



Quality Manual

COLLEGE of DENTISTRY
QASSIM UNIVERSITY

Prepared by
Quality Assurance Unit

College Council Approval (1st Session 25-26, 27/09/2025, Decision #11/1/36/47_48)

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Introduction

College of Dentistry Quality Assurance Unit (QAU) is a key for fulfilling the college mission and objectives, which is derived from the Qassim University mission and objectives. QAU was established in the college under the guidance of His Excellency the President of the University and a decision by the Dean of the College to follow the internal quality standards of the college and help educational programs to fulfill the college strategic plan. QAU is committed to all the regulation of Qassim University Deanship of Development and Quality which follows all regulations specified by the National Center for Academic Accreditation and Assessment (NCAAA).

The QAU has prepared this guide to describe its administrative structure and as a guide to quality standards and all models that we use in the college to evaluate programs and units within the college and as an aid to all faculty employees to clarify the tasks of the quality unit.

Scope of Quality Assurance Manual

1. This manual sets out in detail the college quality assurance philosophy and how this translates into daily practice. The college:
 - Values excellence in the daily work of the college in all areas of activity;
 - Emphasizes on monitoring the quality of service provided to students and prospective students;
 - Recognizes the importance of self-evaluation, action planning and constant improvement;
 - Recognizes that benchmarking with other institutions is an important tool in the monitoring and improvement of educational quality.
2. The QAU manual will be updated every two years through changes or additions approved in the minutes of the college QAU. Over time the procedures contained in this manual will be improved, expanded and fine-tuned so that they fully meet the needs of the college and all its stakeholders.

Brief information about College of Dentistry, Qassim University

The Royal Decree to establish the college was issued on 27th January 2005. The college had received its first batch of students starting from the academic year 2007- 2008. The graduation of the first batch of college students was at the end of the academic year 2012 - 2013.

VISION

National leadership in education, research and community services in the field of dentistry.

MISSION

Graduate dentists of high scientific, professional and research competency, committed to continuous education, developing the profession and fulfill the needs of the labor market.

VALUES

- **Justice:** We seek to achieve the principles of fairness and equal opportunities for all.
- **Honesty:** We perform with loyalty and commit to morality and professional ethics.
- **Creativity:** We encourage innovative thinking and valuable creative initiatives.
- **Perfection:** We apply the highest quality standards to distinguish our outputs.
- **Transparency:** We are committed to disclosure and support requirements of accountability and integrity.
- **Belongingness:** We foster a sense of national belongingness and the spirit of initiative, giving and volunteering.
- **Institutionalism:** We establish a culture of intellectual and behavioral team work.

STRATEGIC GOALS

1. Assurance of the quality of education and achieving excellence in the educational programs.
2. Raising the competence, competitiveness and professionalism of students.
3. Enhancement of the research identity and improvement of applied research and innovation.
4. Development of institutional governance administrative performance and enhancement of institutional satisfaction and loyalty.
5. Completion, development and sustainability of infrastructure.
6. Enhancement of partnership and knowledge exchange nationally and internationally.
7. Enhancement of the role of the college in providing community services.

Program title and code:	Bachelor of Dental Surgery / BDS
Credit hours required for completion of the program:	215 (179 + 36) Hours
Award (s) granted on completion of the program:	Bachelor of Dental Surgery (BDS)
Major tracks or pathways within the program:	General Dentistry
Professional occupations for which graduates are prepared:	General Dental Practitioner

Program teaching system	Hybrid system (lecture- PBL)
Study Language	English
Study duration and Phases	Six years followed by a clinical training internship year: <ul style="list-style-type: none"> • Basic Phase: first and second years, • Clinical Phase: third, fourth, and fifth years • Internship Phase: sixth clinical training year after graduation

PART I

POLICY AND SYSTEM OF QUALITY IN THE COLLEGE OF DENTISTRY

Policy and System of Quality in the College of Dentistry

1. Quality Policy:

The College of Dentistry quality policies are consistent with Qassim University quality policies and the quality standards specified by the National Center for Academic Accreditation and Assessment (NCAAA).

The College of Dentistry policy is to fulfill the college mission which its first pillar is providing advanced educational programs to prepare highly qualified and skilled health contributors in dentistry along with the college objectives:

- Prepare and graduate dentists at a high level of knowledge and clinical skills to provide services in all areas of Dentistry.
- Fill labor market needs of dentists.
- To provide distinct therapeutic services for patients in all disciplines of dentistry by students under the supervision of a team of teachers who has the scientific and practical experience, and who are able to use the modern technologies in the areas of treatment and diagnosis.
- Raise awareness of community health and prevention methods needed to maintain oral health.
- Contribute to the continuing dental education for all dentists.
- Conduct scientific research to find appropriate solutions to the problems of oral and dental health in the community.
- Provide dental and technical advice to various sectors in the field.
- Prepare specialized staff in different fields of dentistry through the Graduate Program.

Quality Policy in Dental Clinic:

In accordance with the global changes in the field of dentistry and in order to reach and maintain the highest levels of quality of education and treatment services. Dental Clinics at College of Dentistry, Qassim University is committed to apply and improve its

quality management system for continuous improvement in consistent with the standards and requirements of the Quality Management System ISO (9001:2008) and all organizational and internal regulation of College and University.

Also, the Dental Clinics commits to establish the goals of the quality management system and reviews it annually to be aligned with the strategic objectives of the college, and to ensure the effectiveness of the quality management system of Dental Clinic in order to provide excellent treatment and preventive services in the field of dentistry for Qassim Community and around. And qualifying graduates at the highest level of training and competence.

2. Quality System:

Quality Assurance processes involve participation of all college Departments, Units and Committees. It is subjected to proper planning and continuous evaluation. Where the performance metrics focus particularly on outcomes. Stakeholders (Faculty, administration, students and employment institution) participation in planning and evaluation is a corner stone in the college development. Quality is assessed based on KEY Performance Indicators (KPIs) and internal and external benchmarks to ensure the continuous improvement and quality of education and administration system in the college. The College's quality process is based on the following:

- Presence of the Quality Assurance Unit (QAU) which has an annual plan to support implementation of quality in the college, this unit linked to Quality Center to ensure its efficacy. It is also linked with the Deanship of Development and Quality in the university, which assess the quality of the college and program through annual evaluation.
- Participation of all beneficiaries (faculty, staff and students) in quality assurance processes, the College of Dentistry ensures that all faculty, administration and students are committed to all quality activities, in both planning and evaluation.
 - Staff members' participation in quality improvement and self- assessment process and decision making is through:
 - Preparing course file which include: course book, course specification, course report, student course evaluation survey, response to survey, grade report, sample of exams and sample of student activity.
 - Participation in College Units and committees
 - Participation in program self-evaluation activities

Quality Assurance Unit

- Participation in all annual surveys distributed by QAU which include program evaluation, evaluation of program administration, teaching and learning resources, IT, Maintenance and job satisfaction survey.
- Student participation in quality assurance and program decision making is encouraged by program administration through:
 - Student committee (Council) (elected group of students of all years and levels) meets the dean and vice-dean of educational affairs to discuss problems encountered during their academic education. Each meeting has an action plan and report to resolve the encountered problems.
 - Student leaders are invited to participate in units and committees' meetings when issues regarding students' needs are discussed.
 - Students participate in QAU annual surveys (Program evaluation, student experience, course evaluation, academic advising, student club, transportation, teaching and learning resources, it and maintenance surveys).
- Employee participation in quality assurance and decision making is through different units and committees, in addition to participation in the annual surveys by QAU which include: IT, maintenance and job satisfaction surveys.
- The college and its program have both academic and administrative Key Performance Indicators (KPIs) and internal and external benchmark to ensure the quality of the program.
- The college quality system is subject to continuous evaluation and improvement. Through internal evaluation presented in QAU annual reports, program reports and development plans, assessment of beneficiaries through different surveys, independent opinion and self-study report every five years.

The Organizational Structure of the Quality in the College of Dentistry

The Program Management is committed toward quality assurance through the establishment of the QAU within the Quality Center (QC) in the College of Dentistry. QAU is committed to the rules and regulation of Qassim University Deanship of Quality Assurance and Accreditation as well as the National Center for Academic Accreditation and Assessment (NCAAA).



Figure (1): Organizational Structure of Quality Center

I. Quality Assurance Unit

1. Organizational Relationship

QAU is directly associated with Steering Committee of Quality Center of the college.

2. Vision of the Unit

Implementing efficiently the best practices and standards of quality assurance in all sections and procedures of the College.

3. Mission of the Unit

The enhancement of the quality culture and best practices in the College; commitments toward supporting continuous improvement of the quality, and playing an effective role in the assessment of the College performance.

4. Goals of the Unit

The Unit of Quality Assurance at Qassim College is committed to:

- A. Promotion of a culture of comprehensive quality in all educational and administrative practices, and research of the College units to achieve the necessary progress in the field of quality assurance by providing workshops and training courses.
- B. Verification of the implementation of quality standards in the various educational and administrative practices and research in the college units through the development of effective systems for performance evaluation.
- C. Provision of effective support to the College units in the administrative and technical aspects, program and curricula development, improvement of teaching and administrative practices and research with the highest quality standards in order to meet the needs of the labor market and to contribute to national educational excellence.
- D. Support and provision of the requirements of academic program accreditation for the college through technical support that facilitates academic accreditation by the best national and international commissions.

5. Values of the Unit

QUALITY	<ul style="list-style-type: none"> Implementation of Quality the highest standards that maintain the best outcomes
CREATIVITY	<ul style="list-style-type: none"> Maintenance of an organizational environment that ensures creative thinking and innovative behavior
TRANSPARENCY	<ul style="list-style-type: none"> Commitment to disclosure in the transactions, procedures, and requirements to reinforce accountability and integrity
TEAMWORK	<ul style="list-style-type: none"> Establishment of a culture of teamwork both in thinking and in behavior
INTEGRITY	<ul style="list-style-type: none"> Performance of the work faithfully and commitment to morality and professional ethics

Figure (2): Values of QAU

6. Strategic Objectives of the Unit

- Promoting a culture of quality in the College
- Contributing to quality requirements and accreditation.
- Providing effective support to the units and committees of the College.
- Developing and evaluating academic and institutional performance.

7. The Main Goals of the Unit



Figure (3): Main goals of QAU

8. Detailed Tasks of the Unit

- Participating in providing data and information necessary to prepare, develop and evaluate academic, research, and community program plans.
- Ensuring the quality of the outcomes of the educational process in the program through continuous development of the program and identification of opportunities and priorities for improvement mentioned in the program reports.
- Participating in the preparation and implementation of the college strategic plan.
- Applying and constantly following up on all of the systems, regulations, procedures, and criteria for obtaining academic accreditation.
- Ensuring that all the systems and regulations of the quality assurance standards are applied in the educational, administrative, organizational, and technical fields with a great emphasis on constant follow-up.
- Directing for the identification of the annual training needs of the program's affiliates and the development of training plans to develop and improve the skills of faculty members, as well as working on developing the administrative and technical performance of administrators and technicians, upon which training plans are built for them.
- Guidance in defining the research interests of the program at the level of students and faculty.
- Preparing a comprehensive quality manual guide based on national and international pioneering experiences to ensure that the college can obtain and maintain academic accreditation as well as apply all of the standards and requirements of the quality in the educational, administrative, organizational, and technical fields.
- Ensuring ongoing monitoring and tracking of distinguished experiences in the field of quality assurance (including policies, systems, regulations, standards, tools, and utilized technologies) as well as preparing reports that include the development proposals in the college.
- Suggesting names of institutions, universities, and colleges with that the college can make cooperation, alliance, and partnership with them in the field of quality assurance and academic accreditation.
- Suggesting names of centers that are specialized in the field of quality assurance and academic accreditation that the college can benefit from their expertise and services which will ultimately lead to academic accreditation.

- Suggesting the academic accreditation commissions that are appropriate for the college based on the extensive study and the planned comparisons between all the available alternatives in light of the overall Vision, Mission, and strategic goals.
- Suggesting standards, tools, and mechanisms for evaluating and measuring the performance of the educational and administrative units in the college in the field of quality assurance and academic accreditation and following up on their accreditation.
- Ensuring ongoing monitoring of the performance of educational and administrative units in the area of quality assurance and academic accreditation and preparing reports that include the development proposals.
- Establishing a comprehensive database for quality assurance and preparing reports that include the development proposals.
- Establishing a comprehensive database for the quality and academic accreditation in which necessary data should be entered, processed, and updated continuously.
- Preparing and implementing programs in the college that help raise the awareness of the importance of quality.
- Providing the Deanship of quality assurance and academic accreditation with annual reports about all the activities and achievements of the college in the field of quality assurance and accreditation.
- Spreading the culture of quality among students, faculty members, technicians, and employees.
- Carrying out any other tasks within the scope of work.

9. Standards of Performance Measurement and Assessment of the Unit

- The effectiveness of the implementation of the college strategic plan.
- Ensuring the quality and the degree of benefit from the distinguished experiences in the field of quality assurance and academic accreditation.
- Obtaining and maintaining the national and international academic accreditation.
- Ensuring the quality and completeness of the manual guide of the quality assurance, information and documentation.
- The high quality of the proposed institutions that issue the accreditation.
- The high quality of the consultations and services obtained for the purpose of quality assurance and accreditation.
- The high quality of all the standards, assessment tools and measurement criteria of the performance of the educational and administrative units in the field of quality assurance and accreditation.

- The high quality and regularity of assessing the performance of the educational and administrative units in quality assurance and accreditation.
- The high quality of the proposals submitted for computerization the process of the quality assurance, information, and documentation.
- The high quality and completeness of the database of the quality assurance and accreditation.
- The effectiveness of developing reliable standards, tools and mechanisms of the performance assessment process as well as ensuring accurate measurements of the achievements of the educational and administrative units in the college.
- The effectiveness of raising the awareness of the importance of the quality in the college.
- The high quality of the process of coordination and interaction with the Deanship of quality assurance and accreditation at the university.
- The high quality of the prepared reports and periodicals.
- The accuracy and completeness of the information of the unit on the college main website.

10. Cycle of Quality Assurance

The Quality Assurance and continuous improvement of educational programs is based on the self-evaluation carried out by the program and its various units based on the quality performance criteria.

The cycle of quality assurance has two levels according to Qassim University policies and procedures:

- Cycle of quality assurance at the academic program level
- Cycle of quality assurance at the college level

Cycle of Quality Assurance at the Academic Program Level

(Summarized in the mechanism no "39" click [here](#))

The quality assurance process is an ongoing process of planning and evaluation. For the BDS program, a continuous evaluation process is carried out for the courses, annual assessment of the learning outcomes, and the key performance indicators, in addition to stakeholders' surveys. Then the program annual report is prepared including points of strength and opportunities for improvement, from which improvement plans are established. Thereafter, at the end of the cycle, the program prepares the self-study report.

I. Annual evaluation



Figure (4): Annual Quality Assurance at the Academic Program Level

1. Plan

(Program Annual Plan)



Figure (5): Program Annual Plan

1. The Program Annual Plan (Plan) includes the following:

1.1. Program Specification

It is prepared by the QAU according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University.

1.2. Course Specification

The course specification is prepared after the approval of the program specification and before the delivery of the course for the first time. However, it can be subjected to modification according to the major or minor comments provided by the internal and external auditors. The course/block organizer held the responsibility for the preparation of the course specification according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University. The QAU takes it upon itself to review the course/block specification at the start of each course/block and present it to the College Council for approval. The course/block specification is used as reference to prepare the course/block book.

1.3. Course Book

The QAU requires the preparation of a course/block book which includes all the information about the course, along with the timetable to be uploaded to the students on the blackboard at the beginning of each course/block.

1.4. Field Experience Course Specification

It is the responsibility of the Intern's Affairs Unit to prepare the Field Experience Course Specification before starting the training period of the interns according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University. The QAU takes the responsibility to review the Field Experience course specification at the start of the training period and present it to the College Council for approval.

1.5. Annual Operational Plan

It is prepared by the QAU according to C-D-3 form which is designed by the Deanship of Development and Quality in the University and announced on its website.

1.6. Graduate attributes specification and learning outcomes according to the National Qualifications Framework and their measurement plans

It is prepared by the QAU according to C-D-5 form which is designed by the Deanship of Development and Quality in the University and announced on its website.

