
STANDARDS FOR EDUCATION OF TRADITIONAL MEDICINE - 2021

(DRUNGTSHO)



KINGDOM OF BHUTAN

**BHUTAN MEDICAL AND HEALTH COUNCIL
ROYAL GOVERNMENT OF BHUTAN**

STANDARDS FOR EDUCATION OF TRADITIONAL MEDICINE *(DRUNGTSHO)*



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Bhutan Medical and Health Council
Royal Government of Bhutan

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ACKNOWLEDGEMENT

This document was developed during a workshop in Thimphu from 24-27 February, 2021. The following officials actively contributed in the development of this document:

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PREAMBLE

Under the power vested in the General Body by the Chapter VI Section (i) of the Medical and Health Council Act 2002, Kingdom of Bhutan, the General Body of the Council during its 14th General Body Meeting held on 25th August 2021 approved this document.

Short Title

Standard for Education of Traditional Medicine (Drungtsho) - (2021).

Commencement

This standard shall come into effect from 1st January 2022.

Supersession

This Standard shall supersede the provisions of existing standards, guideline, notifications and circulars that are inconsistent with this Standard.

SCOPE AND APPLICATION

These standards shall apply to all institutes providing education and training in Bachelor of Traditional Medicine programs. The checklist provided at the end of the standard is applicable only for a maximum of 50 students. Any increase from 50 will require adoption of a new checklist for all standards.

LEGAL CONTEXT

As per the powers granted under Chapter III Section 1a, 1b and 2 and Chapter VI (h) of the Medical and Health Council Act 2002, the Bhutan Medical and Health Council hereby frames the following standards:

Standard I: Governance and Management

Standard II: Curriculum

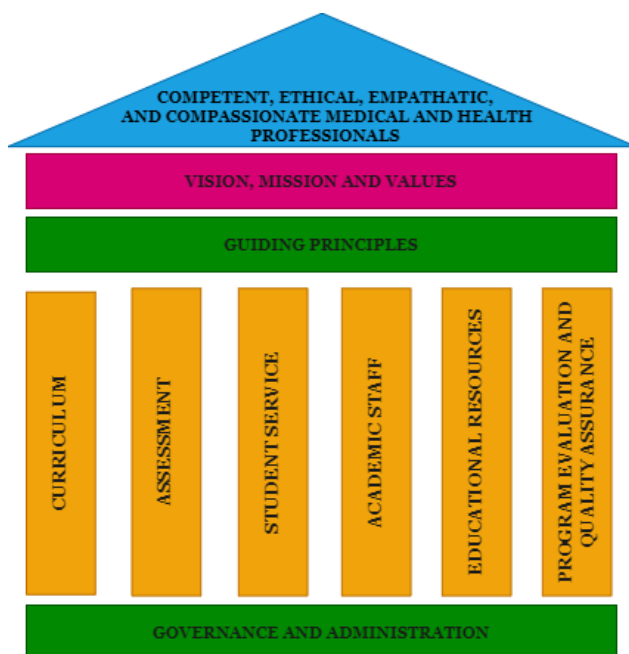
Standard III: Assessment

Standard IV: Teaching Faculty

Standard V: Students

Standard VI: Resources

Standard VII: Program Evaluation and Quality Assurance



PRINCIPLES

These standards for Education of Drungtshos are based on the following principles:

1. Establishment of quality objectives provides a clear direction for the measurement of standards;
2. Identification of competencies provide a sound basis to build curricula that meet traditional health needs of the population;
3. Provision of adequate resources is key towards ensuring availability of appropriate facilities for education and learning;
4. Interaction between the students and the clients is the primary focus of quality education and care;
5. An inter-professional approach to education and practice is critical in traditional medicine education;
6. The standards will serve as benchmarks and promote uniformity in the teaching and learning systems.

EXPECTED OUTCOMES

1. Graduates demonstrate established competencies in traditional medicine practice with a sound understanding of the determinants of health;
2. Graduates are awarded a professional degree and meet the regulatory standards set by the Bhutan Medical and Health Council.

STANDARD I: GOVERNANCE AND MANAGEMENT

This standard is set to establish governance and management structures to provide effective leadership. The institute that provides traditional educational programmes shall ensure a clear mechanism (policies and practices) of leadership and management. The area includes leadership; resource planning and allocation, and organizational structure. These must reflect professional standards and meet the needs and expectations of the community of interest. Policies and practices shall be consistent with the requirements of Bhutan Medical and Health Council and service standards of the Ministry of Health. The proponent shall ensure “plan of governance” in the institute.

