

## **PROGRAMME REVIEW REPORT**

**Bachelor of Medicine and Bachelor of Surgery Degree Programme**

**Faculty of Health-Care Sciences**

**Eastern University, Sri Lanka**

**10 - 13 February 2020**



**Review Panel:**      **Prof. (Mrs.) M. Senthilnathanan**  
**Prof. ChrishanthaAbeyse**  
**Prof. RanjithPallegama**  
**Prof. Prasad M. Jayaweera**

**The Quality Assurance Council**  
**University Grants Commission, Sri Lanka**

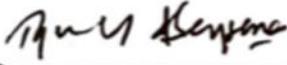
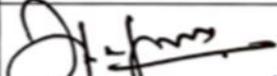
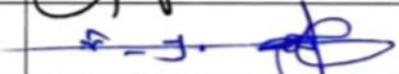
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**University:** Eastern University, Sri Lanka

**Faculty:** Faculty of Healthcare Sciences

**Program:** Bachelor of Medicine and Bachelor of Surgery

**Review Panel:**

Name	Signature
Prof. (Mrs.) M. Senthilnanthanan	
Prof. Chrishantha Abeysena	
Prof. Ranjith Pallegama	
Prof. Prasad M. Jayaweera	

**Date:** 31/03/2020

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## **Section 1. Brief Introduction to the Programme**

### **1.1 Overview of the Faculty of Health-Care Sciences**

The Faculty of Health-Care Sciences (FHCS) at the Eastern University, Sri Lanka was established on 23/11/2005 by a Gazette notification. The Faculty is temporarily located at No.50, New Road, Batticaloa from the onset, 17 km away from the other faculties and administrative branches located in Vantharumoolai. A 50-acre land at Pillayaradi has been acquired for the FHCS and infrastructure development is underway. Presently the hostels accommodating the students of FHCS are functioning at Pillayaradi. A grant of LKR 6000 million has been received by the FHCS for the rest of the infrastructure development and the construction work at Pillayaradi is expected to be completed by April 2021. Under Phase I of the infrastructure development process at the Teaching Hospital, Batticaloa (THB), the University Teaching Units (UTUs) for Paediatrics and Surgery are completed and UTUs for Medicine and Obstetrics & Gynaecology are incorporated in the Master Plan, but are yet to be implemented.

The FHCS consists of six administrative departments, namely Human Biology, Pathophysiology, Primary Health Care, Clinical Sciences, Medical Education & Research (DMER) and Supplementary Health Sciences (DSHS) and offers two study programmes, namely Bachelor of Medicine & Bachelor of Surgery (MBBS) and BSc (Hons) in Nursing. The first four departments contribute to the MBBS study programme. The DSHS is responsible for the BSc (Hons) in Nursing study programme. The DMER provides pedagogical input and facilitates integration of disciplines in MBBS and BSc (Hons) in Nursing study programmes.

### **1.2 Overview of the MBBS Study Programme**

The curriculum of the MBBS study programme under review has been developed by a group of medical educationists. From the beginning, the MBBS study programme at FHCS has been a radical departure from traditional discipline-based curriculum. The curriculum uses a spiral model with integrated modules based on body systems. The curriculum has been designed to integrate relevant disciplines focusing on programme learning outcomes and to meet the requirements of outcome-based education (OBE), with an early exposure to clinical sciences and small-group learning through simulated problems. Therefore, the MBBS study programme integrates classroom work with clinical training, students' independent learning, hands-on research work and field-based projects, enabling students to develop their capacity for independent and critical thinking, logical analysis, effective communication, teamwork and a range of similar soft skills.

The duration of MBBS study programme is ten semesters (5 years) with 183 credits in total. The curriculum is organized into three phases, namely Phase I, Phase II and Phase III, with continuous and summative assessments at the end of each module and four grand-summative phase assessments (Figure 1.1). The undergraduates obtain their clinical training at the THB. Figure 1.1 depicts the curriculum map of the MBBS study programme. To

receive the MBBS degree, a student should complete the creditable compulsory co-modules in addition to the successful completion of phase assessments. A minimum Overall Grade Point Average (OGPA) of 2.0 with passes in all phase examinations is considered as 'a pass'.

Year 1		Year 2		Year 3		Year 4		Year 5			
Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7	Semester 8	Semester 9	Semester 10		
Phase I Modules		Introduction to Professional Skills		Professional Skills I		Professional Skills II		Clinical Training Phase III			
		Phase II Part 1 Modules								Phase II Part 2 Modules	
		IT English Tamil/Sinhala		Peace Medicine							
Assessments											
IT Exam											
English Level 1 Exam		English Level 2 Exam									
Peace Medicine Exam											
Phase I Assessment			Phase II Part 1 Assessment		Phase II Part 2 Assessment		Phase III Assessment				

Figure 1.1: Curriculum Map of the MBBS Study Programme

Table 1.1 depicts the total credit value of modules offered by each contributing department while the academic staff profiles of the respective departments are tabulated in Table 1.2.

**Table 1.1: No. of Credits offered by the Contributing Departments to the MBBS Study Programme**

Department	No. of Credits
Human Biology	43
Pathophysiology	28
Primary Health Care	21
Clinical Sciences	82
Medical Education & Research	09
<b>Total No. of Credits</b>	<b>183</b>

**Table 1.2: Academic Staff Profile of the Contributing Departments**

Department	Designation			
	SL (Gr. I)	SL (Gr. II)	Lecturer	Lecturer (Prob.)
Human Biology	-	03	-	03
Pathophysiology	-	02	01	-
Primary Health Care	-	01	-	02
Clinical Sciences	02	07	01	03
Medical Education & Research	01	-	-	02

At present, a total of 414 undergraduates are pursuing the MBBS study programme in the Faculty and the detailed breakdown is given in Table 1.3.

