



Notification of Princess Srisavangavadhana College of Medicine
Re: Doctor of Medicine Programme Policy
Princess Srisavangavadhana College of Medicine

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In order for administration of the Doctor of Medicine Programme, Faculty of Medicine and Public Health, HRH Princess Chulabhorn College of Medical Science, Chulabhorn Royal Academy with efficient and orderly manner, therefore, the Doctor of Medicine Programme Policy, Faculty of Medicine and Public Health is formulated as a guideline or code of practice as follows:

By virtue of Clause of the Order of Chulabhorn Royal Academy No. 791/2565 regarding The Appointment of the Dean of Princess Srisavangavadhana College of Medicine, Chulabhorn Royal Academy, dated 18 May B.E. 2565, the Doctor of Medicine Programme Policy is hereby announced as follows:

1. Medical student recruitment and admission policy

1.1 Determine the basic qualifications and number of students to be admitted in advance each academic year. Those eligible to apply for admission to the Doctor of Medicine Programme must be a person who has graduated Secondary Education Year 6 or equivalent, with outstanding academic performance and test scores under international standards in core subjects passing the criteria specified by the program, have excellent English communication skills, and have core qualifications and competencies consistent with the philosophy of the Program and Chulabhorn Royal Academy, namely being committed be a socially responsible physician, with analytical and synthesis thinking, having special interest in research and innovation development, leadership and volunteer spirit for social benefits.

1.2 Provide equal opportunity for applicants to study in the Program without discrimination of race, sex, religion, belief and culture.

1.3 Provide opportunities for persons with disabilities who have potential and qualifications that do not conflict with the requirements of the Medical Council to study in the Program.

1.4 Provide scholarships to support students who lack funds according to the philosophy of the Chulabhorn Royal Academy.

1.5 A process for promoting the Program is required through various channels such as websites, social media, and roadshows so that applicants can study the Program information before applying or deciding to study in the Program.

1.6 There is a transparent and fair process for admission and selection of students to study, with appointment of members of the Admissions and Selection Committee from those who are not stakeholders and establishing transparent and accountable judging procedures and criteria.

1.7 There is a confidential decision process to select students to study in the programme. The persons who are involved are required to sign the non-disclosure agreement.

1.8 A continual analysis, review, follow-up, evaluation and development are required for the process of recruiting, selecting and admitting students.

2. Curriculum management policy

2.1 A Doctor of Medicine Programme Management Committee shall be established, consisting of a clinical academic staff, academic staff specialized in medical sciences, academic staff from the main institutes and co-production institute, medical education specialist, academic staff representative, representatives of medical students and representatives from the public sector to jointly manage the Program, monitor the courses and process of educational provision, measurement and evaluation, and other activities related to the Program.

2.2 A medical student representative shall be included in the Doctor of Medicine Programme Management Committee to participate in the program management and development process and other activities affecting students.

2.3 The Doctor of Medicine Programme shall be publicized appropriately for instructors, students, parents and stakeholders.

2.4 The Doctor of Medicine Programme Management Committee is required to work in connection with Education Committee of the Faculty with the Program representatives attending the meeting of the Faculty's Education Committee continuously.

2.5 A system to monitor the Program is required with instructors who are responsible for the course, year lead, year class committee, year class chief, as well as preceptor at the clinical level, and with meetings to monitor and evaluate the students and the instructors continuously throughout the academic year.

2.6 A meeting of the Cooperation Directing Committee is required to coordinate with the main hospital and associate hospitals, including coordinating with various cooperation partners continuously throughout the academic year.

/2.7 A verification...

2.7 A verification of achievement is required for the Program to improve and develop the process of provision of instruction on an ongoing basis and in accordance with the needs of the stakeholders and provide the graduates with knowledge and competency as required by the Program.

2.8 A programme seminar both overall and separately in each year every academic year. There must be an activity that allow medical students give their opinions or feedback to the instructors and the instructors give comments or feedback to the students to improve themselves. Also, there must be a seminar activity that allow the course coordinator give feedback to the year class committee and the programme management committee or conversely. It will be beneficial for the programme development and management in the year after.

2.9 A review and development of the Program are required through the Program Development Committee. There shall be a process to listen to the voices of current medical students and alumni, graduate users, and stakeholders of the Program. The main competency criteria shall be monitored according to the professional standards of the Medical Council or professional organizations related, including educational innovations and researches in medical education to be used for improvement and continual development of the Program.

