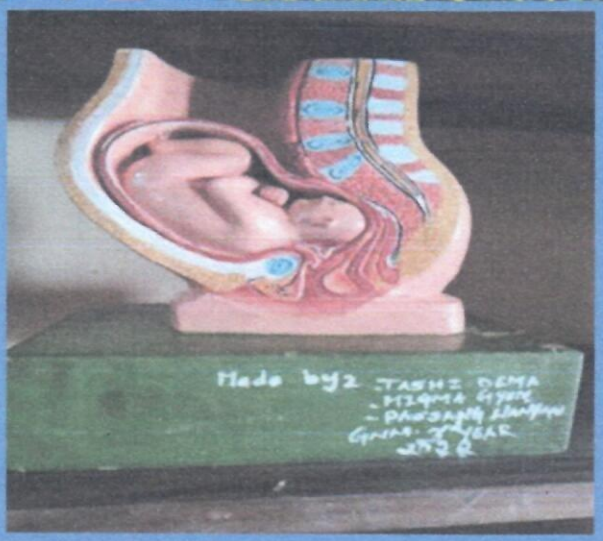

ARURA ACADEMY OF HEALTH SCIENCES

ASSESSORS' REPORT , NOVEMBER 2022

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Assessors' Report Format

Section A: General Information on the University

Name	Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB)
Establishment Year	2013
Legal basis	University of Medical Sciences Act of Bhutan,2012 (Act of Parliament)
Official launch	28th February,2015
Number of Faculty and Affiliated Institutions	**Constituent:** l. Faculty of Traditional Medicine (FoTM), Thimphu 2. Faculty of Nursing and Public Health (FNPH), Thimphu 3. Faculty of Postgraduate Medicine (FoPGM), Thimphu **Affiliated:** 4. Arura Academy of Health Sciences, Phuntsholing 5. Faculty of Health Sciences, Royal Thimphu College (RTC), Thimphu 6. Apollo Bhutan Institute of Nursing, Thimphu
Vision	A premier center of excellence in medical education, research and quality healthcare
Missions	1. To develop state of art, learner-centered, integrated, and humanistic training curricula that meet the health needs of people in consonance with the Human Values and Gross National Happiness 2. To develop human resource for sustained high quality patient-centered care 3. To contribute towards evidence-based health policies and practices through research and innovation
Governance Structure	Chancellor, Governing Council, Advisory Board, Academic Board, President, Registrar, Relevant Departments/Divisions units, Deans of Faculties and Affiliate Institutions

University Important Documents	1. University of Medical Sciences Act of Bhutan,2012 2. Strategic Plan (Draft) 3. KGUMSB Academic Regulation 2016 · University Quality Management Guidelines · Examinations and Assessment Guidelines · Contingency Guidelines for the Medical Education during Emergencies · Standard Framework for Designing Curriculum · Guidelines for Standard Modular Framework · Documentation Guidelines for Proposal of New Program · Documentation Guidelines for Proposal of Program Review · Guidelines for Validation Chair · Guidelines for Validation Panel Members · M and E Framework and Monitoring Tools for Academic Programs · Guidelines for Development and Reviewing of Curriculum (Draft) · University Information Communication Technology (ICT) Strategy 4. Affiliation Regulation 201 8 5. 12th Five Year Plan 6. Annual Performance Agreement 7. HR Master Plan (Draft) 8. IT Strategy Document (Draft) 9. Conditions of Service 2018 10. Position Directory 2018
HR strength of the University	1. Office of the President: 38, 2. Medical Education Centre for Research, Innovation and Training (MECRIT): 07, 3. Faculty of Nursing and Public Health (FoNPH): Staff - 30, Faculty: Regular - 41, Core/Adjunct - 82,

	4. Faculty of Traditional Medicine (FoTM): Staff - 19, Faculty: Regular - I l, Core - 02, Adjuct - 0 5. Faculty of Postgraduate Medicine (FoPGM): Staff - 17, Faculty: Regular - 10, Core - 51, Adjunct - l3 6. Bhutan Health Journal (BHJ): Staff – 3 Total HR strength: 324
University Strategic Core Areas	**L**: Learner-centered to provide state of the art health education **H**: Human resources that are competent and motivated to fulfill **A**: Academic that encompasses intellectual content, address societal needs, and competency-based curriculum **R**: Research that contributes to evidence-based teaching-learning practice, critical thinking, intellectual, development, and to support informed policy decision to enhance the quality of healthcare services **I**: Infrastructure and resources that supports and creates a conducive environment for student growth, academic learning, research and provision of high-quality patient care service, **G**: Good Governance that promotes professionalism, transparency, efficiency, accountability, and establishment of excellent national and international networks.
Future Plans	1. To initiate the Bachelor of Medicine and Bachelor of Surgery (MBBS) Program 2. Establish a National Simulation Centre 3. Digitization of University Learning Management System

Section B: Assessors' Main Report

Part 1: General information	
1.1 Name and Address of the institution	Arura Academy of Health Sciences (AAHS) Previously known as Reldri Academy of Health Sciences Address: Allay, Phuntsholing, Chukha Last accredited: 2019
1.2 Year of establishment	2014
1.3 Current academic activities at the institution *(Number)*	
• Faculties /Schools	01
• Departments/Centres	Nursing and Midwifery
• Programmes/Courses offered	Diploma in General Nursing and Midwifery
• Regular faculty members	10 (1 contract)
• Adjunct faculty members	05
• Staff *(Technical, administrative & support)*	12
• Students	Male:66 Female:144
1.4 Three major features in the institutional context *(As perceived by the assessors)*	1. 100% employment for its 4 batches of graduates 2. A high interpersonal relationship exists between the management, students and staff. 3. Instructional teaching and learning process is the nucleus in the Institute.

