr><tr><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></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Development of PLO and PEO should be according to each HEP's references/requirements and justifications (mapping is individual to HEP and may not be the same for all HEP).	Programme Learning Outcomes HEP	Programme Educational Objectives (PEO)					PEO	PEO	PEO	PEO	PEO																														
Programme Learning Outcomes HEP	Programme Educational Objectives (PEO)																																											
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1.1.6	The PEO and PLO must be periodically reviewed in consultation with the relevant stakeholders. (Applicable for Full Accreditation Renewal)	1.1.6	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. (Where applicable, the above provision must also cover collaborative programmes and programmes franchised to, or from other HEPs in accordance with national policies) Refer to the letter from MOHE to MDC [JPT/BKA1000-016/018/50 JLD 10 (22) dated 4 August 2023] (Applicable for Provisional Accreditation) (Mandatory)	1.2.1	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.
1.2.2	The HEP must have an appropriate process by which the curriculum is established. (Applicable for provisional accreditation)	1.2.2	a) Describe the processes to develop and approve the curriculum. b) Provide information on the composition and membership of the curriculum committee. State the terms of reference for the curriculum committee when developing the curriculum.
1.2.3	The HEP must consult relevant stakeholders in the development of the curriculum. (For example: the Ministry of Health, Ministry of Defence,	1.2.3	Who and how are the stakeholders consulted in the development of the curriculum?

	Institutions of Higher Education, Professional Associations, Professional Bodies, Alumni, Industries etc) (Applicable for provisional accreditation)																																					
1.2.4	Educational programme duration must not be less than five (5) academic years and a range of 200 - 215 weeks of teaching and learning, revision, and examination week. The guide to SLT calculation is in Appendix SII-2. (Mandatory)	1.2.4	Provide information on the following: a) Weeks for teaching, revision, examinations Table 1.2. 4 (a) <table><tr><th>Year of study</th><th>SLT (hrs)</th><th>No. of Weeks for T&L</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><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></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> b) Provide academic calendar, timetable and/or other relevant schedule of teaching-learning activities. c) If provisional accreditation – provide a proposed calendar. d) Provide the information on the components of the programme and its SLT/credit value in table below:	Year of study	SLT (hrs)	No. of Weeks for T&L	No. of revision weeks	No. of exam weeks	No. of vacation weeks	Total academic weeks																												
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			Table 1.2.4. (d) Components of the programme and its SLT/credit value																											
			<table><tr><th>No</th><th>Course</th><th>SLT</th><th>Credit</th></tr><tr><td>1.</td><td>University courses</td><td></td><td></td></tr><tr><td>2.</td><td>Dental courses</td><td></td><td></td></tr><tr><td>3.</td><td>Others</td><td></td><td></td></tr><tr><td></td><td>Total</td><td></td><td></td></tr></table>	No	Course	SLT	Credit	1.	University courses			2.	Dental courses			3.	Others				Total									
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			e) Provide the information on SLT for groups of courses.																											
			Table 1.2.4 (e)																											
			<table><tr><th>COURSES</th><th>SLT for courses of programme</th><th>SLT (standard)</th></tr><tr><td>Basic Medical*/ Dental Science (Including Oral Biology)</td><td></td><td>2000 – 2500</td></tr><tr><td>Pre-Clinical (Dental Materials and Technology)</td><td></td><td>700 – 1000</td></tr><tr><td>Dental Clinical Course** (total)</td><td></td><td>6500 – 7500</td></tr><tr><td>Dental Clinical Course** (F2F)</td><td></td><td>> 2000</td></tr><tr><td>Research (Includes research report, conduct of research and teaching-learning activities of Research Methodology and Biostatistics)</td><td></td><td>200 - 250</td></tr><tr><td>Human Disease – General Medicine and General Surgery</td><td></td><td>400 – 600</td></tr><tr><td>University Courses Up to 15% of total SLT or a maximum of 1500 notional hours or whichever is less</td><td></td><td>≤15% of total SLT or max 1500 notional hrs</td></tr><tr><td>Dental Programme (BDS/DDS or equivalent), excluding University courses</td><td></td><td>10,000–11,000 hrs (250 - 275 credit)</td></tr></table>	COURSES	SLT for courses of programme	SLT (standard)	Basic Medical*/ Dental Science (Including Oral Biology)		2000 – 2500	Pre-Clinical (Dental Materials and Technology)		700 – 1000	Dental Clinical Course** (total)		6500 – 7500	Dental Clinical Course** (F2F)		> 2000	Research (Includes research report, conduct of research and teaching-learning activities of Research Methodology and Biostatistics)		200 - 250	Human Disease – General Medicine and General Surgery		400 – 600	University Courses Up to 15% of total SLT or a maximum of 1500 notional hours or whichever is less		≤15% of total SLT or max 1500 notional hrs	Dental Programme (BDS/DDS or equivalent), excluding University courses		10,000–11,000 hrs (250 - 275 credit)
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1.2.5	The curriculum must include horizontal (concurrent) and vertical (sequential) integration. The learning outcomes must include cognitive, psychomotor, and affective (C, P, A) domains that are appropriate to the needs of the nation and must be measurable and in line with the Competencies of New Dental Graduates (Appendix SII-1).	1.2.5	a) Describe how the curriculum fulfils the horizontal (concurrent) and vertical (sequential) integration. b) Map each course to the learning taxonomy as in the table below: Table 1.2.5 Mapping of course learning outcomes to learning taxonomy <table><tr><th rowspan="2">Course title and code</th><th rowspan="2">State CLO</th><th rowspan="2">State PLO</th><th colspan="3">Level of taxonomy domain (State level for each CLO)</th><th rowspan="2">Assessment method</th></tr><tr><th>Cognitive (C1/C2/C3/ C4/C5/C6)</th><th>Psychomot or (P1/P2/P3/ P4/P5/P6/P 7)</th><th>Affective (A1/A2/A3 / A4/A5)</th></tr><tr><td rowspan="4">E.g. Anatomy</td><td>CLO1</td><td></td><td>C4</td><td></td><td></td><td></td></tr><tr><td>CLO1</td><td></td><td></td><td>P4</td><td></td><td></td></tr><tr><td>CLO1</td><td></td><td></td><td></td><td>A3</td><td></td></tr><tr><td>CLO4</td><td></td><td>C5</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></table> Note: a) If the learning outcome is mapped to more than one learning domains of C, P, and A, then the assessment method must address each domain. b) HEP must use the guidelines for the Taxonomy of Educational Objectives – Malaysian Edition for Dental Programme Malaysian	Course title and code	State CLO	State PLO	Level of taxonomy domain (State level for each CLO)			Assessment method	Cognitive (C1/C2/C3/ C4/C5/C6)	Psychomot or (P1/P2/P3/ P4/P5/P6/P 7)	Affective (A1/A2/A3 / A4/A5)	E.g. Anatomy	CLO1		C4				CLO1			P4			CLO1				A3		CLO4		C5																	
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	CLO4		C5																																																	

			learning domains of C, P, and A (Section VII). c) The maximum number of learning outcomes allowed for each course is eight (8) (as indicated by Table 04 MQA file).																		
1.2.6	Curriculum content must fulfil the requirements as stipulated in the Competencies of New Dental Graduates (Appendix SII-1). (Mandatory)	1.2.6	Provide information for each course, where applicable, in Table 4 (Course information in Microsoft Excel file available from MQA website).																		
1.2.7	Basic medical science components must include but not limited to Anatomy, Physiology, Biochemistry, Dental Anatomy/Oral Biology, Dental Material Science, Medical Microbiology, Pathology and Pharmacology. (Mandatory)	1.2.7	List the components of basic medical sciences in the curriculum by mapping with courses. <table><tr><td>Basic medical sciences component</td><td>Course offered (Course title and code)</td></tr><tr><td>Anatomy</td><td></td></tr><tr><td>Physiology</td><td></td></tr><tr><td>Biochemistry</td><td></td></tr><tr><td>Dental Anatomy/ Oral Biology</td><td></td></tr><tr><td>Dental Material Science</td><td></td></tr><tr><td>Medical Microbiology</td><td></td></tr><tr><td>Pathology</td><td></td></tr><tr><td>Pharmacology</td><td></td></tr></table>	Basic medical sciences component	Course offered (Course title and code)	Anatomy		Physiology		Biochemistry		Dental Anatomy/ Oral Biology		Dental Material Science		Medical Microbiology		Pathology		Pharmacology	
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1.2.8	Clinical science components must include but not limited to General Medicine & General Surgery (Human Disease), General Dental Practice, Restorative Dentistry (Endodontology, Operative Dentistry, Periodontology, Prosthodontics), Oral and Maxillofacial Surgery, Oral Medicine and Oral Pathology, Orthodontics, Paediatric Dentistry, Community Dentistry, Oral Imaging and Diagnostics. (Mandatory)	1.2.8	a) List the components of clinical sciences in the curriculum by mapping with courses. <table border="1" data-bbox="1142 295 2078 917"> <thead> <tr> <th>Component</th> <th>Course offered (Course title and code)</th> </tr> </thead> <tbody> <tr> <td>General Medicine & General Surgery (Human Disease)</td> <td></td> </tr> <tr> <td>General Dental Practice</td> <td></td> </tr> <tr> <td>Restorative Dentistry (Operative Dentistry, Endodontology, Periodontology, Prosthodontics),</td> <td></td> </tr> <tr> <td>Oral and Maxillofacial Surgery</td> <td></td> </tr> <tr> <td>Oral Medicine and Oral Pathology</td> <td></td> </tr> <tr> <td>Orthodontics</td> <td></td> </tr> <tr> <td>Paediatric Dentistry</td> <td></td> </tr> <tr> <td>Community Dentistry</td> <td></td> </tr> <tr> <td>Oral Imaging and Diagnostics</td> <td></td> </tr> </tbody> </table> b) For hospital training provide the following information: Name of Hospital: _____ <table border="1" data-bbox="1133 1059 2078 1299"> <thead> <tr> <th>Hospital Training</th> <th>No. of sessions per week & total session</th> <th>No. of academic staff per rotation</th> </tr> </thead> <tbody> <tr> <td>Medicine</td> <td></td> <td></td> </tr> <tr> <td>Surgery</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> </tr> </tbody> </table> c) Provide students group and timetable during visit.	Component	Course offered (Course title and code)	General Medicine & General Surgery (Human Disease)		General Dental Practice		Restorative Dentistry (Operative Dentistry, Endodontology, Periodontology, Prosthodontics),		Oral and Maxillofacial Surgery		Oral Medicine and Oral Pathology		Orthodontics		Paediatric Dentistry		Community Dentistry		Oral Imaging and Diagnostics		Hospital Training	No. of sessions per week & total session	No. of academic staff per rotation	Medicine			Surgery			Others		
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1.2.9	Work-based learning components must include activities that provide students with exposure to real working environments outside the HEP. (Mandatory)	1.2.9	a) List the activities that expose the students to a real working environment. <table><tr><th>No.</th><th>Activity</th><th>Location</th><th>Description of activity</th><th>Comments (if any)</th></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><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Activities include community posting, dental camps, visit to private clinic, visit to public health facilities etc. b) Provide evidence of student involvement [number of students and details of every activity (report)].	No.	Activity	Location	Description of activity	Comments (if any)															
No.	Activity	Location	Description of activity	Comments (if any)																			
1.2.10	Evidence-based dental practice components must include teaching of the principles of scientific and evidence-based dentistry, analytical and critical thinking, research methodology, report writing and scientific communication.	1.2.10	Map the component of evidence-based practice to the relevant courses in the curriculum. <table><tr><th>No.</th><th>Topic</th><th>Course</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	No.	Topic	Course																	
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1.2.11	Ethics and Humanities components must incorporate aspects of ethics, jurisprudence and humanities that enable effective communication, decision making and ethical practice.	1.2.11	Map the component of Ethics & Humanities to the courses in the curriculum. <table><tr><th>No.</th><th>Topic</th><th>Course</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	No.	Topic	Course																	
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1.3 Programme Delivery			
1.3.1	The HEP must take responsibility to ensure the effective delivery of the programme.	1.3.1	Describe how the programme is implemented including the teaching and learning activities.
1.3.2	Students must be provided with the current documented information about the aims, outline, learning outcomes and methods of assessment of the programme.	1.3.2	Show evidence that the students are provided with and briefed on, the current information about the programme (e.g., the Student Handbook, Course Guidebook and other relevant documents) where applicable.
1.3.3	The programme must have an appropriate coordinator and a team of academic staff (e.g. programme committee) with adequate authority and responsibility for effective delivery of the programme.	1.3.3	a) Provide details of the coordinator and members of the team (programme committees) responsible for the programme. b) State the terms of reference of each committee.
1.3.4	The programme team must have access to adequate resources to implement teaching and learning activities and conduct programme evaluation for quality improvement.	1.3.4	Show evidence that the programme team has adequate resources to implement the curriculum.
1.3.5	The HEP (University and Faculty) must provide students with a conducive learning environment to support didactic or conventional and other relevant approaches.	1.3.5	Describe how the HEP (University and Faculty) provides a conducive environment for teaching-learning.
1.3.6	The HEP (University and Faculty) must encourage innovations in teaching, learning and assessment. (Applicable for Full Accreditation and Renewal)	1.3.6	Describe the HEP's 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 criteria, clinical requirements as stated in the Minimum Clinical Experience/ Expected Clinical Experience (Appendix SII-3) and appeal policies, must be documented and communicated to students at the commencement of the programme.	2.1.1	a) Describe the student assessment methods in terms of frequency, methods and grading criteria. Explain how these methods are documented and communicated to the students. b) Provide information on clinical requirement (MCE and ECE) or other competency determinants for the various clinical courses. c) Explain how the HEP provides feedback to the students on their academic performance to ensure that they have sufficient time to undertake remedial measures. d) Explain how the records are made available to the students for purposes of feedback on performance, review and corrective measures. e) Specify whether students have the right to appeal. Provide information on the appeal policy and processes. f) Explain the mechanism to review and implement new methods of assessment. Attach a copy of the Regulations of Examination. g) Describe the graduation requirements of the HEP.

2.1.2	There must be a variety of methods and tools to assess learning outcomes and competencies. These include formative and summative assessments. The summative assessment in the form of a final examination should have a reasonable balance of 40-60% contributed by continuous assessment. (Mandatory)	2.1.2	a) Describe the various methods and tools used in assessing learning outcomes and competencies. b) Show the utilization of formative, continuous and summative assessment methods within the programme.																																																												
2.1.3	There must be mechanisms to ensure the validity, reliability, consistency, currency and fairness of the assessment methods.	2.1.3	Explain how the HEP ensures validity (e.g., vetting process), reliability (e.g. answer scheme, usage of rubrics), currency (e.g. blueprint), and fairness of student assessment (e.g. double marking, vetting) over time.																																																												
2.1.4	The HEP must employ mechanism for external examiners to be included in professional examinations.		a) Provide information on the appointment of external examiners for every professional examination for the last three years. <table><tr><td colspan="5">Year:</td></tr><tr><td>No.</td><td>Name</td><td>Designation</td><td>Institution</td><td>Course</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></table> <table><tr><td colspan="5">Year:</td></tr><tr><td>No.</td><td>Name</td><td>Designation</td><td>Institution</td><td>Course</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></table> <table><tr><td colspan="5">Year:</td></tr><tr><td>No.</td><td>Name</td><td>Designation</td><td>Institution</td><td>Course</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></table>	Year:					No.	Name	Designation	Institution	Course											Year:					No.	Name	Designation	Institution	Course											Year:					No.	Name	Designation	Institution	Course										
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			b) Describe the mechanism of the involvement and role of the external examiners in the examinations. Provide evidence (e.g., a report of external examiners and actions taken).
2.1.5	Changes to student assessment methods must follow established procedures and regulations and communicated to students prior to their implementation. (Applicable for Full Accreditation and Renewal)	2.1.5	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 of the programme.	2.2.1	Explain how assessment principles, methods and practices are aligned to the learning outcomes.
2.2.2	The assessment must be consistent with the levels defined in the current MQF version, the domains of learning outcomes and the programme standards as in Appendix SII-1.	2.2.2	Tabulate the alignment of the assessment methods to the competencies specified by the MDC in Appendix SII-1 and to MQF level. Ensure the assessment methods comply with Professional Qualifying Examination format.
2.2.3	The link between assessment and the achievement of learning outcomes in the programme must be reviewed periodically to ensure its effectiveness. (Applicable for Full Accreditation Renewal)	2.2.3	Describe how the link between assessment and learning outcomes are periodically reviewed to ensure its effectiveness.