2.10 There is a policy to transfer students between programs, credit transfer of courses, where students of the Doctor of Medicine Programme can transfer to study other programs but the students in other programs cannot be transferred to study the Doctor of Medicine Program.

3. Policy on teaching and learning process

3.1 There is provision of teaching and learning that is consistent with the Notification of the Ministry of Education Re: National Higher Education Qualifications Framework B.E. 2552 and Re: Undergraduate Qualification Standards, Faculty of Medicine, B.E. 2561 and the Notification of the Medical Council Re: Criteria on Knowledge and Ability to be Assessed for Medical Practitioner License B.E. 2555, emphasizing teaching and learning in outcome-based education.

3.2 There are various methods of teaching and learning with emphasis on learners, integration of knowledge and researches in basic medical science and clinical medicine and integrating various subjects both horizontally and vertically.

3.3 Teaching and learning are provided for medical students to gain clinical and community experience since the first year.

3.4 Continuously promote development of medical skills through clinical simulation from the first year and with actual patients in the clinical class under supervision of the instructors with an emphasis on patient safety.

/3.5 Instructors ...

3.5 Instructors are required to apply real clinical experience and real experiences in public health management or research results or innovations related to course content to teaching medical of all years.

3.6 The potential in analytical and synthesis thinking of medical students shall be enhanced through research practice and empirical learning (evidence-based practice) to generate graduates with intelligence, excellence in knowledge, professional skills, potential in research and development of innovation, as well as possessing digital competence and being able to conduct lifelong learning and self-development.

3.7 Promote the exchange of medical students with both domestic and international institutes, including supporting participation in research-academic activities or other activities of students at the international level with allocation of funds to support to the students as appropriate.

3.8 Research funding is available for medical students under supervision of a research advisor.

3.9 Learning and teaching activities shall be organized for students to gain experience in a variety of professional activities as a guideline for choosing future career paths after graduation, such as working in a large hospital, working in a community hospital, being a researcher, being a teacher, being an executive in an organization in the Ministry of Health, further study in specific field at the master's-doctoral levels, etc.

3.10 In teaching and learning at clinical level in the main hospital or the affiliated hospitals, a medical instructor is required to closely supervise the medical students, with preceptorship system in all disciplines. In addition, a medical instructor, who is on duty outside office hours, shall be provided throughout the academic year to give advice in and supervise working outside office hours, mainly taking into account competency development of students and doctors and patient safety.

3.11 There is a Virtual Learning Environment (VLE) to manage learning and follow up the medical student progress.

3.12 There is a system to manage simulated patients who have been trained in order to meet the standard and get paid appropriately.

3.13 There is an Introduction and Orientation Module (IOM) before the academic year start in every year to notify the overall and details of the teaching and learning each year, including to circulate students handbook to the medical students to advice the teaching and learning and notify the student's regulations.

3.14 There is continuous development of teaching and learning processes by analyzing, monitoring, evaluating and expanding results.

4. Medical student support policy

4.1 There is an educational service system to assist with registration, issuing certificates, score slips, or other important documents, transfers, school leave, sick leave, benefits, scholarship applications, job applications after graduation, skills enhancement, further study, funding, etc., which have been prepared and published in the student handbook for all new students.

4.2 There is a warden system to provide advice in various fields to medical students academically, socially, financially, etc. The warden will follow up medical students for 7 years of study in the Program.

4.3 There is a complaint management system and action to deal with any problems to medical students, including a psychological counseling system and taking actions in prevention, promotion and development of physical health and mental health of medical students.

4.4 Provide protection for welfare of medical students through health insurance and travel insurance while participating in activities of the Program.

4.5 There is a demand survey process and allocation of resources in various fields for medical students adequately.

4.6 Nominate for the class committee of the medical students of all classes to act as a student representative to communicate and coordinate and feedback to instructors, including performing a duty to gather feedback from all students to define guidelines and forms of organizing various activities according to the needs of students.

4.7 Promote extracurricular activities to develop potential of medical students in accordance with desirable graduate characteristics (CRAMDPH) and integrate activities with multidisciplinary students.

4.8 It is required to arrange the activity in student's recognition for those students who have contributed to the society including the medical students who have outstanding academic performance.

4.9 There shall be an activities and guidance of career paths and further education in various fields at the postgraduate level, including the activities that help create inspiration.

