

Quality Assurance Manual
B. Pharm Program

College of Pharmacy

Jouf University, KSA



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1. Glossary

Quality Assurance

Quality is process of regularly and systematically evaluating and reporting on evidence of student learning and program performance and using it to improve educational outcomes.

Academic Program

A set of courses and practical elements leading a student to award of an academic degree upon successful completion.

Courses:

Multiple units within the program through which the students achieve some of the learning outcomes through hours within the course plan. These courses can be requisite or elective.

Course:

Scientific content in one of the fields, which constitutes a set of knowledge and skills based on appropriate teaching strategies and evaluation tools. It helps achieve the goals and learning outcomes of the program.

Academic qualification:

A degree awarded to a student upon the completion of an integrated program such as the bachelor's degree.

Accreditation:

Accreditation is a peer process whereby a private, nongovernmental body grants public recognition to an institution or specialized program that meets or exceeds nationally established standards of acceptable educational quality.

Institutional accreditation:

The accreditation of an institution by the accrediting body for a specific period of time following verification of the minimum accreditation criteria in all aspects of the institution.

Program accreditation:

The accreditation of an academic program by the accrediting body for a specific period of time following verification of the program quality and achieving the minimum accreditation criteria of the accrediting body. Academic Standards

Academic Reference standard:

Reference points against which the standards and quality of the program will be compared, therefore, they displaying general expectations about achievement levels and general characteristics that must be met by a graduate of the program.

Academic Standard:

These are specific criteria approved by the institution; they are design from external national or

international references and include the minimum skills and knowledge that are acquire by the program's graduates and supposed to be fulfill the institution's stated mission.

Action Plans:

The set of different activities that are design in clear sequence to accomplish specific goals.

Annual Report:

This is annual self-evaluation report for the educational institution that is prepare based on the reports of academic programs and the various activities that fulfill the mission of the institution.

Documentation:

This is process of achieving and recording work data in the institution. Therefore, this data can be analyzed and yield results will use for designing action plans.

Effectiveness of Quality Management and Enhancement:

The efficiency of the quality system used within the organization and its ability to achieve the desired achievements and achieve the goal satisfaction of all beneficiaries.

Review:

This is process of reviewing and evaluating the programs and activities by internal auditing committee and by independent external individuals (Reviewers).

Saudi Arabian Qualification Framework (SAQF)

The SAQF is a framework that is intended to support the development of skills and competence for transforming economy, personal development, mobility and employability and drive career paths, including improved opportunities for transferability between academia, training and employment.

Learning Outcomes:

The knowledge and targeted skills acquired by students in a program courses or educational program.

Teaching strategies:

This is specific methods such as case studies, practical work, and class discussion, which are apply to develop students' knowledge and skills in various fields.

Students' achievement:

The level of students' performance within the educational institution, which reflects their achievement of knowledge and skills.

Key performance indicators:

These are variables use assess the program performance by comparing actual results with the planned ones.

SWOT Analysis:

SWOT (strengths, weaknesses, opportunities, and threats) analysis is a framework used to evaluate and study the current situation of an institution and to develop strategic planning. SWOT analysis assesses internal and external factors, as well as current and future potential.

National Commission for Academic Accreditation and Assessment (NCAAA):

NCAAA was established pursuant to High Order No. 7/B/6024 dated 9/2/1424 H with a legal personality and administrative and financial autonomy. The Commission acted as the body in charge of academic accreditation and quality assurance in public and private higher education institutions

2. Introduction

Quality assurance process can rule out both strengths and weakness of the program. It also helpful for designing and implementation of correction plans in order to improve the quality of academic program. The B. Pharm program follows the [quality assurance manual](#) for academic programs at Jouf University point by point in all quality and accreditation activities. Jouf University strategies direction undergoing for improvement the academic programs in order to applied the vision of 2030 in preparing well-qualified and distinguished cadres in all discipline. This mission will be reality through translation of the program mission, vision, goals into ILOS and their implementation monitor through program quality assurance system under guiding of Jouf University Deanship of Quality and Accreditation.

Program Mission

Preparing competent pharmacists equipped with state of the art knowledge and skills to ethically practice various pharmaceutical disciplines with the ability to contribute in research and community development.

Program Goals

The goals of the B. Pharm Program are to:

- Provide high quality education, training and occupational development to students by using the most recent technologies, which is essential for highly professional pharmacists
- Promote self-learning, professionalism, ethics, teamwork, and continuous education concepts
- Encourage research activities and prepare research facilities to perform objective research in core areas of the program, which fit institutional and community need
- Prepare graduates to become leaders who improve the health and wellness of the Public through drug discovery and development, pharmacy practice models, and community health services.

3. Objectives of the Program Quality Assurance System

3.1. Main objective

To apply PDCA cycle (Plan – Do – Check – act) as shown in Figure 1.

