

**Accreditation Council for Pharmacy Education  
International Services Program**



**Self-Assessment Instrument for  
Certification of Professional Degree  
Program of Schools of Pharmacy  
based outside the  
United States of America**

**Quality Criteria Version 1.1 (2016)**  
Effective: January 1, 2017

**Template Version October 2020 (School)**



# **Accreditation Council for Pharmacy Education**

## **International Services Program**

### **Self-Assessment Instrument for Certification of Professional Degree Program of Colleges and Schools of Pharmacy based outside the United States of America**

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#### **Template Version October 2020 (School)**

**Introduction:** The *Self-Assessment Instrument for Certification of Professional Degree Programs of Schools of Pharmacy based outside the United States of America* is designed to assist a school of pharmacy prepare its self-study report and document how its pharmacy degree program is addressing ACPE's International Quality Criteria. The instrument identifies the documents, data and descriptive text that will need to be provided by the school for evaluation during the on-site visit in order to determine how the program is addressing each of the Quality Criteria.

An equivalent evaluation instrument (commonly referred to as the "Rubric") is used by members of the on-site evaluation team to validate the school's Self-Study Report and as the basis for the *Evaluation Team Report (ETR)* sent to the school, the ACPE International Commission, and the ACPE Board of Directors. The findings of the evaluation team are used to advise ACPE's International Commission and Board of Directors. The ACPE Board of Directors considers the *ETR* along with other supplementary information provided by the school in order to determine the pharmacy degree program's overall compliance with ACPE's International Quality Criteria and to prepare the ACPE *Action and Recommendations (A&R)* document, which is the official certification action. A Glossary of terms used in the Self-Assessment Instrument is available on the ACPE website and can be [accessed here](#).

## Directions for Completing the Self-Assessment Instrument

For each quality criterion, the school should do the following:

- 1) **Documentation and Data:** Use a check  to indicate documents and data that have been submitted in advance or made available on site.

For each quality criterion, the following documentation and data sections are included:

- Required Documentation and Data (for inclusion in the Self-Study Report)
- Required Documentation for On-Site Review only (may not apply to all criteria)
- Optional Documentation and Data (included in the Self-Study Report at the discretion of the school)

**Please Note:** For self-study reports submitted electronically to ACPE, the preferred file format for documents and data is Portable Document Format (PDF). If required documentation or data cannot be provided, an explanatory note should be provided in the self-study report.

A full list of the required documentation and data for the self-study report or to be available on-site can be accessed at <https://www.acpe-accredit.org/international-services-program/>.

- 2) **School's Self-Assessment:** Self-assess the program on aspects of the quality criterion using the following scale:

- The program is in **full or substantial compliance** with the criterion (**FSC**)
- The program needs **minimal improvement** to achieve compliance with the criterion (**MI**)
- The program needs **substantial improvement** to achieve compliance with the criterion (**SI**)

- 3) **School's Comments on the Quality Criterion:** The school's descriptive text should describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. Specific areas that should be addressed by the school are noted for each criterion.

Suggested page limits have been provided for each criterion to comply with ACPE's **overall limit of 90 - 120 pages for all 26 criteria for the descriptive text** used to address this element of the self-study report. Appendices, tables and figures included in the text do not count towards the page limit. Twelve criteria (2, 4, 8, 10, 12, 14, 15, 16, 17, 20, 21, 22) have been assigned 2 - 4 pages each; nine Criteria (1, 3, 5, 6, 7, 11, 18, 19, 24) have been assigned 3 – 5 pages each; and five Criteria (9, 13, 23, 25, 26) have been assigned 4 - 6 pages each. Schools are free to choose how they allocate the 90 – 120 page limit among the 26 criteria, but the individual page limits suggested for each criterion give an indication of the **level of detail expected** by ACPE. **Please use a 12-point font with line spacing of 1.5. Contemporary fonts like Arial or Calibri are preferred.**

- 4) **School's Final Self-Evaluation:** Self-assess compliance of the program on the criterion using the following classifications:

**Compliant:<sup>1</sup>**

No factors exist that compromise current compliance; no factors<sup>2</sup> exist that, if not addressed, may compromise future compliance.

**Compliant with Monitoring:**

- No factors exist that compromise current compliance; factors<sup>2</sup> exist that, if not addressed, may compromise future compliance **/or**
- Factors exist that compromise current compliance; an appropriate plan<sup>3</sup> exists to address the factors that compromise compliance; the plan has been fully implemented<sup>4</sup>; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

**Partially Compliant:**

Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated<sup>5</sup>; the plan has not been fully implemented<sup>4</sup> and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

**Non Compliant:**

- Factors exist that compromise current compliance; an appropriate plan<sup>3</sup> to address the factors that compromise compliance does not exist or has not yet been initiated **/or**
- Adequate information was not provided to assess compliance.<sup>6</sup>

**Notes:**

1. Compliant means *substantially meets, meets, or exceeds* the requirements and expectations of the criterion. A program may have elements of a Quality Criterion that are assessed as needing improvement, but overall the Quality Criterion may be rated as Compliant.
  2. Factors could include innovations and planned or unplanned substantive changes to the program.
  3. A plan is appropriate (acceptable to ACPE) if it meets the following criteria: is likely to succeed, is feasible, has been approved by the university or applicable authority (if necessary), has an acceptable timeline, and is adequately resourced.
  4. Fully implemented means that all components of the plan have been implemented and are proceeding to completion; no additional steps need to be taken; all that is required is continued monitoring and collection of assessment data to provide further evidence that the plan is succeeding as intended.
  5. Initiated means that some of the first steps of the plan have been started.
  6. Other than for the first bullet point under Non Compliant, the above classifications assume that the information provided was adequate to assess compliance. Information to assess compliance may come from a self-study report, an on-site evaluation, a post-visit supplementary report, or an interim report.
- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

## ACPE Annual Reporting Policies

ACPE's Annual Reporting Policies can be found on the ACPE website (see Policies and Procedures Paragraph 13.6). The criteria specified in the policies, such as, passing rate of graduates on national licensure examinations are not incorporated in ACPE Quality Criteria and they are not used as a **direct** determinant of compliance or non-compliance. The criteria are used as the basis for ongoing monitoring of programs and, when applicable, requests for additional information from a school of pharmacy. The policies provide an indication of what data would trigger additional monitoring by ACPE in accordance with the policy. Programmatic data that fall outside of the monitoring parameters may be indicative of underlying issues that could impact compliance with certification quality criteria.

The Annual Reporting Policies are most relevant to:

- Criterion No. 3: Strategic Planning and Continuous Quality Improvement (changes and trends in enrollment)
- Criterion No. 5: School and University Internal Relationships (changes and trends in academic staff resources)
- Criterion No. 17: Enrollment Management (changes and trends in enrollment)
- Criterion No. 19: Academic and Other Staff Resources - Quantitative (changes and trends in staff resources)
- Criterion No. 20: Academic Staff Resources – Qualitative (changes and trends in staff resources)
- Criterion No. 26 : Physical Facilities (changes and trends in enrollment)
- Criterion No. 26: Financial Resources (changes and trends in enrollment)

**The school should develop an appropriate cover page for their Self-Study Report followed (on the next page) by a detailed Index with page numbers, including the following:**

Overview of the School and Program

Summary of the School's Self-Study Process

Table of the School's Self-Evaluation of All Criteria

Criterion No. 1: Mission, Goals, and Values

Criterion No. 2: Professional, Ethical and Harmonious Environment

Criterion No. 3: Strategic Planning and Continuous Quality Improvement

Criterion No. 4: Assessment of Achievement of Mission and Goals

Criterion No. 5: School and University Internal Relationships

Criterion No. 6: External Collaborative Relationships

Criterion No. 7: Organizational Structure and Governance of the School

Criterion No. 8: Competencies of Graduates

Criterion No. 9: Development and Delivery of the Curriculum

Criterion No. 10: Teaching and Learning Methods

Criterion No. 11: Curricular Foundation in the Sciences

Criterion No. 12: Simulation and Practice Experiences

Criterion No. 13: Assessment of Student Learning and Curricular Improvement

Criterion No. 14: Student Services

Criterion No. 15: Program Information

Criterion No. 16: Academic Policies and Procedures

Criterion No. 17: Enrollment Management

Criterion No. 18: Student Representation, Perspectives, and Grievances

Criterion No. 19: Academic and Other Staff Resources - Quantitative

Criterion No. 20: Academic Staff Resources - Qualitative

Criterion No. 21: Continuing Professional Development of the Staff

Criterion No. 22: Performance Evaluation of the Staff

Criterion No. 23: Physical Facilities

Criterion No. 24: Library and Educational Resources

Criterion No. 25: Pharmacy Practice Sites and Preceptors

Criterion No. 26: Financial Resources

**The school should develop a list of all the appendices arranged by Criterion in the following format:**

*Note: Appendix filenames should be in the format Appendix 1.X only (see ACPE Guidelines for Electronic Submission of Documents on the ACPE website).*

**Criterion No. 1: Mission, Goals, and Values**

|              |                    |  |
|--------------|--------------------|--|
| Appendix 1.X | Title of Document  | Brief Description (if not self-explanatory)      |
| Appendix 1.X | Title of Document  | Brief Description (if not self-explanatory)      |
| Appendix 1.X | Title of Document, | Brief Description (if not self-explanatory) etc. |

**Criterion No. 2: Professional, Ethical and Harmonious Environment**

|              |                    |  |
|--------------|--------------------|--|
| Appendix 2.X | Title of Document  | Brief Description (if not self-explanatory)      |
| Appendix 2.X | Title of Document  | Brief Description (if not self-explanatory)      |
| Appendix 2.X | Title of Document, | Brief Description (if not self-explanatory) etc. |

Criterion No. 3: Strategic Planning and Continuous Quality Improvement

Criterion No. 4: Assessment of Achievement of Mission and Goals

Criterion No. 5: School and University Internal Relationships

Criterion No. 6: External Collaborative Relationships

Criterion No. 7: Organizational Structure and Governance of the School

Criterion No. 8: Competencies of Graduates

Criterion No. 9: Development and Delivery of the Curriculum

Criterion No. 10: Teaching and Learning Methods

Criterion No. 11: Curricular Foundation in the Sciences

Criterion No. 12: Simulation and Practice Experiences

Criterion No. 13: Assessment of Student Learning and Curricular Improvement

Criterion No. 14: Student Services

Criterion No. 15: Program Information

Criterion No. 16: Academic Policies and Procedures

Criterion No. 17: Enrollment Management

Criterion No. 18: Student Representation, Perspectives, and Grievances

Criterion No. 19: Academic and Other Staff Resources - Quantitative

Criterion No. 20: Academic Staff Resources - Qualitative

Criterion No. 21: Continuing Professional Development of the Staff

Criterion No. 22: Performance Evaluation of the Staff

Criterion No. 23: Physical Facilities

Criterion No. 24: Library and Educational Resources

Criterion No. 25: Pharmacy Practice Sites and Preceptors

Criterion No. 26: Financial Resources

## Overview of the School and Program

If this is the school's **first self-study report** for ACPE, please provide a brief overview of the school and program to address the following points (use appropriate headings for each section):

- History of the university (public/private, mission, faculties/colleges, etc.) and school of pharmacy
- Research focus of school of pharmacy; community and national engagement
- Organizational structure and governance of the school of pharmacy, including departmental structure
- Degrees offered by the school of pharmacy; date of first enrollment and date of first graduating class for the professional degree program(s) being certified
- Curricular length, structure, and philosophy, including experiential (practice-based) education included in the curriculum
- Number of students currently enrolled in the professional degree program(s) being certified (provide numbers for each year/class of the program); nature/diversity of the students enrolled
- The school of pharmacy academic, administrative, and technical/support staff
- Campus facilities at the school of pharmacy (lecture halls, classrooms, study rooms, laboratories, offices, etc.) and university (including library, educational resources, social, residential, and recreational facilities, etc.)
- Sources of financing for the university, school of pharmacy, and program
- Accreditation status of the pharmacy degree program (for which Certification is applied) and/or the University by the country's national accreditation body and/or any other accreditation that applies to the degree program and/or University; the overview should include a description of any applicable special conditions, requests or monitoring
- Any other innovative, noteworthy or unique aspects of the program, school, and university that may provide additional valuable information and provide context for the on-site evaluation

[TEXT] (Approximately 4-6 pages)

If this is a **self-study report for continuation of certification**, please provide an overview of notable changes and developments related to the program and the school since the last comprehensive on-site evaluation. The overview should be organized by the six sections of the Quality Criteria (shown below). The overview should address:

- Areas/issues that were identified as needing improvement during the last comprehensive on-site evaluation and/or any subsequent monitoring
- Any substantive changes in the school or program since the last comprehensive on-site evaluation
- Any other innovative, noteworthy or unique aspects of the program, school, and university that may provide additional valuable information and provide context for the on-site evaluation

Section 1 - Mission, Planning, and Evaluation

Section 2 - Organization and Administration

Section 3 - Curriculum

Section 4 - Students and Academic Policies

Section 5 - Staff Resources

Section 6 - Facilities and Resources

In addition, under a heading "Accreditation Status," the school should describe any notable changes since the last on-site evaluation visit or interim report with regard to the accreditation status of the ACPE-certified degree program and/or the University by the country's national accreditation body and/or any other accreditation that

applies to the degree program and/or University; the overview should include a description of any applicable special conditions, requests or monitoring

## **Section 1**

By the beginning of the academic year 2021 -2022 and after establishment of the new strategic plan of the University, the University strategic planning administration conducted a workshop with all strategic planning units of all colleges and directed them to start preparation of a new plan for each college by using the University strategic plan framework.

The strategic plan team was assigned by the college dean to start preparation of the new plan. The team adopted a methodology similar to that used by the university's strategic plan team. Weekly meetings have been conducted between the team member to prepare a primary statement for the college vision, mission, values and goals.

A preliminary statement of vision, mission, values and goals have been written then A benchmark have been done including vision, mission, values and goals of:

- Qassim university
- The Previous strategic plan of College of pharmacy Qassim university
- Virginia Commonwealth University School of Pharmacy
- College of pharmacy Imam Abdul Rahman Ben Faisal University
- College of Pharmacy King Saud University

Also the team members prepared SWOT analysis and benchmark, and college projects. After preparation of a draft by the strategic plan unit a series of meeting and discussion was conducted between, college Dean, Head of quality unit and Head of the strategic planning unit to discuss the draft.

A similar procedure has been applied for the determination of college programs, initiatives and projects. After that a workshop have been conducted including all college members (the college dean, vice deans, heads of departments, heads of all college units, all teaching staff and all administrative staff). The members of the workshop were divided into four groups. Each group discussed part of the strategic plan and made recommendations. one group for vision and mission, the second for values and goals, the third for SWOT analysis and the fourth for college projects. Then the recommendations of each group have been discussed by all college members.

At the end of workshop, a paper-based survey has been distributed to all members. Then a series of meeting have been conducted between college dean, head of quality assurance unit and head of the strategic planning unit to follow up implementation of the recommendations of the workshop and the recommendation of the survey. After implementation of recommendations an online survey have been prepared for teaching staff, administrative staff, students and employers (employment agencies) and we are now reviewing the survey.

## **Section 2**

The substantive changes being made at level of leadership of the college include:

In the academic year 2018-19, Dr. Abdulmajeed Alqasomi was appointed as the Dean of the College of Pharmacy. Dr. Ahmed Alhowail, who was the former head of the department of medicinal chemistry and pharmacognosy, was appointed as the Vice Dean for Academic Affairs. The new Dean created a new position of "Vice Dean" with additional responsibilities. The new position, which is called the Vice Dean was assigned to Dr. Yasser Almoqbel, he was responsible for various administrative tasks such as Quality Assurance and Media & Public Relations. In addition, Dr. Atef Abdulagaleel was appointed as the new head of the Medicinal Chemistry & Pharmacognosy Department. Dr. Waleed Alwayan was also appointed as the new head of the pharmacy practice department. In 2020, Dr. Sulaiman Almahmoud was appointed as the new head of the Department of Medicinal Chemistry and Pharmacognosy. In 2021, Dr. Amal Alsubyel was also appointed as the new vice dean for girls' affairs in in 2022, Dr. Waleed Alwayan was appointed as the new vice dean for academic affairs.

## **Section 3**

The college has revised the Pharm D program which results in major changes being made to the curriculum. Examples of substantive changes Examples of changes made to the program as a result of the revision include:

- Deletion of redundant/overlapping courses and/or course contents.
- Improving the integration between basic and clinical science courses.
- Hours of the clinical courses have increased and the content of basic science courses has reduced to save adequate time to introduce more patient care-focused courses in the curriculum.