4.10 Allocate budget as appropriate for various activities that medical students propose to organize

5. Scholarship policy

5.1 Provide scholarships to medical students who have good study performance and strong commitment to learning. This is to create morale and stimulate willingness to study of the students.

/5.2 Provide...

5.2 Provide scholarships to medical students who lack funds to receive educational opportunities and can graduate to serve society according to the philosophy of Chulabhorn Royal Academy that “Be Excellent for Lives”

6. Policy on engagement and attendance in activities specified by the Program

6.1 Medical students must participate in teaching and learning activities, including participating in the formative assessment activities as required in each course, not less than 80%, otherwise they will not be allowed to take the end-of-year summative examination, subject to discretion of the Program Evaluation Committee.

6.2 Medical students must apply for a leave of absence in advance, especially the clinical students with mission related to the patient, unless there is a sudden illness or other emergency.

6.3 In case of having to perform other missions, the medical students must apply for a leave of absence in advance. The approval is up to the discretion of the instructor in charge of the course and the year class chief to decide whether it is appropriate to allow absenteeism and how to perform compensation.

6.4 Medical students must perform or submit assignments in accordance with the requirements of each course, otherwise they will not be allowed for the end-of-year summative examination. This is at discretion of the Program Evaluation Committee.

7. Policy on close supervision for students

7.1 Medical students who will receive special follow-up include:

- 1) Medical students who have academic problems such as failing the 1st end-of-year summative exam or having to repeat the class.
- 2) Medical students who have problems on class attendance ratio or incomplete participation in the course activities as required.
- 3) Medical students who have problems in performance of assignments or incomplete submission of assignments as specified in the course.
- 4) Medical students who have physical or mental health problems.
- 5) Medical students who need help and ask for help, such as having problems on family, society, or finance.
- 6) Medical students who break discipline, being under the punishment, being conducted to improve their behavior, or being punished on any other disciplines.
- 7) Medical students whom the year class chief or course instructor or warden considers to be closely supervised

7.2 The medical students under close supervision must meet the year class chief at the beginning of the course, in the middle of the course, and before summative examination at the end of the year or meet the warden or Assistant Dean for Student Affairs 2 times per semester.

7.3 The list of medical students who are closely supervised will be kept confidential and known to only the year class chief, course instructor, assigned instructor, warden of the medical student, and Assistant Dean for Student Affairs.

7.4 The medical students will be under close supervision for at least 1 year or until the end of the condition that requires a close supervision.

7.5 The year class chief, the assigned instructor and the Assistant Dean for Student Affairs must summarize assessment results of medical students who are under close supervision to the Program Management Committee periodically without revealing the student's name except when there is a necessity for the benefit of the students without causing harm to the students.

8. Student privacy policy

8.1 Maintaining privacy of medical students is required as a duty of academic staff and all personnel involved in student confidentiality, such as student records, academic results and other personal information of students. The student's information will be kept confidential, not be disclosed to other agencies or unrelated persons unless the disclosure is beneficial to students of the Faculty without causing damage to the students.

9. Medical student assessment policy

9.1 Assessment is required as an important part of monitoring and developing students' learning, teaching and learning development and curriculum development.

9.2 The assessment shall focus on educational achievement in all 6 areas according to the Undergraduate Qualification Standards, Faculty of Medicine B.E. 2561.

9.3 Medical student assessment must be conducted accurately, fairly, transparently, free from bias and accountably.

9.4 The assessment shall encourage learners to progress in accordance with the learning objectives and achieve the educational achievements set by the Program.

9.5 The assessment must include at least 3 different methods per course and be suitable for measurement of learning at different years covering areas such as knowledge, comprehension, analytical and synthesis thinking, professional skills, communication skills, practice, working with others and having a good attitude towards the profession, with a table of specifications established appropriately and in accordance with the educational achievement of each course.

/9.6 The assessment...

9.6 The assessment must be in the form of a formative assessment that focuses on the constant development of learners and a summative assessment used to assess the overall learning outcomes. Every assessment must provide feedback in order for medical students to continually develop themselves.

9.7 A Student Assessment Committee of the Doctor of Medicine Programme shall be established to supervise assessment of the Program and determine appropriate criteria for passing the end-of-year examination, including evaluating the balance between formative and summative assessments at the end of the academic year by having the external specialists involved in the process of commenting and monitoring the students' assessment process.