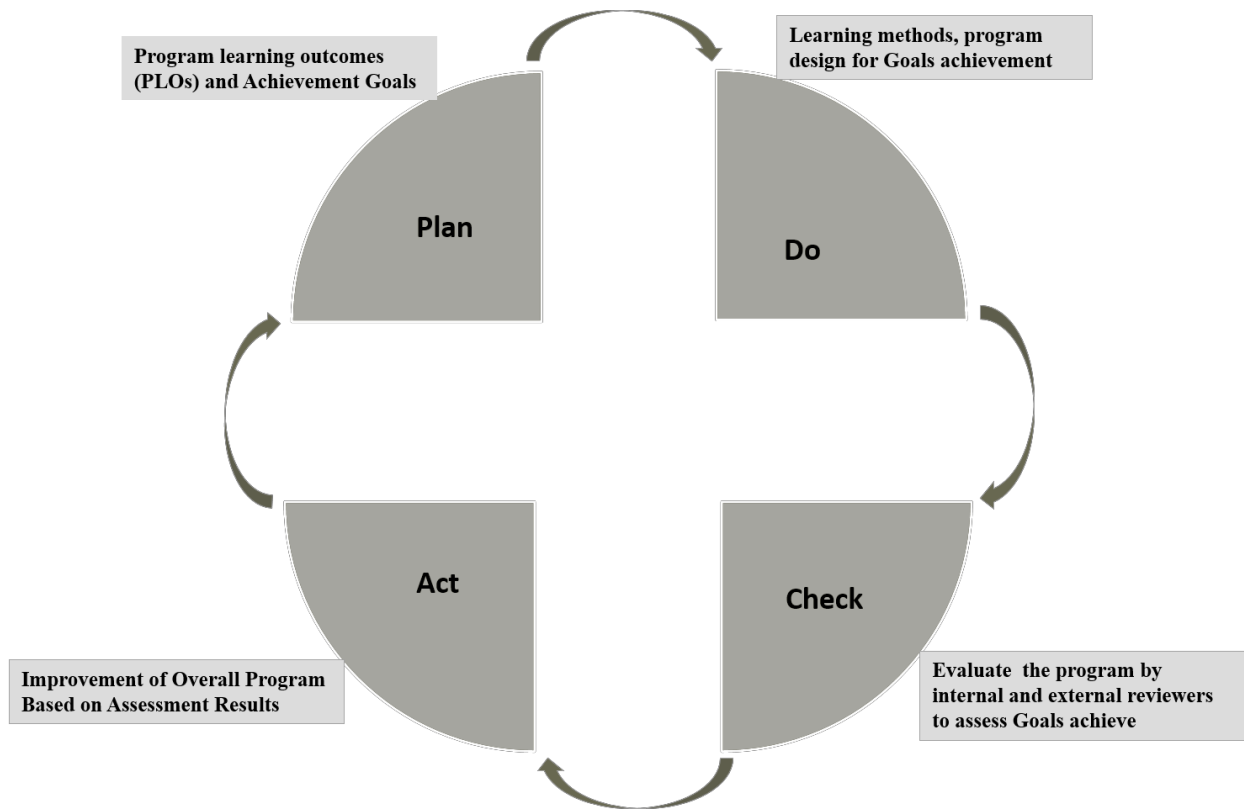


Figure 1. Program quality PDCA cycle

3.2. Specific objectives

1. Ensure excellence in quality practices in teaching and learning as well as its support services
2. Assessment of quality outcomes and determining the weakness paths of the B. Pharm program
3. Designation of correction plans and monitoring their implementation.
4. Documentation and achieving the quality records and reports

4. Organization Structure of the B. Pharm program

The B. Pharm program is well organized administratively even though there are five scientific departmental councils in the program and program is offered in male and female campus.

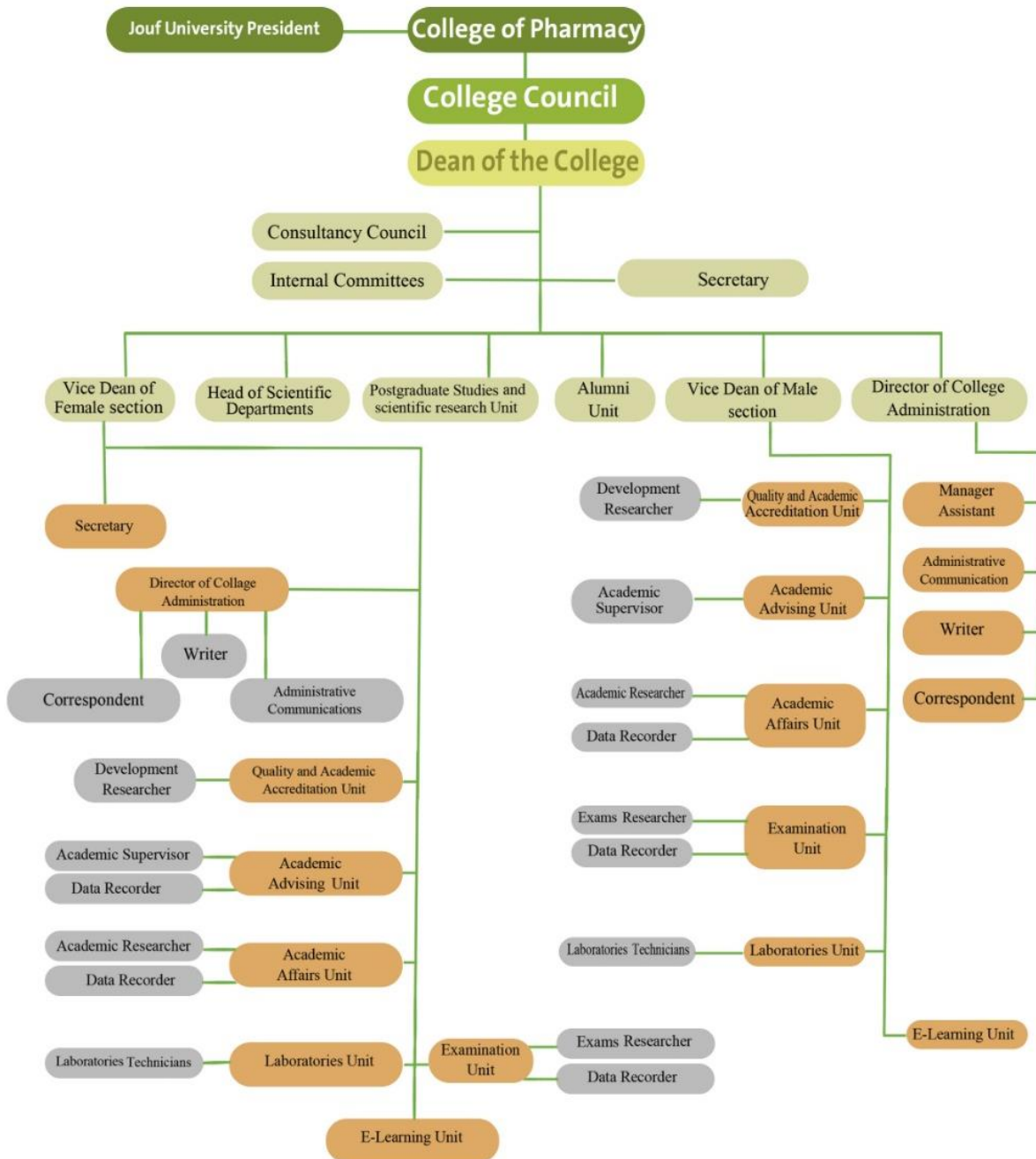


Figure 2: Organization Structure of the B. Pharm program

4.1. College Council Composition and Duties

The decision of college council formation is issued by the president of the university at the beginning of each academic year.