1.1. Objective

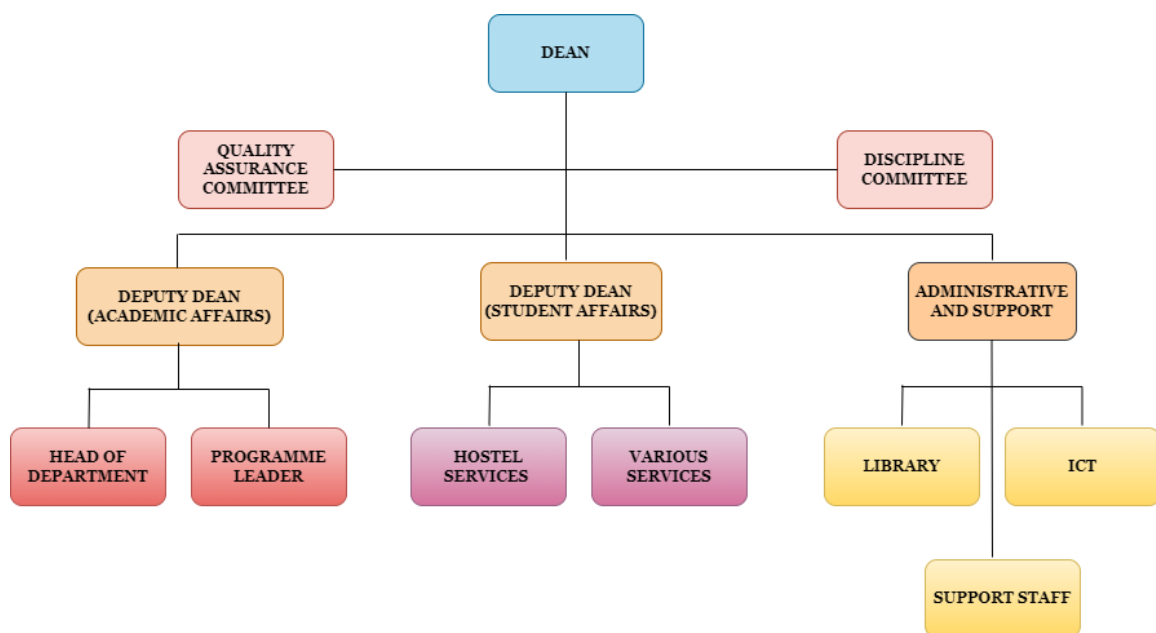
To delineate the functional and structural governance in the institute with clear vision, mission, and expected outcomes.

1.2. Quality indicators

- 1.2.1. There is clearly stated vision, mission, objectives and expected outcomes in congruence with the proposed institution’s regulations or rationale for its establishment;
- 1.2.2. There is defined governance and administrative structure including relevant boards, and committees with clear terms of reference;
- 1.2.3. There is defined academic and clinical outcomes of the programme;
- 1.2.4. There is an identified teaching hospitals/primary health centers and other hospital for specialized clinical training;
- 1.2.5. There is quality assurance unit/committee to ensure effective monitoring of academic programme;
- 1.2.6. There is a defined mechanism to ensure adequate and regular financial resources to sustain the educational programs;
- 1.2.7. There is dedicated allocation of the resources necessary for the implementation of the curriculum and educational needs;
- 1.2.8. There is a clear organizational structure for administrative and professional staff;
- 1.2.9. There is a mandate in place to notify the BMHC for any major changes that affects the direction of the training program such as title of the award, program content, admission criteria and number of student intake, and suspension of program;

- 1.2.10. The organogram, responsibilities and functions of the institute is clearly written and displayed in an organizational chart;
- 1.2.11. The Head of the institute should be from the relevant professional background;
- 1.2.12. The management of the institute is implemented, monitored and evaluated by the relevant committees/boards;
- 1.2.13. The institute has at least one Academic Committee with clear Terms of Reference; and
- 1.2.14. The administrative body holds regular meetings, keeps minutes, and communicates pertinent information to staff and students;

Annexure 1: SAMPLE OF THE GOVERNANCE STRUCTURE OF THE INSTITUTE



Annexure 2 - CHECKLIST FOR STANDARD I: GOVERNANCE AND MANAGEMENT

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Items	Yes	No	Remarks
1.	Is there clearly defined vision, missions and expected outcomes?			
2.	Is there a clearly defined governance and administrative structure including relevant boards, and committees with clear terms of reference?			
3.	Are the academic and clinical outcomes clearly defined?			
4.	Is there an identified teaching hospital, primary health centers and other hospitals/Centers for specialized clinical training?			
5.	Is there a quality assurance unit for monitoring and evaluation?			
6.	Is there a defined mechanism for allocation of adequate and regular financial resources?			
7.	Is there a clear organizational structure for the administrative and management staff?			
8.	Is there a mandate in place to notify the BMHC for any major changes that affect the direction of the training program such as title of the award, program content, admission criteria and number of student intake, and suspension of program.			
9.	Is the management body of the institute monitored and evaluated by the relevant committee/body?			
10.	Is the organogram, responsibilities and functions of the institute clearly written and displayed in an organizational chart?			