2.3 Management of Student Assessment			
2.3.1	The HEP and its academic staff must have adequate levels of autonomy in the management of student assessment.	2.3.1	Explain the roles, rights and power of the HEP and its academic staff in the management of student assessment.
2.3.2	There must be mechanisms to ensure the security of assessment documents and records.	2.3.2	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 of the HEP. (Applicable for Full Accreditation and Renewal)	2.3.3	Explain how the assessment results are made available to students. Indicate the period of time. Show the evidence.
2.3.4	The HEP (University) must have an appropriate mechanism to address cases of academic plagiarism.	2.3.4	Describe mechanisms 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. (Applicable for Full Accreditation Renewal)	2.3.5	Explain how the HEP periodically reviews 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. These policies must be consistent with current procedures of the Ministry of Higher Education (MOHE) and Malaysian Dental Council (MDC). (Mandatory)	3.1.1	a) State the academic criteria and the mechanisms for selection and admission to the programme and any other additional requirements including that of transferring students. b) If a selection interview is utilised, describe it. c) Show how the selection criteria are consistent with the minimum entry requirement. Map the list of students to the results of the qualifications stipulated in the Minimum Entry Requirements. <table><tr><th colspan="13">List of candidates for intake ____ academic session</th></tr><tr><th rowspan="3">No</th><th rowspan="3">Name</th><th rowspan="3">IC</th><th colspan="10">Entry qualification</th></tr><tr><th colspan="6">SPM</th><th colspan="3">Foundation/Matric</th><th rowspan="2">Other</th></tr><tr><th>Bio</th><th>Chem</th><th>Phy</th><th>Math</th><th>Sub1</th><th>Sub2</th><th>Bio</th><th>Chem</th><th>Phy</th></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></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></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></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></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></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></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></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></tr></table> d) Provide evidence that the students selected fulfil the admission policies. e) Describe the admission mechanisms and criteria for students with other equivalent qualifications (where applicable).											List of candidates for intake ____ academic session													No	Name	IC	Entry qualification										SPM						Foundation/Matric			Other	Bio	Chem	Phy	Math	Sub1	Sub2	Bio	Chem	Phy																																																																																																								
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			Bio	Chem	Phy	Math	Sub1	Sub2	Bio	Chem	Phy																																																																																																																																																							

3.1.2	The HEP (University and Faculty) must have a policy regarding blood-borne viruses for candidates and students.	3.1.2	a) Describe the policy relating to exposure to contaminated body fluids, infectious disease screening and follow-up, hepatitis-B vaccination testing and other requirements. b) Provide evidence of implementation of policy (e.g. timetable, briefing, attendance)																																																																																																																																																																				
3.1.3	Student enrolment must commensurate with the capacity of the HEP to effectively deliver the programme. (Mandatory) Any increase in student intake or practice in double intake must have the approval of the relevant authority (Refer to Section VIII or Appendix SII-4). (Mandatory)	3.1.3	a) Provide information on student intake for the last five (5) years (as in table below) and the proportion of the applicant to intake. List the nationality of the foreign students (if applicable). <table><tr><th rowspan="2">Academic session</th><th rowspan="2"></th><th colspan="3">Year 1</th><th colspan="3">Year 2</th><th colspan="3">Year 3</th><th colspan="3">Year 4</th><th colspan="3">Year 5</th><th rowspan="2">Total</th></tr><tr><th>M</th><th>I</th><th>T</th><th>M</th><th>M</th><th>M</th><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><tr><td></td><td>N</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>R</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>N</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>R</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>N</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>R</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></table> M: Malaysian I: International T: Total students N: New students R: Repeat students (including those extended) b) Indicate the projection of student intake for the next five (5) years. <table><tr><th rowspan="2">Number of students</th><th colspan="5">Academic session</th></tr><tr><th></th><th></th><th></th><th></th><th></th></tr><tr><td>Projection of intake</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Enrolled</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Graduated</td><td></td><td></td><td></td><td></td><td></td></tr></table>	Academic session		Year 1			Year 2			Year 3			Year 4			Year 5			Total	M	I	T	M	M	M	M	I	T	M	I	T	M	I	T		N																	R																	N																	R																	N																	R																Number of students	Academic session										Projection of intake						Enrolled						Graduated					
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3.1.4	The criteria and processes of student selection must be transparent and objective.	3.1.4	Show evidence that the admission policy and mechanism are transparent and objective.
3.1.5	There must be a clear policy on, and appropriate mechanisms for appeal on student selection.	3.1.5	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. (Applicable for Full Accreditation Renewal)	3.1.6	Describe how the admission policy is monitored and reviewed periodically.
3.2 Articulation and Transfer			
3.2.1	The HEP must have well-defined policies, regulations and processes that facilitate student exchange which may include student transfer within and between institutions as well as cross-border. (Mandatory) Note: Credit exemption is only allowed for the graduates of medical programmes as stipulated in the MER for dental programme document.	3.2.1	a) Provide the policies, regulations and processes of student mobility including credit transfer. (if articulation and transfer are practiced) b) Describe how the HEP facilitates students in respect to mobility and exchanges, nationally and internationally. c) If credit exemption for the graduates of medical programme is practiced, list the students that are granted the credit exemption. Provide details and evidence of the bridging programme.
3.2.2	Credit transfer must be in accordance with current requirements by relevant authorities (Appendix SII-5). (Mandatory)	3.2.2	a) Provide a list of the students who have been granted credit transfer. (if articulation and transfer are practiced) b) Provide letter of approval for credit transfer from MDC.

3.3 Student Support Services																														
3.3.1	Students must have access to appropriate and adequate support services.	3.3.1	List the support services available to students. <table><tr><th>Support Services</th><th>Yes/No</th><th>Remarks (adequate / appropriate)</th></tr><tr><td>Physical Facilities (Specify)</td><td></td><td></td></tr><tr><td>Social (Specify)</td><td></td><td></td></tr><tr><td>Financial (Specify)</td><td></td><td></td></tr><tr><td>Sports and Recreational (Specify)</td><td></td><td></td></tr><tr><td>Co-curricular activities (Specify)</td><td></td><td></td></tr><tr><td>Internet facilities (Specify)</td><td></td><td></td></tr><tr><td>Health services (Specify)</td><td></td><td></td></tr><tr><td>Medical indemnity (Specify)</td><td></td><td></td></tr></table>	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)			Medical indemnity (Specify)		
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3.3.2	There must be a designated administrative unit responsible for planning and implementing student support services.	3.3.2	Describe the roles and responsibilities of those responsible for student support services.																											
3.3.3	A comprehensive induction to the programme must be made available to students. (Applicable for Full Accreditation and Renewal)	3.3.3	List the activities of the induction programme.																											
3.3.4	Academic and non-academic counselling must be provided by adequate and qualified staff.	3.3.4	a) Describe the provision of the academic and non-academic counselling services to students. b) List the qualifications of those involved in these services.																											
3.3.5	The HEP (University) must have clearly defined and documented processes and procedures in handling student disciplinary cases.	3.3.5	Describe the processes and procedures in handling disciplinary cases involving the students.																											

3.3.6	There must be a grievance mechanism for students to make appeals on academic and non-academic matters.	3.3.6	Describe the available mechanism for students to complain and to appeal on matters relating to academic and non-academic.
3.3.7	Student support services must be evaluated regularly to ensure their adequacy, effectiveness and safety.	3.3.7	Describe how the HEP (University) evaluates and ensures the adequacy, effectiveness and safety of student support services.
3.3.8	There must be mechanisms that actively identify and assist students who are in need of academic, spiritual, psychological and social support.	3.3.8	Describe the mechanisms that exist to identify and assist students who are in need of academic, spiritual, psychological and social support.
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.	3.4.1	List the activities for student participation in areas that affect their interest and welfare.
3.4.2	Student rights and responsibilities must be acknowledged, clearly documented, and made known to them.	3.4.2	Describe how student rights and responsibilities are acknowledged, spelt out and made known.
3.4.3	There must be adequate student representation and organisation at the HEP (University and faculty) levels.	3.4.3	State the type of student representation and organisation at the HEP (University and faculty) levels.
3.4.4	Students should be facilitated to develop linkages with external stakeholders and to participate in activities in preparation for the workplace. (Applicable for Full Accreditation and Renewal)	3.4.4	Describe how the HEP facilitates students to develop linkages with external stakeholders.
3.4.5	Student activities should be facilitated to encourage character building, inculcate a sense of belonging and responsibility, and promote community and social	3.4.5	List the activities that encourage character building, inculcate a sense of belonging and responsibility, and promote community and social responsibility.

	responsibility.		
3.4.6	The HEP (University and Faculty) should encourage students to be involved in research activities and documented outputs.	3.4.6	Describe the initiatives that are available to encourage the involvement of students in research and publication.
3.5 Alumni			
3.5.1	The HEP must foster active linkages with its alumni to develop, review and continually improve the programme. (Applicable for Full Accreditation Renewal)	3.5.1	List and describe the linkages established by the HEP with the alumni.

AREA 4: ACADEMIC 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 academic manpower needs that is consistent with university policies and programme requirements. For Provisional Accreditation, a detailed plan for recruitment of academic staff needs to be provided.	4.1.1	Explain how the HEP’s plan for academic staff is consistent with HEP policies and programme requirements.
4.1.2	The HEP (University) must have a clear and documented recruitment policy for academic staff.	4.1.2	State the policy, procedures, and the terms and conditions of service for the recruitment of academic staff.
4.1.3	a) Clinical academic staff shall possess a valid APC/TPC. (Mandatory) b) Academic staff in Private Higher Education Providers (PHEP) must have a valid teaching permit. (Mandatory)	4.1.3	a) Provide copies of valid APC and TPC for all clinical academic staff (including those applications that are being processed) b) Provide copies of valid teaching permits for all academic staff (for PHEP).
4.1.4	The HEP must have an adequate number of full-time academic staff responsible for implementing the programme. The calculation of total academic staff is based on:		a) Provide a summary information on every academic staff involved in conducting the programme:

- 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) full time equivalent (FTE) (Appendix SII-5).
 - iii. Part-time staff - Four (4) part-time staff are equivalent to one (1) full-time staff
- *Refer to table for formula to calculate the requirements below:
- The criteria indicated provide the guide in fulfilling this standard:
- a) Overall, at least 60% of academic staff must be full-time (including FTE)
 - b) In each core discipline, there must be at least two (2) full-time staff [one (1) must be full time not FTE] (Core discipline includes Oral Surgery, Prosthodontics, Operative Dentistry, Endodontology, Paediatric Dentistry, Orthodontics, Periodontology, Oral Medicine and Oral Pathology and Dental Public Health).
 - c) At least 30% of academic staff are Malaysian citizens.

Table 4.1.4

No	Name	Specialty & qualification	Registered/ recognised specialist by MDC or HEP. (Indicate)	Courses taught in this programme	Courses taught in other programme	Past work experience		Appointment status			Nationality
						Position held	Years of service	FT	FTE	PT	

Guide for calculation:

	No of full-time academic staff*	Full-time equivalent (FTE)**	Part-time* **	Formula
Actual no of academic staff	a	b	c	-
Total no of academic staff (T)	a	b	c/4	$T = a + b + (c/4)$
Percentage of full-time academic staff (FT %)	a	b		$FT = (a+b)/T \times 100\%$ At least 60%
Percentage of full-time academic staff who are Malaysian citizens (M %)	a ¹ (Only Malaysian academic staff)	b ¹	c	$M = \frac{a^1 + b^1 + c/4}{T} \times 100\%$ At least 30%

*Full-time academic staff– include lecturers from basic medical sciences employed for the faculty of dentistry, however, must not include lecturers for Human Disease from medical faculty

**FTE must be verified based on the criteria – appointment letter

	(Mandatory)	***Part-time – academic staff with temporary or short-term appointment with less than normal hours of work and may not work exclusively for a Higher Education Provider. b) Provide curriculum vitae of each academic staff in the programme containing the following information at the time of visit: • Name • Academic qualifications • Current professional membership • Current teaching and administrative responsibilities • Previous employment • Conferences and training • Research and publications • Consultancy • Community service • Other relevant information c) State the percentages of full-time academic staff. d) State the number of academic staff for each core discipline. <table border="1"> <thead> <tr> <th>Core discipline [At least two FT [one must be FT, not FTE]</th> <th>Current no of academic staff</th> <th>Name of academic staff</th> <th>FT or FTE?</th> <th>Specialty</th> </tr> </thead> <tbody> <tr> <td>Oral Surgery</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Prosthodontics</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operative Dentistry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Endodontology</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Core discipline [At least two FT [one must be FT, not FTE]	Current no of academic staff	Name of academic staff	FT or FTE?	Specialty	Oral Surgery					Prosthodontics					Operative Dentistry					Endodontology				
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4.1.5	The academic staff–student ratio for the programme must be appropriate to the teaching-learning methods. The HEP must have the following ratio: a) 1:12 for pre-clinical teaching (Basic Medical Sciences – Year 1 and 2) b) 1:12 for pre-clinical teaching (Oral Biology – Year 1 and 2) c) 1:12 for clinical teaching (General Medicine and General Surgery – Year 2 or 3 depending on the HEP. d) 1:12 for dental simulation supervision or operative technique (Year 2)** e) 1:6 for dental clinical supervision (Year 3, 4 and 5) – one clinical supervisor for 6 students (operators)	4.1.5	a) State the staff-student ratio: <table><tr><th></th><th>Number of supervisors per group in timetable</th><th>No. of students per group in the timetable</th><th>Staff:Student Ratio</th></tr><tr><td>Pre-clinical teaching - Basic medical sciences Ratio (1:12)</td><td></td><td></td><td></td></tr><tr><td>Pre-clinical teaching - Oral Biology Ratio (1:12)</td><td></td><td></td><td></td></tr><tr><td>General Medicine and General Surgery Ratio (1:12)</td><td></td><td></td><td></td></tr><tr><td>Dental simulation or Operative technique Ratio (1:12)</td><td></td><td></td><td></td></tr><tr><td>Dental clinical supervision (Year 3,4 and 5) Ratio (1:6)</td><td></td><td></td><td></td></tr></table>		Number of supervisors per group in timetable	No. of students per group in the timetable	Staff:Student Ratio	Pre-clinical teaching - Basic medical sciences Ratio (1:12)				Pre-clinical teaching - Oral Biology Ratio (1:12)				General Medicine and General Surgery Ratio (1:12)				Dental simulation or Operative technique Ratio (1:12)				Dental clinical supervision (Year 3,4 and 5) Ratio (1:6)				
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	Note: **Apart from year 2, dental simulation may also be carried out in Year 1 and year 3 but the ratio remains. (Evidence from students' supervision timetable)		b) Provide the timetable and lecturers' roster (based on site teaching).														
4.1.6	There must be a combination of teaching, research and service roles for all academic staff.	4.1.6	a) State the HEP's policy on staff functions in terms of teaching, research and service. b) Provide the following information: University Required Weightage of Academic Staff Activities <table><tr><th>Activity</th><th>Percentage of Time</th></tr><tr><td>Teaching</td><td></td></tr><tr><td>Research</td><td></td></tr><tr><td>Clinical Service</td><td></td></tr><tr><td>Administration</td><td></td></tr><tr><td>Community/Social service</td><td></td></tr><tr><td>Professional service</td><td></td></tr></table>	Activity	Percentage of Time	Teaching		Research		Clinical Service		Administration		Community/Social service		Professional service	
Activity	Percentage of Time																
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Clinical Service																	
Administration																	
Community/Social service																	
Professional service																	
4.1.7	The policy of the HEP must reflect an equitable distribution of responsibilities among the academic staff.	4.1.7	Describe how the HEP ensures equitable distribution of duties and responsibilities among the academic staff.														
4.1.8	The recruitment must seek diversity among the academic staff in terms of experience, approaches and background.	4.1.8	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 subject, 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.	4.1.9	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.
4.1.10	The HEP should have active national and international linkages to provide for the involvement of academics and professionals in order to enhance teaching and learning of the programme. (Applicable for Full Accreditation and Renewal)	4.1.10	Describe the nature and extent of the national and international linkages to enhance teaching and learning of the programme.
4.2 Service and Development			
4.2.1	The HEP (University) must have policies addressing matters related to service, professional development and appraisal of the academic staff.	4.2.1	Provide information on the HEP's policies on service, development and appraisal of the academic staff.
4.2.2	The academic staff must be given sufficient autonomy to focus on areas of his expertise.	4.2.2	Describe how 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 (University) must have a clearly stated policy on conflict of interest, particularly in the area of private practice, multiple employment and consultancy services.	4.2.3	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 (University) must have clearly defined and documented processes and procedures in handling disciplinary cases involving the academic staff.	4.2.4	Describe the processes and procedures in handling disciplinary cases involving the academic staff.
4.2.5	The HEP (University and faculty) must have mechanisms and processes for periodic student evaluation of the academic staff for purposes of quality improvement.	4.2.5	Describe the mechanisms and processes for periodic student evaluation of the academic staff. Show how this evaluation is taken into account for purposes of quality improvement. Indicate the frequency of this evaluation exercise.
4.2.6	The HEP (University and faculty) must have a staff development programme particularly for new academic staff including mentoring and formative guidance.	4.2.6	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).
4.2.7	The HEP must encourage and facilitate its academic staff to play an active role in community engagement activities.	4.2.7	List and describe the engagement of academic staff in community activities.
4.2.8	The HEP (University and faculty) 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.	4.2.8	Describe how the academic staff are given the opportunity to participate in professional, academic and other relevant activities at national and international levels.

