

***Manual for Designing, Approving,
Reviewing, Evaluating and Improving
Academic Programs***



Fakeeh College for Medical Sciences

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Message from the Dean

Faqeeh College for Medical Sciences (FCMS) is committed to providing high-quality academic programs that align with the evolving needs of the healthcare industry. As part of this commitment, FCMS ensures that all new academic programs are developed, approved, reviewed, evaluated and improved following a rigorous and standardized process, guaranteeing quality, relevance, and adherence to national and international accreditation standards.

This manual has been created to serve as a comprehensive guide for all stakeholders involved in the development, approval, reviewing, evaluating and improving of academic programs at FCMS. It outlines the systematic process ensuring that every program meets the college's mission and strategic goals, as well as the requirements of accrediting bodies like the National Commission for Academic Accreditation and Assessment (NCAAA) and the Saudi Commission for Health Specialties (SCFHS). The manual also provides essential guidance on aligning program design with the National Qualifications Framework (NQF).

I would like to take this opportunity to express my heartfelt thanks to all those who contributed to the preparation of this manual. I would also like to extend my deepest gratitude to the Board of Trustees, whose unwavering support has been instrumental in advancing the mission of FCMS.

Professor Mohammed-Salleh M. Ardawi

The Dean

Section I



FCMS Vision Statement

“To be one of the leading medical and health sciences College in Saudi Arabia, fostering innovation and achieving educational and training excellence”.

FCMS Mission Statement

“To prepare qualified compassionate graduates in medical and health specialties according to national and international educational standards, contributing to scientific research and community services”.

FCMS Core Values (based on our Islamic values and culture and in accordance with global academic standards)

- Integrity
- Innovation
- Compassion
- Equality
- Quality focus
- Student focus

Strategic Goals of FCMS

The Third “Strategic Plan” covers nine strategic goals to achieve its “Vision” and “Mission” in 5 years (2021-2025). Accordingly, FCMS through its Strategic Plan is committed to the following strategic goals:

- **Strategic Goal One:** Continue to strengthen commitment to teaching and learning excellence
- **Strategic Goal Two:** Invest in innovative and effective technologies to advance academic performance
- **Strategic Goal Three:** Improve the quality and availability of learning resources and facilities
- **Strategic Goal Four:** Focus on student life and welfare
- **Strategic Goal Five:** Leadership, governance and quality improvement
- **Strategic Goal Six:** Strengthen postgraduate studies and scientific research
- **Strategic Goal Seven:** Commitment to community engagement
- **Strategic Goal Eight:** Strengthen partnership and collaboration
- **Strategic Goal Nine:** Focus on Financial sustainability

Introduction

The design, approval, review, evaluation, and continuous improvement of academic programs are fundamental to maintaining the educational quality, relevance, and innovation at Fakeeh College for Medical Sciences (FCMS). In today's rapidly changing healthcare environment, academic institutions must remain agile and responsive to the evolving needs of the profession, accreditation requirements, and labor market demands. The development and approval of new academic programs at FCMS are essential to ensuring that the college's offerings reflect the latest advancements in healthcare education and align with the strategic goals of the institution.

This manual provides a structured and comprehensive framework to guide the design, approval, and ongoing enhancement of academic programs at FCMS. By adhering to national and international educational standards, this process ensures that programs remain relevant to the Saudi healthcare market and are positioned to meet the dynamic needs of students, faculty, and stakeholders.

1. Purpose of the Manual

The purpose of this manual is to establish standardized procedures for designing, developing, approving, reviewing, evaluating, and improving academic programs at FCMS. It ensures that the entire program lifecycle from initial concept to ongoing improvement is transparent, systematic, and aligned with the college's mission, vision, and strategic goals and objectives. Additionally, the manual supports compliance with national accreditation bodies, such as the National Commission for Academic Accreditation and Assessment (NCAAA) and the Saudi Commission for Health Specialties (SCFHS), while incorporating international best practices in higher education. Through these processes, the manual aims to ensure continuous quality improvement in FCMS academic programs.

2. Scope of the Manual

This manual applies to all stakeholders involved in the design, development, approval, review, evaluation, and improvement of academic programs at FCMS. These stakeholders include faculty members, academic departments, the Medical Education Department (MED), Assessment Center, Quality and Accreditation Unit (QAU), the Program and institutional Committees, the College Council (CC), the Board of Trustees (BOT), and external accreditation bodies such as the Saudi Commission for Health Specialties (SCFHS) and the Council of University Affairs (CUAs). The manual outlines the roles and responsibilities of each stakeholder, providing clear guidelines for the entire program lifecycle, from design to continuous improvement, ensuring alignment with institutional and program accreditation standards.

3. Objectives

The manual aims to:

- To provide a consistent framework for the development, approval, review, evaluation, and improvement of academic programs in alignment with institutional policies and national standards.
- To outline the responsibilities and levels of authority during the various stages of development, approval, review, evaluation, and improvement of academic programs
- To ensure that all new programs are aligned with the strategic plan of FCMS, addressing both institutional goals and the needs of the healthcare sector.
- To ensure that all academic programs maintain high standards of quality and are continuously improved to meet the educational needs of students and accreditation requirements.

- To assess the effectiveness of academic programs in delivering the intended learning outcomes.
- To facilitate the involvement of key stakeholders, including faculty, students, and external reviewers, in the program review and improvement process.
- To highlight and discuss the process of approving the newly proposed or adapted programs from national and international academic institutions.
- To ensure that new programs meet the requirements of national and international accrediting bodies, including NCAAA and SCFHS.
- To ensure that academic programs are regularly evaluated and updated to reflect changes in the field and technological advancements.

4. Key Principles

The development, approval, reviewing, evaluation and improvement of academic programs at FCMS is guided by the following principles:

- **Alignment with Institutional Mission and Goals:** Academic programs must be designed and continuously improved to align with the institution's mission, vision, and strategic goals and objectives.
- **Stakeholder Engagement:** The process of program design, review, evaluation, and improvement should involve input from a diverse range of stakeholders, including faculty, students, employers, and external partners.
- **Quality Assurance and Compliance:** All programs must comply with national and international accreditation requirements.
- **Continuous Improvement:** Regular review and evaluation processes are essential to ensure that academic programs are kept current, effective, and aligned with industry and societal needs.

- **Transparency and Accountability:** The processes of program design, approval, review, and improvement should be transparent, ensuring that responsibilities are clear, and outcomes are communicated to all stakeholders involved.

5. Definitions

Program: A set of integrated courses or learning activities aimed at a particular degree or certificate.

New Program: A newly proposed and developed academic program.

Program Design: A process of planning, assessing, and reviewing learning opportunities and resources to bring about positive changes in students.

Benchmarking: A process of comparing academic programs and practices with those of leading institutions, both nationally and internationally, to ensure that FCMS programs meet or exceed best practices in higher education

External Reviewer: An expert, either international or national, who is invited to provide an independent assessment of a new academic program.

Feasibility Study: An analysis conducted before the approval of a new program to evaluate its viability. This includes the program's market demand, financial sustainability, availability of resources, and alignment with institutional goals.

Curriculum Review: It is the process of providing information and guidance on issues related to development, revision and modification of curriculum.

Peer review: Peer review is the evaluation of work performance by other person/persons from the same field in order to enhance the quality of work in the concerned field.

Program specification: A guideline explaining the requirements and process to follow in order to complete qualification in specific program enrolled.

Annual Program report: a report summarizing the overall performance of each and every aspect of a program throughout the academic year. It highlights the program's strengths and weaknesses, and to prepare future plans for improvements.

Course specifications: Guidelines for preparing the course according to Course Learning Outcomes.

Course report: A report written at the completion of a specific course. It aims to provide overall feedback on the teaching and learning process from faculty and student sides and provides suggestions for improvement.

Field experience Specification: Guidelines for preparing the field training activities.

Field Experience Report: A report written at the completion of the Internship year.

Course portfolio: A comprehensive method of documenting the work of teaching a particular course. It contains: course content, goals, plan, and evidences about students' achievement of the learning outcomes.

External verification: is an approach of monitoring and evaluation of the quality of assessment processes to ensure that all assessment methods are fair, consistent, valid, and meet the requirements of the qualification. This process is done by External verifier.

External Verifier (EV): is a subject matter expert from other universities attends examination procedures and verify students result by using specific report. EV supports in identifying good practice and areas for further development.

National Qualifications Framework (NQF) in Saudi Arabia is a structured system designed to standardize and regulate the qualifications awarded by educational institutions across the Kingdom. It serves as a comprehensive reference that defines the levels of learning achievements, ensuring that educational qualifications are consistent, transparent, and aligned with both national and international standards.

Saudi Standard Classification of Educational Levels and Disciplines is a comprehensive framework developed by the Kingdom of Saudi Arabia to categorize and standardize educational programs across various levels and disciplines within the national education system. This classification system is designed to ensure consistency, quality, and alignment with national and international educational standards.

Section 2: Program Development and Approval Process

I. Program Development and Approval Process:

1. Needs Assessment-Conduct market research to identify healthcare sector needs and future workforce demands.
2. The initiative for a new program may come from students, faculty members, academic departments, the college council, and the board of trustees or an external agency.
3. The academic department in the College initiates the desire to develop and design a new academic program. A core working group within the department prepares a general outline of the new academic program based on their experience and benchmarking with national and international similar programs in other Universities.
4. The academic department reviews the prepared outline covering the following:
 - Name of the program and its code
 - Vision, mission, aim of the program and goals.
 - National and international benchmarking with similar programs in other Universities.
 - Summarized “Study Plan” covering duration of the program, number of credit hours, and required and elective courses.
 - Listing teaching and learning strategies.
 - Outlines of assessment plan.
 - Suggested admission criteria to the program.
 - Suggested possible career pathway and opportunities.
 - Suggested governance structure for the program.
5. The College Dean assigns a “Task Force Team” with clear responsibility to develop the program specification and course specifications according to

NCAAA guidelines and templates considering the Key Learning Outcomes (KLOs) in collaboration with the Medical Education Department (MED).

6. The required document should fulfill the requirement of National Qualification Framework (NQF), KLOs and Saudi Standard Classification of Educational Levels and Specializations according to the checklist including the following:

II. National Qualification Framework (NQF):

- a. Qualification details including institution, college, program qualification, qualification name, Area of specialization, qualification types and qualification by domains and major track.
- b. Early exit points for educational and training program (if available) including intermediate exit point, description of early exit point of the program, level of awarded qualification and qualification awarded at exit point.
- c. General Requirement for qualification placement: Including: Official approval, stakeholders engagement, qualification objectives, qualification title, qualification components (minimum credit hours, program duration and minimum actual contact hours and enrollment conditions), LOs assessment including (LOs alignment with NQF level descriptors and LOs assessment).

III. Saudi Standard Classification of Educational Levels and Disciplines

- a. Minimum requirement for entry into level.
- b. The cumulative study period for the level.
- c. Credit hours or their equivalent.
- d. Duration of the program.
- e. The official age of entry into the level.
- f. Program orientation.
- g. Completion of the level and access to higher levels.

- h. Level ranking in the structure of national qualifications.

IV. Key learning outcomes including:

- a. Alignment between new PLOs and KLOs.
 - b. Essential Knowledge Units (EKU) in the new program at FCMS in alignment with KLOs.
 - c. Program core Knowledge Units for the academic program in alignment with KLOs.
7. The new program proposal including the detailed description of the rationale for the new program with the program and course specifications should be submitted by the department to the Curriculum Development and Monitoring Unit (CDMU).
 8. The MED feedback and recommendations should be revised by Institutional Curriculum Review and Monitoring Committee (CRMC).
 9. The Institutional CRMC selects at least two external international reviewers, to review the new academic program proposal and related documents.
 10. Comments and recommendations of external reviewers shall be taken into consideration. The MED and the Academic Department are responsible to make sure that these comments and recommendations are taken into account within the proposal.
 11. The MED submits the finalized new program proposal and related documents to institutional CRMC after modification based on the external international reviewers' recommendations.
 12. Institutional CRMC recommendations to submit the final version of the Program to College Council (CC).
 13. The CC discusses the new program proposal, approves the program, and submits the recommendations to the Board of Trustees (BOT).

- 14.If the new program is accepted, the BOT submits the following requirements to CUAs:
- Complete review of the program specification, and courses specification by a National University using the form.
 - A detailed feasibility study on the approved program as part of the pre-request via an external consultancy.
 - Submission of the program specification, courses specification, feasibility study, and other information required by the SCFHS on its website; to complete the SCFHS review documents in a special form.
- 15.Once the review from the SCFHS is completed, then all appropriate documents are uploaded officially counting the following documents.
- A covering letter to the Secretary General of CUAs regarding the new academic program.
 - Program specification with review from the National University (form).
 - The approval of the SCFHS as per form.
 - The feasibility study for the program.
 - The approval of the BOT.
- 16.Once the CUAs approved the program, no further modifications, the College Council sends the program to the MED.
- 17.The MED will send the new program to the concerned department for implementation following ratification by the Dean.