- Incorporation of Patient care courses at earlier level of the curriculum to ensure that students are adequately prepared to enter the Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs).
- Incorporation of simulation activities prior to the IPPEs and APPEs to provide students with an opportunity to practice in a simulated environment prior to the beginning of experiential activities in real situation. This will ensure that students are adequately prepared for and will maximize the outcomes associated with the experiential coursework.
- Incorporation of interprofessional education through engagement with other health sciences programs.
- Modification of the intended learning outcomes of program and all courses.

Due to the changes made to the program the ACPE required a brief description of progress with implementation of the curricular changes recommended by the College's external reviewer and ACPE and an assessment of the impact on the program. (Note: this Criterion is rated as Compliant; the monitoring is standard procedure for such a substantive change.)

Simulation and Practice Experiences in the new college facilities was considered as compliant with monitoring last comprehensive on-site evaluation. Since the new simulation facilities were not used till now, they will be evaluated after the students use them. The college will then make necessary modifications to the facilities if needed.

In terms of the program learning outcomes, the college implemented new PLOs on the program based on the recommendation of the Council of Deans of Pharmacy Colleges in Saudi Arabia which recently approved uniform Program Learning Outcomes (PLOs) based on the new SAQF criteria. The new criteria consist of three domains instead of five. The new PLOs were built based on international benchmarks, including USA (CAPE), Canada, UK, and Australia.

## **Section 6**

The college partially moved into its new building where both male and female will be within the same building. The pandemic affected the transition plan. It was expected that both sections will be completely moved in 2019/2020. Currently, all male lectures are conducted in the new building since the beginning of the academic year 2021/2022. Also, most of staff were moved into the new building.

The designs of labs including simulated pharmacy and clinical skills labs almost completed and expected to be ready to use within the academic year 2022/2023.

Although the distribution of learning resources especially classrooms and labs between male and female sections is currently addressed the available facilities in male and female sections meet the different learning needs of students, moving male and female sections into the same building (the new building) will ensure efficiency use of different learning resources.

## Summary of the School's Self-Study Process

The school should provide a summary of the self-study process. ACPE does not require any supporting documentation for the Summary of the Self-Study Process; however, the school may provide supporting documentation (such as, a list of the members of the self-study committees and their title/position/role) as an appendix in the self-study report.

The self-study report describes the collection, analysis and the conclusion of the outcome of a comprehensive study carried out by the college to assess various aspects of academic and administrative services provided by the college to accomplish its mission. The assessment process takes into consideration the requirement of the ACPE. The self-study process of College of Pharmacy began in 2014 and received international ACPE certification in the year 2016 followed by regular follow-ups with the ACPE team through interim reports towards continuation of the certification. As part of the process, a comprehensive visit by the ACPE team for re-certification is scheduled during the academic year 2022-2023. Based on the previous recommendations by college administration, ACPE and NCAAA committees, the college after approval from the university adopted the new curriculum which ensured their compliance with the job market, national and international Pharm D requirements. The new Pharm D program involved changes in courses, teaching content, teaching methodology, assessment in addition to new college building for conducting the program effectively. Also, the template for the current SSR changed significantly compared to the previous version which had only 19 criteria while the new SSR version involved 26 criteria divided over 6 sections. Therefore the current SSR involves evaluation and assessment for the new Pharm D program using new SSR template provided by the ACPE. The College's Dean, Dr. Abdulmajeed Alqasoumi appointed a self-study committee (SSC) in consultation with Quality Assurance Unit (QAU) to prepare self-study report (SSR). The SSC was divided into six subcommittees, each subcommittee were responsible for one section in the SSR. Faculty members who were part of the QAU along with other faculty who were previously involved in preparing of SSR and/or National Commission for Academic Accreditation and Assessment (NCAAA) report with considerable exposure as well experience towards data collection were involved. The SSC while providing leadership to the SSR process assessed college's outreach in meeting each criterion as recommended by the ACPE. The SSC facilitated as and when required proper working process including the integrity of the SSR. All the SSC members communicated and deliberated with the College's staff in pertaining to SSR process as well as its findings. This ensured that all the college's staff was not only aware about the SSR process but also contributed in their own capacity towards SSR. After the establishment of the SSC, during the initial SSR meeting along with distribution of responsibilities for each section a timeline for completion of the tasks was also

deliberated. Due to the experience and exposure of faculty in preparing previous ACPE SSR, NCAAA SSR and university's Deanship of Quality Assurance documents, the current SSR report was conducted smoothly with a clear roadmap and without affecting any academic or research activities of the faculties. The committee met frequently or held meeting virtually as and when required throughout the entire process of self-study process. The ACPE self-study pro-forma is used to reflect the assessment and status on six sections and 26 criteria of the ACPE quality requirements. The filling-in of the report was guided by its template for the pro-forma. The self-study assessed every aspect of the College and the program. Orientation programs or dissemination of information through different platforms were conducted for all stakeholders including faculty, staff, students and employers by the College.

The committee adopted a comprehensive approach to assess all the criteria performance and compliance levels. To assess the criteria, questionnaires based surveys were conducted to obtain feedback from students, faculty and employers about the program's quality in academics and training, resources availability, facilities provided and services offered by the College. The faculty and staff were asked to comment and provide feedback in their specific work areas. In addition, the survey results were discussed and feedback obtained from employers, alumni and students.

The College held workshops to conduct a SWOT analysis of ACPE self-study report sections. Each self-study report subcommittee conducted a SWOT analysis related to their section. Then the SWOT data were discussed and assessed by the subcommittee. After that, the result of SWOT analysis and assessment were presented to all faculty members by the organizer of each section to get their feedback. The feedbacks of the faculty members were considered and the SWOT assessment was modified accordingly.

Due to the recent COVID-19 global pandemic the SSC had meeting as and when required through virtual platforms in addition to meetings with the Dean. The subcommittee reviewed and discussed their first draft of their section with the dean highlighting the areas in SSR which required attention and feedback was obtained. During the subsequent meetings, the subcommittee discussed the modifications in the SSR according to the previous feedback.

The self-study process utilized the following documents/resources as referrals:

- i. ACPE SSR report and interim reports
- ii. Qassim University and College of Pharmacy's vision, mission, goals and objectives
- iii. Qassim University and College of Pharmacy Strategic Plans
- iv. College of Pharmacy Booklet
- v. College of Pharmacy 'Staff Handbook'
- vi. College of Pharmacy 'Student Guide'
- vii. Qassim University/Ministry of Education's Faculty Governing 'Rules Booklet'
- viii. College of Pharmacy 'Recruitment Manual'
- ix. College of Pharmacy 'Annual Reports'
- x. Qassim University and College of Pharmacy's websites
- xi. Meeting minutes from several Committees
- xii. College of Pharmacy's Administration & Bylaws Booklet
- xiii. Indicators and evidences incorporated in several criterion of this SSR from 'Program and Course Specifications', 'Course Reports', 'Students' Courses and Instructor's evaluations surveys', Graduates' and Employers' feedbacks.
- xiv. Surveys conducted among stakeholders.

List of members of the Self-Study Committee

| <b>Name and Affiliation</b> | <b>Role</b> |
|-----------------------------|-------------|
| Dr. Yasser Almogbel         | Head        |
| Dr. Abdullah Alalwan        | Member      |
| Dr. Maha Aldubayan          | Member      |
| Dr. Hossam Elsis            | Member      |
| Dr. Rehab Elgharabawy       | Member      |
| Dr. Amin Mohamad            | Member      |
| Prof. Riaz Khan             | Member      |
| Dr. Kamran Rasheed          | Member      |
| Dr. Salman Mohammed         | Member      |
| Dr. Hussein Mohamad         | Member      |
| Dr. Minhaj ul Arfeen        | Member      |
| Dr. Rabbani Imam            | Member      |
| Dr. Ahmer Mirza             | Member      |
| Dr. Elham Saleh             | Member      |

The members of the on-site evaluation team will use the following form to evaluate the school's self-study process and the clarity of the report, and will provide feedback to assist the school to improve the quality of future reports. The school is not required to complete this table.

|   | <b>Commendable</b>  | <b>Meets Expectations</b>  | <b>Needs Improvement</b>  |
|---|---|--|---|
| <b>Participation in the Self-Study Process</b>                | The self-study report was written and reviewed with broad-based input from students, academic and other staff, preceptors, administrators and a range of other stakeholders, such as, graduates, practitioners, employers of pharmacists, and representatives of pharmacy organizations and regulators.<br><br>Commend <input type="checkbox"/>   | The self-study report was written and reviewed with broad-based input from students, academic and other staff, preceptors, and administrators.<br><br>Meets <input type="checkbox"/>   | The self-study report was written by a select group of individuals in the school, who did not seek broad input from students, academic and other staff, preceptors, administrators, or other key stakeholders.<br><br>Needs Improvement <input type="checkbox"/>  |
| <b>Knowledge of the Self-Study Report</b>                     | Students, academic and other staff, and preceptors are conversant in the major findings and conclusions of the report and how the school intends to address any deficiencies in the program.<br><br>Commend <input type="checkbox"/>  | Students, academic and other staff, and preceptors are aware of the report and its contents.<br><br>Meets <input type="checkbox"/>   | Students, academic and other staff, and preceptors have little or no knowledge of the report and its contents or its impact on the program.<br><br>Needs Improvement <input type="checkbox"/>   |
| <b>Completeness and Transparency of the Self-Study Report</b> | All narratives and supporting documentation are complete, thorough, clear and concise. The content appears thoughtful and honest. Data presented is analyzed, conclusions made, and remedial action identified when necessary. Areas needing improvement are discussed openly and plans outlined for quality improvement. Interviews validate the self-study findings and conclusions. Data provided in different sections is consistent and no sections of the report contradict each other.<br><br>Commend <input type="checkbox"/> | All narratives and supporting documentation are present. Strengths and weaknesses of the program are presented. Interviews generally agree with the self-study findings and conclusions.<br><br>Meets <input type="checkbox"/> | Information is missing, inadequate, inconsistent, or contradictory. Portions of the content appear biased and/or evidence is not presented to support statements made in the text. Data is presented without adequate commentary.<br><br>Needs Improvement <input type="checkbox"/>                                   |
| <b>Organization of the Self-Study Report</b>                  | All sections of the report are complete and well organized. Indexes, bookmarks and hyperlinks are provided to facilitate finding information. Pages are numbered and sections are clearly labeled. The style and formatting of text is consistent throughout the report. Tables and figures are clear and easy to read and interpret.<br><br>Commend <input type="checkbox"/>   | The content is organized and logical. The reviewer is able to locate a response for each criterion and the supporting documentation with minimal difficulty.<br><br>Meets <input type="checkbox"/>                             | Information appears to be missing or is difficult to find. Sections are not well labeled. Some links provided in the document do not work. Data tables and graphics are not easy to read and interpret. Different text formatting and fonts are used in the report.<br><br>Needs Improvement <input type="checkbox"/> |
| <b>Relevance of Supporting Documentation</b>                  | Supporting documentation is informative, used judiciously, and linked to the main text.<br><br>Commend <input type="checkbox"/>   | Supporting documentation is present when needed.<br><br>Meets <input type="checkbox"/>   | Supporting documentation is missing, irrelevant, redundant, or uninformative. The relevant text is hard to find.<br><br>Needs Improvement <input type="checkbox"/>  |
| <b>Evidence of Continuous-Quality Improvement</b>             | The school presents thoughtful, viable plans to address areas of deficiency and advance the quality of the program beyond the requirements of the Quality Criteria. When plans have already been implemented, evidence is provided to demonstrate that the plan is addressing the problem.<br><br>Commend <input type="checkbox"/>  | The school proactively presents plans to address areas where the program is in need of improvement.<br><br>Meets <input type="checkbox"/>  | No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. Areas needing attention are not resolved in a timely fashion.<br><br>Needs Improvement <input type="checkbox"/>   |

## Table of the School's Self-Evaluation of All Criteria

Please complete this table (☒) **after** self-assessing compliance with the individual criteria using the Self-Assessment Instrument.

| Quality Criteria  | Compliant | Compliant with Monitoring | Partially Compliant | Non Compliant |
|---|-----------|---------------------------|---------------------|---------------|
| <b><i>MISSION, PLANNING, AND EVALUATION</i></b>               |           |                           |                     |               |
| 1. Mission, Goals, and Values                                 | ☒         | ☐                         | ☐                   | ☐             |
| 2. Professional, Ethical and Harmonious Environment           | ☒         | ☐                         | ☐                   | ☐             |
| 3. Strategic Planning and Continuous Quality Improvement      | ☒         | ☐                         | ☐                   | ☐             |
| 4. Assessment of Achievement of Mission and Goals             | ☒         | ☐                         | ☐                   | ☐             |
| <b><i>ORGANIZATION AND ADMINISTRATION</i></b>                 |           |                           |                     |               |
| 5. School and University Internal Relationships               | ☒         | ☐                         | ☐                   | ☐             |
| 6. External Collaborative Relationships                       | ☒         | ☐                         | ☐                   | ☐             |
| 7. Organizational Structure and Governance of the School      | ☒         | ☐                         | ☐                   | ☐             |
| <b><i>CURRICULUM</i></b>                                      |           |                           |                     |               |
| 8. Competencies of Graduates                                  | ☒         | ☐                         | ☐                   | ☐             |
| 9. Development and Delivery of the Curriculum                 | ☒         | ☐                         | ☐                   | ☐             |
| 10. Teaching and Learning Methods                             | ☒         | ☐                         | ☐                   | ☐             |
| 11. Curricular Foundation in the Sciences                     | ☒         | ☐                         | ☐                   | ☐             |
| 12. Simulation and Practice Experiences                       | ☒         | ☐                         | ☐                   | ☐             |
| 13. Assessment of Student Learning and Curricular Improvement | ☒         | ☐                         | ☐                   | ☐             |
| <b><i>STUDENTS AND ACADEMIC POLICIES</i></b>                  |           |                           |                     |               |
| 14. Student Services  | ☒         | ☐                         | ☐                   | ☐             |
| 15. Program Information                                       | ☒         | ☐                         | ☐                   | ☐             |
| 16. Academic Policies and Procedures                          | ☒         | ☐                         | ☐                   | ☐             |
| 17. Enrollment Management                                     | ☒         | ☐                         | ☐                   | ☐             |
| 18. Student Representation, Perspectives, and Grievances      | ☒         | ☐                         | ☐                   | ☐             |
| <b><i>STAFF RESOURCES</i></b>                                 |           |                           |                     |               |
| 19. Academic and Other Staff Resources – Quantitative         | ☒         | ☐                         | ☐                   | ☐             |
| 20. Academic Staff Resources – Qualitative                    | ☒         | ☐                         | ☐                   | ☐             |
| 21. Continuing Professional Development of the Staff          | ☒         | ☐                         | ☐                   | ☐             |
| 22. Performance Evaluation of the Staff                       | ☒         | ☐                         | ☐                   | ☐             |
| <b><i>FACILITIES AND RESOURCES</i></b>                        |           |                           |                     |               |
| 23. Physical Facilities                                       | ☒         | ☐                         | ☐                   | ☐             |
| 24. Library and Educational Resources                         | ☒         | ☐                         | ☐                   | ☐             |
| 25. Pharmacy Practice Sites and Preceptors                    | ☒         | ☐                         | ☐                   | ☐             |
| 26. Financial Resources                                       | ☒         | ☐                         | ☐                   | ☐             |

## Section 1 Mission, Planning, and Evaluation

**Criterion No. 1: Mission, Goals, and Values:** The school operates under a defined mission, which is compatible with the mission of the university and is developed with broad input from school stakeholders. The mission, goals and values reflect a commitment to continuous quality improvement in education, research, scholarship, and community service, and to being socially accountable in its activities.