AREA 5: EDUCATIONAL RESOURCES

Programme Standards		Information Required in Database																																																																																																																																																												
5.1 Physical Facilities																																																																																																																																																														
5.1.1	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. For Provisional Accreditation, a detailed plan of physical facilities and educational resources need to be provided. a. Educational resources such as lecture hall/auditorium, tutorial room, seminar room, computer lab, medical science lab and strong room. (Mandatory) b. General facilities include cafeteria, toilet, locker rooms, storerooms, <i>surau</i> , students' common room, sports facilities and hostel.	5.1.1	List all the physical facilities related to the programme. <u>Facility</u> <table><tr><th rowspan="3">N o.</th><th rowspan="3">Facilities required</th><th colspan="6">Provisional Accreditation</th><th colspan="2" rowspan="2">Full Accreditation</th></tr><tr><th colspan="2">Available for Year 1</th><th colspan="4">To be provided</th></tr><tr><th>No</th><th>Capacity</th><th colspan="2">In Year 2</th><th colspan="2">In Year 3</th><th>No.</th><th>Capacity</th></tr><tr><td>1</td><td>Lecture Halls</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>Tutorial Rooms</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td>Discussion Rooms</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td rowspan="5">4</td><td>Laboratories and Workshops</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>- IT lab</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>- Science lab</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>- Clinical lab</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>- Others</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td rowspan="2">5</td><td>Library and Information Centres</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Learning Support Centres</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>6</td><td>Learning Resources Support</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>7</td><td>Student Social Spaces</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>8</td><td>Other Facilities including ICT related facilities</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							N o.	Facilities required	Provisional Accreditation						Full Accreditation		Available for Year 1		To be provided				No	Capacity	In Year 2		In Year 3		No.	Capacity	1	Lecture Halls									2	Tutorial Rooms									3	Discussion Rooms									4	Laboratories and Workshops									- IT lab									- Science lab									- Clinical lab									- Others									5	Library and Information Centres									Learning Support Centres									6	Learning Resources Support									7	Student Social Spaces									8	Other Facilities including ICT related facilities								
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	- Others																																																																																																																																																													
5	Library and Information Centres																																																																																																																																																													
	Learning Support Centres																																																																																																																																																													
6	Learning Resources Support																																																																																																																																																													
7	Student Social Spaces																																																																																																																																																													
8	Other Facilities including ICT related facilities																																																																																																																																																													
5.1.2	The library or resource centre must have adequate and up-to-date reference materials and availability	5.1.2	a) State the database system used in the library and information centre.																																																																																																																																																											

	of qualified staff that meet the needs of the programme and research amongst academic staff and students.		b) State the number of staff in the library and information centre 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: <table><tr><th>Types of Reference Material</th><th>No. of Title</th><th>No. of Collection</th></tr><tr><td>Books or e-books</td><td></td><td></td></tr><tr><td>Online Resources</td><td></td><td></td></tr><tr><td>Journals</td><td></td><td></td></tr><tr><td>Others e.g. Video and Electronic Reference Material</td><td></td><td></td></tr></table> e) Indicate availability and connectivity of internet facilities.	Types of Reference Material	No. of Title	No. of Collection	Books or e-books			Online Resources			Journals			Others e.g. Video and Electronic Reference Material		
Types of Reference Material	No. of Title	No. of Collection																
Books or e-books																		
Online Resources																		
Journals																		
Others e.g. Video and Electronic Reference Material																		
5.1.3	Specific equipment and facilities for training must be adequately provided for practical and clinical programmes: a. Pre-clinical training facilities - operative technique (skills lab) workstation to student ratio of 1:3; (Year 2) (Mandatory)	5.1.3	Provide information on the specific facilities related to the programme a. Pre-clinical facilities Operative Technique (Skills Lab) Workstation (1:3) <table><tr><th>No. of Workstation</th><th>No. of Students (Year 2)</th><th>Ratio (Workstation: student)</th></tr><tr><td></td><td></td><td></td></tr></table>	No. of Workstation	No. of Students (Year 2)	Ratio (Workstation: student)												
No. of Workstation	No. of Students (Year 2)	Ratio (Workstation: student)																

b. Clinical training facilities in primary care setting, student clinic for clinical year students and hospital facilities with ambulatory services;

1. Dental chair to student ratio of 1:3 (Year 3, 4 and 5)
(Mandatory)
2. Prosthodontic workstation to student ratio of 1:4 (Year 2, 3, 4 and 5)
(Mandatory)
3. Adequate pool of patients for optimal clinical training. The HEP must ensure adequacy of patients' number and mix based on Minimum Clinical Experience (MCE) and Expected Clinical Experience (ECE) (an average of twenty (20) patients per student for 3 clinical years)

b. **Clinical facilities**

1. Dental Chair (1:3)

Total no. of dental chairs	Total no of students (Year 3,4,5)	Ratio (Dental chair: student)

2. Prosthodontic Workstation (1:4)

No. of Prosthodontic Workstation	No. of students (Year 2, 3, 4, 5)	Ratio (Workstation: student)

3. Adequacy of Patients for Clinical Training

Provide the following information:

Number of patients attending student dental clinics (current academic year).	
Number of clinical students (current academic year).	
Average number of dental patients managed by a student per academic year (i/ii)	

Indicate effort to assure adequacy of patients' number and mix based on Minimum Clinical Experience (MCE) and Expected Clinical Experience (ECE).

d. Availability of related facilities such as imaging, sterilisation facilities, equipment in teaching and research laboratories (such as fume hood, compressors etc)

List the name of hospital / clinical facilities used in the teaching of clinical care and community-based care.

item	Name of Hospital / Clinic	No. of Sessions Per Week (hours per session)	Total no. of Session	No. of students per Session	No. of supervisors per Session
General Medicine					
General Surgery					
OMFS					
Paediatric Dentistry					
Community-based activity					
Others (please specify)					

d. List related facilities such as imaging and sterilisation to support teaching and learning activities.

Facility	Type of Equipment	Number of Equipment	License no	Expiry date
Imaging				
Sterilisation				
Laboratory equipment				

	e. Approval from Private Medical Practice Control Section (CKAPS - Cawangan Kawalan Amalan Perubatan Swasta) for clinical facilities in Private Higher Education Provider (PHEP). (For provisional accreditation – approval from CKAPS is not mandatory. However, this criterion is mandatory at pre-clinical surveillance visit and for Full Accreditation and Renewal).		<table><tr><td>Research equipment</td><td></td><td></td><td></td><td></td></tr><tr><td>Others (please specify)</td><td></td><td></td><td></td><td></td></tr></table> e. Approval from CKAPS Show evidence of endorsement from Private Medical Practice Control Section (CKAPS- Cawangan Kawalan Amalan Perubatan Swasta) for clinical facilities in PHEP.	Research equipment					Others (please specify)				
Research equipment													
Others (please specify)													
5.1.4	All equipment (e.g., autoclaves, radiographic imaging, compressor) must comply with the relevant laws and regulations. (At pre-clinical surveillance visit during provisional accreditation and for Full Accreditation and Renewal). (Mandatory)	5.1.4	Show evidence of report/test/QA certificate for equipment (e.g. autoclaves, radiographic imaging, compressor etc.) listed in 5.1.3 (d) (Applications for renewal of licenses are acceptable).										

5.1.5	The facilities available in the HEP (University and faculty) must be user friendly to patients with special needs. (At pre-clinical surveillance visit and for Full Accreditation and Renewal).	5.1.5	Describe the availability of user-friendly facilities to those with special needs.
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. (Applicable for Full Accreditation and Renewal)	5.1.6	a) Describe how the HEP maintains, reviews and improves the adequacy, currency and quality of its educational resources. b) Provide evidence of maintenance of the learning facilities.
5.2 Research and Development			
5.2.1	The HEP must have a policy and a programme on research and availability of adequate facilities for sustainability.	5.2.1	a) Describe the policies, facilities and budget allocation available to support research. b) Describe the research activities of the HEP and the academic staff involved in them.
5.2.2	The interaction between research and education must be reflected in the curriculum, influence current teaching, and encourage and prepare students for engagement in research, scholarship and development.	5.2.2	a) Describe how the HEP encourages interaction between research and learning. Show the link between the HEP's policy on research and the teaching-learning activities in the faculty. b) State any initiatives taken by the faculty to engage students in research.
5.2.3	The HEP must periodically review its research resources and facilities and take continuous appropriate action to enhance its research	5.2.3	Describe the processes by which the HEP reviews its research resources and facilities and the steps taken to enhance its research capabilities and environment.

	capabilities and to promote a conducive research environment. (Applicable at Full Accreditation Renewal)		
5.3 Financial Resources			
5.3.1	The HEP must demonstrate financial viability and sustainability for the programme.	5.3.1	Provide audited financial statements or certified supporting documents for the last three consecutive years. Explain the financial viability and sustainability based on the provided statements/documents.
5.3.2	The HEP must have clear procedures to ensure that its financial resources are sufficient and efficiently managed.	5.3.2	Describe how the HEP ensures that its financial resources are sufficient and managed efficiently.
5.3.3	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	5.3.3	a) Explain 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. b) Describe the HEP's financial planning for the programme in the next two years.

AREA 6: PROGRAMME MANAGEMENT

Programme Standards		Information Required in Database	
6.1 Programme Management			
6.1.1	The HEP must clarify its management structure and function, the relationships between them, and these must be communicated to all parties involved based on the principles of responsibility, accountability and transparency.	6.1.1	a) Describe the management structure and functions and the main decision-making components of the department as well as the relationships between them. State how these relationships made known to all parties involved. b) Indicate the type and frequency of HEP meetings.
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.	6.1.2	a) Describe the Faculty's 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 faculty.
6.1.3	The academic board of the HEP must be an effective decision-making body with an adequate degree of autonomy.	6.1.3	Show evidence (such as terms of reference, minutes of meeting) that the HEP/Faculty board is an effective decision-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 campuses or partner institutions.	6.1.4	Describe the arrangements agreed upon by the HEP and its campuses or partner institutions (for example, franchise programmes, joint awards, collaborative research) to assure functional integration and educational quality. (If applicable)

Programme Standards		Information Required in Database	
6.1.5	The HEP must conduct internal and external consultations, and graduate employability analyses. (Applicable for Full Accreditation Renewal)	6.1.5	Show evidence of internal and external consultation and graduate employability analyses.
6.2 Programme Leadership			
6.2.1	The programme leader must have dental degree qualification (BDS or equivalent) and adequate experience [at least five (5) years academic experience] for curriculum design, delivery and review. (Mandatory)	6.2.1	Provide information on the qualification and years of academic experience of the programme leader.
6.2.2	The Dean must be full-time academic staff, has appropriate qualifications, with valid APC/TPC from MDC and resides in Malaysia. The Dean must not be found guilty of any offence involving fraud, dishonesty, moral turpitude, undischarged bankrupt, removed in any register of dental practitioner or equivalent maintained in Malaysia or any place outside Malaysia as a result of misconduct or disciplinary proceedings. For provisional accreditation, the founding dean must have at least five (5) years of academic	6.2.2	a) Describe the qualifications, experience and responsibilities of the Dean. b) State the nationality and place of residence of the Dean. c) Describe the mechanism of appointment of the Dean.

Programme Standards		Information Required in Database													
	experience. (Mandatory)														
6.2.3	The HEP must establish an appropriate academic team for the programme. The criteria for their appointment and responsibilities must be clearly stated.	6.2.3	a) Academic team/Unit i. List the academic team/unit ii. Describe the appointment mechanism of the team/unit iii. Duration of appointment of the team/unit iv. List job descriptions of the team /unit v. Purpose(s) and goals/objectives of the team/unit vi. State the frequency of the academic staff meeting vii. Provide minutes of meeting showing academic team’s functioning in strengthening programme delivery. b) Committees within the Dental Faculty List all committees related to academic matters and the respective Terms of Reference (ToR). <table><tr><th>Committee</th><th>No. of Members</th><th>Frequency of Meeting</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Committee	No. of Members	Frequency of Meeting									
Committee	No. of Members	Frequency of Meeting													

Programme Standards		Information Required in Database					
6.2.4	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.	6.2.4	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 Support Staff							
6.3.1	The support staff of the HEP must be appropriately qualified, technically competent and sufficient in numbers to support the implementation of the programme and related activities. There should be sufficient clinical support staff for teaching and learning purposes with staff to student ratio of 1:10. <u>Minimum number of staff required:</u> a) Registered Dental Therapist – 1 b) Dental Surgery Assistant (DSA)/ Trained Clinical Assistant or Equivalent/ Clinical Assistant (Attendant) for clinics and simulation - Three (3) per 50 students (for	6.3.1	a) Provide a summary information on support staff involved in the programme.				
			Job Category	Rank / Grade (when applicable)	Current no. of staff	Number of students	Required no of staff
			a) Registered Dental Therapist				1
			b) Dental Surgery Assistant (DSA)/ Trained Clinical Assistant or Equivalent/ Clinical Assistant (Attendant)				
			c) Clinical staff or equivalent for sterilisation unit				
			d) Registered Medical Staff				

Programme Standards		Information Required in Database																																																																	
	total number of students in Year 3 + 4 + 5), with at least one (1) DSA. c) Clinical staff or equivalent for sterilisation unit – at least one (1) trained staff d) Registered Medical Staff Nurse – 1 e) Registered Radiographer – 2 f) Registered Dental Technologist – One (1) per 50 students (for total number of students in Year 2, 3, 4 and 5) - For scheduled pre-clinical practical class, two (2) dental technologists must be rostered, when applicable) g) Registered Medical Laboratory Technologist – Two (2) per practical class h) Patient Registration Clerk – 1 i) Any other relevant support staff.		<table><tr><td>Nurse</td><td></td><td></td><td></td><td></td></tr><tr><td>e) Registered Radiographer</td><td></td><td></td><td></td><td></td></tr><tr><td>f) Registered Dental Technologist</td><td></td><td></td><td></td><td></td></tr><tr><td>g) Registered Medical Laboratory Technologist</td><td></td><td></td><td></td><td></td></tr><tr><td>h) Patient Registration Clerk</td><td></td><td></td><td></td><td></td></tr><tr><td>i) Others (please specify)</td><td></td><td></td><td></td><td></td></tr></table> b) Provide a list of support staff with their qualifications and registration details (when applicable). <table><tr><th>No</th><th>Name of support staff</th><th>Job category</th><th>Qualification</th><th>Registration no</th></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><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></table>	Nurse					e) Registered Radiographer					f) Registered Dental Technologist					g) Registered Medical Laboratory Technologist					h) Patient Registration Clerk					i) Others (please specify)					No	Name of support staff	Job category	Qualification	Registration no																													
Nurse																																																																			
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i) Others (please specify)																																																																			
No	Name of support staff	Job category	Qualification	Registration no																																																															

Programme Standards		Information Required in Database																								
6.3.2	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. There must be dedicated administrative staff for the programme that include the registrar/executive officer and assistant administrative personnel. Other administrative staff include IT personnel, financial officer, technician and others.	6.3.2	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. c) Describe the recruitment processes and procedures. State the terms and conditions of the service. d) State the numbers required and available, job category and minimum qualification of administrative staff for this programme. <table><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><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></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																						
6.3.3	The HEP must conduct a regular performance review of the programme's support staff. (Applicable for Full Accreditation Renewal)	6.3.3	State the mechanisms and procedures for monitoring and appraising the performance of support 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.																							
6.3.4	The HEP must have an appropriate training	6.3.4	Describe the training scheme for the support staff and show how this scheme																							

Programme Standards		Information Required in Database	
	scheme for the advancement of the support staff as well as to fulfil the specific needs of the programme.		fulfils the specific, advanced and future needs of the programme.
6.4 Academic Records			
6.4.1	The HEP (University and faculty) must have appropriate policies and practices concerning the nature and security of student and academic staff records.	6.4.1	State the policies and practices on the nature, content and security of student and academic staff records at the faculty level.
6.4.2	The HEP (University and faculty) must implement policies on the rights of individual privacy and the confidentiality of records.	6.4.2	Describe how the HEP ensures the rights of individual privacy and the confidentiality of records.
6.4.3	The HEP should continuously review policies on security of records including increased use of electronic technologies and safely systems. (Applicable for Full Accreditation Renewal)	6.4.3	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	
Mechanisms for Programme Monitoring, Review and Continual Quality Improvement			
7.1	The HEP must have clear policies and appropriate mechanisms for regular monitoring and review of the programme. The full-cycle curriculum must be reviewed every 5 years. (Mandatory) Note: The date of initiation of the full-cycle curriculum review is counted from the date of implementation of the latest approved and implemented curriculum. (Applicable for Full Accreditation Renewal)	7.1	a) Describe the policies and mechanisms for regular monitoring and review of the programme. b) Curriculum review. Provide information/evidence for the following: i. List the members of the curriculum review committee. ii. State the frequency of the meeting. iii. State the rationale for the curriculum review. iv. Describe the changes made in the review. v. State the start date of the full-cycle curriculum review process. vi. State the date of implementation of the last approved curriculum. c) Provide evidence of senate approval for implementation of the most current revised curriculum. d) Provide a copy of the most current revised document endorsed by external experts/Board of Studies (if curriculum review process is complete).
7.2	The HEP (University and Faculty) must have a dedicated Quality Assurance (QA) unit or personnel responsible for internal quality assurance of the	7.2	Describe the role and the effectiveness of the unit responsible for internal quality assurance of the University and Faculty.

Programme Standards		Information Required in Database	
	faculty.		
7.3	The HEP must have an internal programme monitoring and review committee headed by a designated coordinator who is dedicated to continuously review the programme to ensure its currency and relevancy.	7.3	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.
7.4	The HEP has mechanisms for students to assess their lecturers. (Applicable for Full Accreditation and Renewal)	7.4	a) Describe the mechanism for students to give feedback on teaching-learning activities by their lecturers. b) Describe how the feedback is incorporated for programme improvement / review exercise.
7.5	Various aspects of student performance, progression, attrition and graduation must be analysed for the purpose of continual quality improvement. (Applicable for Full Accreditation and Renewal)	7.5	a) Describe system used in determining students' performance (e.g. Board of Examiners). b) Provide documented information on student performance, progression, attrition and graduation analysis for the purpose of continual quality improvement. c) Provide evidence on evaluation of programme effectiveness, that may include the following: i. Student scores on written exams ii. Performance-based assessment of student skills and abilities

Programme Standards		Information Required in Database	
			iii. Alumni/graduate survey iv. Student advancement and graduation rates v. Others (specify)
7.6	In collaborative arrangements, the partners involved must share the responsibilities of programme monitoring and review.	7.6	Describe the responsibilities of the parties involved in collaborative arrangements in programme monitoring and review. (If applicable)
7.7	The findings of a full-cycle programme review must be presented to the HEP (University) for its attention and further action. (Applicable for Full Accreditation Renewal)	7.7	Provide evidence to indicate that the findings of the full-cycle review are presented to the HEP (University) and its further action thereafter.
7.8	There must be a link between the HEP quality assurance processes and the achievement of the educational goals of the HEP (University). (Applicable for Full Accreditation and Renewal)	7.8	Explain the link between the HEP quality assurance processes and the achievement of the educational goals of the HEP (University).
7.9	The HEP's review system must constructively engage stakeholders, including the alumni and employers as well as external experts whose views are taken into consideration. (Applicable for Full Accreditation Renewal)	7.9	a) Provide records on engagement with relevant experts b) Provide feedback raised by the relevant experts c) State the involvement of external examiners/assessors in the review and provide the relevant reports.