✚ The college council is formed basically from the following members:

1. Dean of the college (Chairperson).
2. Vice-Dean of the college (Member).
3. Heads of the departments (Member).

✚ College Council Composition and Duties

1. Drawing up the general policy of the college to ensure raising the level of teaching and scientific research in accordance with university policies.
2. Suggest or amend curriculum, in coordination with the scientific departments.
3. Discussing and approving the college budget in light of the departments' suggestions.
4. Guidance for awarding academic degrees and titles and promoting faculty members and lecturers.
5. Supervising, encouraging and financing scientific research in the college.
6. Settlements of issues related to students' majors.
7. Consider the annual reports of the college's standing committees.
8. Consider all issues referred by the University Council, President and Vice-Rectors.

4.2. Duties of the Dean and Vice Dean of the College

Job descriptions of the Dean of the College, Vice-Deans, heads of the departments and the Program Coordinator.

✚ The followings are some of the tasks and responsibilities of the dean:

1. Heading of the college council, supervising the organization of its affairs, inviting to attend its meeting, implementing its decisions.
2. Implementing the rules and regulations of the Higher Education Council.
3. Achieving higher goals and policies of the university.
4. Supervising the work of department heads in the college.
5. Ensure that the academic load is distributed to all faculty members for each semester and that the quorum is completed for each of them according to their academic rank.
6. Coordinating and developing the college's relationships inside and outside the university.
7. Implementing the decisions of the University Council and the College Council in relation to the college.
8. Forming the necessary committees to perform the college work.
9. Supervising the educational process, implementing its plans, and developing the academic programs.
10. Supervising the recruitment of faculty members to work in the college and attracting the distinguished ones.

✚ The followings are some of the tasks and responsibilities of the Vice-Dean:

1. Undertakes the implementation of the college's general policy with regard to the educational process.
2. Supervising the activities of the scientific departments and academic departments, and coordinating with the Deanship of Student Affairs.
3. Supervising the college study plan.
4. Evaluating the academic work of the college and submitting an annual report to the College Council.

5. Estimating the requirements of the scientific departments to implement the educational and research plan of the college.

4.3. Department Councils composition and duties

Pharmacy education is multidisciplinary; five scientific departments contribute to the B. Pharm program, including clinical pharmacy, pharmaceuticals, pharmacology, pharmaceutical chemistry, and pharmacognosy departments. Department councils consist of professors, assistant and associate professors in both campus (main & female) and are chaired by the department's head. The department councils are formed at the beginning of every academic year by the orders of president of university on recommendation of dean. The female members of the department council strongly contribute to department decisions by attending the council meeting through the video conference room.

The department Council meets at least twice a month at the chairperson's call to study all critical issues of the program, set strategic directions, discuss regulations and operation guidelines, and release decisions on educational, research, and community services and other non-academic issues.

The department councils also review the department's policies, practices, and procedures.

The topics discussed by the department council are referred from the head department. According to department procedures, the minutes of meetings and decisions of the department have to be endorsed by the department council's approval. The decisions of the permanent or temporary committees are not final unless approved by the department council.

The Council meeting is considered official only if one-third of the members attend the meeting. No decisions are taken unless they gain the absolute majority of votes among the members who are present. However, if there is a tie in the voting, the chairperson will have the deciding vote.

4.4. Head/ or coordinator of the department duties

- Hold the responsibility for leading the department with vision, creativity, and excellence.
- Provides collaborative and collegial leadership for the department
- Designs and implements the academic plan as it relates to the department.
- Develops, implements, promotes and evaluates curriculum.
- Supervises the management, development, and evaluation of the program's curriculum.
- Supervises and evaluates full-time program faculty and supporting staff.
- Promotes and fosters professional development activities related to academic leadership, classroom instruction, instructional technology, and support staff development.
- Develops and implements department budget and planning documents.
- Works with department faculty to coordinate student program activities

- Ensures the vitality, currency, and academic excellence of the department programs.

4.5. Quality Assurance Unit

As a part of Jouf University, the College of Pharmacy is committed to following the quality standards and criteria set by the National Commission for Academic Accreditation and Assessment (NCAAA). In agreement with this commitment, a quality assurance unit was established within the vicinity of the college. The concept of the quality assurance unit is to ensure that the vision and mission of the College of Pharmacy are fulfilled. The vision is that the College of Pharmacy should be a distinguished scientific center in education, scientific research, and community service. To achieve this vision, the mission of the College of Pharmacy is to graduate pioneer pharmacists and researchers at a highly competitive level following academic standards and community values to meet the needs of the local, regional and international labor market. The organizational and decision-making structure of the quality assurance unit consists of the dean as the head. In addition, there are two coordinators in both sections (male and female) who cooperate to achieve optimum flawless performance. The unit comprises four subcommittees; quality coordinators of academic departments subcommittee, training, and technical support subcommittee, a follow-up subcommittee, and an internal auditing subcommittee. The organizational structure is presented in the following diagram.