**1) Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The mission, goals and values of the school [appendix 1.1]
- The mission, goals and values of the university [appendix 1.2]
- The annual report of the school [appendix 1.3]
- The annual report of the university [appendix 1.4]
- A description of current pharmacy practice in the country, in all of its manifestations and practice sites [appendix 1.5]
- An analysis of graduates for the past three graduating classes (including an analysis of:
  - what percentage of graduates were employed in the country as pharmacists within 12 months of graduation, with a breakdown by practice sector
  - what percentage of graduates were employed as pharmacists in another country, with a breakdown by practice sector; etc.) [appendix 1.6]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the criterion:

- Mission, Vision of the Ministry [appendix 1.7]
- National Qualification Framework by NCAAA [appendix 1.8]
- Student Guide [appendix 1.9]
- Faculty Guide [appendix 1.10]
- Mission Survey Forms [appendix 1.11]
- Quality Assurance Booklet [appendix 1.12]
- Staff Evaluation Form [appendix 1.13]
- Strategic plan of the College [appendix 1.14]
- Published research article [appendix 1.15]
- Students authored published research articles [appendix 1.16]

**2) School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the criterion:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school operates under a defined mission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school's mission is compatible with the mission of the university.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school's mission is developed with broad input from school stakeholders.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The mission, goals and values of the school reflect a commitment to continuous quality improvement in education, research and scholarship, and community service. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The mission, goals and values of the school reflect a commitment to being socially accountable in its activities.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 3 – 5 pages in length, which is an indication of the level of detail expected by ACPE.*

The mission is aligned with national needs and the profession-wide vision for pharmacy practice, the pharmaceutical sciences, and education

The College of Pharmacy at Qassim University started in 2005 towards fulfilling the regional and national needs of healthcare professionals to serve the Saudi society. The strategic plan and mission of Qassim University desired the establishment of a regional College of Pharmacy, thus fulfilling its obligations as outlined in the university's mission statement. A royal decree promulgated by the Council of Higher Education on 27<sup>th</sup> February 2005 under the orders of the custodian of the two holy mosques, King Abdullah Bin Abdulaziz, formally established the college. The College of Pharmacy started its Pharm. D. program in line with the vision, mission, and goals of the University.

#### **The College's Vision Statement:**

"To be a nationally distinguished college in pharmacy education and research that supports local, sustainable development"

#### **The College's Mission Statement:**

"To provide an advanced and accredited pharmacy education that produces professionally qualified clinical pharmacists capable of conducting cutting-edge health-care and applied research using the latest and effective approaches through collaboration with local, national, and international healthcare, pharmaceutical, and research institutions" (appendix 1.1).

The College's vision and mission are derived from the vision and mission of the University (Table 1). Also, the mission of the college serves the national needs and evolved around education, training, community service, and research with well-defined goals. The mission encourages the professionalism, self-learning, and independence of the decision-making as defined by the national (NCAAA) and international standards for pharmacy education.

**Table 1. Alignment of vision and mission of the College with the Qassim University**

|                | <b>College of Pharmacy/Pharm D Program</b>   | <b>Qassim University</b>  |
|----------------|--|---|
| <b>Vision</b>  | To be a nationally distinguished college in pharmacy education and research that supports local sustainable development.   | A University of distinctive national education, supportive of sustainable development in Qassim region, contributor in building a society of knowledge.   |
| <b>Mission</b> | To provide an advanced and accredited pharmacy education that produces professionally qualified clinical pharmacists capable of conducting cutting-edge healthcare and applied research using the latest and effective approaches through collaboration with local, national, and international healthcare, pharmaceutical, and research institutions. | The provision of developed university education that is accredited for developing integrated qualifications to meet the needs of the labor market, to provide community services and outstanding applied research, to contribute to building a knowledge- based economy by using the latest administrative, technical, and informatics methods, and by activating the national and international partnership and developing the university resources. |

**College Goals and underlying objectives:**

1. To provide students with the basic principles and fundamentals of pharmacy education.
  - (i). To provide an understanding of the basic sciences used in clinical pharmacy.
  - (ii). To enable students to apply the principles of clinical pharmacy in pharmacy practice.
  - (ii). To develop students' ability to achieve and continuously update information in the field of clinical pharmacy.
2. To cultivate qualities of leadership, creative thinking, ethics, personal and social responsibility in students, so they graduate as competent team players.
  - (i). To develop skills of teamwork, leadership, creativity, and responsibility among students.
  - (ii). To provide standard guidelines on pharmacy law and ethics to students.
3. To provide students with skills in information technology, written and oral professional communication, and quantitative and numerical skills for pharmacy.
  - (i). To provide adequate intellectual and professional abilities to meet today's challenges and future in the field.

- (ii). To provide appropriate problem-solving skills for making the right decision at the right time.
- 4. To encourage students to develop intellectually and professionally to meet current and future challenges in the field of pharmacy.
  - (i). To provide sufficient knowledge concerning all types and tools of communication in healthcare.
  - (ii). To provide training in the use of various programs related to the clinical pharmacy in treating the patient.
- 5. To train students in up-to-date technological advances in pharmacy.
  - (i). To place proper emphasis on program courses that develop student skills in diagnosis and treatment.
  - (ii). To prepare students to enable them to use the current technology to meet future challenges in clinical pharmacy.
- 6. To provide community awareness programs on healthy lifestyles and the proper use and consequences of misuse of medicines.
  - (i). To provide students with knowledge and skills necessary to conduct basic and applied pharmacy research that serves the profession of pharmacy and pharmacy practice.
- 7. To enable students to conduct research in pharmacy science and use the results to benefit society.
  - (i). To provide students with knowledge and skills necessary to understand and meet the challenges of community service programs.

The functional elements of the mission entails the criteria and their key performance indicators in achieving the goals and objectives of the College to become an accredited pharmacy college that has the parallels of the pharmacy education curricula at par with the reputed national and international pharmacy institutions.

**Strength:**

The College mission is consistent with the mission of the University and satisfy the broader national need for pharmacy education.

☒ The school's mission and associated goals address or support:

- the university's mission and goals
- student-centered pedagogy
- research and scholarly activity and contributions by the academic staff to the development and transmission of knowledge
- the intellectual growth of students through scholarly activity
- inter-professional collaboration in education and practice of health professionals
- leadership development
- any unique aspects of the school's mission or goals, including characteristics of students it seeks to recruit or attributes of graduates it wishes to produce
- postgraduate education and training of pharmacists (such as, postgraduate degree programs, residencies, and continuing education/continuing professional development activities)
- community engagement and service
- professional behavior and harmonious relationships among administrators, staff, and students
- cultural and educational diversity in the academic staff and student body
- social accountability
- collaborations that advance the mission
  
- any specific goals that are a focus or priority of the school.

The University is committed to provide a distinctive national education supporting the Qassim region's sustainable development, and building a knowledge-based society and economy. The College mission, derived from the University's mission statement (stated above), takes upon the goals of providing an advanced and accredited pharmacy education. The College's mission has the core elements of education which meets the requirements of the profession of pharmacy through accreditation, research training and community participation of students. The mission goals of the college fully support the University's mission and goals of knowledge-based society development through education, skills and research training, and inquisitiveness in the pharmacy field and profession.

The College mission is the basis for advancing the educational, research and community based activities to achieve targets that are well-defined by the set of KPIs (Key Performance Indicators) by the NCAAA standards. The yearly planning and strategies of the college are derived from the mission goals and objectives. The mission and its detailed objectives (appendix 1.1) are well-defined to the minute details in its focus for the instructional, training, and tutoring in the educational aspects of the didactic and experiential education goals for the PharmD program. The necessary qualifications are well-defined at the national level by the NCAAA (**appendix 1.8**). The inculcation of elements of autonomy, sense of responsibility, guiding principles of the professional practice, and the basic and mastered desired attributes as a successful pharmacy professional are the desired core values. The mission fully supports and provides a complete, competitive, and updated education and field training in the pharmacy profession to develop well-trained professional pharmacists to cater to the community

and national needs. The roles of faculty, technicians, support staff and administration, are crucial and contribute valuable additions to the process. The participation of students in all the curricular and extra-curricular activities as part of college life during the PharmD program plays immense contributory roles in the full-fledged development of individual students as life-long learners. The faculty contributions in didactic education, students' tutoring, research and development, graduation projects, and students' research training are directed from the mission goals (appendix 1.1). The inter-and intra-institutional collaborations in research within and outside of the University, including community services participation, participation in disease-related specific awareness days, and community services camps, also help shape the students and achieve the mission's goals. Students' intellectual growth is remarkably achieved throughout their stay in the program, from the beginning of the entry into the program to the end of the rotational and advanced pharmacy practice training. Students are supported by faculty, academic advisors, student support units, and administrators for guidance and grievances redressal (appendices 1.9, 1.10). Students training as part of an inter-professional collaboration team member provide opportunities to access, advise, assess, and participate in decision-making on urgent and long-term attention problems. The efficiency of the mission goals and objectives in rolling out different institutional endeavors, their impact on the students' activities, teaching and learning, training and participations, levels of achievements, and desired improvements are regularly extracted through standardized and approved surveys in different domains of the mission activity (appendix 1.11).

The College has partnered with secondary and tertiary care hospitals in the Qassim area for advance pharmacy practice experiences of our students in different clinical and non-clinical rotations. Our students are also involved in graduation research projects and various community services initiatives through student clubs. The faculty is also involved in various community development services which includes healthcare educational lectures, seminars, arranging health clinics in malls and schools etc. The CPD unit of the college also arranges continuous education and professional development activities for faculty

**Strength:**

The College's mission and its derived goals and objectives are elaborate, specific, and focused on providing effective guidance to assess, and improve various educational, research and community services activities of the College.

☒ The School collaborates with the profession and is involved in the development of the national, profession-wide vision for pharmacy practice, science, and education

The College's mission is in coherency with the University and the Ministry of Education's mission and vision. The College collaborates with other pharmacy education institutions, professional bodies, training institutions, and placements bodies.

The college collaborates with other Pharmacy Colleges in the kingdom via the Council of Deans of Pharmacy Colleges in Saudi Arabia assesses the current situation of the discipline of the pharmacy practice in the kingdom. It recommends strategies to improve the teaching and training of the pharmacy discipline and provides feedback to the Ministry of Health (MoH) and Ministry of education for policy formulation and implementation. For example, the Committee of Deans of the Colleges of Pharmacy in the Kingdom, based on the SAQF criteria, has recently approved uniform Program Learning Outcomes (PLOs) from the previous five learning domains to 3 domains based on international benchmarks, including USA (CAPE), Canada, UK, and Australia (Appendix 9.1 PLOs). The College, through the aegis of the Ministry of Health has collaborated with MoH hospitals for in-field training of its students in IPPE-II and APPEs modules in Pharmacy Practice. The College assists the community through its activities and achieved the top rank three times in the past in providing community services among other Qassim University colleges. The community service is part of the annual performance evaluation of the faculty (appendix 1.13).

**Strength:**

The College has been actively involved in various community-based activities towards awareness of the profession, healthcare of the nation through disease and medication uses awareness in the society and promotion of community health and well-being.

☒ Achievement of the school's mission and goals is reflected and supported by the physical, financial and human resources; organizational structure and governance; policies and procedures; programs, activities, and services

The functional elements of the mission have been under constant operation and yielded measurable results. The current College building and infrastructure at both male and female campuses sufficiently meets the program's needs, as reflected in our KPIs. Subsequently, the College has already shifted the male students' classes to its new premises and will move the female students within one year. The University provides sufficient funds for all the financial obligations of the College, including the

laboratory, training sites, and classroom needs, and other supplies. The College campus has sufficient staff, technical personnel, and faculty to attend to the teaching, training, laboratory, and other functional needs of the students. The sections are also represented by the responsive vice deans, examination controllers, lab committees, departmental committees, and various units of the College.

The mission is developed, adopted, reviewed and updated on a regular basis

The College mission was developed and adopted during its establishment in 2005. A committee composed of the College Dean and expert staff from the University and local hospital overviewed the health care requirements, mission of the University, mission of the Ministry of Health, and mission of Ministry of Education and community needs. After several discussions among the committee members, the mission was developed and adopted. Regular surveys on performance, facilities, and services are conducted to monitor the mission's achievements. In the year 2011, the College constituted Strategic Planning Unit for the development of strategic plan (**appendix 1.14**). For the mission updating, a questionnaire-based surveys was conducted among stakeholders, i.e., employers, students, faculty, alumni, experts, and administrators (**appendix 1.11**). Elements of mission awareness, community needs, professional advancement, and keeping pace with the profession's developments were the points of concern. The mission was reviewed in 2013, 2017 and the next review and update started in 2022.

The mission is communicated to stakeholders

The mission statement with its goals of domains and the inter-linked objectives are displayed on the College campus at appropriate places and display screens at various places for dissemination to the stakeholders, visitors, and interested parties. The College Booklet also includes the mission statement, mission goals, and vision, which is also available on the College's website, URL: <http://www.pharmacy.qu.edu.sa>. The mission statement and its goals are deliberated upon in the orientation programs to the newly admitted students, new faculty, and staff to understand better the responsibilities, duties, and stakes involved to prompt them to play constructive roles in achieving the mission's objectives. At the beginning of each semester, during the first department meeting, faculty members are reminded of the importance of disseminating vision and mission to the students. During the first-week lecture, the faculty present the students' college goals, vision, and mission. Stakeholders are also involved, informed, and consulted upon, including future employers, about the need and

desirable changes in the mission. The College, through surveys and feedbacks, regularly seeks suggestions from all stakeholders to improve its mission’s workability.

Any other notable achievements, innovations or quality improvements

The College, through its various activities of the objectives of the mission statement, maintains high levels in education, training, research, and community service, also expressed through various key performance indicators of the program as contained in the annual reports (**appendix 1.3 and 1.4**). The College has continuously published research articles and reviews in different pharmacy and healthcare disciplines by its faculty and students’ participation (**appendix 1.15 and 1.16**). The College achieved diamond and other shields awarded by the Deanship of the Quality at the University for its Quality Maintenance at the highest levels in the University. The College has also gained national accreditation and international certification from NCAAA and ACPE respectively.

**Criterion No. 2: Professional, Ethical and Harmonious Environment:** The school values and provides an environment that promotes professional and ethical behavior, effective communication, and harmonious and productive relationships among administrators, academic and other staff, preceptors, and students.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

The school’s code(s) of ethics and/or code(s) of conduct for students, academic and other staff, and the conduct of research [appendix 2.1]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the criterion

- University Code of Conduct [appendix 2.2]
- Student Guide [appendix 1.8]
- Faculty Guide [appendix 1.9]

2) **School’s Self-Assessment:** Use the checklist below to self-assess the program’s compliance with the requirements of the criterion:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school values and provides an environment that promotes professional and ethical behavior by administrators, academic and other staff, preceptors, and students.          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school values and provides an environment that promotes effective communication.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school values and provides an environment that promotes harmonious and productive relationships among administrators, academic and other staff, preceptors, and students. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School’s Comments on the Criterion:** The School’s descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box

provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The school values and provides an environment, structures, and processes that promote professional and ethical behavior and effective communication among administrators, academic and other staff, preceptors, and students.

The College puts utmost emphasis on the amicable environment conducive for the smooth functioning of the College and its programs. The College has a well-defined 'code of conduct that provides guidelines and promotes ethical behavior by students, faculty, staff, preceptors, and administrators. A structure is in place for the school's functional feasibility, which is foresighted for its expectations, ethics, and morality through faculty & students' guidebooks (**appendix 1.8, 1.9**).

Various activities on orientation, training, and discipline exist to support, review and monitor, enforce, and ensure adherence to ethical guidelines and high standards of professionalism on the respective activities and developmental undertakings of the College. There exists a harmonious relationship among different members of various domains of the College. The College recognizes the value of accessible communication among its members and the student community and emphasizes professional and ethical behavior and its benefits to the College and its mission. The communication channels are through the personnel's one-to-one interaction with faculty, staff, and students by the administrators, department heads, committees, and units' heads. Online communication through e-mail, notification, information distribution, and notices are transmitted. At the university and college level, the official communication for the administrators is through the Enjaz university platform. The information is disseminated via the head of the department to the faculty. At the department level, faculty provide their feedback and opinion on any issues or topics relevant to the smooth functioning of the department. In addition, faculty are part of various committees and units. The faculty teaching their relevant courses communicate with the students through the official channel physically and via Blackboard and email. Students' advisory council represent the students in different college committees.

**Strength:**

The College provides clear and written guidelines for the professional conduct of students, staff, faculty, and administrators through student and program handbooks. Professional ethics, proper and recommended conducts, research ethics committee, and disciplinary units have properly defined elements, procedures, and participations to keep the ethical and harmonious environment in the College and at its training sites.

☒ The school values and provides an environment, structures, and processes that promote professional and ethical behavior when engaged in teaching, research, professional development, and service activities.

The College has laid down principles and guidelines governing its staff, faculty, administrators, preceptors, and students. Program & students guidebooks describing the 'code of conduct' provides guidelines for professional and ethical behavior and its expectations of professional, legal, moral, and ethically sound behavior by students, faculty, staff, and administrators in the educational, training and administrative functioning of the College. The research ethics committee, examination committee, students' disciplinary unit, and departmental level cooperation ensures adherence to ethical guidelines and a high standard of professionalism about the teaching, research, and professional development.

