

# **STANDARD OPERATING PROCEDURES & TERMS OF REFERENCES**



**2025**

**Faculty of Indigenous Medicine  
University of Colombo**

### **VISION**

“To be a nationally and internationally acclaimed center of excellence in Ayurveda Unani and traditional systems of medicine in Sri Lanka.”

### **MISSION**

“To conduct teaching and research towards dissemination of knowledge in the enhancement of traditional medical systems in Sri Lanka.”

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**Standard Operating Procedures (SOPs)**  
**Related to the management of the BAMS and BUMS programmes at the**  
**Faculty of Indigenous Medicine.**

The Faculty of Indigenous Medicine (FIM) has a vision and in keeping with its stated mission, to conduct teaching and research towards dissemination of knowledge in the enhancement of traditional medical systems in Sri Lanka. To accomplish the mission of FIM, as well as to provide an enriching educational experience to its undergraduates, the FIM will adopt the following policy framework.

Hence, FIM established the Quality Assurance Cell (QAC) in par with the guidelines given in the manual published by the Quality Assurance Council (QAC) of the UGC for public universities. The goal of the QA Cell shall be to create a culture that continually improving the quality of all academic-related activities of the FIM. For this purpose, QA Cell published the manual on "Standard Operational Procedures (SOPs) " in 2025.

Standard Operating Procedures (SOPs) Related to the management of the BAMS and BUMS programmes at the Faculty of Indigenous Medicine was discussed in the IQAC meetings of FIM. The members of the IQAC, FIM were assigned to revise the already existed IIM, SOPs. The finalized document on Standard Operating Procedures (SOPs) of FIM was recommended by the 21<sup>th</sup> IQAC meeting which was held on 18.02.2025

**The members of the Development of Policy Documents FIM**

Dean / FIM

DR / FIM

SAR/ FIM

HODs/ FIM

IQAC Coordinators/ FIM

IQAC Members / FIM

## Standard Operating Procedures

## **SOP 1.1 Revision and Introduction of Programme / Course Units**

### **[1] Purpose**

Procedures for revision/ introduction of course units/ programmes

### **[2] Participants**

- i. UGC
- ii. Council / University of Colombo
- iii. Senate of the University
- iv. CQA, UOC
- v. Dean / FIM
- vi. Faculty Board / FIM
- vii. Heads of the Departments
- viii. Chairperson, Secretary, Members of CDEC
- ix. Academic staff members
- x. DR/SAR/ SAB

### **[3] Procedure**

Activity 1: Rationale for revision/ introduction

- 1.1.** Academic staff member/s shall communicate the need to revise/introduce a course unit/ programme to the Heads of the Departments (Hereafter referred to as Head) with evidence (generated through formal/informal processes, needs assessment).
- 1.2.** The relevant Head shall inform the academic staff members in the department about the revision/ introduction of the course unit/ programme.

Activity 2: Preparation of draft document

- 2.1. Head shall assign the task of preparing the relevant documents to a team of academic staff members in the department and specify the time frame for the preparation of draft document.
- 2.2. Academic staff member/s shall revise/ formulate the course units /revisions according to the guidelines approved by University of Colombo.
- 2.4 Draft document shall be circulated among academic staff of the department for suggestions/comments or any amendments.

Activity 3: Approval of CDEC

- 3.1. Head/s of the Department/s shall forward draft document of the course units / revised programme to CDEC.

3.2. The Secretary of CDEC shall circulate the draft document of the course units / revised programme among its members for their feedback.

3.3. The Secretary of CDEC shall inform the decisions and suggestions of the CDEC of the draft documents to the Head.

3.4. The Head shall inform the document preparation team to finalize the document and re-sent to the CDEC.

#### Activity 4: Approval of the Faculty Board

4.1 CDEC forward the final document to the DR to be tabled at the meeting of the Faculty Board, FIM.

4.2. Members of the Faculty Board shall review the contents of revision/ new course unit/ programme.

4.3. The document preparation team will finalize the document based on comments of the Faculty Board.

4.4. Budget shall be approved by the financial committee.

#### Activity 5: Approval of Senate

5.1 Faculty Board of FIM shall recommend the final document for the approval of the Senate.

##### 5.2 Approval of Curriculum

5.2.1 The final document shall be sent to the CQA through the IQAC.

5.2.2 After incorporating suggestions of the CQA (if any), final document shall be sent to Senate via CQA.

5.2.3 The Senate shall grant approval with suggestions/ recommendations.

##### 5.3 Approval of By-law

5.3.1 By Law of the programme shall be sent to the Senate.

5.3.2 Senate shall forward the document to the legislation committee for its recommendation.

5.3.3 Upon the recommendation of the legislative committee, Senate approve the document send to the council for its approval.

#### Activity 6: Approval of Council

##### 6.1 Approval of Curriculum

6.1.1. The final document of curriculum recommended by the senate shall be approved by the council.



6.2.2. Council approved curriculum shall be sent to the UGC for the final approval.

## 6.2 Approval of By-law

6.2.1 Senate recommended by laws shall be approved by the council.

### Activity 7: Incorporation of revised / introduced course unit/ programme

7.1 The Dean of the faculty shall inform the Senate decision to relevant Heads of Department of Ayurveda/Unani, AR/ SAR/ DR.

7.2 Relevant Heads shall direct the Students' Hand book committee to make the changes in the Students' Handbook and Web Administrator to incorporate the necessary changes.

### Activity 8: Implementing the revised / introduced course unit/ programme

8.1 The Dean shall instruct the Heads of the Departments for implementation of the course unit / programme in the academic time table.

8.2 The Heads of Department shall assign teaching duties to the academic members.

#### [4] Effectiveness Criteria

1. Maintaining a record by the Heads of departments of the activities and dates by which the activities have been completed.
2. AR/ SAR/ DR maintains decisions/ minutes of CDEC, Departmental committees, Faculty Board of FIM and the Senate.
3. The Dean shall call and chair periodical review meeting/s regarding the programme.

Note: Implementation of curriculum revision shall take place every five years and minor amendments can be done whenever necessary.

## **SOP 1.2 Examinations**

### **[1] Purpose**

Procedures for Examinations

### **[2] Participants**

- i. Senate of the University of Colombo
- ii. Faculty Board
- iii. The Dean of the Faculty
- iv. Heads of Departments
- v. Academic Staff members
- vi. AR/ SAR/ DR Examination
- vii. Students

### **[3] Procedure**

Activity 1: Preparation for conducting examinations

- 1.1. Heads of Departments prepare Academic Calendar with examination period under the supervision of The Dean, before commencement of the academic year to obtain Faculty Board approval.
- 1.2. Head of Department prepares the draft examinations timetable within four weeks of the commencement of each semester and circulate it among the members of the Faculty and AR/ SAR/ DR Examinations.
- 1.3. Upon receiving the examination time table, AR / SAR / DR Examinations publish it to the students and starts calling applications.
- 1.4. Deputy Registrar of the Examination prepares the lists of Supervisors and Invigilators upon consultation with academic staff for approval by the Dean.

Activity 2: Preparation of examination papers

- 2.1. Head of the Department shall compile the list of examiners, scrutiny board/moderators and coordinators in consultation with the academic staff members.
- 2.2. Head of the department shall forward the examiners list to the Dean's office to be tabled at the Faculty Board for its approval.
- 2.3. Upon receiving the list of examiners, scrutiny board/moderators and coordinators, AR / SAR / DR Examinations shall inform the paper setters (first examiners) the deadline for

the submission of questions and the model answers to the Head of the Department.

- 2.4. Paper setters shall formulate questions and prepare model answers according to the guidelines provided in the curricula, and submit to the subject coordinator on or before the deadline.
- 2.5. Received questions shall be handed over to the chairperson of the Pre-scrutiny Board / moderator by the Subject coordinator.
- 2.6. The sealed draft paper shall be submitted to the Scrutiny board to finalize the examination paper by follow the standard paper format
- 2.7. At the end of the process the sealed envelope of the exam paper and the marking scheme model answers will be handed over to the head of the Department (pre-scrutiny chairperson) in order to prepare the final version of the question paper and the coordinator shall submit it to the examination breach before the date of printing the examination papers.

#### Activity 3: Printing of examination papers

- 3.1. AR/ SAR/ DR of examinations shall make the required number of copies of the question paper (with other instructions if any), seal and label the paper packet.
- 3.2. AR/ SAR/ DR of examinations shall hand over the sealed paper packet together with therelevant instructions to the designated supervisor on the day of the examination.

#### Activity 4: Conducting examinations

- 4.1. Supervisor of the examination shall conduct the examinations according to the rules and regulations of the Faculty/ University
- 4.2. Supervisor shall hand over the answer scripts and other relevant documents in a sealed packet to the AR/ SAR/ DR Examinations.

#### Activity 5: Marking answer scripts

- 5.1. Coordinator of the relevant subjects collect the sealed packets of answer scripts from the AR / SAR / DR Examinations.
- 5.2. Subject Coordinator shall hand over the sealed packet of answer scripts to the authorized examiner/s for marking.
- 5.3. The authorized examiner/s shall mark the answer scripts and submit the marks and marked answer scripts to the Head of the Department or to the coordinator. In case of the examiner unable to attend the paper marking the Head of the concerned Department has the authority to appoint an alternative examiner subject to the concerned departmental meeting approval.

- 5.4. Subsequently the Head of the Department or the coordinator shall hand over the marked answer scripts to the second examiner for marking.
- 5.5. Second examiner shall scrutinize the marks of the first examiner and correlate with the answer scripts and submit a report to the coordinator or Head of Department on or before the deadline.
- 5.6. Head of Department, coordinator and relevant examiners shall meet and make changes/ adjustments (if any) and prepare the list of marks to be sent to AR/ SAR/ DR Examinations.
- 5.7 Finally marks are submitted by using the template (which contains students' index numbers and required formulae) provided by the Examinations Branch.

**Activity 6: Release of results**

- 6.1. Examinations Branch uploads the received marks into the Examination Management Software and the AR / SAR / DR Examinations calls for a pre-results board meeting after processing the uploaded marks.
- 6.2. Head of the Department and the concerned examiners certify the marks and results, mentioning relevant changes to be made if any, on the hard copy provided during the pre-results board.
- 6.3. Examination Branch processes the final results and prepares the documents required for the Results Board Meeting. AR/ SAR/ DR examinations inform the Dean, Heads of departments the date of the Results Board Meeting.
- 6.4. The Dean, Head of departments, coordinators, AR/ SAR/ DR Examination shall attend the Results Board meeting to release the results subject to the approval of the senate.
- 6.5. AR/ SAR/ DR Examination shall display/upload results of examinations on the website
- 6.6. Students will get a period of two weeks to apply for verification of marks and grade
- 6.7. The prepared final results and the Pass List of the students should be sent by AR / SAR /DR Examinations for approval by the Senate of the University of Colombo.

Note: In a special circumstance where changes to the released results are needed, this request can be submitted by the coordinator by using the relevant form with the justification through Head of Department, Dean of the Faculty to the Vice Chancellor.

**[4] Effectiveness Criteria:**

Head of the Department shall maintain the following

A record of the activities and dates by which the activities have been completed ~~by~~ of examiners.

A record of moderator's comments.

A record of the re-checking requests.

Copies of the final mark sheets.

### **SOP 1.3 External Programs**

#### **[1] Purpose**

Procedures for designing and conducting courses on PG Diploma

#### **[2] Participants**

- i. Senate of the University
- ii. Dean
- iii. CQA. UOC
- iv. Faculty Board
- v. Board of Study
- vi. Coordinator- Postgraduate and Mid-Career Development Unit
- viii. Head of the Departments (Ayurveda or Unani)
- ix. Academic / Non-academic staff members of the Department
- x. AR / SAR / DR / DB

#### **[3] Procedure**

##### **Activity 1: Feasibility Study**

- 1.1. Upon receipt of a request (internal / external) the Department shall appoint a committee consisting of academic/ supporting staff to investigate the feasibility of conducting the program.
- 1.2. The committee shall report on the feasibility of the proposed program, to the Head of the Department.

##### **Activity 2: Preparation of program**

- 2.1. Head of the Department shall inform the Postgraduate and Mid-Career Development Unit (PGMCDU) about the feasibility of the proposed program to obtain views of the members.
- 2.2. Head of the Department/ Coordinator, PGMCDU Dean shall assign the task of preparing the relevant documents (Application, Curriculum, Budget, By law, Prospectus etc.) to the committee with the responsible under a PG coordinator.
- 2.3. The PG coordinator and Coordinator, PGMCDU with the committee shall finalize the documents with input from other members of the relevant department.