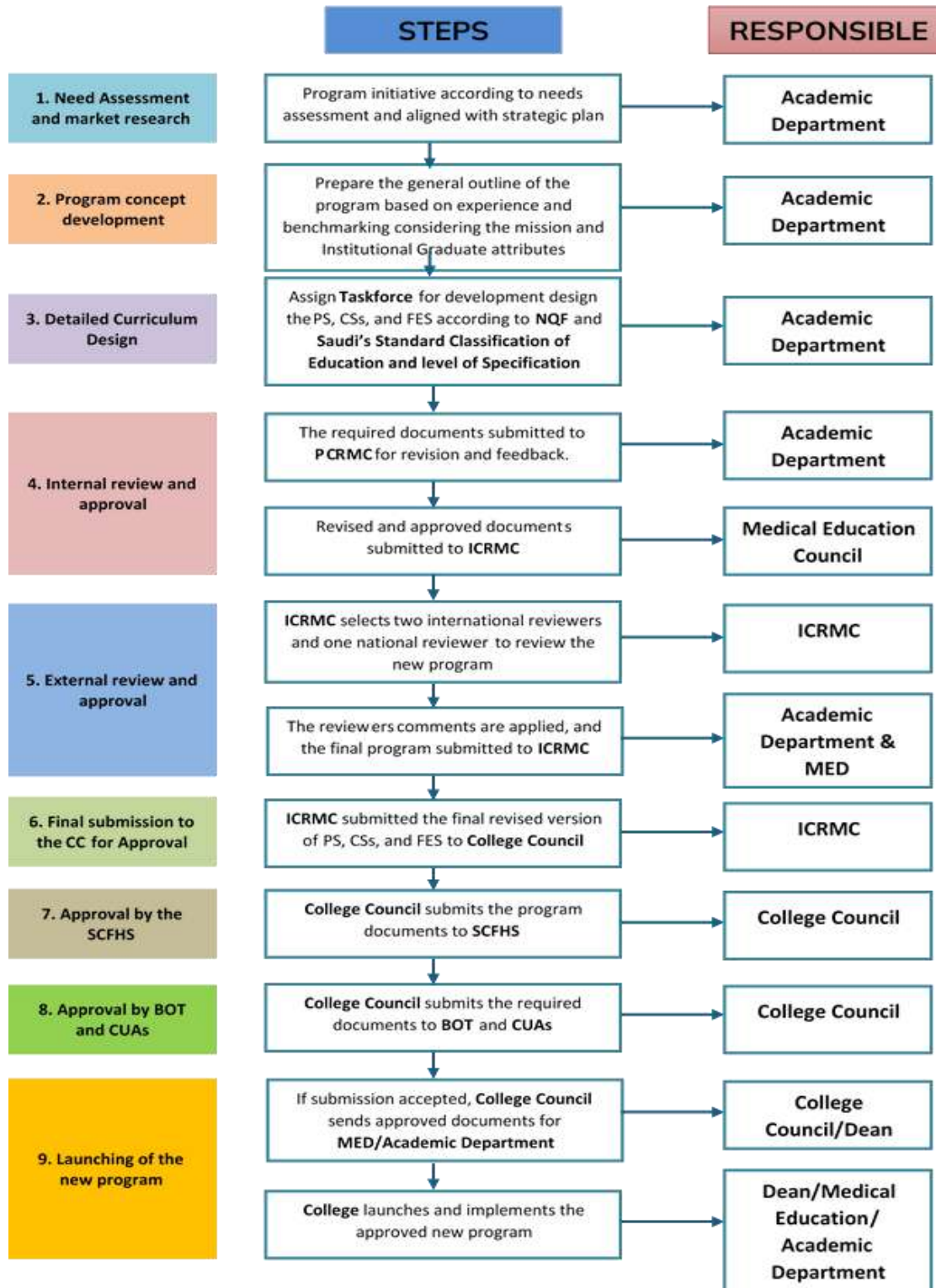
II. Guidelines for Development of Program Design and Approval

- **Needs assessment and market research:** this step includes pressing needs assessment and analysis of the Saudi and regional healthcare and labour market demands; review of trends in health education and emerging technologies. This is conducted by the formulated “Taskforce” at the level of the department and supported by the College.
- **Program concept development:** this step clearly articulates the mission, goals of the new program together with its graduate attributes (GAs); all are aligned with mission, and GAs of the College. Additionally, this step ensures that GAs of the program is fully aligned with the NQF and Saudi Standard Classification of Education and level of Specification. This is conducted by the Taskforce, and supported by the Medical Education Department,
- **Detailed Curriculum Design:** The Taskforce with the support of MED and CRMC at the department level, develops detailed program content, and course outlines, including Program Learning Outcomes (PLOs) that are fully aligned with the program’s mission together with teaching strategies, assessment methods, and required resources. The PLOs are benchmarked against the NQF-recommended PLOs, Professional Practice Framework, and identified national and international programs. Additionally, this step ensures the design of the field experience specification (FES) (clinical training and internship) is concurrent with the NCAAA guidelines. The program specification (PS) together with all course specifications (CSs), and the FES are prepared based on the NCAAA template by faculty staff members according to their relevant specialties. All to be reviewed by the PCRMC at the level of the program/department against a review checklist. The PCRMC implements a quality assurance process to review and refine the curriculum, ensuring it meets academic standards.

- **Internal review and approval:** The PS, all CSs, and FES are reviewed by the Institutional Curriculum Review & Monitoring Committee (ICRMC), and feedback is forwarded to the MED. The MED responds to any feedback or concerns raised during the review processes in coordination with the PCRMC at the program/department level.
- **External review and approval:** The PS, all CSs, and FES are then reviewed by (two) international reviewers, and one national reviewer. The feedback of external reviewers is forwarded to MED. The MED responds to any feedback and comments accordingly, in coordination with the program Taskforce. Then All PS, CSs, and FES are forwarded to the ICRMC.
- **Final submission to the College Council for approval:** The final version of the program documents (PS, CSs, and FES) following its final review by the ICRMC, are compiled and presented to the College Council for final review and approval.
- **Approval by the Saudi Council for Health Specialties (SCFHS):** The final version of the new program documents (PS, CSs and FES) is uploaded on the official site of SCFHS for review and feedback using its review-specific templates. Once, the SCFHS approval is received, it is then added to all required documents to be submitted to the BOT for final approval.
- **Approval by BOT and CUAs:** All documents of the new program including PS, CSs and FES, together with review form by a team from one of the Saudi Universities specialized in the field of the program, review form from SCFHS, and a feasibility study (prepared by an external Consultancy Office) are presented to the BOT for final approval in preparation for submission to the CUAs. All required documents and approvals are then officially submitted to the CUAs according to the rules and regulations of the MOE.

- **Launching of the new program:** The CUAs provide a final permit to launch the new program according to MOE regulations. The College then starts the implementation of the program according to its guidelines.

Guidelines for Program Design and Approval of new academic program



Authorization matrix for new program design and approval

The "Authorization Matrix for New Program Design and Approval" outlines the key steps involved in the design, review, and approval of new academic programs at FCMS. It identifies the roles of various councils and committees, such as the Department Council, Medical Education Council (MED), Institutional Curriculum Review and Monitoring Committee (ICRMC), College Council (CC), Board of Trustees (BOT), and the Council of Universities Affairs (CUAs).

Each step in the process from preparing the program outline to ensuring compliance with national and international standards, external review, and final approval is assigned to specific entities. Key decision-making authorities, such as the BOT and CC, finalize the approval process, ensuring all academic standards are met.

Authorization matrix for new program design and approval

| Program design and approval steps | Department Council | Medical Education Council | ICRMC | College Council | BOT | CUAs |
|---|--------------------|---------------------------|-------|-----------------|-----|------|
| Preparation of a general outline of the new academic program based on their experience and benchmarking with national and international similar programs in other Universities. | ✓ | | | | | |
| Preparation of the required detailed documents covering PS, CSs, and FES according to NCAAA guidelines and templates. | ✓ | ✓ | | | | |
| The required document should fulfill the requirement of NQF and Saudi Standard Classification of Educational Levels and Specializations according to the checklist. | ✓ | ✓ | | | | |

| | | | | | | |
|---|--|---|---|--|--|--|
| The new program proposal including the detailed description of the rationale for the new program with the PS, CSs, and FES are submitted by the department to the Curriculum Development and Monitoring Unit (CDMU). | | ✓ | | | | |
| The MED feedbacks and recommendations are revised by Institutional Curriculum Review and Monitoring Committee (CRMC). | | ✓ | | | | |
| Institutional CRMC selects at least two external international reviewers and one reviewer from a National university to review the new academic program documents. | | | ✓ | | | |
| Comments and recommendations of external reviewers are taken into consideration. The MED and the Academic Department are responsible to make sure that these comments and recommendations are considered within the proposal. | | ✓ | | | | |
| The MED submits the finalized new program documents to institutional CRMC after modification based on the external international reviewers' recommendations. | | ✓ | | | | |
| Institutional CRMC recommendations are | | | ✓ | | | |

| | | | | | | |
|---|--|--|--|---|---|--|
| submitted to College Council (CC). | | | | | | |
| The CC discusses the new program and submits the recommendations to the Board of Trustees (BOT). | | | | ✓ | | |
| If the new program is accepted, the BOT submits the required document as mentioned in the policy (LAT-05) to CUAs. | | | | | ✓ | |
| Once the CUAs approves the program, no further modifications, the CC sends the program for implementation by the Academic Department. | | | | ✓ | | |

Section 3: Amendment of academic programs and courses

Amendment of academic programs and courses

The amendment of academic programs and courses at FCMS follows a structured process outlined by the Curriculum Review Policy [LAT-01] that distinguishes between minor and major changes. Minor changes, such as modifications less than or equal to 20% of Program or Course Learning Outcomes (PLOs/CLOs) within 5-7 years (according to the duration of each program), adjustments to teaching strategies, or changes to assessment methods, are approved at the College Council (CC) level. For major modifications, such as adding new courses or altering credit hours, the changes must be approved by both the Board of Trustees (BOT) and the Council of University Affairs (CUA).

| Amendment | Minor change | Major Change |
|---|--------------|--------------|
| • Teaching strategies. | ✓ | |
| • Assessment methods of learning outcomes. | ✓ | |
| • Change less than or equal to 20% of Program Learning Outcomes within 5-7 years (according to the duration of each program). | ✓ | |
| • Change less than or equal to 20% of course content/ Course Learning Outcomes within 5-7 years (According to the duration of each program) period that does not affect stated Course or Program Learning Outcomes. | ✓ | |
| • Adding a new course to the program. | | ✓ |
| • Adding or deleting prerequisite or co-requisite. | | ✓ |
| • Change/s in the name of the department or the academic program. | | ✓ |
| • Change/s in the course title or course code. | | ✓ |

| | | |
|--|--|---|
| <ul style="list-style-type: none"> • Change/s in the number of credit or contact hours. | | ✓ |
| <ul style="list-style-type: none"> • Change/s that exceed 20% in the program/course learning outcomes/topics within 5-7 years (according to the duration of the program). | | ✓ |

Minor Curriculum Changes/Modifications Authority Matrix

Minor curriculum changes within an academic program follow a structured process involving several stages of review and approval. Initially, the course coordinator submits a "Curriculum Change Form" to propose changes, which are then reviewed by the Program Curriculum Review and Monitoring Committee (P-CRMC). After the P-CRMC discusses and recommends the modifications, they are forwarded to the Department Council for further review. The Curriculum Development and Monitoring Unit (CDMU), part of the Medical Education Department, evaluates the recommendations before submitting them to the Institutional Curriculum Review and Monitoring Committee (ICRMC). Finally, the College Council reviews the decisions from the ICRMC and gives final approval on the proposed curriculum changes.

| Amendment | Proposing authority | | | Recommending Authority | Approving Authority | |
|--|---------------------|--------|--------------------|------------------------|---------------------|-----------------|
| | Course coordinator | P-CRMC | Department Council | CDMU | ICRMC | College Council |
| Course coordinator submits the Curriculum Change Form. | | | | | | |
| Reviews and discusses the proposed changes. | | | | | | |
| Reviews the recommendations of P-CRMC | | | | | | |
| The CDMU submits the recommendation. | | | | | | |
| Reviews the recommendations from the CDMU and submits the decision to the College Council. | | | | | | |
| Reviews the recommendations from the ICRMC and makes a final decision. | | | | | | |

Major Curriculum Changes/Modifications Authority Matrix

For major modifications to the academic programs, adjustments are proposed by the course coordinator, who submits a Curriculum Change Form. The proposed changes are then reviewed and discussed by the P-CRMC, followed by further reviews from the Department Council and the CDMU. Once reviewed, the CDMU submits its recommendation to the ICRMC, which forwards the decision to the College Council. For final approval, the recommendations proceed to the Board of Trustees (BOT) and the Council of University Affairs (CUAs).

| Adjustment | Proposing authority | | | Recommending Authority | | | Approving Authority | |
|--|---------------------|---|--------------------|------------------------|-------|-----------------|-------------------------|--------------------------------------|
| | Course coordinator | Program Curriculum review and monitoring Committee (P-CRMC) | Department Council | CDMU | ICRMC | College Council | Board of Trustees (BOT) | Council of University Affairs (CUAs) |
| Course coordinator submits the Curriculum Change Form. | | | | | | | | |
| Reviews and discusses the proposed changes. | | | | | | | | |
| Reviews the recommendations of P-CRMC | | | | | | | | |
| The CDMU submits the recommendation. | | | | | | | | |
| Reviews the recommendations from the CDMU and submits the decision to the College Council. | | | | | | | | |
| Reviews the recommendations from the ICRMC and submit | | | | | | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| recommendation to BOT. | | | | | | | | |
| Final decision and submission to CUAs. | | | | | | | | |
| Final approval from CUAs. | | | | | | | | |

Section 4: Reviewing Academic Programs and Courses

Guidelines for Reviewing Academic Programs and Courses at all Levels

The following guidelines outlines the structured approach for reviewing academic programs and courses at FCMS. It ensures that academic content is regularly updated and aligned with national and international standards. The review process involves course-level, program-level, and institutional-level assessments, with contributions from internal and external stakeholders. The goal is to continuously improve the quality of education, monitor outcomes, and close the quality assurance loop effectively.