	4. Institutional linkages with Khesar Gyelpo University of Health Sciences of Bhutan (KGUMSB), MOH and BMHC 5. First private Nursing institute to provide health related courses
1.5 Date of visit	21/11/22 to 25/11/22
1.6 Composition of the assessors	04
Chairperson	Name: Gaga Dukpa Email Id:gdukpa@bmhc.gov.bt Phone no: +97517380033
Other member	1. Name: Tshewang Choden Wangdi Email:tshewangchodenwangdi@gmail.com Mobile no: 00975 17121724 2. Name: Krishna Singh Monger Email:krishnasmongar@gmail.com Phone no: 17446629 3. Name: Dipsika Rai Email: dipsikarai@jdwnrh.gov.bt Phone no: 17769077

BAC Coordinator/QAAD officials	1. Ms Tshering Palden, SPO, QAAD 2. Ms Nima Lham, APO, QAAD

Part 2: Key Aspects-wise analysis	**Observations** *(Strengths and/or Weaknesses on Key Aspects)* *Note: Please limit to three major ones for each; use telegraphic language; it is not necessary to have all three each time - write only relevant ones*
2.1 Governance, Leadership, and Management	
2.1.1 Vision, Mission, and Objectives	• An affiliated Institute to KGUMSB • Vision and mission statements exist and are institutional based. They are aligned to the National aspirations. • The mission statements are not aligned to the vision. However, the institute has tried to align with the vision and mission of the affiliated university. • Mission statements could be the vision and the vision can be the mission. The word qualified in the vision statement has to be clearly articulated to assist in framing the mission statements correctly, using the SMART principles (Specific, Measurable, Achievable, Relevant and time-bound). • Vision and Mission is displayed at the entrance of the academic and administrative block, the students' hand book and the institute website • Objectives are not mentioned; however, the institute has incorporated core values with the mission. • The core values given are well articulated. These could be used as mission statements also. • Plans and activities are geared towards achieving the vision, and mission of the institution
2.1.2 Organizational structure and management	• There are clearly defined organizational structures and mandates. Student representatives and staff are engaged in decision-making. • Shared governance model introduced to improve the work environment, satisfaction of employees, and quality of graduates at large. • Faculty and young leaders from the student body are encouraged and given the opportunity to take responsibility and take accountability for the work • The institute observes important days like Women's Day, Menstrual Day, World Environment Day, World Water Day, and World Earth Day. • Conducts various extracurricular activities with staff, and students and has some mechanisms to enhance community vitality in place. • Organizational structure and management are in place but require a more defined job description. The roles of the management and faculties are only defined to some extent.

	• Participatory and collaborative engagement of staff and students in relevant decision-making processes are in place. • Relevant welfare schemes for students, faculty and staff are in place • Timely evaluation done by the chairperson/committee, internal assessments and consultative meetings by the management but how often the process is not mentioned
2.1.3 Accountability and transparency	• There is a line of reporting from staff to the head of the institute • Promotes transparency, efficiency and accountability in place while recruiting faculties and others. Admission for students are led by Dean, one faculty member, HRO and Office Assistant and for faculty recruitment team consists of all of the above and external examiner • There is a mechanism to retain the best faculty through monetary incentive, training, and other benefits. • Financial management is done by the Dean and presented to the management team in the previous year. • The Internal Auditor of the institute conducts an audit of the income and expenses at the end of the year. External Audit is done by the Department of Revenue and Customs, Phuntsholing • There is evidence of a standard control mechanism to ensure transparency, efficiency and accountability • The topmost panel of leadership in the institute are Academic committee; Exam committee and Disciplinary committee
2.1.4 Leadership and academic autonomy	• Academic leadership and position holders are competent to lead the organization • Three committees for academic, examination and discipline have been constituted • Promotes and facilitates leadership support for policy and planning through need analysis • Faculty members have autonomy in the day-to-day management and academic matters • Opportunities are given to faculties to undertake responsibilities • Provided information on the leadership role and support • Nurtures and groom young leaders in faculties as well students
2.1.5 Strategic development, planning, and implementation	• Curriculum-related plans and programmes are designed collaboratively with the KGUMSB • Academic block expansion with two smart classrooms is already completed and functional • An additional academic and administrative building is under progress • There is a lack of strategic master plan and policy documents. • A consultant has been hired to develop the strategic master plan of the institute for the next five years

	• Resources are being mobilized by the Director through the institute funding for the needs • Activities are coherently planned, implemented and monitored like instructional class debates, quiz competition, relevant seminar etc. • Institute management system is being developed.

2.2 Curriculum Design and Review	
2.2.1 Curriculum design and development	• Curriculum is borrowed from KGUMSB, • The institute works in collaboration with the KGUMSB and FoNPH by participating in their activities • Developed a short course curriculum for Geriatric Nursing for in service employees which has not been offered yet. • The focus of the Institute has been on pedagogy making the teaching and learning more interactive and technologically assisted. • Research orientation to the faculty is provided but no research and publications yet.
2.2.2 Curriculum evaluation and review	• The Institute also provides feedback to the University on curriculum related matters. • Curriculum revision and updates are all done by KGUMSB in consultation with all affiliated institutions • The curriculum is reviewed through a functional mechanism to meet the developing needs by the institute. The University is consulted for clarifications on the curriculum and suggestions shared. The faculty is also involved in curriculum development initiatives by the University. • Till date there is no record of curriculum review by the institute at the institute level. • There is no mention of a plan to update curriculum contents in collaboration with KGUMSB. • A committee uses feedback mechanisms from the different stakeholders for curriculum evaluation and review if asked by KGUMSB.
2.2.3 Academic flexibility and program diversification	• Offers only one program (Diploma in General Nursing and Midwifery). • Credit transfer is not yet established. However, there is a plan in place to establish pathways with ECU, Australia • Students and faculties are engaged in various workshops and training conducted by the universities and other institutions. • Extra time and efforts given to low achievers • There is instructional flexibility but no program diversification.

2.3 Teaching, Learning and Assessment	
2.3.1 Teaching learning process	• Academic calendar is in place for each semester where teaching and learning input is planned • Varieties of teaching learning methodology is used in the classroom • ICT is in place for teaching learning purpose to prepare the students as 21st century workers • Organized field visit to industrial estates, observes international days and community postings. • Teaching faculties and students attend CME organized by Phuntsholing hospital and International Medical conference held by KGUMSB • Lesson plans are developed, and teaching is focused on the capacity, learning and need of the Gen - z blended for both students and teachers in the Institute and provides extra attention to the weaker students. • The students are evaluated through formative and summative assessments. • A basic mechanism to evaluate teaching of the faculty is implemented through student feedback and peer to peer assessment. • Faculty members are assessed through student learning as indicated through the examination result analysis. • The quality of the faculty members observed during their teaching were found to be superior in their teaching skills.
2.3.2 Assessment process	• Follows KGUMSB guidelines and regulations for assessment • Assessment mechanisms are implemented to ensure fairness and transparency. • Timely assessment is undertaken like weekly test, unit test, model examination for some modules (practical modules), OSCE, OSPE • Assessment of students' learning is in place along with the basic feedback mechanism, and executed through assignment, presentation, class test, and procedure sign out, semester examinations for students. • Providing feedback to both student and faculty members are in place • Examination committee is in place
2.3.3 Student engagement	• Students are encouraged to participate in extra-curricular and co-curricular activities • Videos, demonstration, simulations, and practical session in clinical settings are part of interactive and engaged learning • Case presentations, workplace-based assessment, project work, reflective journals, model exhibitions, culture programmes, participation on awareness program and best method is reinforcing clinical skills as a lifelong learning skill enhancement