**Table 1.3: Number of Students in the Study Programme at Present: Breakdown in Batches, Gender and Ethnicity**

Batch	Academic Year	Total	Gender		Ethnicity		
			Male	Female	Sinhala	Tamil	Muslim
13 <sup>th</sup> Batch	2017/18	80	29	51	37	30	14
12 <sup>th</sup> Batch	2016/17	73	27	46	52	16	5
11 <sup>th</sup> Batch	2015/16	78	35	43	48	24	6
10 <sup>th</sup> Batch	2014/15	59	31	28	38	8	13
9 <sup>th</sup> Batch	2013/14	66	25	41	30	15	21
8 <sup>th</sup> Batch	2012/13	58	20	38	37	6	14
<b>Total</b>		<b>414</b>	<b>167</b>	<b>247</b>	<b>242</b>	<b>99</b>	<b>73</b>

Since the inception of the MBBS study programme, seven batches of students have graduated; total number of students enrolled in each batch and graduated are given in Table 1.4.

**Table 1.4: Number of Students Enrolled in the Study Programme and Graduated since its Inception**

<b>Academic Year</b>	<b>Batch</b>	<b>No. of Students Enrolled</b>	<b>No. of students Graduated</b>
2005/2006	1 <sup>st</sup> Batch	27	27
2006/2007	2 <sup>nd</sup> Batch	37	37
2007/2008	3 <sup>rd</sup> Batch	33	33
2008/2009	4 <sup>th</sup> Batch	65	65
2009/2010	5 <sup>th</sup> Batch	48	48
2010/2011	6 <sup>th</sup> Batch	48	45
2011/2012	7 <sup>th</sup> Batch	75	67

## Section 2. Review Team's Observations on the Self-Evaluation Report

The SER writing process has been initiated with appointment of a committee of 6 members by the Faculty Board. Subsequently, each criterion has been assigned to small sub-committees for compilation of evidence and writing sections of the report. The teams have obtained the support of other stakeholders such as non-academic staff, students and the extended faculty from the THB for this purpose. It was quite evident that the SER has been prepared with a satisfactory participatory approach. However, during the site visit and the document review, the review team identified some gaps such as non-availability of evidence listed in the SER, misunderstanding in relation to some standards and lack of adequate evidence of internalisation of good practices. In some instances, the claims made in the SER and documents provided as supporting evidence did not match. Further, the role of IQAC was not very specifically described in the SER.

The SER included a well-written introduction which gave an adequate overview of the study programme and the Faculty of Health-Care Sciences to the reviewers. However, the vision and mission statements of the Faculty and the University were not clearly included and hence the alignment of the Faculty vision and mission with those of the University could not be assessed during the desk evaluation. The annexures included details such as graduate profile, structure of the curriculum, and a detailed staff profile. However, a detailed map linking the graduate profile and the academic programme was not available as an annexure to the SER. Further, although Figure 1.1 illustrated the delivery and assessment components of the curriculum that happen separately in Phases, the presentation did not convey a clear picture until the site visit. The picture was made even more complex with the inclusion of the Annexure 01 as the curriculum of the MBBS program of the Faculty. The complex assessment structure practiced in the study program did not become visible and clear until after a few discussions with the Dean of the Faculty and some senior academics.

The SWOT analysis presented in the SER provided a reasonably good picture about the reality although it could have been done better. However, it was evident that the Faculty has taken some efforts in analysing the SWOT.

A list of abbreviations was also made available and is appreciated. Some of the claims in SER had to be assumed that they are internalised understanding the nature of the programme, though supportive documentary evidence was not strong. The reviewers had to wait for the site-visit and several meetings in the process to fully comprehend the structure of the program and the learning experience undergone by students of the Faculty.

In general, the claims made under standards in relation to internalization was not very realistic of the operations of the MBBS program of the Faculty of Health-Care Sciences of the Eastern University, Sri Lanka.

## Section 3.A Brief Description of the Review Process

### 3.1 Appointment of the Review Team

The review team comprising the following four academics was appointed by the UGC on 4<sup>th</sup> July 2019 for the review of the MBBS study programme conducted by the Faculty of Health-Care Sciences (FHCS), Eastern University, Sri Lanka (EUSL).

Prof. (Mrs.) M. Senthilnathanan, University of Jaffna	Chair
Prof. Chrisantha Abeysena, University of Kelaniya	Member
Prof. Ranjith Pallegama, University of Peradeniya	Member
Prof. Prasad M. Jayaweera, University of Sri Jayewardenepura	Member

### 3.2 Planning of Programme Review Visit

All members of the programme review team received training on the review process where procedures, possible issues and ToRs relating to reviews were discussed and clarified. Then, the members of review team independently carried out a desk evaluation on the Self Evaluation Report (SER) submitted by the study programme. Later, they were given the opportunity to get together and discuss their individual desk evaluations.

The four-day review visit was organized in consultation with the Dean of Faculty of Health-Care Sciences and the Coordinator of FQAC prior to the visit. The review visit was initially scheduled from 21<sup>st</sup> – 24<sup>th</sup> October 2019 and later rescheduled from 10<sup>th</sup> - 13<sup>th</sup> February 2020 due to unavoidable circumstances. The four-day programme review schedule which was mutually agreed upon is given in **Annex 1**. The review visit comprised of the following aspects: meetings / discussions with all stakeholders, observation of teaching-learning sessions and facilities, scrutinizing documentary evidence, meetings within the review team and debriefing. On the 9<sup>th</sup> February 2020 evening, all members of the review team met at the Hotel East Lagoon in Batticaloa where they were accommodated and assigned the tasks and responsibilities to each member on mutual agreement and had an informal discussion on how to conduct the review in an efficient and effective manner.

### 3.3 Meetings / Discussions with Stakeholders

During the review visit, the programme review team had meetings with the Vice Chancellor, Dean, Heads of Departments, Director/IQAU, Coordinator and Members of FQAC, SER preparation team, academic staff, academic support staff, student counsellor, personal mentors, academic advisers, administrative staff, non-academic staff, Coordinators/Directors of relevant Cells/Units/Centres, Members of relevant Committees, extended faculty and alumni, students' union and students. The attendance sheets of all meetings are provided in **Annex 2**.

On the 10<sup>th</sup> February 2020 morning, the programme review team met the Director of IQAU along with the Coordinator and Members of FQAC at the FHCS. During the meeting, the

Director/IQAU briefed on the QA activities of the University and it was reported that the IQAU and SDC had conducted training workshops for staff on QA and SER preparation; FQAC conducts meetings once a month and reports the progress to the IQAU; The Management Committee of IQAU meets once in two months but attendance of members at the meetings is not satisfactory; internal programme review process by the IQAU is not in practice. The review team noted poor implementation of IQA activities.