- **Course Review Process:**

The Course Review Process is designed to ensure that individual courses within each program maintain high academic quality and relevance. It begins with an annual review of the Course Specifications (CS). This review is conducted by the Course Coordinator, Head of Department and Program Directors (PDs), in coordination with the Curriculum Development and Monitoring Unit (CDMU) and the Program Curriculum Review and Monitoring Committee(P-CRMC). During this process, course content, teaching strategies, and assessment methods are reviewed.

Peer review is also an integral part of the course review process, allowing faculty members to receive constructive feedback and recommendations for enhancing course delivery. In addition to the peer review, mid-semester and final monitoring reports that identify areas of strength and areas for improvement.

At the end of each semester each course coordinator is responsible to prepare the Course Report (CR). Review of the CR is conducted by the Head of Department and PDs, in coordination with the Curriculum Development and Monitoring Unit (CDMU) and the Program Curriculum Review and Monitoring Committee(P-CRMC).

Finally, the course portfolio content is thoroughly examined. Course Coordinator submits the Course portfolio to the concerned HOD within two weeks of publishing the final exam result according to FCMS academic calendar. The concerned HOD submits the course portfolio to the

Program Director for review and feedback. The IQAS and QASC ensure that the process is carried out in accordance with FCMS policies and procedures.

- **Program Review Process:**

Programs must undergo regular internal and external reviews annually to ensure they remain relevant and meet the evolving needs of the healthcare sector. It begins with an annual review of the Program Specifications (PS) and Field Experience Specifications (FES). This review is conducted by the Program Directors (PDs), in coordination with the Curriculum Development and Monitoring Unit (CDMU) and the Program Curriculum Review and Monitoring Committee(P-CRMC).

Furthermore, the Program Review Process at FCMS is an integral part of the Internal Quality Assurance System (IQAS), ensuring that academic programs align with NCAAA standards.

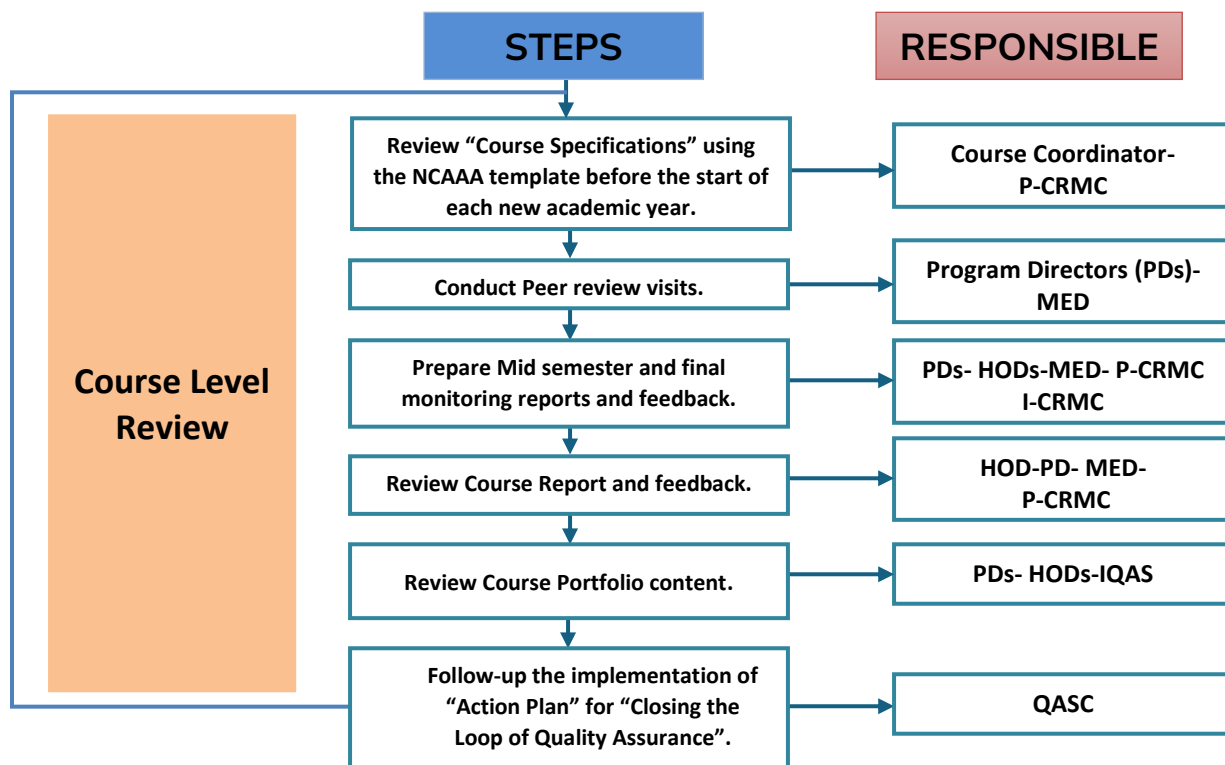
Higher education is becoming increasingly diverse, and as professionals move around more, there needs to be more consistent in their qualifications. The increasing diversity of higher education necessitates the need for new tools to evaluate credentials. In the light of this evolving environment, it is inevitable to seek an external, independent opinion from experts to ensure the authenticity of the processes. This gives students and stakeholders confidence in the quality of the educational process and services provided by the institution. External partners, such as the University of Dundee-UK-School of Medicine for the MBBS program and the Royal College for Surgeons-Ireland-School of Nursing-Dublin-Ireland for the BSN program, provide external validation of the institution's efforts to ensure the highest standards of quality.

At the end of each academic year, the program director is responsible to prepare the Annual Program Report (APR) and internship Coordinator is responsible to prepare Field Experience Report (FER). Review of the APR and FER is conducted by the Curriculum Development and Monitoring Unit (CDMU), the Program Curriculum Review and Monitoring Committee(P-CRMC) and Institutional Curriculum Review and Monitoring Committee (ICRMC)

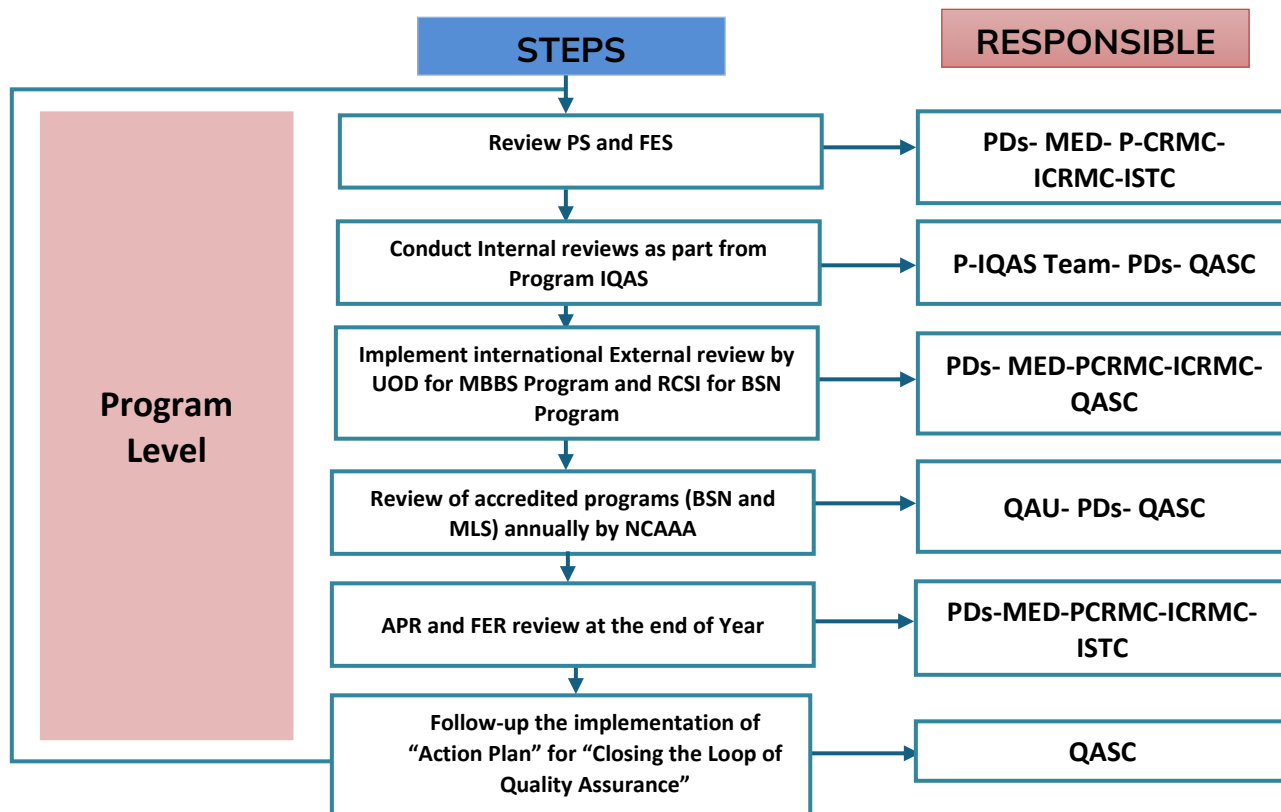
- **Institutional Review Process:**

The Institutional Review Process involves a comprehensive evaluation of the entire institution, focusing on its overall effectiveness in delivering quality education. The process is guided by the Annual College Reports and Annual Follow-up reports, which are submitted to external stakeholders such as the Ministry of Education and the NCAAA. These reports include the results of program reviews, key performance indicators (KPIs), and achievements in various operational areas.

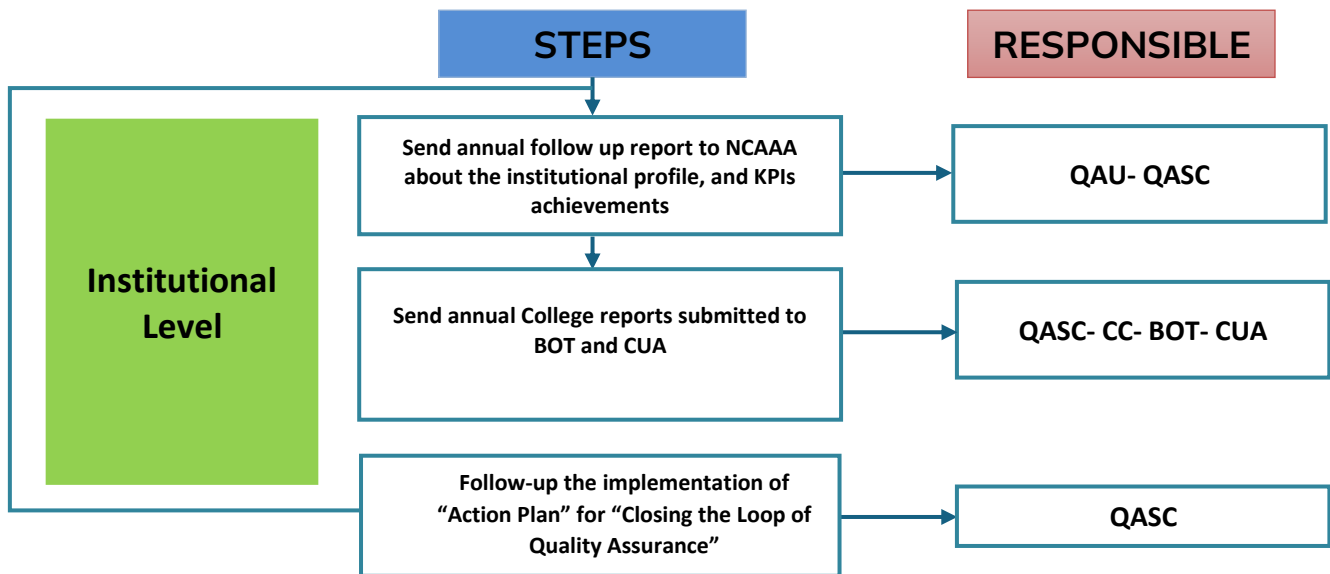
Guidelines for Reviewing Academic Programs and Courses at all Levels



P-CRMC=Program Curriculum Review Committee; MED=Medical Education Department; HODs=Head of Departments; I-CRMC=Institutional Curriculum Review and Monitoring Committee; IQAS=Internal Quality Assurance System; QASC=Quality and Accreditation Steering Committee.