1.7. Exit Exam Specification

It is prepared by the Assessment and Evaluation Unit according to C-D-7 form which is designed by the Deanship of Development and Quality in the University and announced on its website.

1.8. Training plan and professional development activities for the faculty members

It is prepared by the Faculty Development Unit according to C-D-8 form which is designed by the Deanship of Development and Quality in the University and announced on its website.

1.9. Training plan and professional development activities for the administrative body in the college

It is prepared by the College Administrative Director according to C-D-9 form which is designed by the Deanship of Development and Quality in the University and announced on its website.

1.10. Community service and extracurricular plan

It is prepared by Qwafel Voluntary Program, Community Dentistry and Oral Epidemiology Department, as well as the units included the Community Services Center.

1.11. Targeted Key Performance Indicators

Prepared by the QAU in collaboration with other Units and Committees that are responsible for collecting data related to each KPI.

2. Implement (Application along the year)



Figure (6): Application of the program Annual Plan along the year.

2. Application along the year (Implement) includes the following:

2.1. Educational process

It is the responsibility of the all the faculty members.

2.2. Research at the student level

It is the responsibility of the Dental Skills Unit that is responsible for offering the 5 presentation skills courses for the students along all educational levels, in collaboration with the Interns' Affairs Unit that is which is assigned to supervising interns and following up their research.

2.3. Research at the Faculty members level

The Postgraduate Studies and Scientific Research Center is responsible to facilitate the task of faculty members and provide the necessary atmosphere for them to conduct their research.

2.4. Community service and extracurricular activities

The Community Services Center and the Executive Committee of the Voluntary Dental Convoys Program in collaboration with the Community Dentistry and Oral Epidemiology Department are responsible for the community service and extracurricular activities that are conducted along the academic year.

2.5. Workshops to develop Faculty members

The Faculty Development Unit is responsible for the implementation of the training plan and professional development activities for the Faculty members.

2.6. Workshops and training courses to develop administrative and technicians

The training courses to develop administrative and technicians are conducted through the Leadership and Capacity Development Center and the Institute of Public Administration.

2.7. Measuring targeted KPIs

This is the responsibility of the QAU to collect the data concerning the KPIs and calculate the target values.

2.8. Collecting meeting minutes of the scientific departments

The QAU is responsible to collect the meeting minutes from the scientific departments.

2.9. Collection of the meeting minutes for the Units and Committees

The meeting minutes for the Units and Committees are collected through the QAU by the end of each semester.

2.10. Offering opinion polls to students, faculty members, graduates, employers, internship dentists and their supervisors, as well as the program staff to get their opinions about all aspects of the BDS program

- The Deanship of Development and Quality released the central and standardized program questionnaires at Qassim University for the 1st and 2nd semesters.
- These surveys are directed to the students, faculty members, graduates, employers, internship dentists and their supervisors, as well as the program staff.
- With regard to the time frames of these questionnaires, they were divided into two parts:
 - a. Three questionnaires to be completed in the first semester of the academic year:
 1. Students' evaluation of the quality of the program and its services (1) (PO_SU_01)
 2. Faculty member evaluation of the quality of the program and its services (1) (PO_SU_01)
 3. Staff evaluation of program quality and services (PO_STAFF)
 - b. Six questionnaires to be completed in the second semester of the academic year:
 1. Students' evaluation of the quality of the program and its services (2) (PO_SU_02)
 2. Faculty member evaluation of the quality of the program and its services (2) (PO_SU_02)
 3. Field Experience evaluation (Students) (PO_FTR_STU)
 4. Field Experience evaluation (Supervisors) (PO_FTR_SUP)
 5. Graduate evaluation of the quality of the program (PO_GRAD)
 6. Employers' evaluation of program quality and the efficiency of its graduates (PO_EMPO)
- Each stage begins with the Deanship of Development and Quality preparing the questionnaires scheduled for the semester on the electronic system, then

- distributing their links through an official circular directed to the College in the eighth week, so that the QAU distributes the links to the targeted groups.
- It is expected that the response to all the distributed questionnaires will be completed during the eighth and ninth weeks.
 - After that, the Deanship of Development and Quality checks the response rates for each questionnaire and ensures that it is 50% or more.
 - In the event that this percentage is not achieved, the academic program is given an additional period to complete during the tenth and eleventh weeks.
 - During the twelfth week, detailed report is issued for each questionnaire and sent to the program for use in preparing the periodic questionnaire report (Form C-D-11).
 - **For the Course Evaluation Survey (CES)**, QAU send the links to the block/course organizer by the end of each course for students' evaluation, also, another link is sent to the block/course organizer to follow the students' responses and to complete the analysis of students' responses as well as strength points and improvement recommendations mentioned by the students.

2.11. Offering the Self-Scale Evaluation survey to the faculty to evaluate the BDS Program

QAU offers the Self-Scale Evaluation survey and the job satisfaction survey to the faculty to evaluate the BDS Program near the end of each academic year.

The results of the beneficiary surveys are employed in planning and improvement of the program by addressing the improvement recommendations contained in the report of the results of periodic surveys to assess the quality of the program (Form C-D-11). This is accomplished by including these improvement recommendations as operational goals in the annual operational plan of the program (Form C-D-3).

3. Evaluation

(Data Collection)



Figure (7): Evaluation (Data collection)

3. Data collection for evaluation as they are employed in measuring the extent to which the program's mission and goals are verified.

This includes the following:

3.1. Course Reports

By the end of each semester, the course block/course organizer prepare the course report according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University. The QAU takes the responsibility to revising the course/block report upon its submission. The course/block report is used as a reference for the course learning outcomes (CLOs) achievement.

3.2. Field Experience Course Report

The Intern's Affairs Unit prepare the Field Experience Course report after the interns completing their training period and at the end of the internship year. The report is prepared according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University. The QAU takes the responsibility to revise the Field Experience course report upon its submission. The course report is used as a reference for the course learning outcomes (CLOs) achievement.

3.3. Self-Evaluation Scale Report

The QAU is responsible for data collection and analysis and report completion.

3.4. Report of the results of periodic surveys

All data collected from the periodic surveys are collected and analyzed by the QAU, and the report is prepared.

3.5. Annual Program Report

The annual program report is prepared by the QAU after the completion of the first and the second semesters of the academic year, according to the template which is designed by NCAAA _ Education & Training Evaluation Commission, and announced on the website of the Deanship of Development and Quality in the University.

3.6. Annual KPIs Results Report

The QAU is responsible for the preparation of the report of the results of the annual performance indicators of the program (C-D-12 form) which is designed by the Deanship of Development and Quality in the University and announced on its website.

3.7. Exit Exam Results

The Assessment and Evaluation Unit is responsible for the release of the exit exam results.

3.8. Graduate Attributes Results Measuring Report

The QAU is responsible for the preparation of the annual report on the results of measuring graduate characteristics and learning outcomes (C-D-6 form) which is designed by the Deanship of Development and Quality in the University and announced on its website.

3.9. Faculty Development Plan Achievement Report

The Faculty Development Unit is responsible for the preparation of the achievement report (C-D-10 form for Faculty members) of the Faculty development plan which is designed by the Deanship of Development and Quality in the University and announced on its website.

3.10. Administrative & Technicians Plan Achievement Report

For the achievement report of the training plan of the administrative and technicians (C-D-10 form for Administrative and technicians), which is designed by the Deanship of Development and Quality in the University and announced on its website, the administrative manager is responsible to prepare and complete the report.

3.11. Scientific Departments Achievement Reports

The Heads of the Scientific Departments are responsible to supply the QAU with the achievement reports of their departments.

3.12. Units and Committees Achievement Reports

The Heads of the Units and Committees are responsible to supply the QAU with the achievement reports of their departments.

4. Improvement Recommendations (New Program Annual Operational Plan)



Figure (8): Improvement Recommendations (New Program Annual Operational Plan)

4. Taking into consideration the strengths and the recommendations for improvement. The following plans are developed:

4.1 New Faculty Development Plan

4.2 New Administrative Plan

4.3 New Key Performance Indicators Target Values

4.4 New Program Annual Operational Plan

II. Periodic evaluation which occur every five years



Figure (9): 5-Year Quality Assurance at the Academic Program Level

Cycle of Quality Assurance at the College Level

The Quality Assurance Unit has an annual action plan and annual report to ensure high quality performance and to measure the fulfillment of its intended plan. Both the annual plan and its report are approved from the Quality Center and the College council. The QAU action plan ensures high quality of the whole educational and administrative process through ensuring preparation of program specification and report along with course portfolio at the academic program level, as well as, ensuring that all administrative units and committees prepare their action plan at start of the academic year and submit their accomplishment report at the end of academic year, along with applying satisfaction surveys regularly for stakeholders.



Figure (10): Cycle of Quality Assurance at the College Level

II. Policies & procedures Unit

1. The Main Goal of the Unit

Contribute to enabling the college to achieve its vision, mission and strategic objectives through documentation and coding Its policies and procedures and the dissemination of the concept of work through it.

2. Detailed Task of the Unit

Non-negotiable, clear, formal and authoritative statement(s). They can be brief, broad statements or longer and detailed as required by the subject matter. While Procedures describe how each policy will be put into action in our college. Detailed series of steps, or outline a sequence of activities.

Each procedure should outline:

- Who will do what?
- What steps they need to take?
- Which forms or documents to use?

3. Flow chart of Developing and Approval of Policies and Procedures

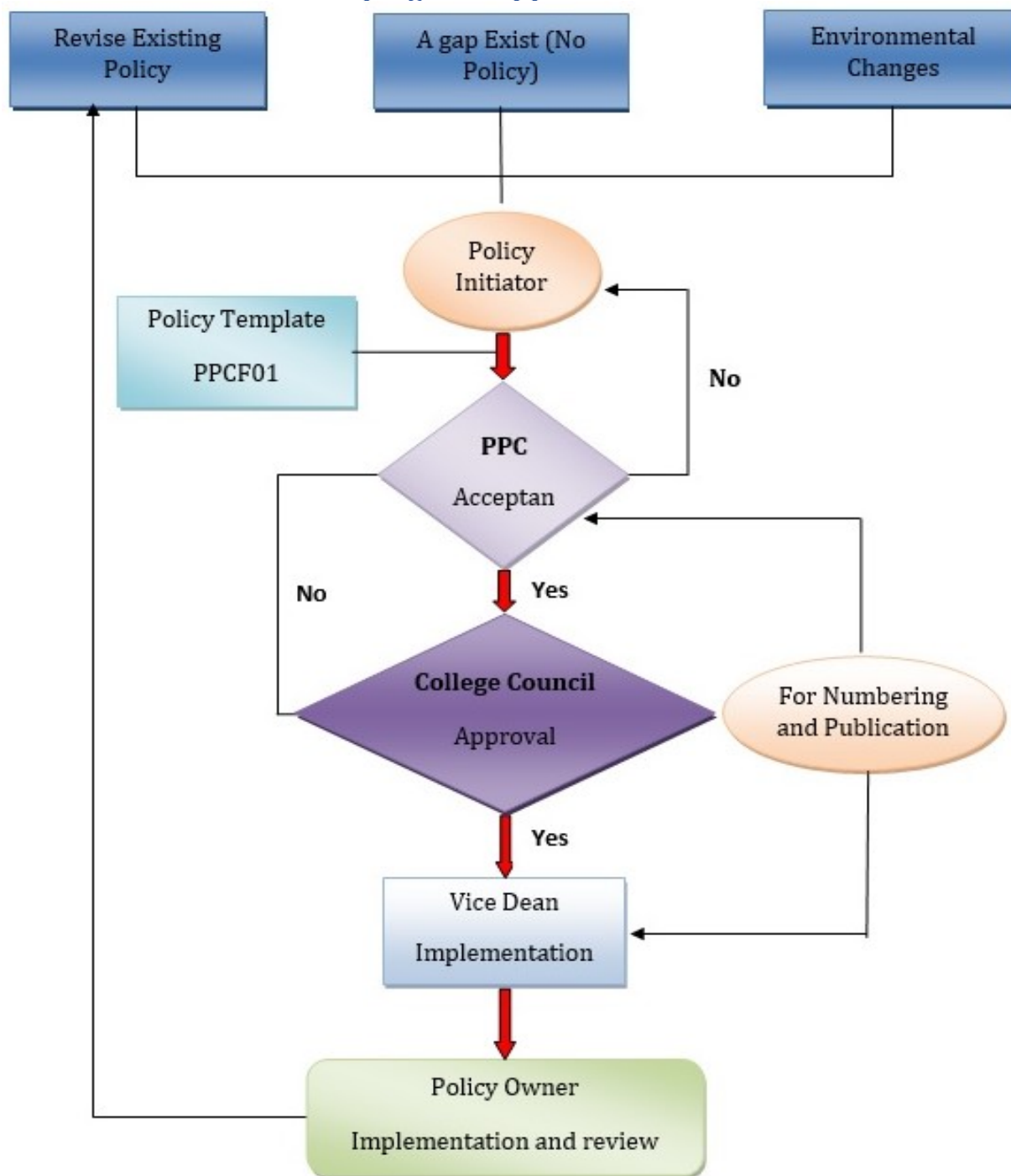


Figure (11): Flow chart of Developing and Approval of Policies and Procedures

4. List of Policies and Procedures (2025)

N o.	Policy Title	Policy Code	Issue No.	Policy Owner	Policy Status	Issuing Date	Last review/re-vision date
1.	Plagiarism Policy	AEUP05	1.	Assessment and Evaluation Unit	Approved	18-11-2018	01-05-2025
2.	Exit Exam Policy	AEUP01	1.1	Assessment and Evaluation Unit	Approved	22-10-2016	01-05-2025
3.	Assessment tool revision policy	AEUP06	1.0	Assessment and Evaluation Unit	Approved	18-10-2023	01-05-2025
4.	Exam Blueprint Distribution and Compliance Verification Policy	AEUP07	1.0	Assessment and Evaluation Unit	Approved	29-04-2025	None
5.	Community Service Policy	CSUP01	1.0	Community Service Unit	Approved	10-02-2019	01-05-2025
6.	Occupational safety and health (OHS) policy during community outreach activities	CSUP02	1.0	Community Service Unit	Approved	25-12-2020	01-05-2025
7.	Students' Excuses Policy	CGSECP01	1.0	Complaints, Grievances and Students' Excuses Committee	Approved	08-02-2015	01-05-2025
8.	Student Academic and Non-Academic Grievances Policy	CGSECP02	1.0	Complaints, Grievances and Students'	Approved	29-04-2025	None

				Excuses Committee			
9.	Undergraduate Academic Programs: Development, Approval and Review Policy	CCP01	1.0	Curriculum Committee	Approved	18-09-2019	16-04-2025
10.	Block/ Course Supervision Policy	DEUP01	1.1	Dental Education Unit	Approved	12-03-2016	01-05-2025
11.	Block/Course Organizing Committee Responsibilities Policy	DEUP02	1.2	Dental Education Unit	Approved	08-03-2016	16-04-2025
12.	Scientific Research Ethics Policy	DRSRECP01	1.1	Dental Research and Scientific Research Ethics Center	Approved	18-10-2023	01-05-2025
13.	Exams Schedule Preparation Policy	ETUP01	1.1	Educational Timetables, Class Rooms and Laboratories Care Unit	Approved	16-03-2016	01-05-2025
14.	Dental Laboratories Policy	ETUP02	1.0	Educational Timetables, Class Rooms and Laboratories Care Unit	Approved	18-10-2023	01-05-2025
15.	E-learning Policy	ELLRUP01	1.2	e-Learning and Learning Resources Unit	Approved	27-03-2016	01-05-2025
16.	Exam Appeal Policy	ECEUP02	1.1	Exams and Grades Monitoring Unit	Approved	20-08-2016	01-05-2025

