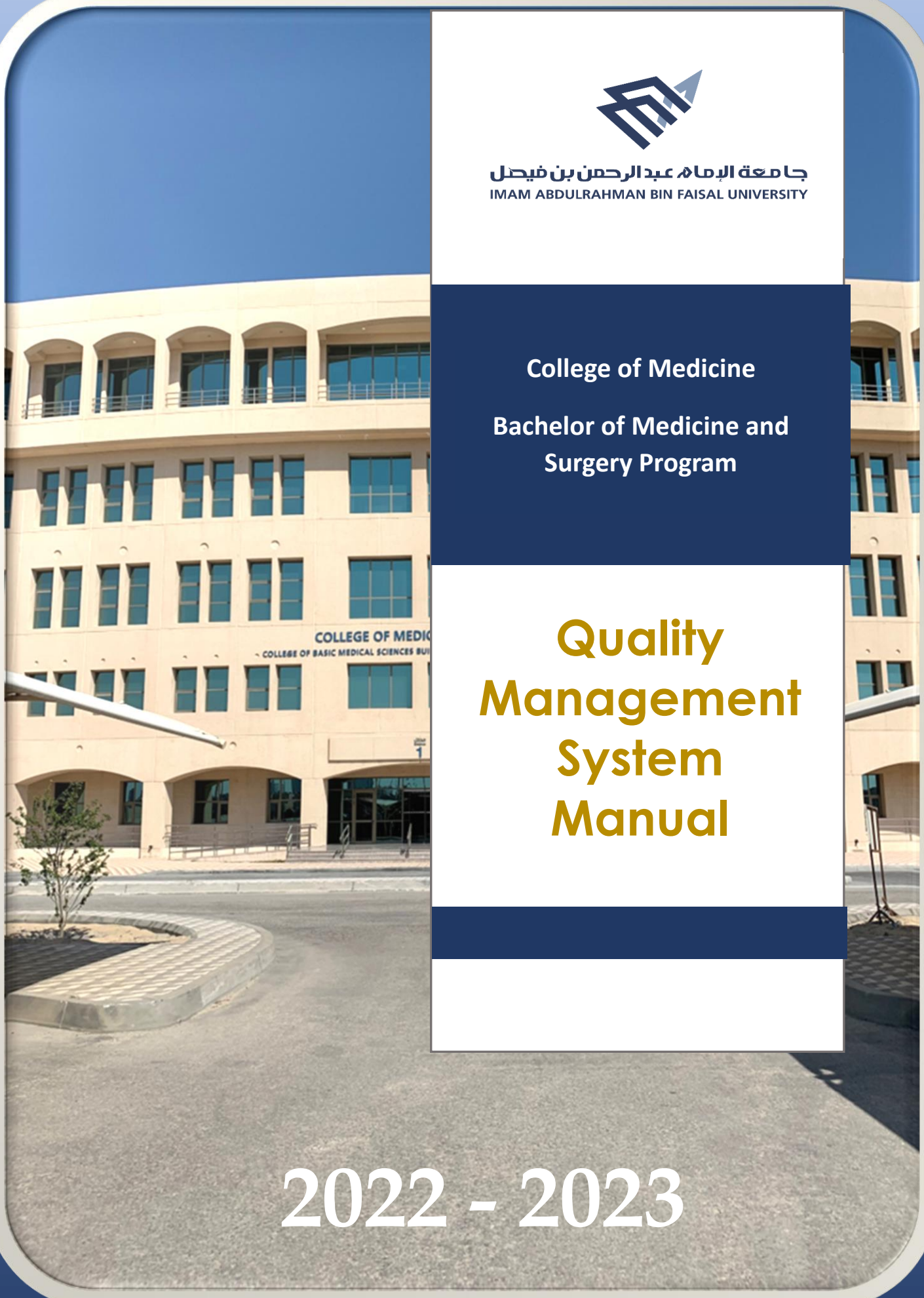
جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

College of Medicine

Bachelor of Medicine and Surgery Program

Quality Management System Manual



2022 - 2023

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Overview

About the College

Established in 1975 as the Eastern Province's first college of medicine, the College of Medicine- Imam Abdulrahman Bin Faisal University has a rich history of scholarship, clinical service, and community engagement. The College of Medicine was originally named College of Medicine and Medical Sciences. It was established in the Dammam Campus of King Faisal University 1395 H (1975 G). In 1430 H (2010 G), it became a college of the newly established University of Dammam (UOD). More recently, the name of the university was changed to Imam Abdulrahman bin Faisal University (IAU). The College of Medicine is unique for its highly qualified faculty members and its state-of-the art facilities. Over the years, the college has upgraded its facilities, added several laboratories, classrooms, auditoriums, and a state-of-the-art Clinical Skills and Simulation Center to its campus. The college has received several accolades for its quality education and research programs. The faculty members come from diverse regions, and their expertise and experiences greatly benefit the students in their learning and professional development.

About the Bachelor of Medicine and Surgery Program (MBBS)

The MBBS Program admitted its first batch of undergraduate medical students in 1395 H. Before the graduation of the charter class, the college sought and eventually obtained recognition of the MBBS degree by the British, Australian, Irish and New Zealand Medical Councils, as well as the American Associations, for purpose of post-graduate training in their respective countries. The College has also been included in the WHO Directory of recognized Medical Colleges, and therefore the graduates of the College qualify for the Foreign Graduate Medical Examinations which enabled them to train in the USA and elsewhere.

Since its inception, the MBBS program has been committed to continuous curriculum development. Accordingly, the undergraduate medical curriculum has been subject to vigorous and continuous evaluation since its establishment. A total of nine curriculum reviews were carried out starting in the year 1979. In 2014, the program updated its curriculum by customizing the MBBS curriculum of the College of Medicine, Monash University, Melbourne, Australia. The present updated MBBS curriculum is integrated and based on PBL, community-based learning, and early exposure to clinical training, utilizing innovative and student-centered teaching and evaluation methods. The curriculum fulfills the requirements of the Kingdom's vision, The Ministry of Education directives, the NCAAA recommendations, the WHO and international Federal requirements for Medical Education. The first batch of students having studied this curriculum graduated in the academic year 2018-2019.

The MBBS student population has seen considerable growth over the years. The total number of medical graduates since 1981 is 5119. Graduates are awarded the MBBS degree after successful completion of the prescribed courses in the curriculum, and after clearing the requirements of the internship period. Despite the many challenges of the past few years, the Program was able to achieve a great deal of progress in its projects and initiatives; full academic accreditation was obtained for the undergraduate MBBS program, a new Basic Medical Sciences building was inaugurated, and more recently the MBBS program obtained ASPIRE international recognition for excellence in student engagement from the Association for Medical Education in Europe. These achievements were reached by the combined efforts of students, faculty, and staff, who remain the program's most valuable resource.

Introduction

This manual outlines the general quality assurance framework in the MBBS Program at the College of Medicine, IAU, including the planning, quality assurance system, and performance improvement strategies. The approach of MBBS Program to quality assurance is based on its Vision, Mission and Values statements which are aligned with IAU's vision, mission, and values. The Program aims to ensure that its quality assurance system functions well and is delivered by competent professionals who are committed to integrating quality approaches into the program's systems and processes based on the requirements of the National Center for Academic Accreditation and Evaluation (NCAAA). The quality procedures and strategies are annually reviewed and evolve in line with the principles of continuous improvement guided by supervision from the Deanship of Quality & Academic Accreditation (DQAA) at IAU. Furthermore, the MBBS Program uses both internal and external auditors to ensure that its systems are robust, and its work complies with the standards for national and international accreditation.

Mission, Vision, Values, and Goals of MBBS Program

Mission

The MBBS Program mission is to support the development of future physicians and academic health leaders who will promote the health of individuals and the community and contribute to research through competency in knowledge, skills, and attitudes.

Values

- Innovation
- Excellence
- Professionalism
- Teamwork
- impartiality and
- Transparence

Program Goals

- Promote the understanding and application of Islamic values and professional ethics in all aspects of medical practice.
- Enable undergraduate medical students to acquire the knowledge, skills, and values necessary to become competent professionals and to develop habits of scholarship.
- Advance knowledge through the conduct of high-quality research in all areas related to healthcare.
- Promote continuing professional development to improve the competency of all professionals engaged in healthcare delivery.
- Provide exemplary healthcare and services that meet the needs of society.
- Serve as a Medical Education Resource Center to related health professions and to the community and organizations involved in healthcare delivery.
- Commit to continuous academic quality improvement according to national and international standards.

Administrative Structure of the College of Medicine

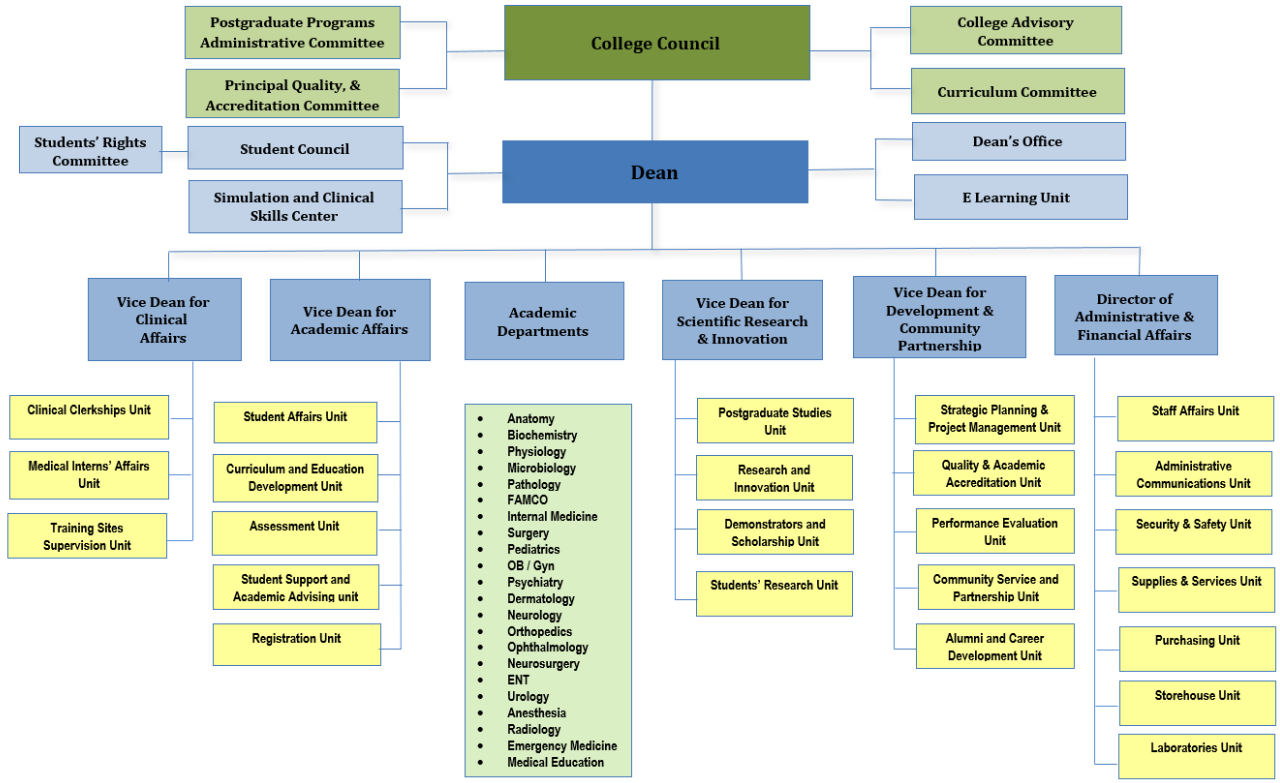


Figure 1: College of Medicine Organogram

Vice Deanship for Development & Community Partnership (VDD&CP)

The Vice Deanship for Development & Community Partnership (VDD&CP) plays a crucial role in providing leadership, guidance, and support to all programs of the College of Medicine. One of the key responsibilities of VDD&CP is ensuring quality assurance and monitoring it across the college and its programs. This includes developing and implementing quality assurance policies and procedures, conducting regular audits and evaluations, and ensuring compliance with accreditation standards. VDD&CP also works closely with faculty and staff to identify areas for improvement and implement strategies to enhance the quality of education, services, and research at the college. Through these efforts, VDD&CP helps to ensure that the College of Medicine delivers high-quality education and research programs that meet the needs of students, faculty, and the community.

Vision

Excellence in achieving national and international standards for optimizing medical education, healthcare and research.

Mission

The Vice Deanship for Development and Community Partnership is committed to instilling a culture of quality and continuous improvement and development of the programs in the college, based on national and international standards.

Values

- Innovation
- Excellence
- Professionalism
- Teamwork
- impartiality and
- Transparence

Objectives

- Develop a quality assurance system to achieve national and international standards.
- Develop comprehensive strategies to achieve high standards of quality assurance and development.

- Maintain partnership arrangements between the College of Medicine and relevant national and international academic and administrative institutions and universities to enhance the total quality systems in all activities of the college.
- Conduct internal audit to identify the areas for improvement and to take required corrective actions.
- Conduct training of the faculty and administrative staff to develop required skills for total quality management implementation.
- Identify areas for performance comparisons with selected comparable institutions chosen to provide appropriate benchmarks for significant activities.
- Engage the faculty and students in the quality improvement process and development.
- Prepare reports on the developments in quality assurance.

Responsibilities of the Vice Dean for Development and Community Partnership

- Supervise the work of the units of the Vice Deanship
- Supervise all development projects aimed at improving performance to ensure the application of total quality methods and tools.
- Supervise the application of academic accreditation standards for the college's programs.
- Verify that the self-study requirements for program academic accreditation are met.
- Communicate with the Deanship of Quality and Academic Accreditation at the university to ensure permanent cooperation and meet accreditation requirements.
- Supervise the preparation of the strategic plan of the college and follow up the implementation of its projects and initiatives in cooperation with the other vice deanships and the academic departments.
- Study the difficulties and obstacles facing development and quality programs and propose solutions to them.
- Supervise the memorandums of understanding and cooperation between the college and community institutions to ensure the exchange of benefits between the two parties.
- Work to enhance community responsibility and partnership by increasing the number of community partnerships and scientific research partnerships.
- Supervise the preparation and implementation of the annual plan for community service to ensure the effective contribution of the college towards community partnership.
- Work with the academic, research and administrative bodies of the college to update the organizational structure of the college in accordance with the approved official developments.

- Participate in monitoring and measuring the initiatives and performance indicators for improving the efficiency of spending, the university's strategic plan, and the requirements of the National Center for Measuring the Performance of Public Agencies "Ada'a".
- Supervise the preparation of the annual report of the college and submit it to the relevant authorities after its approval by the Dean of the College.
- Follow up the update of the college's website regarding the college's vice deanship and affiliated administrative units.
- Approve periodic reports on the fields of quality, academic accreditation, and community partnership.
- Submit periodic reports to the Dean of the College on the progress of work in the units of the Vice Deanship of the College, explaining the achievements and difficulties.

Structure and Functions of the units of the Vice Deanship for Development and Community Partnership

The Vice Deanship for Development and Community Partnership provides support and advice to the various departments of the college and spreads a culture of quality at the level of the college and the programs to help provide better services to internal and external stakeholders. The functions of the Vice Deanship for Development & Community Partnership (VDD&CP) are accomplished through the five units shown in the following organogram (Figure 2).