### Activity 3: Approval process

#### 3.1. By Law / Specific PG Diploma

3.1.1. The document of By-Law shall be placed at the Department for recommendations.

3.1.2. The Subject Coordinator shall submit the By law, through the Head of Head of Department/ Coordinator, PGMCDU/Dean, place it at the faculty Board which shall be forwarded through the Senate to the legislative committee and then to obtain the final approval from the Senate.

#### 3.2. Budget proposal / Specific PG Diploma

3.2.1. The Subject Coordinator shall submit the Budget proposal, through the Head of Department / /Coordinator, PGMCDU/Dean, place it at the Finance Committee which shall be forwarded to faculty Board for the approval.

#### 3.3. Application and the Detail Curriculum / Specific PG Diploma

3.3.1. The Subject Coordinator shall submit the Application with Detailed Curriculum, through the Head of Department / Coordinator PGMCDU, Dean, in place at faculty Board to CQA at university of Colombo which shall be forwarded for Senate approval.

#### 3.4. Prospectus /Specific PG Diploma

3.4.1 The Subject Coordinator shall submit the Prospectus through the Head of Department / Coordinator PGMCDU shall be placed at the Board of Study at the FIM which shall be forwarded to Faculty Board.

### Activity 4: Implementation and monitoring

4.1. Following the completion of the program, the coordinator shall submit the progress report (which includes feedback of the participants) through the Head of Department / Coordinator, PGMCDU/ Dean, to the faculty Board.

#### [4] Effectiveness Criteria:

Maintain relevant records, Implement recommendations / suggestions.

#### [5] References

Minutes of the Council

Minutes of the Senate

Minutes of the faculty Broad on External Program

Minutes of the Departmental Study on External Program

## **SOP 1.4 Student Feedback Evaluation**

### **[1] Purpose**

Procedures for feedback evaluation on teaching/learning/course

### **[2] Participants**

- Dean
- IQAC – Coordinators
- Heads of the Departments
- Members of the IQAC
- Academic staff members
- Management Assistant (MA)
- AR/ SAR/ DR
- Students

### **[3] Procedure**

#### ***Activity 1: Process of Preparation and Approval of Feedback Forms***

- 1.1 CQA of the UOC has approved the core questionnaires to obtain student feedback on four major areas;
  - a. Course Evaluation
  - b. Teacher Evaluation
  - c. Graduate Evaluation
  - d. Learning Environment.
- 1.2 IQAC coordinators shall prepare / update the Feedback forms by adopting the same set of questionnaires with minor modifications.
- 1.3 Recommend the feedback forms by IQAC.
- 1.4 IQAC shall forward the document to the Head of the Departments.

#### ***Activity 2: Process of Feedback Collection, Analysis and generating Reports***

- 2.1 IQAC shall select the mode of feedback either manual or online.
- 2.2 Online feedback is encouraged as it saves time and energy at all levels of implementation.

In such case, Google forms shall be prepared and the links shall be sent to relevant group of students by the MAs of respective Departments.
- 2.3. System generated analysis will be shared with the relevant parties for reflective practice.
- 2.4 A summary of the feedbacks will be submitted by the Head of the departments to IQAC biannually



2.4. Plan of Feedback Collection:

2.4.1. Course Evaluation

- a. Obtained at the end of a full course unit or a module.
- b. Link to the Google forms of each course module is sent to the students.
- c. Keep the Google form open for a period of 3 weeks.
- d. System generated report is shared with the relevant Heads of the department.
- e. Course evaluation shall be carried out by the Indigenous Medical Education unit
- f. Indigenous Medical Education unit shall submit the summary to the IQAC

2.4.2. Teacher Evaluation (See ANNEXURE - 6)

- a. Obtained twice a year
- b. Links of the Google form of Teacher Evaluation with the relevant teachers' name shall be sent to the students 1 hour prior to a planned lecture or practical class by the MAs of the department.
- c. Keep the Google form open for responses for a period of 1 week
- d. System generated report will be sent to the relevant teacher by the relevant Head of the Department
- e. Head of the Department shall submit the summary report on teacher evaluation to the IQAC

2.4.3. Graduate Evaluation

- a. At the time of collecting their detailed certificates, it is mandatory to fill the Google form or the hardcopy of Graduate evaluation
- b. Results will be analyzed and used for action plan process
- c. Indigenous Medical Education unit shall carry out the graduate evolution
- d. Indigenous Medical Education unit shall submit the summary to the IQAC

2.4.4 Evaluation of Learning environment

- a. Obtained at the end of a Professional stage.
- b. Link to the Google forms shall be sent to the students.
- c. Keep the Google form open for a period of 3 weeks.
- d. Indigenous Medical Education unit shall carry out the Evaluation of Learning environment
- e. System generated report shall be shared with Deputy Registrar copying to relevant Heads of the department.
- f. Indigenous Medical Education unit shall submit the summary to the IQAC

2.5. In the case of manual administering of the feedback forms, the Head of Department shall make copies of feedback forms to be distributed among the students.

2.6. Head shall designate a non-academic staff member to distribute, collect, packet and seal the duly completed forms in the presence of the Head of the relevant Department who shall submit s summary report to IQAC.

### **Activity 3: Monitoring and continuous improvement**

- 3.1. The Head of Department shall discuss with the relevant academic staff member of the overall feedback for possible future actions.
- 3.2. The IQAC and Head of the Department will monitor the implementation of the suggested recommendations.

#### **[4] Effectiveness Criteria:**

IQAC minutes and Summary reports of  
Feedback analysis

## **SOP 1.5 Scheduling of Meetings**

### **[1] Purpose**

The Faculty of Indigenous Medicine may convene scheduled meetings to deal with administrative and urgent issues that need to be addressed regularly with members are given timely notification with the minutes of the previous meeting and the agenda for the scheduled meeting.

Procedures for scheduling of Faculty level Committee meetings : Faculty Board, Audit and Management Committee, Action plan Committee, Strategic plan Committee, Finance Committee, Hostel Committee, Students Counselors Committee, Research & Management Committee, Administrative Heads meetings, Pre Result Board, Result Board, Curriculum Development and Evaluation Committee (CDEC), Internal Quality Assurance Cell (IQAC) Committee, Web Committee, Student Welfare & Canteen Committee, Library Committee, Grievance Committee, Ethics Review Committee.

### **[2] Participants of the respective committees**

- i. Dean
- ii. Members of the Faculty Board
- iii. Heads of the Departments
- iv. DR/ARs of the Faculty
- v. DB/SAB of the Faculty
- vi. SAL of the Faculty
- vii. Student Counselors
- viii. Academic Wardens
- ix. Chairpersons, secretaries and coordinators of the relevant committees
- x. Members of the relevant committees
- xi. Sub wardens
- xii. Works Superintendent
- xiii. Programmer Cum System Analyst
- xiv. Marshal

- xv. Student representatives
- xvi. Non-academic staff representatives

**[3] Procedure**

Create a schedule of meetings annually in advance with the approval of the Dean at a frequency specified by the ordinance/ by-laws considering the scheduled dates of statutory board/senate/ council meetings of the University of Colombo.

Make the schedule available to all relevant members of the statutory boards and committees of the faculty.

- 3.1 The calendar dates for the meetings of the faculty are determined taking into consideration of the University of Colombo calendar dates.
- 3.2 Submit to the faculty Board for information
- 3.1. Dean/DR circulates calendar of dates among the members of the faculty for their information.
- 3.2. Dean, based on the content of the requests (from students, academic, non-academic staff and external parties) Department Heads/DR/AR/Chairpersons to forward them to the appropriate committee.
- 3.3. The Secretary/ AR/ DR prepares the agenda for the relevant meeting (according to the instructions of the Chairperson).
- 3.4. The Secretary/AR/ DR shall circulate the agenda and the minutes of the previous meeting among the committee members one week prior to the meeting.
- 3.5. The Secretary/AR/ DR record the decision taken at the committee and prepare minutes of the meeting.
- 3.6. Secretary/AR/ DR communicates the decisions taken at the committee to relevant parties, within the faculty / outside the faculty: University main administration or any other party through the Dean where necessary.
- 3.7. Secretary/AR/ DR informs the relevant parties/ persons for follow up actions based on the decisions taken by the committee.
- 3.8. The minutes/decisions of the committee/ sub-committee shall be reported to the faculty Board and the Legal committee/Leave and award committee/ Management committee/Senate/Council of the University of Colombo.

**[4] Responsibility**

- 4.1. Staff members of the faculty who have been appointed as the Secretary of the committee are responsible to carry out these procedures under the instruction of the Dean of the Faculty.

- 4.2. Secretary is responsible for notifying relevant individuals/officers / members of the committees/ faculty Board and other members of committees of the updated schedule meetings of the faculty.
- 4.3. Additional meetings may be convened on an ad hoc basis on instruction of the Dean/Chairperson as appropriate and depending on the situational complexity, and frequency of required actions on any particular issue.
- 4.4. Upload the schedule of meeting on the faculty website.
- 4.5 The process ends when meetings are scheduled for the following calendar year and individuals in the organization are notified of the schedule.

**[5] Effectiveness Criteria**

Meeting minutes of all Faculty level committees and Faculty Board minutes

## **SOP 1.6 Student Requests**

### **Medical Concerns**

If a student is absent for lectures/practical sessions due to a medical reason, the following procedure shall be followed.

1. Student should complete and submit a medical leave requesting form with a medical report, to the Head of the relevant Department.
2. The Head of the Department shall forward the medical report to the Medical Officer of the faculty.
3. The Medical Officer shall approve/not approve the medical report and return the same to the Head of the Department.
4. A summary of approved medical reports shall be maintained at the Department and the approved medicals will be considered at the time of preparing eligibility list for semester examinations (only if the student has attendance of 65% or above).

Note: Such requests should be submitted within two weeks from the last date of absence.

If a student is absent for examinations due to a medical reason, the following procedure shall be followed.

1. Student shall submit a medical report to the Medical Centre with the completed medical leave application form.
2. The Medical Officer shall certify and forward the medical report to the Deputy Registrar/Examination.
3. The Deputy Registrar/Examinations shall forward the summary of medical leave requests to the faculty board for recommendation and senate for approval.

Note: The medical report should be submitted to the University Medical Officer within two weeks from the issued date of the medical report.

#### Overseas Leave

If a student is leaving the country to attend any international programme/sports tournament representing the faculty /University/Country, the following procedure shall be followed.

1. The student shall submit a written request to the Head of the Department
2. The Head of the Department shall forward the request to the faculty board for approval.
3. The decision of the faculty board will be informed to the student by the relevant Department.
4. Approved leave will be considered at the time of preparing eligibility list for semester examinations.

#### Other Leave Matters

If a student requires leave for personal matters, the following procedure shall be followed.

5. The student shall submit a written request to the Head of the Department.
6. The Head of the Department shall forward the request to the faculty board for recommendation/approval.
7. The recommendation of the faculty board will be forwarded to the senate for approval, if necessary.

Note: The request should be submitted within two weeks of the incident.

#### Grievances

If a student is alleging that a decision or action of the faculty affects him/ her and is either unfair, unjust, or in violation of established policies, procedures, or statutes of the faculty, the following procedure shall be followed.

1. The student may submit a written and signed request to the Chairman of the Grievances committee.
2. The Grievances Committee will investigate the matter and make recommendations / decisions.
3. The recommendations / decisions made by the committee will be forwarded to the Dean, FIM.
4. The final decision will be taken by the Dean, FIM.

#### **Deferment**

If a student wishes to request for deferment the following procedure shall be followed.

1. The student shall submit a written request to the Head of the Department with supporting documents to substantiate the reasons.
2. The Head of the Department shall forward the request to the faculty board for recommendation.
3. Request recommended by the faculty board shall be forwarded to the Senate for approval.
4. Senate approval on the request shall be forwarded to the Academic and Student Affairs Division for further actions.

Note: The requests should be submitted prior to the examination or commencement of the relevant academic year.

#### **Organizing of Activities**

If a student/ group of students/ student body wishes to organize an event within or outside the faculty, the following procedure shall be followed.

1. A written request should be submitted to the Dean through the relevant Student Counsellor and the Head of the Department.
2. The request shall be approved/not approved by the Dean and the same will be informed to the students through the relevant Student Counsellor.

Note: Special permission of the Council of the University of Colombo must be obtained for the use of the University Logo or for selling items/collection. This should be stated in the request letter, which should be submitted to the Vice Chancellor, through the Dean at least two months prior to the event.