Then, the programme review team listened to the presentations of the Dean and Chairperson of the SER preparation team. The Dean presented an overview of the MBBS study programme and briefed the team about the uniqueness and strengths of the study programme and challenges to overcome. Subsequently, Chairperson of the SER preparation team delivered a presentation on the process of SER preparation reflecting on the good practices adopted in the study programme and the lack of documentary evidence for some of the same. The review team noted the commendable teamwork with limited staff and utilization of IT enabled platforms to prepare the SER.

During the meeting with Heads of Departments, it was reported that regular department meetings are held with all categories of staff. However, it was noticed that monitoring on the department-level activities by the faculty is not well-coordinated.

During the meeting with technical and non-academic staff, it was noticed that they appeared to be satisfied with the training provided to them on their career progress. However, they expressed their concerns over unfilled non-academic staff cadres, limited work space and facilities and absence of a grievance redress mechanism.

Then, the review team had a discussion with the academic staff members who appreciated the regular induction programmes for the newly recruited academics conducted by the SDC and expressed their concerns over heavy teaching load which restricts their research output, and lack of formal mechanism for mentoring junior staff and reward system for excellence in teaching and research. During the meeting with demonstrators, it was noticed that they contribute to teaching learning process by assisting in tutorial discussions, practical classes, field trips and clinical trainings focusing on individual disciplines only. They highlighted deficiencies in human and physical resources and lack of training although their contribution was high.

The discussion with student counsellors, academic advisors and personal mentors revealed that none of the 10 appointed student counsellors in the FHCS is professionally trained and the students who need counselling, are referred to the only Psychiatrist in the THB; further, private space for counselling and records on counselling or health screening for students are not available. Academic advisors are appointed on need basis considering the performance of students in examinations. 3-4 students in each batch are assigned to an academic staff for personal mentoring and conflict of interest is observed to prevail in this process. Poor crisis management and lack of policy on special support and assistance services for students with special needs or differently-abled students were noticed by the review team.

Two separate meetings were held simultaneously with the alumni, parents, and extended faculty staff. In the meeting with graduates and parents, satisfaction over the learning experience at the FHCS was expressed and the need of a shuttle bus service between the hostels, FHCS and THB to minimize the travel constraints was highlighted. Also, it was pointed out that an Alumni Association does not exist.

During the meeting with the extended faculty staff, they raised several concerns regarding the clinical training for students, such as lack of Tamil language proficiency among Sinhala students to communicate with the patients, poor ability of students to work as a team and apply the gained knowledge in the clinical setup, duration of short clinical appointments, lack of training for clinicians on assessment methods, interruptions during clinical training due to module examinations and workshops and lack of appreciation for the services rendered by the clinicians. Further, they proposed to commence clinical oriented teaching in the phase 1 of the study programme and expressed willingness to continue their services to enhance the quality of MBBS study programme.

On the 11<sup>th</sup> February 2020 morning, the review team met the Vice-Chancellor along with the Dean, Director/IQAU and Coordinator/FQAC at the Senate Room of Eastern University, Sri Lanka, Vantharumoolai. The Vice Chancellor delivered a presentation explaining the strategic plan (2019-2023) of the university and the role of IQAU in the implementation of relevant strategic activities with the brief overview of the different faculties of the university and the study programmes offered by them.

Subsequently, the review team had a discussion with the administrative staff members in which a total of 10 staff of different categories participated. The discussion revealed that some of the financial and examination matters are decentralized to the FHCS due to travel constraints between the main campus and FHCS; online grievance reporting mechanism with respect to financial matters is in operation; regular meetings of the senior management committee and administrative staff are held. However, it was noticed that the contribution of administrative staff in the SER preparation and the QA activities was minimal.

Then, the review team met the Directors of Centre for Information Communication Technology (CICT), SDC, Physical Education Unit and IQAU, Head of English Language Teaching Unit (ELTU) and Coordinators of Gender Equity & Equality (GEE) Cell and Career Guidance Cell and discussed the services provided by the respective centres/units/cells.

A relatively inclusive group of 39 students was randomly selected by the reviewers for discussion. The students of 9<sup>th</sup> and 12<sup>th</sup> batches did not participate in the discussion due to psychiatry appointment and out of bounds for Phase I examination, respectively. During the discussion, it was found the students are moderately satisfied with the learning experience and have a few concerns regarding the learning environment, playground and sports facilities, delays in releasing examination results, travel constraints, facilities at the THB for subject oriented discussions and library resources. Further, a questionnaire-based study

programme evaluation was conducted among the students who participated in the discussion and their responses were analyzed and incorporated in the report. The model questionnaire is given in **Annex 3** and the summary of students' responses is provided in **Annex 4**.

On the 12<sup>th</sup> February 2020 morning, the review team met the members of Curriculum Development & Evaluation Committee (CDEC) and Faculty Research Committee(FRC) and learnt about their roles and responsibilities in promoting research within the study programme. The review team noticed that the clinicians are not represented in the above committees.

Finally, the review team had a discussion with the members of the students' union. While reiterating the concerns of students, the members reported on postponement of lectures and lack of health screening for students.

### **3.4 Observation of Teaching-Learning Sessions and Facilities**

During the review visit, the teaching-learning practices and facilities described in the SER were verified. Facilities such as lecture halls, laboratories, IT laboratory, Skills laboratory, Dissection halls,Auditorium, Library, Students' Common Room, Stadium, Hostels, Examination and Finance Branches of the FHCS, FQAC andGEE Cellwere observed. In addition, a lecture session, a session on learning around a problem and a clinical session were also observed.

### **3.5 Scrutinizing Documentary Evidence**

The review team examined all the supportive documentary evidence and looked for evidence of implementation and internalization of the good practices by the study programme. The accuracy of evidence and claims made in the SER were evaluated based on the documentary evidence provided to reviewers. The review team obtained the missing evidence from the SER preparation team and they were further verified with regard to internalization.