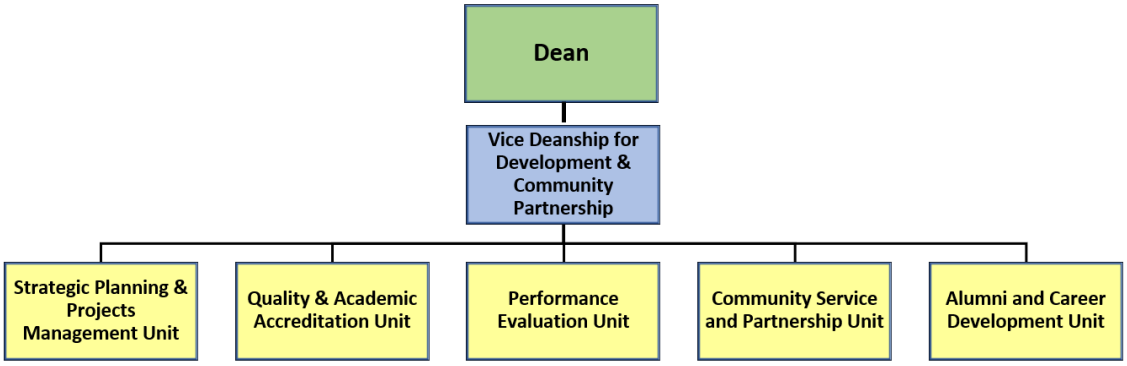


Figure 2: Vice Deanship for Development and Community Partnership Organogram

Units affiliated to the Vice Deanship for Development and Community Partnership

- Quality and Academic Accreditation Unit
- Strategic Planning and Project Management Unit

- Performance Evaluation Unit
- Community Service and Partnership Unit
- Alumni and Career Development Unit

Quality and Academic Accreditation Unit

The Quality and Academic Accreditation Unit's main function is to develop, implement, and monitor quality assurance, policies, and procedures to enhance the academic standards of the College of Medicine. This unit strives to develop and foster a culture of quality in all operational activities from academics to research and service. One of the main aims of the unit is to prepare the College's programs for national and international academic accreditation by helping it meet the standards and requirements. This unit has the following tasks:

Tasks of the Unit:

- Building the vision and mission of the Quality and Academic Accreditation Unit in line with the vision and mission of the Vice Deanship and the College.
- Supervising the implementation and development of the quality program in the college.
- Preparing policies, procedures, and objectives of the Quality and Academic Accreditation Program at the college.
- Preparing the internal system of work in the Vice Deanship for Development and Community Partnership, including the terms of reference, the general description of the duties of its employees, and how to coordinate between its units.
- Supporting and supervising the implementation of the National Academic Accreditation Program.
- Supporting and supervising the implementation of the International Academic Accreditation Program.
- Supervising the fulfillment of all university requirements of documents and evidence for institutional accreditation.
- Studying the difficulties or problems facing development and quality programs and propose solutions to them.
- Spreading the culture of quality among the college employees and raising awareness of what can be done in the field of applying quality standards.
- Training college employees on quality assurance procedures at the level of various departments and agencies.

- Providing support to departments and agencies to carry out the self-study process considering the standards approved by the National Center for Academic Accreditation and Assessment.
- Preparing a plan to improve and build the capabilities of departments to achieve academic accreditation standards.
- Communicating with the Deanship of Quality and Academic Accreditation at the university and benefit from its experience.
- Providing consultations to departments on quality issues and academic accreditation.
- Preparing the annual report of the bachelor's program
- Supervising the preparation of course reports and annual reports for graduate programs.
- Follow up the preparation of the program description and review it periodically.
- Follow up the preparation of course descriptions and review them periodically.
- Follow up the work of the academic accreditation committees.
- Preparing the college's manuals and reviewing them periodically (student guide, faculty member guide, intern doctor guide, academic advising booklet, etc.)
- Preparing the college's policies and procedures manual and reviewing it periodically
- Compilation and analysis of performance indicators annually
- Benchmarking with local and international college partners
- Develop a plan to measure the achievement of the learning outcomes of the program and supervise its implementation annually.
- Preparing and distributing beneficiary satisfaction questionnaires, analyzing them, preparing reports, developing action plans for improvement, and supervising the implementation of plans.
- Meeting with the college's beneficiaries, including students, faculty members and graduates, periodically to provide feedback and close the quality loop.
- Follow up the development of educational facilities in the college and modernize laboratories.
- Preparing the annual report of the college and distributing it to the relevant authorities after its approval by the Dean.
- Collect updated CVs of faculty members.
- Update faculty members data periodically.
- Contribute to analyzing questionnaires, writing reports, and sharing them with college beneficiaries.
- Follow up the update of the college website.

Strategic Planning and Project Management Unit

The Strategic Planning and Project management unit is responsible for developing and implementing the strategic plan of the College of Medicine. Its primary role is to ensure that the COM is working towards achieving its long-term goals and objectives. The tasks of the unit include:

Tasks of the Unit:

- Develop the vision and mission of the Strategic Planning and Project Management Unit emanating from the vision and mission of the Vice Deanship and the College.
- Supervising the conduct of the environmental study and analyzing the elements of the internal and external environment of the college.
- Participate with the college administration and its scientific departments in developing a long-term strategic plan for the development of the college in line with the requirements of the times and the needs of society and the labor market.
- Providing suggestions and consultations on the strategies and priorities of the college to improve performance within the college administratively and academically.
- Studying the alignment of the college's strategic plan with the university's strategic plan.
- Studying the alignment of the strategic plan of the college with the vision of the Kingdom.
- Work on publishing the goals and objectives of the strategic plan and introducing them using various methods (publications, books, brochures, workshops, lectures ... etc) at the level of college departments and beneficiaries.
- Supervising the implementation of the objectives and projects of the strategic plan by the departments and vice-deanships of the college.
- Prepare quarterly reports on the extent of completion of strategic plan projects.
- Formulate and measure performance indicators for the strategic plan.
- Cooperating with the Strategic Planning Unit at the university and benefiting from its experiences and expertise in the field of strategic planning.
- Preparing the college manual for risk management policies and procedures.
- Supervising the implementation of the college's risk management policies.
- Submit event reports on the "Hemaya" system.
- Cooperating with the Risk Management Unit at the university and benefiting from its experiences and expertise.

Performance Evaluation Unit

The role of the Performance Evaluation unit is to provide data to support decision making at College of Medicine. It acquires and analyzes stakeholders' feedback for program review and accreditation processes. The unit is responsible for monitoring the accuracy of data for the Key Performance Indicators (KPIs) and managing regular surveys as well as IAU online surveys (ESTIBSANA). Data is collected and analyzed in the unit and reports with executive summaries are generated and submitted to relevant stakeholders for actions.

Tasks of the Unit:

- Develop the vision and mission of the Academic and Administrative Performance Evaluation Unit in line with the vision and mission of the Vice Deanship and the College.
- Identify and build academic and administrative performance evaluation measures.
- Preparing a manual for evaluating academic and administrative performance.
- Spreading the culture of performance measurement and evaluation through holding training courses, workshops, lectures, and seminars.
- Work on diversifying methods of evaluating academic and administrative performance.
- Communicate with the Academic and Administrative Performance Evaluation Unit at the university and benefit from its expertise.
- Designing questionnaires and data collection tools related to evaluating academic and administrative performance, supervising their application, analyzing their data, and writing reports and proposals resulting from the results.
- Communicate with beneficiaries about performance questionnaires periodically and solve problems that they may face.
- Announcing the results of the college's performance questionnaires periodically and sharing them with the relevant beneficiaries.
- Follow up the performance evaluation of faculty members, academic leaders, administrators, and all beneficiaries.
- Follow up on conducting studies to measure the satisfaction of beneficiaries and relevant parties.
- Periodic update of performance indicators in evaluation forms.
- Follow up the activities of creativity and excellence awards in academic, research and career performance in the college.

- Develop a mechanism to identify the expectations, requirements, and level of satisfaction of the college's internal and external customers and communicate them to all relevant academic departments and administrative units.
- Prepare reports on performance evaluation results and submit suggestions for improvement.

Community Service and Partnership Unit

The College of Medicine has a long history of community service and has consistently focused on the development of relevant local, regional, and international partnerships to strengthen its role in the community and to ensure that its academic, scientific, medical, and community services are extended to the relevant sectors of the community. The goal of the Community Service and Partnership Unit is to provide means to accentuate the college's position in the community and to enhance its prominent role in serving the community and promote communication and collaboration with various national and international institutions.

Tasks of the Unit:

- Building the vision and mission of the Community Partnership Unit in line with the vision and mission of the Vice Deanship and the College.
- Introducing the community to the role of the college and its academic and research mission in community partnership.
- Contribute to creating a distinctive relationship between the college and the various public and private sectors and create a good image of its scientific and social activity.
- Providing departments with the needs of the internal and external community.
- Communicate with the college's departments and units to learn about all previous and upcoming activities, events, and achievements of the college in the field of community service.
- Extending means of communication between the college and the various public and private sectors and building bridges of cooperation in a way that contributes to introducing the college's mission and objectives.
- Monitoring and documenting the events, achievements, and activities of the college during the academic year and then preparing an annual report on them.
- Documenting all the participation of the college's employees, including faculty members, administrators, and students, related to volunteer work in various fields.
- Interacting with the community and meeting its needs in terms of providing it with all accurate information, facts, and statistics.

- Follow up the documentation of activities (such as consultations, treatment services, lectures, etc.) and prepare an annual report on them.
- Evaluating the college's participation in community service activities and events and preparing an action plan for development.
- Supervising memorandums of understanding and cooperation between the college and community institutions to ensure the exchange of benefits between the two parties according to the university's regulations and regulations and supervising their periodic evaluation.
- Supporting the promotion of community responsibility and partnership by increasing the number of community partnerships and scientific research studies.
- Supervising the preparation and implementation of the annual plan for community service to ensure the effective contribution of the college towards community partnership.
- Supervising the documentation of community service activities for all college employees in the Social Responsibility Bank and the volunteer work platform

Alumni and Career Development Unit

The Alumni & Career Development Unit (ACDU) is responsible for fostering strong relationships between the COM and its alumni, as well as providing career development resources and support to current students. This includes organizing events and activities to engage alumni, such as reunions, networking events, and mentorship programs. The unit also collects and shares information about alumni achievements and career paths, which can be used to inspire and motivate current students. In addition, the unit seeks alumni's feedback and opinion through survey tools and encourages alumni to support their college in all aspects.

Tasks of the Unit:

- Building the vision and mission of the Alumni Unit in line with the vision and mission of the Vice Deanship and the College.
- Supervising the establishment and updating of a database of college graduates, employment rates and destinations.
- Follow up communication with college graduates and monitor the challenges they face, as well as ensure that they continue to support the college and participate in its activities and events.
- Develop plans for continuous marketing of college graduates and their skills, hold events and exhibitions to introduce this, invite employers and stakeholders, and coordinate with the Alumni and Professional Development Center in this regard.
- Supervising the measurement of employer stakeholder satisfaction with college graduates and linking results in improving education outcomes in academic programs

Reporting and Evaluation of Vice Deanship for Development and Community Partnership Units

The units annually evaluate their performance and progress in terms of their stated duties, and responsibilities and report to the VDD&CP. A written report by the VDD&CP is submitted to the College Dean, who may submit it to the College Council for discussion and decision, as appropriate.

Quality Committees in the MBBS Program

Principal Quality and Accreditation Committee

Membership

- College Dean (chairperson)
- Vice Dean for Development and Community Partnership (vice chair)
- Vice Dean of Academic Affairs (member)
- Vice Dean for Clinical Affairs (member)
- Vice Dean for Scientific research and innovation (member)
- Vice President for Post Graduate Studies and Research (member)
- Faculty Representative from clinical departments (member)
- Faculty Representative from preclinical departments (member)
- Quality Coordinator (member)
- Two students one male and one female (members)

Tasks

- Draw up the general policy for improvement of quality in the program and oversee its implementation.
- Endorse the operational plans of the program.
- Draw up and approve the policies for promotion of the culture of quality within the program.
- Support the efforts for implementation of quality in the program in cooperation with the institution.
- Supervise the progress of implementation of quality improvement projects in the program.
- Review and approve reports on quality implementation results and submit such reports to the College Council.
- Follow up the achievements of works and functions referred there to by the Vice Deanship for Development and Community Partnership.
- Approve the annual report of the quality management.

- The committee has the right to make use of whom it deems appropriate to achieve its functions.

Strategic Planning Committee

The College of Medicine strategic planning committee is assigned to prepare the Strategic plan of the college and follow up its implementation by carrying out the following functions.

- Preparation of the Strategic plan of the College:
    - Conducting a SWOT analysis.
    - Obtaining input from internal and external stakeholders.
    - Determining the Strategic Goals of the College.
    - Formulating objectives, projects, and initiatives necessary to achieve the goals.
    - Preparing operational plans and determining the performance indicators.
- Disseminating the Strategic plan among related stakeholders
- Following up the implementation of the Strategic plan and preparing detailed reports about the degree of achievement of its projects and initiatives.

Curriculum Committee

The MBBS program curriculum committee is assigned to carry out the following tasks:

- Utilize standards of good academic practices to ensure the highest possible quality for the effective curriculum.
- Carry out regular review and make recommendations for improvements in the current curriculum to be consistent with the mission, vision and goals of the College and the University
- Develop and effectively integrate new courses into the curriculum, when needed.
- Make recommendations for approval of new courses, major changes in an existing course, discontinuance of a course and revisions in general education criteria.
- Resolve interdepartmental curricular problems and guard against duplication of course contents.
- Carry out content or curriculum mapping, providing scope and sequence of the course focusing on the order in which the skills are introduced for maximum understanding of the content.
- Review current textbooks and teaching materials consistent with the contemporary educational standards and supporting the curriculum as well.
- Analyze the data gathered in the examination / assessments, review of textbooks and teacher's application of instructional methodologies to evaluate the curriculum.

- Review the proposals received from various departments pertaining to curriculum amendments; provide support and assistance to individual faculty members making curricular changes.
- Develop the appropriate plan for regular and periodic review of the existing curriculum/program to ensure they achieve the educational goals in accordance with the College and University's strategic plan and meet the academic accreditation requirements to attain excellence in all academic program/s offered by the College.
- Participating in program planning process for long- and short-term curriculum directions.

Assessment Committee

The assessment committee is concerned with the responsibilities to formulate, direct, implement, and monitor all issues related to examinations. Specific duties and responsibilities include:

- Formulate standardized examination format(s) that respond to various departments' needs.
- Guide the development, implementation, and oversight of a standardized template for using a variety of assessments: presentations, assignments, seminars, written, oral examinations and others.
- Review written examinations in order to ensure the standardization of formatting, the richness of content, and the clarity of questions.
- Ensure that the examinations measure the achievement of the established learning outcomes.
- Obtain, analyze, and discuss, with concerned course faculty, the results of the analysis for each written examination regarding appropriateness of difficulty, discriminating ability etc. This will enable the improvement of subsequent examinations by modification, addition, or elimination, of questions and answers.
- Organize the scheduling, logistics, monitoring, efficiency, and confidentiality of generating, copying, and storage of examination and answer sheets.
- Establish primary responsibility for dealing with instances of academic dishonesty, including cheating and plagiarism, according to established university and college policies.

Students' Academic Advising committee

This committee was established to value the importance of student participation in its decision-making processes. This committee seeks to enhance the degree of student input and help the Program to better understand the needs of its students and the means to assist them. Following are the goals and objectives of committee:

- Develop the moral, spiritual, and professional values of each graduate and cultivate the values of honesty, collaboration, and tolerance.
- Foster an academic environment that encourages constructive criticism as well as critical thinking while always respecting the opinions of others.
- Provide a voice to improve the academic program and services and enhance the research efforts at the Program.
- Strengthen the bonds between the students and the Program administration and establish mechanisms for increasing dialogue, cooperation and understanding, thereby helping to improve the operation of the academic programs and services.
- Enhance student participation in the decision-making process that affects the academic program and services.
- Develop and enhance student leadership and collaboration skills through their activities on student advisory committees.
- Develop a mechanism for generating student feedback and suggestions regarding the academic programs and services.

Quality Assurance System

The Quality Assurance System at the MBBS Program promotes a quality culture among its stakeholders by developing an internal regulatory framework with clear and consistent procedures to support an active commitment to improving quality at all levels. Internal and external dimensions of quality assurance work together towards attaining academic accreditation. Specifically, internal quality assurance self-regulates the academic environment with a structured process, whereas external quality assurance promotes transparency & critical dialogue with stakeholders and society.

Alignment of the MBBS Program Quality Assurance System with the Institutional Quality Assurance System

The Quality Assurance System at IAU promotes an institutional quality culture among its stakeholders by developing an internal regulatory framework with clear and consistent procedures. At IAU, both internal and external dimensions of quality assurance work together towards the attainment of academic accreditation. The MBBS Program follows the principles of IAU quality assurance system. The quality assurance system adopted at IAU is described in Figure 3.