## **SOP 1.7 Gender Equity and Equality**

### **[1] Purpose**

The Center for Gender Equality and Equity (CGE) at the University of Colombo is dedicated to promote harmony, cooperation, and mutual respect between men and women in the university; academic and non-academic staff and the students. Established under the directives of the University Grants Commission (UGC) and the preview of the UGC Standing Committee on Gender Equality / Equity in Higher Education, the University of Colombo CGE engages in ensuring that a conducive, gender-just working and learning environment exist for all members of the University.

### **[2] Committee Composition and meetings**

These activities will be carried out through a Steering committee consisting of Director and members representing all the faculties, campuses and institutes of the University of Colombo.

#### **A. Reporting**

Director of the center

### **[3] Objectives of the Center**

- i. To assist the Standing Committee on Gender Equity/Equality in the facilitation of the establishment/ development of appropriate structures/systems on Gender Equity / Equality in Universities and HEIs
- ii. To house and implement a mechanism of redress for sexual and gender-based violence in universities located at the University Grants Commission
- iii. To assist the Standing Committee on Gender Equity / Equality in strengthening grievance redress procedures related to sexual and gender-based violence in Sri Lankan Universities
- iv. To assist the Standing Committee on Gender Equity / Equality on monitoring and supporting Universities and HEIs in implementing of UGC policy on Gender Equity and Equality
- v. To facilitate expertise on Gender Equity / Equality to develop university curricula and research, and contribute other gender-related inputs to the University Community.
- vi. To conduct training for university staff, students and communities on Gender Equity / Equality

- vii. To assist the Standing Committee on Gender Equity / Equality to develop UGC policy on Gender Equity and Equality in Sri Lankan Universities and HEIs
- viii. To facilitate the review of UGC policies and programs from a perspective of Gender Equity / Equality.

#### [4] Procedure

The Center for Gender Equity/ Equality (CGEE) online Complaints Mechanism is a new initiative of the University Grants Commission that has been set up as a means for any member of the university community to lodge a complaint regarding incidents of Gender Equity/ Equality. All complaints that are lodged will be investigated and victims of such incidents will be offered support and redress.

##### 1. Who can report the complaints?

All members of the university community: students, academics, non-academics and administration staff

##### 2. The mode of reporting complaints

Ragging complaint portal

Sexual and gender-based violence (SGBV) complaint portal

##### 3. Type of grievances can be lodged online

###### **3.1 Ragging Complaints Mechanism**

All forms of ragging

Sexual harassment

Threats and Intimidation

Bullying

Harassment

###### **3.1. Sexual and Gender Based Violence (SGBV) Complaints Mechanism**

Inflicting physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life based on one's gender and/or sexuality. It includes sexual harassment, domestic violence (DM) and anti-mate partner violence amongst other practices.

All complaints once lodged will be investigated and cannot be withdrawn. However, if complaints are found to be false or malicious, those who made such complaints will be subjected to disciplinary procedures.

4. *The work of the online complaint mechanism*

- 4.1. Once the complaint is lodged, the Director at the Centre for Gender Equity/Equality of the UGC will forward the complaint to the respective Vice-Chancellor/ Director of the Institute/ Rector of the Campus. Universities are expected to investigate all complaints of SGBV and to take necessary action.
- 4.2. The authorities will immediately initiate an investigation regarding the complaint.
- 4.3. A response will be provided to the person who made the complaint within a specified time period.

**[5] Responsible person for responding to the complaint**

Depending on the nature of the complaint, this might vary, but in general the following will be responsible for ensuring that the complaints are investigated:

Vice-Chancellor

Senior Student Counselors

Dean

Heads of Department

Staff of the Gender Equity Centre

**[6] National policies**

- a) Prohibition of Ragging and other forms of Violence in Education Institutions Act No 20 of 1998
- b) Penal Code Amendment Act No. 22-of-1995
- c) Victim Witness Protection Act
- d) University of Colombo Policy on Sexual harassment
- e) Prohibition of Ragging -UGC Circular 919
- f) Common guidelines on Student Discipline – UGC Circular 946
- g) Complaints on Ragging & SGBV made by Students & Staff Members to the Universities – UGC Circular 04/ 2020
- h) Women’s Charter Sri Lanka
- i) Preventing Sexual and Gender-Based Violence UGC, FUTA & CARE International
- j) Prevention of Domestic Violence Act, No. 34 of 2005

## **SOP 1.8 Human Resource Development**

### **[1] Purpose:**

Human Resource Development is the framework for helping academic and nonacademic staff members to develop their skills, knowledge, and abilities, which assist to improve the institutional academic and administrative background and the effectiveness of the Institute.

### **[2] Benefits of the Human Resource Training and Development**

Human resource training and development may include many benefits for employees as well as institution, such as;

Employees can acquire new knowledge and skills through training and development relevant to their field, and it supports to enhance the self - confidence in carrying out the task and duties of the job. The employees' adaptability for rapid changes in the dynamic environment and employees can acquire their promotions through human resources development. Finally, training and development programs support enhancing the employees' job satisfaction and motivation and ready to give a full contribution to achieving the institutional goals.

On the institution side, the training and development programmes support enhancing the morale of the employee and employees' engagement of the job tasks and duties more accurately. The quality of the work outcome also can be increased and the institution can achieve its goals as planned.

### **[3] Procedure**

#### **Activity 1: Identification of study/ training requirements**

- 1.1 According to the scheme of recruitment of each post, an employee who requires to obtain postgraduate or any professional qualifications for his/her next level of promotion is eligible to apply for such study/ training programme.

#### **Activity 2: Eligibility**

- 2.1 An employee who is appointed to a permanent post and who has completed at least one-year continuous service from the date of appointment is eligible for such study/ training programme. The employee who has been selected for such study / training programme is eligible to get study leave with full pay and course fee subject to the available guidelines.

Activity 3: Relevancy of study/ training programme

- 3.1 The study/ training programme should be directly relevant to employee's duties or a requirement for promotion or confirmation of the post. In addition, further study/training programmes are permitted for the enhancement of soft skills expected for the performance of the duties.

Activity 4: Recommendation

- 4.1 The application for study/ training programme should be forwarded through the Head of the Department to the Dean/ FIM and on approval of the Dean such request would be submitted to the Faculty Board and Leave and Award Committee for approval where appropriate.

Activity 5: Consideration Guidelines for the recommendations

- 5.1 Recommendation for the training is given depending on the availability of funds.
- 5.2 Recommendation should be given only for one study/ training programme at a time.
- 5.3 Employee is eligible to receive study leave and course fees for another programme after successful completion of the programme for which payment has already been made.
- 5.4 Due to approval of the study/ training leave of the employee, the smooth function of the institution should not be disrupted.
- 5.5 Generally, 1/3<sup>rd</sup> of staff in the relevant staff category should exist in the Department.

Activity 6: Agreement and Bond

- 6.1 According to the value of the study/ training programme, the employee requires to enter into an agreement and bond.
- 6.2 If an employee abandons the study/ training programme, the concerned employee should pay back the bond values as specified in the agreement.

Activity 7: Progress Report

- 7.1 Progress report relating to the study programme should be forwarded at reasonable intervals/ depending on the duration of the course.

Activity 8 : Completion of the study/ training programme

- 8.1 The employee is required to submit the certificate and a report of the study/ training programme after successful completion of the programme

[4] Reference

- University Establishment Code
- UGC Commission Circulars
- UGC Establishment Circular letters
- UGC Finance Circular letters

- University of Colombo Guidelines
- Additional guidelines approved by the Faculty Board and the University council

**[5] Effectiveness Criteria:**

Minutes of the Faculty Board

Minutes of the Leave and Award Committee

Minutes of the Finance Committee.

Submission of certificates after training

## **SOP 1.9 International/National Conferences Policy**

### **[1] Purpose**

The primary purpose of Workshops/ Seminars / Webinars / International Conferences on Ayurveda, Unani, Siddha and Traditional Medicine (*iCAUST*) is to provide dissemination of knowledge, upgrade skills, learning experience and professional development at national and international levels. In order to streamline the set of procedures required to conduct the said events, it is necessary to devise a Standard Operating Procedures (SOP). It guides the performer to do the assigned tasks in a better way to achieve quality through reflective practice.

### **[2] Participants**

- i. Senate
- ii. Vice Chancellor /UoC
- iii. Dean / FIM
- iv. Finance Committee, UoC
- v. Faculty Board
- vi. Head of the Departments
- vii. Academic / Non-academic staff members / Students
- viii. External stakeholders

### **[3] Procedure**

#### **3.1 Pre-Event Activities**

##### **3.1.1 In Principle Approval**

The Chief Organizer should seek in principle approval and make awareness to conduct the events from authorized personnel (Faculty Board, Vice Chancellor and Senate University of Colombo).

The events should have a significant scientific value for the proposed conference / workshop / seminar / webinar with justification, policy requirements, and when and where necessary. It is proposed to conduct *iCAUST* every year.

### 3.1.2 Team Formation

A team comprising the organizing participants and the Department Heads, coordinators, the secretaries and joint secretaries, Deputy Bursar chaired by the Dean of the faculty.

The aforesaid committee shall appoint the following subcommittees, such as:

- Steering Committee – would be responsible for Budget, Event approval, Strategic Planning, Overall Monitoring, Wrap-Up, Feedback, Documentation
- Venue Management Committee - Logistics, Transportation, Parking, VIP Guest arrangement, and catering management.
- Guest management Committee - Invitations, RSVPs, Greeters, Registration, Seating arrangements, etc.
- Abstract and Editorial Committee - selecting, confirming, logistics, management, prepare abstract book, etc.
- Activities/entertainment Committee – scientific session arrangements, entertainment programs etc.
- Publicity/promotion Committee - Web presence, events calendars, printed programs, media relations, social media, Sponsor/partner management etc.
- IT committee
- Any other ad hoc committee/s according to the need

### 3.1.3 Determining the Theme of the Event

The power is vested to the organizing committee to decide the attractive, memorable and easy to communicate theme based on the current scenario in considering the time and need.

### 3.1.4 Budget Establishment

- i. A compressive budget, listing all expenses for all functional areas of event, and determining which expenses will be assumed by the host, potential sponsors, and/or by the attendees (fee) needs to be worked out.
- ii. The budget should be approved by the Finance committee.

### 3.1.5 Determining the Venue/Location for inauguration, scientific sessions etc.

A suitable location should be decided in considering space, the potential facilities and cost, easy access and targeting the audience to conduct the event successfully.



### 3.1.6 Setting up an Event Date

The event should be organized based on the academic calendar of the faculty and university, on par with a national event, availability of key participants.

### 3.1.7 Decide registration fee and important dates

Registration fees for national and international delegates, delegates from SAARC countries, students, early bird registration fee etc. should be decided. Further, deadline for abstract and extended abstract submission, date for acceptance, last date for early bird registration etc. are the important dates should be decided at the beginning.

### 3.1.8 Advertising and Promotion

Adequate publicity and promotional items need to be designed and printed wherever applicable.

### 3.1.9 Identify and Establish Partnerships and Sponsors

3.1.9.1 It is proposed to seek co-operate sponsors and partners to fund the event.

3.1.9.2 Video clips and product promotion of the sponsors should not be played during scientific sessions but logos and banners can be displayed throughout the workshop/seminar/conference.

### 3.1.10 Deciding of Menu for Meals and Refreshments

The Venue Management Committee has to decide meals and refreshments appropriate the theme of the event.

### 3.1.11 Create a Communications Plan

The Publicity/promotion Committee is responsible to create a strong communication strategy to promote the event.

### 3.1.12 Abstract Reviewing Process

3.1.12.1 The Abstract and Editorial Committee shall receive the abstract and start the reviewing at the very first day.

3.1.12.2 There should be a common format for reviewer's report, oral and poster guidelines.

3.1.12.3 Each abstract should be sent to two reviewers. If one of the reviewers rejected the abstract, the abstract should be sent to third reviewer.

3.1.12.4 One abstract should be considered from one principal author and maximum four abstracts for co-authors. Abstract book should be ready with ISBN number before the conference day.

### **3.2 Activities during the Event:**

The Activities / entertainment Committee, Venue management committee, Guest management committee are responsible for the overall activities during the event.

**Note:** The Steering Committee is responsible for overall activities and supervision of the event.

### **3.3 Post-Event Activities:**

The Publicity/promotion Committee and Guest management committee are responsible for postevent activities such as sending acknowledgement and creating materials for the media.

#### **3.3.1 Comprehensive Report include final account balance**

A Comprehensive report to be prepared by the secretaries and the report should be submitted to the Faculty board and then create a source at the library.

#### **[5] Effectiveness Criteria:**

Conference report

Minutes of main committees and sub committees Feed back

Maintain relevant records, Implement recommendations / suggestions

## **SOP 1.10 Blended Learning Courses and Workshops**

### **[1] Purpose**

To develop blended learning courses and to conduct workshops for offline, online or hybrid mode of teaching, learning and assessment at the Faculty of Indigenous Medicine.