The review team was satisfied with the cooperation extended for the programme review by the Dean of Faculty of Health-Care Sciences, Coordinator of FQAC and SER preparation team. The documentary evidence were organized in a satisfactory manner and staff members were available for clarification at all times. However, the following lapses were observed while scrutinizing the documentary evidences: proper coding system was not found in the SER to facilitate the review process; certain review standards were misinterpreted; proper referencing to common evidences was not found; documentary evidences in some files were irrelevant; and some evidences were not documented properly. The logistics of the review team were met very satisfactorily.

The programme review was concluded with a wrap-up meeting on the 13<sup>th</sup> February 2020 afternoon. During this session, the Chair of review team briefed the key findings of the

programme review which led to a productive and cordial discussion and concluded with lunch. The support provided by the FHCS throughout the review process is commendable.

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

The Internal Quality Assurance Unit (IQAU) of Eastern University, Sri Lanka (EUSL) was established in 2015 complying with the Circular No. 04/2015 of the University Grants Commission (UGC), Sri Lanka; at the inception, the operation of IQAU was funded by the Quality Assurance and Accreditation Council (QAAC) of the UGC under the HETC project. IQAU has been established primarily to safeguard academic standards and quality of higher education qualifications by making all relevant personnel aware of and encouraging to continuous improvement in the management of the quality of higher education. The Unit oversees quality assurance for all teaching and learning processes, student support and institutional developments while ensuring that the EUSL operates in conformity with the Sri Lankan Qualification Framework (SLQF) and academic standards such as Subject Benchmark Statements and Accreditation set forth by QAAC, UGC. An Internal Quality Assurance Policy Framework has also been formulated by the University in order to guarantee necessary compliance of all internal QA and related processes.

IQAU has set forth its generic goal as "... to create a culture that seeks to continually improve the quality of all academic activities in the Eastern University, Sri Lanka". The following list of specific objectives has been formulated to achieve the aforesaid goal.

1. To promote quality enhancement activities within the university
2. To liaise with the QAC and the UGC of Sri Lanka in facilitating the conduct of external reviews in the university
3. To assist the Vice Chancellor in preparation of the self-evaluation report for institutional reviews
4. To guide faculties and departments in the university in preparation of self-evaluation reports for programmes and subject reviews
5. To facilitate implementation of follow-up actions recommended in subject, programme or institutional review reports, and monitor progress in their implementation
6. To liaise with quality assurance units in other higher educational institutions to share good practices and enhance the quality of higher education in Sri Lanka

Several attainment targets have been set out for the IQAU among its main functions and responsibilities, and one of which is ensuring the effectiveness of EUSL's own quality assurance structures and mechanisms particularly by taking account of:

1. internal quality assurance reviews and their outcomes, especially at the level of the discipline and/or programme
2. make use of external reference points including the QA Code of Practice, SLQF, published Subject Benchmark Statements and publicly available information about the quality of programmes and the standard of awards

3. internal systems for the management of information and their contribution to the effective oversight of quality and standards; the development, use and publication of programme specifications
4. academic standards expected of and achieved by students
5. experience of students as learners, and the enhancement of their learning opportunities
6. quality assurance of teaching staff, and the ways in which teaching effectiveness is appraised, improved and rewarded

The IQAU, housed in Vantharumoolai, Chenkalady, has delegated QA related faculty level operational responsibilities and other related salient functions to the Faculty Quality Assurance Cell (FQAC) of FHCS which is located at No.50, New Road, Batticaloa, over 25 km away from the main campus. The Board of FHCS established the above FQAC in the local premises in 2017 after the first round of institutional review for better coordination of faculty level QA related activities.

FHCS has formulated necessary ToRs and policies for programme design and development through FQAC. The major functions of the FQAC are monitoring, evaluating and implementing QA related activities in the study programme based on student feedback, pedagogical training through workshops and directing departments towards quality medical education and research. However, scarcity of documentary evidence for the FQAC's operations and intended accountability of responsibilities as per the IQAU's expectations was observed during the programme review visit. It was also noticed that the major hindering factor for these deficiencies could be limitations in human resources, space as well as other necessary resources required for smooth operation of FQAC. It is expected the required physical facilities for the FQAC would be provided in the upcoming new faculty complex, and qualified human resources could be attracted and retained in future.

In addition to the FQAC, a Curriculum Development and Evaluation Committee (CDEC) has also been established as a sub-committee of the Board of FHCS with the following objectives: to review the curricula of all study programmes of the FHCS and to resolve important issues in all undergraduate, postgraduate, diploma and certificate programmes; to restructure and amend/revise the curricula and recommend the respective amendments/revision to the Senate for its approval; to develop new study programmes and assessment strategies; and to take action for assurance of quality and accreditation of the existing study programmes.

The coordinator and members of FQAC are appointed by the Board of FHCS and their duties and responsibilities include:

1. Review the existing curricula of all study programmes and departmental course requirements periodically
2. Review and recommend any proposed amendments to the existing curricula

3. Study and make recommendations to the Board of FHCS with regard to curricula of new courses
4. Ensure that all curricula, where applicable, are in line with the Sri Lanka Qualifications Framework and/or satisfy the requirements of relevant accreditation boards
5. Prepare and revise role descriptions and activity expectations of the CDEC
6. Monitor the overall assessment process of courses and learning outcomes
7. Monitor and report on student performance (grades) in every semester
8. Periodically review and recommend to the Board of FHCS the necessary revisions to be incorporated in the prospectus of the study programmes offered by the FHCS
9. Periodically review and recommend to the Board of FHCS the necessary revisions to be incorporated in the Student Handbook
10. Periodically review and recommend to the Board of FHCS the necessary revisions to be incorporated in the by-laws of the study programmes of the FHCS

However, as mentioned previously, the relevant records of the above processes and formal procedures are not maintained by the FQAC which is a major deficiency in the whole quality assurance system of the FHCS.

Besides the FQAC and CDEC, two other committees, namely Ethics Review Committee (ERC) and Faculty Research Committee (FRC), do exist in the FHCS. The FRC has been set up to function under the FHCS with the main objective to promote research of national and international excellence. The primary objective of establishing ERC is to review the ethics of medical research involving human samples, tissues and data; and use of animals in research for medical purposes. Further, ERC is expected to safeguard the dignity, rights, safety and wellbeing of all actual or potential research participants and to ensure that animals used for research are also treated humanely. Adherence of the functions of ERC to the Guidelines of the Forum of Ethics Review Committees in Sri Lanka (FERCSL guidelines) and other relevant national and international legislations and guidelines have also been guaranteed as another aspect of the faculty's commitment to quality and standards.