	• Students are made to display creativity through community outreach stations visit, participating in public screening, vaccination programs, creating awareness, visiting ORC's, and by reinforcing clinical skills
2.3.4 Teaching-learning materials	• Reading materials are made available. • ICT learning materials are in place. However, weak Wi-Fi facilities • Usage of smart board, projector, mic and speaker, white and green board, audio visual projection, e-learning and social media groups make the teaching and learning more interesting. • Reading materials are available in soft and hard copies • Simulation labs for skill practice in place • Evidence based learning culture is encouraged • Wall hanging charts with pictorial forms are evident during campus tour in the nursing lab for their teaching learning purpose • Innovative models on various health systems of the human anatomy and physiology were used to teach • Library capacity and e-library access is to be institutionalized.
2.4 Human Resources and Services	
2.4.1 Human resource management system	• Faculty recruitment criteria is as per BMHC requirements • Transparent recruitment system. • HR management system for recruitment and professional development is in place • Some of the aspects to retain professionals are made through better pay packages, incentives through welfare schemes, allowance for extra responsibilities, allowance for clinical postings, and professional development opportunities. • Faculties have access to attend workshops, training and seminars to improve their capacity building • Succession planning is not evident • Comprehensive Human Resource Policy is not documented as a policy document.
2.4.2 Quality human resource	• The performance appraisal system of the staff is in place to ensure high quality human resource. • Institute plans to send the faculty members to upgrade their qualification • Full time: 10; Adjunct: 05; Contract: 01 • The institute meets the faculty-student ratio in general • Quality of the faculty is assessed twice per semester. • The institute has strategies to invite and employ the best of staff through better remuneration and allowances.

2.4 Human Resources and Services	
2.4.3 Human resource development	• Professional development of faculty members is undertaken and paid by the Institute for external training. The professional development of support staff is not evident. • There is a system to recognize and reward effective teachers. • Pedagogy training for faculty members for better teaching learning outcomes was conducted but a career enhancement plan must be put in place for the staff. • The comprehensive Human Resource Development master plan and strategic plan is not available but is under progress now with a a consultant hired to work on them. • The annual budget of HR development mentioned in annual budget allocation • Few faculty members participated in the curriculum framework organized by FNPH. • All faculty members attended pedagogy training. • Provides in-house professional development programs but must be included in the annual plan.
2.4.4 Service conditions	• Performance appraisal system of the KGUMSB is adopted • Attraction and retention of quality staff is initiated. • Internal service rules including staff welfare and post-retirement benefits in place • Provident fund scheme, loan without interest from the institute, advance expenses during clinical supervision are borne by management for staff. • Expenses of faculty members and students on official tour and meeting • Various types of leave (CL, EOL, Maternity and Paternity) are sanctioned. • Option of 2 years contract with probation of one year and contract of 4 years without probation period. • Other benefits for faculty members and staffs as per services rules and regulation • Housing allowances • Allowances/ incentives for extra responsibilities • Transportation during difficult times • Short term interest free loan and advances for staffs
2.5 Research, Publications, and Linkages	
2.5.1 Research culture	• Research orientation among faculty members done 13th to 17th September 2022 by an external expert Research processes have been introduced recently • Research policy not evident.

2.5.2 Research and publication	• The faculty members of the institute have submitted three research proposals for examination to the external experts. • Publication not done
2.5.3 Consultancy and extension services	• Professional services to community like community health care screening and community visits done • No consultancy services offered as of now • Observed important international days with the community
2.5.4 Collaborations & linkages	• Institutional close linkages to other teaching hospitals (ERRH, PGH, SGH) • Linkages with FoNPH • MoU with Ministry of Health and MOA with Teaching hospitals • Affiliate to KGUMSB • Institute is in the process of establishing a communication with Edith Cowan/ Murdoch University to establish pathways for students to pursue degree but formal linkage and collaboration not achieved as of now

2.6 Infrastructure and Learning Resources	
2.6.1 Academic infrastructure	• 2 new classrooms equipped with smart boards and AC constructed and in use. • 2 new simulation laboratories added in adjunct building • Library, Computer lab, staff rooms, simulation laboratories, counseling room are in the main academic building Has a space in the hospital for clinical teaching. • Developed facilities based on BMHC /HEI guidelines • New Academic building is under construction. • Facilities for curricular activities are to be enhanced. • The two classrooms in the main administration block are not conducive for students learning especially with 50 students in each.
2.6.2 Residential infrastructure	• Accommodation facilities for students provided. • Basic amenities of water, electricity and washrooms provided. • Paid housing allowance to all staff. • Kitchen and dining room are maintained in an acceptable standard. • The girl's hostel is located on the second floor in the main academic building which is safe for them. Each room is shared by four residents. It has washrooms in the same block. • The Institute has rented a building as a men's hostel with 11 students accommodated in each flat of three bedrooms, a kitchen and two washrooms. The Institute has also rented a guest house in Samtse and has renovated an isolation ward to be used to

	accommodate the student during their clinical postings. 4 flats in Mongar have been rented to house the students during clinical posting. • The current infrastructure does not meet the requirement of students with physical disability • Girls' hostel and the academic block are susceptible to disasters • Water supply has to be improved in boys' and girls' hostels. • Immediate repair of needs in the washrooms and hostel rooms b to be effected on an urgent basis.
2.6.3 Recreational and other facilities	• It is evident that adequate recreational facilities are provided and are accessible though some facilities are shared with YKA (Youten Kuenjung Academy). Though shared, students get to use the facilities as and when they require.
2.6.4 Library services	• Library services in place. However library needs up gradation in terms of space for student reading and ambience • Growth and updating of library collections done in the subsequent years. • Optimum access and use of the library ensured by maintaining logbooks • Library equipped with copies of references as suggested by University. • The library is open for students at all times. • No dedicated library personnel though record of library book is maintained by the office assistant • Web based integrated library system not established • Inter linkages with another library not established
2.6.5 Safety and maintenance of physical infrastructure	• Disaster management and contingency plans with SOP, is present but not implemented • Disaster resilience facilities are not in place. Fire extinguishers, two exit routes are non-existent. Grilled windows in the girl's hostel poses threat • Disaster drills logbook is not available • Disaster drill signage are not seen. • Sustainable green campus is not seen due to lack of space and new building constructions. • Budgets allocated for maintenance of the infrastructure, specific staff and routine scheduled for maintenance but not effected • Provision for developing physical facilities in place. A new building is under construction.
2.6.6 ICT services	• ICT facilities include 30 laptops with uninterrupted power supply in the IT room.