SECTION III

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

SECTION III: GUIDE FOR THE CONDUCT OF PROGRAMME EVALUATION VISIT

1) INTRODUCTION

This guide sets out the procedures for conducting a programme evaluation. The procedures are categorized into three (3) parts; before, during and after the evaluation visit.

The purposes of conducting a programme evaluation are to:

- i. determine compliance of the programme implementation to the Standards and Criteria for BDS Programme or equivalent.
- ii. validate the database and seek additional information that may be inadequate in the submitted documents
- iii. recommend necessary improvements and accreditation status of the programme

2) PROCEDURES BEFORE THE EVALUATION VISIT

The procedures include:

- i. Notification of accreditation visit to the HEP
- ii. Preparation for PoA visit by the faculty/HEP
- iii. Role of the PoA

2.1 Notification of accreditation visit to the HEP

- a. The secretariat will inform the list of PoA to the HEP.
- b. If the HEP disagrees with a prospective assessor, HEP is obliged to furnish reasons based on the criteria of PoA selection for its objection to the secretariat. However, the final decision whether to select a particular person as an assessor rest with the JTAC.
- c. The secretariat will notify the HEP ahead to enable adequate preparation for evaluation visits.
- d. The HEP must submit the most current data (if required or if there are any additional documents). Failure to submit appropriate documents will delay the accreditation process and affect the registration of graduates.
- e. The timing of document submission and evaluation visit is based on the type of evaluation as follows:

TYPE OF VISIT		TIMING OF SUBMISSION	TIMING OF VISIT	AIM OF VISIT
I.	Provisional accreditation	Determined by HEP - Check the information on the MQA website for	Within three (3) months after submission of completed	To determine the readiness of the HEP (faculty) to commence the

TYPE OF VISIT		TIMING OF SUBMISSION	TIMING OF VISIT	AIM OF VISIT
		document submission	documents (verified by MQA)	programme
II. Surveillance Visits				
	a. Post - approval	Not less than six (6) months prior to intake of first cohort	Three (3) months prior to intake of first cohort	To determine the readiness of the pre-clinical training facilities of HEP (faculty) to commence the programme as planned
	b. Pre-clinical phase	Not less than three (3) months prior to the end of academic session of Year One of first cohort	Semester 1 of Year Two	To ensure the smooth transition of the programme and facilities from pre-clinical to clinical phase.
	c. Clinical phase	Not less than three (3) months prior to the end of academic session of Year Three of first cohort	Semester 1 of Year Four	To monitor and ensure the adequacy of clinical training.
III.	Full accreditation	Not less than nine (9) months before the end of the academic calendar/schedule of the first cohort.	Not less than six (6) months before the end of the academic calendar/schedule of the first cohort.	To verify compliance to accreditation Standards and Criteria
IV.	Full accreditation (Renewal)	Not less than nine (9) months before the expiry of the date of accreditation.	Not less than six (6) months before the expiry of current accreditation period.	To verify compliance to accreditation Standards and Criteria

TYPE OF VISIT		TIMING OF SUBMISSION	TIMING OF VISIT	AIM OF VISIT
V	Monitoring	As stipulated in the MDC decision based on JTAC recommendation	As stipulated in the MDC decision based on JTAC recommendation	To verify compliance to areas of concerns identified.

f. The above (II - V) visits are conducted during active teaching-learning sessions.

2.2 Preparation for PoA visit by the HEP

- a) The HEP must appoint a liaison officer preferably a relatively senior academic staff to act as a link between the Faculty and the PoA throughout the visit. The liaison officer is expected to accompany the PoA in respective site visits such as hospital, library, classrooms, and other facilities.
- b) The PoA shall deliberate on the suitability of the proposed dates and duration and prepare a tentative schedule for the visit. This information will then be forwarded to the secretariat for confirmation and agreement with the HEP.
- c) The HEP is required to cover the cost of logistics for PoA which include but not limited to hotel accommodation, travel expenses, and meal allowances.
- d) The HEP 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
- e) The HEP must arrange appropriate venue to enable meeting with the following categories:
 - students;
 - support staff (clinical and non-clinical); and
 - academic staff.

2.3 Role of Panel of Assessors (PoA)

2.3.1 Selection criteria of the PoA

- a) The selection of members of the PoA is guided by the availability, suitability, expertise, experience and neutrality of the prospective panel members.
- b) The members of PoA must be registered dental specialists from a variety of specialties.
- c) Members must be from different organisations.
- d) The PoA must have undergone the PoA training and have experience as an observer for provisional or full accreditation of an undergraduate or postgraduate programme.

2.3.2 Selection criteria of the Observer:

- a) Must have at least three (3) years of working experience as a dental specialist.
- b) Must be from a different organisation from the PoA, whenever possible.
- c) All costs incurred shall be borne by the respective organisation.

2.3.3 Selection of the Chairperson

The chairperson is the key person in an accreditation exercise and should have prior experience as an assessor. The chairperson must have served as a PoA for undergraduate or postgraduate programmes at least five (5) times.

2.3.4 Appointment of PoA

The chairperson and at least two (2) other members of the PoA will be appointed on the recommendation of JTAC. The membership of PoA must be free of any conflict of interest.

2.3.4 Conflict of interest

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

- a) 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 (unless there is cooling-off period of 2 years), or having close relative in the programme, or if an assessor is excessively biased for, against, the HEP due to some previous events.
- b) 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 or consultant to the HEP, or is currently attached to an HEP that is competing with the one being evaluated (unless there is a cooling-off period of 2 years). Examples of professional conflict include current appointed members of the Board of Studies,

Advisory Board, External Advisor etc. An external examiner can be the PoA, as the terms of reference relate to the conduct of the examination and the assessment of student performance.

- c) Ideological conflict can be based on differing worldviews 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.

Prospective assessors must declare their interest in the institution. If the prospective assessor has a direct interest, she/he may be excluded from consideration. In addition, the HEP can register its objections to their appointment.

2.3.5 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 freely and considerately exchanged, and where integrity and transparency prevail. The mode and accomplishment of the accreditation exercise depend on the chairperson's ability to facilitate the panel in carrying 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,
- brief the panel members, including the observer, on the conduct and professionalism during the entire accreditation process,
- ensure attention is paid to comments made based on due compliance to quality assurance standards as stipulated in the Standards and Criteria for BDS Programme or equivalent.
- present the oral exit report that summarises the tentative findings of PoA to the Dental Faculty/HEP,
- compile the draft report,
- involve 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.

2.3.6 Role of members of PoA

Panel members shall assist the chairperson in collecting and recording additional data and findings during the visit and jointly prepare and review the draft. In reviewing the documents, PoA should refer to the Standards and Criteria for the BDS Programme or equivalent.

2.3.7 Role of observers

The observer shall have access to the documents and participate in the discussion during the desktop assessment. The opinion of the observer may or may not be included in the report. During the site visit, the observer's participation is limited to document verification only. The observer shall not pose any questions to the HEP. Any query must be made through the PoA.

2.4 Preparation for the visit by the PoA

The procedures include a desktop assessment meeting, confirmation of the visit schedule, and the proposed conduct of the visit.

PoA must conduct a desktop assessment meeting to:

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

During this meeting, PoA must also confirm the visit schedule to be provided to the HEP.

A list of any additional information/documents required by the PoA must be provided to HEP, and HEP will be given two weeks to prepare them. Additional documents can either be submitted to the secretariat or can be made available during the visit.

3) PROCEDURES DURING THE EVALUATION VISIT

The procedures include a schedule of visits, the decorum and conduct of the PoA, and the presentation of the oral exit report.

3.1. Schedule of visit

- a. The secretariat provides the Dental Faculty/HEP with a tentative schedule as agreed earlier by PoA. This schedule is at mutually acceptable dates.

- b. The duration of two (2) days is allocated for the visit for Full accreditation, for Provisional accreditation, the duration is one (1) day, and for monitoring visit, if applicable, the duration is one (1) day.
- c. PoA meets with the senior management of the Faculty/HEP, as well as with 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 facilities, computer-assisted learning facilities, the library, community clinics, general practice settings, and hospitals.
- e. The first and last hours of each day are set aside for members of the PoA to meet as a group.
- f. The Schedule of Visit, in Appendix SIII-1, provides an example of the site visit schedule.
- g. The findings by the respective team members should be submitted to the Chairperson. These findings will be consolidated into a preliminary report by the Chairperson for the exit meeting.
- h. In the visit schedule, just before the oral exit meeting, there should be a session during which the chairperson shall give the Dean and senior staff of the faculty the opportunity to clarify any findings or correct any issues or errors. During this meeting, the dean has the opportunity to express their views regarding the report's findings.

3.2 Decorum and conduct of PoA

- a. The PoA must be professional in its approach, be helpful to the faculty, and uphold the spirit of collegiality, as accreditation is a positive, not punitive, peer-review process.
- b. The guidelines on the decorum and conduct of PoA are described in the latest version of “Kod Etika Panel Lantikan MQA”.
- c. At the HEP, the chairperson explains the purpose of the visit and introduces the PoA.

- d. All interviews are conducted with the Dean's knowledge, with or without his presence, to ensure that dissenting views can be freely expressed without being attributed to individuals.
- e. PoA must always remember that they are guests of the HEP, and it is best not to be confrontational or get into arguments.
- f. The role of PoA is to evaluate, thus it must overcome the inclination to compare the visit with its own institutions. PoA must not act as a consultant. They should encourage innovation and re-orientation in accordance with changing health needs.
- g. PoA must validate the database and ensure consistency in the programme. PoA must ensure that a programme's evaluation is conducted fairly and honestly. All statements, opinions, and conclusions must be based on references to quality assurance documents developed by MQA, such as MQF, COPPA, GGP, and program standards.
- 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 concern. These must be validated with the Standards and Criteria for BDS Programme or equivalent and presented at the exit meeting.

3.3 Oral exit report

- a. The chairperson gives the oral exit report to the institution at the end of the accreditation visit. It provides immediate feedback prior to the final report.
- b. The oral exit report highlights the unique areas of strength and encourages distinctive activities/efforts of the faculty in the management of the programme. It also emphasises the areas of concern which are directly linked to non-compliance with standards.
- c. 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.

4) AFTER THE EVALUATION VISIT

The PoA is responsible for consolidating the findings, preparing a comprehensive report and making recommendations. Assessment rubric shall be used as a **GUIDE** in determining the eligibility of the accreditation period (Refer to Assessment Rubric for Standards and Criteria for BDS Programme or equivalent).

The report and assessment rubric shall be submitted to the JTAC secretariat and present the findings on a determined date.

4.1 Writing the report

- a. The draft report must be prepared in accordance with Section IV – Guide to Preparing Accreditation Report. It emphasises the description and evaluation of the programme and documents 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 preparation of the final version of the draft report.
- c. For provisional and full accreditation, the PoA may propose to JTAC one of the following recommendations:

No	Provisional Accreditation	Full Accreditation	Full Accreditation (Renewal)
i.	Award the Provisional Accreditation.	Award the Full Accreditation. The recommended duration of Full Accreditation is for ____ years, from ____ until ____.	Award the Full Accreditation (Renewal). The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.
ii.	Award the Provisional Accreditation with conditions (minor non-compliance) List of minor non-compliance (score 3):	Award the Full Accreditation with conditions (with minor non-compliance) The recommended duration of Full Accreditation is for ____ years, from ____ until ____.	Will be awarded the Full Accreditation (Renewal) with conditions (with minor non-compliance) The recommended duration of Full Accreditation (Renewal) is for ____ years, from ____ until ____.

	1. 2.	Where applicable: Monitoring visit/ assessment is required in ____ year(s). List of minor non-compliance (score 3): 1. 2.	_____. Where applicable: Monitoring visit/assessment is required in ____ year(s). List of minor non-compliance (score 3): 1. 2.
iii.	Denial of Provisional Accreditation (with reasons of the minor, major non-compliance and mandatory items) List of mandatory items: 1. 2. List of major non-compliance (score 1 and 2): 1. 2. List of minor non-compliance (score 3): 1. 2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items) List of mandatory items: 1. 2. List of major non-compliance (score 1 and 2): 1. 2. List of minor non-compliance (score 3): 1. 2.	Denial of Accreditation (with reasons of the minor, major non-compliance and mandatory items) List of mandatory items: 1. 2. List of major non-compliance (score 1 and 2): 1. 2. List of minor non-compliance (score 3): 1. 2.

- d. For surveillance and monitoring, the recommendation is based on the actions taken by the HEP in response to the areas of concern identified.
- e. The final report must be completed and submitted to the secretariat **TWO (2)** weeks after the site visit.

4.2 Assessment rubric

The rating for this rubric is based on the Five (5) point scale. Score 4 refers to the score in compliance to the standard, score 5 refers to the score where HEP has obtained over and above (strength) stipulated by the standard.

The mandatory items are criteria that the HEP must meet to be awarded full accreditation. The PoA must ensure that these items are assessed and documented (if there is non-compliance).

The total weighted score is the basis for eligibility for the accreditation period. The eligibility period is also determined by the condition as stated in the rubric.

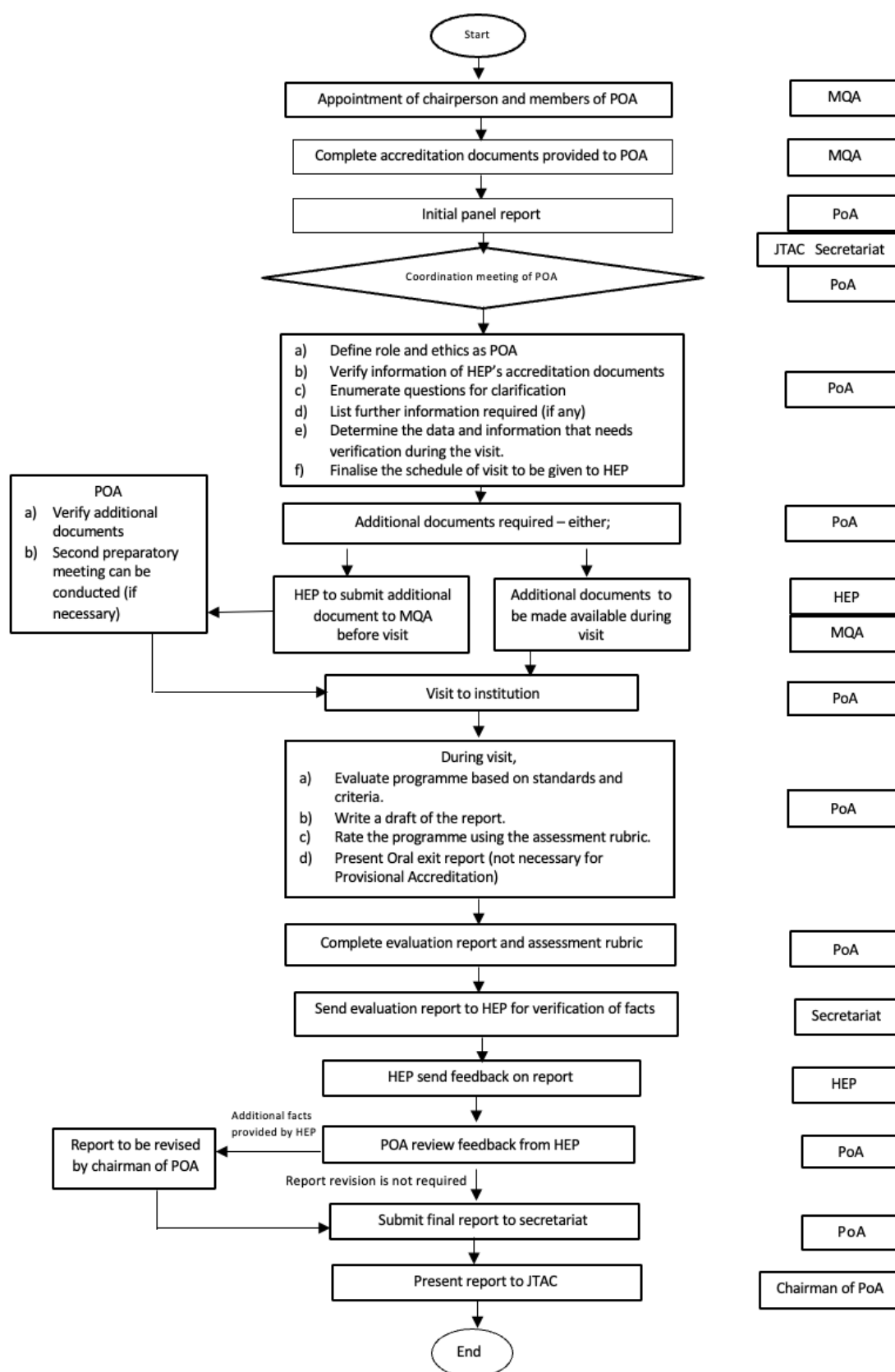
4.3 Final report

- a. For Provisional Accreditation, the final draft of the report will be sent to HEP to obtain feedback/rebuttal/improvement taken (without the recommendation). HEP must submit its feedback within TEN (10) working days of receipt of the report.
- b. For Full Accreditation, the final draft of the report will be sent to HEP for verification of facts in the report. HEP must give feedback within FIVE (5) working days of receipt of the report.
- c. The Chairman of PoA will review feedback from HEP and update the report, if necessary. The additional information/feedback, if accepted, can be added to the report and presented as an addendum to the final report.
- d. The report, as finalised by the Chairperson, is sent to the secretariat of JTAC **TWO (2)** weeks after receiving the feedback from HEP.
- e. 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. After the presentation, PoA might be asked to make necessary amendments to the report. Upon

deliberation, the JTAC recommendations will be forwarded to the MDC for endorsement. The MDC will inform the MQA of its decision.