17.	Exam Control Policy	ECEUP01	1.2	Exams and Grades Monitoring Unit	Approved	20-08-2015	01-05-2025
18.	Continuing Dental Education Policy	FDCEUP01	1.1	Faculty Development and Continuous Education Unit	Approved	12-03-2015	01-05-2025
19.	Faculty Member Evaluation Policy	FEUP01	1.2	Faculty Evaluation Unit	Approved	12-04-2023	16-04-2025
20.	Internship Policy	IAUP01	1.1	Interns' Affair unit	Approved	23-08-2015	01-05-2025
21.	Internship For Students Graduated From Outside The College Policy	IAUP02	1.0	Interns' Affair unit	Approved	23-10-2020	01-05-2025
22.	Policy on Policies	PPUP01	1.1	Policy and Procedure Unit	Approved	23-08-2015	01-05-2025
23.	Remuneration Policy	RCP02	1.0	Recruitment Committee	Approved	16-11-2018	01-05-2025
24.	Recruitment Policy	RCP01	1.1	Recruitment Committee	Approved	19-08-2015	01-05-2025
25.	Student Attire and Dress Code Policy	SCSUP01	1.1	Student Clinics Supervision Unit	Approved	01-09-2015	01-05-2025
26.	Students Attendance Policy	SCSUP02	1.1	Student Clinics Supervision Unit	Approved	01-09-2015	01-05-2025
27.	Student Advising Policy	SGCUP01	1.2	Student Guidance and Counseling Unit	Approved	29-10-2016	16-04-2025

28.	Locker Usage Policy	SSCP01	1.1	Students' Support Center	Approved	8-02-2016	01-05-2025
29.	Laboratory Instruments Distribution Policy	SSCP02	1.1	Students' Support Center	Approved	20-10-2014	01-05-2025
30.	Equipment Distribution Policy	SSCP03	1.1	Students' Support Center	Approved	20-10-2014	01-05-2025
31.	Monitoring Student Performance and Progress	SCCP04	1.0	Students Support Center	Approved	29-04-2025	None
32.	Students' registration Policy	SRUP01	1.1	Student's Registration Unit	Approved	08-02-2015	01-05-2025
33.	Academic Partnerships Policy	ADGSICP 01	1.0	Assistant Dean for Graduate Studies and International Cooperation	Approved	27-05-2025	None
34.	Selection and Target Setting of Program KPIs for the BDS Program	QAUP01	1.0	Quality Assurance Unit	Approved	27-05-2025	None
35.	Election Process for Student Representatives on the Student Advisory Committee	QAUP02	1.0	Quality Assurance Unit	Approved	27-05-2025	None
Miscellaneous "Shared Policies Governed by the Medical City"							
36.	Evacuation Plan Policy	MCP01	1.0	Medical City	Approved	18-11-2018	01-05-2025
37.	Medical Emergency Policy	MCP02	1.0	Medical City	Approved	18-11-2018	01-05-2025

38.	Inventory Policy	MCP03	1.1	Medical City	Approved	18-08-2015	01-05-2025
39.	Waste Management Policy	MCP04	1.1	Medical City	Approved	15-03-2016	01-05-2025
40.	Sterilization Policy	MCP05	1.1	Medical City	Approved	15-03-2016	01-05-2025
41.	Vaccination against hepatitis B Policy	MCP06	1.0	Medical City	Approved	18-03-2015	01-05-2025

PART II

KEY PERFORMANCE INDICATORS OF THE COLLEGE OF DENTISTRY

Key Performance Indicators of the Bachelor of Dental Surgery (BDS) Program

Key Performance Indicators (KPIs) are a specific form of evidence used by the college to provide evidence of quality performance. The basic performance indicators are one of the most important tools for assessing the quality of academic program according to the criteria and tools of the National Center for Academic Assessment and Accreditation and are among the most important practices that contribute to decision-making and follow-up processes and continuous development and improvement.

Based on program goals and accreditation requirements, the BDS Program relies on all performance indicators that are approved by the NCAAA (11 KPIs), in addition to the institutionally approved 19 performance indicators stipulated in the "Performance Indicators Guide at Qassim University", used to measure the extent to which the program's strategic and operational mission and goals are achieved, as well as the performance levels in all program quality criteria and standards. Final KPI selection will be approved by the College Council.

The target values are established annually by the Quality Assurance Unit in consultation with the Dean and relevant centers, units and committees. Targets will be based on:

- Historical data (e.g., 3-5 year trends).
- University-required standards.
- Peer program comparisons when available.

All performance indicators are calculated annually according to the time frames, mathematical equations and measurement sources stipulated in the "Performance Indicators Guide at Qassim University", through the Quality Unit in the program, which in turn prepares the program performance indicators report according to the institutionally approved model (Form C-D-12). After that, the performance indicators report is sent to the program director to check and ensure the accuracy of the data and the completeness of all its elements. After the performance indicators audit process is completed, the report is presented to the Curriculum Committee for discussion and review of all the recommendations contained therein and then approved, in preparation for its presentation and approval by the College Council, and then sent to the Deanship of Development and Quality for study and presentation to the higher quality committees.

The results of the performance indicators analysis are employed in planning and improvement of the program by addressing the improvement recommendations contained in the report of the results of the annual performance indicators of the program (Form C-D-12). This is accomplished by including these improvement recommendations as operational goals in the annual operational plan of the program (Form C-D-3).

List of Key Performance Indicators for the BDS Program

1. KPIs required by NCAAA

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
1	KPI-P-01	Students' Evaluation of Quality of Learning Experience in the Program	Detailed source of the indicator: Items (25,26,30 and 34) Questionnaire: PO-SU-02 Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Annually (2 nd Semester)
2	KPI-P-02	Students' evaluation of the quality of the courses	Detailed source of the indicator: Item (34) Questionnaire: PO-SU-01 Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Annually (1 st Semester)
3	KPI-P-03	Completion rate	Detailed source of the indicator: Annual Program Report (according to the National Center for Academic Evaluation and Accreditation form), Section B1. Formula: Number of students (in a given batch) who completed the program and obtained the certificate in the shortest possible program duration / Total number of students in the same batch x 100	Annually (end of academic year)
4	KPI-P-04	First-year students retention rate	Detailed source of the indicator: Annual Program Report (according to the National Center for Academic Evaluation and Accreditation form), Section B2. Formula: Number of students (in a new batch) who continued in the program until the following year / Total number of students in the same batch x 100	Annually (end of academic year)
5	KPI-P-05	Students' performance in the professional and/or national examinations	Detailed source of the indicator: Academic program records/reports issued by the Education and Training Evaluation Commission Formula: Students' average scores on professional and/or national exams	Annually (end of academic year)
6	KPI-P-06	Graduates' employability and enrolment in postgraduate programs	Detailed source of the indicator: Academic program records/graduate records in the program or college Formula: Number of students employed in a given batch / Total number of students in the batch x 100 Number of students enrolled in postgraduate studies from a given batch / Total number of students in the batch x 100	Annually (beginning of academic year)

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
7	KPI-P-07	Employers' evaluation of the program graduate's proficiency	Detailed source of the indicator: Items (10 and 21) Questionnaire: PO-EMPO Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Annually (2 nd Semester)
8	KPI-P-08	Ratio of students to teaching staff	Detailed source of the indicator: Academic program records Formula: Number of students in the program / Number of faculty members in the program	Annually (beginning of academic year)
9	KPI-P-09	Percentage of publications of faculty members	Detailed source of the indicator: Academic Program Records/Faculty Research Production Database Formula: Number of faculty members who published at least one research paper during the year / Total number of faculty members in the program x 100	Annually (end of academic year)
10	KPI-P-10	Rate of published research per faculty member	Detailed source of the indicator: Academic Program Records/Faculty Research Production Database Formula: Total number of all research papers published by faculty in the program / Total number of faculty in the program	Annually (end of academic year)
11	KPI-P-11	Citations rate in referred journals per faculty member	Detailed source of the indicator: Academic program records/program faculty research production databases and similar to Google Scholar research databases Formula: Total number of all citations to research published by faculty in the program during the year / Total number of all research published by faculty in the program during the year	Annually (end of academic year)

KPIs selected from Qassim University KPIs

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
1	QU01	Average extent of the clarity of the mission for all segments of the beneficiaries	Detailed source of the indicator: Item 1 Questionnaire: PO-SU-01, Item 1 Questionnaire: PO-PRO-01, Item 1 Questionnaire: PO-EMPO, Item 1 Questionnaire: PO-GRAD, Item 1 Questionnaire: PO-STAFF. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year
2	QU61	Average clarity of program goals for all segments of beneficiaries	Detailed source of the indicator: Item 4 Questionnaire: PO-SU-01, Item 4 Questionnaire: PO-PRO-01, Item 5 Questionnaire: PO-EMPO, Item 4 Questionnaire: PO-GRAD, Item 5 Questionnaire: PO-STAFF. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year
3	QU09	Percentage of achievement of the training plan for technicians and administrators within the program	Detailed source of the indicator: Academic Program Training Plan Completion Report (Form C-D-10), Section (3) Formula: Number of completed training programs directed at administrators and technicians / Total number of training programs directed at administrators and technicians x 100	Annually (end of academic year)
4	QU11	Average satisfaction of beneficiaries with the comprehensiveness and adequacy of the description and information announced by the program	Detailed source of the indicator: Items 5 and 6 Questionnaire: PO-SU-01, Items 6 and 7 Questionnaire: PO-PRO-01, Items 6 and 7 Questionnaire: PO-EMPO, Items 6 and 7 Questionnaire: PO-GRAD, Items 6 and 7 Questionnaire: PO-STAFF. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
5	QU15	Extent of the beneficiaries' awareness of the characteristics of program graduates and learning outcomes	Detailed source of the indicator: Items 1 and 2 Questionnaire: PO-SU-02, Items 8 and 9 Questionnaire: PO-PRO-01, Items 8 and 9 Questionnaire: PO-EMPO, Items 8 and 9 Questionnaire: PO-GRAD. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year
6	QU18	Average student evaluation of the question items at the beginning of the course, which includes the extent to which students are provided with comprehensive information about the course at the beginning of the semester and familiarize them with the requirements for success and assessment methods	Detailed source of the indicator: Items 30 and 31 Questionnaire: PO-SU-01. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First Semester of the academic year
7	QU20	Average student evaluation of the fairness of the program in applying the criteria and conditions for admission and registration in it	Detailed source of the indicator: Item 9 Questionnaire: PO-SU-01. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First Semester of the academic year
8	QU23	Average student evaluation of new student orientation programs	Detailed source of the indicator: Item 11 Questionnaire: PO-SU-01. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First Semester of the academic year
9	QU25	Student satisfaction with academic advising services	Detailed source of the indicator: Items 7 and 8 Questionnaire: PO-SU-01. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First Semester of the academic year

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
10	QU28	Student satisfaction with the identification and support mechanisms for talented, creative and talented students	Detailed source of the indicator: Items 15 and 16 Questionnaire: PO-SU-02. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Second Semester of the academic year
11	QU29	Student satisfaction with identification mechanisms and procedures for supporting the stumbled students	Detailed source of the indicator: Items 17 and 18 Questionnaire: PO-SU-02. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Second Semester of the academic year
12	QU64	Number of volunteer hours for students in the program (during the year)	Detailed source of the indicator: Academic Program Records. Formula: Total number of hours students spent on volunteer work	Annually (end of academic year)
13	QU36	Percentage of PhD holders from the faculty	Detailed source of the indicator: Academic Program Records. Formula: Number of faculty members with PhDs / Total number of faculty members x 100	Annually (end of academic year)
14	QU66	Average student evaluation of course professors	Detailed source of the indicator: Item 35 Questionnaire: PO-SU-02. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	Second Semester of the academic year
15	QU44	Faculty participation rates in community activities	Detailed source of the indicator: Academic Program Records. Formula: Number of faculty members participating in at least one community activity during the year / Total number of faculty members in the program x 100	Annually (end of academic year)
16	QU45	Percentage of achievement of the training plan for the teaching staff	Detailed source of the indicator: Academic Program Training Plan Completion Report (Form C-D-10), Section 3	Annually (end of academic year)

No.	KPIs Code	KPIs	Measurement Methods	Measurement Time
			Formula: Number of training programs directed at faculty that were completed as planned during the year / Total number of training programs directed at faculty during the year	
17	QU51	Extent of the beneficiaries' satisfaction with the availability, adequacy and accessibility of electronic resources and digital information bases	Detailed source of the indicator: Items 28 and 29 Questionnaire: PO-SU-02, Items 38 and 39 Questionnaire: PO-PRO-01. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year
18	QU55	Extent of the beneficiaries' satisfaction with the adequacy, quality, modernization, maintenance and ease of access to laboratories and the availability of their instructions	Detailed source of the indicator: Items 19 and 23 Questionnaire: PO-SU-01, Items 26 and 29 Questionnaire: PO-PRO-02. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year
19	QU60	Beneficiaries' awareness of the evidence of risks, how to deal with them, and evacuation plans	Detailed source of the indicator: Items 28 and 29 Questionnaire: PO-SU-01, Items 37 and 38 Questionnaire: PO-PRO-02, Items 25 and 26 Questionnaire: PO-STAFF. Formula: Average beneficiary ratings for the indicator-related items in the central questionnaires	First and Second Semesters of the academic year

PART III

CRITERIA FOR CHOOSING BENCHMARKS IN THE COLLEGE OF DENTISTRY

Criteria for Choosing Benchmarks in the College of Dentistry

Benchmarking is a systemic and continuous process for measuring the program performance by comparing it to other equivalent program within or outside the University, that helps in identifying the causes of the gaps and addressing them to reach the best performance.

Benchmarking is a vital process for maintaining high quality performance of any program. It ensures comparing the performance of various aspects of the program with respect to good practices recommended by NCAAA. The College of Dentistry program selected both national and international benchmarks those were approved by the college council.

- Main Criteria in choosing National Benchmarks
 1. The corresponding universities/programs fulfill the three main functions: teaching and learning, scientific research, and community service.
 2. Similar in the educational system (offering BDS Degree)
 3. Similar culture, social and economic conditions (offering Dentistry program for both male and females in KSA)
 4. Similarity of mission and goals
 5. Convergence in the number and efficiency of faculty members.It is also highly recommended that the benchmark is nationally (or internationally) accredited and it has a positive reputation of high-quality services.
- Main Criteria for Choosing International Benchmarks
 1. Academic rank
 2. Similarity of mission and goals
 3. Number of credit hours
 4. Degree type

The Importance of benchmarking:

Because the benchmarking is one of the methods that helps the organizations to know its performance level compared to the performance of its competitors, and because it is a method of continuous improvement, its importance is highlighted through what it achieves from benefits that can be identified through the following points:

1. Rationalization of expenditures.
2. Providing continuous learning opportunities.

3. Provide an opportunity for the organization to move - internally and externally - towards better models.
4. Improving the creative and innovative capabilities of the team.
5. Providing cooperation opportunities between local organizations or units.
6. Enabling senior management to answer a set of questions.
7. Adopting an organizational culture aimed at solving problems.
8. Assisting the foundation in precisely defining the gap between its performance and that of the leading institutions in its field of work.
9. It helps to provide the appropriate climate, and enhances the desire for leadership of the institution and its employees to adopt a policy of change towards all that is better and new.
10. Help define critical processes, give them the necessary attention and priority in implementation, and actively contribute to developing individual and group creativity.
11. It actively contributes to increasing the chances of achieving additional benefits for the organization.
12. The external focus of the benchmarking method creates external competitive measures that necessarily increase the efficiency and effectiveness of internal performance quality measures, and makes them more competitive.

The BDS program carries out regularly benchmarking with peer programs in local Universities using the key performance indicators described in “Key Performance Indicators Guide in Qassim University”, and in accordance with the procedures explained in “Benchmarking of Academic Programs Manual”.