### **[2] Participants**

- i. Dean
- ii. Head of the Department (Ayurveda/Unani)
- iii. Subject Expert Team
- iv. Blended Learning Coordinator
- v. LMS Coordinator
- vi. E learning coordinators at Units
- vii. LMS Administrator
- viii. Assistant Network Manager
- ix. Programmer
- x. Management Assistant
- xi. SAR/DR/DB/SAL

### **[3] Procedure**

#### **1. To conduct Blended Learning Workshops (Trainers Training)**

Activity 1: Proposal writing and getting approval from the sectional committees

Activity 2: Budgetary Allocating from finance division

Activity 3: Invite Resource person/s

Activity 4: Invite Academic Staff

Activity 5: Conduct the workshop/s

**2. To develop Blended Learning Courses (Online/Offline/ Hybrid Mode)**

Activity 1: Define the Outcomes of the Course / Course unit

Activity 2: Create an Outline for the Blended Learning Course / Course unit

Activity 3: Design the mode of Interactivity

Activity 4: Integrate Group Collaboration Activities

Activity 5: Facilitate Communication

Group discussions, role play, debate, speaking practice, Presentations, Repeated practice with concepts and skills using tools that allow students to work at their own pace, including with interactive manipulatives, games, and simulations

Activity 6: Compile a List of Resources to Support Learning

Flipped Learning, Videos Handouts, audio lectures, Digital flash cards, Interactive images

Activity 7: Create an Assessment Plan

**[4] Effectiveness Criteria:**

Maintain relevant records

Implement recommendations

Invite suggestions and feedback from participants/target group

Introduction of reflective practice

**[5] Documentary reference**

Department minutes

Sources:

Blended Learning for Quality Higher Education: Selected Case Studies on Implementation from Asia- Pacific, United Nations Educational, Scientific and Cultural Organization, Paris, France and UNESCO Bangkok Office, 2017.

<https://courses.lumenlearning.com/virtuallearningdesigndelivery/chapter/5-blended-learning-design/>

## **SOP 1.11 ERCFIM (Refer to ERCFIM rules and regulation)**

### **[1] Purpose**

To facilitate ethical, scientific research by effective an efficient review and monitoring process adhering national and international standard in the stream of Ayurveda, Unani, Siddha, Traditional and Integrated systems of medicine.

### **[2] Participants**

- i. Chairperson (an academic from the ERCFIM with the knowledge of biomedical ethics)
- ii. Secretary (an academic from the ERCFIM with the knowledge of biomedical ethics)
- iii. Three experts from Ayurveda system of medicine with the knowledge of biomedical ethics from the FIM. Among three experts, one expert from *Dravyaguna Vignana* (Ayurveda Pharmacology) with the knowledge of biomedical ethics.
- iv. Two experts from Unani system of medicine with the knowledge of biomedical ethics from the FIM. Among two experts one expert from *Ilmul Advia* (Unani Pharmacology) with the knowledge of biomedical ethics.
- v. One expert from the Siddha system of medicine with the knowledge of biomedical ethics
- vi. One expert from the modern system of medicine with the knowledge of biomedical ethics
- vii. One legal expert
- viii. Two scientific experts with knowledge of basic Sciences and Statistics ix. One expert with Sociology background
- x. One lay member

### **[3] Procedure**

#### **Activity 1: Procedure of ERCFIM**

The ERCFIM shall perform its functions according to written SOPs.

#### **Activity 2: Submissions, notifications and approvals**

- a. All applications for ethical approval must be submitted to the ERCFIM, on or before next ERCFIM proceedings, in writing in the format approved from time to time by the ERCFIM.
- b. A fee shall be charged for applications and amendments submitted for assessment by the ERCFIM. The applicable fees shall be determined from time to time and announced in advance by the ERCFIM
- c. The ERCFIM shall consider every correctly completed application which it receives at its next available meeting following receipt, provided that the application is received on time.
- d. The Secretary shall circulate the completed application and associated documents received with a meeting agenda to all members of the ERCFIM at least five (5) days prior to the next meeting.
- e. Following its review, the ERCFIM shall promptly notify the applicant in writing, advising whether the application has received ethical approval and any conditions of that approval. If the ERCFIM has granted approval, it shall inform the applicant in writing that the research may commence.

f. In need arises, the ERCFIM may take into account the opinions or decisions of another ethics review committee in relation to a research protocol.

g. The ERCFIM shall request the principal investigator to submit progress reports and project completion reports in every 6 months.

**Activity 3: Conducting meeting**

a. Meetings of committee shall normally be held at approximately monthly intervals or more frequently as necessary.

b. Meeting dates and agenda closing dates shall be published appropriately.

c. Committee member involved in an issue under consideration shall absent him/herself from the meeting during the discussion.

d. The Committee shall reach decisions by consensus after all members have been given the opportunity to express their views.

e. In the event that a consensus cannot be reached, a decision may be taken by voting (show of hands).

f. A two-thirds majority shall normally be required for a decision to be made.

g. Dissenting views shall be recorded in the minutes.

**Activity 4: Keeping records**

a. The secretary and/or a designated official of the ERCFIM shall prepare and maintain written records of the ERCFIM activities, including agendas and minutes of all meetings of the ERCFIM.

b. The secretary and/or a designated official of the ERCFIM shall prepare and maintain a file for each application received including a copy of the application, and any relevant correspondence including that between the applicant and the ERCFIM.

c. Files shall be kept securely and confidentially.

d. Records shall be held for sufficient time to allow for future reference.

e. The minimum period for retention is at least five years from the date of completion of a project but for specific types of research, such as clinical trials, 15 years shall apply.

**Activity 5: Review /Amendments**

The ERCFIM shall review the Terms of Reference and Standard Operating Procedures at least every two years and amended as necessary.

**[4] Effectiveness Criteria**

Minutes of the ERCFIM Minutes of Faculty Board Minutes of Senate meeting

a. receipt, provided that the application is received on time.

b. The Secretary shall circulate the completed application and associated documents received with a meeting agenda to all members of the ERCFIM at least five (5) days prior to the next meeting.

c. Following its review, the ERCFIM shall promptly notify the applicant in writing, advising whether the application has received ethical approval and any conditions of that approval.

If the ERCFIM has granted approval, it shall inform the applicant in writing that the research may commence.

- d. In need arise, the ERCFIM may take into account the opinions or decisions of another ethics review committee in relation to a research protocol.
- e. The ERCFIM shall request the principal investigator to submit progress reports and project completion reports in every 6 months.

## *Terms of References*



## **TOR 2.1 Title: Internal Quality Assurance Cell**

### **[1] Purpose**

Faculty of Indigenous Medicine established the Internal Quality Assurance Cell (IQAC) in par with the guidelines given in the manual published by the Quality Assurance Council (QAC) of the UGC for public universities. The goal of the QA Cell shall be to create a culture that continually improving the quality of all academic and other activities in the Faculty of Indigenous Medicine, under the directive of Centre for Quality Assurance of University of Colombo.

### **[2] Committee Composition**

Dean of the Faculty (Chairperson), Heads of Departments, Heads of the Units, Coordinators / IQAC, Coordinator/ Postgraduate and Mid-Career Development Unit, Coordinator/ Career Guidance Unit, Domain Coordinators, DR/SAR FIM, Deputy Bursar, Senior Assistant Librarian, student representative Ayurveda and Unani, and Management Assistant appointed to the QA Cell (on invitation)

Note:

Any academic staff member shall be invited for IQAC meeting for the specific purpose.

Coordinators shall be appointed by the Faculty Board

### **[3] Meetings**

#### **3.1. Meeting Schedule**

The Committee shall meet once a month on a scheduled date.

#### **3.2. Quorum**

Quorum shall be 50 % of the membership

#### **3.3. Convener DR of the Faculty**

#### **3.4. Meeting Minutes**

DR/ IQAC Coordinators / MA of IQAC

#### **3.5. Reporting**

Coordinators to the Faculty Board and Centre for Quality Assurance, UOC

#### **3.6. Terms of Office**

Terms of office for appointed members of this committee will be three years.

#### **4. Duties and Responsibilities of the QA committee**

- 4.1. To promote quality enhancement activities within the faculty liaising with Curriculum Development and Evaluation Committee (CDEC) and other committees of the Faculty and Departments
- 4.2. To liaise with the CQA of the University of Colombo in facilitating the conduct of Institutional Review and Programme Review in the faculty
- 4.3. To prepare documents necessary for Institutional and Programme Reviews
- 4.4. To facilitate implementation of follow-up actions recommended in Institution/ programme review reports and monitor progress in their implementation
- 4.5. To liaise with IQAC in other Faculties/ Institutes/ Campus within the University of Colombo, to share good practices and enhance the quality of Higher Education in Sri Lanka
- 4.6. To collate and analyze Institutional QA data and make necessary inputs to the strategic and action plans of the faculty.
- 4.7. Co-ordinate all QA related activities within the University/Institution
- 4.8. To devise and suggest additional QA measures or changes to the existing measures, based on the data collected on various QA indicators in align with the CQA guidelines.
- 4.9. Prepare the Institutional Self-evaluation report
- 4.10. Monitor and guide faculty and departmental level QA activities

#### **5. Responsibilities of the Chairperson of the Institute QA Cell**

- 5.1. Represent the Faculty in all QA related activities
- 5.2. Provide guidance to the IQAC and domain coordinators
- 5.3. Liaise with professional quality assurance and accreditation bodies on matters pertaining to QA and accreditation, if required

#### **6. Duties and Responsibilities of the coordinator of the faculty QA Cell**

- 6.1. Liaise with the Dean, Centre for Quality Assurance of the University to coordinate University level Quality Assurance (QA) activities
- 6.2. Represent the Faculty in all QA related activities
- 6.3. Organize Faculty level QA meetings
- 6.5. Provide guidance to the domain coordinators and prepare the Internal QA report with the support of the QA cell members.
- 6.6. Liaise with professional quality assurance and accreditation bodies on matters pertaining to QA and accreditation, if required
- 6.7. Monitor the collation and analysis of Faculty level internal QA data such as peer review forms and student feedback forms
- 6.8. Work with other related committees and units within the faculty on matters related to QA

- 6.9. Answer and address issues related to QA raised by the faculty members in general and by the QA domain coordinators in particular
- 6.10. Report the activities of the IQAC to the Faculty Board and CQA regularly
- 6.11. Assist Director/CQA, and the Vice Chancellor during IR/ PR activities
- 6.12. Assign work to the Management Assistant appointed to the QA Cell and monitor his/ her work progress

## **7. Duties and Responsibilities of the Criterion Coordinator/s**

- 7.1. Calling the meetings for members assigned to their criterion and setting the agenda.
- 7.2. Liaise with the IQAC Coordinators of the Faculty to coordinate Faculty level Quality Assurance activities.
- 7.3. Evaluate the current status of Criterion oriented activities of the faculty and prepare a set of plans refereeing to the strategic plan of FIM and University of Colombo related to quality assurance.
- 7.4. To facilitate implementation of follow-up actions recommended in Institution/ Programme Review reports and monitor progress in their implementation.
- 7.5. Present the progress of QA activities related to the assigned criterion during IQAC meetings of the faculty and whenever requested.
- 7.6. Prepare documents necessary for Institutional and Programme Reviews with necessary evidences.
- 7.7. Ensuring that all documents requested by the IQAC will be sent on or before the stated deadline.
- 7.8. To liaise with the IQAC in facilitating the conduct of external reviews in the FIM.
- 7.9 Take part in Institutional/Programme Review Process as per the guidelines stated in the Institutional/Programme Review Manual of UGC in order to uplift the quality and standards of faculty and University in the relevant Criterion.

## **TOR 2.2 Heads Committee**

### **[1] Purpose:**

Heads Committee is a standing committee of the faculty Board FIM, responsible for matters pertaining to academic, administrative, financial, student and staff related issues.

### **[2] Committee Composition**

- i. Dean
- ii. Heads of the Departments
- iii. DR – Examination
- iv. DB – Accounts
- v. SAL/ AL – Library
- vi. AR/SAR – Welfare
- vii. Any invitees when and where necessary

### **[3] Meeting**

#### *3.1 Meeting Schedule*

The Committee shall meet once a month on a scheduled date (Generally 3rd Wednesday of the month) and shall have special meetings to discuss specific issues.