- 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. After presentation at JTAC, the recommendation will be tabled at the MDC meeting for approval.
- i. The JTAC secretariat notifies MQA of the MDC's decision.
- 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**.
- k. Summary of the roles and responsibilities of PoA is in Figure 1.

Figure 1: Flowchart for PoA



SECTION IV: GUIDE TO PREPARING ACCREDITATION REPORT

SECTION IV: GUIDE TO PREPARING ACCREDITATION REPORT

1) INTRODUCTION

One of the PoA's roles is to prepare an accreditation report for the 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 on.

2) FUNDAMENTAL PRINCIPLES

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

The audiences of the report are the MQA, JTAC and the Malaysian Dental Council (MDC). These committees/agencies expect a clear, concise, and defensible report to help them arrive at a fair decision regarding the programme. It is the responsibility of the PoA, through its report, to ensure the credibility and stature of these committees/agencies.

3) ROLE OF PoA

Each PoA team member will be assigned specific tasks and responsibilities for preparing the report, as outlined in this guide. The findings by the respective team members should be submitted to the chairperson. These findings will be consolidated into a preliminary report by the chairperson for the exit meeting. During this meeting, the faculty has the opportunity to express its views regarding the report's findings. There should be no discussion, but the PoA should note any feedback or concerns from the faculty. The PoA will prepare a preliminary

report and submit it to be forwarded to the Higher Education Provider (HEP) through MQA. The HEP will be given a specific time 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 the Guidelines of the Standards and Criteria for the Accreditation of BDS Programme or equivalent, outlining the strengths, areas of concern and opportunities for improvement. Relevant supporting documents should be included as appendices. In-text references to appendices, tables and figures should be indicated in the report. Any concerns must be presented tactfully. 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 using the COPPA BDS report template (available from the MDC website or the JTAC secretariat).

The chairperson 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 a consensus decision from the panel members.

4) FORMAT OF THE ACCREDITATION REPORT

The accreditation report consists of cover, cover page, executive summary, memorandum and the full report.

i. Cover

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

ii. Cover Page

The cover page must contain the following information:

- 1) The title of the report (indicate whether it is a Full or Provisional Accreditation)
- 2) Name of HEP:
- 3) Name of Programme:
- 4) Reference No.:(As indicated in the letter from MQA)
- 5) Date of site visit (Indicate date of site visit by the PoA)
- 6) Include the statement "Prepared by: The Panel of Accreditation for the Malaysian

Dental Council and the Malaysian Qualifications Agency”

- 7) At the bottom of the page, the statement “*This privileged communication is the property of the Malaysian Qualifications Agency*” is included.

iii. **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).

iv. **Executive Summary**

The executive summary is a short document or section that serves as a preface to the report. It provides the reader with a general perspective on the report, enabling them to 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, and the conclusion and recommendations. The format for the executive summary is presented in the template report (available from the MDC website or from the JTAC secretariat).

v. **The Accreditation Report**

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

- 1) Purpose
- 2) Introduction
- 3) Objective
- 4) Acknowledgement
- 5) Background
- 6) Process of Accreditation
- 7) Findings Related to Areas
 - (a) Issues from the previous visit (if relevant)
 - (b) Findings from the current visit
- 8) Conclusion and Recommendations
- 9) Appendices

This format can also be adapted for the provisional, surveillance and monitoring, full accreditation/ renewal visits as well as curriculum review.

5) CONCLUSION

The POA must be familiar with the standards and criteria of the BDS Programme or equivalent so they can provide a clear, defensible report. The report reflects the accreditation body's credibility and stature.

**SECTION V: ASSESSMENT RUBRIC FOR
ACCREDITATION OF BDS PROGRAMMES
OR EQUIVALENT**

SECTION V: ASSESSMENT RUBRIC FOR ACCREDITATION OF BDS PROGRAMMES OR EQUIVALENT

1. INTRODUCTION

An assessment rubric for the accreditation of an educational programme is a tool used to interpret and score a programme's attainment against the accreditation standards and criteria. It is an objective approach to the accreditation of a programme, as the score encompasses all relevant standards and criteria for the structure, functions, educational processes, and the performance of graduates.

The assessment rubric document is part and parcel of the accreditation document for the BDS Programme or equivalent. The rubric acts as the self-review report, substituting Part D in MQA-02, COPPA (2008). HEP needs to provide all information required and submit this filled instrument together with the database [(MQA-01 for Provisional Accreditation (PA) or MQA-02 for Full Accreditation (FA)] to MQA.

2. USE OF THE RUBRIC SYSTEM FOR THE ACCREDITATION OF BDS PROGRAMMES OR EQUIVALENT

Rubrics form the basis for evaluations of 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 serve as reference points for the development of new programmes or institutions, and for the evaluation of programmes 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 strength and concern.
- b) identify the areas that need further information or verification during the survey visit.
- c) refine the areas of strengths and concerns as more information is gathered and/or verified during the visit.
- d) identify the specific findings which should be highlighted in the accreditation report, and
- e) achieve greater objectivity in the collective judgments by all concerned.

This rubric system is also useful for the HEP (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 MQA. This is to enable the HEP to rectify or prepare justifications on the downside of the programme in a timely manner.

3. RUBRIC SCALE

The rubric scale is one of the elements of the rubric system. The system consists of rubric standards for provisional accreditation, full accreditation, rubric matrices, and a table of mandatory requirements for full accreditation and provisional accreditation. The rubric scale is developed to assist the PoA in appraising the educational quality of dental programmes. This rubric system uses a 5-point scale that indicates the degree of programme compliance to the standards for each area and criterion as shown below:

Score 5	The programme has achieved over and above the standard considered as strength. (Addressing the standard to the extent that the respective process and/or system demonstrates good/best or exemplary practice which could be benchmarked by other parties).
Score 4	The programme has met/complied with the standard (Adequately addressing the standard and/or fulfilment of the standard as indicated directly by its statement). There may be opportunity for improvement.
Score 3	There is minor non-compliance to the standard (Less adequate, non-fulfilment of of the standard leading to minor deficiency and requiring corrective action to adequately address the shortcoming).
Score 2	There is major non-compliance (Inadequate of the standard leading to major deficiency in the standard requiring corrective actions to adequately address the shortcomings)
Score 1	There is major non-compliance (non-fulfilment of the standard leading to major deficiency, and requiring corrective actions to adequately address the shortcomings)

For a programme to be accredited, all standards in the mandatory category must be met, and standards in all other areas should achieve a minimum score of 4 (standards are met).

Standard with score 3 will be considered as minor non-compliance, and the HEP will need to rectify these conditions within a given period of time (monitoring assessment is required - either through desktop or site visit).

Achieving scores 1 and 2 results in an outright denial of accreditation and warrants serious attention of the HEP on the viability of the programme.

The duration of the accreditation period awarded for Full Accreditation, Renewal and

Provisional Accreditation will be based on the final total percentage scores achieved according to the weightage allocated for each area:

AREAS OF EVALUATION	FULL ACCREDITATION	PROVISIONAL ACCREDITATION
Area 1: Programme Development and Delivery	20%	20%
Area 2: Assessment Of Student Learning	15%	15%
Area 3: Student Selection and Support Services	10%	15%
Area 4: Academic and Support Staff	15%	20%
Area 5: Educational Resources	15%	15%
Area 6: Programme Management	15%	15%
Area 7: Programme Monitoring, Review and Continual Quality Improvement	10%	NA
TOTAL	100%	100%

4. USING THE RUBRIC SYSTEM

The use of this rubric system requires adherence to procedures in scoring the relevant standards and criteria.

The assessment rubric excel document contains 6 worksheets, i.e.

- 1) MANUAL – TO BE READ FIRST,
- 2) RESULTS,
- 3) UG MANDATORY,
- 4) UG PROVISIONAL,
- 5) UG FULL ACCREDITATION, AND
- 6) UG FA RENEWAL.

The following steps guide the user to manoeuvre this rubric system.

STEP 1: Completing the required information by HEP (Self-rating)

- i. HEP provides the programme details in the 'RESULTS' tab in Part A.
- ii. HEP must first self-rate each criterion in the 'UG MANDATORY' sheet and enter Yes/No in the HEP column. Note: If any mandatory items are not fulfilled, accreditation will be denied (regardless of scores) until HEP complies.
- iii. Then, HEP must self-rate each criterion in the sheet relevant to the type of accreditation applied and enter the score in the HEP column. For provisional accreditation, fill the UG PROVISIONAL sheet; for full accreditation (first accreditation), fill the UG FULL ACCREDITATION sheet; and for Renewal, fill the UG FA RENEWAL sheet.
- iv. For each sheet, HEP must evaluate each criterion according to the 5-point scale:

- Score 5 refers to the score where HEP has obtained over and above (strength) stipulated by the standard.
 - Score 4 refers to the score meeting/in compliance with the standard, but there may be an opportunity for improvement
 - Score 3 indicates minor non-compliance with the standard, which requires monitoring, either through verification of information and/or a visit
 - Score 2 indicates major non-compliance (inadequate).
 - Score 1 indicates major non-compliance (non-fulfilment).
- v. If HEP self-rates Score 5 to any criteria, HEP has to provide the evidence of 'Strength' in the 'Comments and Evidence to be submitted by HEP' column. HEP may append/refer to the evidence in the database (MQA-01 or MQA-02) and its supporting documents.
 - vi. For Score 3, HEP may fill in the steps taken to maintain and enhance the practices column, or, if there are none, please enter (-) in the same column.
 - vii. If a score of 1 or 2 is chosen, HEP must fill in the details of areas of concern and steps taken to address the problem areas in the column.
 - viii. If any criteria are not applicable to the HEP, enter NA in the respective criteria.
 - ix. The total score will be automatically calculated for each area.
 - x. HEP may refer to the RESULTS sheet for the total weighted score percentage across all areas.

STEP 2: Evaluating the Seven (7) Areas of Evaluation by PoA

- i. PoA is required to fill in the score in the Rating column.
- ii. Rate each standard in all areas on a 5-point scale.
- iii. For Score 5, evidence for the strength must be verified.

STEP 3: Generating the summary of the evaluation

- i. The evaluation summary (marks) will be automatically generated in the 'RESULTS' tab.
- ii. The total weighted score will be based on percentages of scores allocated for each area:

AREAS OF EVALUATION	FULL ACCREDITATION	PROVISIONAL ACCREDITATION
Area 1: Programme Development and Delivery	20%	20%
Area 2: Assessment Of Student Learning	15%	15%
Area 3: Student Selection and Support Services	10%	15%

Area 4: Academic and Support Staff	15%	20%
Area 5: Educational Resources	15%	15%
Area 6: Programme Management	15%	15%
Area 7: Programme Monitoring, Review and Continual Quality Improvement	10%	NA
TOTAL	100%	100%

iii. The outcome for Provisional Accreditation will be based on the matrix below:

Total Weighted Score %	Condition to be fulfilled	OUTCOME	Note
		Accreditation Period Eligibility	
70% and above	Marks obtained in AREA 1 and 2 must be at least 80%, AREA 4 and 5 must be at least 70%. Other areas must not be less than 60%.	Grant Provisional Accreditation	In the event that the conditions are not fulfilled, Provisional Accreditation is denied.
Below 70%	None	Denial of accreditation	-

iv. The outcome and duration of accreditation for Full Accreditation and Full Accreditation (Renewal) will be based on the matrix below:

Total Weighted Score %	Condition to be fulfilled	OUTCOME	Note
		Accreditation Period Eligibility	
More than 85%	Marks obtained should be at least 90% in AREA 1, 2, 4 AND 5 respectively. Marks in other areas should be at least 80%. Submission of FA application must be timely	7 years	If the condition for the areas is not fulfilled, eligibility will be based on the condition that match the lowest percentage for the area. If the condition for submission is not fulfilled, the eligibility of the accreditation will be deducted 1 year.
80 - 85%	Marks obtained in each of the seven (7) areas should be at least 80%. Submission of FA application must be timely	6 years	If this condition is not fulfilled, eligibility will be based on the condition that match the lowest percentage for the area.
70 - 79 %	Marks obtained in each of the seven (7) areas should be at least 70%. Submission of FA application must be timely	5 years	If the condition for the areas is not fulfilled, eligibility will be based on the condition that match the lowest percentage for the area.
65% - 69%	Marks obtained should be at least 70% in AREA 1, 2, 4 AND 5 respectively. Other areas must not be less than 60%.	4 years	Area 1, 2, 4 and 5 should be at least 70%. Other areas must not be less than 60%.

	Submission of FA application must be timely		
Below 65%		Denial of accreditation	

SECTION VI:
GUIDELINES TO CURRICULUM REVIEW

SECTION VI: GUIDELINES TO CURRICULUM REVIEW

1) INTRODUCTION

A curriculum should be reviewed regularly to ensure that course content remains current and relevant. It is also to enhance student experiences, engagements and outcomes. This requirement is stipulated in the COPPA BDS, Area 7 (7.1) on Mechanisms for Programme Monitoring, Review and Continual Quality Improvement.

2) 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 curriculum. It consists of the following components:

- A. Programme Information
- B. Goals and Objectives
 - i. Educational philosophy of the programme
 - ii. Vision and mission
 - iii. Programme Educational Objectives (PEO)
 - iv. Programme Learning Outcome (PLO)
- C. Instructional Design
 - i. Course structure
 - ii. List of courses
 - iii. Course outline
 - iv. Student Learning Time (SLT)
 - v. Teaching-learning methods
 - vi. Other relevant information
- D. Assessment of Students
 - i. Assessment Methods
 - ii. Grades
 - iii. Professional Examination
 - iv. Other relevant information

3) NEEDS ASSESSMENT FOR CURRICULUM REVIEW

The curriculum review process should be initiated every 5 years. Before embarking on a faculty-level curriculum review, a Curriculum Review Committee must first be established. The HEP (Faculty) must consult relevant stakeholders in developing the revised curriculum. The

stakeholders include the Ministry of Health, the Ministry of Defence, the Institutions of Higher Education, the Professional Associations, the Professional Bodies and the Alumni. It can then assess whether revisions to the existing curriculum are necessary. This assessment should consider the overall strategic plan, including the curriculum, programmes, resources, budget, staffing, and the programme's outputs and outcomes. The curriculum review process involves gathering feedback from both the cohort graduates and employers. This feedback will contribute to a comprehensive evaluation of the curriculum.

The role of the Curriculum Review Committee includes:

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

These steps will facilitate the Curriculum Review Committee in collating valuable data, information, insights, and perspectives necessary for changes to the curriculum.

4) PROVISIONS OF THE CURRICULUM REVIEW (FULL-CYCLE REVIEW)

The following provisions are adapted from the Malaysian Qualifications Agency (MQA) in its letter dated 21st April 2025 (MQA.100-1/3/2 Jld 2 (20):

- a. Curriculum changes must be carried out through a structured process, evaluated by at least two (2) external experts, and approved by the senate.
- b. Any curriculum modification must also take into consideration the requirements stipulated in the latest version of Programme Standards of COPPA BDS.
- c. Every change made must reflect the programme's nomenclature and body of knowledge, and the HEP must provide justification for the curriculum changes.
- d. There is no requirement to submit curriculum changes to MQA. However, the HEP is required to submit notification of the curriculum changes to MDC.
- e. Any changes made by the HEP must be properly recorded for compliance in the Full Accreditation (Renewal) process that will be conducted by MQA in due course.
- f. HEPs are required to exercise due diligence in ensuring adherence to the established quality assurance requirements and compliance with the MQF.
- g. MQA reserves the right to issue quality directives should changes be implemented in a disorganised or unjustified manner during the accreditation process. This may include

rejection or revocation of accreditation in cases of serious non-compliance affecting programme quality.

- h. HEPs may, at their discretion, submit curriculum review documents to MQA for evaluation, subject to scheduling and fees as determined by MQA.

5) NOTIFICATION OF CURRICULUM CHANGES TO MDC

5.1 Revised curriculum with changes to the programme information

- 5.1.1 Curriculum changes involving amendments to the programme information in the approval letter from the *Jabatan Pendidikan Tinggi (JPT) (Surat Kelulusan Pengendalian Program)* must be endorsed by MDC before its implementation. The programme information includes graduating credits, duration of study, and additions or changes to study modes.
- 5.1.2 The HEP must submit the revised curriculum together with a cover letter to MDC using Borang M, endorsed by the external experts appointed by the HEP. The cover letter must be copied to MQA and JPT.
- 5.1.3 The Joint Technical Accreditation Committee (JTAC) will evaluate Borang M and shall make a recommendation to MDC. The decision letter from MDC will be issued to the HEP, which shall be submitted to MOHE.
- 5.1.4 The HEP is allowed to implement the revised curriculum after the MOHE approval. The PoA will assess the revised curriculum during the Full Accreditation (Renewal) process.

5.2 Revised curriculum without changes to the programme information

- 5.2.1 The HEP must first obtain senate approval for the revised curriculum. The HEP then must inform MDC of the changes to the revised curriculum.
- 5.2.2 The JTAC will notify the revised curriculum during the MDC meeting (*Kertas Makluman*).
- 5.2.3 The HEP may implement the revised curriculum after receiving a letter of acknowledgement from the MDC.
- 5.2.4 The PoA will assess these curriculum changes during the Full Accreditation (Renewal)

process.