The students' participation in various curricular and extra-curricular activities, skills training, research, and other recreational activities builds cordial relationships among the students and the faculty.. Students are also represented via students' advisory boards wherein direct decisions on students are involved. The students are also provided, from the beginning of the program, orientation and an academic advisor to support guide, and resolve problems in academia as well as a non-academic segment to help maintain the performance, healthy competitiveness, professionalism, ethical behavior, and harmonious relationships with the teachers, preceptors, administrators, staff and among the students.

At the departmental and other units and committees' levels, regular meetings are scheduled with mutual consents towards planning, monitoring, and evaluations to be shared by the departmental, units and committees' heads, vice-deans, dean, college council higher bodies of the University at the appropriate levels.

**Strength:**

There exist various programs, committees, and units in the College to help organize, formulate, maintain, observe, and support the College's activities professionally and ethically. Guidelines for professional conduct and moral-ethical expectations from students, staff, faculty, preceptors, and administrators are informed through various academic, research, training, and administrative channels.

☒ The mission, goals, structure and governance of the school promote and foster harmonious relationships among administrators, academic and other staff, preceptors, and students

The governance and administrative functions of the College are mission-driven to achieve the defined goals. To this effect, the organizational structure of the College, *i.e.*, various units and committees formed for various functions, and the departmental units and committees cater their individual needs of administration, support, and guidance, and information distribution to faculty, staff, administrators, and students. The College has also laid down guidelines in its task of governing the staff, faculty, administrators, preceptors, and students, and have fully developed and purposeful structure starting from dean to vice deans, departmental heads, units, and committees chairman to implement the steps of professionalism, communication, mutual respect and recognition to foster, maintain and promote harmonious working environment and relationships among the faculty, staff, technical personnel, preceptors, administrators, and students. There is a mechanism for the redressal of issues. The college has multiple channels open for discussion, conflict-resolution, problem reporting, and monitoring, including academic advising for students.

The College administration is fully committed to run, monitor, support and execute an environment of cross-talks and cooperation on matters of importance to faculty, staff, students, preceptors and areas needing urgent and long-term attention towards straightening out the working environment for the future and current scenario for the proper functioning of the College activities in domains of education, research, training and day to day administration.

**Strength:**

The mission of the College and its goals and objectives are aligned with the core values of the college and the Pharm D program. Faculty and students have access to various forums and access to the office of the dean, vice deans, and the departmental heads and committees, for complaints redressal, problem-solving and issues resolutions. The complainants are free to approach in confidence also.

The school provides an environment that contributes to students' academic, cultural, social, moral, intellectual, and physical development.

Students' development in various areas of performance and achievements is one of the causes of existence for the College. Academic life involves cultural, social, physical activities and involvements by the students at every forum. The College encourages students' participation and amply rewards for the extra-curricular activities through Students Club. The community programs are also part of the exercise. The engagements in pursuit of the intellectual fulfilments and consummation through, primarily, the academic exercises of teaching-learning and field training, together with exposure and encouragements to the moral responsiveness, is the backbone of the College education and training. The environment at the College is amply conducive to contributing to the students' complete and multi-faceted development.

**Strength**

The College provides orientation and academic advising to all students. The College also supports student's club for various activities, and have ethics and disciplinary committee to solve grievances and complains.

If applicable, the school includes and integrates administrators, academic and other staff, and students from different locations or sections, or programs within the school (other than the pharmacy professional degree program), into all aspects of the school with integrity, fairness, and equity.

Not applicable.

Any other notable achievements, innovations or quality improvements

None at this point.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box .

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

- 5) Recommended Monitoring: If applicable, briefly describe issues or elements of the criterion that may require further monitoring.  
Not applicable

**Criterion No. 3: Strategic Planning and Continuous Quality Improvement:** The school has a systematic process of planning, implementation, and monitoring to support the achievement and advancement of its mission and values. Strategic planning involves input from the stakeholders of the school. Administrators identify and allocate the necessary resources to implement and achieve desired improvements.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The school's strategic plan (current or latest available) [Appendix 3.1]
- The policy that addresses strategic plan development, approval, monitoring, and evaluation [Appendix 3.2]
- The strategic plan of the university (current or latest available) [Appendix 3.3]
- The school's action plan (or equivalent document) for the current academic year [Appendix 3.4]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- KPI Report
- Sample of minutes of college council meetings
- Meeting minutes of curriculum and assessment committee
- List of CPD activities

- 2) **School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the criterion:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school has a systematic process of planning, implementation, and monitoring to support the achievement and advancement of its mission and values. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic planning involves input from the stakeholders of the school.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrators identify and allocate the necessary resources to implement and achieve desired improvements.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The School's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

The mission serves as the basis for strategic planning and the strategic plan advances the mission and goals of the school and university

Strategic plans of the College are designed through an established policy. The colleges' strategic plans are regularly updated and aligned with the university's vision, mission, and objectives. The College of Pharmacy derives its goals and objectives from the mission statement which are then converted into strategic plans to achieve the short-term and long-term objectives (Table 1). The feedback received from stakeholders serves as a basis for strategic planning of the College

Several factors were considered while formulating the strategic plans, such as mission statement, budget, financial allocation, duration of time needed for completing the plan, etc. Different units/committees of the college provide the necessary contribution for devising the strategic plan.

Further, the regions' requirement from the program graduates was updated periodically through recommendations from various government bodies. The college is affiliated with the University strategies and then align them as per the professional requirements. Some of the strategies were planned to meet the requirement of the program/profession as suggested by the expert review committees such as ACPE, NCAAA, and independent reviewers and alumni. Their suggestions were reviewed and analyzed by different committees/units of the college. Recommendations were made for designing the strategic plans.

The strategic planning unit of the college periodically takes stock of the prevailing situations and collects recommendations for advancements of existing facilities from various sources. Community service unit, students' counseling unit, field experiences training unit play a pivotal role in formulating the strategic plans to meet the advanced demands of the profession as per regional requirements (Appendix 3.1)

**Table 2:** Mapping of the mission, strategic goals of the College with the objectives of the University:

| <b>Mission of the College of Pharmacy</b>   | <b>Strategic Goals of the College of Pharmacy</b>   | <b>Strategic Goals of the Qassim University</b>   |
|---|---|---|
| To provide an advanced and accredited pharmacy education to produce professionally qualified clinical pharmacists capable of conducting cutting-edge healthcare and applied research through collaboration with local, national, and international healthcare, pharmaceutical, and research institutions. | <ol style="list-style-type: none"> <li>1. Raising the quality of education, achieving national excellence in the specialization of Clinical Pharmacy and obtaining national and international academic accreditation</li> <li>2. Increase of competency and competitiveness of college students</li> <li>3. Improvement of the effectiveness of community-based services and applied research to meet development requirements</li> <li>4. Raising administrative, technical, informational and institutional performance</li> <li>5. Strengthening cooperation and partnership with local, national and international institutions</li> <li>6. Raising rates of efficiency and retention of human resources</li> </ol> | <ol style="list-style-type: none"> <li>1. Raising the quality of education in all specializations and realizing distinctiveness in others and obtaining national and international academic accreditation</li> <li>2. Raising the Aptitude and Competitiveness of Students</li> <li>3. Raising the effectiveness of community services and applied research to fulfill the needs of development</li> <li>4. Raising the Institutional Administrative, Technological &amp; Informational Performance</li> <li>5. Enhancement of cooperation &amp; partnership with local, national &amp; international institutions.</li> <li>6. Building &amp; Development of University Endowments, Diversification of Financial Sources and Control of Expenditure</li> </ol> |

**Strength:**

The College has accomplished the majority of its strategic plans in a stipulated time.

☒ The school develops, implements, monitors progress and achievement of goals and objectives that are specific, measurable (e.g, using Key Performance Indicators, KPIs), and achievable, and revises its strategic plan

Strategic plans of the College were developed as per the guidelines of the institution and feedback from the stakeholders. These criteria are to congregate the program's demands and achieve excellence on par with the international standards. Various committees of the institution such as curriculum and assessment, learning resources, strategic planning discuss the input received from various sources and provide their recommendations. The suggestions from these committees were then analyzed in the college's governing body to give the final approval for formulating the strategic plans in consultation with the quality assurance committee.

After approval from the college council, the strategic plan was reviewed by the University's panel of experts. Approval from University is mandatory for implementing the strategic plans. For non-budgetary plans, the college can implement the strategy from its own resources, while, for the budgetary plans, the strategies are implemented as per the policy and guidelines of the University (**Appendix 3.2**)

All the college goals were planned to address the specific objectives to meet the profession's demands in a specified time. Different units/committees of the college were tasked to foresee its implementation and achieve the objective through measurable parameters. At the suggestions of the quality assurance unit, the college committees take feedback from the stakeholders about achieving the strategic plan. Inputs were collected through different channels such as surveys, interviews, meetings, and discussions. The stakeholders' responses were analyzed to determine whether the strategic plan has achieved its objective or any modification is needed to reach the objective.

The quality assurance unit summarizes the achievement of specific objectives of the program in terms of key performance indicators (KPIs). The KPI report compares and analyzes the achievements concerning the previous year and the current year. Based on the analysis of the achievements a new target is set for the next academic year. In addition, recommendations are drawn based on measurable parameters. The quality assurance unit also prepares a benchmarking report by comparing the KPIs with external institutions. This report provides the status of the institution's performance in comparison with external colleges imparting similar programs. Based on these, a new target or new recommendations or new strategic plans for improvement are formulated.

### **Strength**

The strategic planning process is aligned with the mission goals and objectives, which are measurable and comparable with the set standards of KPI. The College involves key internal and external stakeholders and the KPI indicators comparisons-based recommendations to achieve strategic planning objectives.

☒ The strategic planning process involves key internal and external stakeholders, including academic and other staff, students, preceptors, alumni, employers, and other advisors.

Strategic plans in accordance with the college policy involve both internal and external bodies. The stakeholders involved are teaching staff, students, healthcare professionals, hospital staff, alumni of the College, pharmaceutical industries, various employers of our students and drug regulatory authorities, and the pharmacovigilance team of the Kingdom. The College involves stakeholders in initiating, developing, evaluating, and review of the strategic plan. The stakeholders consulted are as follows:

**Internal bodies:**

- University administration
- Faculty members
- College students
- Deans from the university who have academic collaboration with the College
- College administrative staff
- University administrative staff
- Preceptors
- Alumni

**External bodies:**

- Leaders and experts in the pharmacy field
- Saudi Pharmacovigilance member(s)
- Alumni from external pharmacy college
- Governmental and private pharmacy colleges
- Employers' of the graduates

The feedback from the stakeholders is collected through an established channel. Various committees of the college analyze the responses to draw a meaningful conclusion. The quality assurance unit receives the recommendations from these committees. All the recommendations are discussed and analyzed as per the college policy to provide the latest and upgraded learning facility to the students.

**Strengths:**

Internal and external stakeholders feedback is analyzed and processed to achieve the most suitable learning atmosphere for the graduates.

The plan is aligned with the strategic plan of the university and has the support of the university's administration with respect to programmatic development and the allocation of the necessary budget and resources

The college of pharmacy is bound by the University's policy, guidelines, and procedures for all its activities, including strategic planning. Approval from the University is mandatory for initiating any activity in the college. The plans that require budgetary allocation are executed in coordination with other departments of the University, such as finance, planning, quality, research, and purchases

**(Appendix 3.3)**

The college executes the non-budgetary strategic plan through various committees/units. The college council decides the timeline for completing the strategic plan. The committee's heads are tasked to follow up the execution of the plan and can report the progress to the Dean. Any assistance in these activities is managed from the resources within the college. Human resources assistance, infrastructure, and other facilities were provided as per the college/university policy.

Table: Completion rate of various strategic projects in the college of Pharmacy

| <b>Number</b> | <b>Project title</b>  | <b>Percent of achievement</b> |
|---------------|---|-------------------------------|
| <b>1</b>      | Motivating students and encourage them to abide by education and profession practice ethics   | 100%                          |
| <b>2</b>      | Study of student dropout causes and suggestion of appropriate solutions   | 80%                           |
| <b>3</b>      | Encouraging and supporting scientific student innovations   | 100%                          |
| <b>4</b>      | Establishment of an association for College Graduates   | 100%                          |
| <b>5</b>      | Enhancement of Pharmaceutical culture and activation of community participation   | 100%                          |
| <b>6</b>      | Activation and development of drugs and poisons centre  | 30%                           |
| <b>7</b>      | Development of agreement of students training with international universities   | 0%                            |
| <b>8</b>      | Development of agreement of students training with distinguished hospitals in KSA   | 100%                          |
| <b>9</b>      | Encouraging faculty members to establish joint researches and exchange of research experiences with outstanding national and international research centres | 80%                           |
| <b>10</b>     | Establishment of research scholastic exchange program for students regarding complementary research for post graduate programs                              | 100%                          |
| <b>11</b>     | Motivating faculty members morally and materially   | 100%                          |
| <b>12</b>     | Support continuous training locally and internationally to keep up with developments in teaching methods  | 100%                          |

**Strength:**

The college's strategic plans are integrated into the university's mission statement, which provides budgetary and non-budgetary support to the College.

☒ The strategic plan supports the advancement of education and training of students and pharmacists for expanded roles to meet national health care needs

Newer strategies are regularly drawn to support the advancement of education and training of the graduates. The strategic plan of the College, which has its beginnings in the mission document of the College, clearly spells the need for accredited and advanced pharmacy education to meet the local needs and national demands for pharmacists. One of the methods to decide the strategic planning is through feedback from the stakeholders. The internal and external bodies provide an impetus to improve the existing facilities available on the campus. The input mostly comprised improving the existing facilities and some latest additions essential for the clinical pharmacy profession. Accordingly, the institute designs new teaching and training approaches to meet the profession's demands and extend its benefits to reach national healthcare requirements.

Strategic plans were designed to train the graduates in newer techniques for assessing different risk factors of diseases in the local population. Several programs were conducted in the population to highlight the adverse effects of drugs, the prevalence of disease, benefits of early detection of disease, counseling for avoiding the misuse of medication. Continuous education programs were also in place where students and faculty could participate in recent pharmacy profession events. Topics such as; writing a research proposal, designing research, and manuscript preparation were presented in these programs that have significantly improved publication rate.

☒ The strategic plan is communicated to key stakeholders

The college of pharmacy has an established procedure through which the strategic plans are communicated to the stakeholders. Apart from announcements on the University/college websites, social media networks of alumni, students' clubs, and academic advisors were also used to convey the information to college students. Students' leaders from different semesters were also involved in communication with their batch mates.

Any other notable achievements, innovations or quality improvements

None at this point.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box .

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:**

Fully compliant, no monitoring required at this point

**Criterion No. 4: Assessment of Achievement of Mission and Goals:** The school establishes and uses measures to evaluate the achievement of the mission and goals. Assessment data are used to identify opportunities for quality improvement and shape future goals and planning. Assessment involves input from stakeholders of the school.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- A list of objective or subjective measures (including, for example, Key Performance Indicators and targets) used in the assessment and evaluation of achievement mission-related goals [appendix 4.1]
- Examples of data-gathering instruments used in evaluation, such as surveys [appendix 4.2]
- Documents that provide evidence of quality improvements made as a result of evaluation activities [appendix 4.3]
- Documents that provide evidence of input from stakeholders into assessment activities [appendix; 4.4]

**Required Documentation for On-Site Review:**

- Complete institutional accreditation report [appendix 4.5] (if an accreditation/quality assurance system exists and the university is accredited, [Accreditation Council for Pharmacy Education \(acpe-accredit.org\)](http://acpe-accredit.org))
- The quality assurance manual [appendix 4.6] (or the school's document that serves a similar purpose, [College of Pharmacy | Quality Assurance Unite](#))

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 4.X]
- None

2) **School's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the criterion:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school establishes and uses measures to evaluate the achievement of the mission and goals.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment data are used to identify opportunities for quality improvement and shape future goals and planning. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assessment involves input from stakeholders of the school.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The School's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 2 – 4 pages in length, which is an indication of the level of detail expected by ACPE.*

Measures, performance indicators, and targets are identified or developed and used in evaluation activities

A system of continuous quality maintenance and functional improvements of units and the activities performed based on recommendations towards the desired improvement is undertaken by the College. The system consists of various functional units, departments, committees, and the College Council to evaluate the College's performance. The College has developed several KPIs (**appendix 4.1**) for evaluation of education, research, and community services which are as follows:

**I. Education domain** is evaluated based on educational process and learning outcomes achievements:

**A. Measures used to assess the education process:**

- The ratio of students to teaching staff
- The proportion of teaching staff with doctoral qualifications
- The existence of well-established and documented program learning outcomes
- Average teaching load of faculty members
- The average number of office hours for faculty members
- Percentage of students entering the program who complete first-year retention rate).
- The proportion of students entering the programs who complete the program in minimum time (success rate)
- The proportion of undergraduate program students who within six months are:

Employed

Enrolled in further study

Not seeking employment or further study

**B. Measures used to assess program learning outcomes:**

- Graduated student survey
- Employers survey

**II. Measures used to assess the research activities**

- The number of citations in refereed journals in the previous year per full-time equivalent teaching staff.
- The proportion of the full-time number of teaching staff with at least one refereed publication during the previous year.
- The number of papers or reports presented at academic conferences during the past year per full-time equivalent teaching staff member
- The number of refereed publications in national and international journals in the previous year per full-time equivalent teaching staff member
- Total number of published research papers in referred but not indexed journals
- The total number of national/ international awards to the institution faculty members.
- The total number of publications co-authoring the students enrolled in the program.