#### *3.2 Convener*

DR/SAR

#### *3.3. Quorum*

Quorum shall be 50 % of the membership

#### *3.4 Meeting Minutes*

Recorded and maintained by DR / SAR

#### *3.5 Reporting*

To the Dean/ FIM

**[4] Duties and Responsibilities of the Heads committee**

- 4.1. Make recommendations with regards to matters pertaining to the academic calendar, lecture/ examination time tables
- 4.2. Discuss and make suggestions relating to strategic/ action plans of the university/ faculty
- 4.3. Assess the progress of the implementation of the action plan of the previous year/s and take necessary actions to implement future activities
- 4.4. Discuss, review, and make suggestions regarding administrative matters.
- 4.5. Discuss, review, and make suggestions regarding library related matters.
- 4.6. Discuss, review and make recommendations of the items to be procured by the supplies division
- 4.7. Prepare a revised annual F action plan aligned with university strategic plan
- 4.8. Making decisions on allocations of the received funds among the departments
- 4.9. Make recommendations based on directives of the Quality Assurance Cell
- 4.10. Discuss/ review the progress of new building construction in the faculty
- 4.11. Discuss/ review activities in relation to rehabilitation work in the faculty
- 4.12. Discuss the activities of the establishment and student welfare activities of the faculty
- 4.13. Discuss and review the exam related matters.
- 4.14. Review the security related matters in the faculty
- 4.15. Any other matters related to departments/ faculty which does not come under above mentioned area

## **TOR 2.3 Research Management Committee**

### **[1] Purpose**

The first Research Committee of the Institute of Indigenous Medicine was established on 19th August 2023. after the Institute of Indigenous Medicine converted a faculty, Research Committee is a standing committee of the Faculty Board, of the Faculty of Indigenous Medicine, University of Colombo. Previously, the Institute of Indigenous Medicine had the Research Management Committee to facilitate and regulate the research activities of the academics of the Institute of Indigenous Medicine. After being converted to the faculty, the mandate of the Research Committee is responsible for matters pertaining to research in the newly established Faculty.

### **[2] Committee composition**

- I. Dean (Chairperson of the Committee)
- II. All Heads of the Departments, Head/ Unit of Research and Development of Natural Products
- III. All Professors and Associate Professors of the Faculty
- IV. Chair/ Ethics Review Committee
- V. Chair/ Undergraduate Research Sub-Committee
- VI. Coordinator of Postgraduate and Mid-career Development Unit
- VII. Legal Advisor
- VIII. Senior Assistant Librarian
- IX. Senior Assistant Bursar (on invitation)
- X. Management Assistant (on invitation)
- XI. Deputy Registrar – Convener

Note: A secretary is appointed among the committee members.

### **[3] Meetings**

#### **3.1 Meeting Schedule**

The Committee shall meet at least 10 times per year and whenever necessary

#### **3.2 Quorum**

The quorum shall be 1/3<sup>rd</sup> of membership

#### **3.3 Convener**

Deputy Registrar

#### **3.4 Meeting Minutes Secretary**

#### **3.5 Reporting**

Chairperson to the Faculty Board and to the respective academics

#### **3.6 Terms of Office**

Terms of office for appointed members of this committee shall be three years.

**[4] Duties and Responsibilities of the Research Committee**

- 4.1. Evaluate applications for research awards/grants and make recommendations to the University/Senate
- 4.2. Awards FIM Research Grants to the FIM academics to motivate and enhance their research activities.
- 4.3. Call applications from FIM Academics for awarding FIM Research Grants.
- 4.4. Informs the applicant about the approval or disapproval of his/her research proposal.
- 4.5. Releases the financial allocation step by step according to the progress of the research.
- 4.6. Monitors the progress of the research works once started and asks for progress reports every 06 months/periodically from each applicant.
- 4.7. Evaluate applications for staff research allowances in accordance with circular no. 05/2014(i) date 28.05.2014. and make recommendations.
- 4.8. Appointing a subcommittee for undergraduate research project (UGRP) make recommendation of the guidelines of the UGRP, and monitor the progress of the UG research work.
- 4.9. Monitors the progress of the research works of Postgraduate scholars
- 4.10. Prepare criteria for Dean's award and Faculty awards, call applications, evaluate applications for awards and make recommendations to the University/Senate

## **TOR 2.4 Department Committee**

### **[1] Purpose**

Department committee is a standing committee of the faculty of Indigenous Medicine, responsible for making recommendations for matters pertaining to academic, administrative, student and staff related matters in the department, to the faculty Board before submitting to the Senate of the University of Colombo.

### **[2] Committee composition**

- i. Head of the Department
- ii. Academic staff members of the Department

Note: One academic staff member will be appointed as the secretary

### **[3] Meeting**

#### *3.1 Meeting Schedule*

The Committee shall meet once a month on prior to the faculty board meeting. Not less than 10 meetings in each year.

#### *3.2 Quorum*

Quorum shall be 50 % of the membership

#### *3.3 Chairman*

Head of the Department

#### *3.4 Convener*

Secretary

#### *3.5 Meeting Minutes*

Secretary



### *3.6 Reporting*

Head of the Department to the faculty Board

#### **[4] Duties and Responsibilities of the Department Committee**

- 4.1 Present recommendations and report to faculty Board on all matters connected with the course of study, teaching programmes and examinations.
- 4.2 Recommend to faculty Board, requirement for the admission of students to course of study and examinations.
- 4.3 Draft regulations relating to course of study and examinations and submit such draft to faculty Board.
- 4.4 Recommend the list of competent visiting academic staff to faculty Board
- 4.5 Prepare lecture/practical schedules in accordance with department timetable and by-laws
- 4.6 Appoint and recommend Supervisor for Students' Research Projects.
- 4.7 Appoint evaluation panel for the students' Research Project Report presentations and Research Project reports in accordance with department timetable and by-laws
- 4.8 Assign academics for carrying out coursework/practical/ Students' research Project/ research Project Report presentations
- 4.9 Prepare the list of first and second examiners for faculty Board approval
- 4.10 Make recommendations to the faculty Board in matters pertaining to academic calendar, lecture time tables, any other student matters
- 4.11 Recommend changes/inclusions/omissions of course content through CDEC for faculty Board approval
- 4.12 Nominate coordinators and prepare the required TORs for coordinators in order to carry out the assigned tasks within the department.
- 4.13 Prepare the department action plan to align with FIM and university strategic plan
- 4.14 Recommend actions regarding requests from stakeholders (students, staff and other external parties) to the faculty Board
- 4.15 Monitor, review and implement the external courses offered by the department
- 4.16 Obtain stakeholder feedback and implement periodic review of curriculum
- 4.17 Monitor and evaluate the progress of the UG academic/practical/clinical programs as per the Curriculum.
- 4.18 Recommend the students' MC for the approval of faculty Board
- 4.19 Recommend the attendance of students to apply for the respective examinations
- 4.20 Organize Orientation Programme for new entrance
- 4.21 Liaise with FIM IQA Cell, other departments, Centers and Units within the FIM to share good practices for quality enhancement

- 4.22 Commence of certificate courses and PG Courses
- 4.23 Initiate and implement MOUs with local and international organizations to exchange field related expertise
- 4.24 Nominate members for CDEC
- 4.25 Nominate members for the ad hoc committees
- 4.26 Organize and conducting CPD programmes for the academics.
- 4.27 Nominate specialist consultants to teaching hospital.
- 4.28 Consider and report on any matter referred to it by the faculty Board
- 4.29 Any other matter related to department which does not come under above mentioned areas

## **TOR2.5 Career Guidance Committee**

### **[1] Purpose**

The purpose of the committee is to regulate and strengthen Career Guidance activities under the directive of Career Guidance Unit of University of Colombo.

### **[2] Committee Composition and meetings**

#### **Membership**

- i. Dean / FIM- advisor
- ii. Coordinator
- iii. Secretary
- iv. One CGU coordinator / member from each Department of FIM
- v. Student Counsellor
- vi. CGU Coordinator/ Member from other Units and Committees of the Faculty – IT, Sport, Art and Ayurveda promulgate committee
- vii. Two student's representatives (Sports and Arts)

### **[3] Meeting**

#### ***3.1 Meeting Schedule***

The Committee shall meet once a month (generally the next day to Faculty board of each month)

#### ***3.2 Quorum***

Quorum shall be 50% of the membership

#### ***3.3 Convener***

Secretary

#### ***3.4 Meeting Minutes***

Secretary

#### ***3.4 Reporting***

To Faculty Board

**[4] Responsibilities of the committee**

- 4.1. Recommend new career guidance courses / programmes
- 4.2. Recommend revisions to career guidance programme / career guidance course
- 4.3. Evaluating/monitoring of the career guidance programme
- 4.4. Recommend necessary changes in accordance with requests from internal and external Stakeholders

**[5] Terms of Reference of coordinator of Career Guidance Committee (CGU)**

- 5.1 Overseeing the Career Guidance Programmes of the Faculty and Career Guidance Unit to ensure smooth functioning of both
- 5.2 Chairing CGC meetings
- 5.3 Introducing the structure and composition of career guidance programme to the new entrants at the orientation programme
- 5.4 Identifying and reporting on matters concerning career guidance programmes at the Faculty board
- 5.5 Dealing with any issues/queries raised by stakeholders (students / supervisors / coordinators/ examiners) of the career guidance programmes
- 5.6 Participating in the Quality Assurance Committee meetings
- 5.7 Ensuring that all courses offered comply with the UGC guidelines
- 5.8 Attending to revisions and other recommendations for course improvement through CDEC
- 5.9 Conduct events to fulfill/cover the mandatory functions of the CGU

## **TOR2.6 Curriculum Development and Evaluation Committee (CDEC)**

### **[1] Purpose**

The main responsible for Curriculum Development and Evaluation Committee (CDEC) is implementing, monitoring and evaluation of all program/ curriculum / Course development.

### **[2] Committee Composition and meetings**

- i. Dean
- ii. Chairperson
- iii. Secretary
- iv. Heads of the Departments
- v. Two academic advisors from each Department
- vi. Head of Indigenous Medical Education Unit
- vii. IQAC Coordinator
- viii. Any other member of the faculty can be invited at the request of the CDEC

### **[3] Meeting**

#### *3.1 Meeting schedule*

The Committee shall meet once a month.

#### *3.2 Quorum*

Quorum shall be 50% of the membership

#### *3.3 Convener*

Secretary of the CDEC

#### *3.4 Agendas and Minutes*

Secretary

#### *3.5 Reporting*

To the faculty board by the chairperson

#### *3.6 Attendance Policy*

If a CDEC member is absent for three or more consecutive meetings, their seat will be declared vacant and a suitable academic staff member from the departments fill the vacancy.

#### *3.7 Degree program covered*

All undergraduate Degree Programs conducted internally.

#### *3.8 Scheduled review*

Curriculum will be reviewed every five (5) years by the subcommittee. All revisions must be approved by the faculty board

#### **[4] Responsibilities**

The committee is responsible to,

- Recommend necessary changes in curricula in accordance with internal and external stakeholder's feedback.
- Review/ revise undergraduate By-Laws and guidelines
- Regular evaluation/ monitoring of the study programs
- Consider and inform the Dean on measures of the quality of teaching and learning in the faculty and on student progression.
- Consider ways to enhance and improve the learning experiences of BAMS/BUMS students.
- Promote debate and discussion within the academics on curriculum development through activities such as presentations and workshops on teaching, learning and assessment methods.
- Promote academic staff skills development particularly with regard to teaching, learning and assessment methods by workshops, CPD programs

## **TOR2.7 Library Committee**

### **[1] Purpose**

The library committee is a subcommittee of the Faculty of Indigenous Medicine, University of Colombo, responsible for matters pertaining to information and learning resources.

### **[2] Committee Composition**

- (i) Chairperson: An Academic staff member appointed by the faculty.
- (ii) Convener: Faculty Librarian
- (iii) Members: One Academic staff member from each department.  
Student representatives from each intake batch.

### **[3] Tenure and Frequency of Meetings**

- 3.1 Members will serve a minimum period of three years in order to ensure the continuity of the committee and allow sufficient time to create an impact.
- 3.2 Meeting schedule once in three months and special ad hoc meeting may be held as requested by members.
- 3.3 Quorum shall be 50% of the membership
- 3.4 Meeting minutes recorded and maintained by the SAL of the FIM
- 3.5 Reporting to the Faculty Board of the Faculty of Indigenous Medicine.

### **[4] Duties and Responsibilities of the Library Committee**

- 4.1 Identify learning resources related to the programme on requests/feedback from the stakeholders
- 4.2 Make recommendations to upgrade library facilities
- 4.3 Make recommendations related to library management
- 4.4 Facilitating and conducting information literacy courses.
- 4.5 Development of library and information services policies to ensure the best possible support is provided to the users.
- 4.6 Recommend new collections and promote contributions to the dissemination and preservation of Indigenous knowledge.
- 4.7 Report to the Faculty Board on significant matters related to the library.