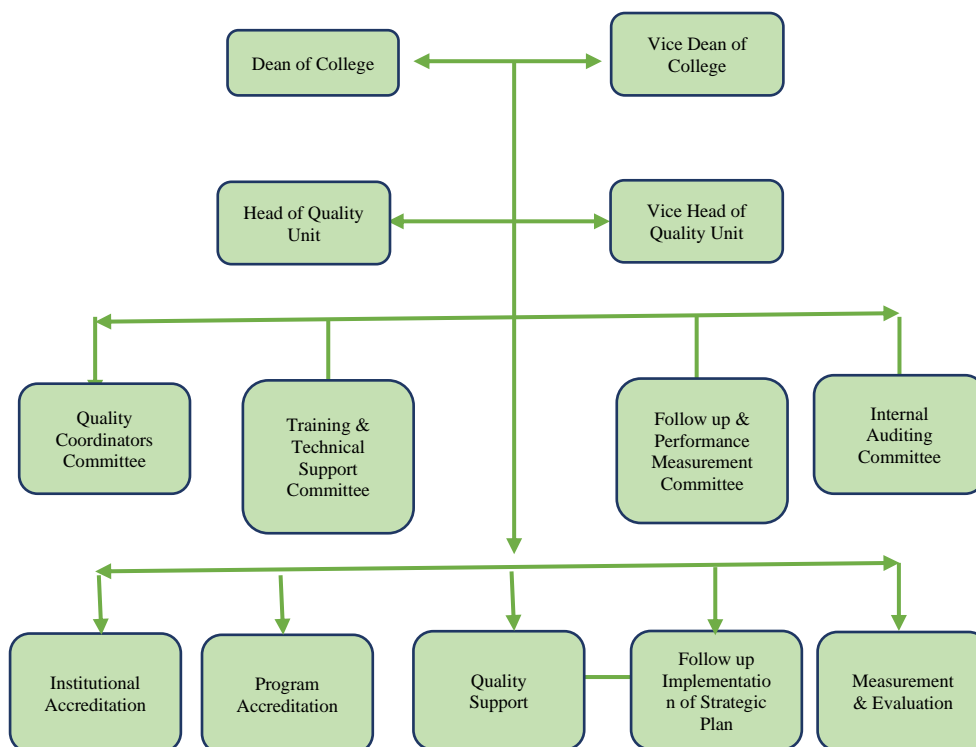


Figure 3: Organization Structure of the B.Pharm Program Quality Assurance Unit

4.5.1 Head of the Quality Unit

- Dissemination of the quality culture and the requirements of academic accreditation in the college.

- Supervision of the preparation of the college's strategic plan.
- Supervision the development, implementation and follow-up of the executive plans of the Quality Unit and improvement plans of the college in its entirety.
- Development of internal quality systems; “the unit’s structure and regulations, forming the unit and its committees, describing tasks and selection criteria, unit installations, archiving and documentation systems, plans, activities, mechanisms for communicating with departments and follow-up systems, quarterly quality reports, and improvement plans.”
- Coordination of internal and external auditing of the academic performance of the college and its scientific departments, and the accreditation of the audit committees.
- Supervision of the update and development of the unit's website.
- Completion of all required databases in the college and archive them.
- Participation in preparation of periodic and annual reports and self-studies at the institutional and programmatic levels.
- Coordination and communication with the Deanship of Quality and Academic Accreditation. Continuous communication with the stakeholders and beneficiaries of the college activities. Follow up the implementation of decisions issued by the unit’s board of directors or from the college’s board in the unit’s field of work.
- Unit representation and point of contact with the Deanship of Quality and Academic Accreditation.
- Any other specializations delegated by the Dean of the College.
- A proposal to exchange the members ’bonuses and submit them to the dean.

4.5.2 Vice Head of Quality Unit:

- Activating all systems and practices related to quality work in the female section.
- Coordination with the head of the quality unit in all quality issues, female students’ section.
- Effective coordination and communication with the Deanship of Quality and Academic Accreditation, Female Section.
- Any other specializations delegated by the Head of the Quality Unit in the light of developments and requirements.

4.5.3 Department's Quality Coordinators

- Communication between the faculty quality unit and the scientific departments.
- Confirmation that decisions assessment and opinion are conducted in a transparent and impartial manner.

- Distribution and collection of all quality documents and reports at the level of the scientific departments.
- Collection of performance indicators and benchmarks for all college programs, following up on an annual process of measurement and developing program performance in light of the results of these indicators and the appropriateness of the improvement procedures for each program.
- Proposition of the formation of internal and external review committees for academic programs in partnership with program coordinators and the head of the Quality Unit and organizing procedures for external review of academic programs.
- Participation in reviewing program descriptions, reports, and decisions of the college with program coordinators periodically, and ensure that they are prepared according to the forms approved by the National Authority for Academic Assessment and Accreditation and that they are compatible with the National Qualifications Framework.
- Participation in meeting all the criteria for program accreditation for all academic programs in the college.
- Preparation of self-study programs for all college programs.
- Implementation of university accreditation standard practices and monitoring the continuity of their implementation in the college, and saving
- Evidence for their application.
- Participation in setting annual performance indicators and measuring them, report them, and suggest implementation points for improvement.
- Periodically update the required data and information for the academic accreditation standards. Supervising the polls required for the university's institutional accreditation and the college's programmatic accreditation. Follow-up on assignments in light of developments and requirements.

4.5.4 Quality and accreditation Committee

This committee implements the Jouf University's [quality assurance manual](#) for academic program point by point and monitors demonstration the teaching and learning quality assurance policy.

Duties of this committee includes:

- Introducing the good practices of the NCAAA standards to the program employees and students
- Perform the quality and accreditation activities in the B. Pharm program.
- Contribute to organizing the meeting, training courses and workshops, preparing the evidence, and carrying out other mission related to the quality and accreditation of the

program.

- Collection and archiving the evidences and documents (soft and hard copies).
- Contribute in updating and developing the B. Pharm program curricula.
- Supervise the preparation of program, courses, and their reports and documents that are aligned with NCAAA forms and requirements.
- Revision of program documents and courses and provide suggestions for correction according to the NCAAA requirements
- Supervise the work of internal audit, measurements and evaluation, program's mission, goals, vision, and objectives, and self-study Committee.
- Monitoring program learning outcomes and how well it aligns with midterm and final exam.
- Supervise program's response to the internal and external "independent opinion" auditing reports.
- Reporting to the head of the department directly and periodically of the results and outputs of the quality assurance work.

4.6. Quality and accreditation Subcommittees:

Quality and accreditation unit has four subcommittees with specific jobs in the program quality process.