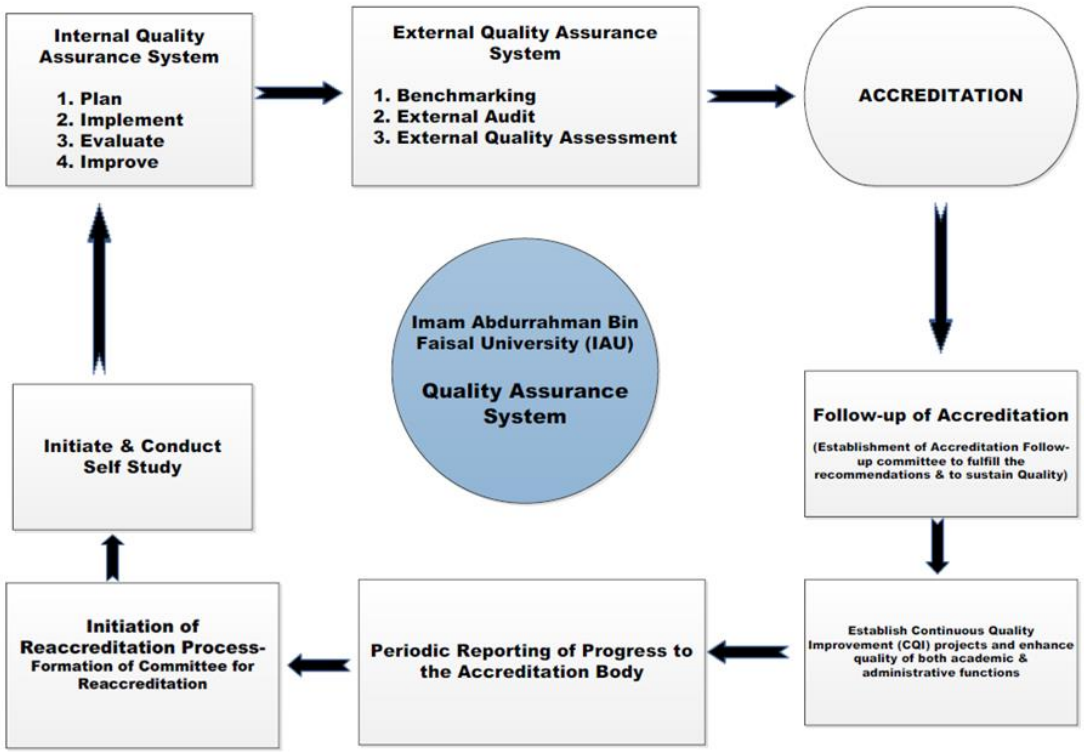


Figure 3: Quality Assurance System at IAU

Guidelines for monitoring quality assurance in MBBS Program

Establishing, maintaining, and sustaining quality education and assurance is an uninterrupted process that requires structuring the practice per the influence of internal and external changes affecting the program. This warrants a systematic methodological analysis of the internal quality assurance system. Such analysis of the internal quality assurance system aims to cope with the highly competitive academic environment and to get recognized by the national and international accreditation bodies. In this context, the MBBS program internal quality assurance system develops, manages, monitors, and sustains its quality standards to meet the aspirations of the growing student community and other stakeholders of the program. To facilitate this, regular and periodic communication is held between the Vice Deanship for Development and Community Partnership and the Deanship of Quality and Academic Accreditation.

Performance Measurement System

The MBBS program implements a comprehensive performance measurement system (including, but not limited to, student surveys) to regularly evaluate and report on all academic and service activities. The guiding principles for this evaluation are based on the quality cycle: Plan, Perform, Monitor, and Improve.

Figure 4: The Quality Cycle

Internal Quality Assurance System (IQA) in the MBBS Program

Internal quality assurance self-regulates the academic environment with a structured process. The internal quality assurance system at the MBBS Program focuses on four core activities: Academic activities, administrative activities, student support services, and research output & community service. Internal Quality Assurance has a pivotal position in the accreditation framework. The results of monitoring and feedback acquisition are studied, and discussed in relevant units and committees, including the college council, and recommendations are received at VDD&CP. These are incorporated into the quality management operational plan and translated into actions for program development and improvement, their implementation is monitored, evaluated and results are reported to close the quality loop.

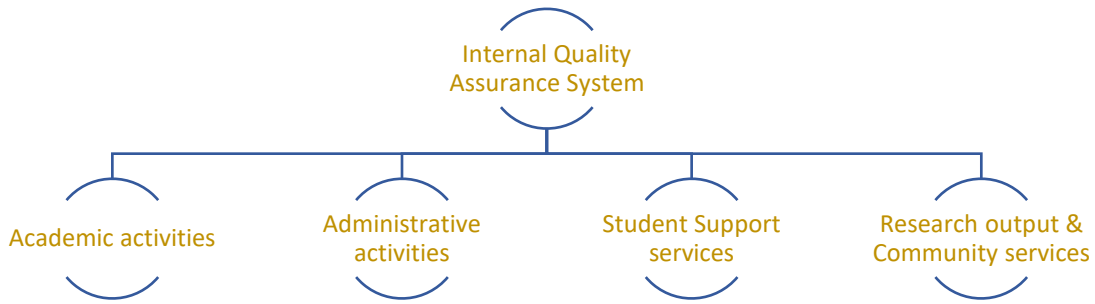


Figure 5: Internal Quality Assurance System

The internal quality assurance system of the MBBS program focuses on the following core activities:

1. Quality Assurance of Teaching and Learning
2. Quality Assurance of Students Assessment
3. Quality assurance of teaching staff affairs
4. Quality assurance of facilities and learning resources.
5. Quality assurance of student support services.
6. Quality assurance of research and community service.

Quality Assurance of Teaching and Learning

Program Specification

The Program Specification provides a platform for the planning, monitoring and improvement of the program by faculty members responsible for its delivery. It contains sufficient information to demonstrate that the program will meet the requirements of the Standards for Quality Assurance and Accreditation of Higher Education Programs and the NQF.

The Program Specification is prepared according to the NCAAA template. The specification includes general descriptive information about the MBBS program as well as its mission, goals, and program objectives, which are aligned with COM and IAU's mission and goals. It also contains the learning outcomes that should be acquired by the students and the methods of teaching and student assessment strategies (direct and indirect) for their achievement of learning outcomes in different domains of learning. Moreover, the program specification also includes plans for ongoing evaluation of its effectiveness and planning processes for improvement.

Course Specification

The course specification is prepared after approval of program specification and before a course is delivered for the first time. Nevertheless, it can be subjected to modification according to the major or minor comments provided by internal and external auditors. The purpose of course specification is to provide a clear roadmap for the course. Course specification includes the course identification and general information, objectives, description, and topics to be delivered to the students. It contains learning domains and Course learning outcomes (CLOs) matching with that of the programs and in keeping with the National Qualifications Framework (NQF). Furthermore, course specification includes teaching strategies and the methods of assessment of the students for each LOs. Course Coordinators are responsible for the preparation of the course specifications according to the NCAAA template in the light of the program specification. Course specification is used as a reference for preparation of the actual teaching and assessments to be conducted in the course.

Course Report

Course Reports are prepared at the end of each semester according to the NCAAA template, giving an overview of the course delivery process till completion. The course report includes general information about the course and a summary of the analysis of students' grades, evaluation of the course by the students and any issues faced in the implementation of the course. It also includes the results of the assessment of achievement of CLOs by students. Improvement plans are determined according to direct

and indirect assessments and provided as an action plan for review before the course is offered again in the following academic year.

Course reports are reviewed by the Department Board (for 5th and 6th years) or the Year Management Committee for (2nd, 3rd, and 4th years) to identify the strengths and the weaknesses needing further improvements, and action plans are developed accordingly they then approved by either the chairperson of the year management committee or the Department Chairpersons and then submitted to the Vice Dean for Academic Affairs and the Vice Dean for Development and Community Partnership.

Annual Program Report

The Annual Program Report (APR) is prepared after the completion of the academic year using the NCAAA template. The APR reports on how well the program was able to conduct its courses and achieve the desired Program Learning Outcomes (PLOs) by providing details of the graduated class, percentage of graduates employed in the government and private sectors, student achievement of the program learning outcomes and a report of students 'evaluation of the courses. It also provides an overview of the teaching and learning key performance indicators in comparison to the internal and external benchmarks. Based on the evaluation of performance indicators, improvement plans are determined and provided as a guide to improve the teaching and assessment strategies in the program.

Course Portfolio

The course portfolio contains evidence for the conducted course and is used for consideration in the review of the program. Course portfolios provide broad knowledge about what has been done in the course in previous semesters. The course portfolio includes the course outline, faculty office hours, course specification, course report, teaching materials, samples of assessment materials, the Item Analysis Report written exams, a full record of results for all assessments, report of course evaluation by the students, samples of student's work an. Every course coordinator submits a course portfolio to the who submits it to the Quality and accreditation unit at VDD&CP for auditing.

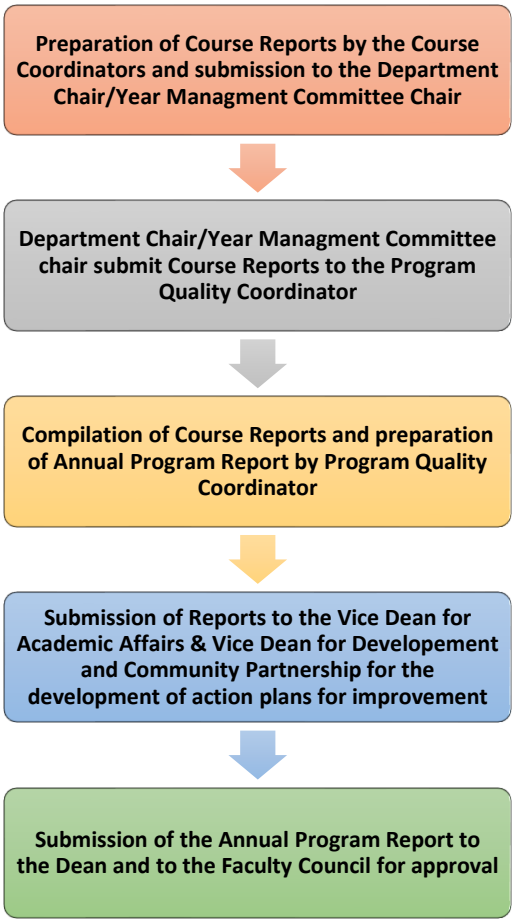


Figure 6: Procedure for Course Reports and Annual Program Reports in the MBBS Program

Quality Assurance of Students Assessment

The MBBS Program has clear procedures to ensure the quality of student assessment. Students are assessed using predefined criteria, regulations, and procedures applied consistently. There are precise procedures to ensure the quality of examinations. All student assessments are carried out professionally and involve extensive knowledge of testing and examination processes. Student assessment procedures must:

- 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 does not rely on single examiners' verdicts.
- Consider all the possible consequences of examination regulations.
- Have clear regulations covering student absence, illness, and other mitigating circumstances.
- Ensure that assessments are conducted securely per 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.
- Be examined and evaluated by the external examiner when possible.
- Arrange for students to be given feedback about their weaknesses during the learning process.

The MBBS program Student Assessment Manual includes the policies that regulate examinations and assessment and the guidelines that must be followed in designing assessments at the course level. To ensure consistency, all courses at the MBBS Program must comply with the predefined teaching strategies, assessment methods, and grading policy, and an audit of all course specifications at the is conducted to verify alignment with these policies and CLOs. Exam blueprints must be developed for all courses, and course coordinators are expected to adhere to it when preparing exam papers. Rubrics are used to grade written assignments, case presentations and projects for a valid and objective assessment. Internal validation of the students' assessment is done by sampling 10% of students' MCQ scores and Short Answer scripts by two peers ensuring the fairness of the students scoring procedures. In addition, the Institutional Plagiarism Policy is implemented in the MBBS Program, and specific guidelines are provided to students and faculty to protect themselves from plagiarism.

The Department of Medical Education (DME) was established in the College of Medicine in 2014. The department runs the Examination Center which ensures the validity and of assessment methods and the level of student achievement across the MBBS program through several best practices. item analysis is done for each written exam and an exam report it is generated and submitted to the course coordinator.

Process for Assessment of Students' Achievement of Program Learning Outcomes

Program-level student learning outcomes are measurable results-oriented statements that specify what students will be able to know and do as a result of participating in an academic degree program. These outcomes are described in the program's academic learning assessment plans. While planning for the assessment of PLOs the program ensures that assessment tools are designed in such a way as to contribute to high-quality student learning and support the development, delivery, and quality assurance of both departments and courses. As stipulated by NCAAA, all the MBBS program use two ways to assess Program Learning Outcomes: direct and indirect methods of LOs assessment.

A. Direct Assessment Methods of Program Learning Outcomes

Direct summative assessment methods are often used to measure student learning outcomes at the program level (e.g., written and practical exams, oral exams, research projects) and course level (e.g., written and practical exams, case studies, and oral presentations). It includes the evaluation of the results of the graduates at the end of each level of the learning process. Students' achievement of Program Learning Outcomes (PLO) is assessed directly by adopting the following 15-step process:

- **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 Course Learning Outcomes (CLO).
- **Step 4:** Devise an appropriate Course blueprint & Assessment plan for each course offered in the program.
- **Step-5:** Prepare Course Learning Outcomes assessment matrix for each course offered in the program (develop this table separately for each course).
- **Step-6:** Measure Students' achievement of each course learning outcome of the respective course offered in the academic program. Incorporate the findings in the course report (T7 Template).
- **Step 7:** Aggregate students' achievement concerning the CLOs contributing to each Program Learning Outcomes (PLO) (i.e., using course specification). It is mandatory to prepare a CLOs-PLOs Mapping matrix to facilitate this process.
- **Step 8:** Classify students' achievement into four categories using a predefined grading system (i.e., A, B, C, and D).
- **Step 9:** Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs of IAU consider 60% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e., 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance'.
- **Step 10:** Fix the target and internal benchmark for each PLO.

- **Step 11:** Obtain External benchmark with similar programs in other Saudi Universities.
- **Step 12:** Compare actual performance with target, internal and external benchmark.
- **Step 13:** Develop recommendations and an action plan for improvements.
- **Step 14:** Implement Action plan
- **Step 15:** Continue the cycle annually and ascertain the program's progress toward its goals and objectives.

The following is the description of these steps in details:

Step 1: Preparation of Program Planning matrix

A Program planning matrix needs to be prepared in the form of a table provided by NCAAA by adopting the following steps (i.e., refer to Program Specification template).

1. Prepare a table (Table X) by indicating the Program Learning Outcomes (PLO) according to the level of instruction in the third column and;
2. Indicate the courses required to teach each PLO; use the appropriate program's course code numbers across the first row of the table and move horizontally.
3. Indicate the contribution of courses to each PLO using the following level scales viz I = Introduction by the percentage of each CLO; P = Proficient/Professional by % of each CLO; M= Mastered by % of each CLO. The term 'I" indicates that these courses are offered during the initial levels of the curriculum, which are prerequisite to higher levels of learning. The term 'P" indicates that those courses are required for students to get practiced or proficient concerning the achievement of learning outcomes. Likewise, the term 'M" denotes that those courses help students to get mastered with learning outcomes offered at the advanced level of the Program.

Table 1: Program Planning Matrix*

Course code & No.	Program Learning Outcomes										
	Knowledge and understanding				Skills				Values		
	K1	K2	K3	---	S1	S2	S3	---	V1	V2	---
Course											
Course											
Course											
Course											

(I = Introduced P = Practiced M = Mastered)

To be taken from Program Specification Template (T3)

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

Table 2: Mapping of CLOs with PLOs*

CLO		Aligned PLOs
1.0	**Knowledge and understanding**	
1.1		
1.2		
1.3		
2.0	**Skills**	
2.1		
2.2		
2.3		
3.0	**Values**	
3.1		
3.2		
3.3		

* *To be taken from Course Specification Template (T4)*

Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO)

Use Table 3 for each course indicating appropriate teaching strategies and assessment methods for each Course Learning Outcomes. This information is usually extracted from the Course Specification of each course offered in the program. Assessment methods utilized to evaluate students' achievement vary and depend on the nature of the course offered in the program. Courses built on theoretical modules are usually assessed based on students' performance in the end-of-term examinations, i.e., written exams. Likewise, courses with a laboratory or clinical component are usually assessed using students' performance in practical or clinical exams such as OSCEs or OSPEs. Rubrics are developed and are used to record students' performance quantitatively in assignments and presentations.

Table 3: Mapping of CLOs, Teaching Strategies, and Assessment methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods

1.0	Knowledge and understanding		
1.1			
1.2			
…			
2.0	**Skills**		
2.1			
2.2			
…			
3.0	**Values**		
3.1			
3.2			
…			

In Table 3, the first column shows the Course Learning Outcomes, the second column shows the teaching strategies, insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. These represent the teaching strategies to be used to develop that learning outcome. e.g., Lectures, tutorials, seminars, practical training, labs, etc. The third column shows the assessment method, insert appropriate assessment methods that accurately measure and evaluate the learning outcome.