11.	Is there an Academic Committee with a clear ToR?			
12.	Has the administrative body conducted regular meetings, recorded minutes, and communicated pertinent information to staff and students?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD II: CURRICULUM

This standard is set to ensure that the outcome of the programme is consistent with the mission and philosophy of the institute. The curriculum shall provide correlated theory and practice to prepare the graduates with a level of competence required for safe and effective care at the level relevant to the programme offered. The curriculum should accomplish its educational and related purposes.

2.1. Objective

To have a dynamic curriculum that leads to graduates who demonstrate competencies and skills with sound understanding of the determinants of health and adhere to the code of ethics and standards of the profession.

2.2. Quality Indicators

- 2.2.1. The institution has a defined curriculum including the nature of the course, course content, duration, modes of delivery, aims and learning outcomes of the programme and academic structure which is validated and approved by the affiliated university/relevant boards.
- 2.2.2. The curriculum meets national and international education criteria, and professional and regulatory requirements for practice;
- 2.2.3. There is a clear plan for the review of the curriculum;
- 2.2.4. The institution teaches the principles of empirical knowledge and skills including analytical, critical thinking and competencies required for the profession throughout the curriculum;
- 2.2.5. The curriculum includes current concepts in the basic clinical sciences, including therapy, adaptation in the disease pattern, and the effects of social needs and the demands on care;
- 2.2.6. The duration of the training program is a minimum of 4 years.

Annexure 1 - CHECKLIST FOR STANDARD II: CURRICULUM

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Items	Yes	No	Remarks
1.	Is the curriculum validated and approved by the affiliated university/relevant boards ?			
2.	Does the curriculum meet national and international education criteria, and professional and regulatory requirements for practice?			
3.	Is there a clear plan for the review of the curriculum?			
4.	Is there a clear mention of core competencies in the curriculum?			
5.	Is the teaching-learning methods clearly outlined for both practical and theory modules?			
6.	Are the learning outcomes and objectives clearly stated?			
7.	Is there a clear semester-wise description of course content?			
8.	Is the hour distribution for theory and practical components in accordance with the module requirement?			
9.	Is the duration of the course clearly stated according to the program offered?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD III: ASSESSMENT

This standard is set to have a clear assessment system which will evaluate the achievement of intended learning outcomes. The assessment shall be fair, reliable and valid enabling students to demonstrate what proficiencies they achieved. Assessment shall include various methods for continuous quality improvement. The institute shall put in place mechanisms for appeal and scrutiny by the external experts.

3.1. Objectives

To have a fair, transparent and reliable assessment system with formative, continuous and summative methods to continuously assess the learning, knowledge and skill development of the students.

3.2. Quality Indicators

- 3.2.1. The institute has a clear policy/regulation/guideline for examination/assessment including criteria for passing examinations;
- 3.2.2. Assessment system encompasses formative, continuous and summative modes;
- 3.2.3. Assessment is open to scrutiny by the external experts;
- 3.2.4. There is a method of assessment to avoid conflict of interest;
- 3.2.5. There is a system for appeal of assessment results;
- 3.2.6. There is consistent approach to assessment across modules that are periodically reviewed and updated;
- 3.2.7. The faculty conducting the assessment adopts a formal preparation in assessment and evaluation;
- 3.2.8. The assessors have experience/expertise in the subject area;
- 3.2.9. The assessment is fair, reliable and valid enabling students to demonstrate what proficiencies they achieved;
- 3.2.10. The assessment is mapped to the curriculum and occurs throughout the programme;
- 3.2.11. Practical assessment is facilitated and evidenced by observations and other appropriate methods;
- 3.2.12. The assessment of practice and theory is weighted appropriately to the programme.