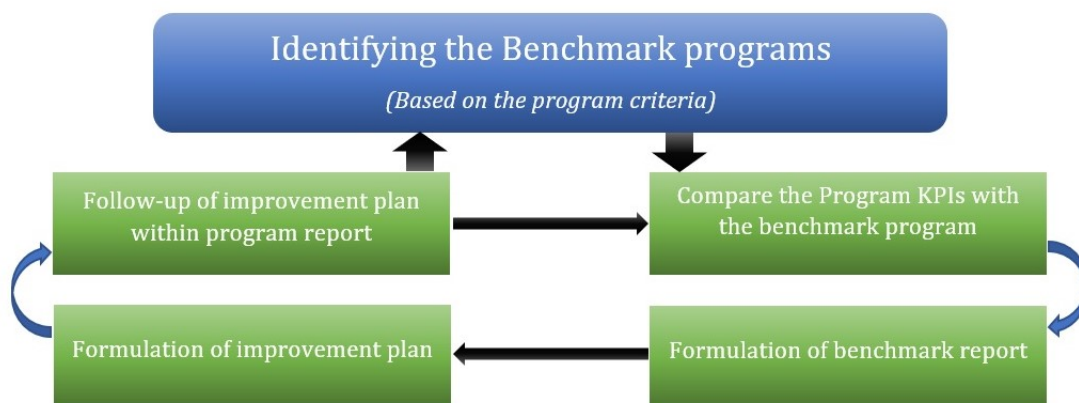


Figure (12): Cycle of Improvement based on benchmark

PART IV

THE MECHANISMS USED IN THE PROGRAM TO ACHIEVE QUALITY

1. Periodic review and Assessment of the mission and the role of beneficiaries.

The program mission and goals are periodically reviewed to ensure that they are aligned with the current program purposes and activities. This review is conducted through the following mechanism:

- 1- Submitting questionnaires to the beneficiaries (students, graduates, and faculty members).
- 2- Analyzing the results of the beneficiaries' opinions regarding the clarity of the program mission and goals as well as their consistency together.
- 3- Based on the surveys analysis results, the Quality Unit reviewed the program mission and goals and raise a recommendation to the Curriculum Committee to conduct the periodic review for the program's mission and goals.
- 4- In turn, the Curriculum Committee does what is necessary towards the periodic review of the program's mission and goals, then submits a recommendation to the College Council regarding the discussion and approval of the Program missions and goals.
- 5- The assessment of the program mission and goals will be performed via the assessment of its three domains: the educational, research and community services.
 - The educational domain will be assessed through the PLOs assessment plan along with the related KPIs (KPI-P-01 "Students' Evaluation of Quality of Learning Experience in the Program", KPI-P-02 "Students' evaluation of the quality of the courses", KPI-P-03 "Completion rate", KPI-P-05 "Students' performance in the professional and/or national examinations" and KPI-P-07 "Employers' evaluation of the program graduate's proficiency").
 - The research domain will be assessed via the analysis of the results of the specialized courses of scientific presentation skills along with the related KPIs (KPI-P-03 "Completion rate" and KPI-P-06 "Graduates' employability and enrolment in postgraduate programs", KPI-Ps-09, 10, 11 "Percentage of publications, Rate of published research per faculty member, and Citations rate in refereed journals per faculty member").
 - The community services domain will be evaluated via the analysis of the PLOs assessment results of the PLOs in the values and responsibility domain related to social responsibility. Additionally, the analysis of the achievement of the institutional KPIs related to the community services: QU64 "Faculty participation rates in community activities", and QU44 "Number of volunteer hours for students in the program during the year".

6- The assessment results along with the improvement recommendations will be approved and documented for periodic review and comparisons in the subsequent years.

2. Consistency of the quality system within the program with the institutional quality system.

- 1- As the provision of an advanced and accredited program is one of the priorities of the program management and is consistent with the policy of the institutional quality system, this is evident through the strategic goals of the Program and the College, which have been linked with the strategic goals of the University, as the first and second strategic goals of the program have been related to the strategic goal of the University "Emphasizing the quality of education and achieving excellence in targeted disciplines", which is the first strategic goal in the College's strategic plan 2021-2025. Also, the first and second strategic goals of the program were connected to the first strategic program in the University's plan "Education and Student Competencies" and the strategic projects in the University's plan "The academic accreditation of all programs nationally and internationally for excellence". Furthermore, the third strategic goal of the program has also been linked to the University's strategic goal of "Raising students' competency and professional ability", which is the second strategic goal in the college's strategic plan 2021-2025, which was associated to a project related to the College, that is "Spreading a culture of quality among students", this confirms the consistency of the quality policy in the program with university quality policy. Additionally, the program administration follows quality policies that are consistent with the quality standards specified by the NCAAA. The program administration is fully committed to sustain its position as an NCAAA accredited program, and to assure that all aspects of the program comply with NCAAA quality standards, and this also confirms the consistency of the quality policy in the program with university quality policy.
- 2- The Quality Assurance Unit is affiliated with the Vice Dean, which is consistent with the organization structure of the University.
- 3- The program calculates its performance indicators according to what is mentioned in the guide to periodic opinion polls and standardized performance indicators for academic programs that is announced on the Quality Deanship website.
- 4- Additionally, the decision to form the professional advisory committee for the program was issued in accordance with the guide for organizing professional advisory committees announced on the website of the Deanship of Development and Quality.

- 5- Based on Circular No. 51520 dated 18/7/1442 regarding activating the role of the faculty member to serve the educational and academic policy of the University in the faculty advisory council, a faculty member has been nominated to represent the faculty in the university faculty advisory council.
- 6- Also, the program's annual operational plan has been updated and linked to the program's strategic goals based on the forms developed by the Deanship of Development and Quality, as well as all the forms issued by the Deanship of Development and Quality were followed.

3. Periodic reviewing the characteristics of graduates and learning outcomes.

- 1- The program's ILOs and attributes were reviewed and revised more than once since the establishment of the college and the transformation of the education process in the college from content-based to learning-outcome-based education and the development of the Saudi Arabian qualification framework's learning domains. In addition to changes in professional needs. Furthermore, ILOs are reviewed every five years according to the university system of quality assurance for academic programs, which is now implemented in all programs at the university. This system identifies, in detail, the measurement cycle of program outcomes and their evaluation according to the following flowchart.

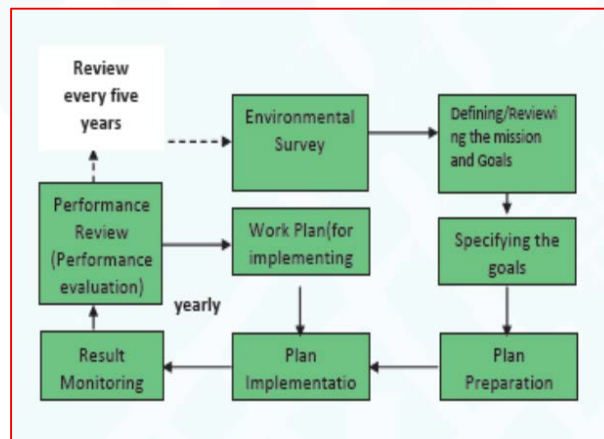


Figure (13): Cycle of Improvement based on benchmark

- 2- The achievements of the program's ILOs are reported annually on the program's annual report. The latest approved version of the program's ILOs and graduate's attributes are publicized to the college's students through the program specification, and the college's manual.

4. Periodic review of the study plan and its controls, starting points and time frames.

- 1- In accordance with the approved policy and University guidelines for major and minor curricular review, the review is conducted annually for the minor review and every five years for the major review. Any changes to the curriculum is overseen by the Curriculum Committee.
- 2- These procedures are consistent with the mechanisms for developing the study plan stipulated in the general framework of the study plan, which requires update and development after the graduation of the first group.
- 3- Based on a directive from the Quality Unit reviews are conducted for the program's mission and learning outcomes. Contacts are taking place between the Courses organizers and all scientific departments to collect and discuss proposals for developing curricula and reviewing the study plan to make amendments that add to the graduate professional skills and help in keeping pace with changes in the labor market, which are consistent with the program mission and goals and help the graduate to be familiar with everything that is new in the field of dentistry with regard to the knowledge and skill side.

5. Study plan development and updating.

- 1- Regular updating, reviewing and development of study plans for the Bachelor of Dental Surgery program .The review is conducted annually for a minor review and every five years for a major review.
- 2- Mechanisms, procedures, and standards for developing the study plan based on changes in the program's mission and goals, results of measuring learning outcomes, performance indicators, program reports, and periodic courses, results of beneficiaries' questionnaires and requirements of the labor market.
- 3- Regular evaluations from each academic department for its academic programs. Such assessments cover curricula, learning outcomes, study plan, admission criteria, course delivery, and learning resources.
- 4- A plan for course development according to students' recommendations and those suggested by the block organizer based on course learning outcomes results.
- 5- periodic questionnaires that put by the quality system in the program to evaluate courses for students and faculty members and to determine strengths and weaknesses, as well as recommendations for improvement that are included in reports submitted to the program administration and the relevant committees to discuss these proposals and take them into account when developing and reviewing the study plan.

- 6- Reviewing any changes or updates to the academic/study plan by the College Curriculum Committee, in accordance with the Academic Departments and Quality Unit. These periodic reviews are conducted in accordance with College and University regulations.

6. Teaching strategies and assessment methods for the program.

- 1- Teaching and learning strategies and assessment methods of the BDS program are well- planned and identified according to the learning outcomes of the courses that are aligned with the learning outcomes of the program. Furthermore, the choice of the teaching strategies and assessment methods is based on the type of skills that need to be developed in view of the National Qualifications Framework learning domains. Additionally, both the program specification as well as all the course specifications include a detailed description for the plans of the program delivery, including teaching and learning strategies, assessment methods and ways of verifying the effectiveness of these strategies and methods.

- For the Learning Strategies, the program used the following:

1. Lectures
2. Problem-Based Learning (PBL)
3. Team-Based Learning (TBL)
4. Self-Directed Learning (SDL)
5. Videos
6. Debate
7. Lab Sessions
8. Lab demonstrations
9. Hands-on simulation
10. In class work and in class discussions
11. Individual and group discussion
12. Individual and group presentation
13. Critical thinking / Critical thinking discussions in groups
14. Case studies
15. Small group workshop
16. Hands-on activities
17. Case-based discussions (CBDs)
18. Clinical demonstration
19. Clinical hands-on practice
20. Group assignment/s
21. Computer Simulation in group
22. Group discussion
23. Community-based learning
24. Case presentation

25. Direct Observation of Performance / Behavior

26. Cooperative learning

2- Some of the teaching strategies are intended to develop knowledge and cognitive skills, such as lectures, discussions, and other interactive learning approaches. For skills-related outcomes, the program uses suitable strategies including problem-solving, practical and clinical activities, demonstrations, and hands-on practice. Strategies such as role-play, presentations, and case studies support the development of autonomy and responsibility. Additionally, presentations, case studies, research tasks, e-learning, and basic computer-based activities are used to strengthen information technology, analytical, and numerical skills.

- For assessment methods, the following are used in the BDS program:

1. MCQs
2. SEQs
3. OSPE
4. PBL assessment (Rubrics)
5. TBL assessment (MCQs)
6. Quizzes and assignments assessment (checklist)
7. Clinical Requirements Competency Assessment (Rubric)
8. Scenario based Assignment Assessment (Rubric)
9. Individual and Group Presentations Assessment (Rubric)
10. Debate Session Assessment (Rubric)
11. Extended written work (Project report) Assessment (Rubric)
12. Individual presentation Assessment (Rubric)
13. Individual Discussion Assessment (Rubric)
14. Practical exam (checklist)
15. Practical exam
16. Practical exam (Rubric)
17. Practical requirements assessment (Rubrics)
18. Performance based assessment (Rubric)
19. Supervisor Evaluation
20. Critical thinking Assessment (Rubric)
21. Treatment plan Assessment (Rubric)
22. Objective Structured Clinical Examination (OSCE)
23. Laboratory requirements Assessment (Rubric)
24. Rubric for Computer Simulation activity
25. Rubric for assessing hands on activity
26. Group reports (Rubric)
27. Patient portfolio Assessment (Rubric)
28. Case presentation Assessment (Rubric)
29. Oral Presentations Evaluation (Checklist-Based Assessment)

- 30. Mentor Assessment (Rubric)
- 31. Professionalism Assessment (checklist)
- 32. DOPS (direct observation of procedural skills) Assessment (Rubric)
- 3- Course coordinators are keen on the diversity of teaching strategies as well as assessment methods among the learning outcomes of the course in proportion to the nature of each output and the most appropriate ways to present it as well as evaluate it.
- 4- Teaching strategies and assessment tools in the program are compatible with the bachelor's level in the field of dentistry. The teaching strategies and assessment methods varied according to the different learning domains (knowledge – Skills-values) represented in the diversity of teaching strategies and assessment methods used in the courses which are compatible with their learning outcomes. The teaching strategies and assessment methods of the program are also in line with the requirements of the National Qualifications Framework in the Kingdom of Saudi Arabia and internationally comparable programs.
- 5- In addition to the active learning strategies used in the College and the variety of assessment methods that also include various structured evaluation tools such as rubrics, checklists, and supervisor assessments, students in the Bachelor of Dental Surgery program participate in two major research projects that they must complete in order to graduate. These projects are included in the assessment of students, and some courses are concerned with developing students' scientific research skills, starting with the research proposal, passing through the steps of conducting the research, and ending with the scientific publication of the research paper in international refereed journals with impact factors. This is under the supervision of faculty members and their participation in these research and during these research activities.
- 6- The student's skill is developed in preparing distinguished presentations, which develops his self-confidence and desire to participate in scientific conferences later. The first project is implemented during the students' clinical years and begins with a research proposal in the third year. The project must be completed through an oral or poster presentation at the end of the fifth year. The second research project is a project that the student undertakes during the year of field training or internship. These research projects not only enhance and enrich students' skills but also assist them in their entry into postgraduate programs.

7. Tools for measuring the characteristics of graduates, learning outcomes, models used for this, and the mechanism of the graduation test (exit exam) and its employment according to the model.

- 1- Appropriate tools have been identified to measure graduate attributes and program learning outcomes. Effective program evaluation is a structured, ongoing process that provides a more thorough understanding of the program being evaluated. It allows one to understand the impact of the program on students, faculty, community partners, and the academic institution, as well as how the program is influenced by internal and external factors. Evaluation also demonstrates what has been successful and determines areas where new directions or approaches may be beneficial, thus allowing for improvement. Furthermore, evaluation allows for accountability, allowing for professional and programmatic growth, and provides us with the opportunity to recognize outstanding student, faculty, or community partners' achievements. Finally, evaluation provides a means by which to share the successes and failures (yes, failures) of programs with others. At our institution, the program courses are evaluated and reported annually, with details of changes made and the reasons for those changes retained in course portfolios where quality indicators are identified and used for all courses. Quality indicators include student completion rates in all courses and the program as a whole and are reviewed by senior administrators and quality unit. A selection of quality indicators, including progression and completion rates, is compared across the institution and by Reference to appropriate external benchmarks, and action is taken when problems are identified.
- 2- Furthermore, the following effective tools were applied for assessment and used as a core for planning for improvement based on timeframe action plans:
 - The use of KPIs and internal and external benchmarking covering all NCAAA standards.
 - Revising the KPIs and the achievements of the ILOs of the program to monitor students' performance.
- 3- The BDS program's graduate attributes and ILOs assessment plan:

To measure the learning outcomes of the program, it is essential to measure them at the course level. Accordingly, a certain methodology was used to enable these measurements.

 - Firstly, a matrix between ILOs of the course and their assessment tools was prepared. This was followed by the calculating of the weight of each assessment tool in certain ILOs.
 - A customized template was sent to the course organizers to calculate average student performance in each learning outcome using all the assessment tools employed to evaluate the course.

- Each learning outcome of the course was aligned with that of the program and plotted in a matrix covering all attributes and learning outcomes.
 - The course credit hours were used a factor multiplied by student performance to serve as a tool for adjusting the weight of each course.
 - Finally, the data were imported in an Excel sheet especially designed to calculate average student performance for each program learning outcome to be compared to the expected performance of the students.
- 4- The achievements of graduate attributes and ILOs of the program are reported yearly as seen in the annual program report. Moreover, all the recommended surveys by NCAAA were conducted to evaluate indirectly the quality of learning outcomes and learning experience in the program. Cognitive outputs are measured through direct measurement tools such as tests, assignments, student research and presentations in courses and at the program level, skill outputs through direct measurement tools in addition to indirect measurement such as student and employer surveys, values outputs through indirect measurement such as employer surveys, And performance indicators such as graduate employment rates and others

The Exit Exam mechanism, and its description

- 1- The Exam Exit is a tool used by the college to measure the level of its students expected to graduate and to give the college an analysis of the strengths and weaknesses in the educational process to work on improving performance and improving the level of its graduates.
- 2- The comprehensive test (Exam Exit) shall be based on the following controls:
 - Successful passing of the test is mandatory and is one of the requirements for joining the Honors Year Program at the College.
 - Each student has only three chances to pass the test.
 - The examination is held three times in one academic year, and the dates are announced at the beginning if they are unified for male and female students alike.
 - The academic departments in the college are responsible for setting all exam questions.