4.6.1 Department's Quality Coordinators Committee:

- Communication between the faculty quality unit and the scientific departments.
- Confirmation that decisions assessment and opinion are conducted in a transparent and impartial manner.
- Distribution and collection of all quality documents and reports at the level of the scientific departments.
- Collection of performance indicators and benchmarks for all college programs, following up on an annual process of measurement and developing program performance in light of the results of these indicators and the appropriateness of the improvement procedures for each program.
- Proposition of the formation of internal and external review committees for academic programs in partnership with program coordinators and the head of the Quality Unit and organizing procedures for external review of academic programs.
- Participation in reviewing program descriptions, reports, and decisions of the college with program coordinators periodically, and ensure that they are prepared according to the forms

approved by the National Authority for Academic Assessment and Accreditation and that they are compatible with the National Qualifications Framework.

- Participation in meeting all the criteria for program accreditation for all academic programs in the college.
- Preparation of self-study programs for all college programs.
- Implementation of university accreditation standard practices and monitoring the continuity of their implementation in the college, and saving
- Evidence for their application.
- Participation in setting annual performance indicators and measuring them, report them, and suggest implementation points for improvement.
- Periodically update the required data and information for the academic accreditation standards. Supervising the polls required for the university's institutional accreditation and the college's programmatic accreditation. Follow-up on assignments in light of developments and requirements.

4.6.2 Training and Technical Support Committee:

- Provision of support for scientific departments.
- Determination of the training needs in the field of quality assurance and academic accreditation for all faculty members (leaders - faculty members - administrators - students - graduates - beneficial community).
- Preparation of training plans in the field of quality assurance based on the needs of the faculty members, including conferences, seminars, training programs and workshops.
- Activation and implementation of training plans and preparation of training materials in cooperation with the Deanship of Quality and Academic Accreditation.
- Evaluation of the performance of training programs in light of models prepared for this purpose
- Follow-up on assignments in light of developments and requirements.

4.6.3 The Follow-up and Performance Measurement Committee:

- Follow up the implementation of the annual plan and improvement and promotion plans.
- Follow-up to send the curriculum reports from the departments to the headquarters of the Quality Unit and coordinate with the head of the Quality Unit and the Quality Coordinators Committee in the scientific departments in this regard.
- Follow-up on sending the results of the curriculum evaluation and students' observations to departmental councils, curriculum coordinators and teaching staff to review and take the necessary corrective measures.

- Preparation of comparative reports on the results of evaluating decisions at the level of academic programs.
- Follow up the implementation of the college's training plans in light of the approved plans.
- Follow-up on the implementation of the improvement proposals for analysing the results of the reference comparison at the college and its programs
- Review the programmatic self-study of the college's programs with the specialized committee, and approve them from the official councils and classify the college's programs according to the level of performance.
- Follow-up on assignments in light of developments and requirements.

4.6.4 The Internal Audit Committee:

- Review the requirements for institutional accreditation at the college level and programmatic accreditation.
- Review meeting the criteria for program accreditation in the college.
- Auditing and reviewing the following program documents:
 - Program specification
 - Courses specifications
 - The final examination papers
 - Courses reports
 - The program learning outcomes
 - Carry out the any tasks assigned to them by the head of the department.

5. Program Quality Control System

5.1. Program and Courses Specifications

5.1.1. Program Specification

Program specification main objective is to provide platform for the planning, monitoring and improvement of the program by faculty members responsible for its delivery. It contains sufficient information to demonstrate that the program will meet the requirements of the Standards for Quality Assurance and Accreditation of Higher Education Programs, the SAQF, and specific requirements for the B. Pharm program professional accreditation.

The program specification prepared according to the template (T3) ([T3 Program Specifications V2020- Eng](#)), which designed by NCAAA. The specification includes general descriptive information about the B. Pharm program, mission, goals, and program objectives, which are aligned with College of Pharmacy and Jouf University's mission and goals. It also contains the learning outcomes that should be acquired by the students and the methods of teaching and student assessment strategies (direct and indirect) for their achievement of learning outcomes in different domains of learning. Moreover, the program specification also includes plans for ongoing evaluation of its effectiveness and planning processes for improvement.

5.1.2. Course Specification

The course specification is prepared after approval of program specification and before a course delivery on the first time. Nevertheless, it can be subjected to modification according to the major or minor comments provided by internal and external auditors. The purpose of course specification is to make clear roadmap for the course as part of the package of arrangements courses to achieve the intended learning outcomes of the program. Course specification includes the course identification and general information, objectives, description, and topics to be deliver to the students. It also contains learning domains, and intended learning outcomes (ILOs) matching with that of the programs and are keeping with the National Qualifications Framework (NQF). Furthermore, course specification includes teaching strategies and the methods of assessment of the students for each ILOs. Course Coordinator in coordination with the course instructors will held the responsibility for preparation of course specifications according to the template (T4) ([T4 Course Specifications V2020-Eng](#)) which designed by NCAAA and on the light of program specification. Course specification is use as reference for preparation course teaching plan.

5.1.2.1 Course Teaching Plan

The Vice Rectorate for Educational Affairs at Jouf University requires the preparation of a course teaching, which will be uploaded along with course specification, and learning outcomes measurement plan to students at beginning of each semester through blackboard. The course plan will be prepared ([Course Teaching Plan](#)), which contains:

- Course general information such as course name, code, credit hours, No. building and classroom, and date of lecture.
- Main references for the course
- Other Learning sources such as official scientific website or specialize journal website.
- Evaluation process, which include methods of evaluation, time (week and date), and marks distribution.
- Debarred: This contains No of absent hours that Debarred the student from attending the final test
- Course contents distribution per week
- Distribution of teacher office Hours: Usually 6 hours/week
- Finally authorized signatures (course instructor, head of the department, and dean of the college).

5.2. Course and Program Reports

5.2.1 Course Report

By end of each semester, course instructor should prepare course report according to the template ([T7 Course Report V2020-eng](#)) and course coordinator will prepare report for its own division and gather reports from instructors to make a combined course report for all divisions. The course report includes summary course general information of the course, analysis of students' grades achievements and students of evaluation of the course. It also includes average of ILOS achieved by students compared with program ILOS target benchmark. Improvement plans are determined according ILOS score.