## **TOR2.8 Laboratory Establishment and Safety Committee**

### **[1] Purpose**

Laboratory Safety committee is responsible for maintaining and adhering safe laboratory environment in the faculty of Indigenous Medicine, University of Colombo.

### **[2] Committee Composition**

- i. Chairperson / Dean
- ii. Secretary
- iii. Head of the Department
- iv. One academic member from each Department (where required)
- v. Two academic members from the laboratory technical committee
- vi. Senior Assistant Registrar (SAR)
- vii. Assistant Bursar (AB)

### **[3] Meeting**

#### *3.1 Meeting Schedule*

The Committee shall meet prior to the commencement of each semester

#### *3.2 Quorum*

Quorum shall be 50 % of the membership

#### *3.3 Secretary*

An academic member

#### *3.4 Reporting*

Secretary to the Departments and the faculty Board

### **[4] Duties and Responsibilities of the Safety committee**

- 4.1 Preparation of an emergency plan for the laboratories within the faculty in accordance with Health and Safety policy of the faculty
- 4.2 Conducting awareness program on laboratory safety for new intakes at the orientation program
- 4.3. Pre preparation and review of safety guidelines and facilitating the conduct of training programs for the staff who are involved in Laboratory activities



- 4.4. Monitoring the safety procedures of the laboratories to ensure proper maintenance of utilities and safety equipment to ensure a safe laboratory environment
- 4.5. To ensure the facilities pertaining to emergency in laboratories
- 4.6. To annually review the laboratory safety and hygiene Plan
- 4.7. Discuss the laboratory safety-related incidents and issues when necessary
- 4.8. Provide assistance to maintain and improve the safety of laboratories

## **TOR2.9 Canteen Committee**

### **Purpose**

There are two main purposes of this committee.

1. Guide the Faculty staff, Student Counsellors, Wardens, Marshals and other Service Divisions and key officers involved in performing their services for optimizing student safety, security, welfare and well-being through canteen services.
2. Ensure the quality of food provided to the faculty community through canteens of the faculty.

### **[1] Committee composition and Meetings**

- The Dean - Chairperson
- SAR/Deputy Registrar
- Senior Student Counselor /UOC
- Permanent Student Counselor/FIM
- Student representatives (2 members from the Student Union)
- Staff Welfare Association – one member
- Canteen Service Provider

### **[2] Meeting**

#### **2.1 Meeting Schedule**

The committee shall meet once in two months and when and where necessary.

#### **2.2. Quorum**

Quorum shall be 50 % membership

#### **2.3 Convener**

Secretary (SAR/DR Academic and Student affairs)

#### **2.4 Meeting Minutes**

Secretary

#### **2.5 Reporting**

From Secretary to Chairperson

#### **2.6 Terms of Office**

Terms of office for appointed members of this committee shall be three years.

**[3] Responsibilities**

**3.1** Study and make precautions to prevent any health issues caused by food, water, cleaning system, waste disposal system and environment.

**3.2** Check the quality of food items available in the canteens.

**3.3** Ensure that menus for the main meals provided at canteens are prepared according to tender guidelines.

**3.4** Carry out regular inspections to ensure that the catering processes of the canteens are up to standards and acceptable hygienic conditions and requirements are followed in preparing food.

**3.5** Take corrective measures if there are any deviations i.e. setting menus, price changes, cleanliness of the premises etc.

**3.6** Ensure hygienic conditions and health conditions of all workers and equipment/ utensils of the canteen.

**3.7** Entertain complaints related to canteen service, evaluate them and recommend solutions.

**3.8** Submit monthly status report to the Dean and the Student Welfare and Canteen Committee

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## **TOR2.10 Web Committee**

### **[1] Purpose**

Web Committee is the main committee of the faculty of Indigenous Medicine, responsible for making recommendations with regard to the faculty's Websites, Academic Profiles, Learning Management System (LMS), Online Examinations, Local Area Network (LAN and Wifi), Management Information System (MIS), Online Lectures (Zoom), faculty Emails, CCTV camera and social media networks, and their maintenance and any other ICT related matters.

### **[2] Committee Composition**

- i. Dean (Chairperson)
- ii. IT Head (Co-Chair)
- iii. SAR (Secretary)
- iv. Two Computer Instructors
- v. Assistant Network Manager
- vi. Programmer cum System Analyst(s) – Examination Division
- vii. SAL / DR / DB of the faculty
- viii. Two Lab Attendant -IT
- ix. Two Technical Officers
- x. One Management Assistant

### **[4] Meeting**

#### *4.1 Meeting Schedule*

The Committee shall meet second week of each month

#### *4.2 Convener*

IT / Head

#### *4.3 Meeting Minutes*

Computer Instructor

#### *4.4 Reporting*

To faculty board

**[4] Duties and Responsibilities of the Web Committee**

- 4.1. Recommends and implements activities with regard to content, organization and technology in relation to all websites and social media networks of the faculty of Indigenous Medicine in order to improve user experience
- 4.2. Make recommendations with regard to matters pertaining to the ICT infrastructure of the faculty
- 4.3. Formulate policies to ensure fair and effective usage of the websites, email, LMS, Zoom, MIS, internet and other ICT related infrastructures
- 4.4. Introduce new technologies to support academic and administrative activities
- 4.5. Liaise with University Web and IT committee, faculty QA Cell, departments, centers and units within the faculty of Indigenous Medicine to improve ICT infrastructure review and monitor the status of the ICT infrastructure
- 4.6. Any other matters related to ICT infrastructure which does not come under above mentioned areas
- 4.1 Informing decision taken at the Web Committee of the University of Colombo

**[5] Duties and Responsibilities of the IT Unit**

- 5.1 Web and LMS administration
- 5.2 Providing technical assistance to academic, administrative staff and the students regarding IT matters
- 5.3 Give approval and recommendations for ICT related matters
- 5.4 Planning and assisting in online Teaching and Examinations
- 5.5 Teaching and examinations on IT component of the curriculum both BAMS and BUMS
- 5.6 Represent the Web Committee of University of Colombo
- 5.7 Zoom facility administration
- 5.8 Manage Data Networks (LAN & Wifi)
- 5.9 Represent the TEC meetings
- 5.10. CCTV installation and maintenance
- 5.11 Facilitate for FIM domain emails
- 5.12 Hardware troubleshooting and software installations
- 5.13 Work with other related committees and units within the faculty on matters related to ICT

## **TOR2.11 Student Counselors' Committee**

### **[1] Purpose**

- 1.1 Provide assistance for the students in resolving their emotional, psychological and personal issues throughout their duration of study.
- 1.2 Academic advising fosters the development of the student who is a self- directed, motivated, responsible decision-maker and encourages the successful completion of degree requirements and timely graduation.

### **[2] Committee composition and Meetings**

Membership (As according to the Guideline UOC)

- i. Chairperson -Dean FIM
- ii. Head/ Departments
- iii. Permanent student counselor
- iv. Assistant Students counselors/ Ayurveda
- v. Assistant Students counselors/ Unani
- vi. SAR / Student welfare

### **[3] Meeting**

#### ***3.1 Meeting Schedule***

The committee shall meet once a month and when and where ever necessary

#### ***3.2 Quorum***

Quorum shall be 50 % + 1 membership

#### ***3.3 Convener***

Assistant senior student counselor

#### ***3.4 Duration of the Assignment***

Period of three years from the date of appointment.

[4]. Responsibilities

- 4.1 To ensure the psycho social wellbeing of the student community of the faculty
  - a. To help and support student who are seeking advice in academic work and personal issues.
  - b. To adhere to strict confidentiality of the problems discussed by the students their issues and identities.
  - c. To direct students who are in need of psychological counseling to the counseling office at the University of Colombo.
  - d. To help and guide students to interact within the faculty and outside community and motivate students to actively engage in social activities of the Institute.
  - e. To support student during the period of examination to overcome exam related stresses.
  - f. To direct students who are in need of extra facilities such as financial aid or hostel facilities to the Assistant senior student counselor and the Administration /student welfare.
  - g. To help and support differently abled students' community.
  - h. To ensure a student friendly atmosphere at the faculty.
- 4.2 To ensure peace and harmony at the faculty
  - a. To participate in all students' activities and functions with the faculty and especially UOC
  - b. To inform the marshal officers of any misconduct by the students within the faculty premises.
  - c. To support the marshal officers in preventing ragging related activities in the premises of the faculty.
  - d. To monitor and observe students' activities within the premises of the faculty and built a close rapport between the students and the academic staff of the faculty.

[5] Guidelines for Student Counselors

- 5.1 Priority must be given to student's psycho-social needs
- 5.2 Coordinate with the central administration and the Assistant senior student counselor in case of emergency and students related activities.
- 5.3 Must adhere to strict confidentiality of the problem, and the identity of the students and counseling ethics.
- 5.4 Must forward the students in case of personal or psychological problem to the Assistant senior student counselor at the faculty.
- 5.5 Must forward the students to the marshal office in case of a disciplinary of divergence issues.
- 5.6 Must take part functions, training and awareness programme, student counselor's meeting conducted by the student counselor's office at the University of Colombo.
- 5.7 Take necessary advice and initiatives for the senior student counselor's office at University of Colombo, in case of disciplinary action against the students.
- 5.8 The student counselor position should be undertaken by a permanent academic staff member of the departments and should be Senior Lecturer Grade II or above, him/her willingness to work with different students with different psychological / emotional conditions and spare them, time during emergency situations and has excellent observation, listening skills and respect the confidentiality of the student.

## **TOR2.12 Ethical Review Committee**

### **[1] Purpose**

To facilitate ethical, scientific research by effective and efficient review and monitoring process adhering national and international standard in the stream of Ayurveda, Unani, Siddha, Traditional and Integrated systems of medicine.

### **[2] Participants**

- i. Chairperson (an academic from the ERCFIM with the knowledge of biomedical ethics)
- ii. Secretary (an academic from the ERCFIM with the knowledge of biomedical ethics)
- iii. Three experts from Ayurveda system of medicine with the knowledge of biomedical ethics from the FIM. Among three experts, one expert from Dravyaguna Vignana (Ayurveda Pharmacology) with the knowledge of biomedical ethics.
- iv. Two experts from Unani system of medicine with the knowledge of biomedical ethics from the FIM. Among two experts one expert from Ilmul Advia (Unani Pharmacology) with the knowledge of biomedical ethics.
- One expert from the Siddha system of medicine with the knowledge of biomedical ethics
- vi. One expert from the modern system of medicine with the knowledge of biomedical ethics
- vii. One legal expert
- viii. Two scientific experts with knowledge of basic Sciences and Statistics
- ix. One expert with Sociology background
- x. One lay member

### **[3] Procedure**

#### **Activity 1: Procedure of ERCFIM**

The ERCFIM shall perform its functions according to written SOPs.

#### **Activity 2: Submissions, notifications and approvals**

- a. All applications for ethical approval must be submitted to the ERCFIM, on or before next ERCFIM proceedings, in writing in the format approved from time to time by the ERCFIM.
- b. A fee shall be charged for applications and amendments submitted for assessment by the ERCFIM. The applicable fees shall be determined from time to time and announced in advance by the ERCFIM
- c. The ERCFIM shall consider every correctly completed application which it receives at its next



available meeting following receipt, provided that the application is received on time.

d. The Secretary shall circulate the completed application and associated documents received with a meeting agenda to all members of the ERCFIM at least five (5) days prior to the next meeting.

e. Following its review, the ERCFIM shall promptly notify the applicant in writing, advising whether the application has received ethical approval and any conditions of that approval. If the ERCFIM has granted approval, it shall inform the applicant in writing that the research may commence.

f. In need arises, the ERCFIM may take into account the opinions or decisions of another ethics review committee in relation to a research protocol.

g. The ERCFIM shall request the principal investigator to submit progress reports and project completion reports in every 6 months.

#### Activity 3: Conducting meeting

a. Meetings of committee shall normally be held at approximately monthly intervals or more frequently as necessary.

b. Meeting dates and agenda closing dates shall be published appropriately.

c. Committee member involved in an issue under consideration shall absent him/herself from the meeting during the discussion.

d. The Committee shall reach decisions by consensus after all members have been given the opportunity to express their views.

e. In the event that a consensus cannot be reached, a decision may be taken by voting (show of hands).

f. A two-thirds majority shall normally be required for a decision to be made.

g. Dissenting views shall be recorded in the minutes.

