ANNEXURE IX

Accreditors' Report

Section 1: GENERAL	Information
1.1 Name and Address of the institution	Faculty of Nursing and Public Health, KGUMBS, Thimphu, Bhutan
1.2 Year of establishment	1974- Health School 2013-KGUMSB
1.3 Current academic activities at the institution (Number)	A
Faculties /Schools	
Departments/Centers	Department of Nursing and Midwifery Department of Public Health and Allied Health
 Programmes /Courses offered 	11
Permanent faculty members	32 (Male 14; Female 18)
Students:	335 (Male 150; Female 185)
Administrative & support staff	31 (Male 16; Female 15)
Campus area	6.32 acres
1.4 Three major features in the institutional Context (As perceived by the accreditors):	 Qualified and experienced faculty. Adequate physical infrastructure. Faculty as advisor/foster parenting. Diverse choice of programmes.
1.5 Date of visit:	12-15 June, 2017
1.6 Composition of the accreditors which undertook the on-site visit:	
Chairperson	Nima Sangay
BAC Coordinator/QAAD officials	Sangye Choden Rinchen Thongdrel
Other member	Gaga Dukpa Karma Gyeltshen

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Section 2: CRITERION	Observations (Strengths and/or Weaknesses on Key-Aspects	
WISE Analysis	(Please limit to three major ones for each and use telegraphic language (It is not necessary to indicate all the three bullets each time; write only the relevant ones)	
	2.1 Curricular elements	
2.1.1 Curriculum design and development	 Developed by relevant faculty members and stakeholders based on needs of MoH. Few experts from within the region are involved for some bachelor degree program. Validation exercises done by the University. 	
2.1.2 Academic Flexibility	 Programme made available for self-financed and in-service candidates. Diverse choice of programme offered including a nested programme. Flexibility of students to choose programme after completion of the foundation course except nursing programme. 	
2.1.3 Feedback on Curriculum	 Feedbacks from students collected at the end of every module. Formal mechanism to obtain feedback from employers and stakeholders not in place. 	
2.1.4 Curriculum update	Curriculum is reviewed every five year. Minor revisions are carried out to incorporate recent trend and development but no major changes. All certificate courses are upgraded to diploma level.	
2.1.5 Catering to diverse needs	 Had a visually impaired student but generally accessibility is not visible. Sensitization on gender issue provided during orientation. Specific support for slow learners not in place but faculty seems to offer individual consultation based on needs. 	

2.1.6 Teaching-learning	Each department, programmes and faculty make teaching plan.
process	 Uses ICT to support teaching and learning such as VLE and LCD. Student engaged in some project work, group presentation,
	simulation exercise and clinical placement. Students depend a lot on the lecture notes.
	Students are exposed to expert guest speaker. Feedback from students and peers not institutionalized.
2.1.7 Faculty recruitment	 Follow Condition of Service of the University. Through open competition based on criteria set by institute as per requirements-number, subject area, clinical experience. Done twice a year in January and July based on needs.
2.1.8 Faculty quality	 Most of the faculties have Masters Degree and few have Ph.D. New faculties undergo PG Diploma/Certificate in Higher Education. One faculty received national order of merit for excellence in teaching. Some faculty development activities are in place.
2.1.9 Evaluation process and reforms	 Evaluation process is outlined and students are briefed during the orientation program. Ongoing and summative assessment given appropriate weighting. Moderation of examination papers in practice.
	 Examination Committee oversees the evaluation processes and implementation of reforms. Students' appeal system and re-examination are in place.