Table 4: Examples of assessment tools mapped against assessment methods to measure course learning outcomes in different domains

Learning Domains	Assessment Methods (*examples*)	Assessment Tools (*examples*)
Knowledge and understanding	Written Assessments (i.e. Midterm or End of term exams)	Short Answer Questions (SAQ); EMQs, MCQs
Skills	Clinical/Practical	• Long Cases; Lab Examination • Mini CEX • Objective Structured Clinical Examination (OSCE) • Objective Structured Practical Examination (OSPE)
	Portfolio Seminars	Logbooks; Portfolios, Procedural Logs
	Practical/ Lab exams	Peer report; Lab assessment Rubrics

Values	Classroom Observation	Tutor's report; Checklists; Rating scales Rubrics

Step 4: Devise appropriate Course Blueprint & Assessment Plan for each course offered in the Program.

Based on the assessment tools decided for the course, each course coordinator must prepare a course blueprint by linking each assessment tool with the Course learning outcomes. The course blueprint includes the percentage of marks allocated for each assessment tool and a detailed timeline (plan) for the conduct of assessments across the semester (Table 5 and 6).

Table 5: Course Blueprint Template

Course Name:		Course Code:		Date of Preparation	
				Course Coordinator Name	
				Head of Dept. (HOD)	

#	CLOs (Course Learning Outcomes)	Assessment tools*					
1.1.1		*MCQ*	*Essay*	*Practical*	*Assignment*	*Observation*	*Portfolio*
1.1.2							
1.1.3							
1.2.1							
1.2.2							
2.1.1							
2.1.2							
2.2.1							
2.2.2							
2.3.1							
2.4.1							
3.1.3							
3.1.4							

Table 6: Course Assessment Plan showing the distribution of marks among assessment tools across the semester

Course Name:		Course Code:		Date of Preparation	
				Course Coordinator	
				Head of Dept. (HOD)	

Weeks		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam title				1st Quiz					Mid-Term				2nd Quiz				1st Term	
Tools*	MCQ																	
	Essay																	
	Practical																	
	Assignment																	
	Observation																	
	Portfolio																	
Marks (%)																		

Step-5: Prepare Course Learning Outcomes assessment matrix for each course offered in the MBBS program (for each course)

Each course coordinator must prepare a Course learning outcomes assessment matrix for their respective course. This table should be included in the Course assessment plan and be informed to students before the beginning of the academic year.

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 CLOs contributing to each Program Learning Outcomes (PLO) (i.e. using program planning matrix)

Students' performance is categorized with four expectation levels ranging from grade 'A' to 'D' in a continuum. Grades (A, B, C, D) are determined according to each learning domain based on the methods of assessments. Any performance below 60% is considered as unsuccessful and considered to be not attained by the students. It is a usual practice that 60% is considered as a minimum threshold for successfully accomplishing learning outcomes, both at the Program and at the Course Level.

Step 8: Students' achievements are calculated for each learning domain, and their performances are classified into four categories.

Step 9: Develop Key Performance Indictors (KPIs) based on the percentage of students who achieved the minimum threshold (60%) in Courses targeting each respective Program Learning Outcomes

Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. When Magar's three parts of a LO are used correctly, a LO may also be a KPI, and it is recommended to monitor students learning outcomes achievement using Key Performance Indicators (KPIs). Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs at IAU consider 60% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e., 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance'. Even though the minimum threshold is 60% each year, based on the achievement of PLOs by the students, the Program administration should modify the target and link it with the development of KPIs to monitor performance continuously.

Step 10: Fix the target and internal benchmark for each PLO

Target Benchmark: The first step in fixing the target is based on the two key issues, viz. (i) retrospective analysis of Program performance in the previous academic year[s] and (ii) internal benchmark (Internal Threshold). The target KPI to be achieved is set based on the goals and objectives of the program, and it is decided by the department council, considering its previous year's performance and the internal benchmark. If the previous year's performance falls less than the internal benchmark, the target benchmark is set equal to the Internal Benchmark value.

Internal Benchmark: It is fixed based on the previous year's performance if the data is available for one year, or an average value can be taken if data of the past successive years (maximum three years) are available.

Step 11: Obtain External benchmark with similar MBBS programs offered in other Comparable Universities

In order to initiate this process, the colleges should contact another comparable college where this specific academic program is offered for the exchange of data and is included in the analysis. Also, the College can initiate and suggest the process of making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. In order to select an external benchmarking partner, the following criteria are used:

- Comparability of infrastructural facilities required from the program.
- Similarity of Programs as defined by the Ministry of Higher Education (i.e., duration of the study and course-specific comparisons, including credit hours);
- Availability of data

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

The actual performance of the program concerning students' achievement of Program learning outcomes is compared against: (i) its previous year's performance; (ii) it's internal benchmark; and (iii) its external benchmarking partner.

While fixing a target for the current academic year, it is essential to note that it should not be less than the internal benchmark and the previous year's performance. If the actual performance is better than the previous year's performance, it is advisable to increase the target based on the opinion of the teaching staff and other essential stakeholders. On the other hand, if the actual performance falls short of the target fixed for the academic year, the current year's target will be retained as the new target

benchmark for the next academic year after considering the external benchmarking partner's performance.

Based on the above 12 steps process, the achievement of PLOs by the MBBS students will be displayed using the table given below as part of the Annual program report.

Table 7: Program Learning Outcomes Assessment Results

#	Program Learning Outcomes	Assessment Methods (Direct and Indirect)	Performance Target	Results*
Knowledge and understanding				
K1				
K2				
K..				
Skills				
S1				
S2				
S..				
Values				
V1				
V2				
V..				
Comments on the Program Learning Outcome Assessment results:				

This KPI table is used to document directly assessed program learning outcomes and is appended to the Annual Program Report.

Table 8: KPI table showing the results of students' attainment of PLOs of the MBBS program

KPI Code # _____Program KPI: ____	
Assessment Year: ____ Program Learning Outcome: _____	
NQF Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Internal Benchmark	

External Benchmark	
Analysis: (List strengths and recommendations)	
New Target Benchmark	

Step 13: Develop an action plan for improvement

After a thorough analysis of the program's performance concerning the achievement of learning outcomes by the students, the stakeholders responsible for quality and improvement (mostly the Academic Quality coordinator) develop a list of priorities for improvement. A set of recommendations are developed from the list of priorities after making a SWOT analysis for each identified priority. The following template is used for developing an action plan for enforcing improvements.

Table 9: Action Plan Template

#	Recommendation derived from each CLO/PLO	Action Plan proposed	The person responsible for the action plan	Timeline (Duration) proposed for completion	Action Plan		Current Status
					Start date	End date	

Step 14: Implement Action plan

Implementing the action plan requires a coordinated effort of faculty members, course coordinators, the Vice Deanship for Development and Community Partnership, the Vice Deanship of Academic Affairs, the Curriculum committee members, the Department chairpersons, and the Dean of the College. In some occasions, it may extend up to the Vice President for Academic Affairs of the university in which any major change needs to be carried out in the curriculum based on the achievement of students learning outcomes and to fulfill the external environmental requirements (i.e., employer's requirements, NQF, and skills set required by the licensing & accreditation body). While implementing the action plan, appropriate timelines are prepared for each one of the tasks using a Gantt chart, and

designated personnel are allocated to monitor it effectively. Further, the Program administration is responsible for providing the required resources in the form funding, manpower, and materials for the accomplishment of the action plan.

Step 15: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.

The process of assessment of Program Learning Outcomes achieved by the students is carried out every year, and it is repeated every year. By doing so, the program can ascertain its progress toward its goals and objectives. Each program is instructed to prepare an action plan progress report to study the improvements obtained through the previous year's action plan using the table format given below:

Table 10: Action Plan Follow-up

Studying the Progress on Implementation of Previous Year's Action Plans				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
1-				
2-				
3-				
4-				

Indirect ways of assessing Students achievement of PLO's

As stipulated by NCAAA, there are several indirect ways to assess students' achievement of Learning outcomes, and it is usually carried out using stakeholder evaluation surveys. The MBBS programs uses the following surveys to assess student's achievement of Learning outcomes:

- Program evaluation survey (PES),
- Student Experience Survey (SES),
- Alumni, Interns satisfaction survey (for clinical rotations),
- Employers Survey to assess graduate characteristics
- Program Learning Outcomes assessment survey.

In addition to the above surveys, the performance of graduates in Professional exams such as the Saudi Medical Licensing Exam (SMLE).

Table X: List of Surveys used to capture student's achievement of PLOs in the MBBS Program

#	Survey	Target	Frequency
1	Program Evaluation Survey	Final year students	Once a year
2	Students' Experience Survey	Students' half-way through the program	Once a year
3	Alumni Survey	Graduates	Once a year
4	Interns Survey	Those students who are pursuing the Internship Program	At the end of each Internship rotation
5	Employers' Survey	Employers of the Graduates	Once a year
6	Program Learning Outcomes (PLO) assessment survey	Fresh Graduates immediately after graduation	Once a year

Grading of students responses is based on a Likert scale which is interpreted as shown in the table below.

Table X: Grading of Students responses during Surveys

Performance Grading	Criteria			
	Mean	Median	First Quartile	Cumulative % of 4 or 5
High Quality	3.6 & above	4 & 5	4 & 5	80 & above
Acceptable	2.6 – 3.6	3	3	60 – 80
Improvement Required	Less than 2.6	1 & 2	1 & 2	Less than 60

Closing the Loop, Results dissemination & Follow-up

The purpose of assessment is to help determine whether the program is being effective in accomplishing what it aims to achieve and to allow documenting and demonstrating continuous improvement based upon the utilization of the assessment results. Therefore, "closing the loop" implies that the planning and evaluation process of the program 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 the program, its courses, and other academic & administrative services. The results should be communicated to the relevant stakeholders and to the program administration as well as the university's top management because implementing the next steps often involves all parties' collaborative efforts. For planning purposes, it is vital to share the successes and the shortcoming to generate effective action plans to propose remedial measures for 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 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 College Dean should submit the assessment report to the Deanship of Quality & Academic Accreditation, which submits the same to the Vice Presidency for Academic Affairs, who then forwards it to the University President. The President and the University Council will review & discuss the annual program reports & the proposed action plans and approve the same for implementation. Approved action plans should include a detailed timeline and the responsible charter for implementation. Further, the approved action plans should be forwarded to the directorate of Budgeting & Planning, which utilizes this as input for the next year's budget planning cycle.

QUALITY ASSURANCE FOCUSING ON TEACHING STAFF

The University requires that all faculty be evaluated on their performance on an annual basis. The appraisal is conducted according to the IAU guide for job performance. In the MBBS Program, teaching staff and support staff performance Evaluation is conducted in alignment with IAU guidelines.

The Program maintains performance appraisal data to provide its teaching staff with constructive feedback on goal setting, progress assessment, career progress, and evaluation of performance. The criteria for teaching staff performance evaluation include:

- Teaching performance
- Research and publications
- Clinical and community service
- Administrative, social, cultural activities.
- Ethical and personal qualities.

Before the evaluation, the department chairman informs the teaching staff for the commencement of the appraisal and to review the job description for any change and the teaching staff fills out the self-evaluation form. The department chairperson conducts a one-to-one meeting with the teaching staff and follows the procedure in the policy. The teaching staff should acknowledge and sign the form that is forwarded to the Dean's office where it is forwarded to Vice President for Academic Affairs for final approval. For unachieved performance targets, the department chairperson follows the policy for underachieving teaching staff. Another assisting tool in quality of teaching is the course evaluation surveys. The department chairperson reviews the course report of the concerned faculty and the results of the Course Evaluation Survey (CES) and Student Survey on Lecturing Skills (SSLS). The department chair discusses the evaluation with faculty members who should acknowledge and agree/disagree with the final evaluation.

QUALITY ASSURANCE OF FACILITIES & LEARNING RESOURCES

The university has clear procedures to ensure that the quality of facilities needed for student learning is adequate and appropriate for each program (i.e. Adequate checks on the computer facilities; Adequate checks on the library; Adequate checks on the laboratories). An exclusive policy entitled, 'ICT Policy' is in place which informs the faculty, support staff, students, management and other individuals authorized to use university facilities, and the regulations relating to the use of ICT systems. 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 the possession of university, including all academic, administrative, and research data.

The KPIs focusing on facilities and learning resources include the stakeholders' evaluation of library and media center. (Average overall rating of the adequacy of the library and media center), including:

- Staff assistance
- Current and up to date
- Copy and print facilities,
- Functionality of equipment
- Availability of study sites

An exclusive Policy and Procedures manual exists in the Directorate of Library Affairs to govern all the functions related to management of Learning Resources at IAU. The following KPIs are used to measure the effectiveness of learning resources and are reported to university higher administration on an annual basis.

- Number of books and periodicals in the 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.
- Number of accessible computer terminals per student

The following KPI is used in the MBBS Program used to assess the users' satisfaction with the facilities and learning resources.

- Satisfaction of beneficiaries with learning resources (KPI-P-17)

QUALITY ASSURANCE OF 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 program levels that cater to students needs.

An approved code of behavior has been established at the university level, which identifies the students' rights and responsibilities as well as actions to be taken for breaches of student discipline.

Student Support Unit (SSU)

The MBBS Program, under the supervision of the Vice Deanship for Academic Affairs, offers support services to address the many challenges faced by the students. One of the main programs of the student support system is the academic advising program. Students receive all support to overcome difficulties and develop their capabilities and skills. The system is designed to work with students to achieve their maximum potential during their studies by providing a holistic approach to student support to aid in retention and graduation.

To implement and activate the academic advising program, a guide was prepared and distributed to all MBBS students with the list of academic advisors. The guide includes components of advising, student advising plans, roles and responsibilities of advisor, roles and responsibilities of advisee, students benefiting from academic advising support, identifying process, and academic advising tools. After introducing the Academic Advising program, a message is sent in the first week of the first semester, to

all students enrolled in the program through Blackboard to encourage students to ask for help and to introduce the counseling center services at the university.

Students are invited to communicate with the SSU if they need assistance. Contacts and link of the University counseling center are shared as well in case students wish to self-report themselves for counseling assistance. Additionally, Students identified with low achievement are referred by the unit their advisors to identify problems and try proffer solutions or to refer them to the appropriate service if needed. Students can also access their academic advisors through the student information system (20-30 students per academic advisor).

Peer Support Program (PSP)

The Peer Support Program assists students in enhancing performance, managing stress, engaging in the university environment and maintaining academic and psychological wellbeing with better integration throughout the journey. The PSP was introduced to all students of the MBBS Program (2nd to 6th year). The program aims to support and facilitate peer support among the students during all activities, inside and outside the classrooms. The guide was prepared to inform students about available formal and informal peer support activities and initiatives.

KPIs focusing on students support services include:

- Ratio of Students to 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
- Students' satisfaction with the offered services (KPI-P-10)

QUALITY ASSURANCE FOCUSING ON ADMINISTRATIVE ACTIVITIES

The MBBS Program adheres to the guidelines developed by the University to monitor the quality improvements in the administrative processes.

Guidelines for Monitoring Quality Improvements in the Administrative Units

The assessment process for administrative units is completed annually and is implemented mainly to support the University's mission and to abide by the institutional commitment to 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

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

These areas ensure that the 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.
- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.
- 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 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.

Administrative Outcomes Assessment Process

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

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

QUALITY ASSURANCE OF RESEARCH AND COMMUNITY SERVICE

Community Service

Community service is recognized as an essential institutional, college, and program responsibility at all levels. IAU categorically emphasizes its role in community service as one of its three primary focus areas which is aligned with the MBBS Program mission and goals.

The community service and partnership unit (CSPU) was established to introduce the community to the role of the College of Medicine and its academic and research mission in community partnership and to contribute to creating a distinctive relationship between the college and the various public and private sectors and create a good image of its scientific and social activity. The CSPU also works to support the promotion of community responsibility and partnership by increasing the number of community partnerships and scientific research studies. The unit works and reports on its activities and

achievements, as well as areas for improvements, challenges, and future plans to the the Vice Dean of Development & Community Partnership. The unit responsibilities include the following:

- Emphasizing the importance of the role of faculty members, administrators, and students in community service.
- Promote community activities for faculty and students, and documenting them in the social responsibility bank.
- Encourage community involvement in the evaluation and development of the community service provided by the college/programs.
- Providing channels for effective communication between the college staff and the various community parties and promoting the development of effective partnerships.