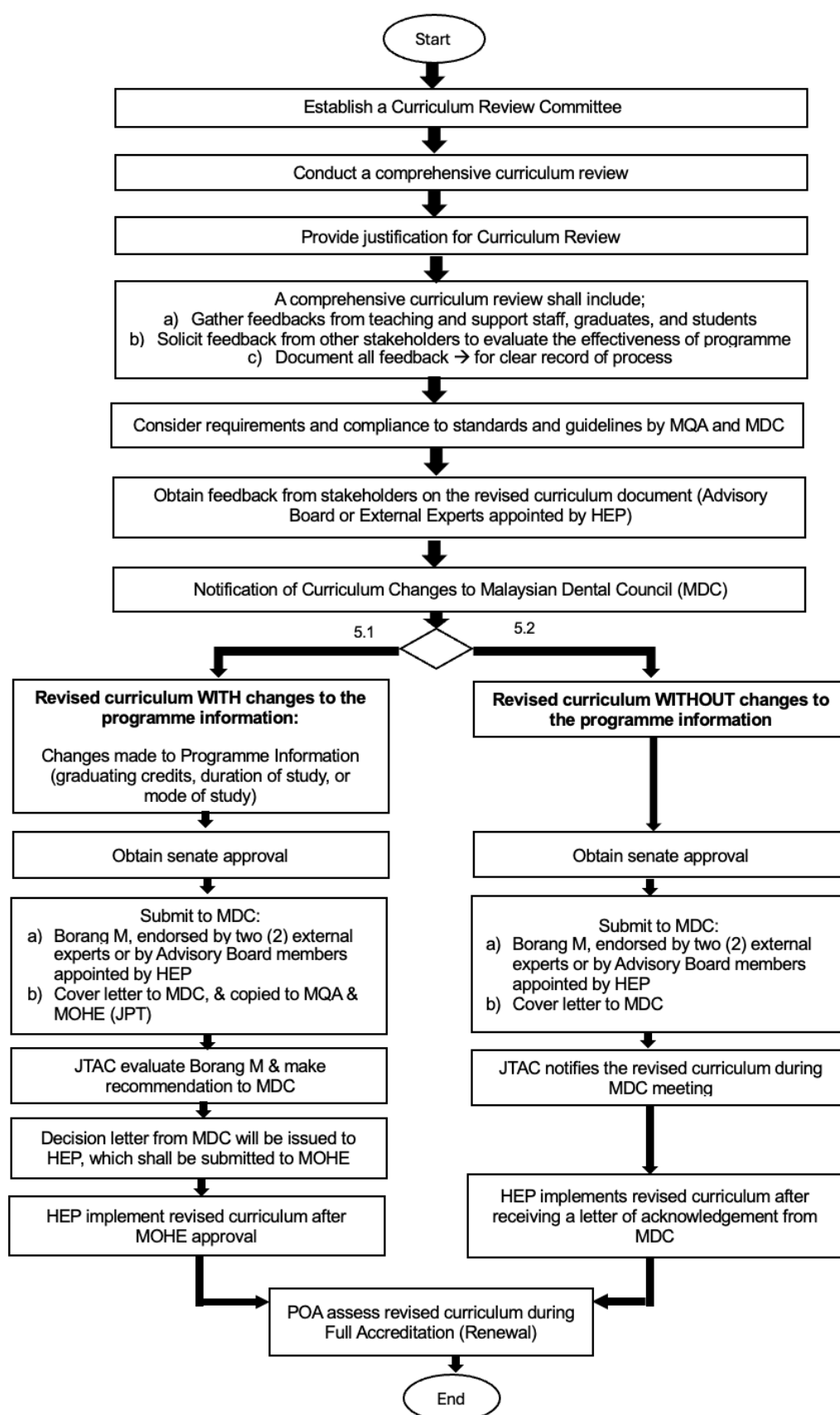
5.3 Documents to be submitted to MDC for 5.1. and 5.2

- i) The HEP is required to seek approval of the revised curriculum for implementation from the Senate of the respective HEP.
- ii) The HEP is required to submit to the MDC the following documents:
 - a. Evidence of Senate approval.
 - b. Proof of verification of curriculum changes using Borang M MQA by two (2) external experts or Advisory Board/Board of Studies appointed by HEP.
 - c. If verification is conducted by the appointed external experts, the experts must be active PoAs for the undergraduate dental programme.

6) CONCLUSION

The curriculum review is to ensure the curriculum aligns with the community's needs and developments in the field of dentistry. It should be conducted in an objective manner. It is crucial for the HEP to comply with the submission requirements to facilitate assessment.

Flowchart of the curriculum review process:



SECTION VII:
TAXONOMY OF EDUCATIONAL
OBJECTIVES MALAYSIAN EDITION
FOR DENTAL PROGRAMMES

SECTION VII: TAXONOMY OF EDUCATIONAL OBJECTIVES – MALAYSIAN EDITION FOR DENTAL PROGRAMMES

1) 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 a 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 in formulating clear learning outcomes, developing appropriate teaching-learning activities and preparing supporting instructional materials. It also helps teachers construct suitable assessment tools.

The Taxonomy of Educational Objectives was developed by Bloom and co-workers in the 1950s, and subsequently a handbook on the 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, who maintained the six categories but reclassified them as remember, understand, apply, analyse, evaluate, and create 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.

2) APPLICATION

The document on Taxonomy of Educational Objectives – The Malaysian Edition for Dental Programmes 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 the diploma, undergraduate and post-graduate levels. It also takes into consideration the good practices in student assessment as advocated by MQA.

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 domain categories is also included, presented as a taxonomy wheel to facilitate quick reference when choosing appropriate verbs.

3) 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 concerns mental processes involved 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 is consistent with current learning practices.
- The psychomotor domain involves the 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, 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 manage their emotions, which reflect their feelings, values, and attitudes. This document adopts the domains as advocated by Krathwohl, Bloom, and Masia (1973). The five affective categories are listed from simplest to 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 1.2 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

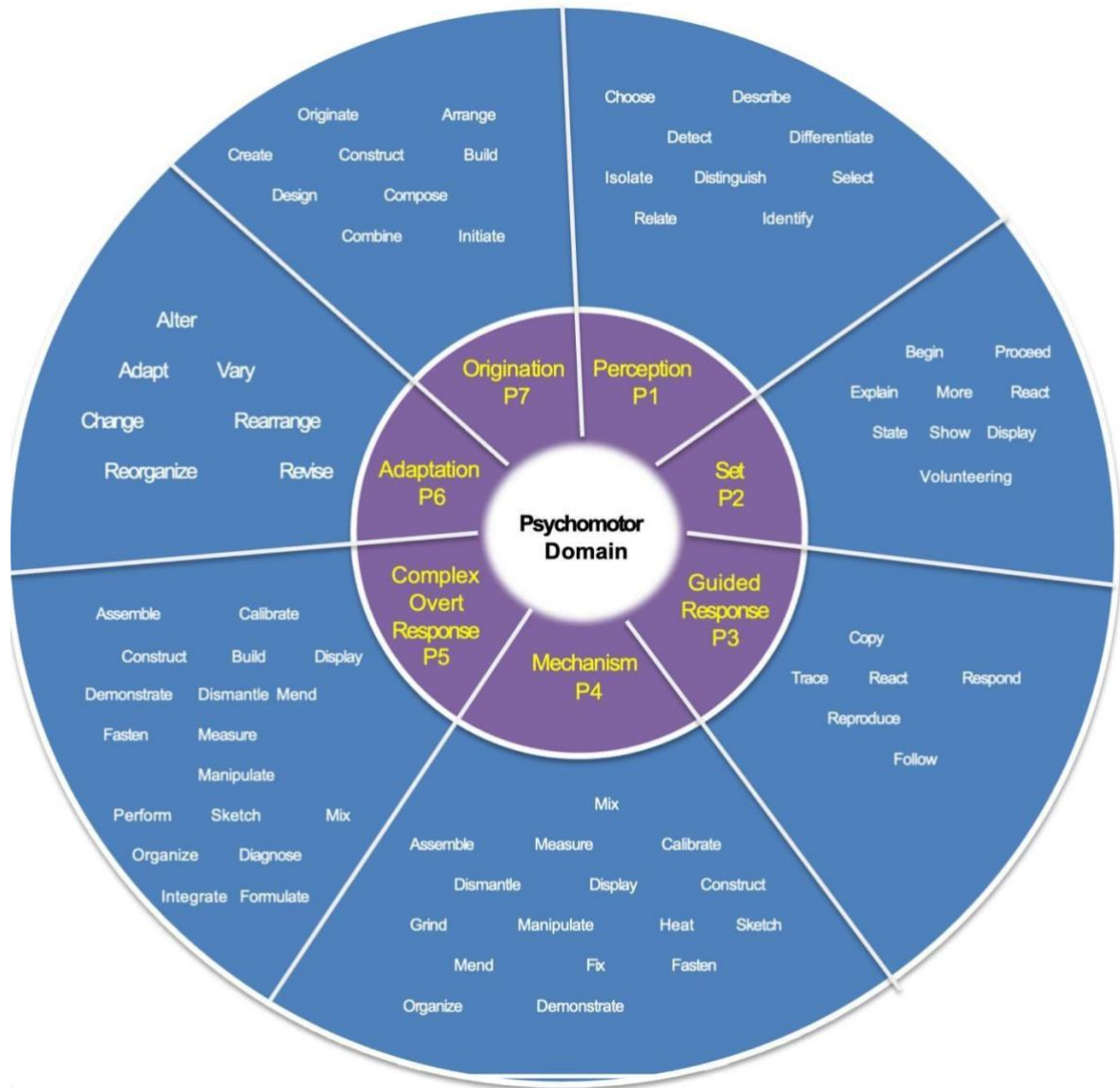
PSYCHOMOTOR			
Level		Description	Choices of verbs to be used
PERCEPTION	P1	The ability to use sensory cues to guide motor activities	Choose, Describe, Detect Differentiate, Distinguish, Identify, Isolate, Select, Relate
SET	P2	The readiness to act	Begin, Display, Explain, Proceed, React, State, Show 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, 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 the Dental Programme is presented as a Taxonomy wheel for the three domains: cognitive, psychomotor, and affective. It is intended to provide a quick reference for those involved in formulating learning outcomes to choose appropriate verbs designed to support students' effective learning.







4) CONCLUSION

The taxonomy of educational objectives, initiated by Bloom and his co-workers, is used across many disciplines and educational levels. It is widely used because of a common understanding of educational goals. However, the cognitive domains have changed since the early days of the taxonomy of educational objectives. This document takes into account these changes to remain relevant to developments in educational processes.

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SECTION VIII:
EVALUATION OF CAPACITY FOR AN
INCREASED QUOTA

SECTION VIII: EVALUATION OF CAPACITY FOR AN INCREASED QUOTA

1) INTRODUCTION

The number of students admitted and enrolled in the dental programme is determined by the HEP's capacity to deliver the programme. The approved number of student intake and enrolment is determined at the Provisional Accreditation stage. The maximum number of intake for the first cohort is 50 students. The request for an increase in the student quota will be considered after the first cohort graduates, and the programme has obtained Full Accreditation.

2) APPLICATION PROCESS

- 2.1 To increase the student intake for a particular programme, the HEP must apply for an increased quota to MDC by submitting the database as stated in (3). The cover letter must be copied to MQA and MOHE.
- 2.2 The HEP must include plans for the phased expansion of manpower and facilities in its application.
- 2.3 PoA will be appointed by MQA to assess the documents. The PoA will schedule the site visit after the desktop assessment. The readiness of these resources will also be verified during a monitoring site visit prior to the admission of additional students. Any cost incurred during the site visit shall be borne by the HEP.
- 2.4 PoA will provide an evaluation report to be presented at the JTAC meeting.
- 2.5 The JTAC will forward the recommendation to the MDC for a decision. Provisional approval may be granted based on the findings from the document and site visit.
- 2.6 The MDC decision will be forwarded to MQA. MQA will inform HEP of the decision.
- 2.7 After provisional approval, a monitoring visit will be conducted to verify Areas 4, 5 and 6 before the HEP is allowed to admit additional students.
- 2.8 HEP will then forward the recommendation to MOHE for approval. Amendments will be made by MOHE through '*Surat Kelulusan Pindaan*'.

3) DOCUMENT SUBMISSION

The HEP is required to submit the document containing the following information:

a) Programme Information

1.	Programme Reference No	:	MQA/FA XXX
2.	Programme description		
a.	Name and address of the Higher Education Provider	:	
b.	Name of the programme (as in the scroll to be awarded)	:	
c.	Abbreviation of qualification	:	
d.	MQF level	:	
e.	Total SLT/ Graduating credit	:	
f.	National Education Code (NEC) and Field of study	:	0911 – Dental Studies
g.	Language of instruction	:	
h.	Type of programme	:	
i.	Mode of study	:	
j.	Mode of offer	:	
k.	Method of learning and teaching	:	
l.	Mode of delivery	:	Conventional (Traditional, online, and blended learning)
m.	Duration of study:	:	
n.	Provide information on student intake for each session for the last three years (as in the table below). List the nationality of the international students (if applicable).		

Academic session		Year 1			Year 2			Year 3			Year 4			Year 5			Total
		M	I	T	M	I	T	M	I	T	M	I	T	M	I	T	
	N																
	R																
	N																
	R																
	N																
	R																

M: Malaysian I: International T: Total students N: New students R: Repeat students (including those extended)

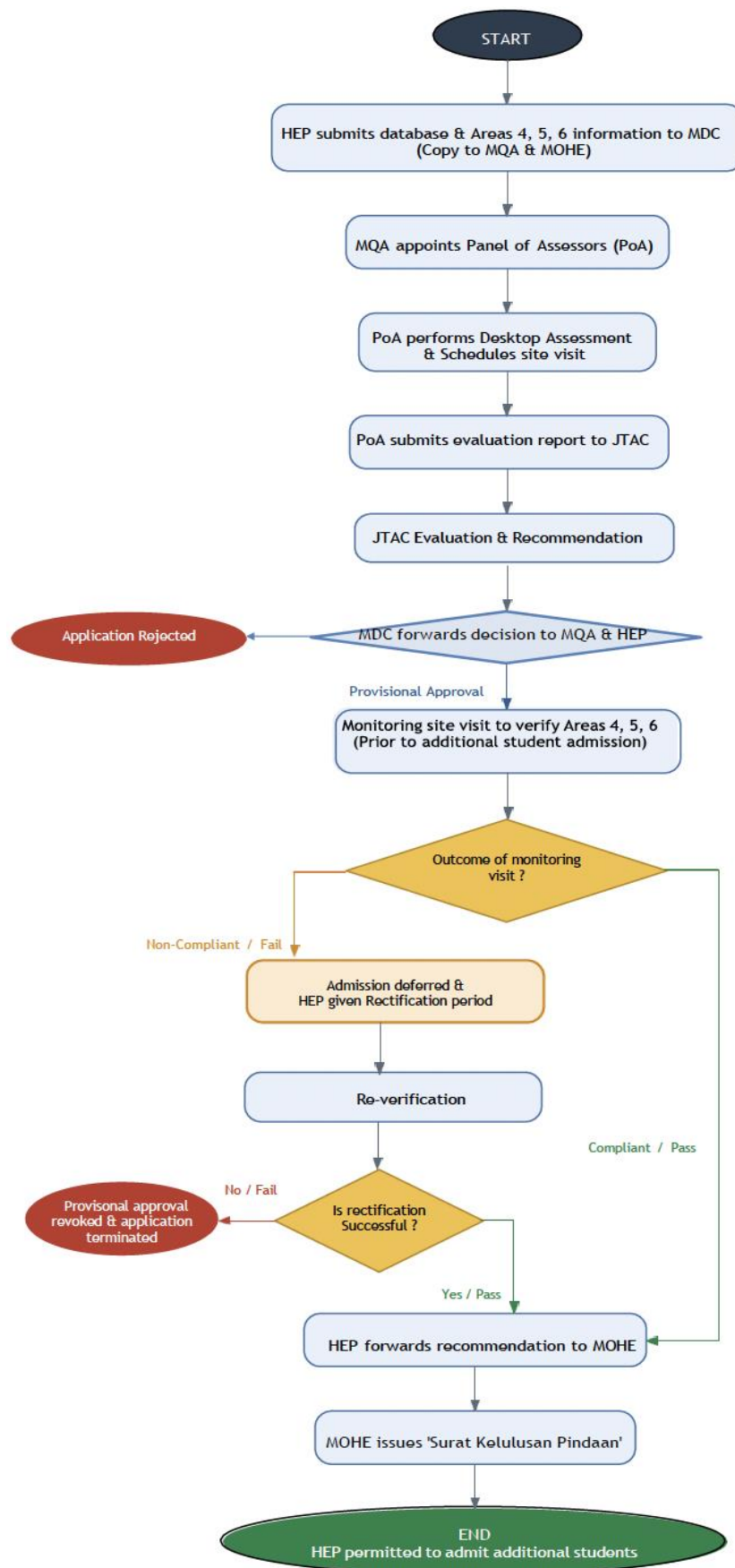
o. Indicate the projection of student intake for the next five years.

Number of students	Academic session				
Projection of intake					
Enrolled					
Graduated					

b) Information on Area 4 of COPPA BDS.

c) Information on Area 5 of COPPA BDS.

d) Information on Area 6 of COPPA BDS.



Flowchart for the application for an increased student quota

APPENDICES

APPENDICES

Appendix SII-1: Competencies of New Dental Graduates, Malaysia

COMPETENCIES OF NEW DENTAL GRADUATES, MALAYSIA

Version 2 / 2021

**Endorsed by the Malaysian Dental Council (MDC) at its 137th Meeting on 28th July 2021.
Effective date 1st January 2022**

COMPETENCIES OF NEW DENTAL GRADUATES, MALAYSIA - V2-2021

A dental surgeon at graduation needs to be ready to contribute to the general health of the population by being capable of providing basic dental treatment independently and implement and promote appropriate oral health management to his/her patients and communities in a culturally sensitive manner. A dental surgeon is expected to acquire this ability through a formal structured course at a tertiary institution and be a competent dental practitioner by the time he or she received his or her first professional dental degree.