5.2.1. Annual program report

The annual report of the program is prepared after the completion of the first and the second semester of the academic year, in which the progress of the graduated class within four years is shown and the number of graduates of male and female determined, and the percentage of employment for graduates in the government and private sectors are also presented. Student achievement for the current academic year for all levels and it also contains a report of students' evaluation of the courses, in which an overview of the teaching and learning standard for self-study is presented, as well as the benchmark of learning outcomes for the next year for the course reports. It also presents in the program report the evaluation of performance indicators and improvement plans for them. After its completion, the course report for the program at the headquarters is combined with the branch in to prepare a combined report. Preparation of the annual report of the program according to the template (T6) ([T6 Annual Program Report V2020-Eng](#)) which designed by NCAAA.

5.3. Field experience specification and reports

The field experience specification include ILOs required for the field of B. Pharm program. The field experiences ILOs is transformation of knowledge covered in advanced levels into practical skills. Filed experience prepared according to the template (T5) ([T5 FE Course Specifications V2020-Eng](#)). The field experiences will be carried out in hospitals, community pharmacies, and pharmaceutical industries under the supervision of faculty and training site preceptors. The college of pharmacy will provide comprehensive guidelines and instructions for such field trainings to faculty supervisors, preceptors, and the students. The field experience will be evaluated by direct and indirect methods and the performance results or scores will be used in preparation of field experience report ([T8 FE Course Report V2020-Eng](#)).

5.4. Course Files

Course file or portfolio, contains evidences for conducted course and used for consideration in the review of the program. Course file is divided into 17 chapters and provide broad knowledge about what have been done in the course in previous semesters. Course file chapters include course outline, Professor's office hours, course approval document, course specification, course report, evidences of course spec to the students in beginning of the semester, copy of teaching materials, sample of assessment materials, copy of key answers, evaluation of the exam paper, question bank, full record of results for all assessments, report of course evaluation by the students, sample of student's activities, sample multimedia, internal auditing report for course specification and course

coordinator response. Every course instructor will submit the course file to the quality unit, then to the program coordinator and to the internal auditing committee for reviewing.

5.5. Program's Key Performance Indicators

Key Performance Indicators (KPIs) are the key indicators of progress toward an intended result. KPIs provide a focus for strategic and operational improvement, create an analytical basis for decision-making, and focus on what matters most. It helps to measure what is intended to be measured to help inform better decision making. It also offers a comparison that gauges the degree of performance change over time. KPIs can track efficiency, effectiveness, quality, compliance, behaviors, project performance, personnel performance, and resource utilization.

B. Pharm program, College of Pharmacy at Jouf University is committed to accomplishing the goals consistent with its stated vision and mission. Program KPIs provide the necessary quantifiable metrics to monitor progress in the department and are consistent with the University's mission.

B. Pharm program prepares a report for KPIs measurements annually. There are seventeen KPIs scales for the program that are evaluated for students' activities and faculty roles in the department's academic development. These indicators are prepared in accordance with the fundamental plans and objectives of the University. For the evaluation of students and faculty, workshops, training, seminars, blackboard activities, and questionnaire responses are monitored to document the program activities. The scales of KPIs are calculated as a percentage, ratio, or value and compared with the previous performance report. These indicators are prepared to record the actual benchmark compared to the target benchmark, internal benchmark, and external benchmark (Jeddah University & Prince Sattam bin Abdulaziz University). The target benchmark is set in response to the actual benchmark of the recent year, and the internal benchmark is the actual benchmark of the previous year. For each indicator, the strengths, weaknesses, and recommendations are described for the future improvement perspective. Suppose there is a minimal level of achievement for any indicator. In that case, an action plan is proposed with recommendations to improve that indicator to achieve the target set by the Internal and the External benchmark.

Additional program KPIs

B. Pharm program has designed three specific additional KPIs for measurement the implementation of program objectives. These KPIs coded as KPI-P followed by number as shown in the table below:

- A list of the main objectives of the program, the Key performance indicators for them, and the main strategies taken to achieve the objectives.

Program KPIs		
KPI-P- 01	Percentage of achieved indicators of the program operational plan objectives.	Percentage of performance indicators of the operational plan objectives of the program that have achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year.
KPI-P- 02	Students' Evaluation of quality of learning experience in the program	Average of overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey.
KPI- P - 03	Students' evaluation of the quality of the courses.	Average students' overall rating of the quality of courses on a five- point scale in an annual survey.
KPI- P - 04	Completion rate.	Number of students entering the undergraduate program who completed in the minimum period / total number of students at the undergraduate level x 100
KPI- P - 05	First-year students retention rate	The number of students entering the program who successfully completed the first year / the total number of students in the first-year x 100
KPI- P - 06	Students' performance in the professional and/or national examinations.	The number of students who passed the health authorities' specialty test in relation to the total number of students taking the test
KPI- P - 07	Graduates' employability and enrolment in postgraduate programs.	Number of graduates employed in the previous year / total number of graduates x 100
KPI- P - 08	Average number of students in the class.	The average number of students in each section to the number of classrooms
KPI- P - 09	Employers' evaluation of the program graduate's proficiency.	A questionnaire is distributed to employers, and a census is made for this questionnaire
KPI- P - 10	Students' satisfaction with the offered services.	A questionnaire is distributed to students, and a census is made for this questionnaire
KPI- P - 11	Ratio of students to teaching staff.	The total number of students to the total number of faculty members
KPI- P - 12	Percentage of teaching staff distribution.	Percentage distribution of the number of faculty members in relation to the male and female sections, branches and academic ranks
KPI- P - 13	Proportion of teaching staff leaving the program.	Number of faculty who left the college in the previous year for reasons other than retirement due to age / total number of faculty members x 100
KPI- P - 14	Percentage of publications of faculty members.	Number of research published per faculty member in ISI-ranked journals / Number of total research published per faculty member x 100
KPI- P - 15	Rate of published research per faculty member.	Number of faculty members (full-time) who have at least one refereed research in the previous year / total number of faculty members (full-time) in the college x 100