**III. Measures used to assess the community services**

- The number of community services directly provided by the College to the community.
- The proportion of full-time faculty and staff actively engaged in community service activities.
- Inclusion of faculty members' participation in community services as part of their evaluation process

**Strengths:**

A number of effective direct and indirect assessment methods are used appropriately to evaluate all mission-related activities. Reports generated based on these assessments contain recommendations that are used for further improvements.

☒ National and international benchmarking opportunities are identified or developed and used in evaluation activities

The College regularly keeps it abreast of the developments in the education domain. At the national level, the top-ranking pharmacy schools' performance, their progress reports for the preceding year, and noticeable achievements are analyzed, and ways to improve our functioning and performance are identified. The College also compares its performance through the evaluation indicators described in these reports. The KPIs used by the high-achievers are also analyzed, adopted, utilized, compared, and recommended for further improvements. The national benchmarking is utilized to gain the competence of our program at the comparative levels with the other pharmacy schools in the country. The utilization of SPLE (Saudi Pharmacist Licensure Exam) and annual progress test has added to one of the indicators for our program whereby the rank and numbers of our graduates succeeding the test, ranking, and quality of our education validates our efforts in the direction to provide accredited and professionally sound education. The national benchmarking helps to identify similarities and differences between our system and functioning and achievements levels and help to suggest new ways, valuing the performance indicators, detailed and competitive approaches to foster the task of providing world-class education.

☒ Evaluation activities are coordinated and overseen, including the timing and schedules followed

All faculty and staff members follow the evaluation activities on the mission target achievements through programmatic evaluation and assessment tools in their respective domains of activities. The evaluation and assessment efforts are executed by engaging numerous college committees. In addition, several data-gathering instruments and processes, including various surveys, are employed (**appendix 4.2**). Quality Assurance Unit (QAU) and college administration are responsible for planning, overseeing, and reviewing all evaluations and assessments related to the program. The faculty member prepares annual course reports, including evaluation of teaching and learning outcomes, student grades, and course contents. The Quality Assurance Unit reviews the report, then discusses it at the departmental level, and the approved recommendations are forwarded to the Curriculum and Assessment Committee. The committee, after approval of the recommendations, forwards it to the College Council for final approval.

Research activities also evaluated using data received from the Deanship of Scientific Research. Data about research activities also prepared and evaluated in the college. The evaluation of community

services is conducted by Community Service Unit using pre-defined Key Performance Indicators. The report is provided to the QAU for discussion and approval and eventually forwarded to the College Council for further action. The QAU oversees and coordinates the evaluation of learning resources, facilities, equipment, student affairs unit activities, preceptor, and practice site evaluation by the students and staff performance. The evaluations are forwarded to the College Council for further action.

The strategic plan committee monitors and measure the achievement of strategic goals using KPIs. The student progression is monitored routinely through various scheduled academic activities, including class tests, group discussions, tutorials, seminars, midterm examinations, TBL sessions, continuous laboratory assessments, and semester-end final examinations. All the results and achievements are well documented by the Examination Board of the College in standard formats and are stored safely in electronic and traditional hard copy formats. The preceptors evaluate the APPE students, and the results are forwarded to the Experiential Committee. The committee forwards these results to the Dean for approval.

**Strength:**

The College has an effective system for coordinating and monitoring all evaluation activities. Through several committees, the faculty and staff assess the quality in all aspects, and recommendations for improvements are made, action plans are developed, and implementation processes are followed under the umbrella of Curriculum and Assessment Committee and Quality Assurance Unit.

☒ Quality improvement opportunities are identified using assessment data, implemented, monitored, evaluated, and the outcomes and impact of quality improvements made are communicated to key stakeholders

The quality improvement process consists of systematic and continuous efforts leading to measurable improvements (**appendix 4.3**). The improvements in student education and training, research, and faculty development are analyzed through gathered data. The opportunities for quality improvements are determined by obtaining feedback from the stakeholders, including students, faculty, teaching assistants, technical staff, employers (current and prospective), healthcare professionals, alumni, through various surveys. Several KPI has been identified to assess performance and its verification, which helps generate avenues of improvements for the program and the College. These include:

- Identifying the areas and placing the improvements generated through KPI as set out earlier to observe, assess and evaluate the achievements for mission targets for the program of study through the preset benchmarks.
- Feedback including students' surveys and faculty inputs for various courses in the program
- Analyses of the multi-stream feedbacks collected from the students at the class and departmental levels
- Evaluation by independent internal evaluators from 'Deanship of Quality Assurance & Accreditation' at the University on all aspects of the program performance according to NCAAA criteria
- Based on these evaluations, the College receives recommendations to improve the program quality.

### **Strengths**

A well-laid-out plan, procedure, and system exists for identifying, monitoring, and implementing improvement opportunities together with their assessments, declaration, and communication of the outcomes of the improvements to all stakeholders. The departmental units, alumni committee, Quality Assurance Unit, various committees and functional units, student bodies, College Council participate in disseminating the outcomes and achievements.

☒ Input into evaluation activities of the school is provided by internal and external stakeholders (including academic and other staff, students, preceptors, alumni, employers, and other external advisors)

A year-round evaluation activity is pursued, and feedback and information are received, assessed, formulated for action, and practiced. The internal stakeholders, i.e., faculty, other academic staff, technicians, and laboratory instructors, inputs and feedback regularly sought and welcomed. The student's feedback on all the courses, field training, and other career-related activities is collected through various interactions from the relevant bodies in the college, surveys on curriculum, teaching and learning, exams, and facilities throughout the year. In addition, the hospital preceptors, alumni, current and prospective employees, professional experts in the field, and recommendations of professional bodies and governmental agencies are sought, collected, received, and requested to better the program on various domains (**appendix 4.4**).

Any other notable achievements, innovations or quality improvements  
None at this point.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| <b>Compliant</b>  | <b>Compliant with Monitoring</b>   | <b>Partially Compliant</b>  | <b>Non Compliant</b>  |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Section 2  
Organization and Administration**

**Criterion No. 5: School and University Internal Relationships:** The school and its leadership are defined within the university structure. The university and school policies and procedures clearly define respective authority and responsibility. The school contributes to the activities and governance of the university. The school works effectively with other units within the university. The university and school leadership collaborate to secure adequate human, physical, technological, educational, and financial resources to maintain and advance the program.

**1) Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The school and university organizational charts [appendix number; 5.1]
- Documents that provide evidence of:
  - The working relationship between the school and university [appendix number; 5.2a]
  - The authority and responsibility of the school's leadership [appendix number; 5.2b]
  - The process by which the school's resources are identified and allocated [appendix number; 5.2c]
  - The process by which decisions related to the school are made [Appendix 5.2d]
- A list of university committees on which the school is represented [appendix number; e.g. 5.3]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

**2) School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school and its leadership are defined within the university structure.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The university and school policies and procedures clearly define respective authority and responsibility.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school contributes to the activities and governance of the university.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school works effectively with other units within the university.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The university and school leadership collaborate to secure adequate human, physical, technological, educational, and financial resources to maintain and advance the program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3) School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The University and school administrators work together to ensure effective communication

The University and the College administrators communicate effectively by using the software “ENJAZ” (Appendix 5.2a). The letters from the college administrators are uploaded on ENJAZ to the university's related administrators, and this process takes a unique number and can be tracked any time. The progress of the communication is followed through this unique corresponding number. This program ensures effective and rapid communication between University and the College administration

☒ Clear lines of authority, responsibility, and accountability are ensured.

The council for higher education and university laws are followed to ensure a clear line of authority, responsibility, and accountability (*Appendix 5.2b*)

☒ The university and school administrators collaborate to secure resources to meet the needs of the school

The Dean of the College is responsible for fulfilling and managing the financial needs of the College. The Dean collaborates with the University's finance department to secure financial allocations to the College. The Purchase Unit within the College prepares the yearly plan and the budget for the College.

The College finance is entirely maintained and supported by Qassim University by the rules and regulations of the Ministry of Finance, Saudi Arabia. Most of the budget for the College is contributed and controlled within the budget of the University. The College is provided with the budget from the general budget of the University. The University disburses the funds based on the approved expenditure plan of the College. In terms of autonomy, the College is semi-autonomous in its plan and expenditures. The University gives decision-making powers to the college to cover their non-budget expenses for developmental purposes and utilize funds for various functional and day-to-day operations.

The College is provided with total finance for its budgetary expenses and operating expenses for laboratory equipment & chemicals, office furniture, teaching materials, books, raw material for maintenance, spare parts for projects, repairs in non-sponsored research, and students' projects. The College has a well-defined procedure in endorsing funds for direct and indirect purchases. The College asks its faculty and staff members about their laboratory equipment and

materials and other requirements to determine the expected budget. Then, the faculty and staff members request the departmental heads, who forwards it to the College's Dean.

☒ The policies and procedures under which the school operates are developed including:

- programmatic evaluation
- development and delivery of the curriculum
- academic and other staff recruitment, retention, development, evaluation, and promotion
- management of conflict of interest

The College has policies and procedures to run its activities about the programmatic evaluation, development & delivery of the curriculum, academic & other staff recruitment, retention, development & evaluation, and conflict of interest management. The organizational hierarchy supports implementing and evaluating the program elements and provides avenues and opportunities to evaluate the program. The College hierarchy has its check and balances through the 'College Council' and other committees and units of functioning, including the heads of departments. The role of the organization and administration is very supportive, facilitator, and many times progenitor in nature [appendix 5.2c].

The policies and procedures are evaluated in response to the program's assessment at the end of each year. Any policy or procedural issues are identified, and corrective measures are taken, reflected through the quality assurance procedures adopted in this context. The College ensures that the program is evaluated perpetually and modified to incorporate up-to-date changes in the curriculum delivered by competent faculty. The current policies, procedures, and committees on various functioning domains of the College are sufficient to achieve these.

The curriculum was developed according to the University and College visions, missions, and needs of the nation. In addition, recent international trends in pharmacy education were considered. The delivery of the program in the College is implemented at the primary level by the faculty, lab instructors, supervisor of departments, and departmental councils. It is overseen by the Examination Board, Curriculum and Assessment Committee, and the program director.

The College established a quality assurance system to assess the program's performance and implementation at various stages of its delivery. The assessment parameters take into account

the policy inputs, processes, and outcomes. It also considers the roles of facilities, resources, and management in the delivery of the program. Academic and administrative units in the College support and improve the program outcomes measurement. These assessments are done based on well-defined policies involving students, teaching staff, and employees. In addition, the College prepared, developed, and approved several key performance indicators for the assessment of the program.

The recruitment of qualified and competent faculty members and technical staff is the responsibility of the College. In this regard, the College has set criteria for faculty recruitment as detailed in the recruitment manual (appendix 5.4). Therefore, the applicants should have specific areas of expertise, experience, and skills to meet the College's requirements. After selecting the candidates, employment terms and conditions are provided, and specific information about expectations for contributing to the program and the College. The information provided includes details of employment expectations, indicators, and methods of annual performance evaluation. To evaluate the performance, the College uses a self-evaluation form consisting of different key performance indicators, including; teaching load, research activities, participation in community services, participation in various activities of the University, administrative works, students' feedback, assessment by the supervisor of departments, and the College's dean [Appendix 5.5]. The faculty and staff members are maintained through incentives and annual increments. Besides providing them with competitive salaries, the faculty and staff with their family members are provided with complete health coverage and return travel tickets or vouchers. Also, they are provided with several allowances (e.g., housing and transportation allowances) as well as a clinical allowance (50% of basic salary) and a professional allowance (up to 100% of basic salary).

The College provides its faculty and staff various opportunities for personal and professional development and learning. The 'Deanship of Human resources organizes workshops and training programs. All members of the College are encouraged to attend continuing professional development programs and national & international conferences in their fields. The College encourages its teaching assistants (TAs) through full scholarships to pursue further their studies (Masters, Ph. Ds, residency, and fellowship programs) abroad in the US, UK and other

developed countries. The College and the University have addressed the conflict of interests in the code of ethics manuals [Appendix 5.6].

☒ The school collaborates with other units of the university to achieve the mission and goals of the school and university

The College collaborates with other units of the University in several ways, including teaching and research. Faculty and staff from the College are teaching in the Colleges of Dentistry, Nursing, Applied Medical Sciences, and Medical Rehabilitation. Also, the student affairs unit of the College works closely with the 'Deanship of Admission and Registration' of the University. Moreover, the 'Quality Assurance Unit' of the College works closely with the 'Deanship of Quality Assurance and Accreditation' to improve the College program quality and attain national and international academic accreditation. Pharmacy Research Center works closely with the 'Deanship of Scientific Research.' Other units of the College (e.g., Purchase unit, student affairs, and transport) work closely with the University's respective units. The College also works closely with the 'Deanship of Library Affairs' towards arranging and providing necessary textbooks and reference materials. The College collaborates with 'International Journal of Health Sciences' published by the University as one of its faculty members works as an editor in this journal. Also, one of the faculty members is a council member of the 'Saudi Medical Scientific Society' in the University.

☒ The school participates in and contributes to the governance of the university

The College of Pharmacy participates and contributes to the governance of the University in several ways. The dean of the College is a member of the 'University Council,' the highest council in the University. The Dean and other faculty members from the college is also a member of several University committees responsible for scientific, administrative, and financial affairs and the implementation of the policies of the University [Appendix 5.3]. Moreover, the dean is a member of the 'Council of Health Colleges,' which includes deans of all health-sciences colleges of the University, i.e., College of Pharmacy, Medicine, Dentistry, Nursing, and Applied Medical Sciences and Medical Rehabilitation. The Dean is also a member of the 'Human Resources Committee' of the 'University Hospital.' Moreover, the faculty members represent the College in several University committees and councils, including the 'University Research Committee' and 'University Scientific Council.

- Any other notable achievements, innovations or quality improvements
- None

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

**Criterion No. 6: External Collaborative Relationships:** To support and advance its mission, the school establishes and maintains, with the support of the university, collaborative relationships with organizations and entities outside the university that work in education, research and other scholarly activity, industry, practice, and community service.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Examples of written agreements that codify the nature, intent, and obligations of the relationship are in place for partnerships and other forms of collaboration, such as agreements for:
  - academic or teaching collaboration [Appendix 6.1a and 6.1b]
  - research collaboration [Appendix 6.2]
  - practice or service relationships (other than experiential education agreements; for the latter, refer to Criterion 25) [Appendix 6.3]
  - inter-professional collaboration [Appendix 6.3]
  - helping other countries with pharmacy education matters
  - working with pharmacy and education regulators and/or professional pharmacy organizations on matters of common interest [Appendix 6.3]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion *[specify appendix number; e.g. 6.X]*

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| With the support of the university, the school establishes and maintains collaborative relationships with organizations and entities outside the university that work in: |                                     |                          |                          |
| education   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| research and other scholarly activity   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| industry  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| practice  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| community service   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

- Institutional, programmatic, community, national, and international needs are identified, which result in the establishment of external collaborative relationships

The College defines the institutional, programmatic, community, national, and international needs in the department's meetings, subsequently discussed by the college council meetings. The college councils discuss these needs and decide the implementation methods of external collaboration relationships needed. The community service unit defines the community service programs every year that will be implemented during the year. The strategic plan unit also defines the programmatic and the national and international external collaborative relationships for the college in light of the university strategic plan.

- Written agreements for collaboration are originated, approved, maintained, evaluated, and renewed in accordance with institutional regulations

The College conducts regular review/evaluation of its situation. The College evaluation determines the strengths and weaknesses and the needs for collaborations. Therefore, certain areas/aspects need to be further improved via collaborations/agreements to enable the College to achieve its mission. Hence, the College signed several agreements for collaboration with national and international organizations. For example, the University signed a contract with Qassim Heath Cluster for students' training during the IPPE and APPE. In addition, the College signed a contract with Adel chain and Ad-Dawa group of community pharmacies for IPPEs.