Annexure 1 - CHECKLIST FOR STANDARD III: ASSESSMENT

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Items	Yes	No	Remarks
1.	Is there a clear written exam policy/regulation /guideline?			
2.	Are the modes of assessment clearly mentioned against each module?			
3.	Are the elements of continuous assessment (e.g. observation, questioning, quizzes, feedback, competency signout, assignment, reflective journal, performance evaluation, presentation, unit test, log book, etc) adopted?			
4.	Are the elements of summative assessment (e.g. objective structured clinical/practical and theory examination) adopted?			
5.	Is there a system to avoid conflict of interest?			
6.	Is there a system to appeal for the assessment results?			
7.	Do the assessors have experience/expertise in the subject area?			
8.	Is the assessment fair, reliable and valid?			
8.1	Is there a moderation checklist and has it been implemented?			
8.2	Is the security and confidentiality of the assessment documents maintained?			
9.	Is the assessment mapped (weighted) to the curriculum and occurs throughout the programme?			

10.	Is the practical assessment facilitated and evidenced by observations and other appropriate methods?			
10.1	Is there a checklist and documentation of how the practical assessments are to be conducted?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD IV- TEACHING FACULTY

The institute shall recruit adequate teaching faculty members with relevant qualifications and experience. The faculty members will strive to provide quality teaching-learning, build research culture and facilitate student research and academic leadership. Faculty members with all these attributes will assist the institute to attain the goals and outcomes of the educational programme.

4.1. Objective

To promote recruitment of appropriate (qualification and competency) and adequate faculty members to deliver the programme effectively.

4.2. Quality Indicators

- 4.2.1. There is a clear policy and robust process of faculty recruitment ;
- 4.2.2. The faculty members are registered with the Bhutan Medical and Health Council;
- 4.2.3. The faculty is provided with all the basic resources for teaching and learning;
- 4.2.4. The faculty members are trained in basic pedagogy and clinical research;
- 4.2.5. There is a good plan for continuing professional education for academic and clinical faculty to maintain their expertise and competence;
- 4.2.6. There is a robust mechanism for evaluating the faculty periodically;
- 4.2.7. There is a required number of teaching faculty members as per the standard;
- 4.2.8. The institute meets the teacher: student ratios :
- 4.2.9. The faculty members teaching clinical subjects are involved in clinical practice for at least 20% of the time (at least one day in a week);
- 4.2.10. The faculty members teaching non-clinical subjects possess appropriate professional qualification and experience relevant to the areas of their expertise; and
- 4.2.11. The institution has a policy to promote research activities by the faculty, trainees and the institutions.

Annexure 1 - CHECKLIST FOR STANDARD IV: TEACHING FACULTY PERFORMANCE EVALUATION

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Items	Yes	No	Remarks
1.	Is there a clear policy for faculty recruitment?			
2	Do the faculty members who are teaching possess appropriate professional qualification and experience relevant to the areas of their expertise?			
3.	Teacher: student ratio			
3.1	Is the teacher-student ratio for theory classes 1:25 or less?			
3.2	Is the teacher-student ratio for tutorial, clinical and laboratory classes 1:12 or less?			
4	Is the teacher-module ratio 1:3 or less?			
5.	Are the faculty members teaching clinical subjects involved in clinical practice for at least 20% of the time (at least one day in a week)?			
6	Is there a designated program coordinator for the dental hygiene program?			
7	Are the drungtsho faculty members registered with BMHC?			
8	Basic pedagogy and basic medical research.			
8.1	Are all the faculty members trained in basic pedagogy?			
8.2.	Are all the faculty members trained in basic medical research? (faculty development programme *)			
9	Is there evidence of availing continuing professional development by the faculties?			

10	Is there evidence of the faculty conducting the research or research based teaching and learning?			
11	Evaluation of faculty performance			
11.1	Is there evidence of teaching - learning activities?			
11.2	Is there evidence of instructional leadership activities?			
11.3	Is there evidence of co-curricular and extracurricular activities?			
11.4	Is there a peer feedback system in place for effective teaching and learning?			
11.5	Is there a student feedback system in place for effective teaching and learning?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

Annexure 2 - CHECKLIST FOR STANDARD IV: TEACHING FACULTY

STRENGTH

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Items	No. of faculty required (up to 50 students)	Yes	No	Remarks
A	Anatomy and Physiology (Lue- kham- Rigpa) 1. Anatomy and physiology 2. Advance anatomy and Physiology 3. Thorax and abdomen wound care	1			
B	Disease Etiology and Diagnostic (Nadkham & Takthab Rigpa) 1. Sphygmology 2. Urinalysis 3. Principles of etiology 4. Treatment of Heterogeneous Disease 5. Treatment of endogenous ulcers 6. Distinguishing Hot and Cold Disorder 7. Categorical hot disorder 8. Head and neck disorder 9. Study of internal disorder 10. Epidemic Fever 11. Treatment of Three Humors Disease I 12. Treatment of Three Humors Disease II 13. Pediatric and geriatric care	7			