#### Activity 4: Keeping records

a. The secretary and/or a designated official of the ERCFIM shall prepare and maintain written records of the ERCFIM activities, including agendas and minutes of all meetings of the ERCFIM.

b. The secretary and/or a designated official of the ERCFIM shall prepare and maintain a file for each application received including a copy of the application, and any relevant correspondence including that between the applicant and the ERCFIM.

c. Files shall be kept securely and confidentially.

d. Records shall be held for sufficient time to allow for future reference.

e. The minimum period for retention is at least five years from the date of completion of a project but for specific types of research, such as clinical trials, 15 years shall apply.

Activity 5: Review /Amendments

The ERCFIM shall review the Terms of Reference and Standard Operating Procedures at least every two years and amended as necessary.

[4] Effectiveness Criteria

Minutes of the ERCFIM

Minutes of Faculty Board

Minutes of Senate meeting

## **TOR2.13 Strategic planning committee (SPC)**

### **[1] Purpose**

The Strategic Planning Committee plays an important role in determining the strategic direction of the faculty.

The Strategic Planning Committee (SPC) of the faculty was formed to develop a strategic plan of faculty of Indigenous Medicine for a period of five years as a guide to determine the strategic direction of the faculty and to determine goals and objectives that describe how the FIM intends to achieve its vision and fulfil its mission.

Further the Strategic Planning Committee playing an important role as an advisory committee to the faculty Board that assists the Board in setting and maintaining the strategic direction of the faculty of Indigenous Medicine.

### **[2] Composition of the Committee**

- i. Chairman (Dean / FIM)
- ii. Secretary (DR or SAR)
- iii. Head of the Departments
- iv. Four members appointed by the Dean
- v. Coordinator

### **[3] Meeting**

#### **3.1 Meeting Schedule**

The Committee shall meet at least three times a year and whenever necessary.

#### **3.2 Quorum**

Quorum shall be 50 % membership

#### **3.3 Convener**

Secretary

#### **3.4 Meeting Minutes**

Secretary

#### **3.5 Reporting**

Secretary to the Chairperson and the faculty Board

#### **[4] Mandates**

The primary mandate of the Strategic Plan Committee is to develop the strategic plan of FIM. In order to achieve this mandate, this committee has to conduct the following activities and responsibilities:

- 4.1 To get the input from the other committees and sections of FIM.
- 4.2 To draft:
  - a. FIM Strategic Plan for five (5) years.
  - b. Implementation/Action Plan
  - c. Strategic implementation Monitoring and evaluation system
- 4.3 To review the implementation of the Strategic Plan and assess the achievement of FIM objectives

#### **[5] Expected Outputs**

The expected outputs of this Committee are:

- 1. FIM Strategic Plan
- 2. FIM Implementation Plan and its Monitoring and evaluation system

#### **[6] Meetings**

- 6.1 Secretary on consultation Chairperson of the committee shall convene a meeting. Chairperson is responsible for deciding on the location of the meeting and informing the members thereof.
- 6.2 However, the SPC members will meet whenever required until get the SPC is approved by the FB.
- 6.3 Committee should organize progress meeting with the Dean and heads of the Departments at least once in two months as an ordinary working schedule to see the progress of the plan.
- 6.4 SPC may organize additional meeting with the approval of the Dean with other stakeholders to receive feedback/ suggestions/revisions required for strategic planning process and to problem identification in order to determine the major issues and also further to disseminate the strategic plan to all staff members of the FIM.
- 6.5 The means of communication will be through e-mails/written form.

#### **[7] Committee Responsibilities and Functions**

The main responsibilities and functions of the Strategic Planning Committee are to:

- 7.1 Maintain an environmental watch with a view to identifying emerging trends, risks and opportunities and respective strengths and weakness in the dissemination of knowledge, increasing demand for indigenous medicine, achieving excellence in research, innovation and entrepreneurship and achieving long term vision of the institute ensuring the socio-economic development of the country, ensuring the strategic direction of the Institute.

- 7.2 Oversee the development of the Faculty of Indigenous Medicine's vision, mission statement, core values, and operating philosophy.
- 7.3 Oversee the development of a Strategic Plan to cover at least the next five-year planning period including:
  - 7.3.1 The faculty's strategic directions and key strategies for fulfilling its mission over the planning period; and
  - 7.3.2 Confirming the establishment of measurable goals and objectives to assess progress in fulfilling those strategic directions.
  - 7.3.3 prioritizing key issues based on inputs from a broad stakeholder base (Departments, unites, faculty members, committees, and in consultation with the university, reginal and indigenous health authorities)
- 7.4 Develop an annual Strategic Assessment by:
  - 7.4.1 Reviewing significant changes in the operating environment, identifying new Strengths, Weaknesses, Threats and Opportunities;
  - 7.4.2 Evaluating the Institute's progress in fulfilling its strategic goals and objectives;
  - 7.4.3 Evaluating the suitability of the current strategic directions in view of evolving circumstances;
  - 7.4.4 Recommending any necessary changes in strategic direction or strategies.
- 7.5 Provide the Faculty Board with:
  - 7.5.1 Annually, the corporate objectives it proposes to focus on; and
  - 7.5.2 An annual report assessing the progress of the Strategic Planning and activities including the results of its strategic assessment.
- 7.6 Make recommendations to the Faculty Board with respect to any of the above matters and carry out any other duties assigned to it by the Faculty Board.
- 7.7 Communicating the approved strategic plan to the relevant officials of the faculty
- 7.8 Coordinating the activities with the other committees.

#### **[8] Reporting**

Strategic planning committee chairperson is responsible to update the plan annually and to report to the Faculty Board.

#### **[9] Funding**

The Strategic planning committee activities will be funded by the University and generated fund.

## **TOR2.14 Action Plan Committee**

### **[1] Purpose**

Action Plan Committee is a sub-committee of the faculty of Indigenous Medicine, University of Colombo, which responsible to formulate the annual action plan based on the five years Strategic Plan of the faculty of Indigenous Medicine.

### **[2] Committee Composition**

- i. Chairperson / Dean
- i. Deputy Registrar - Secretary
- ii. Academic Coordinator - Co – Chairperson
- iii. Five members appointed by the faculty board
- iv. Deputy Bursar
- v. Management Assistant (one)

Dean plays an important advisory role within the committee. In addition, the Dean can appoint any member of the staff and be invited to provide any information to the committee.

### **[3] Meeting**

#### ***3.1 Meeting Schedule***

Action Plan Committee meeting and Action Plan progress meeting shall be held every month or whenever necessary face-to face, videoconference or other electronic means.

#### ***3.2 Convener***

Secretary

#### ***3.3 Reporting***

Action Plan Committee is responsible to update the progress of the annual action plan to the faculty quarterly.

#### ***3.4 Funding***

The Action Plan Committee activities will be funded by the faculty of Indigenous Medicine and required materials also will be provided.

#### **[4] Functions and Responsibilities**

The committee shall meet in order to discuss the progress of the activities of annual action plan with the participation of Heads/ Departments in Ayurveda and Unani, and Heads and coordinators of other relevant sections.

Committee members are required to fully prepare for each meeting, read the documentation in advance, and make every reasonable effort to attend each meeting.

The completed action plan document shall be circulated to all the Heads of the Departments and Units for review prior to the monthly progress meeting. Progress of the activities of the action plan will be discussed one by one at the meeting by all members present.

- 4.1 Request the activities to be included in the annual action plan from a broad stakeholder base (Departments, Units, Academic and Administrative members, Committees).
- 4.2 Draft of the annual action plan of the faculty based on the requests made by the broad stakeholder base (Departments, Units, Academic and Administrative members, Committees, and in consultation with the University of Colombo).
- 4.3 Finalize the annual action plan and incorporate it into the strategic plan document of the faculty of Indigenous Medicine.
- 4.4 Conduct the monthly progress meeting in order to monitoring and evaluation of the activities of the action plan.
- 4.5 Monitor the progress in the implementation of the faculty action plan and make recommendations to faculty on the achievement of outcomes of the plan and any corrective actions required to achieve plan objectives.
- 4.6 Submit Quarterly progress report of action plan to faculty Board of faculty of Indigenous Medicine.
- 4.7 Contribute for the preparation and amendments to the five-year strategic plan of the faculty of Indigenous Medicine.
- 4.8 Committee shall meet frequently at the later part of each year to finalize the activities of the action plan for the upcoming year according to the request made by the broad stakeholder base (Departments, Unites, Academic and Administrative members, Committees).
- 4.9 Any other matters related to action plan which do not come under above mentioned areas.

Effectiveness Criteria

Minutes of the Action plan committee meeting

Minutes of the faculty board

## **TOR2.15 Editorial Committee (SLJM)**

### **[1] Purpose**

Sri Lanka Journal of Indigenous Medicine (SLJIM) visualize to prosper across the continents by providing a magnificent platform to publish original research reports in English in all areas of basic scientific and clinical research on Indigenous/ Traditional systems of Medicine, Medicinal plants, Ayurvedic/Unani and Pharmaceutical science etc. Further the journal encourages the submission of papers relevant to multidisciplinary clinical studies on curative and preventive aspects, historical, literal, cultural, and socioeconomic perspectives. The journal also publishes invited review papers, book reviews and short communications. The submission of a manuscript will be taken to imply that the work is original, and it or a similar paper (other than an abstract) has not been, and will not be submitted elsewhere for publication. Sri Lanka Journal of Indigenous Medicine (SLJIM) is a peer reviewed international journal to be published biannually.

### **[2] Committee Composition and meetings**

- Dean (Chairperson)
- Editor in Chief
- Associate Editors
- Editorial Board Members
- Advisory Board Members

Note:

- Editor in Chief and Editorial board members shall be appointed by the faculty Board

### **[3] Meetings**

#### **3.1. Meeting Schedule**

The Committee shall meet once a month, and when and where necessary

#### **3.2. Quorum**

Quorum shall be 50% of the membership



3.3. Convener

Chairperson / Editor in Chief

3.4. Meeting Minutes

Recorded and maintained by Editor in Chief of the Journal/ MA of Journal committee

3.5. Reporting

Editor in Chief of the Journal

3.6. Terms of Office

Terms of office for appointed members of this committee will be three years.

[4] Duties and Responsibilities of the Editorial committee

- 4.1. Promote SLJIM and contribution of SLJIM Journal
- 4.2. Maintain professional standards of SLJIM publication
- 4.3. Maintain quality of SLJIM publication
- 4.4. Attend the SLJIM Editorial Board Meetings
- 4.5. Providing guidelines to authors for preparing and submitting manuscripts
- 4.6. Review for acceptance of potential manuscripts
- 4.7. Keeping timeline of publications

[5] Responsibilities of Editor in Chief:

- 5.1. Final content editing
- 5.2. Work closely with the Associate Editor to oversee the production of SLJIM Journal
- 5.3. Manage the peer review process
- 5.4. Protecting the confidentiality of every author's work
- 5.5. Treating all authors with fairness, courtesy, objectivity, honesty, and transparency
- 5.6. Establishing and defining policies on conflicts of interest for all involved in the publication process, including editors, staff, authors, and reviewers
- 5.7. Establishing a system for effective and rapid peer review
- 5.8. Developing mechanisms, in cooperation with the publisher, to ensure timely publication of accepted manuscripts
- 5.9. Making editorial decisions with reasonable speed and communicating them in a clear and constructive manner
- 5.10. Establishing and defining policies on conflicts of interest for all involved in the publication process, including editors, staff (e.g., editorial and sales), authors, and reviewers

[6] Responsibilities of Associate Editors:

- 6.1. Proofreading, formatting and graphic editing of manuscripts
- 6.2. Assisting Editor in Chief
- 6.3. Select reviewers and assist the Editor in Chief in making decisions

[7] Responsibilities of Editorial Board Members

- 7.1. Work as section editors of the journal, select reviewers and assist the editor in making decisions
- 7.2. Assist the editor in implementing the policies of the journal and in monitoring the efficiency of its systems
- 7.3. Assisting Editor in Chief

[8] Responsibilities of Advisory Board Members

- 8.1. Give ideas and subject inputs which may help in arranging SLJIM
- 8.2. Help support the journal and its editors by sharing best practices with them
- 8.3. Provides professional advices to the editor-in-chief on issues regarding the scope and direction of the journal
- 8.4. Identify new opportunities in emerging areas; networks within the research community to bring awareness of the journal

## **TOR2.16 Anti Ragging Committee (ARC)**

### **[1] Purpose**

Anti-Ragging Committee will work towards inculcating culture of ragging free environment in the faculty abiding the guidelines narrated by the University Grants Commission (UGC) in its Circular No. 919 dated on 15.01.2010 and Circular No 04/2021 dated on 10.08.2020.