Moreover, the college has contracts with Merck Pharmaceutical company to train the internship students. Other contracts are under final approval and include contracts with Saudi Pharmaceutical Company and AstraZeneca. Also, to improve the program and be in line with recent trends in pharmacy education, the college signed a contract with the Accreditation Council for Pharmacy Education (ACPE). For professional collaboration inside Saudi Arabia, the College works together with the Saudi Pharmaceutical Society. All the agreements are reviewed by the vice-president and then approved by the University president. With respect to the evaluation of the agreement, a relevant committee from the University discusses with the Dean the challenges, achievements, and all aspects of the agreement on an annual basis. Also, the Dean is required to submit a detailed annual report on each collaboration/project.

☒ External collaborations are operated in accordance with professional and ethical standards

The external collaborations of the college usually follow the rules documented in the contracts between the college and the external partners. In addition, these contracts follow ethical and professional standards. Indeed, the ethical committee review any research either on animal or human to fulfill the ethical standards. Also, areas of research collaboration do not involve the banned drugs.

☒ Collaborations are supported by the university

The College of Pharmacy has signed several contracts and agreements with several national and international organizations for educational collaborations. The University has supported all these agreements and pay all required fees to make these contracts possible.

☒ The school collaborates with regulatory and professional bodies to ensure that graduates have the right competencies and practice experience before entry to practice

The College program's contents, delivery, and learning outcomes are consistent with the National Qualifications Framework of Saudi Arabia. Moreover, the College has adopted the National Council for Academic Accreditation and Assessment (NCAAA) requirements and recommendations. In addition, the College collaborates with the Saudi Pharmaceutical Society, which provides training and workshops to students to enhance their skills in the profession. Finally, the College follows the regulations and rules of 'Saudi Commission for Health Specialties (SCHS), the regulatory body for the registration of pharmacists.

The collaborative relationships have contributed to programmatic quality and advancing the school's mission  
 In order to accomplish its mission, the college has collaborated with the Saudi pharmaceutical Society in organizing community awareness campaigns, Pharmacy Research Day, and workshops. The College has several educational and research collaborative and agreements, including Virginia Commonwealth University, ACPE, Merck, and community pharmacies groups which have immensely enriched College's experience and contributed to the expertise up-gradation with newer opportunities for students to learn to be competent pharmacists. In addition, the college collaborates with the deanship of scientific research and Ministry of Education and granted several funds to support the research strategies of the college and advance the college mission and goals. The collaboration with the ACPE helped the College review its program and implement the recommendations.

Any other notable achievements, innovations or quality improvements  
 None

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

[TEXT BOX] (Approximately ¼ to ½ page)

**Criterion No. 7: Organizational Structure and Governance of the School:** The dean of the school and other administrative leaders are qualified, have defined lines of responsibility and authority, and function in an organizational structure that assures the optimal use and development of academic and non-academic staff resources. The governance documents of the school (such as bylaws and policies) describe the organizational structure, the decision-making process, responsibility for human, physical, technological, educational, and financial resources, and the functions and responsibilities of committees and meetings of academic staff.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Résumés and job descriptions for the dean and other administrative leaders [Appendix 7.1]
- Written bylaws and policies of the school [Appendix 7.2a – 6.2f]
- List of school executive and standing councils/committees with their members, terms of reference, and designated charges [Appendix 7.3]
- Examples of minutes from recent council/committee meetings [Appendix 7.4]
- Examples of documents that provide evidence of effective communication, decision-making, and adherence to governance documents, policies and procedures within the school [Appendix 7.5]
- Evaluation rubric/form used to evaluate the dean and other administrative leaders [Appendix 7.6]

**Required Documentation for On-Site Review:**

- Bylaws and policies and procedures of the school
- Faculty Member Handbook (or the equivalent guidance document for academic staff)
- Staff Member Handbook (or the equivalent guidance document for non-academic staff)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 7.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The dean of the school and other administrative leaders are qualified.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The dean of the school and other administrative leaders have defined lines of responsibility and authority.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The dean of the school and other administrative leaders function in an organizational structure that assures the optimal use and development of academic and non-academic staff resources. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The governance documents of the school (such as bylaws and policies) describe:   |                                     |                          |                          |
| <ul style="list-style-type: none"> <li>• the organizational structure, and the decision-making process</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• responsibility for human, physical, technological, educational, and financial resources</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• the functions and responsibilities of committees and meetings of academic staff.</li> </ul>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.

- ☒ The dean and other administrative leaders of the school:
  - are qualified and experienced individually and function collectively to address the school's mission
  - recruit and retain qualified academic staff
  - lead academic and other staff effectively
  - foster effective communication and collegiality with academic and other staff
  - set and maintain high academic, scientific, and ethical standards for the administrative, educational, research, and service activities of the school
  - assure compliance with all applicable institutional, local/state, and national policies, procedures, systems, regulations, and accreditation standards
  - obtain the necessary resources
  - are evaluated
  - are supported for their individual and collective professional development

The Dean, Dr. Abdulmajeed Alqasomi, leads the College. The Dean obtained his Bachelor's degree in Pharmaceutical Sciences (B. Pharm), College of Pharmacy, King Saud University, Riyadh, Saudi Arabia (2005). He also obtained a master's degree in Clinical Pharmacy, International Practice, and Policy, School of Pharmacy, UCL, United Kingdom (2010) and a Ph.D. in Clinical Practice and Medication Use from the Institute of Pharmaceutical Science, King's College London (2016). The Dean has sufficient administrative experience in different positions. He worked as a vice-dean for academic affairs and as a teaching faculty at the College of Pharmacy. Therefore, he is well aware of the vision, mission, objectives, and requirements of the College and the program.

The Vice-Dean, Dr. Waleed Altowayan, vice-dean for academic affairs, obtained his Bachelor's degree in Pharmaceutical Sciences (B. Pharm), College of Pharmacy, King Saud University, Riyadh, Saudi Arabia (2005). He also obtained a master's (2009) and PhD (2017) degrees in Clinical Pharmacy, Strathclyde University, Scotland. The Vice-Dean for female affairs, Dr. Amal Alsubaiyel, obtained her Bachelor's degree in Pharmacy from King Saud University, Riyadh, Saudi Arabia (2007). she also obtained a Master of Pharmacy (Pharmaceutics) from the same university (2014) and a Ph.D. degree in Pharmaceutics from Durham University (2020).

The Dean and the Vice-Deans of the College are appointed according to the Ministry of Education regulations and procedures. The Supervisors of the departments are selected based on their specialty and qualifications and the College's needs in confirmation of the rules and regulations of the Ministry of Education, Saudi Arabia. The selection is based on several metrics

that indicate the expertise, efficiency, and management experiences, and necessary skills to endure the responsibilities. The Supervisor of departments holds doctorates in their disciplines and has considerable administrative, research, and teaching experiences.

The Dean fulfills various roles and functions as the nodal personality of the College's activities. Various functions are done and mediated by the supervisor of the departments, several units, and committee heads. The Dean, Vice-Deans, and other administrative leaders appreciate the different roles and contributions of the faculty and staff. They value the expertise the faculty and staff bring to the College. They recognize and encourage the equally-shared responsibilities of the faculty and staff towards establishing and maintaining a positive work environment. To foster collegiality, the Dean and Vice-Dean conduct regular meetings with the faculty and staff. For example, just before the beginning of each semester, a 3-day colloquium is held. In an open discussion, the achievements, challenges, and issues in the previous semester are discussed. All faculty members and staff are encouraged to comment, suggest and provide feedback on all aspects of the College for further improvements. In these meetings, the faculty and staff deliberated the new semester's goals and ways to achieve objectives. Besides this, the dean and staff members set and agree upon a number of workable to be followed in the College for the best performance in all aspects of the program. The open communication environment generated from deliberating upon various aspects of the College has resulted in a strong commitment to achieving the mission and has formed a cooperative, professional working environment to improve the program's quality.

The Dean and other leaders of the College play a vital role in the recruitment and retaining of the faculty and staff. They seek and encourage hiring highly qualified national and international experts in the fields of pharmacy. The Dean is assisted by the Vice-Dean and the recruitment committee, which comprises supervisors of the departments, senior professors, and other members. The recruitment committee reviews the applications' CVs, conducts an interview, and recommends their findings to the Dean. To retain the qualified faculty and staff, besides the competitive salary and other benefits offered by the College, faculty and staff are motivated and provided with several personal and professional development opportunities.

The College's Dean, Vice-Dean and other administrative leaders have demonstrated their leadership effectively. Some of the notable achievements for the leadership of the College are:

- Collaboration with ACPE Collaboration with ACPE
- Collaboration with VCU
- Collaboration with Saudi Pharmaceutical Society (SPS)
- The College was accorded the highest award in quality 'gold shield' by Qassim University for the academic year 2019-2020
- The College achieved twice the top rank in providing community services among other Qassim University colleges in the last two evaluations
- The College won the Qassim University president shield for community services 2017-18.
- The College won the Qassim University shield for community services 2018-19.

Regarding resources, the University administration is the leading supplier and supporter of the College's requirements in all administrative and academic necessities, including sufficient human resources, finances, regular maintenance, and infrastructure needed to achieve the goals and objectives of the College.

The president of the University evaluates the Dean while the vice-dean and supervisor of the departments are evaluated annually by the Dean based on their initiatives, leadership, contribution, and performance. At the end of each academic year, all evaluation results are sent to the University administration.

Regarding professional development, the 'Deanship of Human Resources' provides a variety of workshops and training sessions for professional development for all employees of the University, including the Dean, Vice-Dean, and supervisor of the departments. These include training and workshops conducted by the University and other national organizations. Besides that, the University sends them for further training abroad. In addition, the College established the 'Continuing Professional Development Unit' to provide several opportunities for professional development of the staff on the recent topics in pharmacy practice and pharmaceutical sciences.

☒ The dean and other administrative leaders of the school have sufficient autonomy and flexibility – within university policies – to make decisions about the organization and management of the school

The dean and the heads of committees and the department's heads, work according to university policies. Thus, the dean is at the top of the organizational structure of the College. The committees' work and the department's heads work in autonomy and flexibility, but the decisions from the meetings of departments and committees are forwarded to the dean to approve and implement.

☒ The bylaws and policies/procedures are developed, evaluated for effectiveness, reviewed and updated, with input from academic staff

The College follows bylaws and general policies developed by the University. The College also develops its policies to address certain aspects (appendix 7.2a-6.2f). For example, the College developed the examination policy in light of the general regulations of the University.

When drafting the policy, inputs and feedbacks from the faculty are sought. After incorporation of their feedback and comments, the policy is reviewed and approved by the College Council. The policies are developed based on the college needs and suggestions of the faculty. The faculty and staff play a significant role in developing, reviewing, and updating the policies. The faculty and staff can suggest changes, development of new or modifications to existing policies to improve the program delivery, its outcomes, and overall functioning relating to various aspects of the college. The bylaws, policies, and procedures of the college concerning the administration are well documented in the administration manual, student guide, and faculty guide. All of these policies and procedures are frequently reviewed, and manuals and handbooks are updated accordingly. Moreover, the faculty members develop and review the policies by providing feedback to the College administration through relevant committees and departments (appendix 5.3).

☒ The organizational structure and governance of the school support the implementation of all bylaws, policies and procedures

Implementing all bylaws, policies, and procedures is the responsibility of heads of departments, units and other leaders. The hierarchy of the organizational structure allows leadership people to lead and follow up the implementation of these policies, and procedures

and manage any difficulties or challenges may be raised by the faculty members, administrators, or students.

- ☒ The governance documents of the school clarify: the organizational structure; lines of communication; decision-making roles and responsibilities of different categories of staff; responsibility for human, physical, technological, educational, and financial resources; and the functions and responsibilities of committees and meetings of academic staff

The organizational structure, lines of communication; decision-making roles and responsibilities of different categories of staff; responsibility for human, physical, technological, educational, and financial resources; and the functions and responsibilities of committees and academic staff meetings are clarified in the bylaws handbook of the school. bylaws handbook of the school is under revision now according to the new regulations and policies issued by the Ministry of Education.

- ☒ Policies and procedures support the recruitment and retention of academic and other staff with diverse educational and cultural backgrounds

The recruitment process includes analyzing the requirements of a position, attracting employees to the position, screening and selecting applicants according to the program need, hiring, and integrating new members into the organization. In addition, the position entails details on the job requirements and expectations from the new hire. The following are the requirements of newly recruited members:

- Age range: between 25-60 years (The university council can exclude from the maximum age range (10 years for the professors and associate professors, five years for assistant professors) based on a recommendation by the department and the college council, and three years for other positions as per a recommendation from their departments).
- Good health condition (A medical health report from a medical center acknowledged by the university)
- Good reputation.
- Having the required qualifications or certificates for the position.
- Not contracting with another employer in Saudi Arabia.
- Working only for the university.

Qualified faculty must be able to contribute in the following areas: teaching and training, didactics, mentoring students in field-training, students counseling, research & development, supervising students in graduation projects, publication, administrative tasks, community engagements, contribute to the over-all development of the college, and contribute to the planning for excellence in teaching & research

In terms of diversity of educational and cultural backgrounds of faculty members, factors

Determining Number of Faculty members includes:

- Number of courses in the particular subject area
- Number of courses in one semester
- Research activity
- Department's standby requirements

**Recruitment Sources (National & International Options):**

- University website
- Possible recruitment visits of the Dean to other locations in and outside the country
- Various internet-job-site postings
- Contacts with prospective faculty members

**Faculty members Attraction and Retention**

Attraction and retention of qualified employees are at the forefront of the college policy for faculty availability. In this regard, the college has developed and applied several strategies that serve the dual purpose of attracting potential employees and retaining currently employed enthusiastic, committed, experienced, trained, and valued individuals.

**Attraction Strategies:** The following constitutes the remuneration package offered by the college to attract qualified staff members:

- Offering competitive salary
- Clinical allowance
- Free lodging on arrival
- Opportunity for employees to use, expand and develop their skills
- Free of charge healthcare to self & family
- Cooperative and helpful colleagues, congenial environment to work
- Rewards for employees who meet performance goals

- Annual to & fro airfare to self & family
- Transport allowance
- House rent allowance
- Furniture allowance
- Children's education cost reimbursement
- Two months paid vacation annually

Policies and procedures address misconduct, grievances, and complaints

The misconduct of either the students or staff members is clarified in the University code of conduct. There is a disciplinary committee for grievances and complaints assessment, and the decisions are made according to the University bylaws.

Committee reports are utilized in the management of the school and are disseminated throughout the school and university community

Curriculum and Assessment Committee submit frequent reports directly to the 'College Council.' Based on these reports; several changes were made and helped the college improve the overall performance. Quality Assurance Unit conducts comprehensive assessment on all aspects of the college and submits reports to the College Council using standards and guidelines of the 'Deanship of Quality Assurance.' An annual report with its recommendations is submitted to the College Council for utilization in its management. These reports are disseminated throughout the school and shared with 'Deanship of Quality Assurance.' The faculty members can view all the reports by visiting the Quality Assurance Unit and through the heads of departments.

Academic staff are involved in decision making

Academic staff is involved in decision-making at several levels (e.g., department level). They are involved in the decisions at the department level through the discussion between department supervisors and faculty members during the department council meetings. The staff is also involved in several committees. For example, Curriculum and Assessment Committee consists of a team of faculty members discussing all aspects of teaching and assessment methods. Therefore, the faculty and staff play an essential role in the governance and decision-making of the college with the primary responsibility of the college administration comprising the Dean, Vice-Dean, supervisors of the departments, committees, and academic units (e.g., eLearning

unit, Statistics, and Informatics unit and Academic Counseling Unit). Thus, the administrative structure at the College is very dynamic for managing the affairs of the college.

Any other notable achievements, innovations or quality improvements

The retention rate of the college is over 96%. In addition, the college keep recruiting faculty members from different backgrounds and specialties. the college is keen to keep all faculty members and administrative who support college mission and goals. In addition, a number of teaching assistants who are doing their postgraduate studies on board joined the college which improved the diversity of disciplines of teaching staff.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non-Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable.

## Section 3 Curriculum

**Criterion No. 8: Competencies of Graduates:** The school clearly identifies and publishes the competencies that graduates must achieve to address current and future national medication and health-related needs and policies.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

List of the expected competencies for graduates of the program [appendix. 8.1]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 8.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school clearly identifies and publishes the competencies that graduates must achieve.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The competencies that graduates must achieve address current and future national medication and health-related needs and policies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.