	14. Gynecological and genital diseases 15. Study of evil Spirit 16. Head and neck wound care 17. Wound care of extremities 18. Toxicology 19. Advance pathology and diagnoses 20. Study of internal organs 21. Diagnostic and preventive methods				
C	Medicine and Pharmacy (Man-choe and Man –Jor- Rigpa) <ol style="list-style-type: none"> 1. Pharmacology 2. Herbal formulary and essential drugs 3. Materia medica 4. Condensed treatise on diagnoses and treatment I 5. Condensed treatise on diagnoses and treatment II 6. Advance pharmacopeia 7. Advanced Medical treatment 	2			
D	Therapy (chaed-Choe-Rigpa) <ol style="list-style-type: none"> 1. Eliminative therapy's 2. Non-invasive therapies and massage 3. Invasive therapies 4. Advanced therapeutic treatment 	2			
E	Academic skills and Astrology <ol style="list-style-type: none"> 1. Information, Communication and Technology (ICT) 2. Research mythology I 3. Research mythology II 4. Commentary on Lunar Calendar 5. Ngagdon I 6. Ngagdon II 7. Analytical skills 	3			

	8. Academic skills 9. Introduction to Astrology				
F	Basic Sowa-Rigpa 1. History of Sowa Rigpa 2. Introduction and Enumeration of Four Tantras 3. Treatment Methods and Clinical Ethics 4. Dietetics and Behavioral Science	1			
G	Basic modern science 1. First Aids pharmacokinetic, vital sign and infection control. 2. Modern Anatomy and physiology	1			

Note

1. Category D & G -There may be visiting faculty with the right qualifications and experiences.
2. Category A B C E F - Institute should mandatory recruit the reflected number as full time faculty.

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD V: STUDENT SERVICES

This standard is set to define requirements to promote a conducive teaching-learning environment and other support services for the students. Strategies should be in place to ensure that admission requirements are in line with the program's academic objectives and student intake.

5.1. Objective

To have systems in place to ensure a conducive teaching-learning environment, other support services and admission requirements in line with the program's academic objectives and student intake.

5.2. Quality Indicators

- 5.2.1. There is a written document outlining the policy on admission, eligibility criteria, selection procedures, and fee structure to ensure fair, transparent student admission;
- 5.2.2. The institute has a mechanism in place to facilitate student representation in decision making process to promote participation for holistic education;
- 5.2.3. Students have access to support services which includes health, counselling, recreational facilities and financial aid;
- 5.2.4. There are arrangements with required facilities for special need students, where applicable;
- 5.2.5. There is mechanism in place to monitor the quality of accommodation and food served;
- 5.2.6. The institute defines the size of student intake based on the capacity of faculties and available resources;
- 5.2.7. There is a system in place to obtain approval from the Bhutan Medical and Health Council in case of increase in its admission intake.

Annexure 1: CHECKLIST FOR STANDARD V: STUDENTS

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No	Items	Yes	No	Remarks
1.	Is there written documents outlining its policy on admission criteria and processes in place to ensure fair and transparent student admission?			
2.	Is there a mechanism in place to facilitate student representation in decision making?			
3.	Is there access to support services which includes health, counselling, recreational facilities and financial aid?			
5.	Are there arrangements with required facilities for special needs students, if applicable?			
6.	Is there a mechanism in place to monitor the quality of accommodation and food served?			
6.1.	Is the accommodation facilities student friendly?			
6.2.	Are the meals served in a nutritious and balanced diet?			
7.	Is the institute's intake of students as per the policy?			
8.	Is there a system in place to obtain approval from the Bhutan Medical and Health Council in case of increase in its admission intake?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD VI: RESOURCES

This standard seeks to set the minimum requirement of resources to maintain the quality of academic and other programs. The institute should have sufficient resources to fulfill the purposes of the institute. The allocation of the resources should be based on the number of students, academic faculty, type of programs, infrastructure facilities, etc. to support in achieving the programs objectives and outcomes.

6.1. Objective

To allocate adequate resources (physical infrastructure, human resources, curriculum, equipment and other teaching and learning facilities) to ensure that the curriculum can be delivered

6.2. Quality Indicators

Physical facilities

- 6.2.1. The institution has required physical facilities (lecture rooms, office space, practical rooms, laboratories, libraries, information technology) for the staff and students to ensure proper delivery of the curriculum;
- 6.2.2. There is adequate human resource to support the development and implementation of the programme;
- 6.2.3. The institute offering a training program leading to the award of degree has Outpatient, Jamched, Tshubched and Laynga departments;
- 6.2.4. The institute complies with the other relevant laws (Bhutan Medicines Act, Narcotic Drugs and Psychotropic Substances and Substance Abuse Act) and regulations;
- 6.2.5. Resource allocation is in keeping with the academic development of the institution and increasing number of students;
- 6.2.6. There is a mechanism for effective maintenance and optimal use of infrastructures.