9.8 Medical students must be informed of the assessment methods of the Program and participate in providing feedback to develop assessment forms and methods at the end of the academic year.

9.9 Medical students must be encouraged to have knowledge and understanding of assessment methods according to the criteria specified by the Center for Medical Competency Assessment and Accreditation.

9.10 Instructors must be constantly improved on assessment in order to conduct the student assessment to meet standards.

9.11 There shall be a system and guidelines for management of the item bank and administration of both written and practical examinations.

9.12 Virtual Learning environment (VLE) and Portfolio shall be used as part of follow up on the assessment of medical students as appropriate.

9.13 The assessment process shall be continually developed through analyzing, monitoring and expansion of results of assessment.

9.14 Any persons who are directly related to the students are not allowed to join any committees that will reflect to the students' academic performance.,

9.15 The assessment process starting from the process of exam items generate, exam items selection, examination period, exam proctor, exam check, and grading are required to be confidential. The persons who are involved are required to sign the non-disclosure agreement.

10. Barring from examination policy

10.1 The medical students participating in teaching and learning activities, including participating in formative assessment activity in each course less than 80% will not be allowed to sit for the end-of-year summative examination at the end of the academic year, subject to discretion of the Program Evaluation Committee.

10.2 The medical students with a record of frequent absences, failure to submit documentary evidence of leave as required or failure to complete assignments according to

requirements of each course will not be allowed to sit for the end-of-year summative examination at the end of the academic year, subject to discretion of the Program Evaluation Committee.

10.3 In the event of other force majeure events, it shall be at discretion of the Program Evaluation Committee.

11. Policy on end-of-year summative examination, re-sit and repeat

11.1 The medical students are required to have a score of at least 60% in the End-of-year Summative examination in order to pass the exam for promotion.

11.2 In the case where medical students who get the result of the End-of-year Summative examination less than 60%, they must re-sit in order to pass the score of 60%. The student is entitled to re-sit 1 time per academic year.

11.3 If the medical student is unable to pass the re-sit according to the criteria, the students must repeat the class of that academic year and must pass the End-of-year Summative examination in the following year. The students are entitled to repeat the class only once per academic year. If the student is unable to pass the exam in the repetition of the class, his/her studentship of the Doctor of Medicine Programme shall be terminated.

11.4 The medical students with a record of class repetition are not eligible to conduct a research in Year 4 at University College London (UCL), United Kingdom and will be ineligible to the iBSc degree from the UCL and are considered disqualified to receive honors from the Chulabhorn Royal Academy.

11.5 The medical students conducting research in Year 4 at UCL, United Kingdom and unable to pass the assessment criteria of UCL must return to take the research exam at the Chulabhorn Royal Academy and must obtain an S grade only to be eligible to pass the promotion to study in Year 5.

11.6 If medical students in Year 2-7 are not able to pass the re-sit according to the criteria, they are required to repeat the class and must pass the criteria in the following year, or else they will be retired.

11.7 Medical students are able to repeat the class once time per academic year. If the students cannot pass the criteria during the class repeatedly, they will be retired.

11.8 Medical students who have recorded in class repeatedly will not be allowed to conduct research in their fourth year at the University College London (UCL), United Kingdom and will not be granted the iBSc Diploma from the UCL including be considered lack qualifications to receive honor degree from Chulabhorn Royal Academy.

11.9 Medical students who are unable to go to the University College London (UCL), United Kingdom, to conduct research in their fourth year for any reasons, will need to conduct

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research in Thailand and be evaluated according to the standard criteria specified by the year 4 class committee and the programme management committee.

11.10 Medical students who conduct research in their fourth year at the University College London (UCL), United Kingdom, and are not able to pass the evaluation criteria of the UCL, will not be granted iBSc Diploma from the UCL and will be required to defend Thesis at the Princess Srisavangavadhana College of Medicine, Chulabhorn Royal Academy. The students will need to get an S in their exam in order to study in Year 5 in the programme.

11.11 Medical students who have record in severe punishment will not be allowed to go to the University College London (UCL), United Kingdom, to conduct research in their fourth year and be considered lack qualifications to receive honor degree from Chulabhorn Royal Academy.

12. Medical student code of conduct and patient privacy policy

12.1 Medical students must comply with the Medical Student Code of Conduct by having good behavior suitable for friends, instructors, personnel of the institute, medical personnel, patients, relatives and the public.