	• IT Teacher teaches students in the first semester with basic concepts and skills to use IT in their everyday learning experiences. • Strategies to upgrade ICT facilities required (Policies) • Internet services is present but observed very weak connectivity

2.7 Student Services	
2.7.1 Admission process and student record	• Admission criteria and procedures aligned with higher education policies and admission criteria set by BMHC. • Admission based on merit which is indicated in the Handbook for students • Student information is maintained in both soft and hard copies. • Student management system must be designed to keep an efficient and useful database. • Admission procedures and processes are in place. • Admission policy for international students is not available • Admission committee in place to ensure transparency.
2.7.2 Student progression	• Student progression monitored • Attrition rate is very low • High achieving students are recognized and rewarded with full and partial scholarships. • 6 students got scholarship to pursue BSc Nursing program at FNPH • High completion rate and 100% employment for 4 batches of students • Students' progression data should be used for analysis, assistance and improvement in teaching learning experiences.
2.7.3 Student engagement activities	• Participation of students in curricular, co-curricular activities and community services is visible. • Funds for student engagement activities available. • Opportunities for developing entrepreneurial skills is non existent • Nurtures leadership through inculcating democratic voting processes and taking responsibility with accountability. • Students are encouraged to celebrate all kinds of festivals to understand and be aware of other religion • Engages in extracurricular activities and community services
2.7.4 Student support systems	• Hygienic food is served in a clean dining hall • There is a functional student body selected through democratic processes and empowered • Student handbook is available

	• Counseling is provided by teachers in the counseling room. The room is not at all conducive for counseling. • Low achievers are assisted to improve academic attainment level. • High achieving students and need based students are recognized and rewarded with full and partial scholarships. • Student grievance redressal system in place. • Financial support and welfare schemes in place • Flexibility observed in paying fees • Maternity leave for students, bereavement leave, and sick leave allowed • Financial consideration, waive off, installment wise payment, time extension, for fee payment is also given to students who come from lower economic backgrounds. • Semso collection at class level· • Foster system established for slow learners and low performers, • Transportation provided to the students
2.7.5 Special needs and Inclusive services	• The institute is positive in having special needs but no enrollment till date. The physical infrastructure for the special needs children are not seen at the moment. • The student mentoring and academic guidance process is not well defined
2.7.6 Graduate employability	• Students are given information during admission and orientation time about employability. • Preparatory classes or guidance to the outgoing students for employment is not provided • Provides brief lessons on communication and writing skills for employability. • Job vacancies announcement inside and outside the country is informed to the students • No tracer study is done nor is feedback on the performance of graduates at the workplace sought.
2.7.7 Alumni engagement	• AHS Alumni does exist and interaction takes place on special occasions • Alumni profile maintained in the web pages and in other different social media groups • Few mechanism for effective network with its alumni is in place • Institute organizes graduation day and invites alumni to share their experiences • Alumni is not engaged in institutional development • Outstanding alumni has not been recognized

2.8 Internal Quality Assurance and Enhancement System	
2.8.1 Quality assurance system	• Institute has prepared an Internal Quality Assurance Policy which is being implemented. • There is a basic feedback mechanism from students, alumni, peer and adjunct faculty members to enhance quality in some of the standards, especially teaching input and strengths and weaknesses of the Institute.
2.8.2 Continuous quality enhancement	• The self-reflection /appraisal mechanism is in its early stage. • There is evidence of some initiatives in the institutional level to promote a culture of self-reflection/ appraisals through academic auditing chaired by Academic Chairperson and Examination Chairperson. • Few of the recommendations made by the previous accreditation team have been effected as suggested.
2.8.3 Innovative practices	• Innovative models on various health systems of the human anatomy and physiology were developed by the students and were displayed in the labs • Institute has not received any recognition for innovative practices as such.
2.8.4 Institutional branding	• Institutional branding is done in small ways by the Institute.

Part 3: Overall analysis	*Observations* *Note: Please limit to five major ones for each; use telegraphic language; It is not necessary to have all five bullets under each*
3.1 Institutional strengths	• Internal quality assurance mechanism including feedback system has been recently put in place • There is system in place to recognize the outstanding staff and students • Physical facilities such as academic blocks and hostels are in place but needs enhancement and upgradation. • Has access to basic ICT facility as a learning resource • Adequate hands-on practice experienced. • Students and staff are very supportive of the Management. • Effective and efficient relationship with the University • Management is supportive of the staff and students and looks into their welfare and post-retirement benefits. • Management is aware of the Institute's weakness and need for improvement in some areas but must prioritize and speed up the processes. • Has plans for staff motivation and retention, such as qualification upgradation • Supports students through scholarship programmes • Has adequate clinical practice area. • Focus on the teaching and learning conditions. • Strategic location -the only Institute offering Health Sciences courses in Southern Bhutan thus has ample opportunity to increase enrollment.

3.2 Institutional Areas for improvement	• To revisit the Vision and Mission statements and align them with the institution goals, principles of Gross National Happiness and vision of KGUMSB • Enhance recreational activity facilities • Maintain BMHC/University student and faculty member ratio for classrooms in the academic block and enhance facilities for conducive teaching and learning environment • Research culture should be encouraged, and fund should be dedicated for each fiscal year • Innovative teaching practices must be enhanced • Promotion of sustainable and green campus required. Explore water harvesting techniques • Innovative plans and activities to be geared towards achieving Vision, Mission, Objectives and implemented effectively • Institutionalize the Internal Quality Assurance and Enhancement system to improve quality in all standards • Library needs upgradation in terms of space, ambience, linkages with other library and integrated web-based system • Nutrition laboratory needs to be equipped with table, chair, Bhutanese context menu displayed and if possible, to provide a television for better understanding of the preparation and information
3.3 Institutional opportunities	• Possibility of offering full-fledged B.Sc. Nursing and Midwifery program • Possibility of introducing other health science programmes. • Strategic location and enrollment assured. • Opportunity to establish linkages with external institutions • Opportunities for developing entrepreneurial skills to the students