PD= Program Director; MED=Medical Education Department; P-CRMC=Program Curriculum Review Committee; I-CRMC=Institutional Curriculum Review and Monitoring Committee; ISTC: Internship and Student Training Committee; IQAS=Internal Quality Assurance System; QASC=Quality and Accreditation Steering Committee; QAU= Quality and Accreditation Unit



QAU= Quality and Accreditation Unit; QASC=Quality and Accreditation Steering Committee; CC= College Council; BOT= Board of Trustees; CUA= Council of University Affairs.

Authorization matrix for Reviewing Academic Programs and Courses at all Levels

The Authorization Matrix for Reviewing Academic Programs and Courses at All Levels outlines the roles and responsibilities of key stakeholders at FCMS involved in the course, program and institutional review processes. This matrix ensures transparency and accountability, as each department or committee's role is clearly defined. Course coordinators, program directors, heads of departments, and various committees like the Program Curriculum Review and Monitoring Committee (P-CRMC) and the Institutional Curriculum Review and Monitoring Committee (I-CRMC) play critical roles in ensuring that course specifications are reviewed annually, peer reviews are conducted, and progress is continuously monitored through mid-semester and final reports. External reviews by national and international bodies, such as NCAAA, University of Dundee, and RCSI, ensure alignment with both national and international standards. Additionally, the Quality and Accreditation Unit (QAU) and Internal Quality Assurance System (IQAS) monitor the quality assurance process, while the College Council (CC) oversees compliance with institutional policies and procedures.

| Reviewing Academic Programs and Courses steps | Course Coordinator | PDs | HODs | P-CRMC | CDMU /MED | I-CRMC | QAU/ IQAS/QASC | CC |
|---|--------------------|-----|------|--------|-----------|--------|----------------|----|
| Course specifications are reviewed annually using the NCAAA template before the start of each new academic year | ✓ | ✓ | ✓ | ✓ | ✓ | | | |
| Peer review | | ✓ | | | ✓ | | | |
| Mid semester and final monitoring reports | | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| CR Review | | ✓ | ✓ | ✓ | ✓ | ✓ | | |
| Reviewing Course Portfolio content | | ✓ | ✓ | | | | ✓ | |

| | | | | | | | | |
|---|--|---|--|---|---|---|---|---|
| Reviewing PS and FES | | ✓ | | ✓ | ✓ | ✓ | | |
| Internal reviews are conducted as part of the IQAS | | ✓ | | | | | ✓ | |
| International External review by UOD for MBBS Program and RCSI for BSN Program | | ✓ | | ✓ | ✓ | ✓ | | |
| National External review by NCAAA by sending follow up reports | | ✓ | | | | | ✓ | |
| APR and FER review at the end of Year | | | | | | | | |
| Annual follow up report to NCAAA about the institutional profile, and KPIs achievements | | | | | | | ✓ | |
| Annual College reports submitted to MOE at the end of each academic year | | | | | | | ✓ | ✓ |

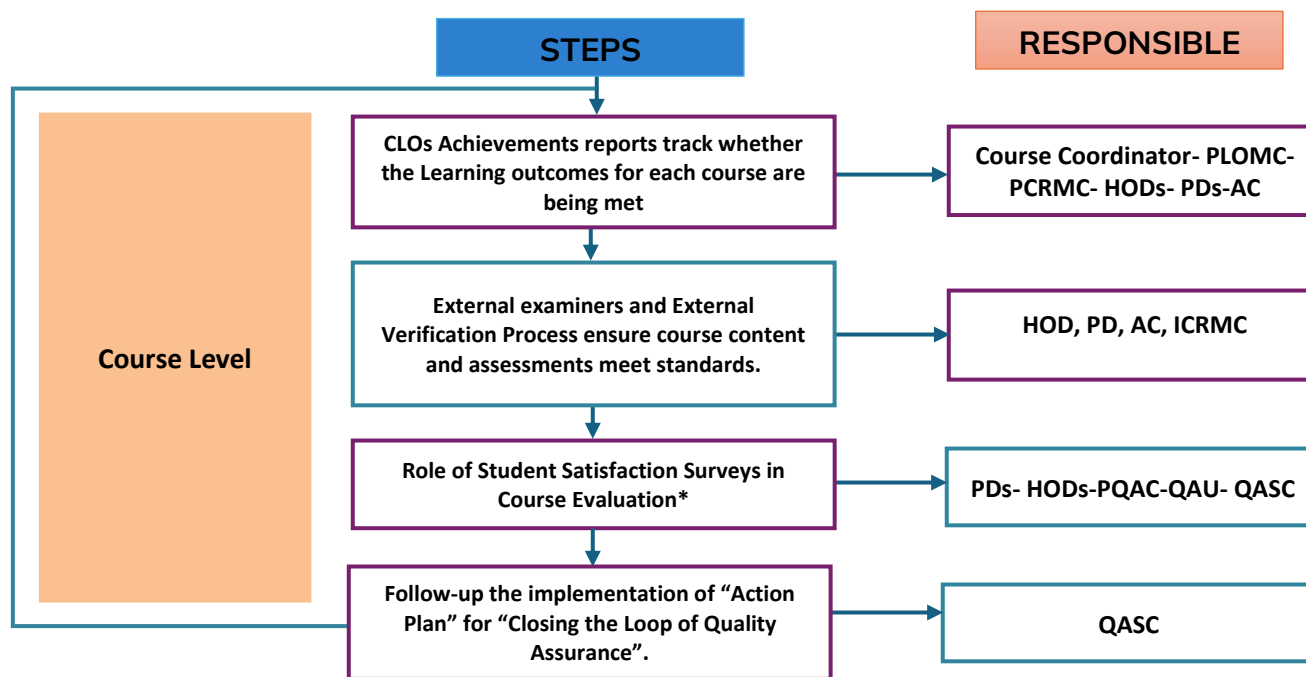
Section 5: Evaluating Academic Programs and Courses

Guidelines for Evaluating Academic Programs and Courses at all Levels

The evaluation process ensures continuous improvement in academic quality through a combination of internal and external evaluation by international and national bodies (GMC, NCAAA). The involvement of course coordinators, program directors, external examiners, and various committees ensures a comprehensive review at course, program, and institutional levels.

Furthermore, conducting an in-depth evaluation of the program after the first cohort graduates. Assess the learning outcomes achievement and whether graduates are successfully entering the workforce or pursuing further education.

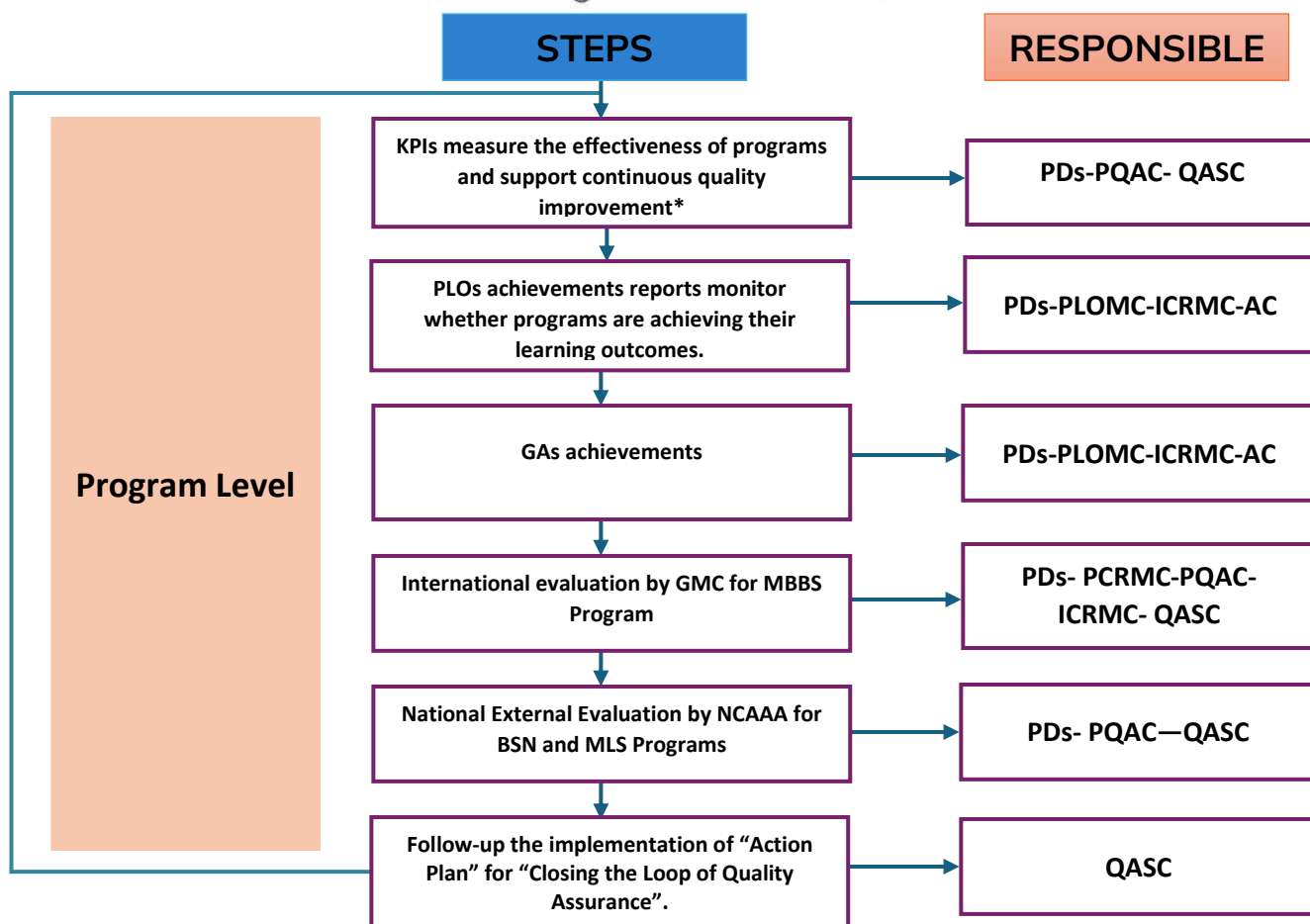
Guidelines for Evaluating Academic Programs and Courses at all Levels



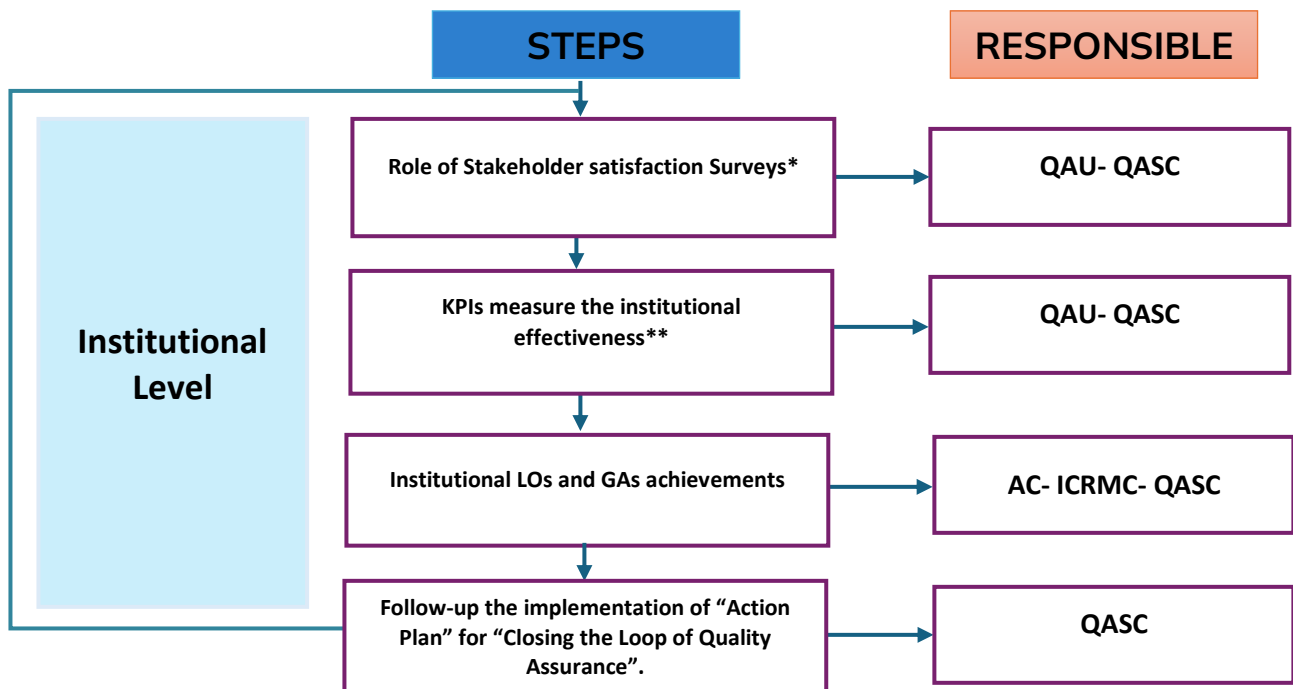
PLOMC= Program Learning Outcomes Monitoring Committee; P-CRMC=Program Curriculum Review Committee; HODs=Head of Departments; PD= Program Director; AC= Assessment Center; I-CRMC=Institutional Curriculum Review and Monitoring Committee; PQAC=Program Quality Assurance Committee; QASC=Quality and Accreditation Steering Committee.

