



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
كلية الصيدلة الإكلينيكية | College of Clinical Pharmacy

Quality Management System Manual 2024



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كلية الصيدلة الإكلينيكية | College of Clinical Pharmacy

Quality Management System Manual

2024

Developed by
Quality Management and Academic Accreditation
Unit

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Message from the Dean

In your hands is the updated Quality Assurance System Handbook of the College of Clinical Pharmacy, Imam Abdulrahman Bin Faisal University. The college envisions itself as a reputable institution for pharmacy practice education, with a focus on transformative healthcare, community service, and innovative and translational research. To achieve this, the college underwent a significant restructuring of processes, units, and committees. This restructuring was facilitated by well-defined quality measures and guidelines.



The handbook reflects the college's major restructuring efforts. It provides comprehensive information on the current procedures and systems for the development, maintenance, implementation, and evaluation of quality assurance and enhancement processes at the College of Clinical Pharmacy (CCP). Additionally, the handbook describes the quality management process in detail.

Quality is a collaborative effort. All our accomplishments thus far and all future milestones, are the result of the unwavering collaboration and dedication of every member of the College at all levels. I express my sincere gratitude for this collaboration. For this, I extend my deepest gratitude. Special acknowledgment is owed to the Vice Deanship for Development and Community Partnership for its steadfast commitment and hard work.

Prof. Asim A. Al-Ansari

Dean, College of Clinical Pharmacy

Message from the Vice Dean for Development & Community Partnership

Quality is an indispensable pillar of any reputable academic institution, and in the field of pharmacy, it is of paramount importance. The safety and well-being of patients ultimately depend on the quality of education received by our future pharmacists. To ensure the highest standards of education and to continuously strive for improvement, the College of Clinical Pharmacy at Imam Abdulrahman Bin Faisal University has implemented a robust Quality Management System. This system encompasses a comprehensive framework for curriculum development and delivery, teaching and learning processes, student assessment and evaluation, faculty development, resource management and stakeholder engagement. It's very important to notice that the primary objectives of this Quality Management System are to elevate the standards of pharmacy education, maximize student learning outcomes and maintain and enhance the College's reputation. This manual serves as a guiding document for all members of the college. I encourage all faculty, staff, and students to familiarize themselves with its contents and actively participate in the continuous quality improvement efforts of the College.



Dr. Fawaz Mutlaq Alotaibi

Vice Dean for Development & Community Partnership

About the College

Introduction

Since its establishment in 1351H (1932CE), the Kingdom of Saudi Arabia has prioritized the welfare and healthcare of its citizens by founding health institutions such as colleges of medicine, dentistry, pharmacy, and applied medical sciences. With advancements in both private and government hospitals, the role of pharmacists has evolved from merely dispensing medications to actively participating in comprehensive patient care. This shift has driven changes in pharmacy college curricula to reflect this expanded role. Consequently, most newly established colleges of pharmacy have adopted the PharmD program instead of the traditional Bachelor of Pharmaceutical Sciences program, emphasizing patient-centered care.

The College of Clinical Pharmacy (CCP) was established by Royal Decree No. 5088/MB dated 7/8/1432H (8/7/2011CE). Since then, the College has been committed to delivering a high-caliber PharmD program, which began in the 1434/1435H (2013/2014CE) academic year. The College offers a six-year PharmD program structured on the semester system, comprising a total of 182 credit hours, with English as the medium of instruction.

The first cohort of pharmacy students, consisting of 11 males and 26 females, enrolled in the 2013/2014 academic year, graduated in May 2017, and commenced their internships. As of the first semester of the 2024/2025 academic year, the College has 301 active students (127 males and 174 females) and 95 intern students (43 males and 52 females).

College Vision, Mission, Values, Strategic Goals and Objectives

The Vision

A leading college in pharmacy education, transformative healthcare, community service, and innovative and translational research.

The Mission

To advance pharmacy profession through innovative teaching and learning practices, impactful research, inter-professional collaboration, partnerships, and community engagement in a sustainable environment.

The Core Values

1. Equality
2. Diversity
3. Professional excellence
4. Creativity and Innovation
5. Teamwork
6. Life-long learning
7. Social responsibility.

College Goals and Objectives:

Goal 1: Excellence in teaching and learning in Pharmacy Education.

Objectives

- 1.1. strengthen and review PharmD and post-graduate programs.
- 1.2. Improve the pharmacy profession and community engagement.

Goal 2: Excellence in research and innovation in pharmacy.

Objectives

- 2.1. Improve the research eco-system.
- 2.2. Strengthen the research output.

Goal 3: Promote social responsibilities of the pharmacy profession.

Objectives

- 3.1. Promote high standard community services practices.
- 3.2. Strengthen partnership with active community institutions.

Goal 4: Build human resource capacity.

Objectives

- 4.1. Sustain CCP members professional development.
- 4.2. Enhance CCP members' loyalty.

Goal 5: Maintain a positive working environment.

Objectives

- 5.1. Adopt a sustainable and environmentally friendly campus strategy.
- 5.2. Support high quality teaching, research, and recreational facility for faculty and students.

Goal 6: Establish an advanced and efficient administrative management system.

Objectives

- 6.1. Foster efficient administrative system.
- 6.2. Develop robust strategic planning and risk management systems.

Goal 7: Establish the culture of financial sustainability

Objectives

- 7.1. Enforce the culture of financial sustainability.
- 7.2. Support the college financial sustainability.

Goal 8: Integrate high-tech solutions across various aspects in the college.

Objectives

- 8.1. Develop e-learning at the college.
- 8.2. Adopt an effective administrative E-system.

PharmD Program Vision

A PharmD program distinguished for its excellence in teaching and learning, research and community engagement through innovation and collaboration.

PharmD Program Mission

To graduate Pharmacists competent in serving the profession in all sectors, providing collaborative patient-centered care, and conducting quality research to promote the health and wellbeing of the public.

PharmD Program Values

- Professionalism
- Accountability
- Partnership working & Collaboration.
- Integrity
- leadership
- Empathy
- Distinction
- Social responsibility

Administrative Structure for Managing Quality at CCP

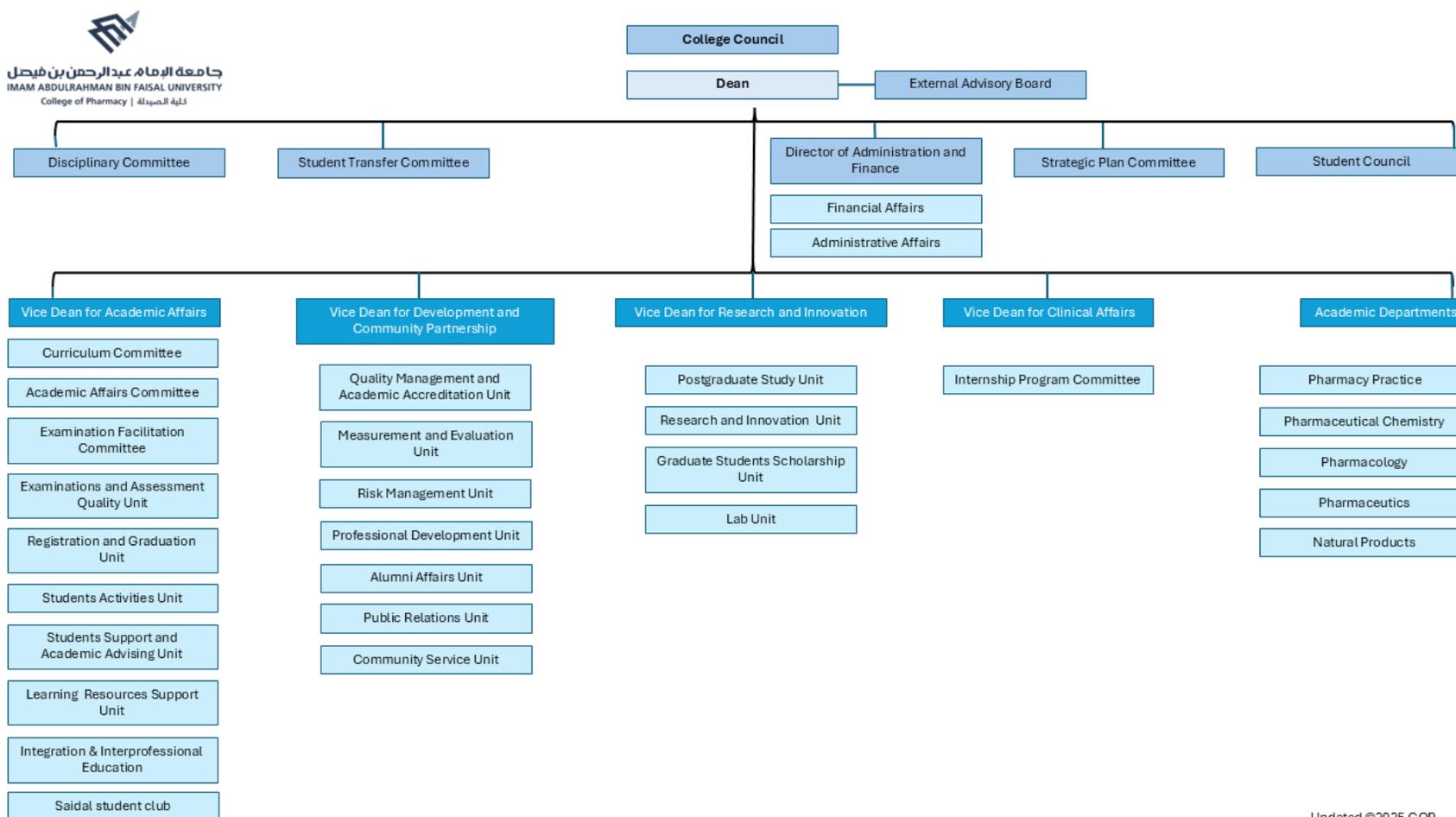


Figure 1: The Organogram of College of Clinical Pharmacy

Quality Assurance Management Structure

The Vice Deanship for Development and Community Partnership (VDDCP) offers guidance and support to all departments within the College of Clinical Pharmacy through its various units, as shown in the following organogram. Additionally, the Main Quality Committee, chaired by the Dean, oversees and approves all quality activities at the college.

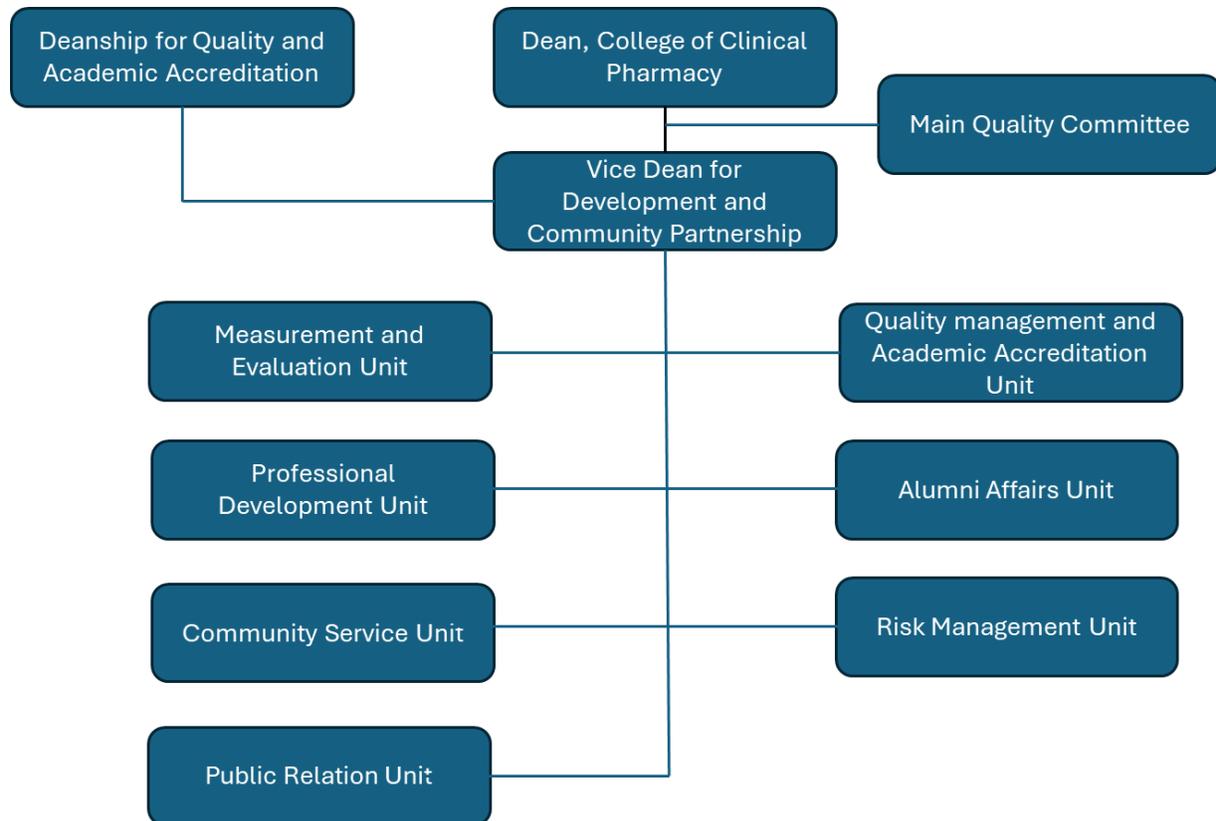


Figure 2: The Organogram of Vice Deanship for Quality, Development, and Community Service.

Structure and functions of the Main Quality Committee

The Main Quality Committee was established to monitor and assess the activities of all programs at the colleges including the academic and administrative activities, and to recommend strategies for continuous improvement. This committee supports and encourages programs to promote a culture of quality, implement policies, procedures, and practices in accordance with the accreditation requirements, in line with national and international standards. The committee evaluates academic and administrative activities at the college and provides recommendations for improvement to the Dean.

Roles and Responsibilities of the Main Quality Committee include:

1. Overseeing initiatives to foster a culture of quality within the college, ensuring quality standards are understood and embraced by faculty, staff, and students.
2. Overseeing the development, implementation, and monitoring of quality assurance plans to ensure consistency and excellence.
3. Ensuring that all programs, policies, and procedures meet national and international quality standards, including accreditation requirements.
4. Evaluating and approving proposed quality improvement initiatives to ensure alignment with the college's strategic vision.
5. Providing guidance to ensure compliance with internal and external accreditation requirements, including preparation for reviews and audits.
6. Promoting continuous assessment and evaluation to ensure alignment with institutional goals and drive quality improvement.
7. Reviewing and approving quality reports, such as program KPIs reports and APR, and reporting on quality assurance activities, improvements, and challenges to senior leadership.
8. Developing and updating quality-related policies and procedures in collaboration with academic and administrative units, ensuring effective communication and implementation.

Structure and functions of VDDCP units

The Vice Deanship of Development and Community Partnership has seven units as follows:

1. Quality Management and Academic Accreditation Unit
2. Measurement and Evaluation Unit
3. Professional Development Unit
4. Risk Management Unit
5. Community Service Unit
6. Alumni Affairs Unit
7. Public Relation Unit

Quality Management and Academic Accreditation Unit

The Quality Management and Academic Accreditation Unit is working to achieve the following objectives:

- Ensure compliance with national and international accreditation bodies.
- Achieve and maintain national and international accreditation of all academic programs.
- Implement the internal quality assurance management system across the College of Clinical Pharmacy.

The Functions

1. Conduct quality orientation programs for the new faculty and staff.
2. Follow-up and review the eligibility requirements and documents for national and international accreditation and develop appropriate plans to review the program in relation to accreditation standards.
3. Liaise with Professional Development Unit and provide training/workshops according to the program requirements.
4. Guide programs to initiate self-evaluation and supervise its implementation/action plans and review their evidences.
5. Edit, revise, and proofread all the official documents of VDDCP as required.