Competency assumes that all decisions, tasks and behaviours carried out are supported by sound knowledge and skills in biomedical, behavioural and clinical dental science and in an ethical and professional manner as spelled out in the Code of Professional Conduct of the Malaysian Dental Council. Competences should support integration and merging of all disciplines, which should benefit dentists in training and also patients who are receiving treatment.

This revised version of the competency statements are in line with the new MQF V2 learning domains whereby Program Learning Outcomes (PLOs) are now reclassified into nine (9) domains incorporating the five (5) domains of cluster as outlined by the MQF V2 document introduced by MQA in 2017. Although the revised PLOs are now in 9 statements, the Dental Dean's Council also would like to state that HEPs can also have more than nine (9) PLOs to cover the eleven (11) learning domains which were grouped into five (5) clusters in the MQF V2 documents as stated in MQA V2 document.

To this end, the following are the major competencies expected from a new dentist upon graduation: -

1. Possess scientific knowledge to support the practice of dentistry – (Cognitive)
2. Apply current scientific information and techniques in the practice of dentistry – (Cognitive)
3. Perform clinical dental procedures independently and safely – (Psychomotor)
4. Communicate effectively with dental and other health professionals, patients and the community – (Psychomotor & Affective)
5. Manage digital and numeracy information skills in the field of dentistry – (Psychomotor)
6. Display leadership skills and work autonomously in managing oral health care for individuals and community – (Psychomotor & Affective)
7. Display entrepreneurial skills in the management of dental practice – (Cognitive & Psychomotor)
8. Display skills for life-long learning and continuing professional development– (Cognitive & psychomotor)

9. Display ethical values and professionalism in practicing dentistry within the confines of the laws and guidelines governing the profession (Cognitive, Psychomotor & Affective)

The dental graduate is expected to achieve the following competencies upon completion of a basic dental degree programme:

**PLO 1: Possess scientific knowledge to support the practice of dentistry (Cognitive) –
Cluster 1 Domain: Knowledge & Understanding**

1. Explain the interactions between general health, oral health, nutrition, drugs and diseases that can have an impact on dental care (C2)
2. Apply the principles of oral health promotion and disease prevention (C3)
3. Relate basic structure of the human body at organ, tissue, cellular and molecular levels and its functions (C3)
4. Explain the aetiology & pathogenesis of systemic conditions & disease processes such as infection, inflammation, disorders of the immune system, degeneration, neoplasia, metabolic disturbances and genetic disorders affecting the human body including the orofacial region. (C2).
5. Distinguish the signs and symptoms of orofacial diseases and related systemic conditions. (C4)
6. Differentiate normal and abnormal orofacial development (C4)
7. Apply radiographic techniques and radiation safety in the practice of dentistry. (C3)
8. Justify relevant investigative procedures available to aid the diagnosis and management of oral diseases (C4)
9. Explain the pharmacotherapeutics of drugs commonly used in dentistry (C2)
10. Apply the principles of occlusion and its significance in the management of various orofacial diseases and conditions. (C3)
11. Distinguish local anaesthesia in the control of pain related to dentistry. (C4)
12. Describe sedation and general anaesthesia in the control of pain related to dentistry (C1)
13. Interpret cranio-facial form and relationships, including deviation from the norm. (C2)
14. Apply the concepts of dento-facial aesthetics. (C3)
15. Differentiate the principles of restoration and replacement of primary and permanent dentition (C4)
16. Comprehend the treatment needs of various target groups including special needs (C2)

17. Plan the treatment needs for geriatric patients. (C3)
18. Apply principles and methods of sterilisation, disinfection and antisepsis to prevent cross-infection in clinical practice. (C3)
19. Demonstrate the influence of behavioural, social and environmental factors that have an impact on the delivery of oral health care. (C3)
20. Justify the selection of dental materials based on the science and applications and related environmental issues (C4)
21. Apply principles of exodontia and minor oral surgical procedures (C3)
22. Explain the methods of prevention and management of common medical and dental emergencies. (C2)
23. Explain the principles of management of Oro-maxillo-facial trauma. (C2)

PLO 2: Apply current scientific information and techniques in the practice of dentistry (Cognitive). – Cluster 2 Domain: Cognitive

24. Justify decision making for oral health care management. (C4)
25. Apply evidence-based approach in the practice of dentistry. (C3)

PLO 3: Perform clinical dental procedures independently and safely (Psychomotor). Cluster 3 (i)– Domain: Practical Skills

26. Demonstrate the preventive methods of common orofacial diseases and conditions based on scientific evidence. (P4)
27. Display oral health promotion skills. (P5)
28. Adapt appropriate methods of infection control in clinical practice. (P6)
29. Display the ability to obtain and record relevant medical, dental and social history. (P5)
30. Perform clinical examinations, intraoral radiographic and other necessary investigations relevant to the practice of dentistry. (P5)
31. Integrate findings of a comprehensive examination to make a diagnosis. (P5)
32. Formulate an appropriate treatment plan based on clinical examinations and investigations. (P5)
33. Perform simple restorative procedures in primary and permanent dentition including root canal therapy of single rooted teeth. (P5)

34. Demonstrate complex restorative procedures in primary and permanent dentition including crown, onlays, short-span bridges and root canal therapy of uncomplicated multirooted teeth. (P4)
35. Construct simple removable prostheses for replacement of missing dentition. (P5)
36. Perform non-surgical management of periodontal conditions. (P5)
37. Demonstrate Basic Life Support in the management of medical emergencies in dental practice (P4)
38. Manipulate commonly used dental materials. (P5)
39. Perform administration of local and topical anaesthesia and management of their potential complications. (P5)
40. Perform simple oral surgical procedures including exodontia. (P5)
41. Demonstrate simple orthodontic treatment using removable appliances. (P4)
42. Display the ability to prescribe and advice on the use of common pharmaceutical agents related to dentistry. (P5)

PLO 4: Communicate effectively with dental team and other health professionals, patients and the community (Psychomotor & Affective). Cluster 3(ii) Domain: Interpersonal & Communication Skills

43. Display professional doctor-patient relationship to facilitate effective delivery of oral health care. (P5, A5)
44. Identify patients' expectations, desires, needs and attitude with regards to oral health care. (A4)
45. Perform effective communication with the dental team, other health care personnel and the community to facilitate the delivery of oral health care. (P5, A5)
46. Perform an appropriate referral of a patient based on professional judgment. (P4)

PLO 5: Manage digital and numeracy skills in the field of dentistry competently (Psychomotor). Cluster 3 (iii) - Digital & Numeracy Skills

47. Demonstrate numeracy skills to support evidence-based practice in dentistry. (P4)
48. Display the ability to use digital technologies in the field of dentistry. (P4)

PLO 6 Display leadership skills and work autonomously in managing oral health care for individuals and the community (Psychomotor & Affective). Cluster 3(iv)- Leadership, Autonomy & Responsibility

- 49. Demonstrate skills in implementing preventive measures to individuals and the community according to the risk assessment status. (P5, A3)
- 50. Perform patient care based on their intellectual and socio-emotional characteristics. (P5, A2)
- 51. Demonstrate ability to engage patient and/or their parents, guardians or care givers in their oral health care delivery. (P4, A3)
- 52. Display the ability to lead a team during oral health and community activities. (P5, A5)

PLO 7: Display entrepreneurial skills in the management of dental practice. (Cognitive & Psychomotor) - Cluster 4: Domain Entrepreneurial Skills

- 53. Explain concepts in planning and management of general dental practice in compliance with relevant regulations, policies and protocols. (C2)
- 54. Explain the principles of managing oral health care programmes. (C2)
- 55. Organize a community programme to improve the oral health of the public. (P5)

PLO 8: Display skills for life-long learning and continuing professional development (Cognitive & Psychomotor) - Cluster 4: Personal skill

- 56. Select the various resources for lifelong learning. (C3)
- 57. Demonstrate ability to acquire knowledge and scientific evidence. (C3, P4)

PLO 9: Display ethical values and professionalism in practicing dentistry within the confines of the laws and guidelines governing the profession- (Cognitive, Psychomotor & Affective) – Cluster 5: Domain Ethics & Professionalism

- 58. Comprehend the Code of Professional Conduct from the Malaysian Dental Council. (C3)
- 59. Comprehend the laws and regulations related to the practice of dentistry in Malaysia. (C2)

- 60. Relate the professional duties of care in dentistry in line with the Patients' Charter. (C2)
- 61. Demonstrate the ability to obtain informed consent and respect confidentiality of patients' records. (P4, A3)
- 62. Demonstrate ethical values and professional behaviour towards patients, members of the dental team and other health care personnel. (P4, A3)
- 63. Recognise the limitations of their clinical skills and refer accordingly. (A3)

Approved by Dental Deans' Council

21st June 2021

Appendix SII-2 - Guide to SLT Calculation for Dental Programmes

This Student Learning Time for Undergraduate Dental degree Programmes in Malaysia was revised from the original document endorsed by the Malaysian Dental Council (MDC) at its 133rd meeting on 23 September 2020

1) INTRODUCTION

Student Learning Time (SLT) is the learning workload of a student to achieve specific learning outcomes. It is the amount of time expected of a student to spend on learning either through face-to-face contact with the teacher or independently. This includes the time used for assessment as in the timetable.

SLT is measured by notional hours which is not a precise measure, but an indication of the amount of study load and degree of commitment expected. The Standards and Criteria for a BDS Programme or equivalent, equates **one credit with 40 notional hours of learning**.

2) GUIDE TO CALCULATE SLT FOR GENERAL TEACHING-LEARNING ACTIVITIES

A guide to calculate SLT for an undergraduate dental programme is given in Table 1. The SLT for groups of courses are given in Table 2. **The total SLT for the BDS programme or equivalent (excluding University courses) is in the range of 10,000 to 11,000 notional hours.**

TABLE 1: GUIDE TO CALCULATION OF SLT

Teaching Learning Modality	Face-to-face		Non-Face-to-face Independent learning (Asynchronous)	Total SLT (hour)
	Physical	Online/ Technology- mediated		
Lecture	1		2	3
Lecture (Synchronous or asynchronous) *Online face-to-face asynchronous - maybe or may not be timetabled		1	2	3
Tutorial/ Small group	1		1	2

discussion				
Tutorial (Synchronous or asynchronous)		1	1	2
Practical Lab/ Clinical session	1 – 4*		1	2 - 5
Research activity	3 – 5*		0	3 – 5
Directed Self Learning	1		0	1
Problem-based learning	1		1	2
Seminar / Case presentations	1		3	4
Ward round/ Bedside teaching	1		0	1
Community/ Outreach service	1 – 3*		1	2 - 4
Posting (e.g. 8 hours x 5 days)	40		0	40
A & E Posting- Surgery, Medicine	40		0	40
Project/Team-based learning	2		2	4
One (1) case report (Every 4000 words)			20	20
Written assignment/ Research report (Every 2000 words)			10	10
Revision (in timetable)	1		0	1
Assessment (in timetable)	1		0	1
Massive Open Online Course /Nano open Online Course	Equivalent to Conventional Course			

Note:

*The time for the F2F physical session depends on the HEP. The calculation of total SLT for every item of teaching modality is made by adding the actual time for physical F2F with the

respective NF2F independent learning time as stated.

E.g. Total SLT for 1hr physical lecture = 1+2 = 3 hours,

Total SLT for 2hr clinical sessions = 2+1 = 3 hours

3) SLT FOR GROUPS OF COURSES IN THE DENTAL PROGRAMME

TABLE 2: SLT FOR GROUPS OF COURSES

COURSES	SLT (notional hours)
Basic Medical*/ Dental Science (Including Oral Biology)	2000 – 2500
Pre-Clinical (Dental Materials and Technology)	700 – 1000
Dental Clinical Course**	6500 – 7500 *F2F clinical not less than 2000
Research (Includes research report, conduct of research and teaching-learning activities of Research Methodology and Biostatistics)	200 - 250
Human Disease – General Medicine and General Surgery	400 – 600
University Courses	Up to 15% of total SLT or a maximum of 1500 notional hours or whichever is less
Dental Programme (BDS/DDS or equivalent), excluding University courses	10,000 – 11,000 hours (250 - 275 credit)

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

**Dental Clinical Courses include Restorative Dentistry (Endodontology, Operative Dentistry, Periodontology and Prosthodontics), Paediatric Dentistry, Orthodontics, Oral & Maxillofacial Surgery, Oral Radiology, Oral Pathology & Oral Medicine and Community Dentistry / Dental Public Health.

**MINIMUM CLINICAL EXPERIENCE
(MCE) / EXPECTED CLINICAL
EXPERIENCE (ECE)**

This Minimum Clinical Experience (MCE) in Competency-Based Assessment was revised from the original document approved by Malaysian Dental Council (MDC) 126th on 29 November 2018. This document was revised at Malaysian Dental Deans' Council Workshop on the 9 September 2025 at Dorsett Putrajaya Hotel and reviewed by COPPA BDS Revision committee on 13 – 14 November 2025 at Dorsett Putrajaya Hotel.

This document was prepared following discussion among the deans of the dental schools and their representatives as in the list below at the Malaysian Dental Deans' Council Workshop on the 9 September 2025 at Dorsett Putrajaya Hotel:

- 1) Professor Dr. Tuti Ningseh Mohd Dom
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Dean, Faculty of Dentistry, Universiti Kebangsaan Malaysia
- 2) Professor Dato' Dr. Mohamed Ibrahim Abu Hassan
Dean, Faculty of Dentistry, MAHSA University
- 3) Dr. Ainuddin Yushar Yusof
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Dean, School of Dental Science, Universiti Sains Malaysia
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MINIMUM CLINICAL EXPERIENCE (MCE) & EXPECTED CLINICAL EXPERIENCE (ECE) FOR COMPETENCY-BASED ASSESSMENT

1.0 Definitions

1.1 Competency-based assessment

- An approach that evaluates clinical skills, emphasising competence in real or simulated clinical situations.
- The prerequisite requirement must be met prior to the competency test through the completion of minimum clinical experience (MCE).

1.2 Practical Competency

- Ability to carry out a clinical procedure **on a mannequin** to a predetermined standard/level independently without assistance or supervision.
- Assessment covers cognitive and psychomotor domains.

1.3 Clinical Competency

- Ability to carry out clinical procedure on a patient to a predetermined standard/level independently without assistance or supervision.
- Assessment covers cognitive, affective, psychomotor domains and professional values.

1.4 Minimum Clinical Experience (MCE)

- It is a prerequisite for competency assessment.
- It consists of quantitative measurements (minimum number of requirements) specified in Table 1.

1.5 Expected Clinical Experience (ECE)

- This comprises expected practical and clinical experiences prior to the final professional examination/graduation, as specified in Table 2.

1.6 Pre-determined standard/level

- Refers to the core clinical competencies as specified in the latest Competencies of New Dental Graduate in Malaysia approved by the Malaysian Dental Deans' Council and endorsed by the Malaysian Dental Council.

2.0 Minimum Clinical Experience Prior To Assessment of Competency

This section focuses on the prerequisites to be achieved prior to competency assessment. Table 1 below outlines the procedure and the minimum clinical experience by discipline.

Table 1: Dental Procedure for Competency/Minimum Clinical Experience (MCE)

Disciplines	Procedure	Specific Task	MCE
1.1 Practical competency			
Prosthodontics	Fixed Prosthodontics	Procedural crown preparation (PFM crown) and secondary impression	Nil
1.2 Clinical competency			
General Dental Practice	• Examination & Diagnosis		Ten (10) patients (presented E&D)
	• Intra Oral Radiographic Imaging	Take and interpret intra oral radiograph	Five (5) patients
	• Infection control		Assessed in every procedural rubric of all disciplines
	• Basic Life Support (BLS)		Pass BLS Test (theory and practical) Certification at least once by certified trainer.
	• LA procedure	Infiltration	Five (5) patients
		Inferior Dental Nerve Block	Five (5) patients
	• Prescription of common drugs	Write prescription and advice	Five (5) patients
Operative	• Caries management	Initial (small-medium) (ICDAS 3 or 4)	Ten (10) teeth
		Advanced/deep caries (medium-large) (ICDAS 5 or 6)	Three (3) teeth

Prosthodontics	Removable Prosthesis	1) Preoperative assessment & partial denture design 2) Secondary impression (can either be complete denture or partial denture)	Two (2) units of partial dentures inclusive of one (1) metal-based denture
Oral Surgery	Exodontia	Forceps extraction	Five (5) teeth
Periodontics	Scaling and polishing		Ten (10) patients Any type of severity, not repeated on the same patient
Paediatric Dentistry	Behavioural management		Three (3) patients

3.0 Expected Clinical Experience (ECE)

In addition to the minimum clinical experiences outlined in Table 1, the HEP must provide clinical experience with the procedures listed in Table 2. Competency tests for these procedures are optional.

Table 2: Expected Clinical Experience (ECE)

Discipline	Procedure	ECE
Restorative	Indirect restorations - Onlays/ Crowns/ Veneers/ Inlays - Post and core	Three (3) indirect restorations inclusive of one (1) post and core. *For post and core, in the event where clinical cases are not available, one (1) procedure for post and core on an extracted tooth is acceptable.