## Section 5. Judgment on the Eight Criteria of Programme Review

The review team's judgment on the level of attainment of quality by the study programme under each of the eight criteria is described below.

### Criterion 1. Programme Management

The FHCS has the organizational structure for management and execution of the programme design, development, and delivery. The faculty complies with the national administrative and financial regulations and guidelines. Many of the policies and by-laws required for good governance and management are adopted by the faculty. However, a Management Information System (MIS) should be developed and operationalized in the Faculty. The staff appraisal system and reward schemes for excellence in teaching and research to encourage the best teachers and excellent researchers respectively are not in practice. Even though FQAC and CDEC had been established, regular monitoring, revision and updating of curriculum of the study programme and modules, teaching and learning methods in response to stakeholder feedback and emerging global higher educational trends were not evident.

#### Strengths:

- Action Plan of the Faculty is in alignment with the University's Strategic Plan and updated regularly.
- Faculty conducts an orientation programme for all new students in a systematic manner to facilitate their transition from school to university environment.
- Student Handbook that contains the necessary information about the MBBS programme offered by the faculty is provided to the students at the time of enrollment.
- University approved Student Charter is given to all students at the time of enrollment.
- Documents such as management guide, list of duties, work norms and codes of practice for all categories of staff, and by-laws related to examination, student discipline and SGBV are available for good governance and management.

#### Areas for Improvement:

- Participation of full spectrum of stakeholders in programme management and curriculum development and revision needs to be ensured.
- The mechanism and the attempt to enhance awareness among students on available support and materials need to be improved.
- ICT platform (MIS) for programme management, teaching and learning, research and community engagement needs to be developed and operationalised.

- Requirement of special assistance for students with partial disabilities and special needs should be evaluated and considered.
- The Faculty should strengthen ragging prevention strategies.

## **Criterion 2. Human and Physical Resources**

The Faculty manages the routine functions with a limited number of academic and non-academic staff which is totally inadequate. However, the service and the dedication of existing staff members should be highly commended. Although present physical facilities are inadequate to implement a high-quality study programme, the faculty will have a major boost in infrastructure very soon and the students are sure to experience a different learning environment. However, the University should have a plan to match it with a similar boost in human resources in order to achieve the maximum from the infrastructure development. Further, the University should be ready to provide efficient supplementary facilities, such as internet with good connectivity to the main campus.

### **Strengths:**

- Presence of induction training for academics; although this type of training is not regularly offered for other staff categories
- Dedication and commitment of the limited staff available
- Presence of a higher number of qualified academics in the clinical departments compared to other departments that is useful in delivering an integrated curriculum
- Initiatives for technology utilization and extended support services (Library, IT, etc.)
- Presence of modules on professional skills as a part of the curriculum including workshops on soft skills
- Presence of a separate building in the hospital premises for clinical teaching
- All students are accommodated in university hostels; but many of them do not stay in hostels considering the transport constraints.

### **Areas for Improvement:**

- Need policies for the establishment of new departments and a strategic plan for dealing with a diverse community; policies on human resource development (CPD, retention and recruitment of staff, etc.) are also required.
- Human resources are not up to the expected standards and certain key expertise is unavailable (no qualified specialists in pathology, forensic medicine, community medicine and psychiatry).
- A formal appreciation/appointment for the service rendered by the external resource persons including clinicians (extended faculty) may be given; establishment

of an understanding (MoU) between the Ministry of Health and Ministry of Higher Education is required for this and managing Faculty physical resources established at the hospital premises. Some of these issues may be sorted out only at the Standing Committee level of the UGC.

- CPD programmes are not adequate for both academic and non-academic staff
- Need separate ToRs for DMER (Department of Medical Education and Research) to distinguish its responsibilities from those of the CDEC
- A huge inadequacy of Infrastructure to deliver the curriculum effectively and efficiently
- Inadequate facilities for extracurricular activities and lack of maintenance of the limited existing facilities
- Inadequate welfare facilities for students in the hospital premises
- Students face difficulties in traveling between the faculty, hospital, and hostel; as a result, students who are in clinical training tend to avoid the hostel and stay in boarding places that may raise security and safety concerns.
- Limitations in the library and support services
- Inadequacy in IT related facilities including network connectivity and the relevant technical support
- Student-staff communication is very informal (WhatsApp, Viber, etc.). More formal methods such as emails, Moodle with formal and official accounts are advocated.

### **Criterion 3. Programme Design and Development**

The faculty possesses an innovatively structured, integrated course-unit based curriculum with modules in different levels, which is in compliance with the SLQF. The faculty has considered the Medicine SBS as reference point. The programme is delivered in ten semesters in five years; but distribution of workload among the semesters should be reconsidered. The programme learning outcomes and the ILOs of modules are formulated based on the graduate profile. However, there are a few concerns regarding constructive alignment between graduate profile, module outcomes and assessment strategies in some modules. The curriculum integrates learning strategies for development of self-directed learning and teamwork. The supplementary modules enrich the generic skills of students and encourage them to appreciate gender and social issues, justice, ethical values, and human rights. The faculty should conduct internal programme reviews regularly. The review team appreciates the recently approved fallback options available in the study programme and recommends it to be implemented whenever necessary.

#### **Strengths:**

- Established a CDEC
- Integrated curriculum with module system
- Innovatively structured curriculum in compliance to SLQF including GPA and PBL
- Programme design and development procedures include ILOs, teaching and learning methods.
- Use of graduate profile as the foundation for developing learning outcomes at the levels of programme and modules
- ILOs of the study programme are realistic, deliverable, and feasible to achieve.
- Accommodation of supplementary modules, such as professional and multi-disciplinary modules, to enrich the generic skills of students.
- Issues of gender, social diversity, equity, social justice, ethical values and human rights are integrated into the curriculum.