6. Review, update and prepare Self-Study report of various programs offered at CCP in coordination with program representatives.
7. Provide staff members with information on their teaching performance and to assist further development of their teaching practices by gaining feedback from students.
8. Ensure that evaluations and surveys are aligned with the university mission.
9. Monitor data collection using “[Muashirat](#)” to maintain a database for preparing required KPIs.
10. Monitor the preparation of the KPI manual for all programs and report it to the higher administration at periodic intervals.
11. Coordinate with Measurement and Evaluation Unit on the KPIs results and planning for improvement.
12. Follow-up the KPIs and benchmarking reports.
13. Prepare action plans towards the recommendations of program accreditation (EEC-NCAAA and ACPE).
14. Collaborate with VDDCP to evaluate program and course reports, ensuring implementation of recommendations and action plans.
15. Assess the overall performance of CCP in achieving continuous quality improvements.
16. Supervise the implementation of action plans across all programs to ensure adherence to quality standards.
17. Evaluate data related to students’ achievement of learning outcomes across various CCP programs.
18. Collate data to benchmark teaching and learning quality with other national and international programs.
19. Ensure regular review and enhancement of all quality assurance processes to sustain and improve academic standards.

Measurement and Evaluation Unit

The unit of Measurement and Evaluation is concerned with collecting data for Key Performance Indicators (KPIs), through the various surveys assigned to the stakeholders, benchmarks, metrics, rubrics and other statistics from different sources. The reports prepared from collected data will be utilized to develop correction action plan(s) which may be shared with stakeholders.

The Functions

1. Ensure regular evaluation of the students experience through a systematic framework of assessing students' perceptions of programs, courses, and quality of administrative and support services.
2. Analyze data pertaining to students' achievement of learning outcomes of various courses and programs offered at CCP.
3. Collate data to benchmark teaching and learning quality with other national and international programs.
4. Provide staff members with information on their teaching performance and assist further development of their teaching practices by gaining feedback from students.
5. Generate inputs for academic staff promotion and performance management processes and teaching portfolios.
6. Coordinate with Quality IT Unit of DQAA and collect data using 'Muashirat' to maintain a database for preparing required KPIs.
7. Prepare KPIs Manual for both college and program and report it to the VDDCP at periodic intervals.

Professional Development Unit

The Professional Development Unit recognizes the CCP members in the advancement of education, research and service missions. The unit aims to promote activities and opportunities that help one grow in terms of performance, satisfaction, and status within the workplace.

The Functions

1. Perform training needs assessment of programs offered by CCP.
2. Coordinate with related deanships and prepare the yearly calendar for the training unit
3. Plan and conduct regular training programs in the form of workshops, discussion forums and seminars for the faculty and staff on the topics related to quality, analysis, evaluation, and accreditation tools to ensure high-quality education.
4. Create opportunities to train staff members to be qualified and prepared in the above-mentioned topics.

Risk Management Unit

To cater for risk management in CCP, a risk management unit was established as one of VDDCP units. The unit is responsible for the following risk management functions:

The Functions

1. Prepare a Risk Management Handbook for the college based on IAU risk management manual and university policies.
2. Identify tools, policies, and procedures needed to modify and control risks.
3. Conduct college-wide awareness training to spread the culture of risk management and communicate the risk management plan to all departments and units.
4. Help programs and departments of CCP to develop their risk management plans.
5. Conduct annual review of risk management plans, update the risk handbook, and develop policies to deal with the risk.
6. Create a mechanism for the implementation of risk management in all CCP programs and departments.
7. Coordinate with security and safety directorate on monitoring and reporting safety issues and conduct a joint root cause analysis to identify opportunities of improvement.
8. Follow up and periodically audit and report the implementation of risk management plans.
9. Prepare risk register for various risks facing CCP and update them continuously.

Community Service Unit

The Community services unit in the CCP encourages and conducts active community service efforts to be undertaken by members of the faculty and the student body. Its main functions include the following:

1. Motivate and support faculty members and students to actively engage in meaningful community service initiatives.
2. Raise awareness of the importance of social responsibility within the college.
3. Identify and develop opportunities for impactful community service projects that align with the college's mission and the needs of the community.

4. Collaborate with external organizations, healthcare providers, and local communities to facilitate service initiatives.
5. Guide faculty and students in properly documenting their community service efforts.
6. Ensure all activities are electronically recorded in the Social Responsibility Bank of Imam Abdulrahman Bin Faisal University (IAU).
7. Keep a detailed record of all community service activities undertaken by faculty members and students.
8. Archive participation data, outcomes, and impact of each activity.
9. Summarize all community service activities conducted throughout the academic year in an annual report.
10. Highlight key achievements, participation rates, and community impact in the report for internal review and external stakeholders.
11. Regularly inform faculty and students about upcoming community service events and initiatives.
12. Acknowledge the efforts of faculty and students who actively participate in community service activities.
13. Create recognition programs or awards to encourage sustained engagement.
14. Advocate for social responsibility as a core component of professional and personal development for students and faculty.
15. Assess the outcomes and effectiveness of community service activities.
16. Use feedback and data to improve future initiatives and align them with the needs of the community and the college's strategic goals.

Alumni Affairs Unit

The role Alumni Affairs Unit is to communicate with the graduates of the program and has the following functions:

1. Take the initiative to establish the College of Clinical Pharmacy (CCP) Alumni Network.
2. Encourage active participation from alumni to build a strong and interactive community.
3. Create a comprehensive database of all program graduates.

4. Ensure the database is regularly updated with current contact information, career progress, and achievements.
5. Collaborate with the Alumni and Career Development Center to design and implement periodic alumni surveys.
6. Use survey results to evaluate alumni satisfaction, track their career paths, and gather feedback for program improvement.
7. Plan and host regular forums, reunions, or meetings to strengthen the bond between alumni and the college.
8. Facilitate networking opportunities among alumni and between alumni and current students.
9. Provide alumni with resources for career advancement, including job postings, career counseling, and professional development workshops.
10. Offer continuing education opportunities to help alumni stay updated with industry trends and advancements.
11. Recognize and celebrate alumni achievements through newsletters, social media, and official college publications.
12. Highlight success stories as inspiration for current students and other alumni.
13. Involve alumni in mentoring current students, guest lectures, and other college events.
14. Encourage alumni to contribute to the college's development through volunteering opportunities.
15. Foster partnerships between alumni and college for research, internships, or community projects.
16. Strengthen ties with the industry by leveraging alumni connections.
17. Track the professional and societal impact of alumni to demonstrate the value of the program.
18. Use this data to support accreditation and strategic planning.

Public Relation Unit

1. Work closely with the university's Public Relations team to publicize the college's events and services.

2. Disseminate accurate and engaging information about the college to develop a positive reputation among affiliates and the public.
3. Utilize social media, the college website, and other platforms to reach a broader audience.
4. Highlight the college's achievements, services, and contributions to the community.
5. Ensure easy access to information about the college for stakeholders, affiliates, and the public.
6. Create brochures showcasing the college's events, services, and achievements.
7. Distribute these materials within the university and to external stakeholders to enhance awareness of the college's initiatives.
8. Assist the college's administration, departments, and units in planning, organizing, and executing events, conferences, and workshops.
9. Ensure that events align with the college's goals and maintain a professional standard.
10. Regularly update these platforms to keep stakeholders informed and engaged.
11. Monitor and evaluate public relation efforts.

Functions of various academic units/committees at CCP

Curriculum Committee

The curriculum committee of CCP is assigned to carry out the following tasks:

1. Apply standards of good academic practices to maintain the highest possible quality for the curriculum, ensuring it is effective and aligned with contemporary educational standards.
2. Conduct periodic reviews of the curriculum to evaluate its relevance, effectiveness, and alignment with the goals, objectives, and mission statements of the program, college, and university.
3. Provide recommendations for curriculum improvements to meet strategic plan objectives.
4. Evaluate and recommend the approval of new courses and major/minor changes to existing courses.

5. Review and approve decisions related to course discontinuation and revisions in general education criteria.
6. Address and resolve curricular conflicts between departments.
7. Prevent duplication of course content and ensure coherence across the curriculum.
8. Carry out curriculum or content mapping to identify the scope and sequence of courses.
9. Ensure skills are introduced and developed in a logical and progressive manner to optimize student understanding.
10. Assess current textbooks, teaching materials, and instructional methodologies to ensure alignment with contemporary educational standards.
11. Recommend updates or replacements as necessary to enhance teaching and learning outcomes.
12. Review proposals for curriculum amendments submitted by various departments.
13. Provide guidance and support to faculty members in making curricular changes, ensuring alignment with program goals and standards.

Academic Affairs Committee

1. Formulate and oversee academic policies related to the delivery of educational programs and ensure they align with the college and university's mission and strategic goals.
2. Ensure the academic quality and standards of programs are upheld through regular review and evaluation of teaching, learning, and assessment practices.
3. Evaluate and recommend updates or enhancements to academic programs to maintain their relevance and effectiveness in meeting student and industry needs.
4. Review and approve course offerings, and exam timetables in coordination with department heads to avoid conflicts and ensure effective resource utilization.
5. Monitor student academic performance through continuous review and updates of policies and procedures related to identifying at-risk students and recommending interventions and support systems.

6. Collaborate with the Professional Development Unit to provide faculty with resources and training to enhance teaching methodologies and academic practices.
7. Address and resolve academic concerns or grievances raised by students, faculty, or staff in a fair and timely manner.
8. Develop and review policies for assessments, exams, and grading to ensure fairness, consistency, and alignment with program learning outcomes.
9. Assist in meeting accreditation standards by ensuring academic programs and policies comply with national (EEC-NCAAA) and international (ACPE) accreditation requirements.
10. Promote collaboration among departments to improve interdisciplinary teaching and learning experiences.
11. Evaluate feedback from students on their academic experiences and implement strategies to enhance learning environments and teaching effectiveness.
12. Align academic operations with the college's strategic plan, ensuring continuous improvement in teaching and learning outcomes.
13. Generate reports on academic performance, program outcomes, and committee activities for submission to the college administration and relevant university units.

Examination Facilitation Committee

1. Organize and coordinate the preparation of examination schedules for midterms, final exams, and re-sit and/or remediation exams in collaboration with departments to avoid conflicts.
2. Ensure all logistical arrangements for exams are in place, including the allocation of examination halls, seating plans, and invigilation schedules.
3. Maintain the confidentiality and integrity of exam papers by implementing strict security measures during preparation, distribution, and storage.
4. Provide support to faculty and invigilators during the administration of exams to address any unforeseen issues or requirements promptly.
5. Coordinate arrangements for students requiring special accommodation, such as students with disabilities or those with conflicting exam schedules.

6. Ensure that all examinations are conducted in accordance with college and university policies, including adherence to assessment regulations and academic integrity standards.
7. Oversee the preparation, collection, and distribution of exam materials, including question papers, answer sheets, and any required equipment or resources.
8. Provide immediate assistance in resolving technical or operational issues that may arise during exams, such as equipment malfunctions or administrative errors.
9. Prepare reports on exam processes, including attendance, incidents, and feedback, for submission to the college administration.
10. Collect feedback from students, faculty, and invigilators to evaluate the effectiveness of exam facilitation processes and implement improvements where necessary.
11. Develop contingency plans to handle emergencies or disruptions during exams, ensuring minimal impact on students and faculty.

Examinations and Assessment Quality Unit

This unit is concerned with the responsibilities to formulate, direct, implement, and monitor all issues related to examinations as stipulated by Office of the Vice President for Academic Affairs and IAU's Center for Quality of Assessment and Examinations. Specific duties and responsibilities include:

1. Develop and implement standardized examination formats tailored to meet the needs of various departments within the college.
2. Provide guidance on the use of standardized templates for diverse assessment methods, including presentations, assignments, seminars, written exams, and oral exams, ensuring consistency and quality.
3. Evaluate written exams to ensure clarity, consistency, and alignment with standardized formatting.
4. Assess the quality and richness of exam content to ensure comprehensive coverage of course material.
5. Verify that all examinations are designed to measure the achievement of the program's established learning outcomes effectively.

6. Analyze examination results, including appropriateness of difficulty, discriminating ability, and overall performance.
7. Provide feedback and recommendations to the course faculty for improving future examinations through modifications, additions, or eliminations of questions.
8. Conduct detailed item analysis for midterm and final examinations to evaluate question performance and inform improvements.
9. Collaborate with course instructors to review exam results and suggest ways to improve assessment methods.
10. Facilitate the continuous improvement of examinations by ensuring assessments are fair, valid, and reliable, contributing to the overall quality of education.
11. Ensure that examination and assessment practices meet national and international accreditation requirements.
12. Formulate and update policies related to examinations and assessments to ensure alignment with institutional standards and best practices.

Registration and Graduation Unit

1. Manage the registration process for new and continuing students, ensuring compliance with university policies and deadlines.
2. Assist students with course enrollment, adding/dropping courses, and resolving registration issues.
3. Maintain accurate and up-to-date academic records for all enrolled students, including grades, course completions, and transcripts.
4. Update and manage student information in the university's registration system.
5. Coordinate with the Vice Dean for Academic Affairs to finalize class schedules and ensure proper allocation of resources.
6. Communicate the academic calendar, including registration dates, examination schedules, and deadlines, to students and faculty.
7. Verify students' academic progress and eligibility for graduation, ensuring all program requirements are met.
8. Provide guidance to students on fulfilling remaining academic requirements for graduation.

9. Facilitate the preparation and issuance of transcripts, degree certificates, and other official academic documents.
10. Guide students on policies related to course withdrawals, deferments, or academic status changes.
11. Ensure that all registration and graduation processes comply with university regulations and academic policies.
12. Generate reports on enrollment, retention, and graduation rates for submission to college leadership and relevant stakeholders.
13. Analyze trends and provide data to support strategic planning efforts.
14. Act as a link between the college and the university's central registrar office for all matters related to registration and graduation.
15. Address and resolve issues related to registration conflicts, discrepancies in academic records, and other student concerns promptly.
16. Provide necessary data and documentation to support accreditation and quality assurance processes related to student progression and graduation outcomes.

Students Activities Committee

1. Encourage active participation of students in extracurricular activities to foster personal growth and community involvement.
2. Develop and execute a diverse range of student activities, including cultural, recreational, sports, and social events, to enrich the student experience.
3. Provide guidance and support for student clubs and organizations in planning and managing their activities and initiatives.
4. Coordinate with the Community Service Unit and Public Relations Unit to organize joint activities that benefit both the college and the community.
5. Facilitate opportunities for students to develop leadership and teamwork skills through active participation in planning and managing activities.
6. Provide platforms for students to showcase their talents, creativity, and innovation in various fields.
7. Organize events that celebrate cultural diversity and promote inclusivity among students.

8. Conduct health, fitness, and wellness programs to promote a healthy lifestyle among students.
9. Maintain records of all student activities and prepare annual reports highlighting achievements and participation.
10. Foster a sense of belonging and pride among students by promoting a vibrant and inclusive campus culture.
11. Partner with external organizations to provide students with opportunities for community engagement, internships, and skill development.
12. Organize workshops, seminars, and extracurricular programs that complement academic learning and support students' academic success.
13. Gather feedback from students on activities and use it to improve and innovate future programs.
14. Ensure that student activities align with the college's mission, vision, and strategic objectives to promote holistic student development.

Students Support and Academic Advising Unit

1. Assign academic advisors to students and guide them in course selection, registration, and academic planning to ensure timely program completion.
2. Track students' academic performance, identify at-risk students, and provide tailored support to improve their outcomes.
3. Oversee and review student portfolios to ensure they reflect progress, achievements, and alignment with academic and professional goals.
4. Provide career counseling and guidance to help students explore career options and develop skills aligned with their professional aspirations.
5. Conduct orientation programs for new students to familiarize them with the academic system, university regulations, and available resources.
6. Help students overcome academic challenges by providing assistance with course-related issues and connecting them to additional resources when necessary.
7. Collaborate with faculty members to monitor students' progress and address academic or behavioral concerns.