Prosthodontics	Complete denture	One (1) patient with any of the following set of dentures: • F/F or • F/P or • P/F or • F/- or • -/F.
	Bridge	One (1) bridge with two (2) abutments preparation. In the event where cases are not available, the following is required: • One (1) resin bonded bridge/cantilever bridge/implant supported prosthesis on a patient, AND • One (1) bridge preparation on a mannequin
Endodontics	Complete root canal treatment until semi-permanent restoration	Four (4) teeth including one (1) molar. Must complete at least one (1) clinical case before sitting for practical competency test as Part II PQE.
Oral Surgery	Perform surgical removal of impacted tooth or root under supervision	One (1) tooth or root
Periodontics	Root debridement	One (1) sextant or equivalent
Orthodontics	• Orthodontics diagnosis, AND • Simple orthodontic treatment (Removable appliances /retainers which includes construct, issue and review)	• Two (2) patients, AND • One (1) patient

Oral Medicine	Identify and distinguish orofacial diseases, oral mucosal lesions and related systemic conditions	Record/logbook of patient seen
Preventive Dentistry	• OHI/OHE • Smoking cessation counselling according to the standard protocol. • Caries risk assessment (CRA) • Caries risk management: ○ Plaque monitoring ○ Topical fluoride ○ Fissure sealant ○ Dietary advice	Five (5) patients Two (2) patients Ten (10) patients Three (3) patients Two (2) patients Two (2) patients Three (3) patients
Paediatric dentistry	• Stainless steel crown • Pulpotomy • Restorative procedure	One (1) case on mannequin One (1) case on mannequin Five (5) cases
General Dental Practice/ Comprehensive Care	Case completion	Five (5) patients of at least 2 disciplines.

4.0 Assessment method

- 4.1 Students need to pass the competency assessment. Should they fail, they have to repeat the test until they pass. It is optional whether such tests will carry marks for continuous assessment.
- 4.2 Assessment will be according to rubrics. Rubrics need to be clear and objective.
- 4.3 Assessment is preferably conducted by two (2) assessors.
- 4.4 An alternative to competency tests is setting a clinical requirement at least double of the MCE.

Appendix SII-4 - Guidelines on Double Intake Per Year for Undergraduate Dental Programmes

GUIDELINES ON DOUBLE INTAKE PER YEAR FOR UNDERGRADUATE DENTAL PROGRAMMES

1) INTRODUCTION

These guidelines set out the requirements for Higher Education Providers (HEPs) seeking approval to conduct two student intake cohorts per academic year for undergraduate dental programmes.

Double intake for undergraduate dental programmes is not encouraged as a routine practice. It may only be considered under exceptional circumstances where the HEP can demonstrate clear educational justification, enhanced institutional capacity, and robust quality assurance mechanisms. Approval for double intake shall not be interpreted as a mechanism for enrolment expansion or revenue generation.

The criteria outlined in these guidelines are anchored in the existing Code of Practice for Programme Accreditation (COPPA), the Standards and Criteria for BDS Programme or equivalent, and other relevant quality assurance requirements. However, compliance with existing accreditation standards alone is not sufficient for double intake approval. HEPs must demonstrate enhanced capacity beyond minimum accreditation requirements to ensure that educational quality, clinical training standards, academic governance, student support, and programme sustainability are maintained across concurrent cohorts.

In implementing a double intake, the HEP must demonstrate that:

- educational quality will not be compromised;
- clinical training standards remain compliant with the Standards and Criteria for BDS programme or equivalent;
- staff-student supervision ratios will be maintained;
- academic staff are not overloaded, and teaching, supervision, assessment, research, administrative duties and student support remain manageable;
- academic staff are adequately prepared in outcome-based education, including constructive alignment, assessment, clinical supervision, feedback and quality assurance;
- facilities, clinical sessions and patient availability are sufficient to support concurrent cohorts;

- the programme remains financially, academically and operationally sustainable; and
- monitoring mechanisms are in place to ensure continued compliance with approved standards after implementation.

2) ELIGIBILITY CRITERIA FOR DOUBLE INTAKE APPROVAL

HEPs applying for double intake approval must meet the following criteria:

- The double intake is intended to optimise infrastructure utilisation and improve academic or operational efficiency. It must not be implemented primarily for financial gain, enrolment expansion or market-driven growth.
- The total number of students across both cohorts must comply with the annual intake quota approved by the Ministry of Higher Education (MOHE).
- The programme must comply with COPPA, the Standards and Criteria for BDS programme or equivalent, have no major non-compliance issues in the most recent Malaysian Qualifications Agency (MQA) accreditation report, and demonstrate enhanced institutional capacity beyond minimum accreditation requirements.
- The programme must have produced at least one full graduating cohort and demonstrated satisfactory programme outcomes.
- The HEP must demonstrate stable academic governance and internal quality assurance mechanisms.
- Any approval granted shall be subject to periodic monitoring to ensure continued compliance with COPPA, the Standards and Criteria for BDS programme or equivalent, approved intake quota, staff-student ratio, clinical training requirements and other quality assurance standards.

3) SPECIFIC REQUIREMENTS FOR DOUBLE INTAKE APPROVAL

The following requirements specify the enhanced evidence required for double intake approval. HEPs must demonstrate capacity to support concurrent cohorts without compromising educational quality, clinical training standards, staff workload or student support.

3.1 Application Process

- Formal application letter.
- Submission of the MQA-02 database to MQA and the completed self-rated assessment rubric.

3.2 Evaluation of HEP Readiness by a Panel of Assessors (PoA)

The assessment rubric will be used as an indicator of enhanced institutional capacity.

The HEP must achieve:

- at least 90% for Areas 2, 4 and 6; and
- at least 80% for all other areas.

The required standards for double intake must be maintained and reviewed during subsequent accreditation processes.

3.3 Required Submissions and Evidence Across COPPA Areas 1–7

HEPs are required to submit evidence across all seven COPPA areas and demonstrate continued compliance with the Standards and Criteria for the BDS programme or equivalent. The following enhanced evidence is required for Areas 2, 4, 5, and 6 due to their direct relevance to double intake implementation.

3.3.1 Area 2: Assessment of Student Learning

- Simulation of the assessment structure throughout the academic session.
- Simulated timetable.
- Evidence that assessment planning for both cohorts remains aligned with programme learning outcomes, course learning outcomes and outcome-based education principles.

3.3.2 Area 4: Academic and Support Staff: Staff-Student Ratio and Supervision

- Evidence that existing staff-student ratios will be maintained or improved.
- Evidence that chairside supervision will not be diluted.
- Documentation demonstrating the capacity to supervise two concurrent cohorts without overlap or compromise to supervision quality.
- Evidence of academic workload distribution before and after implementation of double intake, including teaching, clinical supervision, assessment, research, administrative duties, student support and other institutional responsibilities.
- Evidence that double intake will not result in excessive academic workload or compromise staff welfare, teaching quality, clinical supervision, assessment quality, research productivity or administrative responsibilities.
- Evidence of additional staffing, workload redistribution, protected time or other mitigation measures where increased workload is anticipated.
- Evidence that academic staff are adequately trained and prepared in outcome-based education, including constructive alignment, assessment blueprinting,

clinical assessment, feedback and quality assurance.

- Monitoring mechanism for academic staff workload and supervision capacity after implementation.

3.3.3 Area 5: Educational Resources: Clinical Facilities and Training Capacity

- Evidence that double intake will maintain adequate clinical session availability for each student.
- Average number of patients per student.
- Evidence of sufficient case mix to support students' clinical training, including a well-maintained waiting list of cases.
- Completion rates of clinical requirements.
- Documentation showing students' timely progress throughout the clinical training years.

3.3.4 Area 6: Programme Management

- Documentation showing how protected time for research and administrative duties will be maintained under double intake implementation.
- Clinical supervision schedules.
- Monitoring plan to ensure continued compliance with approved standards after implementation of double intake.
- Mechanism for periodic reporting on staff workload, student progression, clinical requirements, patient availability, assessment quality and student support for both cohorts.
- Process for reviewing quality assurance findings and implementing corrective actions during and after implementation.

Proposal drafted by members of the Malaysian Dental Deans' Council during Meeting 1/2026 held on 26 March 2026 at the Ministry of Higher Education.

Appendix SII-5 – Credit Transfer in Undergraduate Dental Degree Programme

CREDIT TRANSFER IN UNDERGRADUATE DENTAL DEGREE PROGRAMME

This document was revised from its original edition endorsed by the Malaysian Dental Council (MDC) at its 101st Meeting on 21 February 2013. This revision was finalised at the Malaysian Dental Deans' Council Workshop on 9 September 2025 at Dorsett Putrajaya Hotel and reviewed by the COPPA BDS Revision committee on 13 – 14 November 2025 at Dorsett Putrajaya Hotel.

1. Introduction:

Credit transfer is the process of transferring course credits taken by a student in a programme to another programme that leads to the award of a qualification offered by the same or a different institution. This process allows the course credits to count toward the graduation requirements for that programme.

Credit transferred must be from the course(s) taken and passed by the students during the duration of study in the other dental or medical programme. The course for which credit is applied for must be equivalent to and fulfil the requirements of the present course curriculum of the dental programme. Type of credit transfer (for dental courses) allowed – horizontal credit transfer from a dental programme or a medical programme at the same MQF level (Level 6). Vertical credit transfer, i.e., credit transfer from a lower to a higher level of qualification, is not allowed.

2. Criteria for credit transfer

Although credit transfer is not encouraged for dental degree programmes in Malaysia, applications from individuals can be considered on a case-by-case basis.

Situations where credit transfer is allowable:

a. Student Transfer Between Accredited Malaysian Dental Schools

Example: A student moving from one accredited local dental programme to another (e.g., due to relocation, special circumstances).

b. Student Transfer from International Dental Schools

Example: A student who studied Year 1–2 at a foreign dental school but cannot continue studying due to war, visa issues, etc

c. Change of programme within the same university (e.g., from medical programme to dentistry programme).

- d. For students who apply for credit transfer while on study deferment due to non-academic reasons (e.g. financial, health), the maximum deferment period should not be more than 2 years.

3. Application for credit transfer

The application for credit transfer must fulfil the following criteria:

- a. The candidate must fulfil the minimum entry requirement (MER) for admission to a dental degree programme as determined by the Ministry of Higher Education, Malaysia;
- b. The candidate has not failed in the programme before applying to continue in the dental programme in the same or another institution. The candidate must be a currently enrolled student at the time of the transfer. Previous failure at a lower level of study does not preclude their application to continue in the dental programme at the same or another institution;
- c. Admission of the candidate enables him/her to be in the receiving institution for a minimum period of 3 years before graduation;
- d. The institution that accepts a candidate must ensure that it does not exceed its stipulated annual intake of students for that particular cohort; and
- e. The receiving institution is encouraged to seek a 'letter of good standing' of the candidate from the transferring institution.

4. Process for credit transfer

- a. The candidate must apply to the receiving institution for the transfer of credit at least one (1) semester prior to the planned registration.
- b. Two types of credit transfer:
 - i. Credit transfer (with grades)
 - ii. Credit transfer without grades – credit without grades
- c. Passing grade for the purpose of credit transfer is Grade C, or GPA of 2.0. If the grading scale of the receiving institution differs from that of the previous programme, the institution must ensure the equivalence of grades.
- d. The credit value of the transferred course should be the same as the course credit value of the programme at the receiving institution.
- e. The transferred course must be from an accredited programme OR from a recognised programme by the authoritative body at the awarding country.
- f. A committee must be appointed by the receiving institution to evaluate the relevant information for credit transfer (with at least 3 members).

5. Proof of evaluation must include the following:
 - a. Credit transfer application (form, letter, etc)
 - b. Previous qualifications required for Minimum Entry Requirements
 - c. Official transcripts from the previous programme
 - d. Mapping of the course content and learning outcomes for the credit transfer (Based on course-to-course mapping - Must be at least 80% equivalency of the programme requirement of the receiving institution – Use the course-to-course mapping template provided)
 - e. If the credit transfer is recommended for approval but some minor gaps exist, the committee must identify the bridging modules to be taken by the candidate (especially for students entering into clinical years). The institution shall be responsible for conducting the bridging modules.
 - f. The receiving institution shall be responsible for determining the equivalency of Part 1 PQE requirements, taking into account the candidate's year of entry into the programme.
 - g. The approval for the credit transfer at the HEP level must be obtained from the dean of the faculty.
6. The receiving institution must submit the proof of evaluation [as listed in (5)] and obtain approval for the credit transfer from the Malaysian Dental Council prior to accepting the candidate into their programme.
7. These criteria apply to candidates in dental or medical degree programmes at local or overseas institutions.
8. Conclusion

Credit transfer for dental degree programmes is a regulated process intended to uphold academic standards, patient safety, and professional competency. While not routinely encouraged, credit transfer may be considered on a case-by-case basis for eligible candidates who meet the minimum entry requirements and satisfy clearly defined academic, administrative, and regulatory criteria. A structured evaluation process—including comprehensive documentation, course-to-course mapping, committee review, and, where necessary, implementation of bridging modules—ensures that transferred credits align with the learning outcomes of the dental curriculum. Final approval by the MDC is mandatory prior to candidate acceptance, thereby safeguarding the integrity of dental education and ensuring

that all graduates meet nationally recognised standards of competence.

Reference:

Kompilasi Dasar Jaminan Kualiti Pendidikan Tinggi (2009-2020) Edisi Ketiga, Agensi Kelayakan Malaysia 2021

Template for course-to-course mapping

COURSE MAPPING OF THE CREDIT TRANSFER APPLICATION FOR BDS PROGRAMME OR EQUIVALENT

Mapping of credit value:

XXX (institutional name accepting transfer student)		YYY (institutional name of transferred student)	Remarks	Percentage of CLO similarity (%)
No.	Course code and name: Anatomy	Course Code and Name: Anatomy and Physiology		
	Credit (As listed in course guidebook – provide document as evidence)	Credit (As listed in course guidebook – provide document as evidence)		
1.			Not 100% matched	50
			Average	50%

Mapping of course learning outcomes (CLO):

Fill the table for each course:

XXX (institutional name accepting transfer student)		YYY (institutional name of transferred student)	Remarks	Percentage of CLO similarity (%)
No.	Course code and name: Anatomy	Course Code and Name: Anatomy and Physiology		
	CLO (As listed in course guidebook – provide document as evidence)	CLO (As listed in course guidebook – provide document as evidence)		
1.	Describe the anatomy of the respiratory system, including the major organs, airway divisions, and key supporting structures.	Describe the anatomy of lung and supporting structures.	Not 100% matched	50
2.	Explain the structure of the central nervous system	-	Content not covered	0
3.				
4.				
5.				
6.				
7.				
			Average	50%

Content Mapping

Fill the table for each course:

XXX (institutional name accepting transfer student)			YYY (institutional name of transferred student)		Remarks	Percentage of content similarity (%)
No.	Course code and name: DX 1111 Anatomy		Course Code and Name: AL 222 Anatomy and Physiology			
	Topics in course (As listed in course guidebook – provide document as evidence)	Description of content (As listed in course guidebook – provide document as evidence)	Topics in course (As listed in course guidebook – provide document as evidence)	Description of content (As listed in course guidebook – provide document as evidence)		
1.	Respiratory system	1. Upper respiratory 2. Lower respiratory 3. Lungs and its supporting structures	Respiratory system 1 – Anatomy component	1. Lung function 2. Lung volume	Upper and lower respiratory not covered in transferred course	50
2.	Skeletal and muscular system	1. Skeletal structure	Tissues: The Living Fabric – Skeletal, Muscle and Nervous Tissues	1. Skeletal structure		100
3.	Nervous System		Fundamentals of the Nervous System I Fundamentals of the Nervous System II			100
4.	Special senses		-		Not covered in transferred course	0
5.						
6.						
7.						
8.		4.				
9.						
10.						
11.						
Average (%)						62.5%

Assessment mapping (example)

Provide all types of assessment methods for each course

XXX (institutional name accepting transfer student)			YYY (institutional name of transferred student)		Remarks	Percentage of CLO mapped (%)
No.	Course code and name: Anatomy		Course Code and Name: Anatomy and Physiology			
	Continuous assessment	Format	Continuous assessment	Format		
1.	Semester 1 test	Essay	-	-	No semester test – only assignment	0
2.	Block test	Essay	Block test	Essay		100
3.						
4.						
5.						
	Final assessment	Format	Final assessment	Format		
7.	First Professional exam	SAQ, OBA	Second Professional exam	T/F MCQ	Exam in second year, format different	0
8.						
9.						
10.						
11.						
Average (%)						33.3%

Conclusion:

Present course in the curriculum of the dental programme		Course to be transferred		Percentages of similarity for CLO (i)	Percentages of similarity for content (ii)	Percentages of similarity for assessment methods (iii)	Conclusion
Course title	Credit	Course title	Credit				
A				50	62.5	33.3	Credit transfer rejected

Scale:

Credit transfer accepted – Must achieve at least 80% in all three components (i, ii and iii)

Credit transfer rejected – If any of the components is less than 80%

Provide evidence e.g. course guidebook/syllabus, candidates' logbook of the transferred course, or any relevant documents.

Evaluated by,

Name:

Post:

Date

Evaluated by,

Name:

Post:

Date

Verified by,

Name:

Post:

Date

Appendix SIII-1 – Schedule of visit

SCHEDULE OF VISIT FULL ACCREDITATION BACHELOR OF DENTAL SURGERY (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 - 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
2.00 pm -4.30 pm	Tour of Facilities - to include clinical facilities, laboratory, other teaching facilities such as hospital etc.	Faculty/Campus
4.30pm - 5.00pm	End of day Discussion by PoA Tea Break	Seminar Room
5.00pm	End of Session	
8.00 - 10.30 pm	Preparation of report	Meeting Room (Meeting package to be borne by MQA)
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 (all years)	Seminar Room 1
11.30am -1.00pm	Review of Documents and Tea Break	Seminar Room 2
1.00pm - 2.00pm	Lunch Break	Cafeteria
2.00pm - 4.00pm	Review of Documents Preparation for exit meeting report by	Seminar Room

	PoA	
4.00pm - 4.30pm	Interview with the Dean/University Management Team	Seminar Room
4.30pm - 5.00pm	Exit Meeting • Oral Presentation of Findings by the Chairman, PoA	Meeting Room
5.00pm	End of Session	
8.00 - 10.30 pm	Preparation of report	Meeting Room (Meeting package to be borne by MQA)

*Panel to change the tentative programme accordingly

ACKNOWLEDGEMENT

This document was developed by a committee appointed by the Malaysian Dental Council, consisting of:

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