Clinical training resources

- 6.2.7. The institute has an identified teaching hospital, primary healthcare center and other hospital for specialized clinical training;
- 6.2.8. There are provisions of necessary resources (number and categories of patients, clinical training facilities, and supervision of their clinical practice) for students to acquire adequate clinical experience.
- 6.2.9. The institute has access to medical equipment for their teaching and learning activities to the students

Information technology

- 6.2.10. Formulates and implements a policy which addresses effective and ethical use;
- 6.2.11. There are accessible information technology services including computer and electronic facilities;
- 6.2.12. Have access to learning resources such as e-learning programs and platforms, web-based or other electronic media and current collection of literature on traditional medicine;
- 6.2.13. There are sufficient and relevant books, e-journals and other learning materials.
- 6.2.14. There is provision for technology and professional support services for hardware and software technical personnel employed;
- 6.2.15. There are qualified staff to manage ICT facilities and services available.

Research and development

- 6.2.16. The institute promotes research and development activities both by the faculty and students;
- 6.2.17. Interaction between research and learning is reflected in the curriculum, influences current teaching, and encourages and prepares students for engagement in research, scholarship and development;
- 6.2.18. Reviews periodically its research resources and facilities and take appropriate action to enhance its research capabilities and to promote a conducive research environment;
- 6.2.19. Meets the needs of teaching, learning college wide communications, research and operational systems.

Educational expertise

- 6.2.20. There is a clear policy on the use of educational expertise in curriculum with access to educational expertise;
- 6.2.21. There is a system to develop teaching-learning and assessment methods;
- 6.2.22. There is evidence to demonstrate the use of in-house or external educational expertise in staff development.

Educational exchanges

- 6.2.23. Formulates and implements a policy for national and international collaboration with other educational institutions, including staff and student mobility, and transfer of educational credits;
- 6.2.24. Encourages provision of scholarship and has documented understanding for the student exchange program;
- 6.2.25. Formulates and implements a policy that fosters traditional medicine research;
- 6.2.26. Describes the research facilities and priorities at the institution.

Financial resources

- 6.2.27. There is financial viability and sustainability for the programme;
- 6.2.28. There is a clear procedure to ensure that its financial resources are sufficient and managed efficiently;
- 6.2.29. There is a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget;
- 6.2.30. There is a clear procedure to ensure its financial resources are sufficient for the implementation of the curriculum and distribute the educational resources in relation to the educational needs.

Recreational facilities

- 6.2.31. There are recreational facilities like playfields, gym, meditation center, prayer hall, infirmary etc

Annexure 1 - CHECKLIST FOR STANDARD VI: RESOURCES

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute / college:

Address:

Sl. No.	Items	No. of required (upto 30 admission)	Yes	No	Remarks
A. Physical Facilities					
1.	Administrative block	1			
2.	Offices(equipped with table, chair & computer)	As required			
3.	Conference hall	1			
4.	Examination hall	1			
5.	Multipurpose hall	1			
6.	<ul style="list-style-type: none">Lecture and tutorial room equipped with blackboard/white board/LCD projector, desk, table and chairsArea as per standard	As required			
7.	Hostel <ul style="list-style-type: none">Separate hostel for boys and girls with toilet and bathroom facilitiesHygienic kitchen with adequate sitting arrangement	As required			
8.	Are there recreational facilities including outdoor sports?				
B. Clinical training resources					
1.	Has the institute identified teaching hospitals,primary healthcare centers and other hospitals for specialized training?				

2.	Has the institute kept necessary resources in place for students to have adequate clinical experience 1. adequate number and categories of patients 2. clinical training facilities 3. supervision of their clinical field 4. Field center for identification of high and low altitude medicinal plants				
B. Information Technology					
1.	Is there access to ICT facilities including computer and electronic facilities ?				
2	Is there a reliable Internet connection?				
2.	Is there access to e-learning programs and platforms, web-based or other electronic media for faculty and students?				
3.	Are there electronic books, online learning materials and e-journals for references and as study materials?				
4.	Is there ICT support service and ICT professionals?				
C. Research and Development					
1.	Is there any record of research and development activities undertaken by both faculty and students?				
2.	Are research resources and facilities reviewed periodically to promote a conducive research environment?				
3.	Is there a facility in the institute to meet the needs of teaching-learning college-wide communications, research and operational system?				
D. Educational Expertise					
1.	Is there a clear policy on the use of educational expertise in curriculum with access to educational expertise?				