8. Organize workshops and seminars to enhance students' academic, personal, and professional skills.
9. Offer emotional support and referrals to counseling services to help students manage stress and mental health concerns.
10. Identify students with learning disabilities and provide them with the necessary accommodation and support services.
11. Create a supportive environment that encourages students to seek help when facing academic or personal challenges.
12. Monitor students on academic probation, provide action plans for improvement, and ensure compliance with academic policies.
13. Develop peer mentoring programs to enhance support systems and encourage a collaborative learning environment.
14. Keep records of academic advising sessions, support services provided, and students' progress to ensure continuity and accountability.
15. Encourage students to participate in extracurricular activities to achieve a balanced academic and personal life.
16. Prepare reports on student support and advising activities and share the findings with the college administration for continuous improvement.
17. Ensure that the unit's activities align with the college's mission, vision, and strategic objectives, fostering student success and development.

Learning Resources Support Unit

1. Ensure students and faculty have access to a wide range of physical and digital learning materials, including books, journals, databases, and multimedia resources.
2. Maintain and update the inventory of learning materials, ensuring alignment with the academic needs of the college.
3. Provide training sessions and workshops, in collaboration with the Professional Development Unit, to enhance students' and faculty's skills in using digital learning platforms and tools.
4. Collaborate with faculty to identify and provide appropriate resources that support teaching and learning objectives.

5. Guide students and faculty in using e-libraries, online databases, and other electronic learning resources effectively.
6. Act as a liaison between the college and the university library to ensure alignment and availability of shared resources.
7. Offer technical support for accessing and using educational software, learning management systems, and other technology-enhanced learning tools.
8. Monitor and evaluate the utilization of learning resources to ensure their effectiveness and identify areas for improvement.
9. Develop initiatives that encourage self-learning, such as access to online courses, e-books, and virtual study platforms.
10. Assist faculty in integrating innovative learning resources and technologies into their teaching practices.
11. Align the unit's activities with accreditation requirements, ensuring the availability and quality of learning resources meet academic standards.

Integration & Interprofessional Education Committee

1. Promote teamwork and collaborative learning among students from various healthcare disciplines to enhance patient care and achieve interprofessional competencies.
2. Develop and organize interprofessional education (IPE) initiatives, including workshops, case-based discussions, simulation-based exercises, and community-based activities.
3. Ensure IPE strategies comply with accreditation requirements (e.g., ACPE and NCAAA) and contribute to achieving the program's intended learning outcomes.
4. Implement an integrated curriculum framework that connects foundational knowledge, clinical skills, and professional competencies across courses and disciplines, ensuring progression of learning.
5. Facilitate the alignment of course objectives, teaching methods, and assessment tools to ensure coherence and continuity in student learning experiences.
6. Coordinate training on IPE methodologies and teaching approaches to support effective delivery of the integrated curriculum.
7. Foster collaboration between basic sciences, clinical sciences, and professional practice courses to bridge theory and practice in healthcare education.

8. Collect feedback and assess the impact of IPE activities on students' competencies/PLOs, teamwork, and communication skills.
9. Collaborate with other healthcare colleges to plan and execute joint interprofessional activities and initiatives.
10. Incorporate interprofessional perspectives in case-based learning to simulate real-world healthcare scenarios.
11. Maintain records, disseminate successful practices, and encourage innovation in interprofessional education.
12. Promote the importance of IPE among students, faculty, and practitioners through events and communications.
13. Facilitate research projects, create manuals, and develop materials to support interprofessional and integrated learning initiatives.
14. Review progress, benchmark practices with national and international standards, and report outcomes for continuous improvement.
15. Actively involve students in planning, evaluating, and improving IPE activities while addressing their perspectives.
16. Work with curriculum committees to embed interprofessional education principles into program courses.
17. Ensure vertical and horizontal integration within the curriculum by mapping key concepts, competencies, and learning outcomes across academic years and disciplines.
18. Develop mechanisms to evaluate the effectiveness of the integrated curriculum, including its impact on students' ability to synthesize knowledge and apply it in real-world contexts.
19. Support faculty in adopting innovative teaching strategies that promote integration, such as problem-based learning (PBL), team-based learning (TBL), and flipped classrooms.
20. Provide resources and guidance to faculty on aligning assessments with integrated learning objectives, ensuring that evaluations reflect the interconnected nature of the curriculum.

External Advisory Board

This board provides consultancy from academic, industrial, and professional entities to evaluate the program's performance in academics, research, and community service, considering scientific and technological developments in the program's specialty and labor market requirements. The advisory committee members are professionals and experts from outside the university, representing relevant employers in industrial, professional, and other prominent social sectors. The committee reviews, evaluates, and advises on the program's content. They propose policies and practices for each program, reflecting developments and changes in specialties, labor market demands, and external environments. The main tasks and functions of the program advisory committee are outlined below (details can be accessed in the Regulatory Guide for the Advisory Committees of Colleges and Programs):

1. Review and help the program update its mission, goals, objectives, and learning outcomes in light of scientific and technological advancements and labor market demands.
2. Evaluate study plans, annual reports, and curriculum specifications to ensure courses align with the program's mission and objectives while maintaining innovation and excellence.
3. Assess the alignment of graduate skills with the current and future needs of various employment sectors.
4. Examine intended learning outcomes at the program and course levels for alignment with the National Qualifications Framework and encourage creativity, innovation, self-education, and community engagement.
5. Advise on research policies to meet international standards, enhance research quality, and foster partnerships for research funding and commercialization.
6. Monitor academic, administrative, and financial activities in alignment with accreditation standards and technological developments.
7. Propose external benchmarks and performance indicators that reflect desired graduate attributes and program outcomes.
8. Review evaluations, survey results, KPIs data, and benchmarking reports to propose actionable improvements.

9. Discuss criteria and procedures for comprehensive evaluations and propose innovative measurement tools.
10. Provide input on proposals for the professional and academic development of faculty members.
11. Evaluate field experience specifications, reports, learning outcomes, and assessment methods, and recommend improvements for student projects.
12. Facilitate agreements with industries and employers to offer voluntary work programs, internships, and part-time employment opportunities for students.
13. Act as ambassadors by attending events, networking with stakeholders, and enhancing the program's visibility and reputation.
14. Review and discuss the implementation of action plans based on recommendations from previous meetings and performance feedback.
15. Suggest new activities, or areas of improvement that contribute to the college's development.
16. Identify and propose additional areas for discussion to further enhance the college's academic, research, and community engagement.

Disciplinary Committee

The Disciplinary Committee of CCP addresses student academic and disciplinary issues and makes recommendations to the Standing Disciplinary Committee, chaired by the Vice President for Academic Affairs. This committee aims to protect and uphold the integrity and credibility of the College. It is chaired by the Dean. In accordance with IAU rules and regulations, all matters concerning disciplinary actions require immediate investigation, and this committee typically responds to reported incidents of academic or general misconduct.

Student Transfer Committee

This committee reports directly to college Dean.

1. Review applications from students seeking to transfer into the program.
2. Determine which courses and credits are transferable based on the curriculum standards.

3. Ensure the transfer process upholds academic and accreditation standards.
4. Decide appropriate course placements for transfer students.
5. Collaborate with other academic departments to verify course equivalencies.
6. Ensure transparency, fairness, and clarity in the transfer process.
7. Handle appeals from students on transfer-related decisions.
8. Contribute to the development of transfer-related policies and procedures.
9. Maintain accurate records of transfer decisions.
10. Collect feedback to refine the transfer process.

Strategic Plan Committee

This committee is chaired by the Dean. It plays a pivotal role in guiding the College's long-term vision and direction. The committee's functions typically include:

1. Creating and periodically reviewing the institution's long-term strategic plan to ensure it aligns with the college's mission, vision, and goals, particularly focusing on areas like academic excellence, research, and professional development.
2. Defining clear, measurable goals and objectives to drive the College's development and improvement across areas such as teaching, research, student outcomes, and community engagement.
3. Ensuring that the strategic plan aligns with the IAU strategic plan, national and international accreditation standards, such as ACPE accreditation, to maintain program quality and integrity.
4. Identifying and prioritizing key objectives, initiatives and projects that support the achievement of strategic goals and enhance college performance.
5. Involving faculty, staff, students, and external stakeholders in the planning process to gather diverse perspectives and ensure the plan is relevant and comprehensive.
6. Assessing and recommending the optimal allocation of resources (financial, human, and technological) to support strategic goals.
7. Overseeing the implementation of strategic initiatives and ensuring that progress is tracked using KPIs and other metrics to measure success.

8. Periodically assessing the effectiveness of the strategic plan and making adjustments based on performance data, changing priorities, or external factors such as new accreditation requirements or industry trends.
9. Promoting collaboration among different departments and units within the college to achieve strategic objectives and foster a shared vision of success.
10. Ensuring that the strategic plan is communicated effectively to all stakeholders, ensuring transparency, understanding, and buy-in from all involved parties.
11. Identifying opportunities for continuous improvement in the institution's operations, teaching quality, research, and student outcomes as part of the strategic planning process.
12. Preparing detailed reports on the progress of the strategic plan for senior leadership, accreditation bodies, and other relevant stakeholders.
13. Integrating strategies for financial sustainability, long-term growth, and innovation to ensure the continued success and impact of the college.

Students Council

The Students Council at the College of Clinical Pharmacy serves as a key platform for student representation, ensuring that the voices and concerns of students are heard and addressed. Composed of elected student leaders, the council works closely with faculty and administration to enhance academic and extracurricular experience. It organizes events, provides feedback on curriculum and policies, and fosters a sense of community within the college. The council also plays a vital role in promoting leadership, advocacy, and collaboration among students, contributing to a positive and dynamic learning environment. The functions of the Students Council at the College of Clinical Pharmacy include:

1. Representing the interests and concerns of students to faculty and administration.
2. Planning and coordinating academic, social, and cultural events to enhance student experience.
3. Collecting and presenting feedback from students regarding the curriculum, policies, and campus life.

4. Encouraging the development of leadership skills among council members and the student body.
5. Creating a sense of belonging and community through student activities and initiatives.
6. Advocating students' rights and needs in academic and extracurricular matters.
7. Acting as a liaison between students, faculty, and administration to ensure effective communication.
8. Organizing workshops, seminars, and activities to support students' personal and professional growth.
9. Working with other student organizations, faculty, and external bodies to promote student welfare and development.

Students Club (Saidal)

While the Students Council at the CCP is a formal representative body elected by students to advocate for their interests, address concerns, and serve as a liaison between students and the administration, focusing on governance, policy influence, and overall student welfare, the Students Club (Saidal) is usually focused on specific activities, interests, or academic fields. It provides opportunities for personal development, extracurricular involvement, and fosters a sense of community within a particular area of interest. Its functions include:

1. Organizing activities, workshops, and seminars to enhance knowledge in pharmacy-related fields.
2. Offering opportunities for students to develop skills, network with professionals, and explore career pathways in pharmacy.
3. Creating a supportive environment for students to connect, share experiences, and collaborate on academic projects.
4. Engaging in public health initiatives and community service activities to raise awareness about pharmacy-related issues.
5. Planning and executing events such as guest lectures, conferences, and social activities to enrich the student experience.
6. Encouraging active participation in club activities to build leadership, teamwork, and communication skills.

7. Partnering with professional pharmacy organizations, healthcare providers, and other educational institutions to support student development.
8. Facilitating collaboration between pharmacy students and students from other healthcare disciplines to promote interprofessional learning.
9. Organizing events that allow students to connect with alumni, faculty, and professionals in the pharmaceutical industry.
10. Representing the interests and needs of pharmacy students within the college and at external events or organizations.

Postgraduate Study Unit

The unit reports to the Vice dean for Research and Innovation. Its main functions include:

1. Managing and coordinating all postgraduate study programs, including Master's, residency and PhD programs.
2. Ensuring that the curriculum for postgraduate programs is up-to-date, relevant, and aligned with academic and professional standards.
3. Handling the admission process for postgraduate students, including reviewing applications, interviewing candidates, and ensuring proper enrollment procedures.
4. Providing academic guidance and support to postgraduate students throughout their studies, including research projects and thesis work.
5. Supporting postgraduate students in their research activities, including providing resources, mentorship, and guidance on research methodology and ethics.
6. Tracking the academic progress of postgraduate students, ensuring they meet milestones and requirements for graduation.
7. Organizing workshops, seminars, and training programs to enhance the professional and academic development of postgraduate students.
8. Ensuring that the postgraduate programs meet accreditation standards, both locally and internationally, and maintain high academic quality.
9. Collaborating with faculty members to ensure effective delivery of postgraduate courses and research supervision.

10. Offering various forms of support to postgraduate students, such as counseling, career guidance, and assistance with funding or scholarships.
11. Coordinating the examination and assessment process for postgraduate students, including thesis defenses, oral exams, and written tests.
12. Creating opportunities for postgraduate students to engage with professionals, alumni, and other academic institutions for career advancement and research collaboration.
13. Encouraging postgraduate students to engage in interdisciplinary research and collaboration, enhancing the scope and impact of their work.

Research and Innovation Unit

The unit reports to the Vice dean for Research and Innovation. Its functions include:

1. Facilitating and promoting research across various pharmacy-related fields, including clinical, pharmaceutical, and scientific research.
2. Assisting faculty and students in identifying research opportunities, formulating research proposals, and securing funding for research projects.
3. Ensuring that faculty and students have access to the necessary resources, such as laboratories, equipment, and research databases, to conduct high-quality research.
4. Offering training and guidance on research methods, data analysis, and ethical considerations to ensure high standards in research practice.
5. Encouraging collaboration among faculty, students, and external research institutions, both locally and internationally, to enhance the quality and impact of research.
6. Fostering a research-driven culture within the college by organizing seminars, workshops, and conferences to share knowledge and encourage innovation.
7. Tracking the progress of ongoing research projects and ensuring that they align with the college's strategic research goals.
8. Ensuring that all research projects comply with ethical guidelines, institutional policies, and regulatory requirements.
9. Supporting faculty and students in publishing their research findings in reputable journals, presenting at conferences, and contributing to the global research community.

10. Assisting researchers in identifying funding opportunities, writing grant proposals, and managing research budgets.
11. Providing mentorship and supervision to postgraduate students and early-career researchers in their research activities.
12. Assessing the impact of research on the field of pharmacy and healthcare, including its contribution to clinical practices, policy, and innovation.
13. Encouraging interdisciplinary research collaborations across different healthcare fields to address complex problems and improve patient care.
14. Preparing the annual research report and tracking research KPIs to measure achievements, ensuring continued improvement and alignment with the college's strategic goals.

Graduate Students Scholarship Unit

The unit reports to the Vice dean for Research and Innovation. Its functions include:

1. Overseeing the administration and management of scholarship opportunities for graduate students, including criteria, application processes, and eligibility requirements.
2. Tracking the academic progress of scholarship recipients, ensuring they meet the required performance standards and fulfill the scholarship terms.
3. Providing students with information and support related to scholarship applications, requirements, and renewal procedures.
4. Ensuring that scholarship programs comply with institutional policies, regulations, and ethical standards.
5. Organizing events such as orientations, workshops, or seminars to provide scholarship recipients with information on available resources and support services.
6. Preparing regular reports on scholarship distribution, recipient progress, and the overall impact of the scholarship program to share with stakeholders.

Lab Council

The unit reports to the Vice dean for Research and Innovation. Its functions include:

1. Ensuring that all laboratory activities within the college are running efficiently and safely, including managing day-to-day operations and resources.
2. Developing and implementing standard operating procedures (SOPs) for lab safety, equipment uses, and general lab protocols to ensure high standards of practice and compliance with regulatory requirements.
3. Encouraging and facilitating interdisciplinary research collaborations within the college and with external institutions to maximize the utilization of lab resources.
4. Overseeing the allocation and maintenance of lab equipment, supplies, and other resources, ensuring that the labs are well-equipped for research and teaching purposes.
5. Assisting faculty and researchers in accessing the necessary resources, tools, and support for their research projects conducted within the labs.
6. Monitoring adherence to health, safety, and environmental regulations within the labs and providing training for students and staff on lab safety protocols.
7. Organizing workshops, training sessions, and seminars for students and faculty to enhance their technical skills and knowledge related to lab work and research.
8. Evaluating the effectiveness of laboratory facilities, including tracking performance against KPIs related to research output, equipment usage, and student involvement in lab-based research.
9. Managing the budget for lab resources, equipment procurement, and operational expenses, ensuring financial efficiency and sustainability.
10. Providing regular reports to the Vice Dean for Research and Innovation regarding lab activities, challenges, resource needs, and progress toward achieving research goals.
11. Ensuring that the labs meet accreditation requirements and that all equipment and facilities are up to the standards set by relevant regulatory and academic bodies.