	• Develop a distinct institutional brand with the positive feedback received. • Engagement in student exchange programmes in-country and ex-country • Employment opportunities at international level • Linkages for transfer of credits would be a strong base
3.4 Institutional challenges	• The institute faces challenges especially regarding the completion of syllabus at given time • Limited space in the campus • Geological instability • There is a growing market competition from sister institutes • Lengthy and complex review process requiring involvement of multiple external stakeholders • Financial sustainability may be a problem due to unforeseen circumstances and changing trends • High costs for maintaining high standard as the institute needs to make huge investments to meet the standards • Huge establishment costs in the initial years • To be able to live up to the high standards advocated • Time required for infrastructure development • Difficulty in finding appropriate teaching faculty due to lack of highly competent professionals in the market for faculty enhancement and quality education. • Economic recession may affect enrollment of students. • Pandemics like COVID 19 may hamper the operation of the institution

Part 4: Recommendations – Standard-wise

The Accreditation Team would like to make recommendations under each Standard. Most of the recommendations have been derived from the ISAR submitted by the Institution and observations of the facilities, interactions made with the management, programme faculty, staff and students during the field visit. Details of observations including existing/good practices and areas for improvement are highlighted in the main report. Only major and significant ones are included in this section.

General recommendation

Constitute a Task Force to study, analyze, prioritize, and develop strategies to address, respond and implement the observations made in this report in general and recommendations made below in particular. The task force should also lead the team for preparing for next accreditation and report preparation as per the standards.

Standard 1: Governance, Leadership, and Management

- The Team recommends to reframe the Vision, Mission and Objectives of the Institute. Align them with the institute's goals and national aspirations. Use the SMART principle to make them specific, measurable, achievable, relevant and time bound. Use the Vision, Mission and Objectives to design the Strategic Master plan. This is the priority focus to begin with.
- Develop AAHS Strategic Master Plan.
- Develop clear Organizational structure, mandates, terms of reference and SOP for the dedicated Committees.
- Develop transparent, efficient, and accountable financial mechanisms guided by SOP and terms of reference.
- The institute must put in place a system for leadership grooming, succession planning and retaining the best of human resources.
- Needs a Dean with relevant academic and professional qualification to lead the team
- Need to improve systematic documentation process through filing system and minutes of meetings

Standard 2: Curriculum Design and Review

- Enhance the curriculum in collaboration with the university, to equip the graduates with global emerging medical trends
- Credit transfer policy should be developed in consultation with the University for future prospects
- The Team must take initiatives to incorporate dynamic research-oriented input to enhance the KGUMSB curriculum. The course offered at AAHS must be superior to the ones offered by other health institutes. This will assist in building up credibility which will improve student enrollment and for attracting reputable faculty members.
- Develop additional skill-oriented programs, relevant to regional and global employment markets
- Enhance innovative and diverse programs with extensive elective options that address the different learning needs of students
- Prepare students to study and work in a global context

- Provide students with the assignment sheet and assessment rubrics.
- Clinical placement of students to be sent after completion of modules
- Small cohort of students to be sent for effective clinical practice and monitoring
- Enhance the curriculum review at the university level after evaluating the comments and feedback based on experience of students, faculty, and adjunct faculty members.

Standard 3: Teaching Learning and Assessment

- Enhancement of ICT and ICT based learning
- Increase connectivity of Wi-Fi
- Increase library database
- Assessment and examination database to be maintained to improve the input of the teachers in teaching and learning experience
- Recruit adequate technical and supporting staff with relevant experience and qualification
- Introduce consistent innovative approaches to involve students for independent student learning and engagement
- To send students to clinical posting after completing modules

Standard 4: Human Resources and Services

- It is recommended that a comprehensive Human Resource Policy is developed with the intention to retain the best of staff. Career development must be a strong component. It must then be robust, effective, fair and transparent during implementation.
- Priority is to attract and retain the best of staff to assist in building credibility with the best of pay packages and other incentives.
- Recruit adequate technical and supporting staff with relevant experience and qualification.
- Develop SOP for the recruitment of adjunct faculty and clinical preceptors.
- Faculty and student ratio in the classroom needs to be met as the classrooms are crowded
- Create more faculty vacancies to meet the student faculty ratio

Standard 5: Research, Publications and Linkages

- This is an area that the Institute must prioritize now. A comprehensive research policy must be developed and implemented. Small yet significant action research activities must be undertaken by the faculty members and students.
- Link with consultancy policies at national / international level
- Promote research culture and develop capacity building of the faculty
- Create research opportunity for faculties and allocate a budget for research activities
- Encourage faculties to publish their research

Standard 6: Infrastructure and Learning Resources

- The institute must implement the Comprehensive Disaster Management and Contingency Plan, considering the risk of disasters to the lives of the students and staff in the campus
- Enhance innovative learning environments supported by ICT, library resources, exchange programmes, field visits, and credit transfers. Explore to tie-up with other libraries
- Disaster drills for earthquake and fire must be a regular exercise at the Institute.
- Disaster resilient facilities and eco-friendly initiatives must be considered in the construction of new facilities
- Two first year students' classes were not conducive and posed a threat to the vision of the students

Standard 7: Student Services

- The Institute must put in place a graduate employability policy. This policy must encourage extensive efforts to enhance graduate employability including initiating campus recruitment. Explore employability in the country and SAARC countries to start off with.
- Develop a plan for comprehensive tracer study and develop a database.
- Enhance facilities and resources at the Teaching Hospitals
- Explore opportunities for developing entrepreneurial skills to students
- Keep a tracer study and seek feedback on the performance of the graduates at the workplaces.
- Alumni Engagement must be encouraged. Maintain a comprehensive and reliable alumni profile database. Motivate alumni to reach out to the Institute for alumni networking, engaging alumni in institutional development and recognizing outstanding alumni.
- Counseling room to be relocated to a secure place with some privacy and with a conducive environment.

Standard 8: Internal Quality Assurance and Enhancement System

- Put in concerted efforts in all key areas of eight standards of program accreditation to ensure continuous quality improvement of the program
- Establish a quality assurance committee to oversee the quality issues of the program as per the Internal Quality Assurance and Enhancement System of the Institute.
- Develop SOP on the internal quality assurance auditing system.
- Strengthen the feedback system by encouraging self-reflection and self-appraisal
- The institute must take initiatives to promote, recognize and sustain innovative practices among staff and students. The Institute must strive for recognition for innovative practices
- A basic institutional brand seems to have developed through the good work put in by the graduates in their workplaces but that is not enough. The institute must work on a policy on Institute branding aligned with the Vision, Mission and objectives of the Institute. Accounts in Facebook and Instagram could be used to advertise the good work the Institute is accomplishing. One has to be seen by the people.

We wish great success to the Team in the Institute in their endeavor to make ARURA Academy of Health Sciences one of the best in the country.