The steps followed for preparing the exit exam are as the following:

- 1- The following documents are emailed by the Assessment and Evaluation Unit to the Head of Departments
- 2- Exam Blueprint (Basic Sciences Exam and Discipline Based Exam) that is prepared according to the guidance of Saudi Commission for Health Specialties and is line with blue print of Saudi Dental Licensing Exam

- 3- MCQs Preparation Checklist that is prepared by the assessment and Evaluation Unit
- 4- Guideline on how to align the Assessment tool- Course Learning outcome and Program Learning Outcome
- 5- The email is sent at least 6 weeks before the proposed date of Exit Exam. Subsequently, three weekly reminders are sent to the Head of Departments (HODs), if they do not respond.
- 6- After receiving the MCQs from the HODs, the members of assessment and evaluation unit verify that they are prepared in accordance with the MCQs format checklist and assessment tool-PLO-CLO alignment guidelines. If any discrepancy is noted during the verification process the questions are sent back to the respective HODs for necessary modification
- 7- After receiving the questions from the HODs in correct format the assessment and evaluation unit prepare the basic sciences exit exam and discipline-based exit exam. Both the exams in the exam view format (password protected files) are emailed to the e-exam unit at least three days before the exit exam. The password for the exams files is sent to the head of the E-exam unit via WhatsApp.
- 8- After the exam, the unit will do it by using the “Moodle” program and in coordination with the unit E-learning analyzes the results and makes detailed and separate reports for each academic department. These include:

Analyzes the following indicators (Model 2AEUF0:):

- Content Validity
- Facility Index
- Discrimination Index
- Discriminative Efficiency
- Distractor Efficiency
- Internal Consistency Reliability

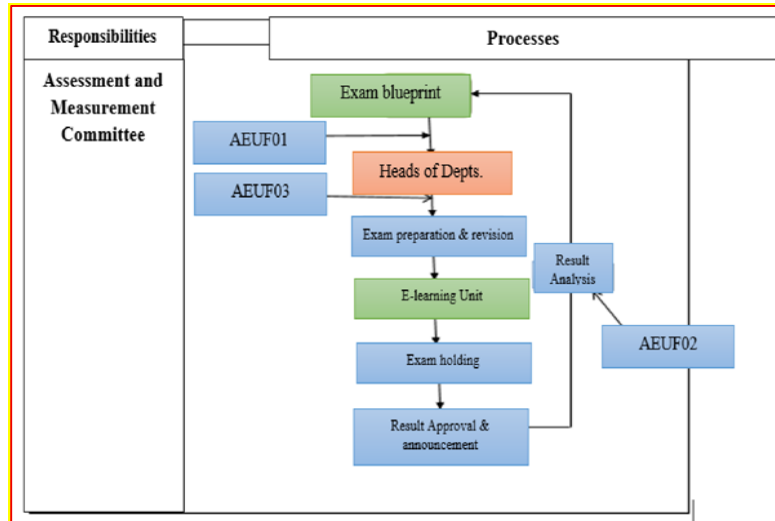


Figure (14): Steps for preparing the exit exam

8. Determining the courses learning outcomes.

- 1- The program contains an approved matrix that links the learning outcomes of the courses with the learning outcomes of the program in line with the program's mission and goals and in line with the requirements of the National Qualifications Framework, taking into account the fulfillment of the needs of students from each Course.
- 2- The matrix included in the program specification and also within the specification of each course.
- 3- Concerning the coverage of the learning outcomes of the courses for the three learning domains, the learning outcomes of some courses cover the aspect of knowledge and understanding according to the content of the course, while some cover the skill domain, especially in the courses that depend on the skills of the laboratory or clinical training, in addition to teamwork and presentation skills. Furthermore, some courses cover the learning outcomes in the field of values. whereas, some courses can cover two domains and sometimes three; knowledge and understanding, skills, and values.
- 4- With regard to linking the learning outcomes of the courses with the learning outcomes of the program and including them in the course specification, the learning outcomes for each course are identified and included within the course specification, and each of these outcomes is linked to the learning outcomes of the program according to the matrix included in the program specification.

- 5- As for the number of learning outcomes for the course, the number of learning outcomes for each course is proportional to its content. Whereas, some courses contain four and some increase according to the content of each course. The number of learning outcomes for each course is shown in the matrix linking the learning outcomes of the courses with the learning outcomes of the program, as well as in the description of each course.

9. Defining the teaching strategies based on students' active learning.

- 1- Student-centered active learning is one of the teaching methods that has been transformed into an educational policy to replace traditional education around the world in the past two decades. It is the way in which the educational situation depends on the positivity of the learner and it includes all educational practices and procedures that aim to activate the role of the learner, where learning takes place through research and self-adoption on the part of the learner to acquire information and skills.
- 2- The College of Dentistry, Qassim University, was the first dental college in Saudi Arabia and the second dental college in the Arab world, after the University of Sharjah in the United Arab Emirates – to implement the PBL system. Furthermore, it has recently been expanded by integrating critical thinking and group learning (TBL) processes. The syllabus of the college Bachelor of Dentistry program is supported by the implementation of some traditional lectures (Hybrid Curriculum) to avoid flaws in other education systems that rely solely on the use of (PBL, TBL, and Critical Thinking) and to ensure the full success of the system as a whole.
- 3- The application of student-centered learning strategies and active learning leads to self-directed learning to develop problem-solving and critical thinking skills, as well as preparing students for the types of problems they will encounter as professionals. Students become better self-directed learners and increase their confidence and sense of belonging in dental school. In addition, their scores on some tests may be higher. Some have suggested that the work environment for students and faculty is much better. Discusses and agrees on teaching strategies within the program and courses.

10. Ensuring that students are supplied with all data relevant to the course at its beginning.

- 1- The program implements clear procedures to ensure adequate awareness of the students about the learning materials and resources at the beginning of each course, and all are appropriate to ensure the availability of a high-quality level of support for student learning, and the program is committed to applying them at a high level

on a regular basis, and there is sufficient and varied evidence. All of them are subject to periodic assessment and development with the existence of high results for improvement.

- 2- All course files are uploaded to the Blackboard at the beginning of each semester, which include the course specifications, the course book, the approved course timetable, the approved distribution of grades and the assessment methods used in the course.
- 3- A lecture is also held in the first week in some courses to discuss the course syllabus, its content, schedules, guidelines, course requirements, assessment methods and grade distribution. Sufficient information is provided to students about the nature of the learning outcomes and opportunities available, including the activities and resources available to enable learning.
- 4- Implementation of all courses is carried out according to the course outline and specifications. In case of any deviation from the course plan, a report is submitted to the Educational Timetables and Classroom Care Unit (ETU), which in turn submits it to the College's Dean. The deviation is mentioned in the course report with its justification. Appropriate action will be taken.
- 5- All required textbooks and reference materials are available and can be accessed through the electronic library using this link: <http://ezp.uod.edu.sa/login>. To facilitate this, each student was provided with their own username and password. In addition, some course coordinators upload key reference books and related books to the Blackboard for student use.
- 6- Attendance/absence and other academic policies are explained to students upon admission to the College and then reinforced at the beginning of each course. Student attendance is regularly monitored through the university system, where the course organizer uploads information about attendance on a daily basis. Further, attendance details are forwarded to the Office of the Vice Dean of Students' Affairs. Compliance is monitored and absence reports are submitted to the College Vice Dean of Students' Affairs periodically (10%, 15%, 20%, 25% absence), followed by issuing warning letters to students. Students are followed up and ensure that they obtain sufficient information about the courses through the questionnaires that are submitted to them, as well as through the Quality Assurance Unit at the College.
- 7- This is the mechanism for providing students at the beginning of each semester with comprehensive information about the course and its specification as expected learning outcomes, teaching strategies and assessment methods.

- 8- The first section of the Courses Evaluation Surveys (CES) constituted two questions concerning the start of the course). The Survey is conducted at the end of each course by all students, through google forms, following the accredited program questionnaires 2018 announced on the website of the Deanship of the Quality Assurance and Accreditation. The questionnaire was given to the students in both English and Arabic.
- 9- The first section of CES consists of 2 Questions in:
- a. The course outline (including the knowledge and skills the course was designed to develop) was made clear to me.
 - b. The things I had to do to succeed in the course, including assessment tasks and criteria for assessment, were made clear to me.

11. Follow up the commitment of the faculty to the teaching strategies and assessment tools included in the course specifications.

- 1- The teaching and learning system in the BDS program revolves around the policies and procedures of the Educational Timetables and Classroom Care Unit (ETU), the Dental Education Unit, the Assessment and Evaluation Unit, the Curriculum Committee, and the Quality Assurance Unit.
- 2- In accordance with these policies, at the beginning of each semester after the issuance of the administrative decision to form course committees.
- 3- Course Organizers Submit the Course Specification to the QAU after finalizing the following:
 - o The needed updates related to the course details (e.g. the assessment timings, the needed facilities, the ordering of the topics or updating of references).
 - o Formulate the improvements' recommendations from the previously approved course reports of the past academic year.
- 4- The course organizer submits additional file (approval form for assessment tools) to the QAU.
- 5- The submitted file is checked by the QAU for:
 - o Alignment of CLOs with Program Learning Outcomes (PLOs).
 - o Appropriateness of teaching strategies and assessment methods (with referral to AEU & DEU)
- 6- The reviewed course specifications and the form for assessment tools are approved by the College Council.
- 7- The QAU, Assessment & Evaluation Unit, and Dental Education Unit follow up on faculty adherence to:
 - o Teaching strategies stated in the specification.
 - o Approved assessment tools.

- Specific attention to the implementation of the previous year action plan.
- 8- Any minor changes needed to be applied in the running academic year (e.g. time, place, assessment method) must be formally re-consulted by the concerned authority, and then finally approved by the QAU
- 9- Further modifications which are planned to be applied in the subsequent academic year are illustrated and raised to the related concerned authority to discuss, and reply by the needed action to be documented in the course files concerned with recommendation of improvements to ensure future application.
- 10- Through this mechanism, the program monitors the extent to which faculty members adhere to learning and teaching strategies and assessment methods. Course coordinators are informed about this mechanism and are aware of it.
- 11- The commitment of the faculty members to teaching strategies and assessment methods is also assessed by the head of the department, as it is included as a section in the faculty evaluation models.

12. Procedures for verifying the credibility of the works submitted by students (homework, scientific projects, research papers, etc.).

The College has two main pathways to verifying that students' work and assignments are their own:

- 1- The first track is that the college has an official policy for student academic misconduct, including plagiarism. The College of Dentistry at Qassim University is committed to eliminating plagiarism in all its forms. Any case of plagiarism is dealt with in accordance with applicable regulations.
 - To ensure fairness to students, regulations regarding plagiarism policy have been included in the Student Handbook. Furthermore, faculty members inform students of the consequences of plagiarism.
 - Plagiarism can be defined as copying or paraphrasing other people's works or ideas into one's own work without explicit acknowledgment.
 - Plagiarism is one of the most common actions which is an indication of lack of knowledge or misunderstanding on behalf of both students and teachers.
 - **Examples of plagiarism:**
 - Using references such as books, newspapers, encyclopedias, the Internet and others without documentation.
 - Present the work of other students as the work of the individual.
 - Submit the same work to different classes.
 - Purchasing academic work or submitting work done by someone else.

- Presenting the work without taking into account the idiosyncrasies when documenting quotations within the text.
 - o Faculty members take specific steps to check plagiarism for any assignments/projects of 500 words or more. These assignments must be submitted through the program (Plagiarism Checker Program, provided by the Deanship of Library Affairs, Qassim University) to ensure that no more than 24% of the project consists of cited material .
- 2- The second track validates students' clinical work through Clinical Patient Management Programs (Apex)
- o All cases assigned to the student as part of their clinical experience cases are recorded in their account after referral from the student group student guidance. All case records, including photographs, radiographs, progress notes, and clinical procedures, are documented in the patient's electronic file, which can be checked at any time by the student's teacher, clinical coaches, or the clinical course organizing committee.

13. Procedures for verifying the quality and credibility of evaluation methods.

The program implements different strategies to ensure the quality and validity of the assessment methods. These strategies are available in policies and procedures in relevant units (Assessment and Evaluation Unit, Exam Control Unit, and E-Learning and E-Exam Unit) and can be summarized by three stages of the examination process as follows:

1- Prior review procedures for each test or exam:

All course/block organizers keep the blueprint of the written exams. The blueprints align the course ILOs/content with the percentage of questions assessing specific knowledge levels. This helps in the proper matching of questions to the learning outcomes and ensures that the planned learning outcomes are addressed

2- After receiving questions from the contributors, the organizing committee will review the examination or test to ensure:

- Exam coverage for all learning outcomes.
- There are no errors in the questions.
- Clarity of questions.
- The duration of the exam corresponds to the nature and number of questions.
- No questions were repeated.

3- Follow-up procedures after each test or exam:

The department and the mechanism it deems appropriate will review the examination or test to ensure:

- The ability of the examination to The BDS curriculum is organized in a way that ensures a balance between the general and specialty requirements. This distribution of curriculum hours is according to the general university requirements for curriculum design.
- Moreover, according to general course sequencing, the knowledge and dedicated courses should precede the practical courses and successful completion of preclinical skill labs makes the students eligible to enroll in clinical courses. Therefore, the BDS curriculum contains prerequisite and co-requisite courses to ensure proper sequencing and integration between the program's courses and achieve the desired goals and intended learning outcomes
- Distinguish between those who scored high on the total test and those who scored low. (Analyze the results of discrimination treatments for questions).
- The convenience of the exam for students (analyzing the results of difficulty coefficients for questions).
- That the targeted learning outcomes that the test results showed were not achieved as required for continuous development.

4- Student review procedures for test or exam results

- In the case of a mid-term exam, the student reviews the relevant faculty member and obtains feedback from him. If no result is reached, the student returns to the Vice-Dean for Academic Affairs.
- In the event of a final examination, the student will fill out the form for reviewing the final exam mark from the Student Care Office.
- The dean forms a review committee composed according to the college's policies and procedures.
- The committee reviews the student's final paper, explains its views, and sends it to the dean.
- The dean declares his opinion and sends it to the admission and registration unit. The student is provided with the feedback.

Regarding the assessment and evaluation unit role for verification of the suitability of the assessment methods through the following diagram



Figure (15): Assessment & evaluation unit role for verification of the suitability of the assessment methods

14. Mechanism that ensures adequate timely feedback to students on the results of their assessment.

- 1- Student assessment refers to the processes in which evidence of learning is collected in a planned and systematic way to make a judgment about student learning. The college used assessment for both aggregated and formative purposes. Furthermore, these assessments are designed and implemented internally within the college and outside through standardized assessments during the training year (field experience).

- 2- The college emphasized assessment for formative purposes, which aims to identify aspects of learning as it develops in order to deepen and shape subsequent learning among college students. Students receive assessment results and feedback about their performance while allowing them to improve their performance. Furthermore, most students agreed in the program evaluation questionnaire that “the teachers in the program have given me helpful feedback on my work. This is in order for them to make me progress in the program.
- 3- The college uses different strategies to implement this in the didactic, practical (skills) and clinical courses. In theoretical courses, the continuous assessment score includes quizzes, and mid-term exams, etc. The scores for these assessment activities are usually uploaded by the course organizer to the course's e-learning webpage (Blackboard) within two weeks of the assessment event.
- 4- The practical skill courses (blocks) continue the students' feedback about direct instruction and guidance from the supervisor during the performance of the required task. Self-assessment sheets are provided to the students through the skills booklet. Finally, the supervisors' assessments of the skills requirements usually occur against the assessment rubrics, which are typically distributed with the skills booklet at the beginning of the skills course
- 5- In the clinical courses (clinical practice I and II and total patient care), different formative assessment strategies and timely feedback to the students are usually provided through the use of competency evaluation sheets for the minimal clinical experience, self-assessment, and mentors' and students' interviews by clinical organizing committee.

15. Following up the use of modern technology in teaching and student assessment.

- 1- The use of modern technology in teaching and student assessment is a combined work of the faculty members, block organization committee, Educational Timetables and Classroom Care Unit (ETU), dental education unit, and e-learning unit.
- 2- The program is monitoring the faculty members' use of modern technologies in teaching and their suitability in the educational process through student assessment questionnaires and the follow-up by the e-learning unit, as well as the dental education unit for the use of these technologies.
- 3- The e-Learning unit creates a page for each course on the Blackboard, and the organizer of each course continues to upload the course contents through this page so that students can access it on an ongoing basis.