The professional competencies for graduates of the program:

- were selected (i.e., the rationale) and the role of the academic staff in the selection process
- align with and contribute to current and projected national medication and health-related needs
- align with the needs of the workforce and market
- are mapped to course learning outcomes
- are benchmarked
- are consistent with and mapped against the National Qualifications Framework (if applicable)
- are revised regularly in alignment with evolving pharmacy education and practice, societal needs, and national and international trends in the profession of Pharmacy

In this section, the term “graduate attributes” denotes “competences” to be consistent with the term used by the university. The college has previously adopted attributes (competences) based on The Center for the Advancement of Pharmacy Education (CAPE) outlines. Recently, the university approved new retributes based on the updated NQF domains, thereby requiring the college to revise graduate attributes accordingly. The College has identified and selected professional attributes that the graduates of the program must possess. Academic staff with their different pharmacy education and pharmacy practice experience both internationally and locally in Saudi Arabia deliberated to select the attributes and ensured they contributed to the current and projected future medication and health-related needs. The selection of the attributes were made through several discussions in the light of:

- University and College Vision, Mission, and Goals,
- National Qualification Framework (NQF) requirements
- Consulting experts and employers in Saudi Arabia
- The Center for the Advancement of Pharmacy Education (CAPE) requirements

In addition, the competencies were selected to meet the country's current needs in alignment with the vision and mission of the Ministry of Health (MoH). The vision of MOH states, "Carrying health conditions or health status of Saudi Arabian inhabitants to the best and highest possible level and the provision of healthcare at all levels of the society." The mission of MOH states: MOH is committed to the mission assigned to it since its first coming into being; i.e., the provision of healthcare at all levels, promotion of general health and prevention of diseases, in addition to developing the laws and legislations regulating both the governmental and private health sectors. Aside from that, MOH is accountable for performance monitoring in health institutions, research activity, and academic training in health investment. Information from national organizations such as Saudi Commission for Health Specialties (SCHS) were considered to ensure that the attributes align and contribute to the current and future national medication and health-related needs and workforce.

These professional attributes (appendix 8.1) are:

## **1. Knowledge and Understanding**

**1.1. In-depth knowledge in the field of pharmacy:** Graduates have a broad and comprehensive knowledge and understanding of the pharmaceutical sciences and methods of research and investigation.

## **2. Skills**

**2.1. Interpersonal skills and interaction with others:** Graduates have the ability to communicate effectively (verbal and written) and cooperate with patients, healthcare providers and administrative personnel in all areas of pharmacists' work.

### **2.2. Analytical and problem solving skills:**

2.2.1: Graduates have the ability to solve problems and apply diverse skills and evidence-based critical knowledge to create appropriate solutions to societal challenges in all areas of pharmacists' work.

2.2.2: Graduate have the ability to collect, organize and analyze quantitative and qualitative data that serves healthcare consumers and conducting research in all areas of pharmacists' work.

**2.3. Practical and IT skills:** Graduates have practical performance and technical skills that will enable them to enter and develop in the labor market in the field of pharmacy.

## **3. Values**

**3.1. Ethical and Social Values and Responsibility:** Graduates have capacity to work independently and participate in team-works, display integrity and ethics in the pharmacy profession, and actively participate in the service and development of society in all fields of pharmacists' work.

The approved attributes were mapped with the program learning outcomes (PLOs). The PLOs were then mapped with course learning outcomes (CLOs) by the academic staff ensuring CLOs mapping with attributes. In addition, the attributes were benchmarked with other PharmD programs in Saudi Arabia and international universities. In addition, to ensure the consistency with NQF, the final version of graduate attributes were mapped with the NQF domains. The attributes will be revised every four to five years to ensure the alignment with evolving pharmacy education and practice, national needs, and national and international trends in the profession of Pharmacy

The school clearly differentiates the desired graduate competencies for different degree programs or tracks (if applicable)

The College offers a single track leading to a Pharm D degree.

Any other notable achievements, innovations or quality improvements

None

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

None

**Criterion No. 9: Development and Delivery of the Curriculum:** The school, through a defined process, uses the desired graduate competencies to design and develop the curricular philosophy, structure, content, and instructional methods.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- A map/cross-walk of the courses in the curriculum to the expected competencies for graduates of the program [Appendix 9.1]
- A representative sampling of course syllabi from general education courses and courses in each of the biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences, including stated student learning outcomes related to desired competencies for graduates of the program [Appendix 9.2]

**Required Documentation for On-Site Review:**

- All course syllabi and course files for didactic and experiential courses (or school's documents that serve a similar purpose)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 9.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school, through a defined process, uses the desired graduate competencies to design and develop the curricular philosophy, structure, content, and instructional methods. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 4 – 6 pages in length, which is an indication of the level of detail expected by ACPE.*

- The curricular philosophy and model were selected, how they reflect contemporary international pharmacy education models, and the role of the academic staff in the process

The Pharm D curriculum is based on the philosophy that a successful student using the biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences builds expertise in many diverse pharmacy areas. In addition to that, the experiential courses build up on the foundational principles taught in the program.

The curriculum is designed to produce clinically oriented pharmacists who are self-directed and lifelong learners. The curriculum was developed to have biomedical and pharmaceutical sciences. After having a background and foundations in these sciences, the students are taught social/behavioral/administrative and clinical sciences (representing the core portion of the curriculum).

The curriculum model was developed based on recommendation from ACCP and NCAAA. The current curriculum was benchmarked with national and international universities. The current curriculum model involves one preparatory year followed by four years didactic and experiential education and one year of Advanced Pharmacy Practice Experiences (APPE).

The current curriculum of the Pharm D program comprising of 273 credit hours is divided into a preparatory year and three PharmD stages as follows:

- Preparatory year: is taught by the university which include general courses such as English language, chemistry, physics, biology and ethics for health sciences.
- Stage 1: The first year: Basic medical and pharmaceutical sciences are taught in this stage.

- Stage 2: The second, third, and fourth years. This stage involves the teaching of basics and advanced pharmaceutical sciences, pharmacy practice and integrated pharmacotherapy courses.
- Stage 3: It is the fifth year. This stage is the practical stage, where students are provided with Advance Pharmacy Practice Experiences. There are five required rotations of 5 weeks each (Intensive Care, Internal Medicine, Infectious Diseases, Cardiology, and Pharmacy Practice) and five elective five-week rotations. Electives offered include Evidence-Based Medicine, Total Parenteral Nutrition (TPN), Pediatrics, Psychology, Nephrology, Oncology, Drug Information, Endocrinology, industry, and medication companies.

The Pharm D program model was developed after brainstorming deliberations among faculty members from the College, experts from the University, and stakeholders from the hospital. The committee observed the curriculum of other national and international Pharm D programs designed to provide its graduates with comprehensive theoretical knowledge and extensive practical experience necessary to practice as a pharmacist in Saudi Arabia. The committee finalized the curriculum after adopting the best study plan among the Pharm D programs.

The academic staff contributes to implementing the curriculum in line with the curricular philosophy and model. All the academic staff can share their suggestions on improvement and modifications of the course syllabus regarding contents, teaching and assessment methods, outcomes for further curriculum development.

Completion requirements are clearly identified and the curriculum meets the requirements of The University for the granting of a degree

In order to grand the student pharm D degree, the student should successfully pass the university and program requirements.

#### **A. University requirements:**

- Preparatory year: the preparatory year for 23 credit hours is divided over two semesters. Passing the preparatory year is a prerequisite for admitting a new student to the College program. These courses are English, Computer Skills, statistics, physics, Thinking

Skills, and Learning Styles, Human Biology, Introduction to Biochemistry, Medical Ethics, Health Profession Education, and Communication Skills.

- Islamic Culture Courses and Arabic Language Courses (2 credit hours each). These courses are being taught during the program. The total number of study units for compulsory QU requirements for all students is 12 (**Table 1**).

**Table 1. QU Requirements**

| Course No. & Code | Course Name                                 | Credit Hour Units |          |       | Requisite |
|-------------------|---|-------------------|----------|-------|-----------|
|                   |   | Theory            | Practice | Total |           |
| IC 101            | Introduction to Islamic Culture             | 2                 | -        | 2     | -         |
| IC 102            | Islam and Community Building                | 2                 | -        | 2     | -         |
| IC 103            | Economic System in Islam                    | 2                 | -        | 2     | -         |
| IC 104            | Foundations of the Islamic Political System | 2                 | -        | 2     | -         |
| ARAB 101          | Arabic Language Skills                      | 2                 | -        | 2     | -         |
| ARAB 103          | Expository Writing                          | 2                 | -        | 2     | -         |
| Total             |   | 12 hours          | -        |       |           |

**B. Program requirements:**

The program requirements for 168 credit hours are divided into:

- Mandatory courses (154 credit): this is including didacted and experiential courses
- Elective courses (8 credit)
- Free courses (6 credit)

The Pharm. D. curriculum meets all the university requirements and is approved officially by the University and Ministry of Education. The curriculum is reviewed by the 'University Curriculum Committee' to meet the University requirements as detailed in the 'University Curriculum General Framework' (based on the National Qualifications Framework).

- ☒ Curricular development, revision, and adoption are undertaken in compliance with school and institutional policies and regulations

The curriculum was developed according to the University and College visions, and missions, which complies with the College and University policies and regulations. Also, recent international trends in pharmacy education and feedback from ACPE and NCAAA were considered during the curricular revision. The curriculum development follows the university's program template. Also, according to the university's regulations, electives, free and required university courses are added to the curriculum. The program is delivered in line with the curricular philosophy and model. All the academic staff can share their suggestions on improvement and modifications of the course syllabus regarding contents, methodology, outcome, and further development in their respective teaching areas.

- ☒ The entire curriculum is developed, mapped to desired program learning outcomes, and implemented to ensure optimal sequencing, alignment, reinforcement, coordination of content across disciplines, and progressive development of competencies in students

The National Qualifications Framework (NQF) recently revised the Program Learning Outcomes (PLOs) the three domains to be as knowledge, skills and values (Appendix 9.1). Based on the NQF criteria, the College has revised and approved the PLOs. Each faculty member aligned their course learning outcomes with the PLOs to develop the new curricular map (Appendix 9.2).

For sequencing and alignment, the courses are divided into basic biomedical, foundations and basic and advanced pharmaceutical sciences, pharmacy practice and integrated pharmacotherapy courses. To ensure sequencing, the courses registration requires completion of pre- or co-requisite. The curriculum includes foundational and introductory courses which are reinforced across the higher curriculum levels, example: foundation for pharmacy practice 1, 2, 3, and 4, and Pharmaceutics 1 and 2. The curriculum contents are coordinated across various disciplines in the upper levels through integration of pharmacotherapy with basic pharmaceutical science.

The attributes include knowledge, skills and values. During the first levels of the curriculum, the courses are mainly knowledge based and as the students' progress to the higher levels,

the courses are more concentrated in skills. The values are addressed throughout the curriculum.

- ☒ General education courses are included in the curriculum and/or program prerequisites to add breadth to students' academic experience and develop useful life skills, and (if applicable) comply with national regulations. The curriculum offers eleven elective courses across all college departments from levels 7 to 10. The students are required to choose 4 electives for a total of eight credit hours. The offered electives are Biopharmaceutics, Pharmacotherapy of Pediatrics/Geriatrics, Pharmacotherapy of Ambulatory Care, Pharmaceutical Quality Assurance, Molecular Pharmacology, Radiopharmacy, Herbal Medicine, Pharmaceutical Biotechnology, Saudi Pharmacy License Preparation, Pharmacy Informatics, and Pharmacogenomics. In addition, the students are required to complete a minimum of 6 credit hours as free courses from outside the program. Furthermore, the students are required to complete 4 Islamic and 2 Arabic courses for a total of 12 credit hours thereby complying with the national regulations. These courses offer an additional and diverse academic experience to the students in addition to preparing students for the Saudi Pharmacy License Preparation (SPLE), and other life skills.

- ☒ Delivery of the program is coordinated across different sections or locations (if applicable) to ensure comparability of structure, resources, process, and outcomes

The College is located on the main campus and has two sections for males and females. The College has appointed a Vice-Dean for Female Section to ensure comparability of structure, resources, and smooth running of all day-to-day activities of the College. The infrastructure facilities and learning resource are comparable at both sections. For example, similar facilities for conducting classes with smart whiteboards, video-conferencing facilities, laboratories, and simulation and clinical skills lab are available in both sections.

The teaching, learning, and assessment strategies in both the sections are aligned, with the same examinations being taken to maintain comparable standards. Teaching materials are also shared across the two sections to ensure comparable student learning experiences.

Female faculty actively participate in all committees and of meetings via video conferencing and contribute to the program's development and courses through the quality assurance processes in place. Separate course reports for both sections are produced to ensure specific issues in

either section are addressed. Furthermore, a comprehensive combined report is also produced for each course to consider performance indicators as a whole or the agreed combined action points to take forward.

- ☒ The curriculum includes and integrates co-curricular and extracurricular activities to support the achievement of the desired graduate competencies

The curriculum includes co-curricular activities as a community (IPPE-1) and hospital (IPPE-2) pharmacy training. These co-curricular activities are offered as Introductory Pharmacy Practice Experiences (IPPE-1 and IPPE-2) during levels 6 and 8, respectively. Besides, the curriculum also includes APPE as 1-year duration with 10 clinical rotations of 5 weeks each at the end of the didactic courses. During the IPPE's the pharmacist in charge of each Pharmacy (preceptor) supervises the students during the training. In addition to that, the college supervisors visit the students once a week. By the end of the rotation, students' performance in the community and hospital pharmacy is assessed by the preceptor in the Pharmacy using a rubric assessment form. All preceptors are provided with the training outcomes and graduates attributes at the beginning of the training with the rubric assessment form.

The program also, offers voluntary extracurricular activities via students club and community service unit. These include various educational and awareness programs for local communities, including internationally recognized days for profession and diseases, and at several days of national and local importance.

The College also organizes annual research days. The College invites speakers from various healthcare organizations to disseminate pharmaceutical knowledge and developments in the pharmacy practice to keep in tab with the profession's recent international trends and development/advances. The students are also provided with various workshop opportunities during these activities. The students present their research work to the broader research community and compete for the awards during the annual research day. In addition, the College also provides opportunities for the students to present their research findings at international conferences. All these activities contribute to the development of students' skills such as communication skills, teamwork, responsibility.

The curriculum addresses multiple exit points (if applicable)

Multiple exit points are not applicable for the program.

The curriculum addresses multiple tracks (if applicable)

The curriculum offers a single track after completing all the requirements leading to a Pharm D degree.

Any other notable achievements, innovations or quality improvements

- The college adopted a new curriculum following g a recommendations received from ACCP and NCAAA. The program applies integrated system as teaching strategy. The College of Pharmacy at Qassim University is considered the first among Saudi pharmacy colleges in applying the integrated system.
- The program achieved the golden shield in quality assurance at the level of Qassim University

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 10: Teaching and Learning Methods:** The curricular teaching and learning methods ensure that students can develop the necessary knowledge, skills, attitudes, and values to enter practice (or the next stage of education and training) and be self-directed, lifelong learners.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

A table organized by academic year listing all required courses, and providing the title, brief description, teaching/learning methods used, and responsible member(s) of the academic staff [appendix 10.1]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix

number; e.g. 10.X]

- 2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The curricular teaching and learning methods ensure that students can develop the necessary knowledge, skills, attitudes, and values to enter practice (or the next stage of education and training) and be self-directed, lifelong learners. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 2 – 4 pages in length, which is an indication of the level of detail expected by ACPE.*

- Members of the academic staff employ a range of teaching and learning methods, including active learning, to ensure that students develop the required competencies

A range of teaching and learning strategies is employed to achieve the program's intended learning outcomes. A broad range of interactive teaching and active learning strategies to properly deliver the contents are used. These strategies include the following:

- Lectures (both physical in the classroom and virtual through Blackboard)
- Laboratory's demonstration and exercises
- Hands-on activities
- Assignments
- Team-Based Learning (TBL).
- Case studies
- Journal Club
- Simulation
- Posters
- Research projects
- Tutorials
- Applications of computers

The active lectures are used to intellectually engage and involve students as active participants by employing inquisitive reasoning and role-playing techniques. Interactive lectures promote student retention, assimilation, and learning of the materials presented during the lecture. It also gives students practice in developing critical thinking skills and enables instructors to assess the learning abilities of the class. In classroom presentations, students learn to speak in a group, improve their

communication skills, and prepare themselves for the subject. Small group discussions are employed mainly in pharmacotherapy and Applied Pharmacokinetics courses where TBL is adopted. The TBL encourages elaboration and development of interpersonal skills in the lectures. Faculty members pose inquisitive questions to engage students in improving critical thinking and problem-solving skills, which help students be lifelong learners. In several courses, students need to submit assignments that aid in the development of knowledge. Some program courses, such as pharmacology, pharmaceuticals, and medicinal chemistry, have hands-on laboratory experience, contributing to improvements in psychomotor skills coupled with critical thinking. Also, the development of clinical skills is via hands-on activity (e.g., blood pressure measurement, blood glucose measurement, and other patient assessment skills).