*Student Satisfaction Surveys at Course level:

- Course Evaluation Survey
- Course Learning Outcome Evaluation Survey
- Assessment Process Satisfaction Survey
- Teaching Staff Evaluation Survey



PD= Program Director; PQAC=Program Quality Assurance Committee; QASC=Quality and Accreditation Steering Committee; PLOMC= Program Learning Outcomes Monitoring Committee; I-CRMC=Institutional Curriculum Review and Monitoring Committee; AC= Assessment center; P-CRMC=Program Curriculum Review Committee; AC= Assessment Center.



QAU= Quality and Accreditation Unit; QASC=Quality and Accreditation Steering Committee; AC= Assessment Center; I-CRMC=Institutional Curriculum Review and Monitoring Committee

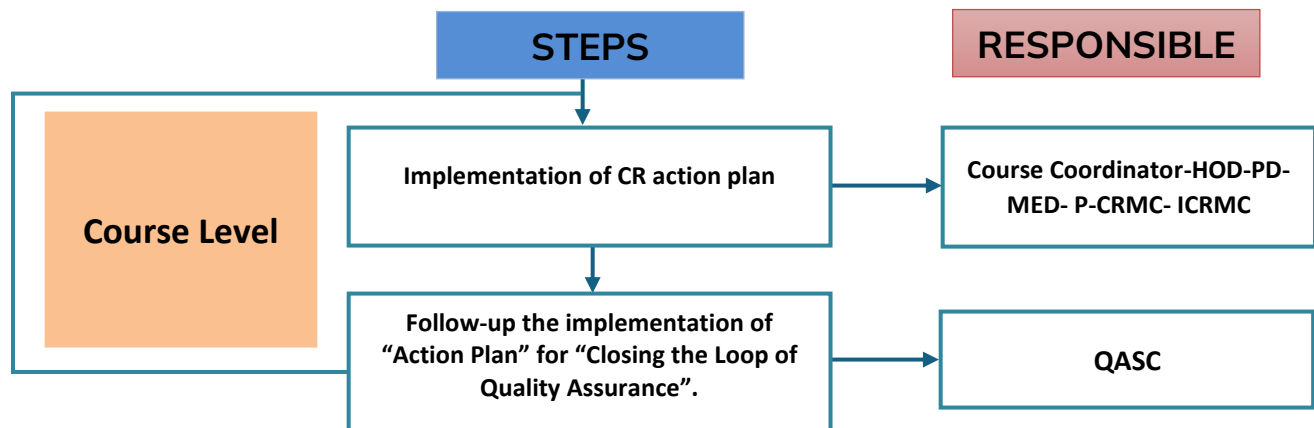
Authorization matrix for Evaluating Academic Programs and Courses at all Levels

| Reviewing Academic Programs and Courses steps | Course Coordinator | PDs | HODs | P-CRMC | PLOMC | P-QAC | AC | I-CRMC | QAU - QASC |
|--|--------------------|-----|------|--------|-------|-------|----|--------|------------|
| CLOs Achievements reports track whether the learning outcomes for each course are being met | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | |
| External examiners and External Verification Process ensure course content and assessments meet standards. | | ✓ | ✓ | ✓ | | | ✓ | ✓ | |
| Role of Student Satisfaction Surveys in Course Evaluation | | ✓ | ✓ | | | ✓ | | | ✓ |
| KPIs measure the effectiveness of programs and support continuous quality | | ✓ | | | | ✓ | | ✓ | ✓ |
| PLOs achievements reports monitor whether programs are achieving their learning outcomes. | | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | |
| GAs achievements | | ✓ | | ✓ | ✓ | | ✓ | ✓ | |
| International evaluation by GMC for MBBS Program | | ✓ | | ✓ | | | | ✓ | ✓ |
| National External Evaluation by | | ✓ | | | | ✓ | | | ✓ |

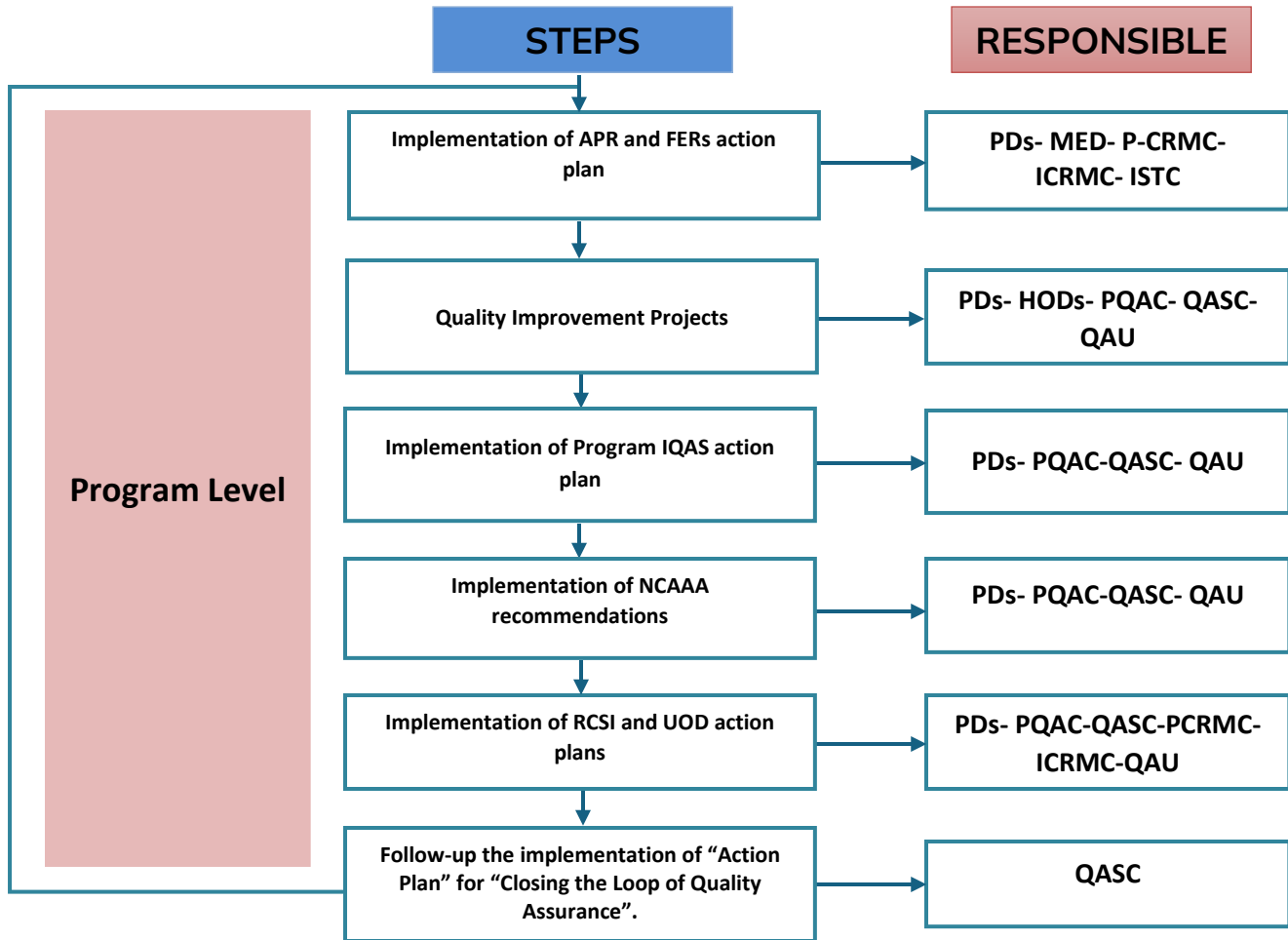
| | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|---|
| NCAAA for BSN and MLS Programs | | | | | | | | | |
| Role of Stakeholder satisfaction Surveys | | | | | | ✓ | | | ✓ |
| KPIs measure the institutional effectiveness | | | | | | ✓ | | | ✓ |
| Institutional LOs and GAs achievements | | | | | | | | ✓ | ✓ |

Section 6: Improving Academic Programs and Courses

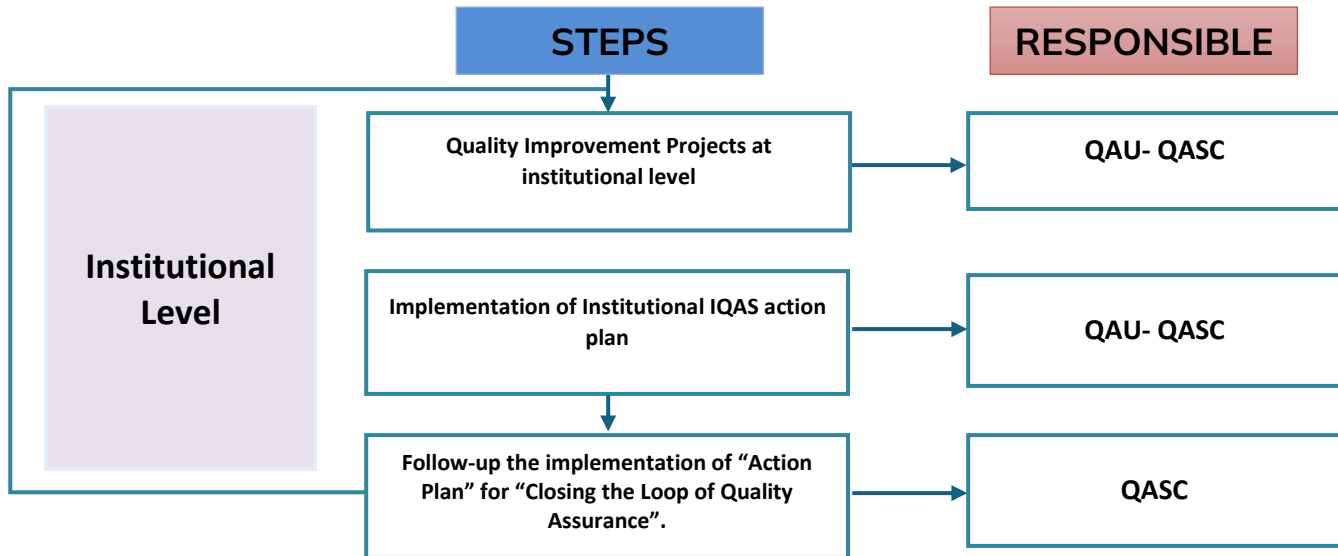
Guidelines for Improving Academic Programs and Courses at all Levels



HODs=Head of Departments; PD= Program Director; MED= Medical Education Department; P-CRMC=Program Curriculum Review Committee; I-CRMC=Institutional Curriculum Review and Monitoring Committee; QASC=Quality and Accreditation Steering Committee.



PD= Program Director; MED= Medical Education Department; P-CRMC=Program Curriculum Review Committee; I-CRMC=Institutional Curriculum Review and Monitoring Committee; Internship and Student Clinical Training Committee; HODs= Head of Department; PQAC= Program Quality Assurance Committee; QAU= Quality and Accreditation Unit; QASC=Quality and Accreditation Steering Committee.



QAU= Quality and Accreditation Unit; QASC=Quality and Accreditation Steering Committee.

Authorization matrix for Improving Academic Programs and Courses at all Levels

| Reviewing Academic Programs and Courses steps | PDs | HODs | P-CRMC | P-QAC | CDMU | I-CRMC | QAU | QASC |
|---|-----|------|--------|-------|------|--------|-----|------|
| Implementation of CR action plan | ✓ | ✓ | ✓ | | ✓ | ✓ | | |
| Implementation of APR and FERs action plan | ✓ | | ✓ | | ✓ | ✓ | | |
| Quality Improvement Projects Internal reviews are conducted as part of the IQAS | ✓ | ✓ | | ✓ | | | ✓ | ✓ |
| Implementation of Program IQAS action plan | ✓ | | | ✓ | | | ✓ | ✓ |
| Implementation of NCAAA recommendations | ✓ | | | ✓ | | | ✓ | ✓ |
| Implementation of RCSI and UOD action plan | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Implementation of Institutional IQAS action plan | | | | | | | ✓ | ✓ |

Documentation and Record-Keeping

- **Program Documentation:**

- Maintain comprehensive documentation for each stage of program development, approval, monitoring, and review process in the program portfolio and course portfolios. This includes program specifications, annual program reports, course specifications, course reports, proposals for minor or major changes, minutes of meetings, and decisions made during the approval process.

- **Archive Modifications:**

Keep an updated record of all changes to approved programs and ensure that these modifications have been approved.