- 4- The dental education unit is responsible for preparing the electronic content of problem-based learning. Then, upload the content of problem-based learning for different academic years, as well as provides pages for student discussions and presentations of the PBL objectives.
- 5- The Dental education unit uploads it to the Blackboard on a weekly basis, while providing electronic resources for each scenario before the session of this scenario.
- 6- As well, the e-learning unit enables faculty members to access the problem scenarios, student discussion pages, as well as the assessment pages at the end of each problem. The faculty members' evaluation of these student works through the PBL assessment pages on the Blackboard.
- 7- Also, the e-learning unit is also responsible for preparing the electronic exams through a highly advanced computer assessment that is active, safe, and effective.
- 8- This work is done through the e-learning unit in collaboration with the dental education unit, and in coordination with the course organizers and Educational Timetables and Classroom Care Unit.
- 9- The dental education unit collects individual and group tests for team-based learning from the course coordinators and prepare for the team-based learning sessions in coordination with the Educational Timetables and Classroom Care Unit and e-learning unit.
- 10- Also, the dental education unit continuously prepares workshops for faculty members to familiarize themselves with the mechanisms of problem-based learning and team-based learning.
- 11- The Quality Assurance Unit measures the extent of students' satisfaction with the diversity and effectiveness of teaching methods used, as well as their satisfaction with the use of the Blackboard system in teaching and ensures the use of modern technologies in teaching.

16. Procedures and mechanism managing and applying the necessary sources and reference materials.

- The learning resources unit is the unit responsible for the management of resources and reference materials in the program, and following procedures that are usually used for the management of resources
- The dean, program director and head of learning resources unit of the dental program discussed with the course/ block organizers the updated criteria, guidelines of the textbooks and other learning resources needed for their courses (as mentioned in specification forms of courses and blocks)

-The course directors start to communicate with all contributors assigned to the course to discuss the guidelines for textbook selection that will fulfil the teaching topics and their learning outcomes.

- 1- The course director starts to collect the full list of textbook items required, as well as the media, teaching models or simulators for practical courses.
- 2- The list is sent to the learning resources unit to confirm the availability of such resources, whether in the central library or college inventory.
- 3- If some of these resources are not available, and after the advisory board gives permission, a request is sent to the deanship of library affairs using the book request template found on the deanship website. This template includes the book name, author, ISBN and publication data.
- 4- If the book request is not urgent, the list is prepared and sent on an annual basis. This list is arranged by the deanship of library affairs.

17. Mechanism of the program to ensure a unified application of its study plan, program and the course specifications offered at more than one site (sections of male and female students and different branches).

- 1- Course organizing committees usually manage similar courses in the male and female sections with the presence of a female coordinator who communicates regularly with the course organizing team.
- 2- Special attention is paid to ensuring that the same content is taught in both sections and that teaching, training, and assessment methods are similar in both sections.
- 3- Both sections share the same e-learning websites (Blackboard) for all courses. Furthermore, in each department, there is efficient coordination between both sections regarding updating the course syllabi, modifying teaching strategies, and arranging for training needs and settings.
- 4- Female faculty members participate in Departmental Councils with their male counterparts and share in decision-making. Additionally, female section representation is ensured in all program units to ensure equality. Similarly, when the college organizes events, both sections are represented on organizing committees and in planning and participation.

18. Mechanism and procedures for evaluating courses and courses reports revision and development of courses action plans report with monitored implementation.

At the end of the course, all compulsory courses in the BDS program submit a report evaluating the effectiveness of teaching and learning strategies and assessment methods, and an analysis of learning outcomes for this course according to

NCAAA/ETEC models. Moreover, at the end of each course, a course evaluation questionnaire is conducted on the basis of the questionnaire to indirectly assess performance in the course with regard to course specifications and organization, teaching and learning, learning outcomes, teaching support services, and learning resources.

To ensure that all Course Reports are completely and systematically analyzed by the Quality Assurance Unit, all courses' recommendations are translated into measurable action plans, and that these are consolidated, monitored, and utilized by the relevant units and committees to guide planning, development, and decision-making in the BDS program. This mechanism can be described as follows with identified responsibilities and steps:

A- Submission of Course Reports (End of Each Course)

- Within four weeks after finalizing the course, Course Organizers submit the Course Report to the QAU.
- The Course Reports must include:
 - Grade distribution and performance analysis.
 - CLO achievement compared to assigned targets.
 - Topics not covered (with justifications).
 - Student evaluations and feedback.
 - Proposed recommendations and improvement actions.

B- Verification by QAU

- The QAU checks each report for:
 - Completeness of required data.
 - Accuracy of reported results.
- Reports with deficiencies or inconsistencies are returned to Course Organizers for correction and resubmission.

C- Detailed Analysis of Reports

- The QAU examines all course reports to ensure:
 - Alignment with approved Course Specifications.
 - CLO achievement measured against targets and benchmarks.
 - Appropriateness, feasibility, and alignment of recommended improvement plans.

D- Development of Course-Level Action Plans

- Each report must generate a measurable action plan with:
 - Defined objectives.
 - Assigned responsibilities.

- Clear timelines.
- Monitoring indicators.

E- Consolidation into Program-Level Action Plan *(End of the Academic Year)*

- The QAU consolidates all course-level action plans into a Program Action Plan Matrix.
- Recurring issues, strengths, and gaps are identified to guide program-wide decisions.
- The consolidated findings are presented to:
 - Relevant Department Councils (if needed).
 - Involved Committees (e.g., Curriculum, AEU, DEU).
 - College Council (for approval).

F- Action Plan Tracking *(The subsequent academic year)*

- The QAU tracking system monitors all the recommendations for improvements in the next academic year with special consideration of the following:
 - Level of Completion.
 - Reasons / justifications for incomplete implementation.
 - Quality Comments and suggestions (if any).
- Outcomes are documented in the Annual Program Report to close the quality loop.

G- Follow-up for Better Improvement, Records and Documentation

- Feedback from the monitoring process is systematically integrated into the next cycle's Course Specifications and Reports to ensure continuous improvement and long-term sustainability of program quality.
- All Course Reports, action plans, and Program Action Plan Matrices are archived by QAU in digital format.
- Evidence of monitoring (meeting minutes, audit checklists, progress reports) is maintained and made available for accreditation and internal review.

19. Mechanism and procedures ensure justice in the application of the standards and criteria for the admission and registration of students.

The BDS Program is based on a set of practices that support the fairness of accepting its students. For students' admission in the BDS program, it goes through the well-established and computerized system that is provided by the University. Student records are well maintained and secured in the University computer center. These records are fully computerized and can be accessed by administrators and registrars easily from within the network. Data can be withdrawn and analyzed from these records. Attendance requirements for students are made clear to them, as they can be monitored and enforced.

The procedures for accepting students in the program are consistent with the regulations and procedures of the University and the Deanship of Admission and Registration.

- All the procedures and regulations regarding the calculation of the students' GPA are under the complete authority of the deanship of admission and registration and applied through the automatic official academic system of the University.
- Starting from the academic year 2024-2025, the students are admitted to the College of Dentistry directly from the secondary school according to the rules and regulations of the University. This admission is followed by an interview conducted in the College.

20.A mechanism that matches the number of students accepted into the program with the resources available to it.

- 1- At the end of each academic year, the program management is keen to limit the number of faculty members available to it in different disciplines in order to ensure the quality of the educational process in the program and its adaptability to the numbers of students admitted in the following academic year, where the program has an appropriate number of teaching staff in both the male and female students' parts.
- 2- The Timetable and Classrooms Unit provides the program management with a detailed report on the appropriateness of the numbers of students admitted to the program with the resources available to it.
- 3- The program ensures that the numbers of students admitted are appropriate to the resources available to it by measuring the KPI-P-08 performance indicator and comparing it to its value from the previous two years.

21. Mechanism for providing a comprehensive orientation program for new students, and how to evaluate and benefit from them.

Student Orientation programs when enrolling in the University are divided into University-Level Orientation programs and Program-Level Orientation Programs.

1- University-Level Orientation Program:

The Department of Guidance and Counseling in the Deanship of Student Affairs educates and informs newly accepted students at the university of the services and facilities available to them, their obligations and responsibilities. The student is provided with some important and necessary instructions that the student needs to understand before starting his studies. The program for receiving the new students since their admission to the University is arranged. The students are given an invitation to attend the reception with notice of admission to the University. In

addition to some important and necessary instructions that the student needs to understand before starting their studies. The program aims to prepare the student for a new university life. Introducing the support systems for the students of the university, as well as introducing the students to the faculty they will be attending and what they offer them. The university's essential facilities, such as the library, restaurants, gyms, photographic centers, bookstores, laboratories, etc. The reception is organized over two days. The reception program starts on the first day of each semester and is graciously sponsored by the University Rector. Moreover, the Student advisors are also familiar with details of course requirements and are available to provide assistance prior to and during the student registration process.

2- Program-Level Orientation Program of the Faculty of Dentistry:

The academic advising committee of the program introduces the new students to their rights and duties by organizing a number of workshops and lectures under the sponsor of the committee and the student club of the college as well as introducing the student to dental clinics to get acquainted with the various departments of the college and use the latest technologies in the field of dentistry and how to interact with the structure of clinics and the receiving of patients.

The student orientation and preparation programs are evaluated periodically by surveying students' opinions through different questionnaires of the program where the results of these surveys are used to continuously improve these programs.

22. Academic Advising and guidance in the program.

The following is a description of the Academic Advising committee's working mechanism and its distinctive role in guiding the student through the periodic meetings carried out by faculty members that reflect the extent to which faculty members are trained in the skills of academic advising and guidance for students:

- 1- The faculty member (Academic Advisor) specified to a selected group of students (Male / Female) always keen at their meeting on a regular basis (the fourth week of each month) at his/her office during office hours specified and declared for all.
- 2- Discuss the students on an individual basis (Every student alone & not in front of the group) with respect to the academic process and to undergo scholastic obstacles.
- 3- The academic advisor will record students' problems and their observations during the meeting in a specific prepared as well as an Online form.
- 4- The academic advisor raises periodic reports on its performance with the students to the relevant committee (Committee of Academic Advising)

- 5- The Committee examines all reports received from members of the faculty (academic advisors) and what was stated by the study and look at some of the problems that could not have access to the academic advisor resolved and decision.
- 6- The Committee in turn raises periodic reports to Dean College, including the recommendations of the concluded reports.
- 7- Policies and regulations are established for fair and consistent processes of student management, with effective safeguards for independent consideration of disputes and appeals.
- 8- There is adequate provision for academic advising and counseling services to assist students in planning their participation in the program and in seeking subsequent employment.
- 9- Provision is made for academic counseling and for career planning and employment advice within the department. Adequate protection is provided, and supported by regulations or codes of conduct, to protect the confidentiality of academic or personal issues discussed with teaching or other staff or students.
- 10- Effective mechanisms are well established for follow up to ensure student welfare and to evaluate quality of service.
- 11- An effective student support system is available to identify students in difficulty and provide help with personal, study related, financial, family, and psychological or health problems.

23. Professional guidance in the program.

- 1- The Alumni's Affairs Unit & The intern's Affairs unit responsible for the development of the professional activities of the students and graduates each of them organizes a lot of activities and workshops through which the student and graduates develop his skills and professional experience in proportion to the labor market.
- 2- Interns Affairs Unit empower interns to discover, develop, evaluate, and implement their unique professional goals as they prepare for careers in an evolving global workforce.

The intern's Affairs unit responsible for:

- Coordinates with the Affiliated Health Institutions (AHIs) and provides them the interns training manual and the required forms.
- Receives interns' research proposals and forward them to the Dental Research Centre.

- 3- Regarding the Alumni's Affairs Unit, it is responsible for provide valued services to alumni and contribution in communication between alumni and the college.
- 4- The Alumni's Affairs Unit carry out many programs and mechanisms to prepare graduates to enter the labor market and refine their abilities and train them in the required skills.

As the following actions has been executed as follows:

- Providing resources for employment & postgraduate required exams
- Aiding graduates to apply for multiple programs through reminder emails of application opening dates
- Honing newly graduates' clinical and academic knowledge & skills through further training.

24. Psychological and social guidance mechanism in the program.

- 1- Deanship of Student Affairs aims to provide services for male and female students including subsidies, financial loans, the student employment program, and the peer education program. Moreover, the fund also supervises the service centers for students, such as bookstores, photography centers, and food services. All of this is done according to the tasks and programs assigned to the Deanship of Student Affairs. The fund put all its efforts for achieving everything in Student service including the facilitation for the progress in his university studies, and psychological stability.
- 2- The academic advising committee of the program is one of the most important committees related to the orientation of students and helping them in academic or even non-academic activities, with the aim of raising the student's level of achievement and graduating within the specified period without delay or decline. The main tasks of this Committee are:
 - Discussion of the student's problems that may affect the level of scientific achievement and find solutions to them.
 - Considering the students' complaints about any courses and find solutions and lifting it to the Vice-Dean.
 - Awareness of the importance of academic advising, the importance of communication with the academic advisors and the publication of brochures, leaflets and the use of the college website for this purpose.
 - Supervision of orientation programs for new students and the system of study and exams in college.

25. Program mechanisms in identifying talented, creative, outstanding, and stumbled students.

1-The program follows two mechanisms to identify outstanding students through cumulative marks and other mechanism through the Academic advising committee.

For cumulative marks:

- The accumulated marks should not be less than 4.25 out of 5.
- The student must have passed six semesters in the colleges where the system of study is eight semesters and eight semesters in the colleges where the system of study more than eight semesters.
- Must not have previously failed in any course.

2- As for stumbled students, the dental program has a range of procedures and mechanisms to deal with students who are troubled.

A. The student receives a warning if his GPA falls below 2.00 out of 5.00, and it is shown in his academic record.

B. If the student received three warnings in a row, he is academically suspended until a college council decision is issued as follows:

- The College Council may grant the student a fourth chance; and if he was unable to raise his GPA after this chance, the College Council recommends him to the Standing Committee of Student Academic Problems.
- The Standing Committee of Student Academic Problems has to grant the student the fifth chance according to the recommendation by the College council, provided that there is improvement in the student performance in the previous term that his GPA is no less than 2.00 out of 5.00. If the student was unable to raise his GPA after giving him the fifth chance, the committee may, if necessary, recommend an exception for a final sixth chance thereon to the University Council.
- The University Council -as an exception – may grant the student the final sixth chance based on recommendation of the Standing Committee of Student Academic Problems.

C. As far as the colleges that apply the annual academic system, the student is academically suspended if the actual GPA is below (2.00) two for two consecutive years until the College Council issues a decision as follows:

- The College Council shall grant the student a first chance. If the student was unable to raise his GPA after that the College Council recommends thereon to the Standing committee (Student Book).

- The “Standing Committee” of Student Academic Problems must grant the student second chance if that is the recommendation of the College Council. If he was unable to raise his GPA after that, the committee can, if necessary, recommend him to the “University Council”.
 - The University Council may not give the student the final third chance unless recommended by the Standing Committee of Student Academic Problems.
- D. If the student has not finished the graduation requirements during the period prescribed for graduation his problem should be addressed as follows:
- If the student has not finished the graduation requirements in the maximum period the full duration of the program in addition to half of the required period for the program, the College Council is to give an additional chance to the student to fulfill the graduation requirements up to the maximum that does not exceed twice the original duration assigned for graduation, provided that the cause of non- achievement is acceptable to the College Council.
 - The University Council may grant the dismissed students due to depletion of twice the duration of the program the chance for no more than two semesters based on their recommendation of the Standing Committee of the Students’ Academic Problems.
- E. The College shall collect all the cases it receives and present them to the councils concerned and notify the Deanship of Admissions and Registration of the decisions within a period not exceeding two weeks from the start of the study. In the event of delay, the student is eligible for registration in the following semester.
- F. There are also other mechanism proposed by the Student Support Center to detect stumbled students in cooperation with the Student Registration Unit by reviewing the academic records of male students and female students and identify students who are stumble in accordance with the definition of deanship of admission and registration, and is raised to the Student Support Center to guide the Academic Advising Committee to communicate with academic advisors for students who are troubled to discuss problems and try to find appropriate solutions in accordance with the regulations and rules adopted by the Deanship.

26. Program mechanism and procedures to follow up on students' progress and verify their completion of graduation requirements.