The unit's performance is guided by the program's operational plan and evaluated by the unit's performance indicators as well as the relevant program KPIs

Research

The Vice Deanship for Scientific Research & Innovation and the Vice Deanship for Development and Community Partnership prepare Operational Plans in line with the College's strategic plan, and develop appropriate projects to implement its initiatives, which include the following:

- Facilitate collaboration with the Institute for research and medical consultancy (IRMC)
- Increase the proportion of research funded from external sources
- Increase the proportion of research conducted with the private sector
- Encouraging faculty members to increase research production capacity and publish academic research in refereed scientific journals and participation in scientific conferences and forums.
- Activating research partnerships between disciplines and enhancing research cooperation between the educational institutions local and regional.
- Encourage members to establish specialized scientific forums and hold specialized scientific research seminars.

EXTERNAL QUALITY ASSURANCE SYSTEM (EQA)

The MBBS Program follows the procedures implemented by IAU for external quality assurance and periodic review or/and evaluation of its core activities: Teaching and Learning activities offered in the program, research and community services. The external quality assurance system includes benchmarking, external audit or external quality assessment.

External reviews of the program are carried out periodically as stipulated by the curriculum committee to ensure quality of the programs offered in the college. Also, there are external advisory boards at the college level as well as at the university level to provide support, guidance and, advice to the college in its pursuit of excellence, innovation and to enhance its international reputation.

External Benchmarking

External benchmarking plays a major role in adapting and applying the best practices identified externally with a comparable institution at national and international levels. The program has identified comparable colleges within the Kingdom of Saudi Arabia and internationally with whom formal agreements have been signed and data on KPIs are exchanged annually. These colleges are:

- College of Medicine, King Saud University, Riyadh, KSA
- College of Medicine, King Abdulaziz University, Jeddah, KSA
- College of Medicine, Al-Qassim University, Al Qassim, KSA
- College of Medicine, Nursing, and Health Sciences, Monash University, Melbourne Australia

The principles that guide the establishment of benchmarking agreements are as follows:

- *Principle of Selection:* One or more institutions or agencies must have been selected to benchmark the program's quality, and a list of indicators that are considered in using these benchmarks must be available. If these indicators include unpublished data, agreements must have been completed for the relevant data to be provided.

- *Principle of Equivalence:* Recognition of equivalence in standards with international benchmarks is essential, and degree requirements can be taken as a helpful guide in establishing equivalence.

- *Principle of Contact:* Respect the organizational culture of partner organizations and work within mutually agreed procedures. Before contacting partners, determine what to benchmark, identify Key Performance Indicators to compare, and complete a rigorous self-assessment. Obtain the partner university's permission before providing its name in response to a contact request.

- *Principle of Agreement*: IAU has to identify other institutions to provide comparative benchmarks for quality evaluation and, where necessary, have established agreements for the exchange of information on indicators to be used for this purpose. Special agreements are not required to use published data on performance benchmarks but are necessary if unpublished data is to be used. If a benchmarking agreement is entered into, issues about confidentiality,

use, and the type and level of information to be exchanged should be included in the agreement.

- *Principle of Confidentiality*: All benchmarking exchanges should be treated as confidential. Publication and external communication of findings should not proceed without the permission of the universities (i.e., benchmarking partners) involved in the project.
- *Principle of Exchange:* The type and level of information exchanged should be comparable between the benchmarking partners. An institution may benchmark its performance on different functions against different institutions if it wishes to do so.
- *Principle of Use*: Benchmarking information should not be used for other than the stated purpose for which it is obtained without the prior consent of the participating partners.
- *Principle of Completion*: Complete each benchmarking study to the satisfaction of all benchmarking partners as mutually agreed.

IAU enforces a set of guiding factors to be considered while selecting a benchmarking partner. The Benchmarking partners should:

- Be selected based on a shared understanding of the benchmarking goals, fields, and comparisons, which may or may not rely on existing inter- institutional contact.
- Have a clear and communicated understanding of the expected degree of involvement (time, human and financial resources).
- Ensure a high level of trust within benchmarking networks, as sensitive data will be exchanged.
- Obtain a commitment from senior management of all partner higher education institutions.

The following priority areas have been identified for external benchmarking:

- Institutional strategic development
- Student learning experience
- Infrastructure
- Faculty development practices
- Research contributions
- Graduates' attributes
- Community relationships

The indicators to be benchmarked should:

- Not only include inputs but also outputs and/or processes
- Be quantitative as well as qualitative, as most issues are best compared by using a mix of quantitative and qualitative methods
- Be selected according to the relevance for the purpose, not solely on existing data
- Measure outcomes in relation to inputs

Procedures/operations to be adopted should:

- Be documented using a transparent methodology which is communicated both inside the institution and among benchmarking partners
- Be supported with adequate human, financial and other resources to carry out the benchmarking exercise
- Where appropriate, be implemented by carefully selected and trained experts in assessment/evaluation work
- Be established to process data in a well-structured way
- Ensure a periodical monitoring/review of the effectiveness of the benchmarking process and its value in implementing changes at the appropriate level within the participating institutions.

The Vice Deanship for Development and Community Partnership coordinates the preparation and management of external benchmarking activities with support from the DQAA. Data for Key performance indicators is collected from a variety of sources and shared with benchmarking partners who reciprocate by sending their KPI values which are reported in annual KPI reports.

External Advisory Committee (EAC)

External quality review and assessment of the MBBS program is done on a regular basis by national and international experts to ensure high quality processes in medical education, research,, and community services. The External Advisory Committee (EAC) was established comprising national and international experts in the field. The EAC has a clear responsibility for program development, review and improvement. The advisory committee reviews the curriculum, suggests changes in programs and procedures, and provides feedback on the performance of program graduates. The advisory committee acts as an integral contributor to the college's program review and planning process.

External Advisory Committee Tasks

- Review the Program’s Mission, Vision, and Goals.
- Review the program’s Operational Plan and its achievement report and relevant performance indicators.

- Evaluate the alignment of the program's Operational plan with the current and future requirements of the labor market.
- Appraise the current MBBS curriculum, Program Specification and the Program learning outcomes, and the graduate attributes in relation to the National Qualification Framework and the current requirements of the labor market.
- Assess the current teaching and assessment methods adopted in the MBBS program and discuss their suitability considering the current scientific and technological developments in medical education.
- Evaluate the results of the assessment of the Program Learning Outcome achievement and discuss the actions that should be taken based on these assessments.
- Review the Program's Research Plan and its suitability for the needs of the local, regional, and international community and discuss potential research partnerships.
- Review the program's current community service partnerships and initiatives and discuss potential agreements with community institutions.
- Assess the program's Field Experience activities including student clinical training and the Internship program including its learning outcomes and its mechanisms of evaluation considering the needs of the labor market and discuss potential training agreements.
- Review the Program's benchmarking report and propose potential external benchmarking agreements.
- Propose potential agreements and partnerships with the industrial and professional sectors.
- Discuss potential marketing plans for the program's services as sources of financial income for the program such as specialty research and training services provided by faculty, staff, and students.

External Quality Assessment

External quality review and assessment of the program is done on a regular basis by international experts and accreditation agencies to ensure high quality processes in medical education, research and community services. The following are examples of the external quality assessments in the college:

- The external reviews also include quality evaluation surveys from employers, Alumni, graduates, Internship and Program Directors of College of Medicine.
- Mock external review and assessment of the program provides suggestions and recommendations for further improvement and input for an action plan.
- External (supervisor at the training site/hospital) and internal evaluation of interns' performance during internship year.

Monitoring System & Evaluation Processes

Students' progress is systematically recorded and monitored. Timely feedback is provided to those students. Further, corrective actions are taken where and whenever necessary. The monitoring system includes a feedback survey from four categories of stakeholders, and it consists of the following:

- Students
- Academic and Administrative staff
- Employers
- Alumni
- Local Governance & Community

The MBBS program uses the following survey instruments to capture feedback from stakeholders: Students-centered surveys include (i) Course Evaluation Surveys (CES); (ii) Students Experience Surveys (SES); (iii) Program Evaluation Surveys (PES), and (iv) Students Survey on Lecturing Skills (SSLS). Similarly, Faculty Centered surveys include Academic Job Satisfaction Survey (AJS). Additionally, there is a separate survey tool for alumni and employers to capture their perceptions. Moreover, specific questionnaire tools are used separately to capture user satisfaction with facilities and learning resources. All these surveys are administered through an online application entitled 'Estibana,' and specific guidelines are in place to guide the implementation of these surveys.

Clear procedures are in place to assess students' achievement of the program learning outcomes. As stipulated by the National Qualification Framework, learning outcomes of all three learning domains are to be assessed at the program and course level. All students are assessed using predefined criteria, regulations, and procedures.

Quality Surveys: Estibana

Estibana is a web-based application developed in-house by the Quality Systems Unit of the Deanship of Quality and Academic Accreditation (DQAA) to generate feedback from the students and faculty members. Estibana comprises various surveys, and responses are collected electronically. Open-ended questions of surveys and their responses are generated digitally, facilitating qualitative analysis. When the surveys are completed, reports are generated on-the-fly. The data can easily be exposed to a spreadsheet or any other statistical application like SPSS, and the results following the analysis can be easily generated centrally in DQAA. Quality Management Officers (QMOs) of the MBBS program are able to access the detailed analysis, interpretations, and reports and communicate them to the

concerned Course coordinators, Department Chairpersons, or Vice Deans. Based on the findings, necessary actions are taken to address and rectify the problems

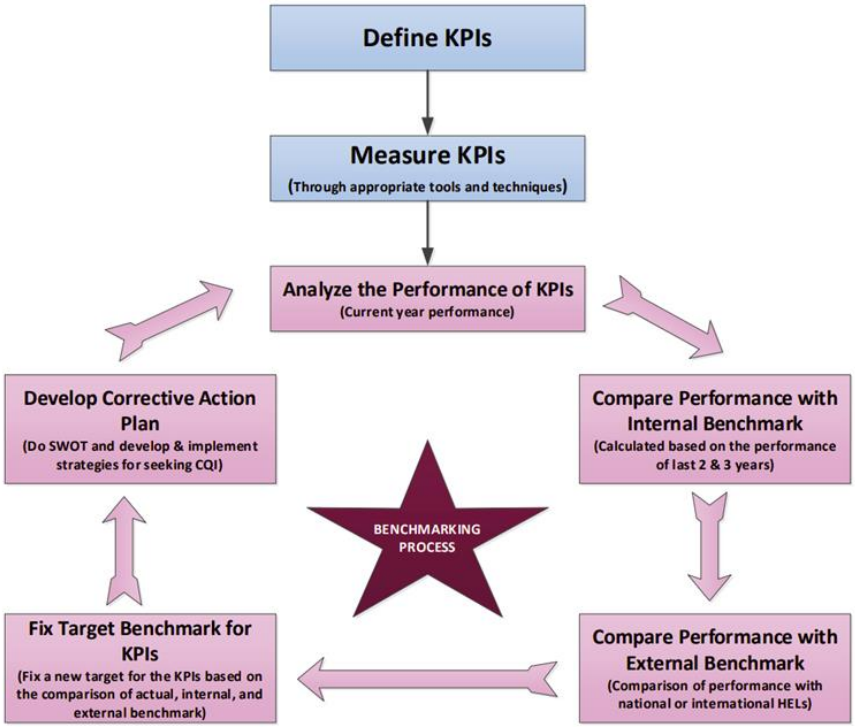
Table X: Surveys administered through Estibana

#	Survey	Target	Frequency
1.	Academic Job Satisfaction Survey (AJS)	All Faculty members.	Once a year
2.	Course Evaluation Survey (CES)	All Students of each Course.	Every Term, before or after the end-of-term exams
3.	Final Year Students Survey (FYSS)	Final year students evaluate the services of Alumni & Career Development Centre, and/or the Alumni Unit in the college	Once a year
4.	Orientation Program Survey (OPS)	First year students	Once a year
5.	Program Evaluation Survey (PES)	Final year students	Once a year
6.	Students' Experience Survey (SES)	Students who are half-way through their program	Once a year
7.	Students' Survey on Lecturing Skills (SSLS)	All students should fill SSLS for each course for each faculty	Every Term, before or after the end-of-term exams
8.	Student Affairs Survey (SAS)	All students	Once a year
9	Library User satisfaction Surveys (USS)	Students & Faculty members	Once a year

Key Performance Indicators: Muashirat

A well-structured methodology is used for collecting, analyzing, and reporting Key Performance Indicators (KPIs) in the MBBS Program. An application entitled "*Muashirat*" was developed by the Deanship for Quality and Academic Accreditation (DQAA) at IAU, and is used both to gather and report KPIs to the stakeholders. The program uses KPIs to assess its current performance concerning its core elements of mission, i.e., teaching & learning, research & community services, and guide action towards improvement in achieving its goals & objectives.

The format for KPIs and benchmarks is consistent with that adopted for the institution as a whole. A username and password are provided to the Vice Deanship for Development and Community partnership at the College of Medicine, which is responsible for collecting all the data and feeding that information into Muashirat. The Performance Measurement Unit of DQAA then analyses the data in such a way as to prepare the final report. KPIs are presented in terms of values for Males, Females, and Total. The analysis should also involve the comparison of all of them comparatively.



Process for monitoring KPIs and Benchmarks

Scope of Key Performance Indicators (KPIs) in the MBBS Program

The Key Performance Monitoring (KPI) system covers all the essential elements contributing to improving quality and promoting excellence and is based on the KPIs identified by the National Center for Academic Accreditation and Evaluation. It covers four major university segments: academic, administrative, student support, and research & community services (Figure 11). A set of KPIs is developed to measure, monitor, and track the institution's progress. To facilitate this, a unique DMABIC model (DEFINE-MEASURE-ANALZE- BENCHMARK-IMPROVE-CONTROL) is in place at IAU, and it is developed based on the Six-sigma DMAIC model. Presently, 49 KPIs have been identified and monitored (Appendix 3-List of KPIs monitored at IAU). Of these, 33 KPIs were prescribed by ETEC-NCAAA, and 16 were chosen from the approved list of IAU indicators (Table 2). These KPIs have monitored three levels viz. Program level, College Level, and at the level of the institution.

Table : List of Program Key Performance Indicators (KPIs) monitored in the in the MBBS Program

Standard	Code	Key Performance Indicator
Standard (1): Mission and Goals	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives
Standard (3): Teaching and Learning	KPI-P-02	Students' evaluation of quality of learning experience in the programs
	KPI-P-03	Students' evaluation of the quality of the courses
	KPI-P-04	Program Completion rate for Students in the specified period
	KPI-P-05	First-year students retention rate
	KPI-P-06	Students' performance in the professional and/or national examinations
	KPI-P-07	Graduates' employability and enrolment in postgraduate programs
	KPI-P-08	Average number of students in the class
	KPI-P-09	Employers' evaluation of the Program graduate's proficiency
Standard (4): Students	KPI-P-10	Students' satisfaction with the offered services
Standard (5): Faculty Members	KPI-P-11	Ratio of students to teaching staff
	KPI-P-12	Percentage of teaching staff distribution
	KPI-P-13	Proportion of teaching staff leaving the Program

	KPI-P-14	Percentage of faculty members with at least one publication
	KPI-P-15	Rate of published research per faculty member
	KPI-P-16	Citations rate in refereed journals per faculty member
Standard (6): Learning Resources, Facilities, and Equipment	KPI-P-17	Satisfaction of beneficiaries with learning resources

Internal and External Benchmarks

The following mechanism is utilized by the MBBS Program to calculate internal and external benchmarks based on the methodology developed by the DQAA at IAU.

Actual Benchmark

It is the actual & latest reported value for each indicator. In order to measure it uniformly, 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 are required. All the data need to be collected from that source across all the academic years.
- Data availability varies across time (i.e., readiness for collection), and it should be properly defined concerning 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 one of 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 three years). The internal benchmark will be presented as the 'overall value' followed by distinct 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 another homogenous program within the university. This option can only be chosen if a similar program is offered within the same university. This can be justified by the similarity of those programs in terms of credit hours, course-wise comparisons, goals, objectives, etc. The advantage of internal benchmarking is that sensitive data and information are easily accessible, standardized data is often readily available, and less time and resources are usually needed. There may be relatively few barriers to implementation as practices may be relatively easy to transfer across the same organization.