Section 7: Policies and Forms

NEW PROGRAM PROPOSAL FORM

1. New program title:

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2. New program description:

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3. Rationale:

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4. Impact Assessment:

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5. New Program Learning Outcomes:

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6. Topical Outline with Specific Objectives:

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7. College Resources Required for New program:

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8. Evaluation

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Signature:

Date:

Program learning Outcomes Mapping Matrix

1. The program learning outcomes with program courses and assessment tools

Align the program learning outcomes with program courses and assessment tools ,according to the following desired levels of performance (*I = Introduced & P = Practiced & M = Mastered*).

| Course code & No. | Program Learning Outcomes | | | | | | | | | | | Assessment tools |
|-------------------|-----------------------------|----|----|-----|--------|----|----|-----|--------------------------------------|----|------|------------------|
| | Knowledge and understanding | | | | Skills | | | | Values, Autonomy, and Responsibility | | | |
| | K1 | K2 | K3 | --- | S1 | S2 | S3 | --- | V1 | V2 | ---- | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |
| Course.... | | | | | | | | | | | | |

*Add a separated table for each track (if any).

2. The Key learning outcomes of the profession with program courses (If applicable)

Align the program learning outcomes with Key learning outcomes (Jahiziah) if applicable according to the following desired levels of performance (*I = Introduced & P = Practiced & M = Mastered*).

| Course code & No. | Key Learning Outcomes | | | | | | | | | | |
|-------------------|-----------------------|------|------|------|------|-------|-------|---|---|---|----|
| | KLO1 | KLO2 | KLO3 | KLO4 | KLO5 | KLO 6 | KLO 7 | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |
| Course.... | | | | | | | | - | - | - | -- |

| | | |
|--|----------------------------------|---|
| Fakeeh College for Medical Sciences | Policy Number: LAT-05 | |
| Policy Title: New Academic Program design and Approval guidelines Policy | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Revised |
| | Version-1 Prepared on: 15-4-2014 | |
| Applicable to: FCMS | Version-5 Approved on: 21-4-2022 | |
| | To be Reviewed on: 21-4-2027 | |

1. Statement of the purpose:

- 1.1 To provide guidelines for designing and approving new academic programs. It also highlights the process of approving adapted programs from national and international academic institutions.

2. Definitions:

- 2.1 **Program:** A program is defined as a combination of a set of articulated and integrated courses or other learning activities prescribed as the requirement for obtaining a particular degree or certificate.
- 2.2 **New program:** A program that is newly proposed and developed by the college.
- 2.3 **Program Design:** defined as a process in which the learning opportunities, materials, equipment and other resources are constantly planned, assessed and reviewed with the aim of bringing about some positive changes in the students being taught

3. Policy:

- 3.1 A new program is proposed based on the current strategic plan of the College and the need for achieving the College Mission for its academic expansion, and in accordance with the needs of the healthcare workforce, considering local, regional, and national demands of the Saudi labor market.
- 3.2 The program must adhere to the NCAAA standards ensuring that the curriculum meets rigorous academic and professional criteria.

- 3.3 The program should be built upon a clear curricular framework that outlines learning outcomes, course sequences, and assessment methods.
- 3.4 The program should encourage integration across various disciplines, fostering a comprehensive approach and understanding of the specialty.
- 3.5 The curriculum should emphasize competencies that align with professional standards and accreditation requirements, preparing students for licensure and employment.
- 3.6 The faculty staff members involved in the program preparation should possess relevant qualifications, and professional experience.
- 3.7 The proposed program should include the following criteria:
 - 3.7.1 The program's name and degree designation reflect the program content and purpose.
 - 3.7.2 The proposed program is congruent with the Vision, Mission, and Strategic Goals of FCMS.
 - 3.7.3 The admission requirements and preparation needed are appropriate for the Program Learning Outcomes (PLOs).
 - 3.7.4 The program structure, curriculum, teaching/learning strategies, and assessment methods are consistent with the Program Learning Outcomes (PLOs).
 - 3.7.5 The resources (physical, human and financial) are available to support the implementation of the proposed program.
 - 3.7.6 The proposed program meets the health care needs of Saudi society.
 - 3.7.7 New programs enable FCMS stay current in the educational marketplace.
 - 3.7.8 The new program proposals should be submitted and approved by the College Council (CC) at least six months prior to the start of the first term of the program.

4. Procedure:

| Procedure steps | Responsibility |
|--|----------------|
| 4.1 Design and Approval process of a newly proposed program: | |

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|--|----------------------------|
| <p>4.1.1 The initiative for a new program may come from students, faculty members, academic departments, college council, and the board of trustees or an external agency.</p> | <p>Stakeholders</p> |
| <p>4.1.2 The academic department in the College initiates the desire to develop and design a new academic program. A core working group within the department prepares a general outline of the new academic program based on their experience and benchmarking with national and international similar programs in other Universities.</p> | <p>Academic Department</p> |
| <p>4.1.3 The academic department reviews the prepared outline covering the following:</p> <ol style="list-style-type: none"> 1. Name of the program and its code 2. Vision, mission, aim of the program and goals. 3. National and international benchmarking with similar programs in other Universities. 4. Summarized "Study Plan" covering duration of the program, number of credit hours, and required and elective courses. 5. Listing teaching and learning strategies. 6. Outlines of assessment plan. 7. Suggested admission criteria to the program. 8. Suggested possible career pathway and opportunities. 9. Suggested governance structure for the program. | <p>Academic Department</p> |

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| <p>4.1.4 The College Dean assigns a “Task Force Team” with clear responsibility to develop the program specification and course specifications according to NCAAA guidelines and templates considering the Key Learning Outcomes (KLOs) in collaboration with the Medical Education Department (MED).</p> | <p>Dean</p> |
| <p>4.1.5 The required document should fulfill the requirement of National Qualification Framework (NQF), KLOs and Saudi Standard Classification of Educational Levels and Specializations according to the checklist including the following:</p> <p>1. National Qualification Framework (NQF):</p> <p>A. Qualification details including institution, college, program qualification, qualification name, Area of specialization, qualification types and qualification by domains and major track.</p> <p>B. Early exit points for educational and training program (if available) including intermediate exit point, description of early exit point of the program, level of awarded qualification and qualification awarded at exit point.</p> <p>C. General Requirement for qualification placement: Including: Official approval, stakeholders engagement, qualification objectives, qualification title, qualification components (minimum credit hours, program duration and minimum actual contact hours and enrollment</p> | <p>Academic Department and MED</p> |

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| <p>conditions), LOs assessment including (LOs alignment with NQF level descriptors and LOs assessment).</p> <p>2. Saudi Standard Classification of Educational Levels and Disciplines</p> <ol style="list-style-type: none"> 1. Minimum requirement for entry into level. 2. The cumulative study period for the level. 3. Credit hours or their equivalent. 4. Duration of the program. 5. The official age of entry into the level. 6. Program orientation. 7. Completion of the level and access to higher levels. 8. Level ranking in the structure of national qualifications. <p>3. Key learning outcomes including:</p> <ol style="list-style-type: none"> 1. Alignment between new PLOs and KLOs. 2. Essential Knowledge Units (EKU) in the new program at FCMS in alignment with KLOs. 3. Program core Knowledge Units for the academic program in alignment with KLOs. | |
| <p>4.1.6 The new program proposal including the detailed description of the rationale for the new program with the program and course specifications should be submitted by the department to the Curriculum Development and Monitoring Unit (CDMU).</p> | <p>Program Director/Head of Department/Task Force Team</p> |
| <p>4.1.7 The MED feedback and recommendations should be revised by Institutional Curriculum Review and Monitoring Committee (CRMC).</p> | <p>MED</p> |

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| 4.1.8 The Institutional CRMC selects at least two external international reviewers, to review the new academic program proposal and related documents. | Institutional CRMC |
| 4.1.9 Comments and recommendations of external reviewers shall be taken into consideration. The MED and the Academic Department are responsible to make sure that these comments and recommendations are taken into account within the proposal. | MED |
| 4.1.10 The MED submits the finalized new program proposal and related documents to institutional CRMC after modification based on the external international reviewers' recommendations. | MED |
| 4.1.11 Institutional CRMC recommendations to submit the final version of the Program to College Council (CC). | Institutional CRMC |
| 4.1.12 The CC discusses the new program proposal, approves the program, and submits the recommendations to the Board of Trustees (BOT). | CC |
| If the new program is accepted, the BOT submits the following requirements to CUAs: 1. Complete review of the program specification, and courses specification by a National University using the form. 2. A detailed feasibility study on the approved program as part of the pre-request via an external consultancy. | BOT/Dean |

| | |
|--|-----------------|
| <p>3. Submission of the program specification, courses specification, feasibility study, and other information required by the SCFHS on its website; to complete the SCFHS review documents in a special form.</p> <p>4. Once the review from the SCFHS is completed, then all appropriate documents are uploaded officially counting the following documents.</p> <ol style="list-style-type: none"> 1) A covering letter to the Secretary General of CUAs regarding the new academic program. 2) Program specification with review from the National University (form). 3) The approval of the SCFHS as per form. 4) The feasibility study for the program. 5) The approval of the BOT. | |
| <p>4.1.13 Once the CUAs approved the program, no further modifications, the College Council sends the program to the MED.</p> | <p>CC/Dean</p> |
| <p>4.1.14 The MED will send the new program to the concerned department for implementation following ratification by the Dean.</p> | <p>MED/Dean</p> |

5. Forms/Attachments:

- 5.1 New Program Proposal Form.
- 5.2 Guidelines for Program design and Approval.
- 5.3 Authority matrix for New Program design and approval.
- 5.4 Compliance checklist for new program Design and approval.

- 5.5 The program learning outcomes with program courses and assessment tools- SCFHS Template.
- 5.6 The Key learning outcomes of the profession with program courses- SCFHS Template.
- 5.7 The Exam blueprint sections of the Saudi licensure exam of the profession with program learning outcomes- SCFHS Template.
- 5.8 Course specification Form-- SCFHS Template.

6. References:

http://www.uottawa.ca/vr-etudes-academic/en/Policies_and_procedures-Approval_of_new_undergraduate_programs.pdf
<http://oirap.rutgers.edu/newprogramapproval.pdf>

| | | |
|--|---|----------------------------------|
| Fakeeh College for Medical Sciences | Policy Number: LAT-41 | |
| Policy Title: Ensuring Compliance with National Qualifications Framework and Specialized Academic Standards at FCMS Policy | <input checked="" type="checkbox"/> New | <input type="checkbox"/> Revised |
| | Version-1 is Prepared on: 22-8-2024 | |
| Applicable to: FCMS | Version-1 is Approved on: 29-8-2024 | |
| | To be Reviewed on: 29-8-2029 | |

1. Statement of the Purpose:

- 1.1 To ensure that all FCMS academic programs, across all levels of study, meet the highest standards of quality.
- 1.2 To ensures alignment of academic programs with national standards, specialized accreditation requirements, and the evolving demands of the labor market and society.
- 1.3 To provide a framework for the development, implementation, and continuous improvement of academic programs at FCMS.

2. Definitions:

- 2.1 **National Qualifications Framework (NQF)** in Saudi Arabia is a structured system designed to standardize and regulate the qualifications awarded by educational institutions across the Kingdom. It serves as a comprehensive reference that defines the levels of learning achievements, ensuring that educational qualifications are consistent, transparent, and aligned with both national and international standards.
- 2.2 **Saudi Standard Classification of Educational Levels and Disciplines** is a comprehensive framework developed by the Kingdom of Saudi Arabia to categorize and standardize educational programs across various levels and disciplines within the national education system. This classification system is

designed to ensure consistency, quality, and alignment with national and international educational standards. This classification system is aligned with the NQF.

2.3 Learning outcomes are specific, measurable statements that describe what learners are expected to know, understand, or be able to do after completing a course, program, or educational experience.

3. Policy:

- 3.1** All programs at FCMS must align their learning outcomes with the levels defined in the NQF, ensuring that the knowledge, skills, and competencies developed are appropriate for the program level.
- 3.2** The curriculum for each program is designed to meet the NQF standards, including the appropriate credit hours, course content, and assessment methods.
- 3.3** Regular reviews of academic programs are conducted to ensure ongoing compliance with the NQF, academic standards, and labor market requirements, with adjustments made as necessary to maintain alignment.
- 3.4** All programs must comply with the standards set by regulatory and accrediting bodies.
- 3.5** FCMS engages in continuous improvement processes, including self-assessments and external reviews, to ensure that programs maintain accreditation standards and meet evolving labor market requirements and the needs of society.
- 3.6** Each program director ensures their programs comply with all relevant standards and requirements.
- 3.7** The college recognizes that maintaining high standards in education requires the active participation and understanding of all stakeholders, including faculty, students, administrative staff, and external partners.
- 3.8** The IQAS team, supported by the Quality and Accreditation Unit(QAU), monitors compliance and facilitates continuous improvement efforts.