12.2 Medical students must comply with the patient confidentiality policy under Section 7 of the National Health Act B.E. 2550 concerning personal health information. It's a personal secret which will not disclose in a manner likely to cause injury to that person unless the disclosure is in accordance with the wishes of that person directly or required by specific law, but in any case, no one shall exercise his power or right under the law on government information or other laws to request documents relating to health information of other people. Patient confidentiality is regarded as a key of any medical practice. It is important to maintain trust and maintain a relationship between healthcare professionals and patients.

12.3 Medical students must comply with various regulations of the hospitals that they are working for, including the confidentiality and safety of patients.

12.4 Medical students must comply with the educational discipline of the Chulabhorn Royal Academy.

13. Policy on use of information and communication technology

13.1 Promote the use of information technology to support medical students for self-learning through databases and various media by facilitating medical students to connect with communication network with various electronic devices.

13.2 Provide channels for medical students to use to communicate with instructors and personnel of the institution such as e-mail system and VLE system by issuing a confidential personal code to students.

13.3 There shall be a policy on the use of social media for students of the Doctor of Medicine Program based on the guidelines of the National Health Commission's Notification Re: Guidelines for the Use of Social Media of Health Workers B.E. 2559. The students must be aware of the importance of using social media and are careful not to let their social media affect their security or infringe on patient's privacy unless a consent is given to disclosing information by patients or their legal representatives. And even with consent, the medical students must consider the advantages and disadvantages of disclosure of such personal information, including the impact on patients, themselves and the organization carefully.

14. Policy on academic staff and educational support personnel

14.1 Basic eligibility criteria and qualifications, which are clear, transparent and fair, shall be determined for selecting instructors for the program, educator and support personnel, clearly specifying duties, responsibilities, and balancing in terms of number, fields and workloads, including ongoing supervision and follow-up of the duties.

14.2 It is required to arrange the orientation for new staff and provide them with staff handbook.

14.3 Instructors are required to have educational and student affairs workload at least 30%, with a system for monitoring the performance in accordance with the agreements provided.

14.4 The instructors and support personnel are required to develop their progress according to their professional paths and prepare an individual development plan with a system to continuously follow up their progress, relationship creation, and receive appropriate remuneration.

14.5 All instructors and educators must receive training in medical education, or student affairs on an annual basis.

14.6 The educators with master's degree or educators with a bachelor's degree with at least 5 years of educational management experience are required to perform the following tasks:

- 1) Educational Services
- 2) Program Management and Development
- 3) Teaching & Learning Provision or Coordinating for Years 1-4
- 4) Teaching & Learning Provision or Coordinating for Years 5-7
- 5) Assessment and item bank
- 6) Educational quality assurance

14.7 Psychologists are required to work on a regular basis in student affairs missions.

14.8 Encourage academic staff and educators to conduct a research in medical education and apply the research results and educational innovations to teaching and learning, student and instructor development, program assessment or development in various areas.

14.9 At least two qualified instructors or specialists in medical education from outside are required and there shall be guidelines for consulting and giving advice or an invitation to be a lecturer in various medical education training programs to develop academic staff and personnel, improve forms and methods of teaching and learning, as well as developing assessment of the Program continuously.

14.10 Promote building a network of cooperation in medical education with various institutions both nationally and internationally in terms of exchanging academic staff and personnel, trainings, study visits or further studies in medical education, conducting researches in medical education and organizing medical education activities together continuously.

15. Program Quality Assurance Policy

15.1 A system and mechanism for ongoing educational quality assurance of the Doctor of Medicine Programme shall be established to supervise the process and achievement of the Program, taking into account the main components of the Program, teaching and learning process, progress and achievement of medical students.

15.2 International standard criteria established by the Institute for Medical Education Accreditation (IMEAC) and the World Federation for Medical Education (WFME) shall be adopted as guidelines for continual development of the Program.

15.3 It is required to have the quality assurance in the programme level under the monitoring of the University College London (UCL), United Kingdom. The programme will be evaluated annually according to the WFME criteria by the specialists from the UCL.

15.4 It is required to use the educational quality criteria for the Education Criteria for Performance Excellence (EdPEX) as a guideline for the development in the college level.

15.5 Medical students, academic staff and all personnel in the Faculty must be trained in educational quality assurance.

Announced on the 24th day of May 2022

-Signed-

(Professor Dr. Chirayu Auewarakul, MD, PhD, FACP)
Dean of Princess Srisavangavadhana College of Medicine