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

25/11/2022

Name & dated Signature of the Head of the institution

Seal of the institution

Name & Signature of the assessors:

Name	Designation	Dated Signature
Gaga Drukpa	Chairperson	25/11/22
Tshewang Choden Wangdi	Member	25/11/22
Krishna Singh Mongar	Member	
Dipsika Rai	Member	25/11/2022.

Name & Signature of BAC/QAAD official

Name	Designation	Dated Signature
Tshering Pelden	Sr.Program Officer	25/11/22
Nima Lham	Asst.Program Officer	25/11/22

Section C: Annexure

Brief CV of Assessors

[Your Name] 1	Gaga Dukpa
[Mobile]/[Email ID]	17380033/gdukpa@bmhc.gov.bt
Professional Profile	• Assessor for Accreditation of faculty of Nursing and Public Health (2018) and faculty of Traditional medicine (2022). • Assessor for Bhutan Accreditation Council • Taskforce members for review of Bhutan Qualification framework • Consultation group member of Program Accreditation manual • Consultation group member of Institutional Accreditation Manual
Accomplishments	27th years in my service and 4th years in my current post as Deputy registrar at Bhutan Medical and Health Council.
Experience	• General Nurse Midwife for 11 years • Chief Nurse for 12 years • Deputy Registrar for 4 years • Head of Education and Professional Services, BMHC • Human Resource Committee, BMHC • Finance Committee, BMHC • APA Committee, BMHC • Taskforce members for review of Bhutan Qualification framework • Consultation group member of Program Accreditation manual • Consultation group member of Institutional Accreditation Manual • Assessor for Bhutan Accreditation Council • Master Trainer of Competency based Framework • Master Trainer of Search inside yourself Program • Master Trainer for Professionalization of Civil servants • Assessor for Accreditation of faculty of Nursing and Public Health (2018) and faculty of Traditional medicine (2022). • Bhutan- Singapore Friendship mission (Smile Asia) Volunteer service during the camp in Paro, Bhutan, 2014 onwards • Bhutan –USA, Tarayana Foundation volunteer service for Plastic surgery camp in Paro Bhutan • Trainer for pre service Nurses (2009-2010) • Clinical preceptors for Nursing students
Education	Degree: Master of Gerontology (18/10/2013) Institute: LaTrobe University, Melbourne, Australia

Curriculum Vitae 2

1. Personal Details

Name: Tshewang Choden Wangdi (Ms)
Date of Birth: 04.12.1962
Citizenship: Bhutanese
Telephone: 00975-17121724
Email: tshewangdchodenwangdi@gmail.com

2.Office Address : Bhutan Youth Development Fund,Post Box :+975 2 327483

3.Educational Qualification:

MA (Psychology) Masters in Educational Administration (University of New England, NSW, Australia)

1. Work Experience : 38 Years in Education as:

1. Primary School Teacher
2. Primary School Head Teacher
3. Teacher at Secondary Schools
4. Teacher /Adult Trainer since 1993
5. Principal , National Institute of Education ,Samtse and Paro College of Education
6. Project Coordinator, National Primary Education Programme (NAPE), Ministry of Education, Bhutan.
7. Educational Research Analyst
8. Dzongkhag Education Officer
9. Founding Principal, Rinchen Higher Secondary School, Thimphu, Bhutan
10. Director, Training Services, Tarayana Foundation
11. Principal, Druk School.

2. List of Professional Societies and activities in Civic, Public and International Affairs

1. Academic Board : Secretary, National Institute Of Education, Samtse
2. Curriculum and Professional Development Board: Member
3. BCSEA: Member
4. National Teacher Education: Member
5. National Teacher Education Evaluation Committee: Member
6. National Evaluation, Monitoring and Support; Member
7. National Association of Women : Member
8. Commonwealth Council for Educational Administration: Member
9. District Scouts Association :Member
10. Tarayana Foundation(Executive Member)
11. Bhutan Accreditation Council, Member.
12. Renew (Member)
13. Bhutan Youth Development Fund (Working Committee Member)

Personal Information3

Name : Krishna Singh Mongar
CID : 11810000819
Date of Birth : 01-Mar-1968
Gender : Male
Permanent Address : Bararey/Tashiling,Semzong,Tsirang,Bhutan
Email : krishnasthapa@yahoo.co.in
Phone : 17446629

Current Detail

Position Title : Clinical Nurse I
Position Level : P1 A
Working Agency : Punakha Dzongkhag / Health Sector / Punakha Hospital
Parent Agency : Ministry of Health

SLNo	Level	Course title	Institute	Start Date	End Date
1	Masters (6756)	Masters in Trauma Nursing	Khon Kaen, Pakchong,Thailand (Thailand)	11-Aug-2009	11-Aug-2011
2	Bachelor (6757)	B.Sc in Nursing	La Trobe University, Melbourne (Australia)	01-Jan-2003	01-Jan-2005

PT	PL/Grade &SubLevel	Effective Date	Agency
General Nurse Midwife	9	01-Jan-1995	Ministry of Health and Education , Health Department/Referral Hospitals , JDWNRH ,Thimphu
General Nurse Midwife	08	01-Jan-2002	Ministry of Health and Education , Health Department/BHU II , Dagana BHU
Staff Nurse I	P4 A	01-Jul-2006	Haa Dzongkhag , Hospital Services ,Baley BHU
Clinical Nurse III	P3 A	01-Jan-2012	Haa Dzongkhag , Hospital Services ,Baley BHU
Clinical Nurse II	P2 A	01-Jan-2016	Wangdue Dzongkhag ,Health Sector , Bajo Hospital
Clinical Nurse I	P1 A	01-Jan-2020	Wangdue Dzongkhag ,Health Sector , Bajo Hospital