KPI- P - 16	Citations rate in refereed journals per faculty member.	The citation rate of faculty research to the total number of members in the same year
KPI- P - 17	Satisfaction of beneficiaries with the learning resources.	A questionnaire is distributed to beneficiaries, and a census is made for this questionnaire
Additional KPIs		
A-KPI- P - 1	Percentage of Students Who Participate in Community Service Campaigns	Number of Students Who Participate in Community Service Campaigns ----- X 100 Total number of students enrolled in the program
A-KPI- P – 2	No of annual research grants received by the program’s faculty members	No of the funded research projects (internal or external), which at least one faculty member of the program has participated in / year
A-KPI- P - 3	The percentage of students’ withdrawals from the program courses	Number of students who withdrawn from the courses ----- X 100 Number of students who started the courses

5.6.Program’s Self-study

The program is to a compliance the requirements for accreditation the polices, infrastructural data, program activities and supporting documentation were collected and formulated in Self-Study report. This is regarded as the milestone for the assessment team's decision on whether the program fulfils the necessary requirements for accreditation. The self-study process was carried out by several committees, sub-committees and teams to collect the evidences, made self- evaluation scaling and writing the report of self-study ([T10 SES](#), [T12 SSRP V2020-eng](#)).

Self-Study Committee and Teams are gathered to work as one team that accomplished for the

B. Pharm program self-study process through the following responsibilities:

- I. Quality and Accreditation Committee held many workshops and orientation for self-study report preparation process for all staff members.
- II. Also, the Quality and Accreditation Committee prepare and implement plan for B. Pharm program accreditation and distribute the standards to standard committees.
- III. The leader of each standard responsible for direction the team members for collection, organization of evidences.

- IV. Leader of standard is responsible for check and recheck the collected the evidences based on standard touchstone.
- V. Leader of standard responsible for preparing the SES for the standard after regular meetings with the members.
- VI. Coordinator of Quality and Accreditation Committee discussed the results of each standard with the standard committees.
- VII. Head of head of the departments is responsible for monitoring the progress of staff work- integrated manuscript of self-evaluation and events released by quality and accreditation deanship.
- VIII. Leader and member of its responsible for writing the self-study report and response to comments and suggestion of independent evaluators.

A program self-study is a thorough examination of the quality of a program. The mission and objectives of the program and the extent to which they are to be being achieved thoroughly analyzed according to the standards for quality assurance and accreditation defined by the NCAAA. These standards are designed to support continuing quality improvement and to publicly recognize programs and institutions that meet required quality standards. The objective is to ensure good international standards in all programs offered in Saudi Arabia institutions. There are six standards evaluation scales have been determined for monitoring the quality assurance of the program. This document can also be used for planning, self- review, and support programmatic quality improvement strategies in higher education institutions.

This document provides Self-Evaluation Scales for programmatic quality assurance and academic accreditation standards, which include the following standards:

1. MISSION AND GOALS
2. PROGRAM MANAGEMENT AND QUALITY ASSURANCE
3. TEACHING AND LEARNING
4. STUDENTS
5. TEACHING STAFF
6. LEARNING RESOURCES, FACILITIES, AND EQUIPMENT

The quality assurance and continuous improvement of B. Pharm program is based on the self-evaluation carried out by program various units and committees based on the quality performance criteria. The faculty and staff responsible for the various activities in the program evaluate the level of performance. These are carried out according to each scale criteria and based on suitable evidence and proofs, with the support of performance indicators and

benchmark comparisons with other programs of high-quality performance, especially in areas of high importance. This self-evaluation is supported by independent opinion through an independent evaluator or evaluators from outside the institution; to enhance the credibility, objectivity and accuracy of the evaluation.

6. The Framework of Quality Assurance Operational Plan

List of Operational Goals and Sub-goals

Operational Goal (1): Provide high quality education, training and occupational development to students by using the most recent technologies, which is essential for highly professional pharmacists

- 1.1 Enhancing the quality evaluation of educational processes of the program and strengthening the compliance of these processes with the standards of national and international accreditation bodies
- 1.2 Provides experiential trainings (internships) to graduates in order to enhance their professional strengths in conjunction with occupational development
- 1.3 Provision of the state-of- the art laboratory facilities for practical training of the students in-order to enhance their psychomotor skills
- 1.4 Improvement in the curriculum, teaching and learning resource/ materials in-order to provide students' knowledge of the recent advances in the subject area

Operational Goal (2): Promote self-learning, professionalism, ethics, teamwork, and continuous education concepts

- 2.1. Engaging the students in, teamwork, self-learning and continuous education
- 2.2. Development of Professionalisms and ethics among students

Operational Goal (3): Encourage research activities and prepare research facilities to perform objective research in core areas of the program, which fit institutional and community needs

- 3.1. Develop research skills among students
- 3.2. Encourage research students to present and share their research findings at various forums

Operational Goal (4): Prepare graduates to become leaders who improve the health and wellness of the Public through drug discovery and development, pharmacy practice models, and community health services

- 4.1. Aware students about the importance of pharmacist in public or community health
- 4.2. Ensure the students in community services.

7. Periodic review and feedback

Periodic review of the program's internal quality assurance system through follow-up, evaluation and period reports are crucial for corrective measures to improve the program performance. This will be carryout through the applying a simplified and comprehensive model of the quality cycle (Deming Cycle) which is most important model used to determining different stages of quality system. Application of PDCA cycle (Plan – Do – Check – act) which is used to ensure the continuous improvement of quality assurance.

Periodic review

It is important to provide periodic feedback and conducting comprehensive and accurate review to investigate the appropriateness and effectiveness of B. Pharm program operations.

It should be in-depth examination of the environment in which the program operates, and any factor that expected to mediate changes in the program activities. Beside reviews, any changes in university policies could lead to changes in medium-term objectives, or in case of extreme change such as modifications in the mission. A report must be prepared that includes an analysis of changes in the original plans that may have occurred during the period, assessments of the degree of success in achieving the objectives, assessments of strengths and weaknesses that need to be addressed in future planning, and planning responses. The primary purpose of periodic reviews is to support the program's self-improvement efforts and also used as a basis for external reviews by the NCAAA.