Target Benchmark

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

The MBBS program applies the criteria established by the DQAA for fixing and revising targets whi ch involves the following:

1. *Based on the data trend, which depicts the program's performance level in the last three academic years*:

   This helps the program administration understand the program's performance threshold (limits). The steps followed to set target(s) using 'retrospective data-trend analysis' methods are as follows:

   - 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 trend of the data (either 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 cannot be less than the internal benchmark. If the target benchmark is less than the internal benchmark, set the 'target benchmark' as equal to the internal threshold.

2. *Keeping in view of the strategic target*:

   The strategic plan of both the college and the university are used as a guide in fixing the target. A set of performance indicators is used by the college/university to study its progress toward the achievement of the strategic plan. The program administration uses these indicators as a base while fixing its target. Upon completion of each academic year, the strategic planning committee, review the 'targets' achieved and devise a new target based on the strategic priorities and taking into consideration the prevailing environment. Through this approach, targets are set based on a thorough exploration of the various factors influencing the program and the institution.

3. *Based on the consensus of the steering committee*:

   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. The team members will carry out a 'SWOT' analysis. Using this analysis, team members will study the strength(s), 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 Performance of the external benchmark*:

   The performance of the external benchmarking partner is also a driving force while fixing the target. During the benchmarking process, programs exchange some of their good practices and adopt some of them from its partner. By doing so, the program aims to reach the performance 'targets' of its partner institution within a stipulated period. Several factors need to be considered while setting targets using this method including:

   - The amount of time taken by the partner institution to reach the current level of performance target will indicate for the MBBS program to set its target. Based on that, the 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 required to set up the required infrastructure to achieve the target.
   - Logistics and Human resources required to achieve the target.
   - Adoption of the good practice by the partner institution, including the constraints involved in this process.

5. *Implications of external environment to the program*:

   Any implications for changes may be required in the mission and goals, content, or methods of delivery of the program. This state will warrant the program to fix the target to fulfill the mission/goals of the program within a stipulated period.

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.

External Benchmark

A MBBS program has developed benchmarking agreements to facilitate the external benchmarking process. These agreements are approved at the level of the University through the DQAA. In order to initiate this process, the program has contacted a comparable national and international programs for the exchange of data the national partners include the Faculty of Medicine at King Abdulaziz University, the College of Medicine at King Saud University and the International Partner is the College of Medicine, Nursing, and Health Sciences at Monash University, Australia. The selection of these external benchmarking partners was based on three specific criteria:

1. Comparability of infrastructural facilities required for programs across KSA
2. Availability of data as required by the NCAAA.
3. Adoption of good practices to seek continuous quality improvements.

Analysis of KPIs

In the analysis section, a comparison of the actual benchmark with the target and internal benchmarks was made to address the strengths and weaknesses of the KPI and to make strategies and action plan for the forthcoming years. The analysis is made for two variables, viz. (i) Gender-specific comparison and (ii) Time trend analysis of data. If the external benchmarking partner data is available, then a comparison is made to gather good practices to improve the quality.

New Target Benchmark

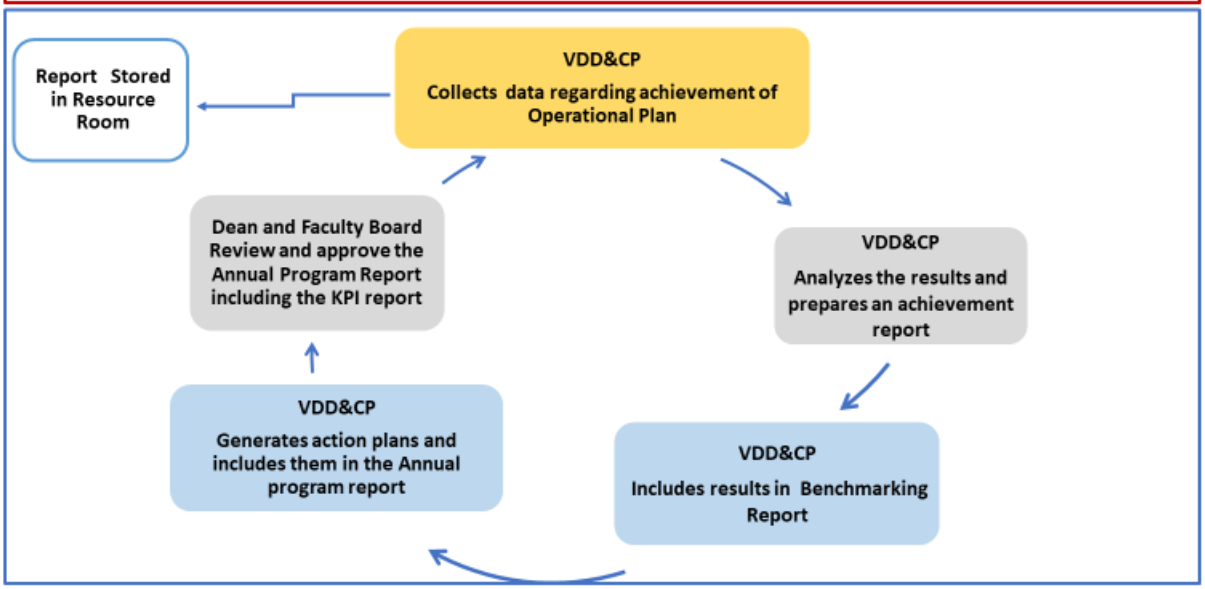
This benchmark is the anticipated target to be set by the program for the forthcoming academic year. It is determined based on any differences observed between the current year data's actual, target, and internal benchmarks (from KPI analysis). In the event that the target fixed for the current year is achieved, the new target is fixed by adding a 5 to 10% increase or decrease based on the KPI and per any one of the criteria for revising the target.

Development of Action Plans for Improvement

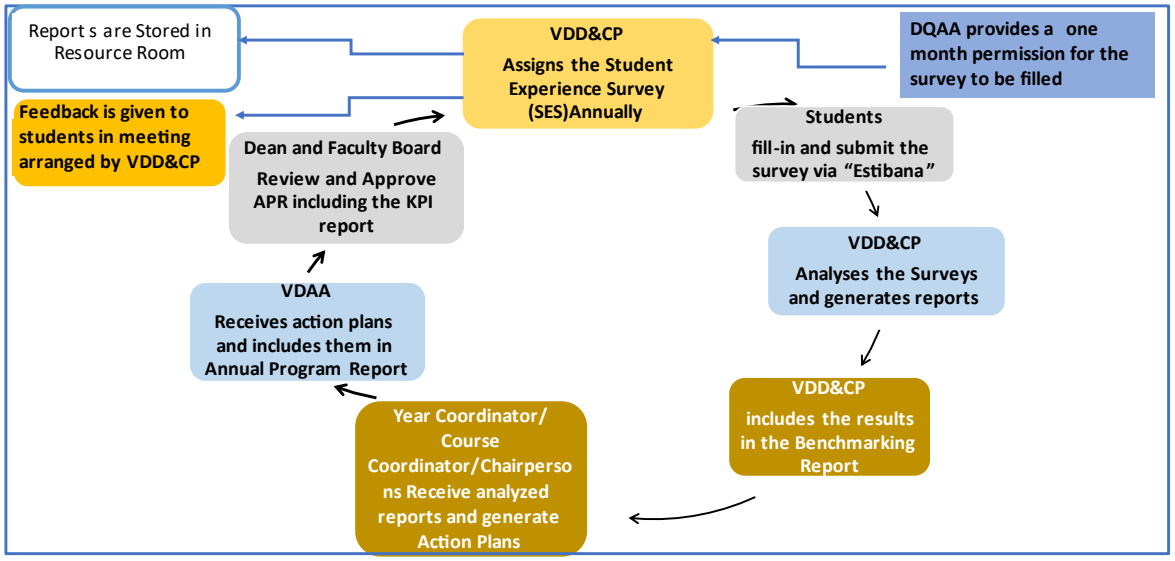
Based on the current performance level and keeping in mind the target set for the next academic year, the Program administration establishes action plan(s) for addressing the weaknesses identified from the benchmarking analysis. Such efforts are carried out by establishing committee(s) to implement or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

Procedure for KPI measurement and reporting in the MBBS Program

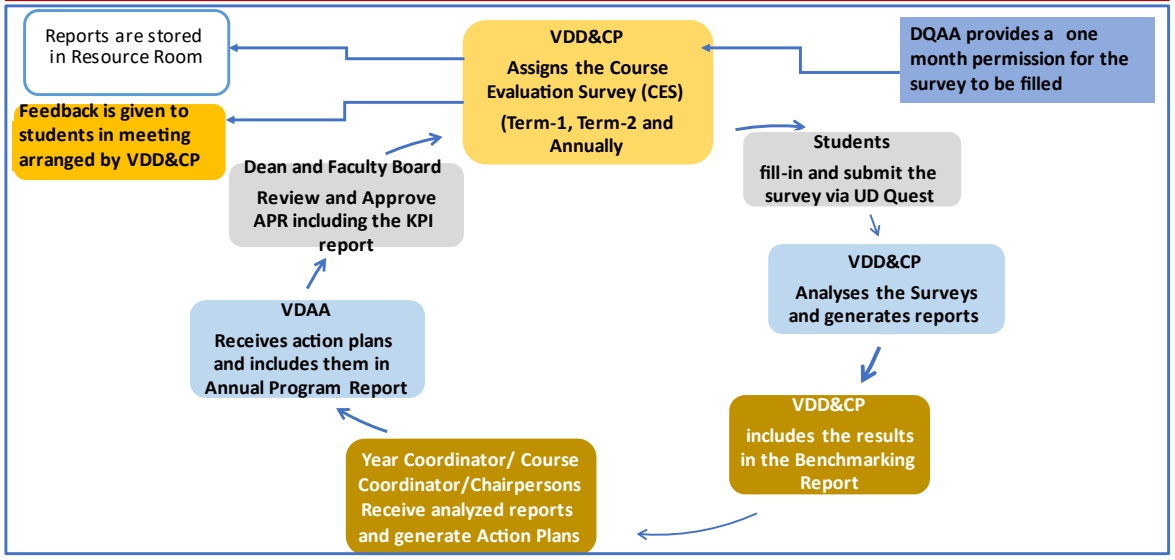
KPI-1: Percentage of achieved indicators of the program operational plan objectives



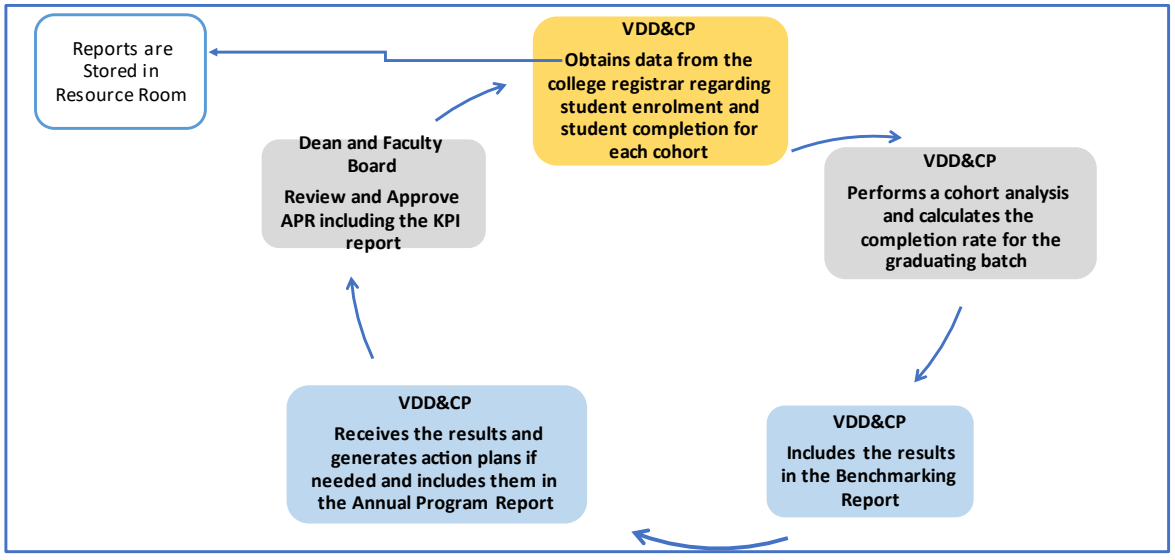
KPI 2: Students' evaluation of the quality of their learning experience



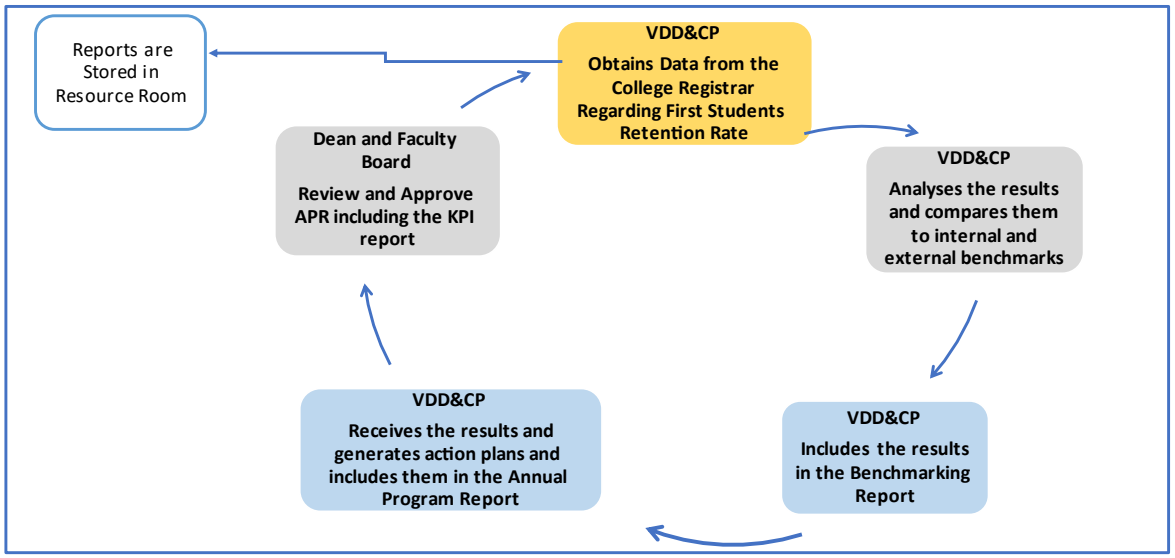
KPI 3: Students Evaluation of the Quality of theCourses