Internship Program Committee

The committee reports to the Vice dean for Clinical Affairs. Its functions include:

1. Ensuring that the internship program complies with national accreditation standards, preparing documentation, and supporting audit and review processes.
2. Tracking intern performance, gathering site feedback, and using data to drive continuous program improvement and ensure learning objectives are met.
3. Identifying, developing, and promoting new clinical training sites to expand placement opportunities and diversify learning experiences.
4. Developing and implementing recognition programs to reward outstanding interns and preceptors, fostering motivation and excellence.
5. Creating and updating training materials and orientation resources to ensure preceptors and interns are fully prepared for their roles.
6. Coordinating structured career development initiatives, including mentorship programs, networking events, and job placement support for interns.
7. Implementing risk management strategies to address issues at clinical sites, ensuring intern safety and program compliance.
8. Facilitating site visits to clinical locations to ensure compliance with program standards and addressing site-specific challenges.
9. Ensuring alignment between academic coursework and internship experiences to reinforce theoretical knowledge through practical application.
10. Organizing preceptor development programs to align mentoring skills with the internship's educational goals.
11. Strengthening and expanding the mentorship program to ensure interns receive personalized guidance and professional development throughout their training.
12. Building and maintaining connections with external stakeholders and alumni to provide mentorship and career opportunities for interns.

Alignment of the quality assurance system at CCP with IAU quality assurance

The quality assurance system at the College of Clinical Pharmacy (CCP) is designed in full alignment with the institutional framework established by Imam Abdulrahman Bin Faisal University (IAU), which promotes a robust quality culture across all stakeholders. IAU's system integrates internal and external quality assurance dimensions, with the internal processes ensuring structured self-regulation of the academic environment and the external framework fostering transparency and dialogue with stakeholders and society. These aspects work together to achieve academic accreditation and drive continuous improvement.

At CCP, the quality assurance system adheres to the principles of IAU's regulatory framework, implementing clear and consistent procedures for academic programs, administrative operations, and support services. The college works collaboratively with the Deanship of Quality and Academic Accreditation at IAU, aligning with institutional templates, policies, and timelines for activities such as accreditation, annual reporting, and performance evaluation. In addition, the CCP's quality assurance efforts are integrated into IAU's strategic planning framework, ensuring that the college's objectives and initiatives contribute directly to the university's overarching mission and goals. This alignment demonstrates CCP's active commitment to advancing quality at all levels. Figure 4 describes the quality assurance system adopted by IAU.

Internal Quality Assurance System at CCP

The CCP has developed a comprehensive performance measurement system aligned with IAU system, (including, but not limited to student surveys) to regularly evaluate and report on teaching effectiveness in all courses, as well as program and support services. The aim of the IQA is not only to promote the introduction of an IQA system within the CCP but to promote the harmonization of the Quality Assurance (QA) system in all programs with some generally accepted guidelines. Guiding principles for this evaluation is based on the university's quality cycle: Plan, Implement, and Evaluate (monitor, interrogate and interpret) and Improve.

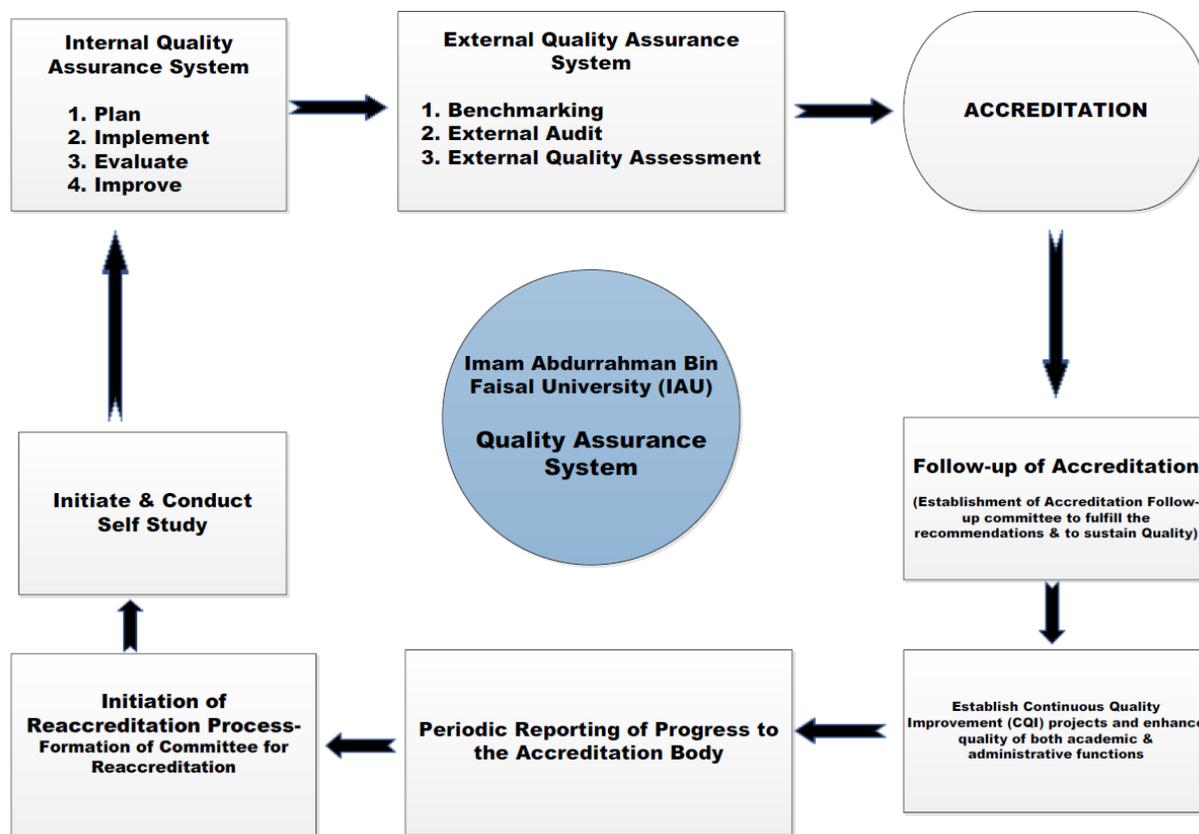


Figure 3: Quality Assurance System at IAU

The quality assurance system of the college focuses on eight core activities:

1. Academic activities
2. Teaching and learning
3. Students' assessment
4. Teaching staff
5. Administrative activities
6. Facilities and learning resources
7. Student Support services

Principles of Performance Measurement System

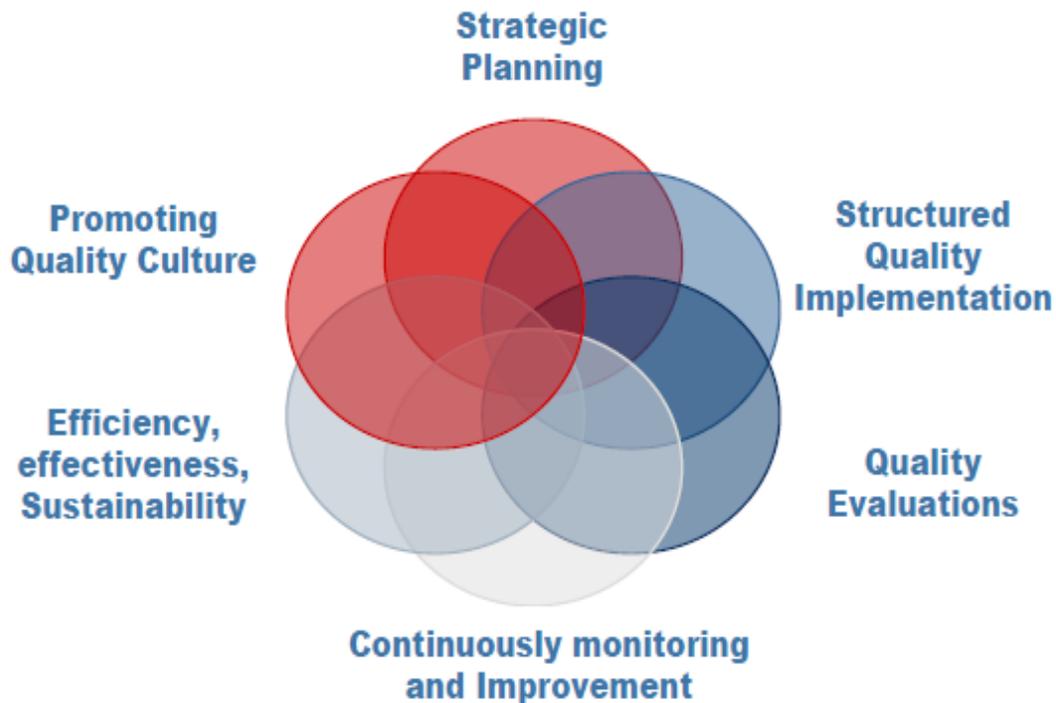


Figure 4: Principles of Performance Measurement System

8. Research output and Community services.

Quality Assurance focusing on Teaching and Learning

Quality assurance activities at the College of Clinical Pharmacy are structured around three key components: inputs, processes, and outcomes, with a strong focus on student learning outcomes (LOs). The input phase, also known as the planning phase, begins with the admission of students based on standardized criteria as outlined in the University Admission Regulations. During this phase, high-quality academic programs are designed to align with the National Qualification Framework (NQF) and meet professional and market demands. Labor market studies are conducted during program development and updated periodically to ensure alignment with current needs (Appendix 1: [IAU Guideline for developing and reviewing academic programs](#)). The second most crucial component of the input phase is the standardization of the

students' selection process held each academic year. Students' selection of various academic programs is based on predetermined criteria (Appendix 2: [University Admission Regulations](#)).

A Preparatory year alignment policy is in place to review, modify, and align the preparatory year curriculum content with the learning outcomes of PharmD undergraduate program offered at CCP. This policy establishes the procedures and strategies to align all courses offered at the Deanship of Preparatory Year & Support Studies (DPYSS) with the learning outcomes of the PharmD program (Appendix 3: [IAU Preparatory Year Alignment Policy](#)). The 'input phase' includes regular and periodic planning activities for each academic year. It starts with updating the program and course specifications (if needed). It is subsequently followed by developing course plans in which suitable and appropriate teaching and assessment strategies are chosen by the teaching staff, ensuring the availability of necessary learning resources and lab equipment required for the conduct of courses as stipulated in the Program study plan (Appendix 4a: [Course specification template](#), [4b: Course specification change form](#)). IAU has developed several electronic applications to manage its teaching and learning processes. One such initiative is '[Jaudah](#),' which facilitates users of all academic programs to complete all the required NCAAA forms electronically.

The 'process' phase involves implementing teaching and learning activities in accordance with the study plan approved by the university. Quality monitoring is conducted under the Vice Deanship for Academic Affairs, with the Vice Deanship for Development and Community Partnership overseeing processes through committees such as the Curriculum Committee, QMAAU, and Academic Affairs Committee. These committees ensure adherence to institutional regulations and maintain consistency across programs.

The 'outcome' component focuses on evaluating students' learning and teaching activities, and it has to be carried out directly through mid-term, continuous assessment, and end-of-term exams and indirectly through surveys (Appendix 5: policies and procedures manual). Besides internal stakeholders, external stakeholders such as alumni and employers must be invited to assess the Quality of the academic programs. The Vice Deanship of Academic Affairs monitors student performance and teaching and assessment practices. In addition, the Examinations and Assessment Quality Unit (EAQU) ensures that all the academic programs uniformly apply

the examination and assessment guidelines before, during, and after the examinations as per the university's Quality of Assessment and Examination Centre requirements, emphasizing fairness, transparency, and objectivity in assessments. A valid and reliable mechanism exists at IAU for verifying standards of student achievement, and well-established policies and procedures streamline it (Appendix 6: [Institutional Policy Verify Standards of Students Achievement](#)).

At the end of each academic year, all academic activities at the program level must be reported through the preparation of annual program reports and course reports, using the templates provided by the NCAAA. Course reports should be prepared at the end of each semester/term, providing an overview of the course delivery process until completion. After identifying issues and problems (strengths and weaknesses) requiring further improvement, along with an action plan, these reports must be approved by the corresponding head of department during the Department Council meeting. Subsequently, they must be submitted to the QMAAU. Based on the course reports, the QMAAU, in collaboration with the vice deanships of the college, prepares the Annual Program Report (APR), which is reviewed and approved by the College Council. All required documents, except for the program specifications, are monitored and reported annually. If revisions or modifications to course specifications are identified as part of the improvement process, the "[Course Specification Change Request and Tracking Form](#)" must be completed by the faculty member or the course coordinator. This form documents the proposed changes, their rationale, and supporting evidence, and must follow the established approval workflow through the Department Council, Curriculum Committee, QMAAU, and finally the College Council before implementation. Once approved, updates to course specifications are documented and communicated to relevant parties (Refer to the '[Policies and Procedures for Major and Minor Changes in Course Specifications](#)' for detailed process guidance). Program specifications are typically updated whenever revisions or modifications occur. However, the target benchmarks for KPIs are updated annually based on program performance. The College Dean must submit the APR to the Vice President of Academic Affairs, who then forwards it to the University Council. Toward the end of each course, the course coordinator is responsible for preparing a course portfolio according to the [IAU course portfolio checklist](#).

This comprehensive approach ensures continuous improvement, aligns academic programs with national and professional standards, and supports CCP in achieving and maintaining academic accreditation.