NAME 4	DIPSIKA RAI
CONTACT **E- mail**	17769077 Dipsikarai@jdwnrh.gov.bt
Professional Profile	• 2021 till date Head Nurse, High Dependency Unit, JDWNRH, Thimphu • 2020 – 2021 Clinical Nurse Adult Intensive Care Unit, JDWNRH, Thimphu • 2018- 2020 Head Nurse, Surgical ward, JDWNRH, Thimphu • 2016 Clinical nurse, Emergency department, JDWNRD, Thimphu • 2013-2015 Clinical nurse, Birthing centre, JDWNRH, Thimphu • 2012-2013 Clinical nurse, Cabin, JDWNRH, Thimphu • 2011- 2012 Attachment nurse, medical ward, Cabin, Maternity ward, JDWNRH, Thimphu Skills • ACLS, BLS and First Aid • Computer literate • Driving
Professional Accomplishments	Add a brief, single-paragraph summary of your career accomplishments here
Education	• [2016 MSN (Med & Surg), Burapha University, Thailand • 2006 Bachelor in Nursing Science, Sikkim Manipal University of Health ,Medical & • Technological Science , Sikkim, India • 2004 Certificate (Class 12), Yangchenphug Higher Secondary School, Thimphu,Bhutan • 2002 Certificate (Class 10), Punakha Higher Secondary School, Punakha,Bhutan
Research and Publication	**Published:** Rai, D., Deenan, A., & Krungkraipetch, N. (2019). Factors influencing self-management of end-stage renal disease patients undergoing hemodialysis in Bhutan. Thai Pharm Health Sci J.14 (1),26 – 34. **Ongoing:** "Knowledge, Attitude and Practice of COVID-19 Preventive measures among Bhutanese Population: A Nationwide cross-sectional Survey" "Knowledge and Practice of Wound Care Management among Nurses of National Referral Hospital in Bhutan"

List of facilities visited/seen

1. **ARURA Academy of Health Sciences:**
    a. Academic block
    b. Girls' and boys' hostel
    c. Classroom block with smart boards
    d. ICT room
    e. Library
    f. Staff office and conference room
    g. Dining hall
    h. Kitchen
    i. Nursing foundation lab
    j. Midwifery lab
    k. Nutrition and community lab
    l. Counseling room
    m. Water tank
    n. Construction site for the new academic block
    o. Toilet and bathroom facilities

2. **Teaching Hospital (Phuntsholing General Hospital)**
    a. Various wards
    b. Designated teaching room

List of documentary evidence seen/verified and reviewed

Sl.No	Standards/Key aspects	Requirement	Referred Documents
1	Executive Summary	Evidence of feedback mechanism for teaching learning	- ToR for Dean,|Academic chairperson, Examination chairperson, Lecturer, Staff secretary, Literary co - ordinator, Provost, Adjunct and Visiting faculty, councilors, -Institute management board ToR
2	Accountability and Transparency	Financial accounts	Staff salary details Financial Report
		Budget utilization guideline /SOP	Budget utilization file
3	Strategic development, planning, and implementation	Strategic HR development, planning . and implementation manual protocol of the institute	BAC references and records
4	Curriculum design and development	List of academic committees and their SOP /TOR	-Curriculum development and updates records -Adjunct faculty record
5	Curriculum evaluation and review	Evidence of faculty's participation in curriculum design workshops. for 2022.	-Record of workshops and activities of the faculties
6	ıc flexibility and ramme rsification	List of staff attended CME in 2022	
7	Collaborations & linkages	List of field visit programs Evidence of the linkages	-Consultant file (for ECU collaboration), ToR for consultant -Record of extension activities
8	Recreational and other facility	SOP for the use of recreational facilities. Physical validation	-ToR for sports councillor
9	Criteria 5	Name list of students who were awarded scholarships as a part of student support service.	-List of students receiving scholarships

Sl.No	Standards/Key aspects	Requirement	Referred Documents
10	Criteria 6	Quality Assurance Policy	SoP Quality assurance
11	Criteria 1	Evidence of designed parameters to assess the assignment and classroom presentation. Few samples of students work.	Rubrics Present
12	Curriculum update	SOP to cater to differently abled students as per their needs	Not planned yet
13	Teaching learning process	Any minutes of meeting to improve the internal quality of teaching learning	Minutes of the meeting.
14	Safety and maintenance of Physical Infrastructure	Disaster Contingency plan / SOP	-SoP Disaster Management -Covid Contingency Plan for Institute and clinical posting -Containment Plan
		Any evidence of TOR/Guideline/ SOP on Institute welfare scheme	-Staff welfare file -Leave form file
15		List of committee members for Institutional development decision making	-ToR for committee -Disciplinary Committee
16	Faculty Quality	Salary/pay bill of the employees for the month of October 2022.	Service rules and pay structure -Finance Advance taken Record
			Faculty Recruitment file with interview evaluation checklist, microteaching and CVs
17	Transparency and accountability	To recruit the faculty is there any standard control mechanism like SOP/TOR/Guide line	Inventory File contained list of books in the library, reference books 83, journals 32, donated books 54
18	Criterion 5 .Student service	Any admission process/ SOP/TOR/Guide line developed?	Student Hand book Students enrolment Record Scholarship Recipients Record
		International admission policy and guideline if any	Student Handbook
		TOR for councilors and captain	ToR for councilors

Sl.No	Standards/Key aspects	Requirement	Referred Documents
19	Criterion 6 Internal Quality	Quality Assurance and auditing checklist; one academic, one student services.	-QA ToR -BMHC inspection Report
		One sample Minutes of meeting on the quality Assurance	Minute of the meeting of the management board
20	Alumina		Alumni record

List of Meetings conducted

Institutional Reaccreditation of AAHS

Date: 21/11/2022

Venue: AAHS Conference Hall

Registration Form (Meeting with MANAGEMENT)

Sl No	Name	Designation	Signature
1.	Ms. Dawa Chodon	Director, AAHS	[signature]
2.	Ms. Tashi Tshomo	HRO, AAHS	[signature]
3.	Ms. ~~Chote~~ Chokki Dema	Officiating Dean, AAHS	[signature]
4.	Gaga Dukpa	Chairperson, Accreditation Team	[signature]
5.	Tshewang Chodon Wangdi	Assessor	[signature]
6.	Krishna S Mangar	Assessor	[signature]
7.	Dipsika Rai	Assessor	[signature]
8.	Nima Urom	~~Assessor~~ APO, QAAD	[signature]
9.	Tshering Pelden	SPO, QAAD	[signature]

Institutional Reaccreditation of AAHS

Date: 21/11/2022

Venue: AAHS Conference Hall

Registration Form (Meeting with Faculty)

Sl No	Name	Designation	Signature
1.	Champa Kumari Rai	Lecturer	[signature]
2.	Bhim Kumar Ghaney	Lecturer	[signature]
3.	Sonam Chokdhen	Associate Lecturer	[signature]
4.	Lhakpa Tshering	Lecturer	[signature]
5.	Chokki Dema	Lecturer	[signature]
6.	Gaga Dukpa	Chairperson, Accreditation Team	[signature]
7.	Tshewang Chodon Wangdi	Assessor	[signature]
8.	Krishna Sigha Mangar	Assessor	[signature]
9.	Dipsika Rai	Assessor	[signature]