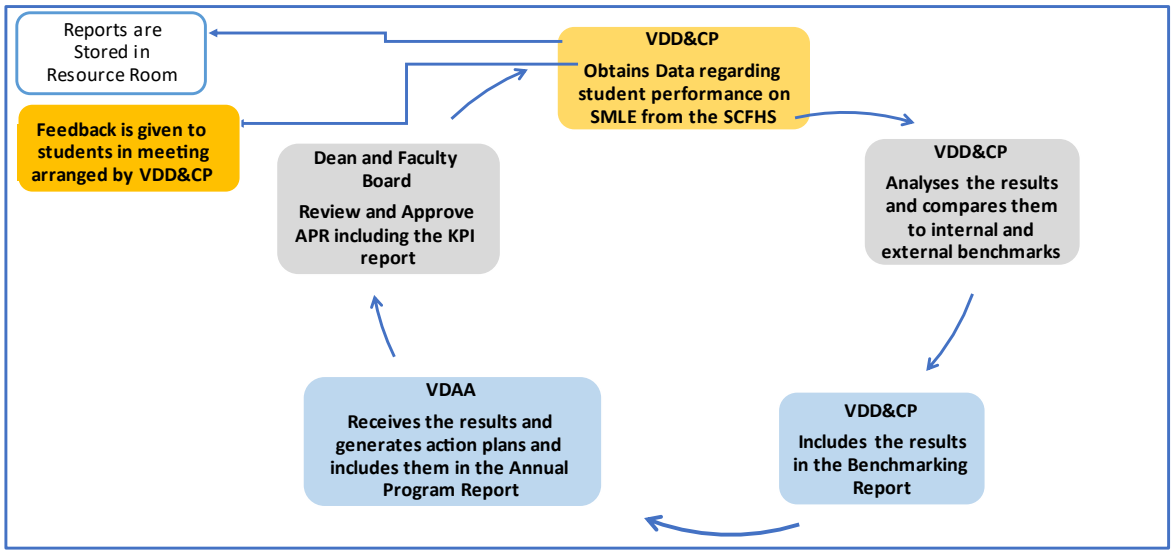
KPI- 4: Completion Rate



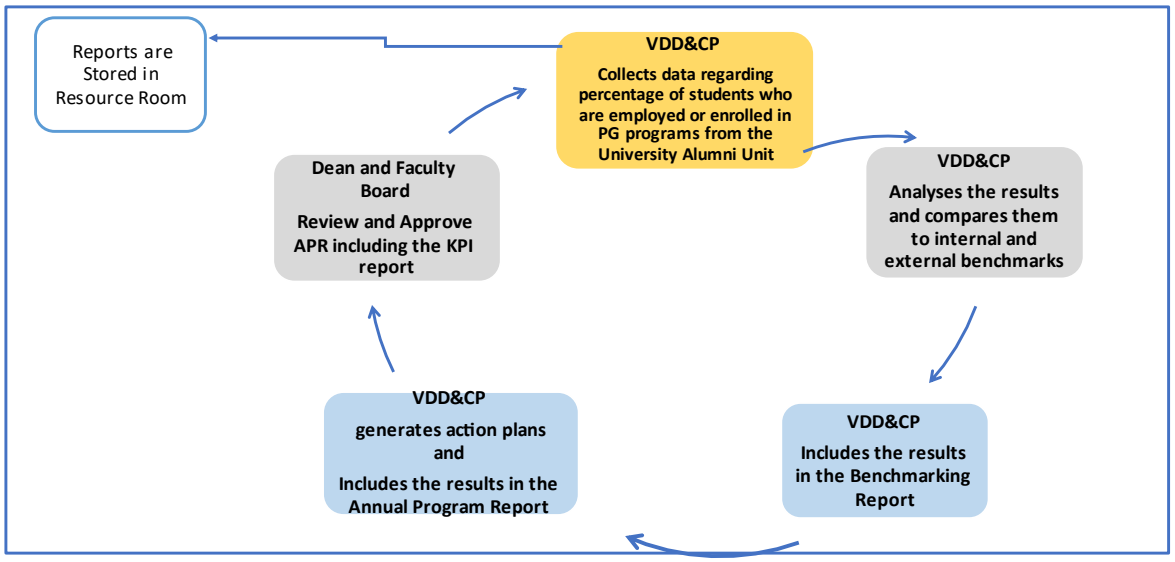
KPI- 5: First Year Students Retention Rate



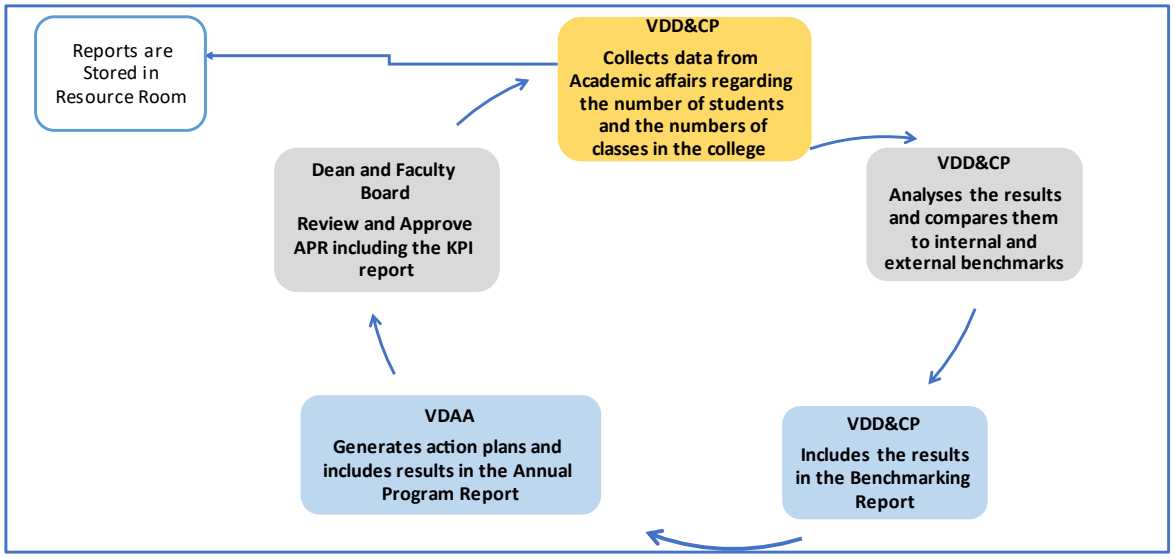
KPI- 6: Students Performance on Professional and/ or NationaExaminations



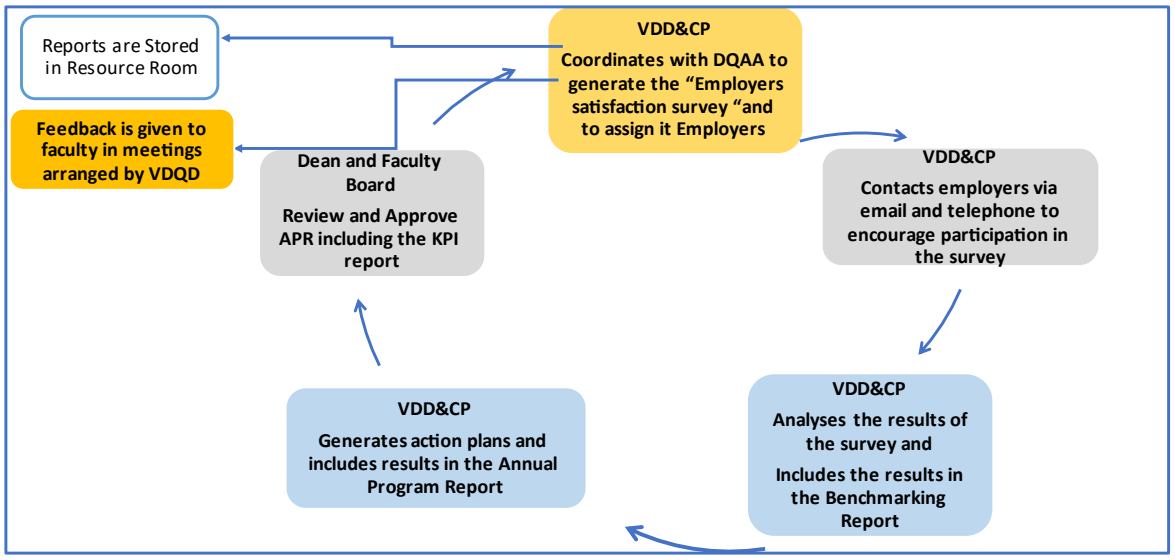
KPI-7: Graduate employability and enrollment in postgraduate programs



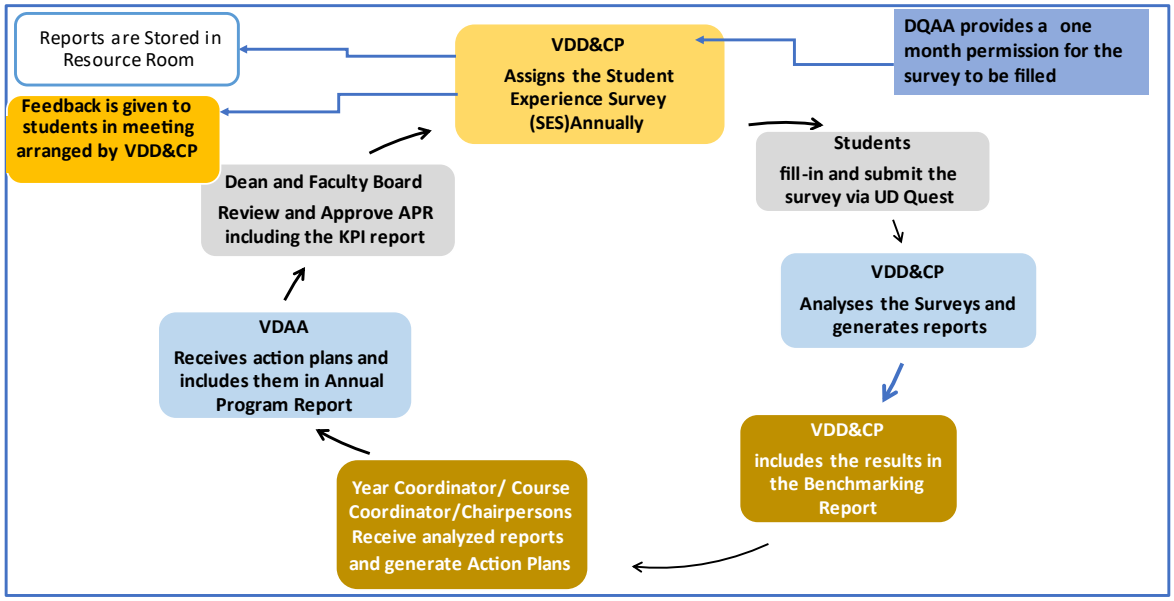
KPI-8: Average number of students in the class



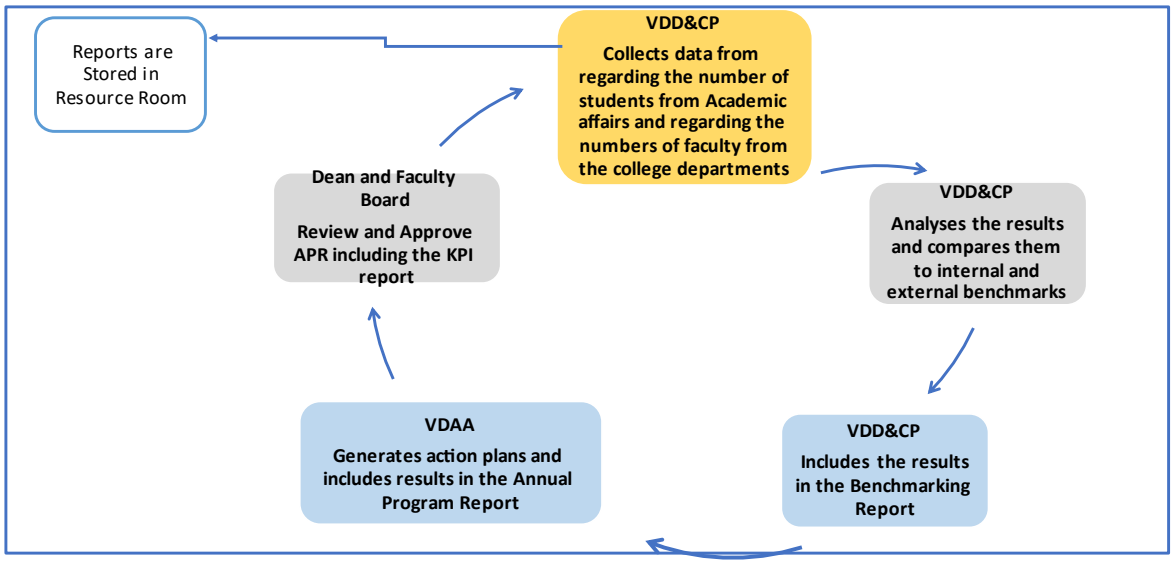
KPI-9: Employers Evaluationof Program Graduates' Proficiency



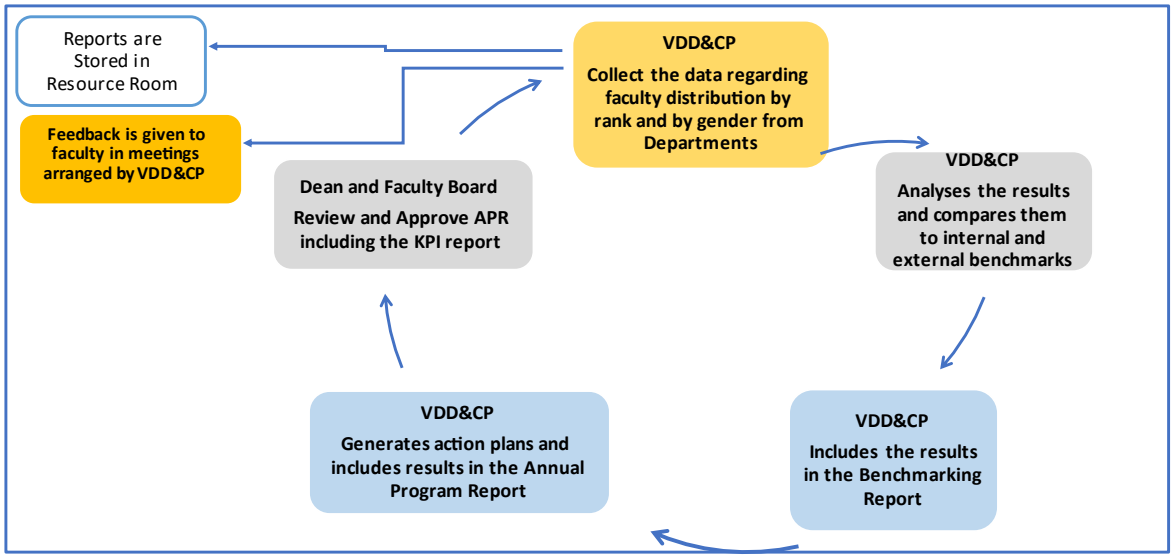
KPI-10: Students' satisfaction with the offered services



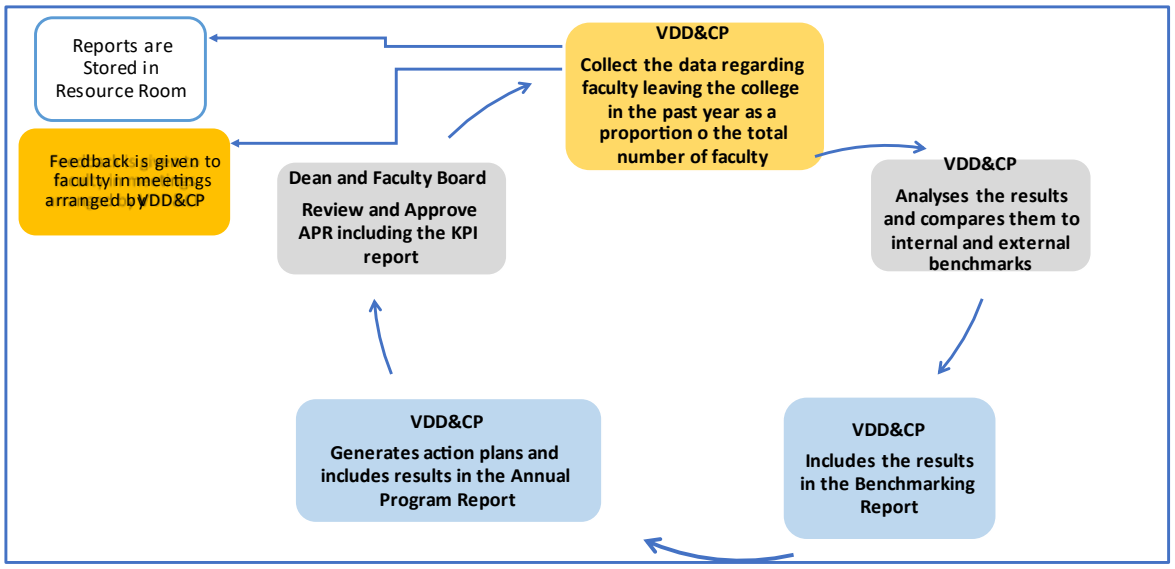
KPI-11: Ratio of students to teaching staff