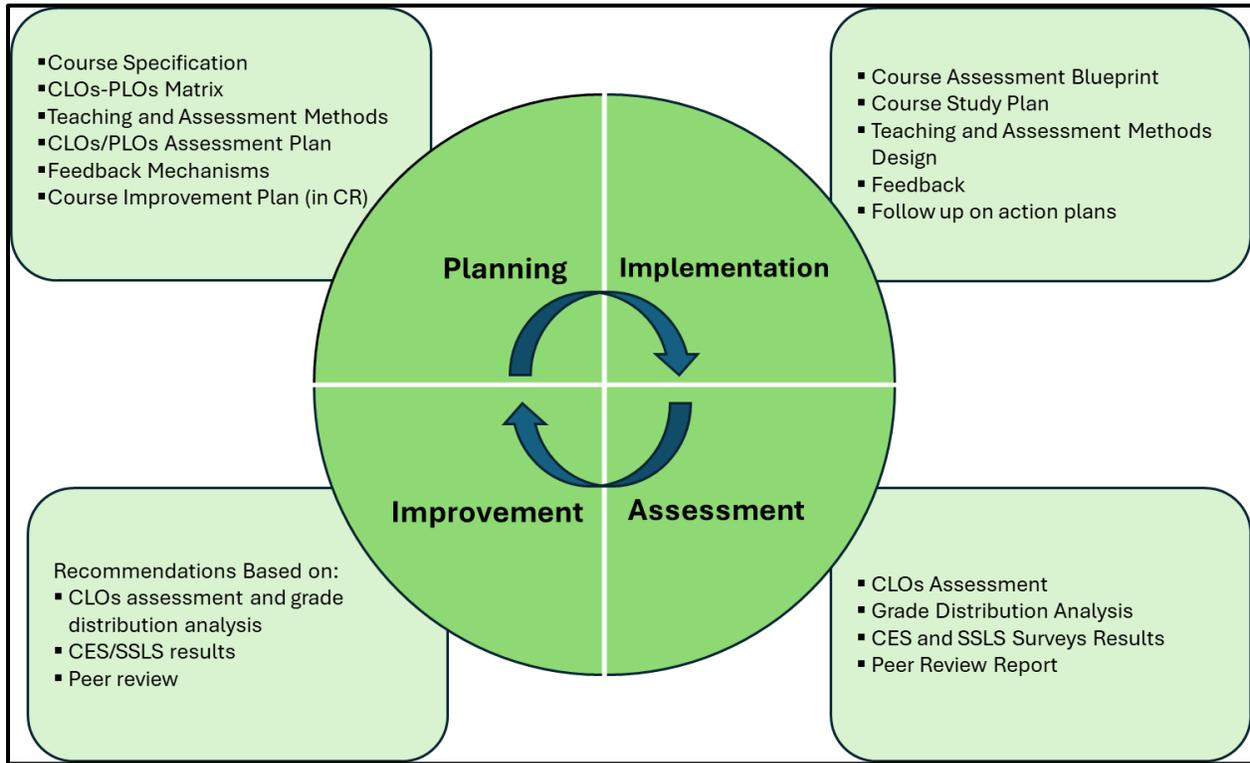


Figure 5: Course quality assurance cycle

Quality Assurance of Students Assessment

All colleges attached to IAU have clear procedures to ensure the assessment of students. Students are assessed using predefined criteria, regulations and procedures, which are applied consistently (Appendix 7: [Rules & Regulations for Courses & Examination](#)). There are clear procedures to ensure the quality of examinations (Appendix 8: [Policy and Procedures for Assessment and Examinations Manual](#)). All students' assessments are always carried out professionally and take account of the extensive knowledge that exists on testing and examination processes. Student assessment procedures are to:

- Be designed to measure the achievement of the intended learning outcomes and other program objectives

- Be fit for purpose, whether diagnostic, formative or summative
- Have clear and published grading/marking criteria
- Where possible, the assessment process is designed to incorporate multiple evaluators, minimizing reliance on the judgment of a single examiner
- Take account of all the possible consequences of examinations regulations
- Have clear regulations covering student absence, illness and other mitigating circumstances
- Ensure that assessments are conducted securely in accordance with the institution's stated procedures
- Be subject to administrative verification checks to ensure the accuracy of the procedures
- Inform students clearly about the assessment strategy being used for their program, what examination regulations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.
- Examined and evaluated by external examiner
- Giving students feedback about their weaknesses in the classroom during the learning process

An Institutional Plagiarism Policy is in place at the university (Appendix 9: IAU Plagiarism Policy). Faculty have access to iThenticate tool to check for plagiarism/similarity of their manuscripts. On the other hand, students have access to a tool called SafeAssign on the Blackboard platform which helps them check their assignments before submission.

The quality cycle of the Program Learning Outcomes (PLOs) assessment

In alignment with the institutional quality framework, the learning outcomes assessment is carried out as per the PDCA (Plan-Do-Check-Act) model.

In the planning phase, a comprehensive PLOs Assessment Plan is developed for each student cohort. This plan outlines how learning outcomes will be assessed across two levels: course

and program. At the course level, outcomes are measured within individual courses, while the program level evaluates cumulative achievements across the PharmD program.

During the implementation phase, the assessment plan is executed each semester using pre-approved direct and indirect assessment methods. This ensures consistency and rigor in evaluating student performance and achieving learning outcomes.

In the monitoring phase, program administrators oversee the assessment process, evaluating the achievement of PLOs and Course Learning Outcomes (CLOs) using appropriate tools. This phase ensures the reliability of collected data and highlights areas needing attention.

Finally, in the improvement phase, the results are analyzed to identify gaps between observed outcomes and expectations. These findings are compared with previous data to identify trends and inform recommendations. Action plans are then developed to address gaps and drive continuous quality improvement.

Process adopted by the program for assessing students' achievement of Program Learning Outcomes

IAU has a clear policy and procedures to ensure the quality of its students' assessments. All students are assessed using predefined criteria, regulations, and procedures, and it is applied consistently across all the programs. Students' assessment is carried out professionally at all times and considers the extensive knowledge of testing and examination processes. The assessment process is designed so that the student's achievement of each program learning outcome is measured quantitatively. Program-level student-learning outcomes are measurable results-oriented statements that specify what students will be able to know and be able to do as a result of participating in an academic degree program. These outcomes are described in each Program's academic learning assessment plans. While planning for the assessment of PLOs at IAU, each Program is asked to develop a policy to ensure that assessment tools are designed in such a way as to contribute to high-quality student learning assessment and support the development, delivery, and quality assurance of both Program and courses. As stipulated by NCAAA, all the programs offered at IAU use two ways to assess PLOs: direct and indirect methods.

Direct Assessment of Learning Outcomes

The direct assessment evaluates the knowledge and skills acquired throughout the program through a combination of formative and summative assessments. These assessments include a wide range of activities, including in-class quizzes, laboratory exercises, mid-semester and end-semester exams, reflection reports, assignments, class tests, presentations, Observed Structured Clinical Examinations (OSCEs) and preceptor evaluations.

Steps to be adopted in directly evaluating Program Learning Outcomes achieved by the Students

A 16-step process has to be adopted to directly assess students' achievement of PLOs and the graduates' attributes (GAs). Steps 1 to 6 focus on course-level learning outcomes, and steps 7 to 12 focus on PLOs. Step 13 relates to measuring graduates' attributes, and steps 14-16 (i.e., action plan and follow-up) apply to both course and PLOs assessment. The 16-step process is narrated below:

Step 1: Preparation of Program Planning matrix

Step 2: Use Course specification to align each CLO with appropriate PLOs

Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each CLOs

- Create a Table showing types of assessment tools (instruments) mapped against assessment methods to measure course-level learning domains.

Step 4: Devise appropriate course blueprint and assessment plan for each course offered in the Program

Step-5: Prepare CLOs assessment matrix for each course offered by the Program (develop this table separately for each course)

Step-6: Measure students' achievement of course learning outcomes in each respective course offered in the academic program and incorporate it in the respective course report

Step-7: Aggregate students' achievement with regard to those courses contributing to each PLO (i.e. using program planning matrix).

Step 8: Classify students' achievement into nine categories using a predefined Grading system (i.e. A⁺, A, B⁺, B, C⁺, C, D⁺, D and F)

Step 9: Develop Key Performance Indicators (KPIs) based on the percentage of students who achieved either the minimum threshold (60%) [or the target fixed] in courses targeting each respective PLO. The Program usually decides the threshold based on its process toward attaining its mission and goals related to teaching and Learning

Step 10: Fix target and internal benchmark for each PLO

Step 11: Obtain external benchmark with similar programs offered in other Saudi Universities

Step 12: Compare actual performance with target, internal and external benchmark.

Step 13: Perform Direct Measurement of Graduates Attributes from the PLOs

Step 14: Carry out Indirect Methods of Measurement of Graduates' Attributes

Step 15: Develop and implement action plans for improvements (for PLOs and GAs)

Step 16: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.

(Appendix 10: [PLOs assessment plan for the detailed assessment process](#))

Indirect Assessment of Learning Outcomes

A set of indirect assessment methods is employed to assess the PLOs and the graduates' attributes, and it is through the conduct of the following stakeholders' surveys as follows:

- Graduate attributes and PLOs assessment survey
- Program evaluation survey (PES)

- Student Experience Survey (SES)
- Alumni
- Employers' opinion about graduate attributes aligning with labor market needs.

Among the above surveys, the GAs and PLOs assessment survey is straightforward, where the fresh graduates of the program are asked to rate their opinion about their level of achievement of GAs and PLOs (Appendix 11: [GAs and PLOs assessment survey](#)), which is prepared based on the learning outcomes expected from program graduates and are usually measured using a five-point Likert scale. The simplest way to do this is to list each expected learning outcome, and students are asked to indicate on a scale how well they mastered each PLO. The grading system adopted to rate the survey responses is given below:

Table 1: Grading criteria to measure students' responses in GAs-PLOs Survey

Performance Grading	Criteria			
	Mean	Median	First Quartile	Cumulative % of 4 or 5
High Quality	≥ 3.6	4 & 5	4 & 5	≥ 80
Acceptable	2.6 – 3.5	3	3	60 – 79
Improvement Required	< 2.6	1 & 2	1 & 2	< 60

Beside the above surveys, the following methods can be utilized to indirectly assess the student's achievement of Program Learning Outcomes and it is given below:

- Performance of graduates in Professional exit exam or any Progress test conducted.
- Utilizing the results of Professional exams indicators: for example, the SPLE exam.

Closing the Loop, Results dissemination and Follow-up

The purpose of assessment is to help determine whether or not the program is effective, and to allow documenting and demonstrating continuous improvement based upon the use of assessment results. Therefore, "closing the loop" implies that the planning and evaluation process of the Program/College have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the quality of courses, program and other academic and administrative services at the college. The results should be communicated along with the assessment plan to each program chair as well as to the university top management, because the implementation of the next step would involve the collaborative efforts of all parties. For planning purposes, it is vital to share the successes and the shortcomings to generate effective action plans to propose remedial measures for seeking improvements. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-department/program cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority.

It is noteworthy to mention that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plan is a shared responsibility. Each academic program should complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results are to be used to make changes to improve the quality of the program.

After securing the approval of the college council, the dean maintains a copy of the assessment report, a copy of which has to be submitted to the Deanship of Quality and Academic Accreditation. The dean submits the assessment report (in the form of APR) to the Vice Presidency for Academic Affairs who then forward it to the University President. The President and the University Council will review and discuss the annual program reports and the proposed action plans and approve the same for implementation, which also include a detailed timeline and the responsibility charter to aid the implementation process. Further, the approved action plans are forwarded to the directorate of Budgeting and Planning which utilizes this as an input for next year's budget planning cycle. The Dean, vice deans, department heads and DQAA should monitor this implementation process and review any remedial action plans.

Quality assurance focusing on teaching staff

The university developed a system to ensure that the staff members are qualified and competent enough to achieve the mission of the college and university: teaching and learning, research and community service. Quality assurance focuses on all aspects of faculty members, starting from their hiring into IAU.

All faculty need to endorse their qualification and experience certificates by the Ministry of External Affairs of the applicant's country (this is normally done after cross-verification from the issuing university and employer) before being attested by the Royal Embassy and Cultural Attaché of the Kingdom of Saudi Arabia located at the applicant's country. If the highest degree is obtained from outside the applicant's country, the certificate should be attested from the respective Ministry and Embassy at the country from which the degree is obtained. The final verification usually concluded by the Saudi cultural attaché by communicating with the educational institutions to which the candidates were affiliated, together with the university where qualifications are obtained, after taking into consideration the recognition of qualifications stipulated by the Ministry of Higher Education, Saudi Arabia. As such, the recruitment committees verify the candidates' claims of experience and qualifications before appointment (Appendix 12: [Recruitment Process for Saudis & Non-Saudi Teaching staff](#)).

Deanship of Academic Development (DAD) assumes the overall responsibility at the institutional level to continually improve and enhance the educational environment at the colleges by taking the talented instructors, be they faculty or staff, and through a process of extensive training and development to empower them with the skills needed to achieve the programs objectives. Besides, the Directorate of Medical Education also provides the necessary training to the health science faculty/academic staff on selected teaching and assessment methods. In addition, Training and Consultation unit of DQAA offer regular training programs to faculty and academic staff on different topics related to quality and academic accreditation. The Directorate of Library Affairs (DLA) conducts seminars on using new and emerging technology in teaching and research, which many of our faculty attend. The Directorate of Communications and Information Technology (DICT) also provides the necessary training and courses for faculty members, staff, and students who use information and communication

technologies. Furthermore, the [Deanship of E-Learning and Distance Learning](#) is entrusted to hold regular workshops to train faculty and students on the latest, new, and emerging technology in online learning and teaching. At the college level, there is the Professional Development Unit under the Vice Dean of Development and Community Partnership that offers regular training programs to teaching staff to enhance their quality of teaching.

The University has a well-established system and procedures to evaluate the performance of faculty and academic staff, and all staff members have to be aware of those parameters where they are assessed concerning their work performance. (Appendix 13: Procedures for Performance Evaluation). These include evaluation of various aspects such as faculty portfolio, students evaluating teaching effectiveness, and contributions made by the faculty towards the University, research, and community services. A uniform online evaluation system exists at the university level to facilitate this process (Appendix 14: Performance Evaluation Form). Likewise, uniform regulations are in place to govern faculty promotion at IAU (Appendix 15: [Bylaws governing Faculty Promotion at IAU](#)). All the faculty must be subjected to performance evaluation once each year, and it has to be submitted to the directorate of human resources for completing necessary procedures. To ensure the quality of faculty and teaching staff, the college uses some of the following KPIs, which are measured and reported annually in the APR:

- Rate of published research per faculty.
- Percentage of faculty who participated in community service activities.
- Faculty satisfaction with their job.
- Satisfaction level of faculty with the professional development programs.
- Students' satisfaction level of faculty lecturing skills.
- Faculty attrition rate.

Quality assurance focusing on facilities and learning resources

The university has clear procedures to ensure that the quality of facilities needed for student learning are adequate and appropriate for each program. The QMAAU at the College conducts biannual internal audits to check the adequacy of the classrooms, computer facility, simulation

pharmacy, teaching and research laboratories (Appendix 16: [Physical facilities audit forms](#), Appendix 17: [Action Plans Template](#)). The Directorate of Communications and Information Technology (DICT) provides the necessary infrastructure and adequate equipment for the educational, research processes, and administrative activities following international standards. Exclusive standard operating procedures have been installed for all the IT infrastructure to inform the faculty, support staff, students, management, and other individuals authorized to use university facilities and the regulations relating to ICT systems (Appendix 18: [IAU-ICT Policies and procedures](#)). Also, the Information Security Policy is operational at the university level to protect and preserve computer-based information generated by, owned by, or otherwise in possession of the university, including all academic, administrative, and research data. Based on ISO 27001 standards, IAU has a set of policies and procedures to manage its IT infrastructure, including the utility of IT equipment. Likewise, several policies are established and operationalized at IAU to maintain the confidentiality and security of information (Appendix 19: [Information Security Policy](#)). College of Clinical Pharmacy adheres to these policies when utilizing DICT's services. DICT undertakes maintenance of all IT assets across the university through the online Service Management System ([SANED](#)). For any maintenance/service request, the employee/faculty member/student has to submit an incident or request through the ticketing system ([SANED system](#)), and the DICT's staff will respond and resolve the problem within a stipulated timeline. Further, the college has a periodic review meeting with the DICT to review the status of technical infrastructure, identify and improve areas of improvement, and ensure the suitability of IT services to the college/academic program activities. Several performance indicators have to be captured concerning the facilities and reported on as given below:

- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces in the college.

The quality of learning resources is managed by the Directorate of Library Affairs (DLA) at IAU, and an exclusive Policy and Procedures manual governs/manages all Learning Resources at IAU (Appendix 20: [Library Policies & Procedure Manual](#)). A survey named library satisfaction survey

(LUSS) is conducted annually to collect students and faculty feedback about the learning resources effectiveness, and feedback is analyzed and action plans are developed accordingly. In addition, the following performance indicators measure the effectiveness of learning resources and are reported to the university's higher administration annually:

- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books and periodicals per student.
- The ratio of books to titles
- Number of books, journals, and total publications per full-time student.
- The number of online databases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans.

The following CCP KPIs are used to assess the users' satisfaction with the facilities and learning resources:

- Students' evaluation of quality of learning experience in the program.
- First year students' retention rate.

Considering the performance of these KPIs, the survey results, and the findings from internal audit visits, recommendations should be derived, and action plans developed to drive quality improvements. A detailed report on these aspects is included in the APR and must be submitted annually to the university's higher administration after being approved by the College Council.