**Areas for Improvement:**

- Need to incorporate the feedback of the relevant stakeholders including students, relevant officials of the Ministry of Health and professional institutions and/or the results of need assessments during revision of the curriculum to improve the quality of the study programme
- Need constructive alignment between graduate profile, module outcomes and assessment strategies in some modules
- No evidence of integration of learning strategies for the development of collaborative learning, creative and critical thinking, and interpersonal communication
- Need optional/elective modules
- Need measurable process indicators and outcome-based performance indicators which are used to monitor the implementation and evaluation of the programme
- No evidence of dissemination of the programme specifications to individual staff and staff feedback.
- There are some discrepancies between the contents of the approved curriculum and the students' handbook.
- No evidence of strong internal programme review process and conducting internal reviews
- Weak formal mechanism of supervision and monitoring of departmental and module activities.
- Need a mechanism to use the outcomes of programme monitoring and review to foster the design and development of the curriculum

- No evidence of conducting a tracer study and use the findings for continuous improvement of the study programme
- Need further compliance to SLQF and SLMC minimum standards
- Need to obtain feedback of students and staff on peace medicine and professional skills modules
- Workload in certain semesters (up to 19 weeks) is not acceptable.
- Need clear ILOs and appropriate assessment methods for clinical training

#### **Criterion 4.Course/Module Design and Development**

University approved standard template for module design and development is used by the Faculty. Module ILOs, content, teaching, learning and assessment strategies, credit weight, etc. are contained in the module specification though they are not constructively aligned in some modules. It was noticed that only the specialists in Medical Education were involved in the module design and development process and participation of other stakeholders, especially clinicians and relevant officials of the Ministry of Health, was not evident. It is strongly recommended to conduct integrated seminars and ward classes by multi-disciplinary team of subject specialists. Module evaluation is carried out at the end of each module. However, it is recommended to implement an appropriate and adequate course monitoring and review processes in the faculty.

##### **Strengths:**

- Standard templates for module design and development are used.
- The modules have clear module specifications, contents, teaching-learning, and assessment strategies and learning resources.
- Certain module contents have adequate breadth, depth, rigour, and balance.
- Module design specifies the credit value, the workload (notional learning hours) as per SLQF, broken down into different types of learning.
- Presence of separate modules for peace medicine, oral health, and professional development
- Compulsory modules in English and IT; but need to revise the content of IT module to suit those who are in medical profession.

##### **Areas for Improvement:**

- No evidence of involvement of internal and external subject experts in the development of certain modules
- Compliance to SLQF is observed to a certain extent and compliance to the standards of professional bodies is needed.

- Constructive alignment of module objectives, contents, assessments and learning activities is observed to a certain extent.
- Student-centred teaching strategies are observed to a certain extent.
- The design of only certain modules specifies the workload as per SLQF.
- Self-directed learning, collaborative learning, creative and critical thinking, life-long learning, interpersonal communication, and teamwork are not adequate.
- Evidence of using media, technology, and ICT in delivery of modules is observed to a certain extent.
- No evidence of a mechanism for IQA.

### **Criterion 5. Teaching and Learning**

It is commendable that the Graduate Profile of the programme has been formulated based on the mission of the Faculty, programme goals, values, and other professional requirements. Teaching and learning activities have also been designed based on the Graduate Profile which has been elaborated on thirteen key focus areas (outcomes). A noteworthy attempt by the Faculty towards providing an acceptable profession-related learning experience to students was observed, besides some concerns in relation to programme delivery.

#### **Strengths:**

- Designed teaching-learning strategies are focused and outcome based, and are designed to take a student up to an MBBS qualification holder and are appreciated
- Acceptable level of internalization of OBE and SCL approaches
- LCT, SDL, and collaborative learning are designed into the learning experience

#### **Areas for Improvement:**

- Implementation deficiencies in designed teaching-learning strategies
- Noticeable degree of sudden interruptions in clinical schedules and other sessions such as lectures
- Temporarily- and partially-disabled and differently abled students or students with special need are not recognized; a screening mechanism to detect such students is not in place.
- Inadequate support for research and scarcity of research by faculty members
- Concerns in effective implementation of collaborative learning (PBL, SDL, etc.) which are already designed and scheduled
- Inadequate operation of GEE

- Item analysis of performance in assessments is not evident; no evidence of feedback of such analyses being used for improvement
- Teaching performance of academic staff is not appraised and not rewarded
- No evidence of use of technology for teaching and unavailability of clinical skills laboratory for MBBS students; the available skills laboratory appears to be limited only to nursing students.

### **Criterion 6. Learning Environment, Student Support and Progression**

The constraints in the learning environment and support for students and their progression appear to be related to staff inadequacy. However, more attention on the pertinent issues may improve the experience of the students. With a vision, an objectively structured strategic plan is required to rectify these and seems to be possible with the existing staff.

#### **Strengths:**

- Presence of an orientation programme for students at each phase
- Presence of support for students' progression
- Presence of designed co-curricular activities
- Presence of clinical training (even with limitations) that ensures adequate exposure for practice and creates a graduate fit for the internship
- Presence of recently approved fallback options

#### **Areas for Improvement:**

- There is room for improvement in creating an environment with more student-friendly Interactions, especially welfare and support services on academic matters.
- No systematic monitoring on execution of student support services for corrective and improvement measures
- Less awareness among students on the student charter and code of conduct
- Facilities/requirements for students with partial/temporary/minor disabilities are not evaluated and facilitated.
- Limited interaction with alumni; and absence of a formal connection and limited support from them

### **Criterion 7. Student Assessment and Awards**

Assessment structure seems to be too comprehensive for the purpose and is a burden for students as well as the staff. The Faculty finds it difficult to ensure the total quality and effectiveness owing to the comprehensiveness of the assessment structure which is out of

proportion. It is strongly recommended that the assessments are limited to the modules with appropriate CAT and summative assessment at the end of each module with appropriate weightage based on the theory and skills content of each module in terms of credits. The Faculty should be able to consider the total performance of all modules in a phase as cumulative performance of that phase (a formula may be developed for such purpose), and consider providing relevant information based on the modules (which are the real learning components) in the transcript.