Since the Faculty of Dentistry is one of the medical colleges with an annual system in registration, the registration of students in courses is done through the student registration unit within the specified period in accordance with the academic calendar announced by the Deanship of Admissions and Registration at the University as follows:

- 1- All compulsory and elective courses for students shall be registered according to their compatibility with the academic year assigned to them and the student's responsibility is to register the free courses taught from outside the college.
- 2- All academic records are reviewed through members of the Student Registration Unit to ensure that the courses registered are consistent with each student's study plan according to their respective academic year.
- 3- It is confirmed that all students in the fifth year of the college had completed the registration of all courses required to graduate before the end of the registration period specified by the Deanship of Admission and Registration at the University.
- 4- All students had been linked to academic guides on the academic system, allowing each faculty member in charge of academic guidance to follow up on each student assigned to him through the professor's register on the university site, allowing him to see the student's plan and grades.
- 5- Regular meetings are held between the academic guide and the students assigned to them and check the number of hours registered to them and report if there were problems specific to registration. They also guide student for different courses within the program and helping them in difficulties faced and raising these issues to the Academic Advising Committee to solve these problems if any.
- 6- It was requested that each Staff member prepare a student file containing the student's plan and periodic meeting minutes with the academic advisor to follow the student by the academic guide until graduation.
- 7- A student graduates after successfully completing all graduation requirements according to the degree plan, provided that his/her cumulative GPA is not less than pass. If student has passed the required courses but his/her cumulative GPA is low, the college council, on the basis of recommendations of the council of department concerned, is entitled to specify the appropriate courses that students must complete in order to improve his/her GPA.
- 8- Students also follow university study plan and complete all requirements before graduation. They maintain a GPA between 2:00 in a 5:00 scale to graduate. Student only graduates after granting of degree from university council.

9- Each student is given a certificate of graduation which bears all his information and is signed and sealed from enrollment and registration dean.

***Academic system**

- The Portal academic system of the university allows the process of registering students' courses within the specified period in accordance with the academic calendar announced by the Deanship of Admissions and Registration at the University.
- Through it, the courses are linked to the coordinators of the courses.
- The authority can follow up on the student's "effective-apologetic-interrupted" status as well as to carry out all procedures for the deanship of admission and registration.
- The system allows to link students to their academic advisors to and allowing them to follow students through the professor's page.
- Grading for the final courses results of courses in accordance with the academic calendar.
- Preparing new courses for the new academic year by the end of each academic year.
- Through it, the student can follow up on his academic status in everything that matters to his university career.

*There are also many committees and units concerned with monitoring the progress of students and intervening in case there is something that hinders the student's progress in his studies, including:

- Academic Advising Committee
- Mentorship Unit
- Students' Clinics Organization Unit (Annex 6 Job description of Students' Clinics Organization Unit)

27. Mechanism of the program in evaluating the adequacy and quality of services provided to students and measuring their satisfaction with them.

- 1-The quality of the services provided to students is followed up and ensured by periodic assessments of students at the end of each class to assess the quality of the course, including the educational services received by the student during this course period, in addition to periodic questionnaires provided through the Quality Assurance Unit at the end of each academic year to assess the adequacy and quality of services provided to students.
- 2-Evaluations go through many stages to be used for continuous improvements. The program is regularly evaluated and reviewed by senior administrators and quality

committees based on performance indicators. The strengths and weaknesses of the program are analyzed, and action plans prepared to overcome weaknesses/areas requiring improvements in implementation. This is to achieve the highest quality standards in the program.

28. Mechanism and procedures of the program to employ the outcomes of student advisory council in quality processes, improvement, and development.

The mechanism to employ the opinions and recommendations of students' advisory councils in the development and improvement of the program:

- 1- Two advisory councils, one for male and female students, shall be formed by a decision of the college council, and the composition shall be as follows:
Dean of the College as President - Vice Dean of Students' Affairs as Vice President - Supervisor of the Student Club of the College – Classrooms leaders for Male and Female Students.
- 2- The council meets periodically twice per semester.
- 3- The Council may be convened exceptionally if requested in writing by at least half of the members.
- 4- The Council may be summoned to convene exceptionally if the Vice President receives it.
- 5- The Vice President shall chair the Board if circumstances do not allow the Chairman to attend the meetings.
- 6- The recommendations of the advisory councils are implemented by the committees and units related to the college.
- 7- Students are invited to attend most of the committees and units of the program to express their opinion on educational matters concerning them and they present some problems or suggestions that concern them. They are also invited to attend college department councils to express their opinions on some matters related to the educational process and to present some ideas, proposals, and the obstacles they face.

29. Determining the learning outcomes of the field experience course.

- 1- The learning outcomes of the field experience course are determined based on the mission and vision of the program, and in line with the educational outcomes of the program.
- 2- In the field experience course description, reference was made to the course learning outcomes and the associated program learning outcomes.

30. Follow up the commitment of all parties related to field training to the responsibilities and tasks stipulated in the description of the field experience course.

- 1- The field experience course description includes an organizational structure of responsibilities that includes all units and departments responsible for field training as evidence of the organizational relationship between them.
- 2- It includes a table specifying the distribution of the course's responsibilities to units, departments, trainees, and supervisors
- 3- It also includes a description of the mechanism of supervision, follow-up and guidance for internship doctors, as these responsibilities are assigned to training centers to be then submitted to the Internship Affairs Unit.
- 4- Additionally, it contains a definition of the controls and qualifications of each of the training centers and the supervisory staff to follow up the training of internship doctors.
- 5- Internship Doctors Training Centers are accredited training centers in the Kingdom for graduates of colleges of health sciences. Communication takes place between the Internship Affairs Unit and the training centers to determine the possibility of internship doctors accepting training
- 6- Compliance with field training responsibilities is monitored by supervisors and departments in training centers and by the Internship Affairs Unit. This is done through questionnaires and direct contact between those responsible for the field experience course.

31. Mechanism and procedures for evaluating the field experience course and its periodic reports.

- 1- The field experience report is prepared by the Interns Affairs Unit based on the following points:
 - a. Training activities, methods of their evaluation, and a mechanism for verifying evaluation results, in which difficulties encountered in implementation and proposals for improvement are presented.
 - b. Outcomes of the field experience course learning, in which assessment methods and results are developed.
 - c. Evaluation of the quality of the field experience course by supervisors and interns.
- 2- An improvement plan for the field experience course is drawn up in the report, based on the opinions of the training supervisors and on the field experience course

questionnaires for internship doctors. All data are collected by the Intern Affairs Unit to complete the preparation of the report.

32. Faculty members' evaluation.

A. Faculty Evaluation Process

- 1- To ensure fairness and transparency in assessing faculty performance, the evaluation criteria are circulated by the Faculty Evaluation Unit to all faculty members at the beginning of each academic year. These criteria (FEUF01) guide faculty members in preparing their documentation and evidence throughout the year, ensuring alignment with institutional requirements.
- 2- The evaluation is conducted near the end of the second semester through an online form completed by all faculty members. Each faculty member is required to upload evidence related to publications (10%), community and scientific participation (10%), membership in blocks, courses, or units (15%), and a self-evaluation (10%). This documentation provides the foundation for a comprehensive assessment of academic, research, and service contributions. In addition to faculty self-reports, evaluations are collected from multiple institutional sources to provide a balanced assessment. Heads of departments evaluate their members (30%); the Quality Assurance Unit evaluates participation in quality-related processes (5%); the Student Advising and Counseling Unit evaluates faculty involvement in advising students (10%); the students' evaluation (feedback on teaching performance) (10%). Dean Evaluation (extra points from the Dean according to the extra work that the faculty member does) is (20%).
- 3- Once all evaluations are collected, the Faculty Evaluation Unit consolidates the results and submits the final forms to the Dean. The Dean reviews these evaluations, approves them, and may allocate up to 20 additional points to faculty members who have undertaken extra tasks or responsibilities during the year.
- 4- Following approval, the Faculty Evaluation Unit prepares a comprehensive summary report for each faculty member. This report highlights individual strengths and identifies areas for improvement. Copies of the evaluation forms and feedback are provided to faculty members according to a specific mechanism developed for providing faculty with feedback on their annual evaluation. It ensures that all faculty members receive constructive and confidential feedback on their annual evaluation results, and that those with low evaluations are guided and supported through direct follow-up interviews and development recommendations in order to strengthen their performance and achieve continuous improvement. this mechanism is structured as follows:

- The Faculty Evaluation Unit (FEU) completes the annual evaluation process for all faculty members based on the approved criteria and performance evidence.
 - Evaluations are reviewed and approved by the Dean prior to feedback distribution.
 - After completion and approval of the evaluation forms, the FEU provides each faculty member with a copy of their evaluation form, including written feedback on their overall performance.
 - Feedback is delivered confidentially, either electronically or in sealed hard copy. Faculty members sign to acknowledge receipt of their evaluation results and feedback. The FEU conducts individual interviews with faculty members who have received a poor or below-expected evaluation. The purpose of these interviews is to discuss the causes of low performance, provide constructive guidance and professional encouragement, and to urge and support the faculty member to address identified weaknesses.
 - A brief summary of the interview and agreed-upon recommendations is documented and filed confidentially within the FEU. The QAU, in coordination with the FEU and Department Heads, monitors progress on the discussed improvement areas during the following evaluation cycle. Progress is recorded and reflected in the next annual evaluation to ensure ongoing development.
 - All evaluation forms, feedback copies, interview notes, and related correspondence are maintained confidentially by the FEU. Access to these records is restricted to authorized personnel only. The QAU retains summary documentation as part of institutional quality assurance evidence for continuous improvement.
- 5- The faculty evaluation process is conducted regularly and on an annual basis to ensure consistency, fairness, and continuous performance enhancement. In cases where a faculty member objects to their evaluation, they may first meet with the Faculty Evaluation Unit to discuss their concerns. If unresolved, the faculty member may escalate the matter to the Dean. Should the faculty member remain dissatisfied after this meeting, they are entitled to pursue the formal appeals process described in Section B: Faculty Evaluation Appeals Process.

B. Faculty Evaluation Appeals Process

- 1- This mechanism provides faculty members with a structured way to appeal their annual evaluations, ensuring that any concerns are reviewed fairly and

transparently before proceeding to formal grievance procedures. The process is intended to safeguard objectivity, maintain academic integrity, and support continuous improvement in faculty performance assessment.

- 2- A faculty member wishing to appeal must submit the appeal in writing within 10 working days of receiving the evaluation. The written appeal should clearly identify the specific aspects of the evaluation being contested and must be supported with relevant documentation or evidence. All appeals are formally submitted to the Dean's office for review.
- 3- Upon receipt of an appeal, the Dean establishes an ad hoc Appeals Committee to consider the case. The committee is composed of the Vice Dean, the Chair or Head of a department other than that of the appellant, a representative from the Quality Unit for documentation, and two faculty members selected from departments other than that of the appellant. The Dean designates one of the members to serve as Chair of the committee.
- 4- The Appeals Committee reviews all relevant documents submitted and may, when necessary, interview the appellant and other individuals involved in the evaluation process. All deliberations and proceedings remain strictly confidential. The committee bases its decision solely on merit and established criteria, and its final position is reached by majority vote.
- 5- The Appeals Committee must complete its review and submit its recommendations to the Dean within 15 working days of its formation. The Dean then reviews the recommendations and issues the final decision. This decision is communicated in writing to the faculty member within 5 working days of receiving the committee's recommendations.
- 6- If the faculty member remains dissatisfied with the outcome of the appeal, they may proceed to submit a formal grievance under the established Faculty Complaints and Grievances process, ensuring that their right to a higher level of review is preserved.

33. Mechanism for identifying the faculty teaching and learning needs.

This mechanism supports the continuous improvement of instructional quality, enhances teaching effectiveness, and ensures alignment with the college and program strategic goals, student learning needs, and national accreditation requirements. This mechanism is structured as follows:

- 1- The faculty development and continuous education unit FDCU identifies the teaching and learning skills needs of faculty members through a structured and systematic approach based on performance data, feedback, and program objectives. This process ensures that development priorities directly address

identified faculty needs and support the enhancement of teaching and learning quality within the program.

- 2- A structured self-assessment survey is administered at the beginning of each academic year to all faculty members to reflect on teaching strengths, challenges, and areas for improvement. Responses are confidential and are used to identify both individual and collective development needs, serving as a primary input for developing the annual faculty development plan.
- 3- The QAU gathers additional input from course reports, peer evaluations, student feedback, and administrative and departmental observations recorded in the faculty evaluation forms (if any). This data provides a comprehensive understanding of faculty teaching performance and development priorities.
- 4- The FDCU analyses the collected data to identify recurring and high-impact training needs.
- 5- The FDCU prepares the Annual Faculty Development Plan based on analyzed needs considering Qassim University e-learning Deanship's plan of the teaching and assessment activities announced at the beginning of the academic year to regularly announce and remind the faculty regarding these activities, and collects the attendance certificates following completion of these organized workshops.
It includes:
 - Clearly defined objectives and expected outcomes.
 - Training topics and delivery methods (e.g., workshops, seminars, mentoring).
 - Timelines and responsible coordinators to ensure effective implementation and accountability.
- 6- The plan is submitted to the QAU for review, verification, and alignment with program priorities and quality standards.
- 7- Following QAU validation, the plan is forwarded to the College Council for discussion and approval.
- 8- The FDCU organizes and implements approved training sessions, monitors faculty participation, and evaluates sessions through pre- and post-training assessments and participant feedback.
- 9- The FDCU prepares an Achievement Report summarizing all conducted activities, participation rates, evaluation results, and training outcomes. The report is reviewed and verified by the QAU, then submitted to the College Council for discussion and approval.
- 10- The mechanism and its tools (survey, templates, and analysis forms) are reviewed annually by the FDCU and QAU to ensure ongoing relevance and

effectiveness. Feedback from faculty and training outcomes are used to update and refine the process.

34. Mechanism for receiving and reviewing initiatives and proposals.

This mechanism applies to all academic, administrative, and developmental initiatives and proposals submitted by members of the QUCOD community (faculty, students, and staff) related to the Bachelor of Dental Surgery (BDS) program. It aims to establish a structured and transparent mechanism for receiving, coordinating, and reviewing initiatives and proposals submitted by faculty, students, or administrative staff, ensuring that all submissions are properly categorized, directed to the relevant units or committees, and contribute effectively to the continuous improvement and development of the BDS program. It is described and structured as follows:

- 1- Faculty, students, and staff submit initiatives or proposals exclusively through the online submission form available on the College's website. (<https://forms.office.com/pages/responsepage.aspx?id=pk2wwoeEzEGIA5AyE EincgkSUcxaXpVDpovvanvrjPNUNk5BNlhLQzI1RzJTTEY5SEpOOTIXOE41SS4u&route=shorturl>).

Each submission must include:

- Title and summary of the initiative.
 - Objectives and expected benefits.
 - Required resources and estimated implementation timeline.
- 2- The QAU Coordinator gathers all submitted initiatives and categorizes them by type (academic, administrative, student-related, etc.).
 - 3- Each proposal is then directed to the relevant unit or committee for detailed revision and assessment. The relevant unit or committee revises and assesses the proposal in terms of:
 - Completeness of the submitted information and supporting materials.
 - Relevance to the College's objectives and operational needs.
 - Feasibility regarding available resources, timelines, and implementation capacity.
 - Expected Impact on students, faculty, or program outcomes.
 - Alignment with the BDS program mission and QUCOD's strategic plan.
 - 4- Following the review, the concerned unit or committee submits its written feedback and recommendations to the QAU for consolidation and documentation.
 - 5- The QAU forwards the reviewed and recommended proposals to the appropriate authority for final approval:
 - Program Director – for program-level initiatives.

- Vice Dean for Students' Affairs – for student-related initiatives.
- Dean / College Council – for strategic or college-wide initiatives.
- 6- Approved proposals are integrated into the Annual Operational Plan of the relevant unit or department.
- 7- Implementation progress and outcomes are monitored, documented, and followed up by the Quality Assurance Unit (QAU) to ensure proper execution.
- 8- The faculty member, student, or employee who submitted the proposal receives formal feedback regarding the committee's decision or recommendations.
- 9- Individuals whose proposals are approved and successfully implemented may receive recognition or rewards from the College as an encouragement for innovation and contribution to quality enhancement.
- 10- The QAU reviews the outcomes of implemented initiatives and identifies successful practices for replication in other areas.
- 11- The Lessons learned and the improvement recommendations are shared with the relevant units and committees to strengthen institutional innovation and engagement
- 12- All submitted initiatives, review forms, approvals, and feedback correspondence are archived electronically by the QAU.
- 13- Evidence of implementation, committee meeting minutes, and reports of approved initiatives are maintained as part of the college's continuous quality improvement documentation.