Quality assurance focusing on students support services

The university has clear procedures to assure the quality of the student support and student counseling. The Counseling and Advising Center is directly working under the supervision of Vice President of Academic Affairs and it has Academic Guidance Units operating at college level that cater services to the students in each college. An approved code of behavior has been established at the university level, which identified the students' rights and responsibilities as well as actions to be taken for breaches of student discipline.

Some of the KPIs focusing on students support services are:

- Ratio of Students: Administrative Staff
- Ratio of Students: Student Support Staff.
- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.

Quality Assurance focusing on administrative activities

The CCP adheres to the guidelines developed by the university to monitor the quality improvements in the administrative processes.

a. Guidelines for monitoring Quality Improvements in the Administrative Units

The assessment process for administrative units is completed annually, and it is implemented mainly to support the college and university's missions and to abide by the institutional commitment on institutional effectiveness and ultimately to promote an environment that fosters student learning. The process is managed by the DQAA, in cooperation with the Administrative Development Deanship. Every year, individual units in cooperation with DQAA review their mission, goals and assessment strategies; collect and analyze data, and utilize this information to make changes/updates as appropriate. To guide this process, units develop annual assessment plans and reports. These documents are submitted to the Administrative Development Deanship for review and feedback.

Administrative support services delivered at IAU include

- Information and Communication Technology (ICT) Services
- Directorate of Library Affairs
- Faculty and Personal Affairs
- Directorate of Budgeting and Planning
- Students Admission and Registration

- Students Affairs Deanship

These areas ensured that facilities, finances, and personnel support the learning environment dedicated to serving the student body and focus on the improvement of the basic operations necessary to the university's infrastructure.

Some of the KPIs used to monitor administrative support services at IAU are:

- Ratio of Students to Administrative Staff
- Ratio of Students to Student Support Staff.
- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books and periodicals per student.
- Ratio of books to titles.
- Number of books, journals and total publications per full time student.
- Number of on-line databases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans.
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.
- Total operating expenditure per student (apart from accommodation and allowance)
- Proportion of funding derived from varied sources (Government, student fees, research income and other)
- Proportion of teaching staff participating in professional development activities in the past year.
- Number/proportion of faculty holding official positions international academic, research or professional organizations.
- Breadth and diversity of background of academic staff as measured by country where

highest qualification obtained and ethnic background.

- Proportion of faculty leaving the College in the past year
- Number of formal faculty and staff complaints or disputes as a proportion of total number.
- Proportions of faculty rating the institution positively on confidential opinion surveys.
- New faculty assessments of the value of orientation programs.
- Faculty assessments of the value of performance evaluation processes.

b. Administrative Outcomes Assessment Process

The administrative outcomes assessment process is a cyclic sub-process in the University Institutional Effectiveness Process. It works as follows:

1. Defining the unit goals in line with university mission and goals.
2. Driving the unit outcomes.
3. Identifying and designing the appropriate assessment tools that measure unit outcomes.
4. Establishing an achievement target for each assessment measure.
5. Collecting and analyzing the assessment data to determine major findings.
6. Developing and implementing an action plan based on assessment results to improve attainment of expected outcomes.

Quality assurance focusing on research and community service

The research unit and community service unit coordinate with the Vice Dean for Research and Innovation and the Vice Dean for Development and Community Partnership to prepare the operational plans in line with the college's strategic plan, and to develop appropriate projects to implement its initiatives, which include the following:

1. Update the research priorities according to the vision (2030) and the needs of society.

2. Encouraging faculty members to increase research production capacity and publish academic research in referred scientific journals and participate in scientific conferences and forums.
3. Activating research partnerships between disciplines and enhancing research cooperation between the educational institutions local and regional.
4. Encourage members to establish specialized scientific forums and hold specialized scientific research seminars.
5. Encouraging members to participate in the College of Clinical Pharmacy Award for Excellence in Scientific Research and Service.
6. Sensitizing faculty members, administrators, and students of the importance of their role in community service.
7. Promote community activities for faculty and students and documenting them in the [social responsibility bank](#).
8. Encouraging participation in judging competitions and research.
9. Encourage community involvement in the evaluation and development of the community service provided by the college/programs.
10. Activation of development projects and initiatives by faculty members and students of the specialized department and joint with the various departments of the college.
11. Providing channels for effective communication between the college staff and the various community parties.

Reports with performance indicators for the objectives are prepared and compared each year to develop improvement plans for better quality. These reports are then approved by the College Council

Monitoring System and Evaluation Processes

The monitoring of quality assurance activities at CCP is overseen by the QMAAU affiliated with the VDDCP through the following measures:

- **Course Portfolio Auditing:** Ensures the quality and effectiveness of the academic program.

- **Stakeholder Surveys:** Collects feedback to assess satisfaction levels with the services provided at CCP.
- **Key Performance Indicators (KPIs):** Tracks progress toward achieving set targets and informs the development of action plans for continuous improvement.

Course Portfolio Auditing

At the start of each semester, the Head of the QMAAU at the College of Clinical Pharmacy (CCP) disseminates the course specification (CS) auditing package to all auditors (i.e., department quality coordinators) and course coordinators. This package includes detailed guidelines for preparing course specifications, such as updated instructional and assessment methods, blueprint guidelines, and other essential resources.

Auditors from each department are tasked with reviewing the course specifications. The Head of the QMAAU forwards the CS auditing package to the respective department auditors, who then provide feedback to course coordinators. If discrepancies are identified during the audit, course coordinators are contacted to supply the required information. Improvement plans for each course are also monitored through course reports to ensure continuous development. All these processes are supervised and monitored by the Head of Department in collaboration with the QMAAU.

By the end of each semester, all course coordinators must submit the complete course portfolio for their respective courses, according to the course portfolio checklist submitted by the QMAAU. This checklist covers all key elements of a course, including the course specification (CS), course report (CR), instructors CVs, exam blueprint, item analysis, CLOs assessment, course evaluation survey results (CES), improvement plan, and samples of all student assessments (Appendix 21: [Course portfolio checklist](#)). Figure 6 shows a summary of the review process of the CSs and CRs, and Figure 7 illustrates the course portfolio quality review process.

Regulations for Course Portfolio Submission and Audit

Submission Deadlines: Department heads must submit course portfolios OneDrive link to the QMAAU and the VDDCP by the last week of February (for the first semester) and the last week of September (for the second semester) of each academic year.

Audit Reports for Minor Revisions: The QMAAU will send audit reports with minor recommendations to department heads.

Major Modifications: For portfolios requiring significant changes, department heads must respond to the audit reports, finalize the required revisions, and submit them for the preparation of the Annual Program Report.

Completion and Approval: The QMAAU oversees the completion of the course portfolio audits and grants final approval.

Archiving: After approval, all course portfolios are archived for record-keeping and future reference.

Stakeholders Surveys

The monitoring system includes the feedback survey from five categories of stakeholders and it consists of:

- Students
- Academic
- Administrative staff
- Employers
- Alumni

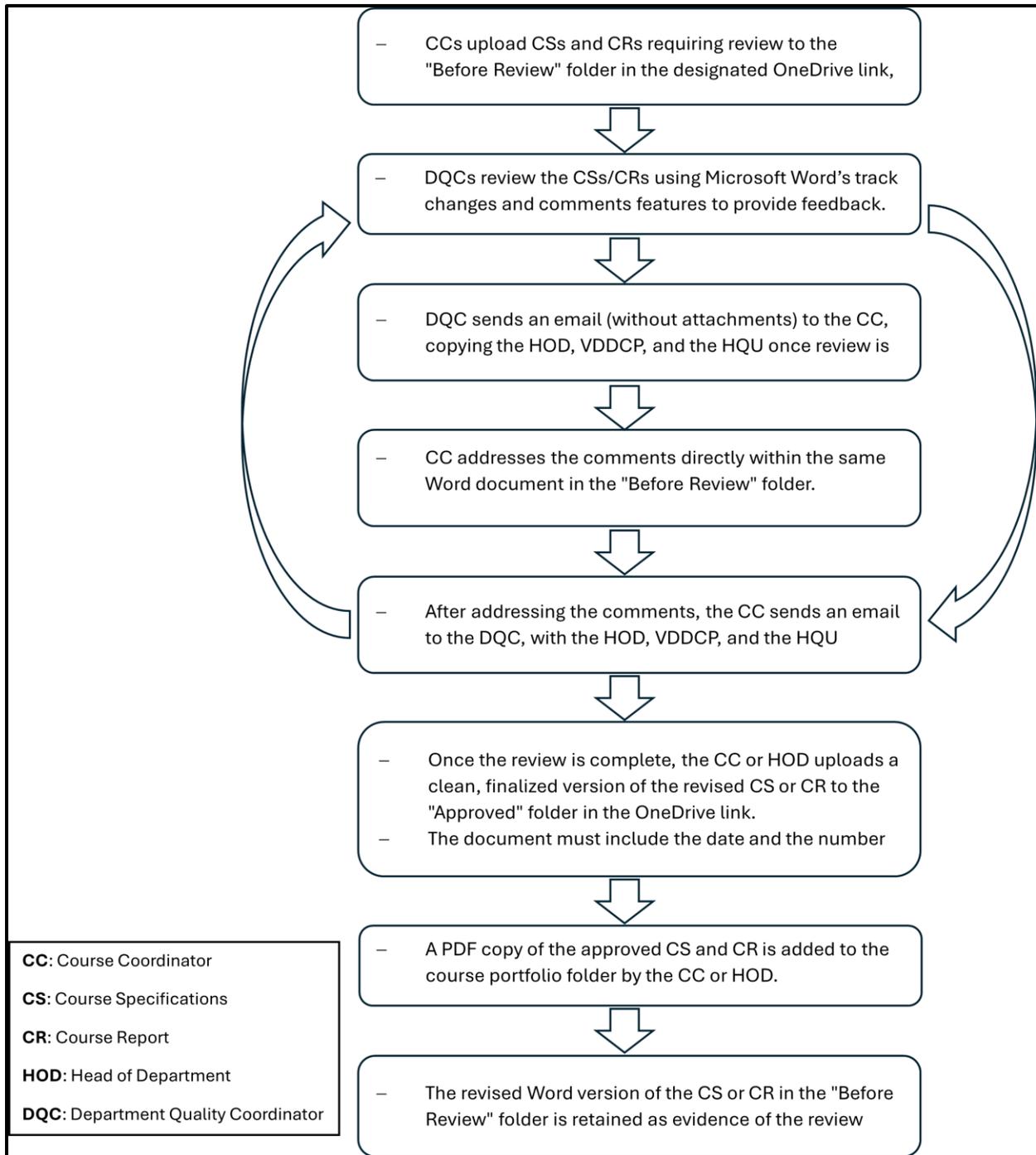


Figure 6: Course Specifications and Course Reports Review Process

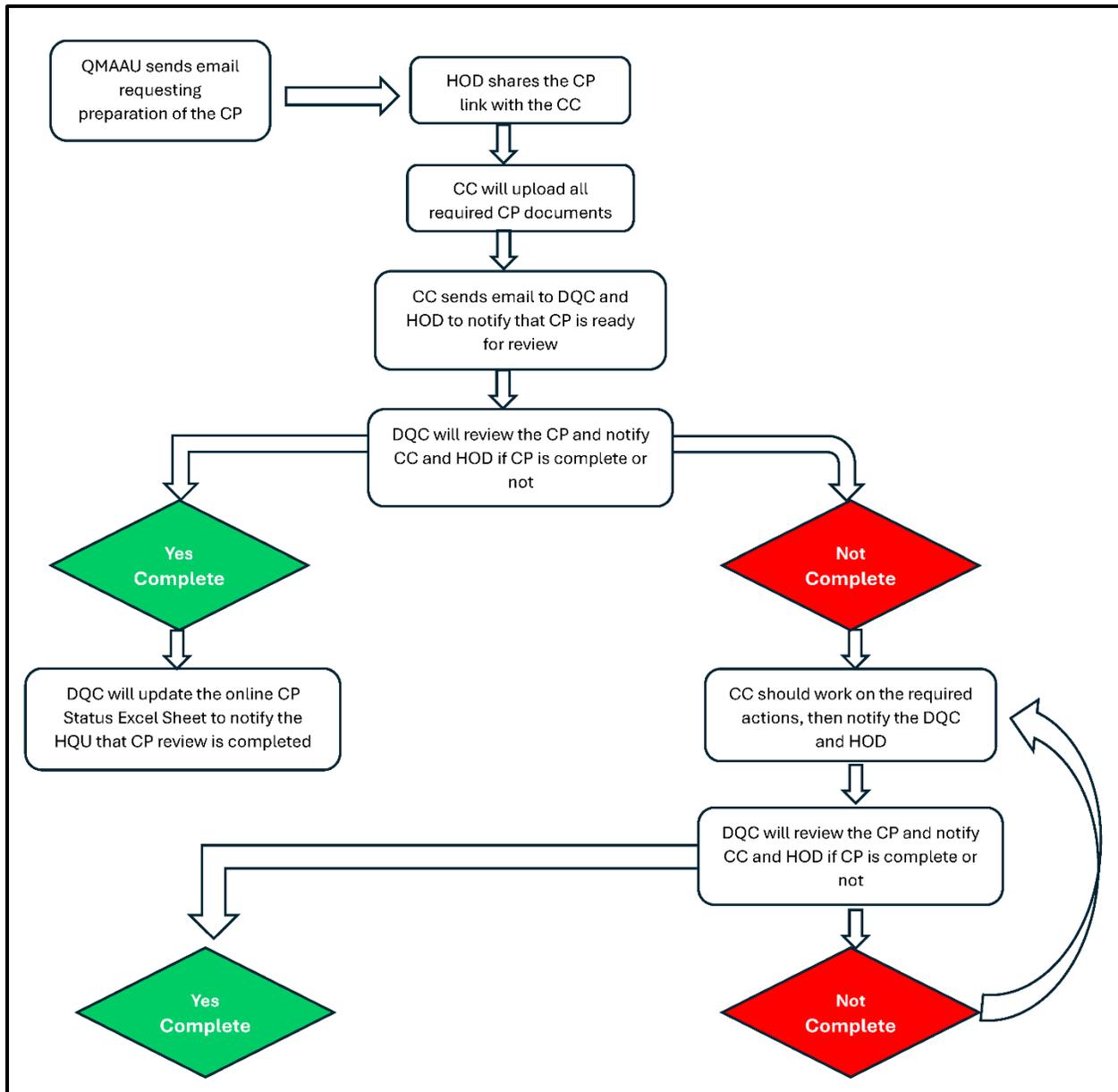


Figure 7: Course Portfolio Quality Review Cycle

Most of the surveys are conducted at institutional levels using Estibana, which is a web-based application developed in-house by the Quality Systems Unit of Deanship of Quality and Academic Accreditation (DQAA) to generate feedback from the students and faculty members. It is customized to the requirements of university colleges. The platform was successfully launched in November 2012. Estibana constitutes various surveys and their responses are collected electronically. Open-ended questions of surveys and their responses are generated

digitally, which facilitates qualitative analysis. When the surveys are completed, it automatically generates reports. In addition, data can be easily exported to a spreadsheet or to any other statistical application like SPSS and the results of analysis can be generated centrally in DQAA with ease. The detailed analysis, interpretations and reports are then communicated to the Dean and VDDCP. Based on the findings, the college will take necessary actions to address the issues and rectify the problems through the faculty concerned members and the Measurement and Evaluation Unit in collaboration with the QMAAU. These surveys are classified as:

Students' Surveys

1. Course Evaluation Surveys (CES).
2. Students Experience Surveys (SES).
3. Program Evaluation Surveys (PES).
4. Students Survey on Lecturing Skills (SSLS).
5. Vision, Mission and Values Survey (VMV).
6. Satisfaction Survey about Academic Advisor (SSAA).
7. Library User Satisfaction Survey (LUSS).
8. Final Year Students' Survey (FYSS).
9. Students Affairs Survey (SAS)
10. Orientation Program Survey (OPS).

Faculty Surveys

1. Academic Job Satisfaction Survey (AJS).
2. Library User Satisfaction Survey (LUSS).
3. Vision, Mission and Values Survey (VMV).