**Strengths:**

- Availability of formal mechanism for designing, approving, monitoring and reviewing the assessment strategies
- Faculty has reviewed and amended assessment strategies.
- Commitment to adhere to and adoption of SLQF
- Sound and complete policies and procedures with respect to examination matters

**Areas for Improvement:**

- No evidence of assistance to temporary/partially-disabled and differently abled students in administering assessments
- Examination structure is complex and appears to be too heavy (disproportionate to the learning volume)
- Need SOPs for examination matters including module exams
- Substantial improvements are needed in a formal mechanism with respect to confidentiality and transparency in examination procedures, including end-phase and end-module examinations.
- Delays in providing results/feedback after formative assessments
- Delays in releasing examination results and poor documentation on handling examination matters and procedures
- No evidence of considering reports of external examiners
- The weightage given for different learning phases in calculating cumulative GPA needs to be revisited.
- Transcript does not provide complete information of the learning experience (the modules followed).

**Criterion 8. Innovative and Healthy Practices**

Clinical training is a part of the teaching and learning strategy and is operationalized through an effective partnership with the THB. Though the Faculty has established an ICT-based

platform (LMS) to facilitate multi-mode teaching and SCL, usage of the ICT-enabled tools for delivery of learning materials, learner support services and administering students' assessments is very minimal. A coordinated mechanism to facilitate staff engagement in research, dissemination of their research findings, and use of their own scholarly activities in teaching is recommended. A policy and procedure for credit-transfer was not observed. The review team noted that provision of fallback options for students, who are unable to complete the programme successfully, has been recently approved by the Senate.

**Strengths:**

- Students and staff engagement in co-curricular activities, such as social, cultural and aesthetic pursuits, and community-related activities is promoted.
- Use of Open Educational Resources (OER) to complement teaching and learning resources is initiated.
- Undergraduate research project is a part of the curriculum and students are encouraged to disseminate the findings of such research through oral presentations at conferences and publications in journals.
- Student participation in outside competitions is encouraged.
- Faculty generates income by admitting foreign students.

**Areas for Improvement:**

- ICT based multi-mode teaching delivery and learning through VLE/LMS is not widely practised.
- Staff engagement in research and dissemination of research findings to the community, and use of their own scholarly activities in teaching, are minimal.
- No incentives for staff and students who disseminate their research findings by presenting in conferences or publishing in journals.
- Low level of collaborative partnerships with national and foreign organizations for academic and research cooperation.
- A mechanism for rewarding outstanding performers in outside competitions is not evident.

## Section 6. Grading of Overall Performance of the Programme

No.	Criterion	Weighted Minimum Score	Actual Criterion-wise Score
01	Programme Management	75	107
02	Human and Physical Resources	50	58
03	Programme Design and Development	75	113
04	Course / Module Design and Development	75	113
05	Teaching and Learning	75	89
06	Learning Environment, Student Support and Progression	50	58
07	Student Assessment and Awards	75	85
08	Innovative and Healthy Practices	25	30
Total score (out of 1000)			654
<b>Total score (out of 100)</b>			<b>65.4</b>

The study programme under review has attained the adequate level of quality expected of a programme of study and requires improvement in several aspects.

**Thus, the Bachelor of Medicine and Bachelor of Surgery study programme is**

**awarded Grade C**

## Section 7. Commendations and Recommendations

### 7.1 Commendations on Excellence

- ✓ Presence of appropriate organizational structure for effective governance and management of core functions of the faculty and study programme
- ✓ Availability of some policies and by-laws for good governance and management
- ✓ Regularly up-dated action plan of the faculty in alignment with the University's strategic plan
- ✓ Dedication and commitment of the available limited staff members
- ✓ Presence of an integrated curriculum with semester based course-unit system that provides a GPA
- ✓ Commitment to adhere to and adoption of SLQF and SBSin programme/module design and development
- ✓ Integration of specific learning strategies in the module design to develop self-directed learning, PBL and teamwork abilities
- ✓ Presence of orientation programmes for students at the beginning of each Phase
- ✓ Presence of modules on peace medicine, oral health and professional skills as integrated components of the curriculum
- ✓ Presence of undergraduate research project as part of the curriculum and dissemination of research findings by students is encouraged
- ✓ Presence of a separate building in the hospital premises for clinical teaching
- ✓ Presence of clinical trainings (even with limitations) that ensure adequate exposure for practice and create graduates who are fit for the internship
- ✓ Students and staff engagement in co-curricular activities, such as social, cultural and aesthetic pursuits

### 7.2 Recommendations for Quality Enhancement

- ✓ Need to improve participation of full stakeholder spectrum in programme management curriculum development and revision processes
- ✓ Need to develop and operationalize a Management Information System for programme management, teaching and learning, research and community engagement
- ✓ Ensure regular internal programme reviews by the IQAU/FQAC

- ✓ Ensure regular monitoring, revision and updating of curriculum of the study programme and modules, teaching and learning methods in response to stakeholder feedback and emerging global trends
- ✓ Ensure compliance to the standards of Sri Lanka Medical Council (SLMC) during revision of the curriculum
- ✓ Need to formulate a policy on the faculty development before the establishment of new departments
- ✓ Need to establish a policy and a strategic plan for dealing with a diverse community
- ✓ Need to establish a policy on human resource development and management
- ✓ Need a separate ToR for the Department of Medical Education and Research (DMER) to distinguish its responsibilities from those of the CDEC
- ✓ A formal appreciation/appointment for the service rendered by the external resource persons (extended faculty staff) may be given
- ✓ A MoU may be developed between the MoH and MoHE in relation to management of MoHE owned properties in the MoH premises, and also in relation to obtaining the full commitment of the clinicians attached to teaching hospitals with an academic control by the Faculty on their contribution. Such an arrangement may first be discussed at the UGC standing committee level
- ✓ Availability of IT related facilities including network may be improved with adequate connectivity and technical support
- ✓ Ensure complete constructive alignment between graduate profile, module outcomes and assessment strategies
- ✓ Ensure complete constructive alignment of objectives, content, teaching, learning and assessment strategies with module ILOs
- ✓ Some optional/elective modules may be introduced
- ✓ Distribution of learning volume and workload among different semesters should be revisited.
- ✓ Develop process indicators and outcome-based performance indicators to monitor implementation and evaluation of the study programme
- ✓ Develop a formal mechanism to streamline the departmental and module activities
- ✓ Integrated seminars and ward classes by a multi-disciplinary team of subject specialists are recommended.
- ✓ Monitoring and avoiding Implementation deficiencies including sudden interruptions in delivering scheduled teaching-learning activities