2.	Is there a system in place to develop teaching-learning and assessment methods?				
3.	Is there evidence to demonstrate the use of in-house or external educational expertise in staff development?				
4.	Does the institute have access to educational expertise when required?				

E. Educational exchanges

1.	Does the institute have a policy for international collaboration with other educational institutions, including staff and student mobility and transfer of educational credits?				
2.	Is there in place a provision of scholarship and have maintained documented understanding of the student exchange program?				
3.	Is there a policy or plan to foster the relationship between medical research and educational exchange programs?				

F. Financial resources

1.	Is there financial viability and sustainability for the programme?				
2.	Is there clear procedures to ensure that its financial resources are sufficient and managed efficiently?				
3.	Is there a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget?				
4.	Is there a clear procedure to ensure its financial resources are sufficiently located for implementation of the curriculum and address educational needs?				

G. Educational Resources

1.	Is there a library (furnished with recent editions of relevant books; local and international journals) relevant to the individual programme?				
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2.	Is the library equipped with a comfortable sitting arrangement for users with proper lightning and ventilation?				
3.	Are there printing, copying and binding facilities?				

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

Annexure 2 - CHECKLIST FOR STANDARD VI: RESOURCES

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute/college:

Address:

Sl. No.	Item	Qty. Required up to 50 Admission	Yes	No	Remarks
A. Infrastructure					
1.	Examination Room	1			
2.	Urinalysis Room	1			
3.	Jamched Therapy service Room	8			Liaise with teaching hospital
4.	Tshubched Therapy service Room	4			Liaise with teaching hospital
5.	Laynga Therapy service Room	5			Liaise with teaching hospital
B. Equipment					
i) Department of Anatomy and Physiology					
1.	Racks	As Required			
2.	Thangka	8 nos.			
3.	Beds	2 nos.			
4.	Screens	2 nos.			
ii) Department of Disease Etiology and Diagnostic (Ned Kham dang tak thabs rigpa)					
5.	Magnifying glass	5 nos.			
6.	Stethoscopes	10 nos.			

7.	Sphygmomanometer (Dial type)	10 nos.			
8.	Instant boiler	1 no.			
iii) Department of Medicine and Pharmacy (Maenchoe and Maen jor rigpa)					
9.	Mortar and pestle	5 nos.			
10.	Cooking pots	As required			
11.	Electronic / gas stove	2 nos.			
iv) Department of Therapy (Chaed choe Rigpa)					
12.	Thangka	As Required			
13.	Racks	As Required			
14.	Ser-khap	3 nos.			
15.	Ngul-khab				
16.	Wax heating pot (pot to heat tilnum)	1 no			
v) Department of Jamched					
17.	Steaming set	1 no			
18.	Massage bed	1 no			
19.	Thrulchor (Affusion)	(liaise with teaching hospital)			
20.	Steam steriliser	1 no			
21.	Chulum and langlum set	As required			
vi) Department of Lay-Nga					
22.	Na-jong (nasya karma)	1 sets			Liaise with teaching hospital
23.	Shelchuk				Liaise with teaching hospital
vii) Practical Equipment					
24.	LCD projector	1 no.			

25.	Computer with internet facilities	1 no.			
C. Instruments					
i) Department of Anatomy and Physiology					
1.	Thermometers	10 nos.			
ii) Department of Disease Etiology and Diagnostic (Ned kham dang tak thab rigpa)					
2.	Test tubes	10 nos.			
3.	Examination Light	2 nos.			
4.	Test tube Holder	5 nos.			
5.	Ceramic Bowl	5 nos.			
6.	White Chopsticks	4 nos.			
7.	Four bamboo sticks for Doenchu	2 Sets			
8.	Beaker	4 nos.			
iii) Department of Medicine and Pharmacy (Maenchoe and Maen jor rigpa)					
9.	Jar	As required			
10.	Compass	5 nos.			
11.	Digital weighing machine	2 nos.			
iv) Department of Therapy (Chad choe Rigpa)					
12.	Lamp Set	As required			
13.	Spirit lamp/ Bunsen burner	As required			
14.	Axe shape blade (Tarey –khadra)	As required			
15.	Feather shape blade (Juewi-Drodra)	As required			
16.	Scalpel blades size 11, 12, 15	As required			
17.	Tshukrig	As required			
18.	Brass and glass Bumpa (Cupping) Different size	1 set			
19.	Brass Horn (Rabjib)	2 no			
20.	Catheter size 18	5 no			
21.	Syringe 50ml	2 no			
22.	Kidney tray	As required			