Administrative Staff Surveys

1. Admin Job Satisfaction Survey (ADJS).

CCP Surveys

1. Alumni Survey (ALS).
2. Employer Satisfaction Survey (ESS).
3. Graduate Attributes and Program Learning Outcomes Assessment Survey (GPLOS)
4. Internship Satisfaction Survey (ISS).
5. End of Rotation Survey (ERS).
6. Preceptor Feedback Survey (PFS).

Table 2 summarizes the timelines for the stakeholders' surveys.

Table 2: Summary of the different stakeholders' surveys

No.	Survey	Filled by Whom	Frequency
1	Academic Job Satisfaction Survey (AJS)	All Faculty members.	Once a year
2	Course Evaluation Survey (CES)	All Students of each Course.	Every semester, before the end each semester
3	Students' Survey on Lecturing Skills (SSLS)	All students of each course for each faculty	Every semester, before the end each semester
4	Program Evaluation Survey (PES)	Final year students	Once a year
5	Students' Experience Survey (SES)	Students who are half-way through their program	Once a year
6	Final Year Students Survey (FYSS)	Final year students evaluate the services of Alumni and Career Development Centre, and/or the Alumni Unit in the college	Once a year
7	Orientation Program Survey (OPS)	First year students	Once a year
8	Student Affairs Survey (SAS)	All students	Once a year
9	Library User satisfaction Surveys (LUSS)	Students and Faculty members	Once a year

10	Students Survey of Academic Advisors (SSAA)	Students' opinion about academic advisors at IAU	Once a year (covering each term)
11	Vision, Mission and Values Surveys (VMV)	Students and faculty awareness of the Mission, Vision, and Values	Once a year for first-year students and repeat every five years.
12	Admin Staff Satisfaction Survey (ADJS)	Admin Staff Satisfaction with their working conditions	Once a year
13	Employers Satisfaction survey (ESS)	Employers	Once a year
14	Alumni Survey (ALS)	Alumni	Once a year
15	Program Learning Outcomes/Graduate Attributes Survey (PLOS)	Graduating Students at the end of the internship year	Once a year
16	Internship Satisfaction Survey (ISS).	Interns (i.e. students of the internship year)	Once a year (at the end of the internship year)
17	End of Rotation Survey (ERS).	Interns (i.e. students of the internship year)	At the end of each rotation
18	Preceptor Feedback Survey (PFS).	Preceptors	Once a year (at the end of the internship year)

The survey schedule is approved and conducted by the Vice Deanship for Development and Community Partnership. All surveys adhere to ethical standards and established policies and procedures for survey design and distribution. Participation in student surveys is mandatory, anonymous, and aims for a response rate exceeding 50%.

Survey Results and Action Plans for Improvement

Survey results should include key items, presented with mean and cumulative percentages of agreement. A traffic light system is used to indicate quality levels: green signifies high quality,

yellow indicates acceptable quality, and red highlights areas requiring improvement. These findings are analyzed and integrated into a comprehensive report prepared by the QMAAU, including graphical representations and a SWOT analysis to clearly outline strengths and areas of weakness. The summarized results are formally communicated to the Dean of the College and the Vice Dean for Development and Community Partnership for review. They are then forwarded to the relevant Vice Dean for action planning and implementation, with proper follow-up by the QMAAU.

Development of Action Plans:

Action plans should be formulated to address identified areas requiring improvement, with follow-up measures implemented by the respective academic programs under the supervision of the Vice Dean for Development and Community Partnership. Key considerations for developing action plans include:

- Addressing weaknesses highlighted by stakeholders, prioritizing them for quality improvement in courses or programs.
- Prioritizing items requiring improvement based on trend data (e.g., comparing performance across years).
- Ensuring only high-priority issues are translated into actionable plans.
- Evaluating each item’s significance and its impact on the overall course or program quality.
- Understanding the nature of problems identified in stakeholder surveys.
- Focusing on items with consistently poor performance over the last three years (trend analysis).
- Assessing the resources and timelines required to address identified priorities.

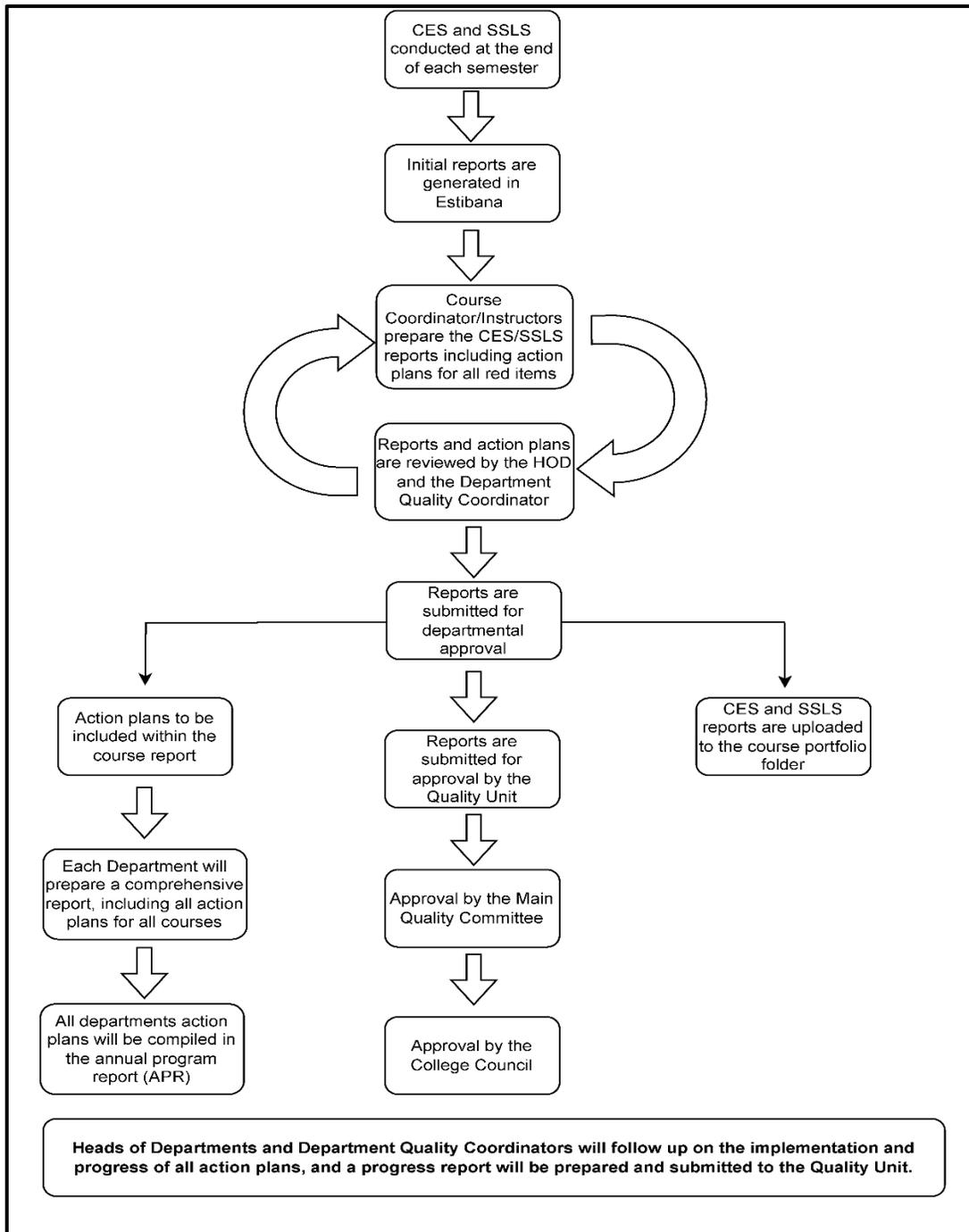


Figure 8: Review and Approval Process of the Course Evaluation and Lecturing Skills Surveys (CES and SSLS)

Indices	Mean	Cumulative %
High Quality	3.6 & above	80% & above
Acceptable	2.6-3.6	60% - 80%
Improvement Required	Below 2.6	Below 60%

Figure 9: Key for color codes

STRENGTHS Items rated by Stakeholders as “High Quality Performance” Mean range >3.6 Cumulative % >80%	OPPORTUNITIES Items rated by Stakeholders as “Acceptable Performance” Mean range 2.6 to 3.6 Cumulative % range from 60%-80%
WEAKNESS Items rated by Stakeholders as “Improvement Required” Mean range < 2.6 Cumulative % < 60%	THREATS (Obstacle you face) Responder Fatigue Poor Response rate Opened ended response External Environment Influence

Figure 10: Developing ‘Priorities’ from SWOT Analysis.

- Prioritizing issues that directly impact the program’s mission and require immediate attention.

Implementation and Follow-Up:

To ensure transparency and enhance student engagement, the survey findings and corresponding action plans should be communicated to students through dedicated meetings. The successful implementation of these action plans requires a coordinated effort involving faculty members, Department Heads, Vice Deans, and the Dean of the College. This collaborative approach supports continuous quality improvement and ensures alignment with the strategic goals of the College of Clinical Pharmacy. Responsibilities for implementation and

follow-up are clearly defined. For example, academic-related action plans are executed by the relevant units or committees under the Vice Deanship for Academic Affairs, while the QMAAU oversees monitoring. To promote accountability and track progress, QMAAU also requires responsible parties to submit [Annual Interim \(Progress\) Reports](#).

Key Performance Indicators (KPIs)

The College has developed program-specific KPIs and a comprehensive measurement process to evaluate program performance and support decision-making across councils, vice deanships, units, and committees. Currently, the PharmD program monitors 23 KPIs, 11 of which are mandated by the NCAAA and 12 developed by the program administration. Targets and internal benchmarks have been established, and the results undergo critical analysis to identify areas for performance improvement. KPIs reporting and benchmarking adhere to the standardized format provided by ETEC-NCAAA, including actual benchmark values, target benchmarks, internal and external benchmarks, and updated target benchmarks.

The College aligns with university procedures to maintain performance quality by systematically measuring performance indicators and conducting surveys. This approach ensures a data-driven mechanism for continuous quality enhancement and strategic alignment with accreditation requirements.

Key Performance Indicators: Muashirat

CCP employs a robust methodology for collecting, analyzing, and reporting KPIs to ensure continuous quality improvement. To streamline the process for the 11 NCAAA-mandated KPIs, the college utilizes the "[Muashirat](#)" application, which facilitates both data collection and reporting to relevant stakeholders. The Vice Deanship for Development and Community Partnership is assigned a unique username and password, granting it the primary responsibility for gathering and uploading KPIs data to Muashirat. In addition, the QMAAU has developed an in-house KPIs Dashboard that encompasses both the NCAAA-mandated KPIs and program-additional KPIs. This advanced tool automatically calculates and presents KPIs data with trend analysis, providing actionable insights for informed decision-making. The dashboard integrates

with CCP's quality assurance processes, supporting the college's journey toward excellence. This system supports CCP's commitment to assessing its performance across its core mission



Figure 11: Screenshot of the in-house built KPIs Dashboard

areas: teaching and learning, research, and community service, while guiding actions to achieve its goals and objectives effectively.

The reporting format for KPIs and benchmarks adheres to institutional standards, ensuring consistency across all levels (Appendix 22: [DQAA KPIs Deriving Methodology](#)). Once KPIs data are entered into the KPIs Dashboard, it is automatically analyzed, and visual representations

such as graphs and results can be easily extracted to facilitate the generation of comprehensive final reports, streamlining the entire KPI reporting process. The Measurement and Evaluation Unit, in collaboration with the QMAAU, prepares the report. It is then submitted to the Dean and Vice Dean for Development and Community Partnership for review and subsequently included in the APR. The APR is discussed and approved by the College Council before being shared with the relevant Vice Deans, Heads of Departments, Units, and Committees. These stakeholders use the report to develop and implement action plans, with the QMAAU overseeing follow-up to ensure effective execution.

Scope of Key Performance Indicators (KPIs) at CCP

The KPIs monitoring system at CCP covers all the essential elements that are contributing to improve quality and promote excellence. It covers four major segments of the CCP: academic, administrative, students support and research and community services.

Table 3: List of KPIs monitored at CCP.

#	Code	Key Performance Indicator (KPI)	Results
NCAAA KPIs			
1	KPI-01	Students' evaluation of quality of learning experience in the programs	Mean
2	KPI-02	Students' evaluation of the quality of the courses	Mean
3	KPI-03	Program completion rate for students in the specified period	Percentage
4	KPI-04	First-year students retention rate	Percentage
5	KPI-05	Students' performance in the professional and/or national examinations	Percentage
6	KPI-06	Graduates' employability and enrolment in postgraduate programs	Percentage
7	KPI-07	Employers' evaluation of the Program graduate's proficiency	Mean
8	KPI-08	Ratio of students to teaching staff	Ratio
9	KPI-09	Percentage of publications of faculty members	Percentage
10	KPI-10	Rate of published research per faculty member	Ratio

11	KPI-11	Citations rate in referred journals per faculty member	Ratio
CCP Additional KPIs			
12	KPI-12	Percentage of students' publications out of all faculty publications	Percentage
13	KPI-13	Number of student poster/oral presentations presented at local and international conferences	Number
14	KPI-14	Number of national and international partnerships and/or memorandum of understanding	Number
15	KPI-15	Percentage of students participated in community service activities	Percentage
16	KPI-16	Percentage of faculty who participated in community service activities	Percentage
17	KPI-17	Satisfaction level of (faculty and preceptors) with the professional development programs offered	Mean
18	KPI-18	Students' satisfaction level of faculty lecturing skills	Mean
19	KPI-19	Number of training sites for IPPE and APPE	Number
20	KPI-20	Student satisfaction with the field experience offered during the program	Mean
21	KPI-21	Number of extracurricular activities conducted annually	Number
22	KPI-22	Faculty satisfaction level with their job	Mean
23	KPI-23	Faculty attrition rate	Proportion

The university has established a structured mechanism for calculating both internal and external benchmarks, which is adhered to by the program.

Actual Benchmark

It is the actual and latest reported value for each indicator. In order to measure it in a uniform manner, certain principles need to be followed to gain uniformity in getting the results. These principles include:

- Data requirements and mode of collection should be unique

- A uniform template or data collection instrument should be in place for collecting data
- A standard numerator and denominator data source is required, and all the data needs to be collected from that source across all the academic years
- The availability of data varies over time (i.e. readiness for collection) and it should be properly defined with regard to its collection.
- A uniform methodology should be adopted for calculating each benchmark
- The mode of reporting results should be unique and standardized for each Indicator
- Each KPI is presented in terms of overall value and values for males and females

Internal Benchmark

It can be carried out in two ways:

Option 1: It is either the value measured in the previous year in case of only one-year data or an average value based on data of the past successive years (maximum 3 years). The internal benchmark is to be presented as 'overall value' followed by separate values for males and females. It is paramount, and it is recommended to mention all the past two- or three-years data in the internal benchmark space of the KPI template along with the average score.

Option 2: It involves comparing practices and processes with other homogenous programs within the University. This option can be chosen only if there is a similar program offered within the same university. This can be justified with regard to similarity of those programs in terms of credit hours, course-wise comparisons, goals and objectives etc. The advantage of internal benchmarking is that access to sensitive data and information is easier; standardized data is often readily available; and usually less time and resources are needed. There may be relatively few barriers to implementation as practices may be relatively easy to transfer across the same organization.