35. Awards offered to the faculty, and their standards and models.

- 1- Awards for Excellence in Scientific Research, which are represented in material prizes in the form of publication incentives granted by the university to distinguished people in the field of scientific research and participants in publishing in refereed scientific journals with an impact factor to honor the distinguished faculty member and encourage him to undertake further research and progress in the field of scientific publishing, in addition to Financial support provided by the university for research projects, as well as support provided by participating in publishing costs for research in journals with an impact factor. The application for these incentives shall be by submitting a request from the applicant to the Deanship of Scientific Research for consideration and approval, if a faculty member meets the conditions for advancement and the advanced research has criteria announced by the Deanship of Scientific Research.
- 2- At the program level, the distinguished faculty member in the field of scientific research is honored by assigning the Dean of the faculty to the faculty's research

center to conduct a census of the scientific publication rate and the citation rate for each faculty member individually. Then the first three centers are determined according to the citation rate to be honored on the scientific research day held by the college annually and organized by the Students' Research and Presentation Skills Supervision committee (SRPSSC) in collaboration with the dental research center by presenting honorary certificates and shields in their names to encourage them and motivate the rest of the faculty to publish scientifically and choose international journals with an impact factor to raise citation rates. This mechanism does not depend on candidacy requests submitted within the program, but rather depends on periodic statistics conducted by the dental research center of the college using Google Scholar accounts for faculty members.

- 3- On the other hand, faculty are honored according to their teaching performance, participation in the different units and committees and their general performance in the program. Each faculty is evaluated annually by his/her department head and the evaluation forms are submitted to the faculty evaluation unit to complete the evaluation according to the general performance in the program. Ten faculties with the best performance are selected to be honored and they are given certificates of excellence.

36. Surveying the opinions of the faculty about the quality and adequacy of the services provided to them.

The services provided by the program and the college to faculty members vary, such as:

- 1- Providing induction and support programs for new faculty members, which are carried out at the university level through the Center of Leadership and Talent Development, which are supported by an induction program provided by the program so that these programs help the faculty member adapt quickly to the new work environment and engage in it.
- 2- Providing training programs for new and existing faculty members.
- 3- Providing scientific research resources from the digital library through the Deanship of Libraries at the university and providing statistical analysis as well as language editing services.
- 4- Providing ways to cooperate with all other faculties and colleges to facilitate the scientific research work for all faculty members and assistants.
- 5- Motivating faculty members for international publication in international journals approved for publication by rewarding and providing material and moral support.

- 6- Providing comprehensive health care for all faculty members and their families in university and government hospitals.
- 7- All aspects of the Program are evaluated and reviewed regularly by senior administrators and Quality Assurance Unit based on quality indicators.
- 8- The teaching staff feedback collected to evaluate the adequacy and quality of the services provided by either direct feedback of teaching staff to heads of the departments and through yearly questionnaire-based surveys.
- 9- Using feedback results, the strengths and weaknesses of the program and quality of the services provided is analyzed and action plans are prepared to overcome weak areas that require improvements.
- 10- The mechanism of the program in surveying the opinions of the faculty about the adequacy and quality of the services provided to them by the college and the program through direct feedback from the faculty to the heads of departments, as well as through the results of annual questionnaires that are submitted to the faculty members of the program (such as the job satisfaction survey). Using the results of the feedback, the strengths and weaknesses of the program and the quality of services provided are analyzed and action plans are prepared to overcome weak areas that require improvement.

37. Policies and Procedures that ensure the adequacy and appropriateness of the sources of learning available to students and faculty.

BDS program implements clear policies and procedures regarding learning resources and reference materials which are sufficient and appropriate for the BDS program. The program has several mechanisms to verify the adequacy of learning sources:

- 1- At the end of each academic year, questionnaires are presented to the beneficiaries of the program (students and faculty members) to ensure the adequacy of the learning resources.
- 2- Faculty members are consulted by department heads at the beginning of the budget cycle to ensure that the materials and equipment required meet the needs of their courses and department. The heads of the sections then submit an application to the Dean's office.
- 3- The program also ensures the adequacy and appropriateness of learning sources through reference comparisons with local corresponding programs by measuring the KPI-P-17 performance indicator for learning sources and services
- 4- There are many committees and units in the program competent to review and meet the needs of all departments of the college and the adequacy of learning resources in accordance with its vision and objectives:

- The Learning Resources Unit
- Dental Skills Unit
- Purchasing and monitoring of educational supplies committee

38. Procedures and mechanism for assessing community needs and planning community service activities.

This mechanism aims to establish a structured process for systematically identifying, assessing, and prioritizing the oral health and educational needs of the community, and for planning, implementing, and evaluating community service activities that align with the mission of the BDS program and the strategic goals of QUCOD and also aligned with Qassim University community service goals. It is summarized as follows:

- 1- The Community Service Committee (CSC) conducts an annual assessment of community needs through multiple sources:
 - Surveys and questionnaires distributed to target community groups (schools, clinics, NGOs, etc.).
 - Data and reports from local health authorities and the Ministry of Health.
 - Feedback from faculty and students who engage in field training and outreach clinics.
 - Requests or proposals received directly from community organizations.
- 2- The collected data are analyzed to identify priority health issues, underserved populations, and gaps in oral health awareness.
- 3- After analysis of all collected data and based on the identified needs, the CSC formulates an Annual Community Service Plan that includes:
 - Thematic focus areas (e.g., oral hygiene awareness, pediatric dentistry education, rural dental health).
 - Target groups and geographical locations.
 - Expected learning and service outcomes (linked to relevant PLOs).
 - Required human and material resources.
 - Collaboration opportunities with internal or external stakeholders.
- 4- The proposed plan is submitted to the Quality Assurance Unit (QAU) for review and verification of alignment with the program's mission, strategic objectives, and available resources.
- 5- Once approved, the CSC coordinates with relevant departments to execute the planned activities. Faculty supervisors guide students during community visits, educational campaigns, or screening programs. Safety and ethical standards are ensured, and all activities are documented using standardized templates.

- 6- After each activity, the CSC collects evaluation data including:
 - Number of beneficiaries served.
 - Type of service provided.
 - Feedback from participants and community partners.
 - Reflections from faculty and students.
- 7- The QAU, in coordination with CSC, evaluates the effectiveness and community impact using key performance indicators (KPIs) such as participation rates, satisfaction scores, and learning achievements.
- 8- The Community Service Committee (CSC) compiles a Community Service Report summarizing all conducted activities, achieved outcomes, and evaluation findings including strengths, weaknesses and priorities for improvement.
- 9- The report is submitted to the Quality Assurance Unit (QAU) for review, verification, and documentation of the outcomes in alignment with the program's objectives and performance indicators.
- 10- After QAU review, a summary of key findings and recommendations is shared with the College Council for acknowledgment and further action if required.
- 11- Lessons learned and feedback are incorporated into the subsequent cycle of community needs assessment and planning to ensure continuous improvement and sustainability of community engagement efforts.
- 12- The faculty member, student, or employee who submitted the proposal receives formal feedback regarding the committee's decision or recommendations.
- 13- Individuals whose proposals are approved and successfully implemented may receive recognition or rewards from the College as an encouragement for innovation and contribution to quality enhancement.
- 14- The CSC and QAU meet annually to review community service outcomes, highlight best practices, and propose improvements for the next cycle.
- 15- Successful initiatives are documented and considered for expansion or replication in subsequent years.
- 16- All community needs assessment tools, annual plans, reports, attendance records, and feedback forms are archived electronically by the QAU.
- 17- Evidence of implementation (e.g., photos, participant lists, media coverage, certificates, and evaluation summaries) is maintained as part of QUCOD's continuous quality improvement records.

39. Mechanism for Periodic Annual Program Review, Evaluation and Continuous Improvement

(detailed description of the quality assurance cycle is discussed in this manual click [here](#))

A- Data Collection (Throughout the Academic Year)

- The Quality Assurance Unit (QAU) coordinates with all program-related entities to ensure the systematic and comprehensive collection of quantitative and qualitative data throughout the academic year.
- Data collection covers all program domains and utilizes verified institutional templates and forms.

Collected data and reports include:

- Course Specifications and Course Reports (TP-153, TP-154).
- Field Experience Report.
- Annual KPI Results Report.
- Stakeholder Survey Reports for students, faculty members, graduates, interns, and employers.
- Program Learning Outcomes (PLOs) Assessment Report.
- Faculty and Administrative Training and Achievement Reports.
- Departmental, Unit, and Committee Annual Achievement Reports.
- Research, Community Service, and Extracurricular Activity Achievement Reports.

B- Analysis and Evaluation (End of Each Academic Year)

- The QAU conducts a comprehensive analysis of the entire program to evaluate its performance and relevance.

Analysis includes:

- Achievement and alignment among Graduate Attributes (GA), PLOs, and CLOs, ensuring consistency with QU graduate attributes and national benchmarks.
- Evaluation of teaching and learning quality, field training, and assessment effectiveness. through the PLOs assessment plan along with the related KPIs (KPI-P-01 "Students' Evaluation of Quality of Learning Experience in the Program", KPI-P-02 "Students' evaluation of the quality of the courses", KPI-P-03 "Completion rate", KPI-P-05 "Students' performance in the professional and/or national examinations", and KPI-P-07 "Employers' evaluation of the program graduate's proficiency").
- Evaluation of research activities through the analysis of the progress report of the research plan and the related KPIs (KPI-P-03 "Completion rate" and KPI-P-06 "Graduates' employability and enrolment in postgraduate programs", KPI-Ps-09, 10, 11 "Percentage of publications, Rate of published research per faculty member, and Citations rate in refereed journals per faculty member").

- Evaluation of the community service by the analysis of the implementation of the community services and student club plans. Furthermore, the analysis of the achievement of the institutional KPIs related to the community services: QU64 “Faculty participation rates in community activities”, and QU44 “Number of volunteer hours for students in the program during the year”.
- Evaluation of the administrative performance and the stakeholder satisfaction and engagement outcomes through the analysis of the satisfaction surveys.
- Comprehensive analysis of the program KPIs and the performance against internal and external benchmarks through the benchmark analysis report.
- During the program evaluation, disaggregated analysis by gender and other subgroups to ensure fairness and equity in outcomes. Identification of recurring strengths, weaknesses, and opportunities for improvement.
- Findings are consolidated into the Program Action Plan Matrix, summarizing key issues, proposed actions, responsible parties, and timelines.

C- Annual Review and Decision-Making

- The Quality Assurance Unit (QAU) submits the Annual Program Report (APR), the KPI analysis, and the Program Action Plan Matrix to the Curriculum Committee for program-level review.
- The Curriculum Committee reviews the findings and validates the proposed improvement actions received from the QAU.

Input and supporting data from the Assessment and Evaluation Unit (AEU) and the Dental Education Unit (DEU) are used to ensure that the proposed recommendations are evidence-based and aligned with the program's learning outcomes, goals, and institutional objectives.

The College Council then reviews and approves:

- The Annual Program Report (APR).
- The Program Annual Operational Plan, which incorporates the approved actions from the Program Action Plan Matrix and aligns them with institutional goals and KPIs.
- Updated KPI targets and defined improvement responsibilities.
- Reassessment of the suitability and number of KPIs, ensuring they remain focused, relevant, and manageable.
- All KPI selection, modification, and approval decisions are recorded in the College Council minutes and archived by the QAU for documentation and audit purposes.

D- Implementation and Monitoring (Subsequent Academic Year)

- Approved improvement actions from the Program Action Plan Matrix are distributed to responsible units and departments for implementation.
- The Quality Assurance Unit (QAU) maintains a tracking system to monitor the progress of each improvement action throughout the academic year.
Monitoring focuses on:
 - Level of completion (*Not Started / In Progress / Completed*).
 - Justifications for delayed or incomplete implementation.
 - Quality comments and recommendations for further improvement.
- The QAU communicates periodically with responsible units to review progress, provide support where needed, and document implementation challenges.
- At the end of the academic year, the QAU prepares an annual summary report on program performance and the status of improvement actions. This report is reviewed by the Curriculum Committee and submitted to the College Council for approval and appropriate action.

E- Documentation and Integration (End of Cycle)

- Lessons learned and improvement outcomes are integrated into:
 - Updated Course and Program Specifications.
 - Revised KPI targets and performance benchmarks.
 - The subsequent Program Annual Operational Plan.
- All KPI selection, target-setting, and revision decisions are documented in the College Council minutes and archived by the QAU as official evidence.
- The complete documentation (APR, KPI reports, Action Plan Matrix, tracking matrices, and meeting minutes) is stored digitally for accreditation and internal audit purposes.

F- Follow-up for Better Improvement

- The feedback and results from each annual review are systematically incorporated into the next evaluation cycle.
- This ensures continuous improvement of the academic, field, administrative, and support dimensions of the program.
- The mechanism establishes a robust feedback loop, linking data collection → evaluation → decision-making → implementation → re-evaluation.
- The QAU ensures that annual review outcomes inform strategic planning, resource allocation, and evidence-based improvement of program quality.

G- Documentation and Records

- All records and evidence are maintained electronically by the Quality Assurance Unit, including:
 - Annual Program Report (APR)
 - Program Action Plan Matrix
 - Program Annual Operational Plan
 - Annual KPI Results Report

Quality Assurance Unit

- Course specifications and course reports
- Field Experience Report
- Stakeholder Survey Reports and Analyses
- Meeting Minutes (Curriculum Committee, College Council)
- Research, Community, and Field Activity Records
- Action Tracking Logs and Implementation Evidence
- These records constitute verifiable proof of QUCOD's comprehensive annual review system, demonstrating alignment with institutional, national, and accreditation quality assurance standards.

TERMINOLOGY

Accreditation

Formal verification by a recognized authority that a program or an institution meets required standards.

Assessment

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

Benchmarks

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

Credits

Points or hours allocated by an institution to specify the work requirements, or the volume or amount of learning expected for a unit, subject or program of study.

Domains of Learning

Broad categories of types of learning expected in a program of study.

Evaluation

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

External Quality Assurance

Processes of review and evaluation of institutions and their programs and activities by an independent external person or agency.

Goals or Aims

General statements of desired developments, which apply a mission to broad areas of activity and provide a guide for establishing objectives and detailed planning.

Higher Education

Formal programs of education provided for students at postsecondary level, normally leading to an academic degree or diploma.

Inputs

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

Institutional Approval

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

Internal Quality Assurance

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

International Accreditation

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

Key Performance Indicators (KPIs)

Selected performance indicators regarded as particularly important for the purpose of assessing performance.

Learning Outcomes

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

Level

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

License

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

Major Change in a Program

A major change in a program is one that affects the basis for its accreditation.

Mission

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

Mode of Instruction

The form of instruction such as lecture, tutorial, laboratory, individual assignment, etc.

Objectives

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

Outcomes

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

Outputs

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

Partner Institution

An institution with which a higher education institution has established a formal, contractual relationship for provision of services.

Peer Review

Evaluation and report on a program, institution or part of an institution by expert evaluators from similar institutions or professions who are specialists in the field concerned or with the organization and management of higher education institutions.

Performance Indicators

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

Postgraduate Education

Education provided at advanced levels of complexity and intellectual demand for students who have completed requirements for a first degree and wish to proceed to more advanced studies.

Processes

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

Professional Accreditation

The accreditation of a program to prepare students for a profession, certifying that it develops the knowledge and skills needed to practice in the profession concerned at the standard of proficiency required.

Program

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

Program Accreditation

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

Qualifications Framework

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

Quality

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

Quality Assurance

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

- To ensure that desired levels of quality are maintained and improved; and
- To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world. Stakeholders in this context include students, the government, and the wider community, including parents, professional associations, and industry.

Quality Improvement

Changes in inputs, processes, and outcomes that improve the quality of performance, usually across the whole range of an institution's activities. The term may be used to describe the strategies used by an institution or other organization to bring about these changes and verify their results.

Teaching Strategies

The strategies used by an instructor to develop student learning.

Value-Added

The process of adding value (normally applied to the value of students' knowledge and skill) because of the teaching and learning activities of an institution or program.

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