23.	Stick including Nyekam	As required			
v) Department of Jamched					
24.	Gauze Cutter	1 no			
vi) Department of Lay-Nga					
25.	Nasal dropper	As required			
26.	Rectal Catheter	1 set			
27.	Enema can	1 no			
vii) Practical instruments					
28.	Skeletons articulated	1			
29.	Bones (Dis-articulated sets)	1 set			
30.	Whole body systemic model	1 model for each system			
31.	Charts, Diagrams	as required			
32.	Anatomy video DVD (each system)	1 CD for each system			
33.	Dummy (Mannequin)	2 no			
D. Consumables					
i) Department of Anatomy and Physiology					
34.	Bed Set	2 nos.			
35.	Bedsheets	As Required			
36.	Pillow	2 nos.			
37.	Pillow Cases	4 nos.			
38.	Blankets	2 nos.			
ii) Department of Disease Etiology and Diagnostic (Ned kham dang tak thabs rigpa)					
39.	Uricol	As required			
40.	Disposable tongue depressor	As required			
41.	Disposable gloves	As required			

42.	Disposable Mask	As required			
43.	Hand towels	As required			
44.	Hand Disinfectant Solutions/Soaps	As required			
45.	Sterile gloves				
iii) Department of Medicine and Pharmacy (Maenchoe and Maen jor rigpa)					
46.	Raw materials (herbal ingredients)	As required			
iv) Department of Therapy (Chaed choe Rigpa)					
47.	Spirit	As required			
48.	Match box/ Lighter	As required			
49.	Trawa	As required			
50.	Gonyed ball	1 packets			
51.	Tilnum	As required			
52.	Cotton and gauze	As required			
53.	Gacha	As required			
54.	Deyshog	As required			
55.	Tourniquet	As required			
56.	Measuring thread	As required			
57.	Bleaching powder	As required			
58.	Povidone Iodine	As required			
v) Department of Jamched					
59.	White muslin cloth	As required			
60.	Due-tse-nga-lum	As required			
61.	Bandage	As required			
62.	Tsa-Num (can be replaced by tilnum)	As required			
vi) Department of Lay-Nga					
63.	Na-sMen	As required			
64.	Jamtse and Neruha medicine components	As required			

65.	Mackintosh	10 no			
66.	Draw sheet	10 no			
67.	Refrigerator	1 no.			
E. Teaching Aids for all Departments					
68.	Museum				

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

STANDARD VII: PROGRAM EVALUATION AND QUALITY ASSURANCE

The standard sets the requirements for the program evaluation and quality assurance. The training institution should have stipulated policies and procedures to monitor the quality and effectiveness of its program and operations. This should be organized through relevant committees and boards.

7.1. Objective

To have an adequate evaluation and quality assurance system in place to ensure continuous improvement and quality of the training program.

7.2. Quality Indicators

- 7.2.1. There is a written policy for a systematic and continuous program evaluation and improvement of the quality of education;
- 7.2.2. There is a Quality Assurance Unit/Committee with clear terms of references designated for internal auditing and monitoring of the program;
- 7.2.3. There is a written record of plans for evaluation of the program's purposes and outcomes;
- 7.2.4. There is a documented disaster contingency plan in place?
- 7.2.5. There is a record of analysis and implementation of improvement plans including communication to relevant regulatory bodies.

Annexure 1: CHECKLIST FOR STANDARD VII: PROGRAMME EFFECTIVENESS AND QUALITY IMPROVEMENT

Direction:

Assess the available resources, put tick (✓) in the appropriate column.

Date of Assessment:

Name of the institute / college:

Address:

Sl. No.	Items	Yes	No	Remarks
1.	Is there a written policy (SOP/Manual/ Guidelines) in place for evaluation and continuous improvement of programmes?			
2.	Quality Assurance Unit/Committee			
2.1	Is there a designated Quality Assurance Unit/Committee in the institute?			
2.2.	Is there TOR for Quality Assurance Officials?			
3.	Is there evidence of plans for evaluation of the programme's purposes and outcomes;?			
4.	Is there a documented disaster contingency plan in place?			
5.	Analysis and implementation of improvement plans including communication to relevant regulatory bodies.			
5.1	Is there a report of feedback from relevant stakeholders?			
5.2	Is there a process for peer evaluation?			
5.3	Is there a corrective action and preventive action plan in place?			
5.4	Is there a self-assessment report?			
5.6	Is there an external monitoring and evaluation report available?			

(Name & Signature of Evaluator)

(Name & Signature of Representative of institute)

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