Arrangements for planning and reviewing the quality of program

1. Preparation of program and courses specifications and various program reports that provide details bases for planning and reviewing the quality of the program.
2. Courses specifications are prepared in transparency way in order to gives clear guide for instructor in course topics, teaching strategies and assessment methods. Besides, field specification which define planning and arrangements organizational and operations calendar.
3. At the end of each semester, reports are prepared by the faculty to determine what happened while it conducted the course taught, and provides a summary of the students' results. The course will be submitted to the program coordinator.
4. Program coordinator prepare program report by using the data and information provided in courses reports and prepare the improve plans for noticed weakness.

5. Must record any changes in program or courses that have done in the program and courses specification with a record of the reasons for these changes.
6. Preparation of all other eligibility requirement for accreditation such as program manuals, survey reports, KPIs reports, PLOs measurement report, report about program graduates' batches, and SSRP etc.

Types of comprehensive review

Internal review

- This is done in two stages, the 1st stage is an electronic stage through google drive that created By the Deanship of quality and accreditation (DQA), in which the program uploaded its documents for checking by internal experts.
- In the 2nd stage, following reviewing the program documents, the University quality professional teams under supervision of DQA will done visit of program ensure implementation NCAAA standards for program accreditation.
- A comprehensive report of visit will be submitted to the colleges, which includes strengths and weakness points and improvement recommendations.

External review and independent opinion

These reviews are done periodically by experts' independent evaluators that are evaluated all processes, activities and program outcomes and provides a report evaluation to the dean of college.

8. Verification of quality of student evaluation process and standards of student achievement

Tasks related to verification of student evaluation process and standards of student achievement is the responsibility of three parties; internal departmental auditing committees, course auditors, and program independent verification committee.

The *internal auditing committee* in each department is responsible for revising the exam papers of the courses belonging to this department to verify its quality and validity. The committee has to analyse and evaluate the exam paper and fill a [“Test paper and Answer Sheet Evaluation Form”](#) containing the following items;

- If exam questions are valid, clear, independent, and free from answer bearing statements
- If exam language is clear
- If exam questions assess memorization, comprehension and application
- If exam questions differentiate between student levels
- If exam questions cover the entire learning outcomes of the course

Likewise, the *internal auditing committee* in each department is responsible for revising the correction of the exam answer sheets of the courses belonging to this department to verify the accuracy of students' grade assessment. The committee has to inspect a sample of student answer sheets in each course and fill the [“Test paper and Answer Sheet Evaluation Form”](#) containing the following items;

- If answers were corrected according to the model answer key prepared by course coordinator
- If correction of answers was conducted with full fairness, transparency and integrity
- If correction of answers was comprehensive and covered all student input
- If correction of answers considered differences in student answers relative to each learning outcome
- If correction of some answers doesn't need recalibration
- If there are no questions that need to be modified in the exam paper or model answer key

The *internal auditing committee* prepares a collective report on verification of adequacy of final exam questions and the answer sheet correction process of the courses belonging to this department. The report lists the courses examined by the committee. Each report sums up the responses on the following evaluation criteria;

- Diversity of assessment methods, comprehensiveness of questions (the exam covers all aspects of the course and course learning outcomes)
- Correction of answers is accurate and according to model answers prepared by course coordinator
- Clarity of marks distribution inside the exam paper
- Difficulty levels of exam questions are diverse to measure individual differences
- Marks designated by the course instructor are identical to those estimated by the review committee
- Balance between number of questions and exam total marks.

The *course auditor* checks the correction and marking of the final exam answer sheets of all students enrolled in the course.

Moreover, the *course auditor* examines the course file submitted by the course coordinator and fills the following forms;

- [Form for Analysis and Evaluation of Test Paper](#): The form is a checklist containing items on readability, objectivity, diversity and quality of test questions such as if miscellaneous questions were used, and if the questions measure understanding, and ability to think and apply knowledge.
- [Internal Review Report for Evaluation of Course Quality](#): The form is checklist containing items on clarity of course objectives, consistency of targeted CLOs with course objectives, alignment of CLOs with PLOs, measurability of targeted CLOs, adequacy of teaching strategies to achieve and assessment methods to measure targeted CLOs.
- [Course Report Auditing Form](#): The form contains items to verify course learning outcome assessment and student grade achievement verification.

The program independent verification committee works centrally to follow up on the process of verification of student achievement across all departments.

9. References

Deanship of Quality and Academic Accreditation, Jouf University

<https://www.ju.edu.sa/en/administrations/deanships/deanship-of-quality-academic-accreditation/from/>

Jouf University's [Quality Assurance Manual](#) for Academic Program

Education and training Evaluation Commission, KSA

<https://www.etec.gov.sa/en/productsandservices/NCAAA/Pages/Accreditation-MP.aspx>

10. Approval Data

Council / Committee	College Council No. 2
Reference No.	Transaction No. 3/43/8683 dated 28/1/1443 H
Date	24/1/1443 H (1/9/2021)

11. Appendices

NCAAA Program Accreditation Forms

- Program Specification ([T3 Program Specifications V2020- Eng](#))
- Course Specification ([T4 Course Specifications V2020-Eng](#))
- Field Experience Specification ([T5 FE Course Specifications V2020-Eng](#))
- Annual Program Report ([T6 Annual Program Report V2020-Eng](#))
- Course Report ([T7 Course Report V2020-eng](#))
- Field Experience Report ([T8 FE Course Report V2020-Eng](#))
- Self-Evaluation Scales for Higher Education Program ([T10 SES-Pro V2020-Eng](#))
- Self-Study Report for the Program ([T12 SSRP V2020-eng](#))

Quality and Accreditation Deanship forms for internal Auditing

- [Internal auditing of course report V2020](#)
- [Internal auditing of course spec V2020](#)
- [Internal auditing of Field Experience course spec V2019](#)
- [Internal auditing of Field Experience course report V2019](#)
- [Internal auditing of program Report V2020](#)
- [Internal auditing of program spec V2020](#)

Quality and Accreditation Deanship forms for external Auditing

- [External auditing of course report.,2020](#)
- [External auditing of course spec.,2020](#)
- [External auditing of Field Experience course spec.,2019](#)
- [External auditing of Field Experience course report.,2019](#)
- [External auditing of program Report .,2020](#)
- [External auditing of program spec.,2020](#)