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2.2 Research, Innovative practices and Institutional linkages		
2.2.1 Promotion of Research	 Research committee in the institute and MECRIT at the university level. Faculty attended series of research related training. Basic research module taught in almost all the programs and in few cases students are engaged as research assistant. Minimal research fund in place. 	
2.2.2 Research and publication output	 Faculty engages in interdisciplinary research. Seven research papers published in last five years including few reviewed papers. Research funding partially supported by Bhutan foundation. 	
2.2.3 Consultancy	 Faculties were engaged as resource person for conducting training for various programs run by MoH. Plan to offer consultancy service in the future. 	
2.2.4 Extension activities	 During the field attachment, students engage in cleaning campaigns, building toilets, harvesting and cleaning of water sources. Students participate in community health check-up, observation of important days and Move for Health Walks. Tsego club providing knitted clothing for preterm and newborn babies from economically disadvantage family. Linkage and collaboration with six universities outside Bhutan. Faculty and students exchange program in place. MoUs with JDWNRH and other universities. Twining relationship with nearby schools. Co-organized international medical and health conferences. Linkage with BHMC, MoH, WHO, UNFPA, UNICEF and CSOs. 	
2.2.5 Collaborations & institutional linkages		
2.2.6 Innovative practices	 Early introduction of Health Assistant students to the communit instead of waiting for field attachment in the final year. Practice of faculty acting as advisor/foster parent. 	

5 5 1 F 1 1 1 1 1	2 White and mission stated algority	
2.3.1 Institutional vision & leadership	 Vision and mission stated clearly. Roles and responsibilities delineated. 	
	 Initiates organizational change in consultation with senior management and communicate to stakeholders. 	
2.3.2 Organisational	 Senior Management Team is the highest decision making body. 	
arrangements	Retreat every semester-to review and recommend changes.	
	 Weekly meeting with faculties and fortnightly meeting with support staff. 	
	Institute Welfare Scheme in place.	
	Student representative not included in the decision making body.	
2.3.3 Strategy development	 Draft University Strategic Document developed. 	
and deployment	 All matters are discussed and decisions are made by SMT. 	
	whereas departments are empowered for academic matters.	
	 Mechanism for dissemination of information in place. 	
	 Encourage staff initiatives for effectiveness and efficiency. 	
2.3.4 Human resource	 Follow CoS of the University. 	
management	 RCSC performance appraisal system is used with some modification. 	
	 Some fund allocated for professional development (PD) of faculties. 	
	 Minimal need based PD opportunities given non-academic staff. 	
2.3.5 Financial management	 Institute follows government financial rules and regulations. 	
and resource mobilization	 Main source of income are tuition fees, rentals and hiring charge. 	
	 Internal audit mechanism not in place and external audit done by 	
	Royal Audit Authority.	
	Has a reserve fund as resource base.	

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2.4 Infrastructure and Learning resources		
2.4.1 Physical Facilities	 Adequate spaces for curricular, co-curricular and extracurricular activities, except football ground. Accessibility for students with disability is negligible. Adequate hostel facilities available on campus. Residential facilities for faculties limited. Secure campus with fenced boundary and security guard. 	
2.4.2 Maintenance of infrastructure	 Certain budget allocated for annual maintenance but for major work budget is submitted to RGoB. Maintenance policy/plan not in place. 	
2.4.3 Library as a Learning Resource	 Use KOHA web-based integrated library system and OPAC. Library serves as the Central library for the University. SMT and University Academic Board serves as the advisory committee. Library is adequately stocked including e-learning resources such as HINARI. Connected with Wi-Fi facilities. 	
2.4.4 ICT Infrastructure	 Free WiFi available in the academic block. BT-WiFi installed on payment basis. 2 computer labs and use of VLE. LAN facilities available in 2 computer labs, library and classrooms. Annual budget allocated for procurement and maintenance of computers. 	
2.4.5 Other facilities	 Common rooms with TV in the hostels, indoors and out doo games, open gyms, sMenlha lhakhang, Meditation centre and Cafeteria. Football ground and guest house not available. 	