### **[2] Committee composition and Meetings**

*As appointed by the Dean of the faculty*

Chairperson – Dean /FIM or Nominee

- i. Head of the Departments Ayurveda / Unani
- ii. Academic members from Ayurveda and Unani Departments
- iii. Academic wardens (male and female)
- iv. Security consultants / Marshals

### **[3] Meeting**

#### **3.1 Meeting Schedule**

Once in three months and as per the needs arise.

### **[3] Duties and Responsibilities**

- 3.1 To ensure compliance with the provision of UGC Circular No. 919
- 3.2 To involve in designing strategies and action plan for curbing the menace of ragging in the faculty by adopting array of activities.
- 3.3 To educate the students at large by adopting various means about the menace of ragging and related punishments there to.
- 3.4 To keep a vigil and stop the incidences of Ragging, if any, happening / reported in the places of Student aggregation including, Classrooms, Canteens, Buses, Grounds, Hostels etc.
- 3.5 To report the Administration in case of any incidence noticed, and support the higher authority in conducting inquiries related to incidents.

## **TOR 2.17 Grievances Committee**

### **[1] Purpose:**

An Institutional Grievance is defined as a complaint by an employee or student concerning a decision or action that is perceived to adversely affect the grievant in his / her professional academic capacity.

### **[2] Committee Composition:**

- i. Three Senior Professors but not from the FIM
- ii. Convener

### **[3] Meeting**

#### *3.1 Meeting Schedule*

Committee shall meet once any complaint is received.

#### *3.2 Quorum*

Quorum shall be at least three members of the Grievance Committee shall be present

#### *3.3. Convener*

SAR/ FIM

#### *3.4. Meeting Minutes*

Recorded and maintained by SAR/ FIM

#### *3.5 Reporting*

Chairperson of the Committee reports to faculty Board

Note: If a member of the Grievance Committee is connected with the grievance of the aggrieved individual, the concerned member of the Grievance Committee shall not participate in the deliberations regarding that individual's case.

**[4] Procedure for accept of grievances:**

The written grievances should be submitted in sealed double envelopes where the inner envelope addressed to the Grievance Committee and outer envelope addressed to the Dean, FIM, University of Colombo.

**[5] Terms of Reference:**

Terms of Reference

An Institutional Grievance is defined as a complaint by an employee or student concerning a decision or action that is perceived to adversely affect the grievant in her or his professional academic capacity. Generally the grievance will arise out of a specific issue, but occasionally the cause for concern may be an ongoing series of issues cumulatively effect for the basis of grievance. The written grievances should be submitted in sealed double envelopes where the inner envelope addressed to the Grievance Committee and outer envelope addressed to the Dean, Faculty of Indigenous Medicine, University of Colombo. Accordingly, the committee function as an independent body comprised of persons who are not current employees of the Faculty of Indigenous Medicine who would perform according to the following guidelines.

- The Grievance committee determine whether the formal written grievance submitted by the members of the faculty has a matter that is within the jurisdiction of the committee and if so, to hear the grievance.
- Members of the Grievance Committee are expected to attend the initial orientation meeting and scheduled hearing dates to discuss the cases that have been forwarded.
- Members of the committee must at all times maintain a neutral status vis-à-vis the parties to the grievance and must be fair impartial decision makers with high level of integrity and trust.
- The Committee's role is to listen and review all testimony and documentary evidence presented during the hearing to make a decision based on the evidence presented by each party.
- Committee members must be open minded and not presume that either party to the grievance is right or wrong. They should be able to weigh the credibility of the evidence, make specific findings of fact and determine whether the grievant has established the charges.
- The grievance procedure require at least three members form the grievance committee to hear the grievance and decides the action while a non-voting chair presides over the process.
- The Committee is responsible for making written findings of facts and recommendations with regard to the grievance and assist chair in finalizing the written report of the committee's decision.
- The committee must maintain confidential records for each case.
- It is important to ensure that the process that is followed by the grievance committee is fundamentally fair to all parties and complies with the university procedures.

The grievance hearing consists of the following phases:

1. Initial meeting of the grievance committee for familiarization with the case
2. The hearing of the grievance
3. Deliberations by the committee

#### 4. Writing the decision

The initial meeting provides an opportunity for the chair to acquaint committee members with the grievance process and answer any questions about the process before meeting with the parties. At this initial meeting the committee reviews the grievance petition to determine whether the grievance committee has jurisdiction over the grievance. If the grievance is not dismissed, the initial meeting is followed by the grievance hearing, deliberations and writing of the committee decision. Committee decisions are forwarded to the Dean of Faculty of Indigenous Medicine in the form of a recommendation.

## **TOR2.18 Medical officer and medical board**

### **[1] Purpose**

The Faculty Medical Service is systematized to help the students and staff of the faculty, to lead an active life, free from diseases and it contributes towards the social wellbeing of students and provides a wide-ranging, defensive health service.

### **[2] Persons entitled to issue valid medical certificates for the above purposes;**

1. Faculty Medical Officer
  2. University medical officers (UMO) designate.
  3. A Consultant / MO of any Government hospital.
  4. Registered Medical Officer Government and Private sector
  5. A District Medical Officer (DMO)
  6. Any other medical certificate accepted by the Faculty Medical Board.
- 
- 2.1 Medical certificate needs to be submitted within 7 days of any medical reason by the students, academic and non-academic staff members of the faculty.
  - 2.2 The medical certificate is valid only for the respective period stipulated in the medical certificate.
  - 2.3 When a student produces a medical certificate more than twice, he/she shall have to appear before a medical board appointed by the faculty. The report of the medical board will be submitted to the faculty board. The decision of the Faculty Board is final.
  - 2.4 The Medical Board of the Faculty has formulated to assist any medical related matters which cannot be endorsed by the medical officer.

Appointments to the committee shall be for a period of three years and selection is made by the Faculty Board.

### **[3] Committee Composition**

- i. Chairperson (Medical board)
- ii. Medical Officer
- iii. Member

#### **[4] Meeting**

##### *4.1 Meeting Schedule*

The Committee shall meet when and where necessary

##### *4.2 Convener*

Medical Officer of the Faculty

##### *4.3 Meeting Minutes*

Recorded and maintained by Nursing Officer of the Faculty

#### **[5] Duties and Responsibilities of the Medical Board**

##### **5.1. Responsibilities of Medical Officer**

- 5.1.1 Providing health care service to the students, academic and non-academic staff.
- 5.1.2 Issue Medical Certificates to treated students and staff on request
- 5.1.3 Coordinating with the University MO, MOH and PHI of the area
- 5.1.4 Convene the medical board meeting, if any matter arises regarding to medical certificates or related matters

##### **5.2. Responsibilities of Chairperson and member of the Medical Board:**

- 5.2.1 To handle and maintain any health-related issues of the faculty
- 5.2.2

##### **Effectiveness Criteria**

Faculty Board minutes

Record of the Examination branch

AR/establishment

Maintain the Registry



## **TOR2.19 Indigenous Medical Education Unit**

### **Name of the Unit**

Indigenous Medical Education Unit

### **Vision**

To be a center of excellence in Ayurveda/Unani Medical Education to enrich Indigenous Medical System through excellence in Education, Research and Faculty Development.

### **Mission**

To produce competent graduates and teachers to the challenging world by enhancing human potentials for the benefit of society.

### **Aims and Objectives**

1. To ensure quality education to provide a competent graduate or a post graduate scholar by enhancing knowledge, skills, attitudes and mindset of the students to take the challenges of the competitive world.
2. To recommend and reform the curriculum and training of the faculty from time to time according to the requirements of the local and global demand.
3. To direct for student centered learning.
4. To identify the problems of the teaching and learning process, assessments and examinations.
5. To develop, implement and review activities of teaching faculty.
6. To monitor and evaluate the study programs conducted by the departments.
7. To engage in problem solving by related research in the field of indigenous medical education.
8. To mediate any problems arises related to the medical education in indigenous medical sector.
9. To facilitate for the continuous professional development of the students and the graduates.

### **Scope**

- Curriculum development
- Faculty development
- Research in indigenous medical education

2

### **Composition**

Head (Dean, FIM, UoC)

Coordinator

Academic Staff (02 Ayurveda and 01 Unani)

Management Assistant

Work Aid

## **Term of Reference (TOR) for Indigenous Medical Education Unit**

### **1. Develop the Curriculum**

1.1. Developing the curriculum of the Faculty of Indigenous Medicine, University of Colombo

- Regular update of curriculum
- Curriculum reforms
- Maintain standards of curriculum

1.2. Providing Academic support if any problem arises in the curriculum.

- Find best solutions for a problem by investigating through feedbacks look into the literature; study what other countries do in a similar problem, round table discussion (Sandaya Sambhasha) and debates (Vigruhya Sambhasha).
- Identifying teaching learning methods, assessments and their strengths and weaknesses and provide the guidance.
- Supporting teaching learning methods and introducing new and timely suitable methods.
- Advice for the faculty in what manner teaching learning methods should be implemented.
- Finding the resources essential.
- Assist any department, Unit or any staff member need any academic help and provide information.
- Working with Quality Assurance Cell in improving the Teaching, Learning and Assessment.
- Recommending solutions regarding any problems that may arise in the curriculum intervene students' education related problems.
- Monitoring the quality of the undergraduate and post graduate programmes.

### **2. Develop the Faculty (Staff Development)**

- Special staff development training related to medical curriculum.
- Implement tailor-made programs for Ayurveda / Unani medical education.

- Conduct educational programmes including,
  - Curriculum development workshops
  - Teaching learning workshops
  - Assessment workshops
  - Curriculum evaluation workshops
  - Educational research workshops
  - Staff orientation programmes
  - Blended learning
  - Online teaching methods
  - Preventing plagiarism
  - Capacity building programs

### **3. Conduct related research in indigenous medical education**

- Conduct generic research
- Conduct research on a particular problem
- Mediate research related to indigenous medical education

### **Term of Reference (TOR) for Coordinator**

1. Conduct Ayurveda and Unani Medical training and development programmes for teachers, administrators and other personnel in the higher education system.
2. Identify training needs of university academic staff.
3. Design training and re-training programmes for Ayurveda and Unani academics.
4. Identify resource persons nationally and internationally to conduct medical education in Ayurveda and Unani.
5. Coordinate the courses and workshops of medical education in Ayurveda and Unani
6. Plan, obtain, implement and manage grants to strengthen Indigenous Medical Education Unit.
7. Function as the Administrative Head of the Indigenous Medical Education Unit.
8. Have excellent writing, analytical, communication, interpersonal, time-management, multitasking, counseling and liaison skills.
9. Demonstrate good listening and empathic skills
10. Able to develop the Indigenous Medical Education Unit as a sustainable Unit without total dependence on external funding.
11. Exhibit capacity for,
  - Leading the Unit
  - Conducting regular meetings with other Units

- Identifying areas that need help
- Identifying programs for the Unit
- Entertaining requests from other Units
- Working with other members
- Allocating work to other members
- Finding solutions to day-to-day problems
- Overall running the place
- Preparing year plan for Indigenous Medical Education Unit

**Term of Reference (TOR) for Staff Members**

1. Perform the duties assigned by the Head of the Unit.
2. Actively participate in teacher training activities.
3. Help to organize workshops.
4. Develop criteria for teaching, assessment, evaluation and examination.
5. Work according to the year plan.
6. Find the problems of medical education related to Faculty and assist to sort-out them.
7. Coordination with unit, academic heads and students.
8. Coordinate continuous professional development programmes.
9. Working with other members of the Unit.
10. Prepare progress reports of the Unit.

## **TOR 2.20 Faculty Infrastructure Development Committee - FIDC**

### **[1] Purpose**

Identify the need of Infrastructure Development of the Faculty and make recommendations to the University Planning and Development Committee.

### **[2] Committee composition and Meetings**

1. Dean /FIM or Nominee- Chairperson
2. Two Academic members
3. DR/SAR of the faculty
4. DB/SAB/AB of the faculty
5. Two Non-Academic members
6. Two student Representatives
7. Any others on invitation

### **[3] Meeting**

#### ***3.1 Meeting Schedule***

Once a month.

### **[4] Duties and Responsibilities**

4.1. To investigate matters pertaining to Infrastructure Development (ID) of the Faculty such as Lecture Halls, Hostels, Canteen, Garden and other Buildings.

4.2. To Identify the ID projects in the Faculty

4.3. To prioritize the implementation of proposed projects based on the availability of funds and recommend to the P & D committee.

4.2. To monitor and discuss the progress of ongoing ID projects.

4.3. To study and plan for future requirements of infrastructure.

4.3 To discuss essential maintenance works to be carried out in the faculty.