- ✓ Screening and paying more attention on students with partial and transient disabilities with a related policy
- ✓ Fully operationalize the existing GEE policy
- ✓ Facilitate staff engagement in research and dissemination of their research findings through a coordinated mechanism
- ✓ Appraising and awarding teaching excellence of academic staff
- ✓ Making skills-laboratory available for MBBS students as well
- ✓ Improving and creating a more student-friendly environment with more interactions, welfare and support services on academic matters
- ✓ Establish a mechanism for systematic monitoring of student support services for corrective measures and improvement
- ✓ Strengthen ragging prevention strategies
- ✓ Strengthen the interactions with alumni through a formal mechanism
- ✓ Simplify the examination structure which is too complex and too heavy both on students and staff. The total volume of assessments appears to be disproportionate to the learning volume. Performing assessments within the module, which is the true nature of a credit unit-based curriculum, is recommended. A formula can be established to determine Phase level performances/results using module examination results if necessary.
- ✓ Transcript should provide complete information of the learning experience and the modules followed. The present transcript reflects only the Phase assessment but does not include performances in module assessments which are used in real learning. In a credit unit-based system, the practice of a separate Phase assessment as a huge summative examination appears to be irrational from education point of view.
- ✓ The Faculty should establish SOPs for examination matters including module examinations and all examinations should be centrally administered (through the office of Dean) for maximum transparency and effectiveness.
- ✓ Substantial improvements are needed in a formal mechanism with respect to confidentiality and transparency in examination procedures, including end-phase and end-module examinations.
- ✓ Delays in providing results/feedback after formative assessments should be avoided
- ✓ Delays in releasing examination results and poor documentation on handling examination matters and procedures should be avoided
- ✓ A method to appoint true external examiners and to consider their reports should be established

- ✓ The weightage given for different learning components (Phases) in calculating cumulative GPA needs to be revisited.
- ✓ Need to enhance usage of the ICT-enabled tools in teaching and learning processes, learner support services and administering students' assessments
- ✓ Collaborative partnerships with national and foreign organizations may be established for academic and research cooperation

## Section 8. Summary

A four-member panel with Prof. (Mrs.) M. Senthilnathanan of the University of Jaffna (Chair) and Prof. Chrishantha Abeysena of the University of Kelaniya, Prof. Ranjith Pallegama of the University of Peradeniya and Prof. Prasad M. Jayaweera of the University of Sri Jayewardenepura was appointed by the UGC for the review of the MBBS programme of the Faculty of Health-Care Sciences, Eastern University, Sri Lanka. The desk review of the SER on the MBBS programme was independently carried out by the reviewers and subsequently, the site visit was conducted for a period of four days from 10<sup>th</sup> to 13<sup>th</sup> of February 2020. During the site visit, the review team was able to peruse documentary evidence, observe facilities and teaching and hold discussions with all relevant stakeholders.

Evaluation was completely based on the criteria, standards and definitions provided in the Program Review Manual published by the QAC of the UGC. The Faculty of Health-Care Sciences of the Eastern University, Sri Lanka, having submitted the SER for review under the same review manual, is considered to have accepted those guidelines, definitions and procedures stipulated in the said PR manual.

At the end of the review process, the review team felt that the study programme has attained an adequate level of quality expected of a programme of study but requires improvement in several aspects. However, the members of the review team are confident that the FHCS has already taken some steps in the right direction to improve the relevance and quality of MBBS programme offered by the Faculty. Hence, the MBBS Programme of the Faculty of Health-Care Sciences, Eastern University, Sri Lanka has earned a grade of “**C**” with an overall score of **65.4%** which were calculated based on the prescribed procedures and formula of the PR manual.

The review team wishes to thank the Vice Chancellor of the Eastern University, Sri Lanka, Dean of the Faculty of Health-Care Sciences, Director of IQAU, Coordinator of FQAC, and Heads and staff members of relevant Departments for their hospitality and support rendered to the review team to make the review process a success and very pleasant.

## Annex 1. Schedule for site visit

### Schedule for PR Site Visit - Bachelor of Medicine and Bachelor of Surgery, Eastern University, Sri Lanka

10 - 13 February 2020

Time	Day 1: Monday, 10th February 2020	Day 2: Tuesday, 11th February 2020	Day 3: Wednesday, 12th February 2020	Day 4: Thursday, 13th February 2020
8.00 am	Meeting with Director/IQAU and Coordinator and Members of FQAC	Meeting with VC (at Vantharumoolai)	Observing clinical training activities*	Scrutinizing documentary evidence
8.30 am	Meeting with Dean	Discussion with administrative officers		
9.00 am	Presentation on Self Evaluation of the Programme under Review: SER preparation team	Meeting with Directors of Centres / Units / Cells & Observing common facilities (Physical Education Unit, SDC, ELTU, CGU, Health Centre, IQAU)	Observing teaching learning activities	
10.00 am	Meeting with Heads of relevant Departments	Traveling back to Faculty	Observing common facilities - Library, IT Lab, GEEC	
10.30 am	Tea break	Tea break	Tea break	Tea break
11.00 am	Discussion with T.O.s and other non-academic staff	Observing teaching learning activities	Meeting with Faculty Research Committee and Curriculum Development Committee	Preparing key findings report for debriefing
11.30 am	Discussion with academic staff (excluding HoDs and SER preparation team)	Discussion with students (excluding student union)	Discussion with student union	
12.30 pm	Discussion with academic support staff		Observing common facilities - Hostel, Sports	
1.00 pm	Lunch break	Lunch break	Lunch break	Lunch break
2.00 pm	Discussion with student counsellors and academic advisers	Open hour for any stakeholder to meet Review Team	Open hour for any stakeholder to meet Review Team	Debriefing session with senior management of programme under review
3.00 pm	Discussion with Alumni and External Stakeholders	Scrutinizing documentary evidence **	Scrutinizing documentary evidence**	
3.30 pm	Observing physical resources within Faculty			Departure
5.00 pm	Return to Hotel	Return to Hotel	Return to Hotel	

\* At Teaching Hospital, Batticaloa

\*\* Time can be extended beyond 5.00 pm if needed