4. Procedure:

| Procedure steps | Responsibility |
|--|--|
| <p>4.1 Alignment with National Qualifications Framework (NQF):</p> <p>Alignment of Learning Outcomes: Align all program's learning outcomes (PLOs) and Course Learning Outcomes (CLOs) with the learning domains defined in the NQF – Knowledge and Understanding, Skills and Values, autonomy and responsibility.</p> <p>Curriculum Design and mapping: Design curriculum for each program to meet the NQF standards, including the appropriate credit hours, study duration, course content, and assessment methods.</p> <p>Prepare a “Consistency with NQF Report” for all programs offered at FCMS.</p> <p>Program Review and Evaluation: Prepare the annual report for each program, carefully incorporating stakeholder feedback and showcasing the achievements of PLOs.</p> <p>Conduct regular reviews of academic programs to ensure compliance with the NQF, and adjustments made as necessary to maintain alignment and continuous improvement.</p> | <p>Program Director</p> <p>Medical Education Department</p> <p>Department Council</p> <p>IQAS Team</p> <p>QAU</p> |
| <p>4.2 Compliance with the Saudi Standard Classification of Educational Levels and Disciplines (SCELD):</p> <p>Program Classification: Classify all programs according to the Saudi Standard Classification of Educational Levels and Disciplines, ensuring consistency with national educational policies.</p> <p>Specify the levels of qualification, entry requirements, target age group, study duration, number of credit hours, and sub-level code for each program.</p> <p>Reporting and Documentation: Maintains accurate records and documentation of program classifications, regularly submitted to relevant regulatory bodies for review and approval.</p> | <p>Department Council</p> <p>Program Director</p> |

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|---|---|
| <p>Program Review and Evaluation: Regular assessment and monitoring by the IQAS team, supported by the QAU and the MED, will be done to evaluate the compliance of programs within the college with the standards.</p> | |
| <p>4.3 Meeting the needs of Beneficiaries, the Labor Market, and Society:</p> <p>Stakeholder Engagement: Establish collaboration with academic partners, employers, and community representatives to understand the labor markets and society's needs during program development and revision.</p> <p>Labor Market Analysis: Analyze the labor market trends and ensure that FCMS programs remain relevant and provide graduates with the skills needed for employment.</p> <p>Follow up FCMS graduates: Report on achievement of Learning Outcome Graduate Attributes. Track graduates' employment outcomes and assess programs' effectiveness in meeting labor market needs.</p> | <p>College Dean Vice Deans Program Directors</p> <p>Quality and Accreditation Unit (QAU)</p> <p>IQAS Team</p> |
| <p>4.4 Monitoring and Review:</p> <p>Reporting the program achievements: Prepare a report on the achievement of CLOs, PLOs, and other program key performance indicators through APR.</p> <p>Internal Audits: Conduct regular internal audits of academic programs through the Institutional Curriculum Review and Monitoring Committee(I-CRMC), Quality and Accreditation Steering Committee (QASC), and Internal Quality Assurance System (IQAS) team Supported by MED and QAU at FCMS and ensure compliance with national and specialized academic standards.</p> <p>External Reviews: Conduct periodic external reviews by accrediting bodies and regulatory agencies to validate program quality and compliance.</p> | <p>Department Council</p> <p>Program Director</p> <p>MED</p> <p>I-CRMC</p> <p>QASC IQAS Team</p> <p>QAU</p> |

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| <p>Continuous Feedback Loop: Collect feedback from students, faculty, employers, and other stakeholders to refine and improve academic programs and ensure closing the loop of quality and continuous improvement.</p> | |
| <p>4.5 Communication and Awareness to Stakeholders:</p> <p>Training and Professional Development: Provide faculty and staff with ongoing training and professional development opportunities. These programs focus on the NQF, specialized accreditation requirements, and the latest educational methodologies.</p> <p>Student Awareness and Involvement: Conduct sessions to inform students of the academic standards affecting their education. Arrange orientations and regular communications to inform students about the NQF, program-specific accreditation requirements, and the importance of maintaining academic integrity. Encourage students to provide feedback on implementing these standards and consider their perspectives in the continuous improvement process.</p> <p>External Partners and Community: Maintain open lines of communication with external partners, including accrediting bodies, industry representatives, and community stakeholders, to ensure that the college's programs remain relevant to the needs of the labor market and society. Update external stakeholders regularly on the college's compliance efforts and strengthen FCMS's reputation as a leading institution that meets national and international standards.</p> | <p>College leadership</p> <p>Program Directors</p> <p>MED</p> |

5. Forms/Attachments:

5.1 Consistency of FCMS Programs with National Qualifications Framework (NQF)- Report Format.

6. References:

6.1 [NQF-2023 English.pdf \(kfu.edu.sa\)](#)

6.2 [Saudi Standard Classification.pdf \(kku.edu.sa\)](#)

| | | |
|--|--|--|
| Fakeeh College for Medical Sciences | Policy Number: LAT-01 | |
| Policy Title: Curriculum Review Policy | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Revised |
| | Version-3 is Approved on: 21-1-2019 | |
| Applicable to: Fakeeh College for Medical Sciences. | Version-4 is Approved on: 21-4-2022 | |
| | To be Reviewed on: 21-4-2027 | |

1. Statement of the purpose:

1.1 To provide guidelines for modifying or changing courses/curriculum to meet the health care challenging needs of Saudi society. Curriculum review aims at supporting ongoing quality and improvement of academic processes, and outcomes through reviewing the change in methods of delivery of the curriculum, and course specifications.

2. Definitions:

2.1 Curriculum Review:

It is the process of providing information and guidance on issues related to development, revision and modification of curriculum.

2.2 Major Curriculum Changes:

It refers to change/s in academic curriculum, which may include one or more of the following:

2.2.1 Adding a new course to the program.

2.2.2 Adding or deleting prerequisite or co-requisite.

2.2.3 Change/s in the name of the department or the academic program.

2.2.4 Change/s in the course title or course code.

2.2.5 Change/s in the number of credit or contact hours.

2.2.6 Change/s that exceed 20% in the program/course learning outcomes/topics within 5-7 years (according to the duration of the program).

2.3 Minor Curriculum Changes:

It refers to change/s in the academic curriculum, which may include one or more of the following:

2.3.1 Change less than or equal to 20% of program learning outcomes within 5-7 years (according to the duration of each program).

2.3.2 Change less than or equal to 20% of course content/ Course Learning Outcomes within 5-7 years (According to the duration of each program) period that does not affect stated course or program learning outcomes.

2.3.3 Teaching strategies.

2.3.4 Assessment methods of learning outcomes.

2.4 Internal Reviewer:

An expert professional from the college, not directly involved in curriculum changes/modifications activities, either from the same/ different program who is requested to review the proposed minor or major curriculum change.

2.5 External Reviewer:

An expert in the professional field from outside the college-national or international-who is requested to review the proposed major or minor curriculum changes based on his/ her expertise in curriculum development.

2.6 Stakeholders: these include:

2.6.1 Instructors.

2.6.2 Internal reviewers.

2.6.3 External reviewers.

2.6.4 Graduates.

2.6.5 Reviewing committees/experts.

3. Policy:

3.1 Every program is due for a curriculum review every 5-7 years (after the graduation of at least one batch) to determine the effectiveness of the current curriculum and make decisions about the future.

3.2 Review process of the curriculum should reflect rigor, integrity, objectivity, teamwork and accountability.

3.3 Review process of the curriculum:

3.3.1 Major review process includes:

3.3.1.1 A clear statement of the scope for the review.

3.3.1.2 Clearly defined responsibility and terms of reference for all stages of the review.

3.3.1.3 Reference to stakeholders' feedback.

3.3.1.4 Reference to relevant college Key Performance Indicators.

3.3.1.5 Communication and implementation of the outcome of the review.

3.3.1.6 Appropriate documentation of all stages of the review.

3.3.1.7 Reviewing Graduate attributes, Program Learning Outcomes, Courses delivered, Teaching Strategies and Assessment Methods etc.

3.3.2 Minor review process is justified and documented.

4. Procedure:

| Procedure steps | Responsibility |
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| 4.1 Minor/Major Curriculum Changes/Modifications: | |
| 4.1.1 These are first requested at departmental level (e.g. proposed by a course instructor for his/her course specification or written as an instructor's action plan in the course report or recommended by one of Stakeholders). In addition, these changes could be requested at higher level e.g., by a reviewing committee or by experts. | Stakeholders |
| 4.1.2 These proposed Curriculum changes in addition to their justification/rational are discussed by Program- Curriculum | Program - Curriculum Review and Monitoring Committee |

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| Review and Monitoring Committee who will submit their approved recommendations to the Department Council. | Department Council |
| 4.1.3 The approved recommendations are submitted to Curriculum Development and Monitoring Unit (CDMU) as a part of the Medical Education Department (MED) for further review (with a copy to VDDQM) and then CDMU submits the reviewed and approved recommendations to the Institutional Curriculum Review and Monitoring Committee (ICRMC) for further action and then to the College Council (CC) for final decision. | CDMU ICRMC CC |
| 4.2 Major curriculum changes: | |
| 4.3 The changes follow the same process of minor changes until they are approved from program -Departmental council then to be submitted to internal and external reviewer assigned through the Program -Departmental Council. The reviewers revise the program according to specific checklist (annex 5). All the reviewers' comments are discussed and addressed in Program- Departmental Council. The reviewed approved program specification is submitted to the Institutional Curriculum Review and Monitoring Committee (ICRMC). Then to the College Council which may either: 4.3.1 Approve the recommendations to be submitted to the Board of Trustees for review (BOT) for final approval. Or 4.3.2 Disapprove the changes to return back to the MED and then to the concerned Head of Department/ Director of Program for further review. | Program- Departmental Council ICRMC College Council |
| 4.3.3 The Board of Trustees (BOT) either: 4.3.3.1 Approve the recommendations to be submitted to MOE for final approval. Or | BOT |

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| <p>4.3.3.2 Disapproves recommendations to be submitted back to the Dean and then to MED and then to the concerned Head of Department/Director of Program for further review.</p> | |
| <p>4.4 Implementation of approved changes:</p> | |
| <p>4.4.1. For minor changes, implementation of the approved curriculum is applied once approved by the College Council.</p> | <p>College Council- MED - concerned Head of Department</p> |
| <p>4.4.2. For major changes implementation of the curriculum is started at the beginning of the new academic year after obtaining the final approval of MOE.</p> | <p>Dean - MED -concerned Head of Department</p> |

5. Forms/attachments:

- 5.1 Major Curriculum change proposal form.
- 5.2 Minor Curriculum change form.
- 5.3 Process of major changes -chart.
- 5.4 Process of minor changes -chart.
- 5.5 Checklist for Reviewing a Program Specification

6. References:

- 6.1 Curriculum Review Policy (2011). A University of Wollongong Enterprise.
<http://www.uowcollege.edu.au/content/groups/public/@web/@uowc/documents/doc/uow170748.pdf>

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| Fakeeh College for Medical Sciences | Policy Number: LAT-03 | |
| Policy Title: Peer review Policy | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Revised |
| | Version-1 was Prepared on: 2-1-2010 | |
| Applicable to: FCMS | Version-5 is Approved on: 21-4-2022 | |
| | To be Reviewed on: 21-4-2027 | |

1. Statement of the purpose:

- 1.1 Monitor the quality of staff performance in teaching.
- 1.2 Professionally support staffs in particularly in their duties with respect to teaching.

2. Definition:

- 2.1 **Peer review:** Peer review is the evaluation of work performance by other person/persons from the same field in order to enhance the quality of work in the concerned field.

3. Policy:

- 3.1 This policy and its associated procedures apply to all teaching staff involved in teaching.
- 3.2 Students' achievement is a substantial measuring tool of effective teaching.
- 3.3 The peer review aims to improve the faculty performance and maintain the standards of teaching and learning at the College.
- 3.4 This is applicable for the theory courses as well as lab and clinical courses.
- 3.5 Following the peer observation, the faculty will be given a feedback focusing on the teaching behaviors and practices. This will include the faculty's strengths, weaknesses and areas of improvement.