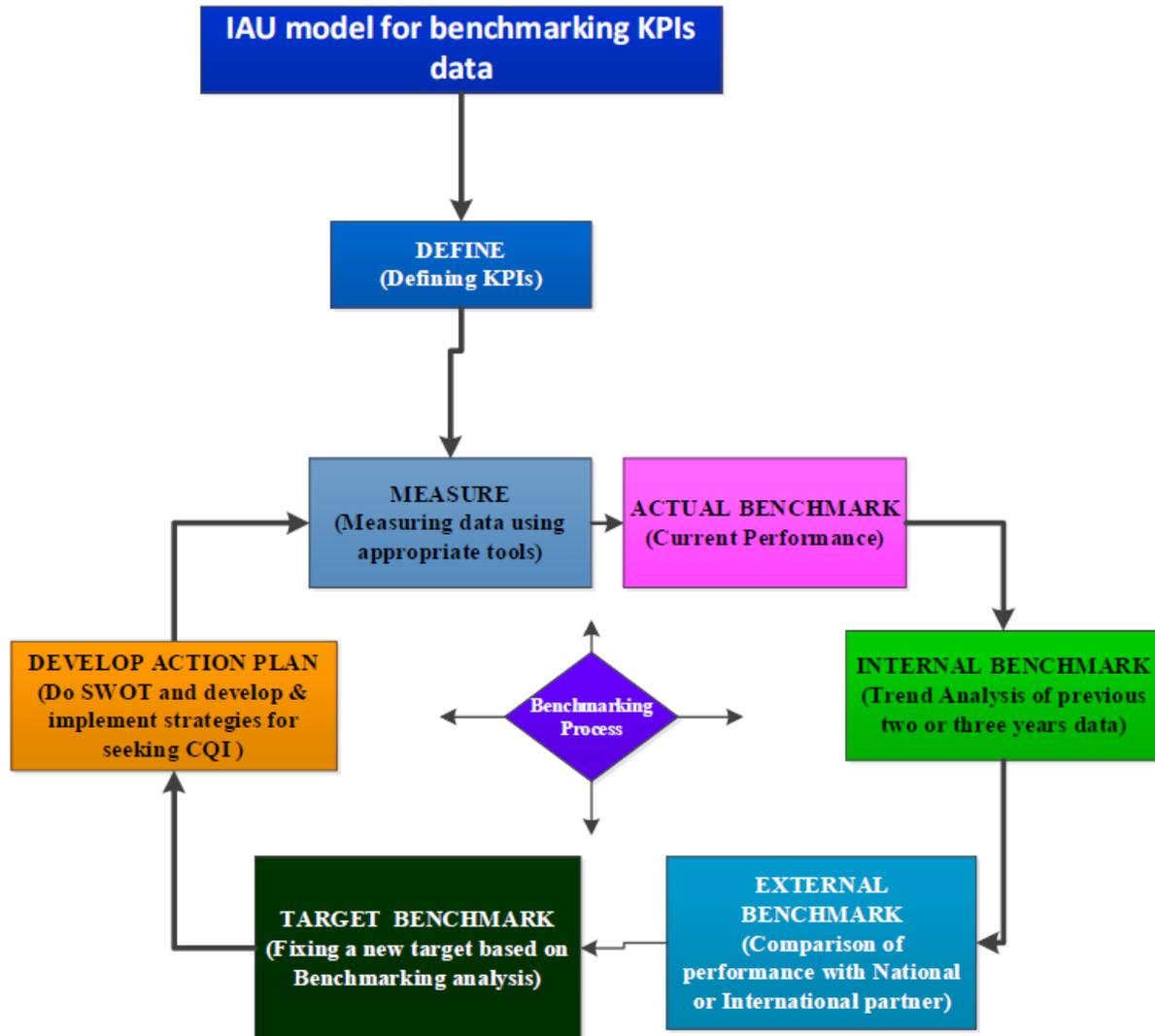


Figure 12: IAU model for benchmarking KPIs data.

Target Benchmark

This is the value of the KPI to be achieved as per program goals and objectives and it is decided by the steering committee based on its previous year's performance and the internal benchmark. If the previous year's performance falls less than the internal benchmark, then the target benchmark is set equal to the Internal Benchmark value.

The college adopted the following criteria established by DQAA while fixing and revising targets and all programs offered at CCP shall strictly adhere to them:

1. The data trend shows the program's performance level in the last three academic years. It helps the program administration understand the program's performance threshold (limits). The following steps will be followed to set target(s) using 'retrospective data-trend analysis' methods.

- Collect data for a minimum of two or three years (there is no upper threshold)
- Plot the data using either a bar graph or a control chart.
- Study the data trend (increase or decrease) in the bar graph or control chart.
- Calculate the average score (internal benchmark).
- Set the target either 'higher' or 'lower' than last year's score, depending on the type of the KPIs (Note: either lower or higher, the better). It is important to note that the target benchmark is at least at the internal benchmark level, not less. If the target is less than the internal, set the 'target' equal to the internal threshold.

2. Keeping in view the College/University's strategic target.

- The university's and the college's strategic plans will be used as a guide in setting the target. The university/college studies its progress toward achieving the strategic plan using a set of performance indicators, and the program administration uses this as a base while fixing its target.
- Upon completion of each academic year, the strategic planning committee, both at the institution and college, reviews the 'targets' achieved by the university and the program and devises a new target based on the strategic priorities of the university/program, considering the prevailing environment. This approach sets targets based on thoroughly exploring the various factors influencing the institution or program, not only by mathematical calculation.

3. Based on the steering committee's consensus.

In the absence of previous year data and if any KPIs are to be measured for the first time, the program administration uses the 'Consensus' methodology while fixing the target. In addition, the team members will carry out a 'SWOT' analysis. Under SWOT analysis, team members will study the strengths, opportunities, weaknesses, and threats of achieving the desired target level. Accordingly, steering committee members will discuss and explore the pros and cons of achieving the required target level of each key performance indicator and then fix the final target.

- 4. Based on the external benchmark's performance,** the external benchmarking partner's performance is also a driving force while fixing the target. During benchmarking, programs exchange some good practices and adopt some from their partners. By doing so, the program aims to reach its partner institution's performance 'targets' within a particular stipulated period.

Several factors need to be considered while setting targets using this method and it includes:

- The partner institution's time to reach the current performance target will indicate that CCP will set its target. Based on that, CCP and its program will decide the time required to accomplish the target (i.e., whether the set target can be achieved within the benchmarking period)
 - Financial commitment is required to set up the infrastructure to achieve the target.
 - Logistics and human resources are required to achieve the target.
 - Adopt good practices from the partner institution, including the constraints involved in this process.
- 5. Implications of the external environment for the program.** Any implications for changes may be required in the mission and goals, content, or program delivery methods. The program will be warranted to fix the target to fulfill the mission/goals of the program within a stipulated period.

DQAA provided the above five criteria and advised all the programs offered at IAU to choose a suitable criterion while fixing the target for the KPIs. Based on the above criteria, the program sets its 'target,' and the selection criterion varies for each KPI, depending on the type and purpose of measurement. Arithmetically, the program keeps the target between a 5% – 20% increase or decrease based on the performance levels and nature of the KPIs. The above criteria should be considered according to the national standards, accreditors standards, scientific studies, and benchmarking.

External Benchmark

To facilitate that, a benchmarking contract has been prepared at the institutional level. To initiate this process, the colleges can contact a comparable college/program for exchange of data and it is to be included in the analysis. The College can also initiate and suggest the process of making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. Five specific criteria have been fixed when choosing external benchmarks as follows:

1. Similarities in the purpose of the academic program, i.e., core aspects of the program's mission statement.
2. Similarity in the curricular structure (i.e., credit hours, course-specific comparisons, program learning outcomes).
3. Comparability of infrastructural facilities required for programs across KSA. These include certain specific parameters such as the size of the institution/College (large/medium/minor), organizational governance (run by government or private; usually, government institutions are advised to choose another government institution for benchmarking), and those facilities available to run the program (i.e., labs, classrooms, and other facilities for extracurricular activities)
4. Accreditation status where the fully accredited programs could provide good practice to seek continuous quality improvements.
5. Availability of data as required by the NCAAA.

Analysis of KPIs

In the analysis section, a comparison of the actual benchmark with the target and internal benchmarks is made to address the strengths and weaknesses of the KPIs and to make strategies and action plans for the forthcoming years. The analysis should be carried out concerning two important variables:

- Gender-specific comparison
- Time trend analysis of data. If the external benchmarking partner data is available, a comparison is made to gather good practices to improve the quality.

New Target Benchmark

This is the anticipated target to be set by the program for the forthcoming academic year. It is determined based on any differences observed between the actual, target and internal benchmarks of the current year data (from KPIs analysis). If the target fixed for the current year is achieved, then the new target is fixed by adding around 5% increase or decrease based on the KPI and in accordance with any one of the criteria fixed by the DQAA for revising the target.

Development of Standard Corrective Action Plan to improve Quality

Based on the current performance level and keeping in view of the target set for the next academic year, the College/Program administration will establish action plan(s) for addressing the weakness identified from the benchmarking analysis. This will be carried out by establishing committee(s) to implement or monitor action plan. For each action plan, personnel responsible will be allocated, required resources will be provided; timelines are set and appropriate support is offered to accomplish it on time.

Self-Evaluation and Program Accreditation

Academic accreditation is a process in which an efficient, reliable, and credible certificate is awarded, and it is a certification with reference. It is a process of evaluating and recognizing the educational institution and its academic program, and the academic certificate obtained by individuals, considering specific standards set in advance, through specialized academic institutions or commissions that have formal authority in their judgment.

Academic programs conduct a self-evaluation of their main activities at least once every two to three years, to ensure their strengths and weaknesses. This self-evaluation leads to the formulation of a plan to improve performance and quality. This self-evaluation can be part of the external evaluation of quality and the accreditation process.

Regarding national accreditation, the process begins with the formation of a principal committee, followed by the formation of steering committees for the five criteria set by the National Center for Academic Accreditation and Evaluation (NCAAA). The Principle and Steering Committees in collaboration with the QMAAU undertake the self-evaluation of the college's

program(s). After the self-evaluation is completed, the steering committees will submit a draft self-study report to the principal committee.

Program Review Process

- The process starts with the establishment of a Principal Committee, which is followed by the formation of Steering Committees for the five NCAAA standards to carry out the self-evaluation of the program. When the self-evaluation is completed, the committees submit the draft self-study report to the Principal Committee.
- The Principal Committee submits the report and self-evaluation scales to an independent evaluator for the independent opinion. Taking into consideration independent opinion, the steering committee prepares the second draft of the Self-Study Report-Program (SSRP).
- The second draft will be then submitted to the Mock Review (optional), organized by the college/program in concurrence with NCAAA. The recommendations from the mock review panel will be addressed in the SSRP by the committees and the revised SSRP is then submitted to the NCAAA.
- The final SSRP will be re-submitted to NCAAA at least two months before the external review.
- The selected review panel list will be sent to the college/program by NCAAA with a conflict-of-interest form.
- A letter specifying the dates of final onsite review will be sent by NCAAA followed by approval of site visit schedule by NCAAA.
- The accreditation consultant of NCAAA will visit the college to conduct a preparatory workshop for the site visit and he/she verifies the eligibility documents and sends an accreditation consultant report on eligibility.
- Finally, during the onsite visit, the external reviewers will meet with stakeholders, review relevant documents and evidence, and tour the facilities that support academic activities. The panel will observe and verify activities and evidence that cannot be fully assessed through the SSRP, such as the facilities, and evaluate the educational experiences of students, faculty members, and other stakeholders.

- After a successful onsite visit and review, the external review panel prepares an initial, unedited Review Panel Report (RPR), which is presented to the stakeholders of the college/program. Subsequently, the chair of the panel will submit the edited RPR to the NCAAA.
- Subsequently the NCAAA will send the RPR to the Dean without an accreditation decision for the review of the Program for factual errors. The factual errors report will be sent back to NCAAA and it will be addressed by the review panel chair and NCAAA.
- The final report of the external review will be received by the Dean for the response of the program to the recommendations of the review panel.
- An action plan will be submitted to NCAAA in response to the recommendations.
- NCAAA will finally decide on accreditation based on the report of the review panel and action plans submitted by the program to the recommendations.
- Based on the SSRP, external review report, and submitted action plan, NCAAA makes its decision:
 - Full Accreditation: Granted for seven years.
 - Conditional Accreditation: Granted for up to three years, allowing the program to address specific conditions.
 - Denial of Accreditation: Issued in cases of initial accreditation or re-accreditation.
- For conditional accreditation, a follow-up review ensures compliance with identified conditions. Full accreditation is granted if conditions are met.
- Fully accredited programs must complete a new self-study and participate in an external review every seven years. Early reviews may be required if deemed necessary by NCAAA.
- The QMAAU, supervised by the Vice Deanship for Development and Community Partnership and in coordination with the DQAA, oversees follow-up on implementing NCAAA recommendations. Periodic reports track the progress and effectiveness of work plans in addressing these recommendations.

This streamlined process ensures continuous quality improvement, compliance with NCAAA standards, and sustained program excellence.

To apply for international accreditation, the College must obtain permission from the DQAA, which then submits a request to the NCAAA for approval. Once the request is approved, the program will be notified to initiate the application process.

Glossary and Definitions

Quality: The value, worth, or standard of an institution or program in relation to generally accepted standards for an institution or program of its type.

Quality Assurance: Processes of assessment, evaluation and follow-up relating to quality of performance, which serve two distinct purposes:

- To ensure that desired levels of quality are maintained and improved; and
- To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world.

Internal Quality Assurance: Processes of quality assurance carried out within and by or for a higher education institution.

Higher Education: education at universities or similar educational establishments, especially to a degree level.

Accreditation: Formal certification by a recognized authority that an institution/program meets required standards

Stakeholders: Refers to anyone who is invested in the welfare and success of an educational institution and its students, including administrators, teachers, staff members, students, parents, families, community members, local leaders and state representatives.

Assessment: A process of measuring performance in relation to established standards or criteria

Audit: An independent review to verify that reports represent a true and correct record of activity, and that recognized standards have been met.

Benchmark: Points of comparison or levels of performance used for establishing objectives and evaluating performance.

Credits: Points or hours allocated by an institution to specify the work requirements, or the

volume or amount of learning expected for a unit, subject or program of study.

Domains of Learning: Broad categories of types of learning expected in a program of study.

Evaluation: The process of assessing and assigning value to a facility or activity.

Inputs: The resources available to and used by an institution to provide its programs.

Institutional Approval: The approval of an institution based on recognition that its resources, processes and learning outcomes meet required standards for an institution of its type and the level of its programs.

International Accreditation: Accreditation of an institution or of its programs by an accreditation agency established in another country.

Key Performance Indicators: Selected performance indicators are regarded as particularly important for the purpose of assessing performance.

Learning Outcome: The learning that results from participation in a course or program.

Level: The intellectual standard and complexity of learning expected as students' progress through a program of study

License: Formal approval, normally by a government or a government agency, to operate or carry out certain activities.

Mission: A brief general statement setting out the principal policy objectives for development of an institution.

Objectives: Specific statements that apply the mission and goals to particular areas of activity and indicate intended results.

Outcomes: The results of teaching, learning and research processes of an institution.

Outputs: The products of an institution's activities, normally expressed in quantitative terms.

Peer review: Evaluation and report on a program, institution or part of an institution by expert

evaluators from similar institutions or professions who are specialists in the field concerned or with the organization and management of higher education institutions.

Performance Indicators: Specific (and normally pre-selected) forms of evidence used by an institution or other agency to provide evidence about quality of performance.

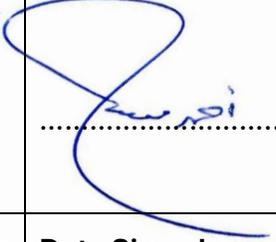
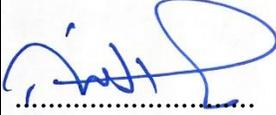
Processes: The administrative arrangements, policies, and organizational procedures carried out by an institution in planning, reviewing and delivering its programs.

Program: A coherent program of study followed by students in an academic field or leading to a professional qualification, the successful completion of which qualifies them for an academic award.

Program Accreditation: Accreditation of a program of study certifying that it meets standards required for the delivery of a program in that field at the level concerned.

Qualifications Framework: A document setting out the nature, amount, and levels or standards of learning required for academic or technical awards.

Teaching Strategies: The strategies used by an instructor to develop student learning.

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