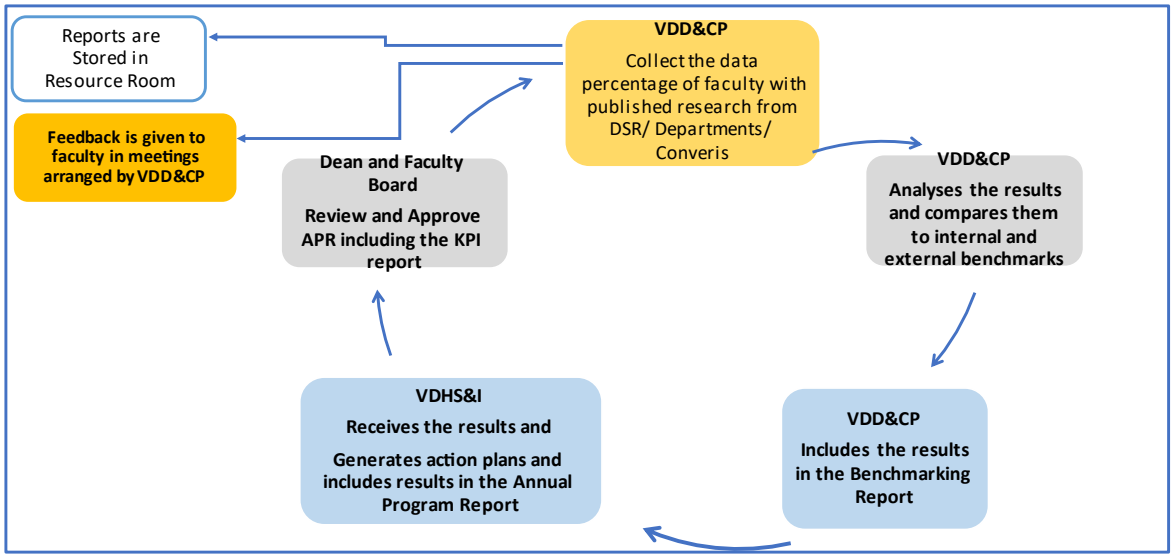
KPI-12: Percentage of teaching staff distribution



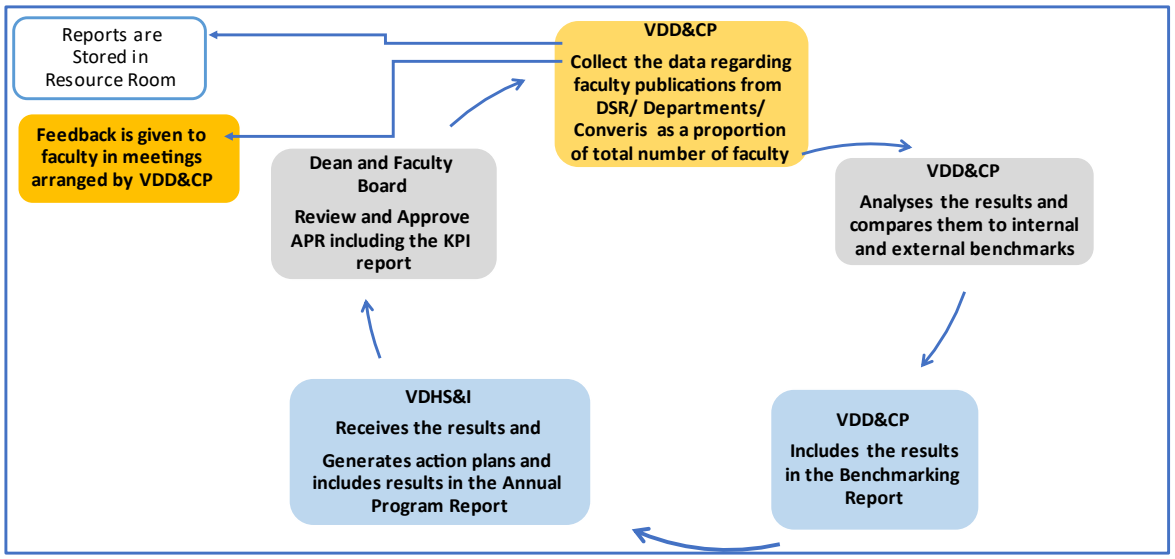
KPI-13: Proportion of teaching staff leaving the institution



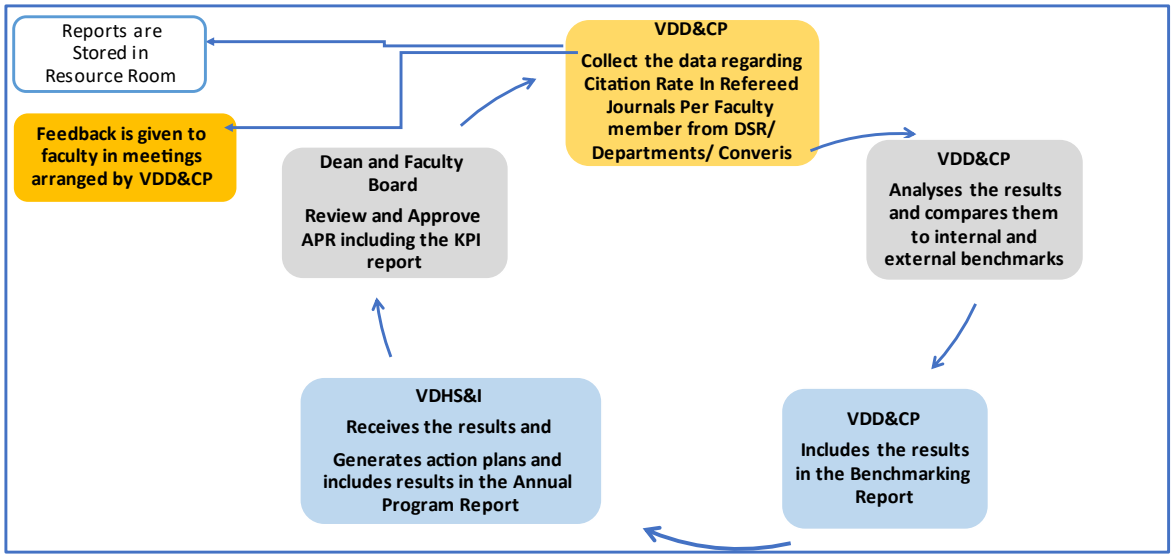
KPI-14: Percentage of faculty memberspublications

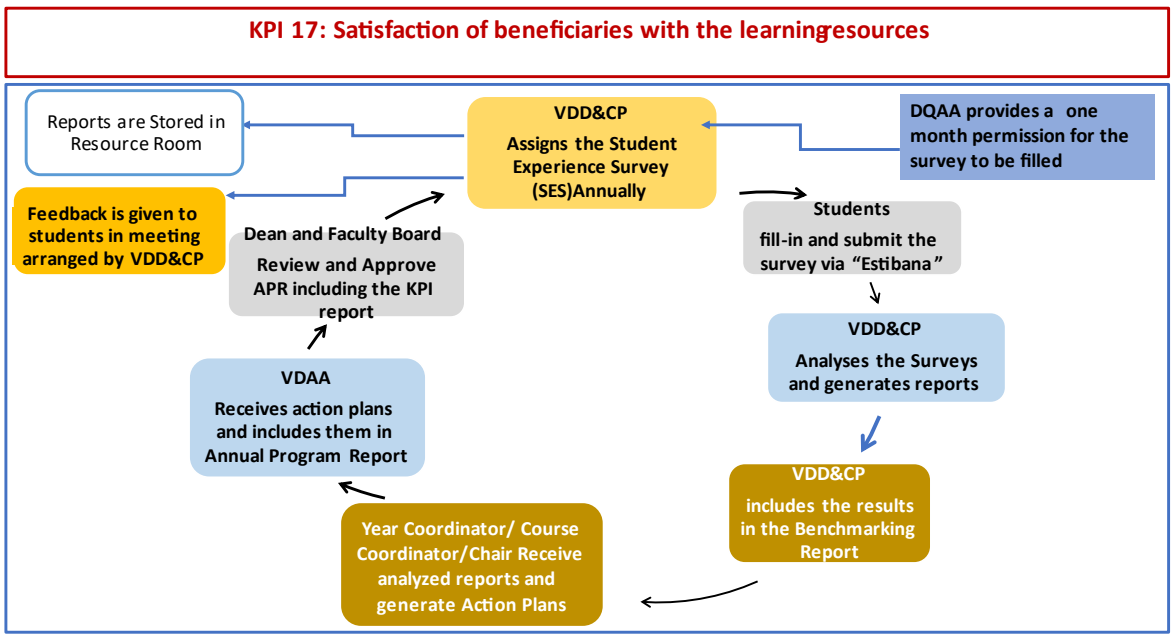


KPI-15: Rate of published researchper faculty member



KPI-16: Citation Rate In Refereed Journals Per Faculty member





MANAGING ACADEMIC ACCREDITATION

Academic accreditation is a process of validation in which the university and its affiliated colleges and programs are evaluated. The standards for accreditation are set by a peer review board whose members include faculty from various accredited colleges and universities. The accreditation agency, both national and international, aids in the evaluation of the university and college/program for accreditation or the renewals of previously accredited colleges/ programs based on its performance, related to the educational process and its results overlaying the curriculum, teaching-learning, evaluations, faculty, research, infrastructure, learning resources, governance, financial wellbeing, and student services.

Accreditation is an indicator of quality status of an institution as set by the accreditation agency, which enables employers to filter those individuals who have obtained a degree from an accredited institution from those who have not. Accreditation process also offers students a better chance of having their credits transferred to other reputable institutions should they decide to obtain a graduate level of education.

PROGRAM ACCREDITATION

Program Review Process

1. The process starts with establishing a Principal Committee, which is followed by the formation of Steering Committees for the 6 NCAAA Standards to self-evaluate the Program. When the self-evaluation is completed, the steering committees submit the draft self- study report to the Principal Committee.

2. The Principal Committee submits the report and self-evaluation scales to an Independent Evaluator/s for an independent opinion. Considering the independent opinion, the steering committee prepares the Self-Study Report, the Program's second draft (SSRP).

3. The second draft will then be submitted to the Mock Review, organized by the college/program in concurrence with NCAAA. The committee will address the recommendations from the mock review panel in the SSRP, and the revised SSRP will be submitted to the NCAAA.

4. The final SSRP will be re-submitted to NCAAA at least two months before the external review.

5. The selected review panel list will be sent to the college/program by NCAAA with a conflict-of-interest form.

6. A letter specifying the dates of the final onsite review will be sent by NCAAA, followed by approval of the site visit/virtual schedule by NCAAA.

7. The accreditation consultant of NCAAA will visit the college to conduct a preparatory workshop for the site visit. He/she verifies the eligibility documents and sends an accreditation consultant report on eligibility.

8. Finally, the external reviewers' onsite visit will have stakeholders' meetings, inspect relevant documents, and evidence, and tour the facilities that support the academic activities. The panel observes and verifies the activities and the evidence that cannot be assessed from the SSRP alone, such as the facilities, and the assessment of the educational experience of the students, faculty members, and other stakeholders.

9. After a successful onsite visit and review, the external review panel prepares an initial unedited Review Panel Report (RPR), which they present to the stakeholders of the college/program, and later the chair of the panel will send an edited RPR to the NCAAA.

10. Subsequently, the NCAAA will send the RPR to the Dean without an accreditation decision to review for Factual Errors. The factual error report will be sent back to NCAAA, which the review panel and NCAAA will address.

11. The Dean will receive the final report of the external review for the response of the Program to the recommendations of the review panel.

12. An action plan will be submitted to NCAAA in response to the recommendations.

13. NCAAA will finally decide on accreditation based on the review panel report and action plans submitted by the college/program to the recommendations.

14. NCAAA may award full accreditation recognition, conditional accreditation, or deny accreditation. Full accreditation is for seven years, and conditional accreditation is for a limited period.

The MBBS Program at the College of Medicine, Imam Abdulrahman Bin Faisal University (IAU), underwent the accreditation process in the academic year 2016/17 and underwent its final institutional review by international experts and attained full academic accreditation in the year 2017 for seven years till May 2024.

Post Accreditation Follow-Up & Managing Re-Accreditation Process

Based on the self-study report (SSR) and the external review panel (RPR) report, NCAAA will make its decision. NCAAA decision may fall under any one of the following alternatives:

a. That full accreditation should be granted for seven years.
b. That conditional accreditation should be granted for a specified period, up to a maximum of three years, to allow the program to remedy specific conditions that have been identified.
c. That accreditation will not be granted or withdrawn in cases of re-accreditation.

If conditional accreditation is granted, a further review will be conducted to determine whether the conditions have been resolved. If resolved, full accreditation will be given. The conditional accreditation will be withdrawn if they still need to be resolved. If accreditation is withdrawn or accreditation is not granted, the Minister of Education will be informed, and action may be taken by the Ministry under Ministry regulations, including possible discontinuation of the program.

After programs have earned full accreditation, they are expected to complete a new self-study within seven years and participate in an external peer review conducted by the NCAAA for re-accreditation. The NCAAA may require earlier review of programs if it believes they are needed. The NCAAA expects each program to monitor its performance quality at least annually. The approach will vary according to

different circumstances; however, it should consider predetermined performance indicators and pay close attention to any matters identified for special attention in quality improvement strategies. The NCAAA also requires each program to complete an Annual Program Report. In addition, to this annual monitoring, which may be focused primarily on selected issues, there should be a more comprehensive overview of the quality of performance part way through the formal self-study and external review cycle. This should be based on the standards identified by the NCAAA and should identify any matters requiring attention. However, its purpose is for internal monitoring and planning, and reports to the NCAAA are not required.

INTERNATIONAL ACCREDITATION

IAU employs a specific procedure for International Program Accreditation which is applied by all its colleges and programs when seeking international accreditation. The procedure applies to almost all international program accreditation agencies. The process involves initially a review of the existing Program's Educational Objectives, then checking the essential eligibility criteria. Once the basic eligibility is cleared, checking technical eligibility with the relevant accrediting body is performed. The next stage involves mapping the Program's Educational Objectives (PEOs) with Courses. The current program is assessed & two semesters' results are evaluated. Subsequently, the Preliminary Self-Study Report (SSR) is prepared and the application is filled out and submitted along with the supportive documents for accreditation and follow up with the accreditation agency. Figure X: Steps of International Program Accreditation

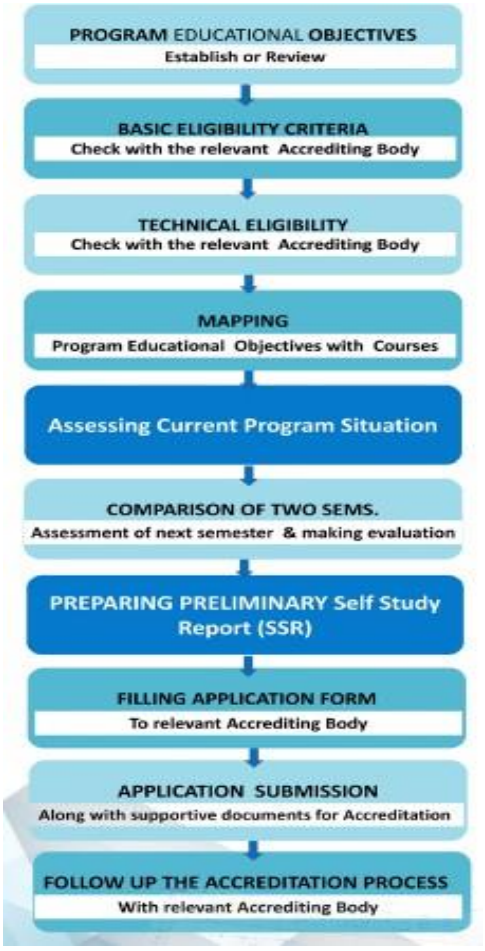


Figure X: Steps of International Program Accreditation

Glossary

- 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 the 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: Quality assurance processes 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 about established standards or criteria
- Audit: An independent review to verify that reports represent a true and correct activity record and that recognized standards have been met.
- Benchmark: Points of comparison or performance levels used for establishing objectives and evaluating performance.
- Credits: Points or hours allocated by an institution to specify the work requirements, 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 the recognition that its resources, processes, and learning outcomes meet the 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 assessing performance.
- Learning Outcome: The learning results from participating 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, generally 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 the 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, generally expressed in quantitative terms.
- Peer review: Expert evaluators of similar institutions or professions evaluate or report on a program, institution, or part of an institution. Those expert evaluators are specialists in the field concerned with the organization and management of higher education institutions.
- Performance Indicators: Specific (i.e., pre-selected) forms of evidence used by an institution or other agency to provide evidence about performance quality.
- 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 the standards required for delivering a program in that field at the level concerned.
- Qualifications Framework: A document setting out the nature, amount, levels, or standards of learning that are required for academic or technical awards.
- Teaching Strategies: The strategies used by an instructor to develop student learning.

Prepared by

Vice Deanship for Development and Community Partnership

جامعة الإمام عبد الرحمن بن فيصل

IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

College of Medicine كلية الطب