10	Nima Lhom	APO, QAAD	
11	Tshering Pelden	SPO, QAAD	

Institutional Reaccreditation of AAHS
Date: 2/11/22
Venue: AAHS Conference Hall
Registration Form (Meeting with Supporting Faculty)

1	Phuntsha Wangmo	OA	
2	Nimin Bagu	Sweeper	
3	Pema Gsheling	Driver	
4	Kingung Gsheling	Cook	
5	Ravi Subba	ITE Faculty	
6	Gaya Dunga	Assessor	
7	Tshewang Chuka Wangdi	Assessor	Tshewang Chuka Wangdi
8	Krishna S. Mongar	Assessor	
9	Dipsina Rai	Assessor	
10	Nima Lhom	APO, QAAD	
11	Tshering Pelden	SPO, QAAD	

Institutional Reaccreditation of AAHS

Date: 21/11/2022

Venue: AAHS Conference Hall

Registration Form (Meeting with STUDENTS)

Sl No	Name	Designation	Signature
1.	Kunzang Wangmo	student (3rd year)	
2.	Karuna Homagai	student (3rd year)	
3.	Binu Newar	Student (3rd year)	
4.	Tshering Zangmo	Student (3rd year)	
5.	Gayathri Gthaling	student (3rd year)	
6.	Tandin Yangdon	Student (3rd year)	
7.	Hem Prasad Rai	student (3rd year)	
8.	Dawber Kr. Monga	std. (3rd year)	
9.	Kinga Namgay	Std. (3rd year)	

Institutional Reaccreditation of AAHS

Date: 21/11/2022

Venue: AAHS Conference Hall

Registration Form (Meeting with STUDENTS)

Sl No	Name	Designation	Signature
10	Nima	2nd year	
11	Ngawang Loday	1st year	
12	Sangay Tshomo	2nd Year	
13	Pema Tobgay	2nd Year	
14	Sangay Tshering	2nd year	
15	Temin Choewang	2nd year	
16	Thinley	2nd Year	
17	Jamyang Norbu	1st year	
18	Ugyen Wangchuk	2nd year	

10.19	SONAM TASHI	Chief conciller (Bar)	[signature]
11.20	Kinzang Pelmo	Student (3rd Year)	[signature]
12.21	Amrit Biswa	Student (1st year)	[signature]
13.22	Namgay Choden Sherpa	Student (1st year)	[signature]
14.23	Arjun Pendyal	Student (3rd year)	[signature]
15.24	Tashi Tshering	Student (3rd year)	[signature]
16.25	Tenzin Jamtsho	Student (3rd year)	[signature]
17.26	Dorji Wangmo	Student (1st year)	Dwangmo.
18.27	Kagan	Student (1st year)	[signature]
19.28	Yangchen Lhamo	Student (1st year)	[signature]
20.29	Sonam Zangmo	Student (1st Year)	[signature]
21.30	Sonam Chedin	Student (1st year)	[signature]
22.31	Yang Zangmo	Student (1st Year)	[signature]

23.32	Yeshi Dema	Student (2nd year, 1st sem)	[signature]
24.33	Sonam Yangden	Student (2nd year, 1st sem)	[signature]
25.34	Tshering Lhamo	Student (2nd year, 1st sem)	[signature]
26.35	Binita Rai	Student (2nd year, 1st sem)	[signature]
28.36	Tandin Wangchuk	student [2nd year 1st sem]	[signature]
29.37	Dawa Yoesel Dema	student [2nd year 1st sem]	Dawa.
30.38	Jasodha Ghalley	Student [2nd year 1st sem]	[signature]
31.39	Tshering Jarmi	Student [2nd year, 1st sem]	[signature]
32.40	Gaga Dorpa	Assessor	[signature]
33.41	Tshering Chelen Wangdi	Assessor	[signature]
34.42	Krishna S. Mingar	Assessor	[signature]
35.43	Dipika Rai	Assessor	[signature]
36.44	Nima Lhan	APS, CAAD	[signature]
37.45	Tshering Pelden	SPO, CAAD	[signature]

Institutional Reaccreditation of AAHS

Date: 21/11/2022

Venue: AAHS Conference Hall

Registration Form (Meeting with STUDENTS)

Sl No	Name	Designation	Signature
2046	Tshering Chaden	1st year	[signature]
1147	Rabjung Tshering	1st year	[signature]
1298	Tshewang Pinzin	2nd year	[signature]
1849	Kintu Zangmo	2nd year	[signature]
1450	Puja Das	2nd year	[signature]
1851	Namgay Chaden	2nd year	[signature]
1852	Sonam Tshering	2nd year	[signature]
1758	Narayani Rani	1st Year	[signature]
1854	Tshewang Dorji	1st Year	[signature]

List of assets and properties valuation

Summary of valuation

Sl No	Particulars	Total Value Nu M	Remarks
I	Land	66,150,000.00	
II	Buildings, Rooms, Halls, etc.	32,038,431.01	
III	Vehicle, other automobile assets	1,780,000.00	
IV	Computers, Equipment, Machinery, etc	2,950,144.00	
V	Library Books	8,74,088.00	
VI	Medical Equipment, machinery, etc.	1,032,511.00	
VII	Furniture	2,014,928.00	
VIII	Lab Articles	1,51,620.00	
IX	Games & Sports	14,140.00	
	Grand Total Value	**107,005,862.00**	

Schedule of the site visit

Programme for site visit to AAHS
Date: 21-25 November 2022

Day	Activities	Time	Remarks
21 November 2022 (Monday)	1. Meeting with the management (1hour) 2. Meeting with academic leaders (1hour) 3. Meeting with non-academic staff (1hour) 4. Meeting with student representatives (1 hour)		*Note: 15 minutes of presentation and 30 minutes for discussion*
22 November 2022 (Tuesday)	1. Classroom observation 2. Brief campus tour		1. Please provide a timetable for day 2. Please provide a guide for the campus tour
23 November 2022 (Wednesday)	1. Visit the teaching hospital 2. Validation of ISAR by the accreditation team		Note: We will inform you if the team needs additional/supporting documents to be furnished
24 November 2022 (Thursday)	1. Meet relevant parties, if necessary • By 2 PM: Share the draft Assessor's Report with the institutes for their reference. The institute can seek or provide clarification from/to assessors. • By 5 PM: Share the Assessor's Report with the assessors with comments, if any.		Note: We will inform if the team wants to meet any relevant person, if necessary
25 November 2022 (Friday)	Exit meeting (2 Hours)	Note: The team will inform the time for the meeting	The assessors will present preliminary findings to the management.