4. Procedure:

| Procedure steps | Responsibility |
|--|----------------|
| 4.1 Classroom visits by Peer Reviewers: | |
| 4.1.1 Peer review visits provide information about the process of teaching. They are arranged by at least two observers (e.g. Medical educationists –peers- Heads of departments) and more than one visit is preferred. | MED |

| 4.1.2 | The peer reviewers need to plan a schedule for visiting classes and evaluating the faculty. | MED | | | | | | | | | | | | | | | | | | | | |
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| 4.1.3 | Peer observation forms which includes special criteria will be used. | Peer Reviewers | | | | | | | | | | | | | | | | | | | | |
| 4.1.4 | Regular class visits are conducted to monitor the process all through the academic year. | MED | | | | | | | | | | | | | | | | | | | | |
| 4.1.5 | The teaching staff is informed regarding the peer review class visit at least 1 hour before his /her teaching session. | MED | | | | | | | | | | | | | | | | | | | | |
| 4.1.6 | The Peer reviewers should stay more than 50% of class time to objectively evaluate quality of teaching and student interaction. | Peer reviewers | | | | | | | | | | | | | | | | | | | | |
| 4.1.7 | Extra visits are conducted to investigate and follow up staff teaching performance when further information is required. | MED | | | | | | | | | | | | | | | | | | | | |
| 4.2 Evaluation of staff performance after the peer review visit: | | | | | | | | | | | | | | | | | | | | | | |
| 4.2.1 | The information gathered from peer reviewers will be used in the evaluation. | | | | | | | | | | | | | | | | | | | | | |
| 4.2.2 | Performance Rating Key categorized as follow: <table><tr><th colspan="5">Performance Rating Key</th></tr><tr><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th></tr><tr><th>Needs Improvement</th><th>Satisfactory</th><th>Good</th><th>Very Good</th><th>Excellent</th></tr><tr><td>Performance and/ or behavior falls short of the required standard</td><td>Performance in most areas met the requirements of the position.</td><td>Overall demonstration of consistent and sustained performance with all objectives being met.</td><td>Overall demonstration of consistent and sustained performance with all objectives being met and many being exceeded.</td><td>Demonstration of performance exceeding expectations.</td></tr></table> | Performance Rating Key | | | | | 1 | 2 | 3 | 4 | 5 | Needs Improvement | Satisfactory | Good | Very Good | Excellent | Performance and/ or behavior falls short of the required standard | Performance in most areas met the requirements of the position. | Overall demonstration of consistent and sustained performance with all objectives being met. | Overall demonstration of consistent and sustained performance with all objectives being met and many being exceeded. | Demonstration of performance exceeding expectations. | Peer Reviewers |
| Performance Rating Key | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | |
| Needs Improvement | Satisfactory | Good | Very Good | Excellent | | | | | | | | | | | | | | | | | | |
| Performance and/ or behavior falls short of the required standard | Performance in most areas met the requirements of the position. | Overall demonstration of consistent and sustained performance with all objectives being met. | Overall demonstration of consistent and sustained performance with all objectives being met and many being exceeded. | Demonstration of performance exceeding expectations. | | | | | | | | | | | | | | | | | | |
| 4.2.3 | Based on the above categorization, poor performers (below 3) are identified. | Peer Reviewers | | | | | | | | | | | | | | | | | | | | |

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| <p>4.2.4 For those identified as poor performers the followings are conducted*:</p> <p>4.2.4.1 Interviews with their students.</p> <p>4.2.4.2 Coaching sessions and one to one counseling.</p> <p>4.2.4.3 Further follow up visits to monitor their teaching performance.</p> | <p>Peer Reviewers</p> |
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5. Forms/attachments:

- 5.1 Peer observation forms-For the theory sessions
- 5.2 Peer observation forms-For the Lab sessions
- 5.3 Peer observation forms-For the clinical sessions

6. References:

- 6.1 Arreola, R. A. (2000). Developing a comprehensive faculty evaluation system: A handbook for college faculty and administrators on designing and operating a comprehensive faculty evaluation system. Anker Publishing Company, Inc., 176 Ballville Road, PO Box 249, Bolton, MA 01740-0249.
- 6.2 Berk, R. A. (2005). Survey of 12 strategies to measure teaching effectiveness. International journal of teaching and learning in higher education, 17(1), 48-62.
- 6.3 Haynes, R. B., Cotoi, C., Holland, J., Walters, L., Wilczynski, N., Jedraszewski, D., & McMaster Premium Literature Service (PLUS) Project. (2006). Second-order peer review of the medical literature for clinical practitioners. JAMA, 295(15), 1801-1808.
- 6.4 Nilson, L. B. (2016). Teaching at its best: A research-based resource for college instructors. John Wiley & Sons.
- 6.5 <http://www.oid.ucla.edu/programs/facultydev/teachersguide/improveteach>

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| Fakeeh College for Medical Sciences | Policy Number: LAT-06 | |
| Policy Title: Academic quality monitoring and evaluation. | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Revised |
| | Version-1 was Prepared on: 8-3-2015 | |
| Applicable to: FCMS | Version-3 is Approved on: 21-4-2022 | |
| | To be Reviewed on: 21-4-2027 | |

1. Statement of the Purpose:

- 1.1 To maintain and improve stakeholders expectation and satisfaction over the quality of academic services provided by academic programs at FCMS.
- 1.2 To ensure that the students receive high quality education and training through well-structured academic programs.

2. Definition:

- 2.1 **Program:** A program is regarded as an integrated package of courses and activities leading to a qualification,
- 2.2 **Quality:** The academic standard of an educational program in relation to generally accepted national and international standards.
- 2.3 **Teaching Strategies:** The strategies used by teaching faculty to develop student learning.
- 2.4 **Program specification:** A guideline explaining the requirements and process to follow in order to complete qualification in specific program enrolled.
- 2.5 **Annual Program report:** a report summarizing the overall performance of each and every aspect of a program throughout the academic year. It highlights the program's strengths and weaknesses, and to prepare future plans for improvements.
- 2.6 **Course specifications:** Guidelines for preparing the course according to Course Learning Outcomes.

2.7 Course report: A report written at the completion of a specific course. It aims to provide an overall feedback on the teaching and learning process from faculty and student sides and provides suggestions for improvement.

2.8 Field experience Specification: Guidelines for preparing the field training activities.

2.9 Field Experience Report: A report written at the completion of the Internship year.

2.10 Course portfolio: A comprehensive method of documenting the work of teaching a particular course. It contains: course content, goals, plan, and evidences about students' achievement of the learning outcomes.

3. Policy:

3.1 FCMS is committed to maintain and improve the quality of its programs, facilities and activities all the time.

3.2 In each program, consideration is given to the inputs, processes and outcomes, with an emphasis on the quality of teaching and learning and services it provides.

3.3 FCMS always focuses on improving the quality of academic programs and services by gathering regular feedback from faculty, students and stakeholders to identify areas for improvement.

3.4 FCMS is committed to utilize various mechanisms to collect and evaluate feedback on the academic quality of programs such as course evaluation, students experience survey, program evaluation survey, student's satisfaction survey, intern's satisfaction survey, and employer satisfaction survey.

3.5 For each program, a specification should be prepared focusing its mission and objectives.

3.6 The development of Program Specification, Course specification and Field experience specification and its corresponding Reports has to comply with the

guidelines of National Commission for Academic Assessment and Accreditation (NCAAA).

- 3.7 Specific Key Performance Indicators are selected by each offered program for monitoring and reporting its quality.
- 3.8 A comprehensive review of the Program specifications is conducted every 5-7 years according to FCMS Policies and Procedures.
- 3.9 Operational plans/Improvement plan for each Program will be prepared considering the recommendations from previous year Annual Program report, Course report, Field Experience Report and Survey Reports.

4. Procedure:

| Procedure steps | Responsibility |
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| 4.1 Completion of Program Specification, Courses Specification and Field experience specification and its corresponding Reports | |
| 4.1.1. Program Specifications are to be prepared for each Program by Program Director and it will be reviewed by Curriculum Review and Monitoring Committee at the program level, then discussed in the Department Council, and MED making adjustments where necessary. | Program Director |
| 4.1.2. Course Specifications are prepared by the Course Coordinator and reviewed by the Head of Department by using course specification checklist, and MED making adjustments where necessary. | Course Coordinator |
| 4.1.3. Field Specification for Bachelor Degree Program is applicable for Internship Year and it will be prepared by the Internship Coordinator and reviewed by the Internship Monitoring Committee then discussed in | Internship Coordinator |

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| the Department Council, and MED making adjustments where necessary. | |
| 4.1.4. The final version of Program Specification, Course Specifications and Field experience Specification will be compiled and submitted by the concerned Program Director to the Vice Dean for Development and Quality Management (VDDQM). The VDDQM will submit to MED for review and then to College Council for approval. | Program Director |
| 4.1.5. The MED will submit the final revised Program Specification, Course Specifications and Field experience Specification to Quality and Accreditation Unit (QAU). | MED |
| 4.1.6. The QAU will submit the final revised Program Specification, Course Specifications and Field experience Specification to the Program Directors. | QAU |
| 4.1.7. Program director will publicize the approved Program Specification, Course Specifications and Field experience Specification to faculty members. | Program Director |
| 4.1.8. At the end of each semester each course instructor is responsible to prepare the Course Report. | Course Instructor |
| 4.1.9. Course Coordinator is responsible for reviewing the Course Reports and compiles it into a single Course Report if the Course is offered in more than one section. | Course Coordinator |

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| 4.1.10. Course Coordinator must submit the Course Reports to concerned Head of Department (HOD) within three days of the final exam of the course. | Course Coordinator |
| 4.1.11. The completion and accuracy of the course reports will be checked by using the course report checklist by the HOD. | HOD |
| 4.1.12. Course reports following the complete review by HOD submit to the concerned program director. | HOD |
| 4.1.13. Course reports following the complete review by program director and reviewing by the Curriculum review and Monitoring Committee (CRMC) submit to VDDQM and MED respectively. | Program Director |
| 4.1.14. The submitted course reports are finally reviewed by MED staff members to be completed and submitted to QAU with 7 days of receipt. | MED |
| 4.1.15. For Bachelor Program Field Experience Report has to be completed by the College Internship Coordinator within 2 weeks of completion of the Internship Year and submit to Internship Monitoring Committee and Departmental Council for review and feedback. | College Internship Coordinator |
| 4.1.16. Considering the feedback through all these course reports and field experience report, Program Director will write an Annual Program Report at the end of each academic year. | Program Director |
| 4.1.17. The completion and accuracy of the specifications and reports will be checked by using the course | HOD |

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| specification checklist and course report checklist by the Head of the Department. | |
| 4.1.18. Program Director has to discuss the Annual Program Report at the Department Council and will forward to MED, Curriculum Review and Monitoring Committee and Quality and Accreditation Steering Committee (QASC) for review. | Program Director |
| 4.1.19. The final version of annual program report, Course reports and field experience report will be compiled by the concerned Program Director and sent to the VDDQM. The VDDQM will submit to MED for review | Program Director |
| 4.1.20. After review, the final reports will be submitted to the College Council for approval. | College Council |
| 4.1.21. The MED will submit the final revised annual program report, Course reports and field experience report to QAU. | MED |
| 4.1.22. The QAU will submit the final revised annual program report, Course reports and field experience report to the concerned Program Directors. | QAU |
| 4.1.23. Program director will publicize the approved annual program report, Course reports and field experience report to faculty members. | Program Director |
| 4.2 Stakeholders' Evaluation on quality of academic programs and services | |
| 4.2.1. The evaluation of quality of Courses offered is monitored by surveys like Course evaluation survey done by students at the end of each course, Students | QAU |

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| experience survey done by students after completing the half of the time specified for completion of the program and Program evaluation survey by the graduating students.(See attached survey formats). | |
| 4.2.2. Stakeholder surveys also will be conducted at the end of each academic year to monitor the quality of programs. (Employer satisfaction survey, Staff satisfaction survey, Students satisfaction survey). | QAU |
| 4.2.3. The quality evaluation survey feedback will be forwarded to concerned faculty and HOD and a copy will be kept in QAU. | QAU |
| 4.3 Completion of Course portfolio | |
| 4.3.1. Course portfolio has to be prepared for each course by course coordinator at the end of each semester and submit to the HOD for review. | Course Coordinator |
| 4.3.2. Course Coordinator has to submit the Course portfolio to the concerned HOD within two weeks of publishing the final exam result according to FCMS academic calendar. | Course Coordinator |
| 4.3.3. The concerned HOD has to submit the course portfolio to the Program Director for review and feedback | HOD |
| 4.3.4. Program Director must submit these course portfolios to the QAU at the end of each semester. [One file for the documents of the 3 academic semesters]. | HOD |
| 4.4 Monitoring the Action plans in course Report and Annual program Report: | |

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| 4.4.1. Monitoring the action plan is the shared responsibility among concerned department council, MED and IQAS. | Department Council, MED and IQAS |
| 4.4.2. Upon approval of the course reports, program director compile all the action plans of the offered courses and discuss it in the department council. | Program Director |
| 4.4 Program Director are responsible to report the progress on achievement of the action plans (from course report and annual program report) on monthly basis to the MED. | Program Director |
| 4.5 MED is responsible to review the action plans on monthly basis and provide necessary feedback and directives in order to ensure the achievement of planned actions within the stipulated time frame. | MED |
| 4.6 IQAS (Internal Quality Assurance System) team will review the compliance of the action plan monitoring process and report its findings to QASC on semester basis. | IQAS |

5. Forms /Attachments / Flowcharts:

- 5.1 Program Planning and Review Cycle.
- 5.2 Course specification format Arabic and English.
- 5.3 Field experience specification format.
- 5.4 Field experience report format.
- 5.5 Course report format Arabic and English.
- 5.6 Annual Program report format.
- 5.7 Program Specification Format.
- 5.8 Evaluation Checklist - Course specification.
- 5.9 Evaluation Checklist- Course report.

- 5.10 Evaluation Checklist - Program specification.
- 5.11 Course portfolio checklist.
- 5.12 Course portfolio checklist for Postgraduate online courses.
- 5.13 Postgraduate Program Specification form.
- 5.14 Postgraduate Annual Program Report Form.
- 5.15 Postgraduate Course Specification form.
- 5.16 Postgraduate Course Report form.
- 5.17 Short Courses Comprehensive Report
- 5.18 Course Improvement Actions and Results

6. Reference:

- 6.1 NCAAA Handbook