2.5 Student Services		
2.5.1 Admission process and student profile	 Online admission based on merit -use RUB platform. Minimum eligibility criteria are set by BMHC. Joint admission committee in place. Student database recently transferred to the University for Central Administration. 	
2.5.2 Student progression	 Assessed through ongoing and summative assessment. About 37% of students failed one or two modules. 100% passed in the last four years with negligible dropout. Opportunity for re-examination and to repeat is in place. 	
2.5.3 Student support	 Ad-hoc academic, personal and psycho-social counseling are provided on need basis. Plan to introduce half scholarship for high achieving self-funding students. Group of 10-12 students have a faculty as advisor/foster parent. Institute welfare fund in place for students. Students grievances are dealt by SMT. 	
2.5.4 Student activities	 Every Friday afternoon is dedicated for activities such as cleaning, tsego club and co-curricular activities -quiz, debate. Cultural events, school picnic, welcome and return show, annul school rimdo, sports competition and annual marathon. Platform for students⁺ publication not in place. 	
2.5.5 Stakeholder relationships	 Close collaboration with MoH, BMHC and JDWNRH. Conducts health campaign in collaboration with MoH and CSOs in public areas. Collaborates with WHO, UNFPA, UNICEF for funding and technical support. 	

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2.5.6 Credit transfer system	 Credit transfer arrangement with Deakin University for outbound students in B.Sc. Nursing. Credit transfer system not in place. 	
2.5.7 Employability	 Ministry of Health is the main employer. MOH and BMHC conducts recruitment and selection interview for diploma courses. Tracer study of graduates not conducted. Support to students to prepare them for employment not in place. 	
2.5.8 Performance	All graduates cleared selection examination conducted by MOH and BMHC. Stakeholder perception study not conducted.	
2.5.9 Alumni services	Alumni services not in place.	

2.6 1	nternal Quality Assurance and Enhancement System
	 Certain QA mechanisms related to programmes are in place. IQA cell not established. Feedback system not well institutionalized and documented.
2.6.2 Institutional effectiveness	 Expected learning outcomes identified based on the job responsibilities of the various health workers. All health centers are manned by graduates of the institute. Improvement in the health service delivery. Received WHO 50th Anniversary award in recognition of its contribution to Primary Health Care Development.

Section 3: OVERALL	
ANALYSIS 3.1 Institutional Strengths	 Transparent recruitment of faculty and admission of students. Adequate, qualified and experienced team of faculties. Adequate academic spaces. Strategic location of the campus. Diverse choices of courses offered. Regular scheduled meetings- faculty, staff and students.
3.2 Institutional Weaknesses	 Research and consultancy still at infancy stage. Weak clinical and field supervision. Student not represented in institute's decision making body. Physical ambiance. Feedback system. Policy, guidelines and documentations.
3.3 Institutional Opportunities	 Strengthen institutional linkages, student and faculty exchange program. Adopt more innovative teaching and learning approaches. Introduction of short and specialized courses. Explore employment outside Bhutan. Enhance research publications to support policy development and decision making.
3.4 Institutional Challenges	 Producing quality graduates - Quality vs. Quantity. Financial sustainability - intake capacity limited by stakeholder and regulatory body. Employment opportunity may get saturated in Bhutan. Limited space for expansion. Acute water shortage.

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Section 4: Recommendations for Quality Enhancement of the Institution

- Adopt Strategic Document 2016-2023, once finalized.
- 2. Strengthen Internal Quality Assurance system;
 - Establish IQA cell in the institute and develop relevant guidelines and policies.
 - Institutionalize comprehensive feedback system and in-house professional development (PD) program for faculty including adjunct faculties.
 - Faculty to work closely with JDWNRH to incorporate new practices and procedures.
 - · Strengthen clinical supervision and monitoring of students by the faculties.
 - Strengthen student support services (Eg. student service centre, mess management, refresher Human Value Workshop, counseling service).
- In addition to the above recommendations, the team would like to suggest the institute to form a
 core working group to study the report and draw realistic implementation strategies for over all
 development of the institute.

I agree with the observation of the accreditors as mentioned in this report.

Signature of the Head of the Institution

Seal of the Institution

Faculty of Nursing and Public Health

Signature of the Accreditors:

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Name	Designation	Signature with date
Nima Sangay	Chairperson	NS agail 2017
Karma Gyeltshen	Member	Roman 15/6/17
Gaga Drukpa	Member	the 15/6/12'
Sangye Choden	BAC Coordinator/QAAD Official	A A STAN MAN DICK
Rinchen Thongdrel	000000000000000000000000000000000000000	21 12 CAN 10 DOWN