- ☒ The teaching and learning methods used by academic teaching staff account for various learning styles of students and foster the development, stimulation, and maturation of:
  - critical thinking
  - scientific reasoning
  - digital literacy
  - communication skills
  - problem-solving skills
  - team and group working
  - self-directed learning skills

The faculty employs a wide range of direct and active learning and teaching methods to meet the students' diversified learning styles. These methods include, among others, student participation in classroom discussions with self-directed learning, group and individual project participation, practice and case presentations as well as journal clubs. These various teaching and learning strategies help nurture students' communication and problem-solving skills, develop scientific and critical thinking mindset, and analytic prowess to achieve objectivity, focus, and concentration through identifiable learning outcomes to generate traits and characteristics fit for a pharmacy professional. TBL provides a higher level of cognitive functioning, leading to a greater degree of understanding and retention. In TBL sessions, the students are encouraged to be prepared before the class and perform student work in teams in the classroom, contributing to enhanced student engagement, improved communication skills, and enhanced critical-thinking abilities. The college has introduced 12 integrated courses that bridge the gap between theory and patient care by simultaneously supporting learning any particular topic from different disciplines. For example, the student's understanding and skills are enhanced when the disease is taught from several aspects and when the pathologist, pharmacologist, pharmaceutical scientist, and clinical pharmacist come together to discuss it in an integrated approach, including the rationale behind choices and

relevance to patient care. Students are trained in practical aspects of pharmacy via simulated pharmacy and clinical skills lab at the College. These strategies help students develop a range of characteristics to feed the development of knowledge and skills. It also stimulates them to learn, practice, and participate as a team member in a group through proper communication and interactions. It helps them achieve maturity in scientific, rationalistic ways and acquire critical thinking traits/mindsets. Multiple steps are undertaken to develop, stimulate, and mature students in various aspects and motivate the pharmacy profession from the beginning.

Following are the measures adopted in the College:

- The majority of courses have adopted questions and answers between students and faculty approach to improve student's knowledge, critical and analytical thinking, scientific reasoning, and communication skills.
- In the courses of integrated pharmacotherapy, clinical case discussions between students and the faculty foster development of problem-solving and critical thinking skills
- Students are encouraged, at the earliest levels of study, to learn from the recommended textbooks and reference materials as well as from authentic e-learning sources
- Students are encouraged to ask questions in the class, but problems to solve by other students and the lecturers to foster problem-solving
- In TBL, students are asked to read the topic before the class which help develops self-directed learning skills and foster team-based learning habits as part of group discussion
- Some courses at the early and mid-level of the program include laboratory exercises to promote scientific reasoning and psychomotor skills
- Simulated patient settings are used in teaching patient assessment skills and self-care and OTC therapeutics, dispensing of medications and Clinical nutrition & IV admixtures. These settings provide a platform to prepare students for the actual working environment including the community pharmacy and hospital settings. Furthermore, simulated settings enhance students, communication skills with both patients/caregivers and other healthcare providers.
- Tutorial sessions are offered in various courses where students are encouraged to ask inquisitive questions, discuss various clinical case scenarios, solve relevant course based calculations and develop active learning
- In courses like scientific writing and seminar, students are given projects to demonstrate their digital literacy, scientific reasoning, and presentation skills.

The curricular also include pharmacotherapy of ambulatory course (PHP428) and Introductory Pharmacy Practice Experiences (IPPE-1 and IPPE-2), in community and hospital pharmacies during levels 6 and 8, respectively. These co-curricular activities help students gain more skills and work habits, which improves their knowledge and attitude required to practice pharmacy. During their didactic education, the students can explore the community pharmacy field, giving them direct insight into this practice and enhancing communication, knowledge about drugs (brands and generic names), and exposure to managerial and inventory management tasks. These skills are further improved and sharpened during APPE.

To enhance digital literacy, students are required to search online literature (e.g., Science Direct, Scopus, ProQuest, Up-to-Date, PubMed). Moreover, the APPE year of the program is designed to develop an eagerness to follow the most up-to-date evidence and contemporary trends in Pharmacy to inculcate self-directed learning through information search from professional bulletins, up-to-date, evidence-based guidelines, periodicals, scientific journals, and electronic databases. Students are expected to practice the highest level of professional and ethical conduct at the hospital training sites, which also needs to exhibit respect, professionalism, and courteous relationships with the healthcare team, preceptors, and patients.

- ☒ The school uses online learning and other distance learning technologies, including the measures taken to assure the quality, integrity and outcomes of learning (if applicable)

The College adopts and supports online teaching through Blackboard. In the second semester of the last academic year (2019-20), the teaching had to be modified to circumvent the COVID-19 pandemic. All the courses had to be shifted from the traditional teaching method to online teaching. However, the assessment methods were not considerably affected. The same assessment strategies, like examinations and assignments, were applied successfully despite conducting the assessment online. The College faced multiple challenges during the period and were resolved through multiple training opportunities offered to both faculty and students on various topics of attending the online session, including assessment of the courses.

In the academic year (2020-21), upon the instruction of the Ministry of Education, the college decided to conduct lectures online, while the students are required to be physically present in the College to attend the laboratory classes, simulation-based sessions, and also for the course assessments.

Any other notable achievements, innovations or quality improvements

[TEXT BOX]

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 11: Curricular Foundation in the Sciences:** The curricular content provides students with the necessary foundation in the biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences to achieve the desired graduate competencies. The science foundation courses are appropriately sequenced, and the desired knowledge and skills are introduced, reinforced, and advanced progressively throughout the curriculum.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

A list of courses and student learning objectives per course that address each of the following foundational sciences: biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences [appendix 11.1]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Appendix.11.2.a. Mapping between Program's learning outcomes and course learning outcomes
- Appendix.11.2.b. Mapping between Program's learning outcomes and graduate attributes

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The curricular content provides students with the necessary foundation in the biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences to achieve the desired graduate competencies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The science foundation courses are appropriately sequenced, and the desired knowledge and skills are introduced, reinforced, and advanced progressively throughout the curriculum.                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box

provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

- ☒ The foundation in the biomedical, pharmaceutical, social/behavioral/ administrative, and clinical sciences provided by the curriculum relates to the desired competencies for graduates of the program

The program offers foundation courses in the four domains biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to develop the desired competencies. The program offers nine courses (22 credits hours) in biomedical sciences, which are essential and contribute to patient care (Table 1). Also, teaching biomedical sciences is a prerequisite to understanding pharmaceutical and clinical sciences. The program offers ten courses (29 credits hours) in pharmaceutical sciences, including pharmacology, pharmaceutics, pharmacokinetics, and medicinal chemistry (Table 2). In addition, the program offers 12 integrated pharmacotherapy courses (48 credits hours), which involve pharmacology, pharmaceutics, pharmacokinetics, and medicinal chemistry. A total of 9 courses (13 credit hours) in social/behavioral/administrative sciences are offered (Table 3). Providing patient care involves informed information regarding relevant social, ethical, and legal concerns. Also, these courses contribute to system management and public health. A total of 20 courses (60 credits) are offered in the clinical sciences (Table 4). These courses include the 12 integrated pharmacotherapy courses (48 credits hours) (Table 5) contributing to patient care provision & public health and improving therapeutic outcomes of medication use.

| <b>Course Name</b>              | <b>Credit hours</b> |
|---------------------------------|---------------------|
| Mathematics for Pharmacy        | 3                   |
| Organic Chemistry               | 2                   |
| Human Anatomy and Histology     | 4                   |
| Pharmaceutical Microbiology     | 3                   |
| Biochemistry -I                 | 3                   |
| Physiology-I                    | 3                   |
| Immunology                      | 1                   |
| Physiology-II                   | 2                   |
| Introduction to Pathophysiology | 1                   |
| <b>Total</b>                    | <b>22</b>           |

**Table 1.** Program courses in biomedical sciences

| <b>Course Name</b>                  | <b>Credit hours</b> |
|-------------------------------------|---------------------|
| Pharmaceutical Organic Chemistry    | 4                   |
| Pharmaceutical Analytical Chemistry | 3                   |
| Pharmaceutics-I                     | 3                   |
| Pharmacognosy                       | 3                   |
| Principles of Medicinal Chemistry   | 3                   |
| Introduction to Pharmacology        | 3                   |
| Pharmaceutics-II                    | 3                   |
| Toxicology                          | 3                   |
| Pharmacokinetics                    | 2                   |
| Applied Pharmacokinetics            | 2                   |
| <b>Total</b>                        | <b>29</b>           |

**Table 4.** Program courses in pharmaceutical sciences

| <b>Course Name</b>                      | <b>Credit hours</b> |
|---|---------------------|
| Introduction to Pharmacy Profession     | 1                   |
| Interprofessional Education             | 1                   |
| Evidence Based Practice (1)             | 2                   |
| Pharmacoepidemiology and medical safety | 1                   |
| Pharmacoeconomics                       | 1                   |
| Evidence Based Practice (2)             | 2                   |
| Pharmacy Law                            | 1                   |
| Evidence Based Practice (3)             | 2                   |
| Graduation Project                      | 2                   |
| <b>Total</b>                            | <b>13</b>           |

Table 4. Program courses in the social/behavioral/administrative sciences

#### **Clinical Sciences**

| <b>Course Name</b>                               | <b>Credit hours</b> |
|--|---------------------|
| Foundations of Pharmacy Practice (1)             | 1                   |
| Foundations of Pharmacy Practice (2)             | 2                   |
| Foundations of Pharmacy Practice (3)             | 2                   |
| Foundations of Pharmacy Practice (4)             | 2                   |
| Introduction to Pharmacy Practice Experience (1) | 1                   |
| Introduction to Pharmacy Practice Experience (2) | 1                   |
| Self-care and OTC Therapeutics                   | 2                   |
| Patient Assessment Skills                        | 1                   |
| <b>Total</b>                                     | <b>12</b>           |

**Table 4.** Program courses in clinical sciences

| Course Name   | Credit hours |
|---|--------------|
| Integrated Pharmacotherapy: Cardiovascular                    | 6            |
| Integrated Pharmacotherapy: Respiratory and Immunology        | 4            |
| Integrated Pharmacotherapy: Endocrinology and Gynecology      | 5            |
| Integrated Pharmacotherapy: Infectious Diseases               | 5            |
| Integrated Pharmacotherapy: Nephrology/Urology                | 4            |
| Integrated Pharmacotherapy: Neurology                         | 4            |
| Integrated Pharmacotherapy: Psychiatry                        | 3            |
| Integrated Pharmacotherapy: Hematology/Oncology               | 4            |
| Integrated Pharmacotherapy: GIT/Nutrition                     | 4            |
| Integrated Pharmacotherapy: Dermatology/EENT                  | 3            |
| Integrated Pharmacotherapy: Critical Care/Clinical Toxicology | 2            |
| Integrated Pharmacotherapy: Musculoskeletal                   | 4            |
| <b>Total</b>  | <b>48</b>    |

**Table 5.** Program courses in the integrated pharmacotherapy courses covering the four domains biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences

All the program courses in the four domains have well-defined objectives, contents, teaching methods, assessment methods, and learning outcomes. To ensure courses are related to the PLOS and hence to attributes, mapping between PLOS and courses learning outcomes is also developed (Appendix 11.2.a) and (Appendix 11.2.b).

- ☒ Instruction across departmental and scientific disciplines is coordinated and sequenced to ensure appropriate coverage of all foundational science areas and avoid unnecessary redundancy and overlap

During the development of the new curriculum, the college followed the procedure by establishing a committee that determined the benchmarking for the new Pharm D curriculum. The committee distributed the foundation courses to each department to prepare and revise the objectives, course content, specification, assessment methods, etc. The committee prepared a list of integrated courses, its objectives, contents and assessment methods. There are several sub committees comprising of faculty from different departments for designing the course content of each integrated course. Following the implementation of the new curriculum, and at the end of each semester, the coordinator of each integrated course prepare the course report by taking the feedback from each faculty member of the subcommittee as well from the students via course survey. The course coordinators of other courses are responsible for preparing the course report based on the teaching strategies as well as the assessment and achievement of learning outcomes. Based on the course reports, each course coordinator prepares the recommendations for improvements (if any) and modify the course specification accordingly. All reports and recommendations (if any) are approved by the quality assurance unit then by the relevant academic department. The academic department forward the

approved reports to the 'Curriculum and Assessment Committee" which reviews the course reports. The committee identifies any gaps or areas of redundancy between the courses. Therefore, the 'Curriculum and Assessment Committee' addresses the issue(s) through consultation with the relevant course coordinator. Meeting minutes of Curriculum and Assessment Committee are the forwarded to the dean and college council for final approval.

The horizontal integration is done through organ-system-based multidisciplinary integrated courses simultaneously supporting the learning of a particular topic from multiple disciplines (pharmacology, medicinal chemistry, pharmacognosy, pharmaceuticals, and clinical sciences) rather than following the traditional departmental segmentation. For example, in a multidisciplinary integrated cardiovascular system pharmacotherapy course, a medical condition such as chronic stable angina will be taught by all disciplines, including the pathophysiology of the disease, the pharmacology of the drugs for disease treatment, the medicinal chemistry of the drugs used for illustration of the relationship between the pharmacological action and chemical structure, and the pharmaceuticals discipline, for example, different dosage forms used for angina (sublingual, patches) and their pharmacokinetics and storage requirements. This will be followed by the pharmacotherapy of the disease and the clinical applications, including case studies and clinical skills to manage patients with this disease. The program offers 12 integrated pharmacotherapy courses starting from the 5<sup>th</sup> semester until the didactic program (8<sup>th</sup> semester).

☒The foundational knowledge in the sciences is applied, reinforced, and advanced progressively throughout the curriculum

The program follows vertical integration of content and skills. Vertical integration brings together pharmaceutical and foundational sciences and practice experience/clinical sciences (i.e., clinical experiences are introduced in the early phase of the curriculum, and the sciences are reintroduced/incorporated during the advanced/clinical phase). For example, all the biomedical science courses are offered over the first three semesters of the program. Physiology-I is a prerequisite for physiology-II. Also, physiology, pathophysiology, pharmacology are taught in a sequence. While pharmaceutical science courses start re-inforcing the biomedical science taught courses and are taught during the program's 2, 3, 4, 5, and 7 semesters.

Similarly, the clinical sciences are taught during semesters 2, 3, 4, 5, and 6. This vertical integration of disciplines helps to connect theory/science with clinical practice. After finishing biomedical and

pharmaceutical prerequisites at the advanced level, the organ-system-based multidisciplinary integrated courses start with pharmaceutical courses as a prerequisite. For example, an introduction to pharmacology (PHG241) is a prerequisite to start integrated pharmacotherapy courses. In this fashion, courses are interlinked horizontally across multi-disciplines and vertically across biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences based on their advancements, applicability, level of knowledge, and interconnectivity.

- The curriculum incorporates the principles of scientific method, scientific inquiry, quantitative reasoning, and evidence-based pharmacy

The Pharm D program courses incorporate the principles of the scientific method, inquiry, and quantitative reasoning as the inherent design concepts. Moreover, the courses relating to Evidence-Based Pharmacy and the Graduation Project teach and train students about these curriculum elements. The graduation project offers an opportunity to practice these elements before students are put to an actual setting in the profession. The graduation project develops scientific knowledge and skills to collect scientific data, scientific research methods and make students learn to qualitatively and quantitatively analyze and interpret the data, conclude the information, and produce/provide evidence as part of the exercise. Projects are assigned to students, which the experts from the faculty supervise. Furthermore, to strengthen the foundations of scientific methods, scientific inquiry, and quantitative reasoning, these concepts are incorporated and practiced in didactic and experiential education such as integrated pharmacotherapy courses, IPPE 1 and 2, and APPE in clinical settings. The integrated pharmacotherapy courses are taught as patient case study format, allowing students to develop rational, reasonable, and practical solutions to drug-related problems. In preparing the students for IPPE 1 and 2, courses offering simulation-based activities are offered. Similarly, for APPE, the IPPE 1 and 2 practical training in community and hospital pharmacy settings prepares the students. The interactive lectures in pharmaceutical care also prepare students to create a care plan designed to cater to the patient's specific needs and develop a collaborative working relationship with other healthcare providers and patients in the clinical settings. In addition, students are also taught courses on Evidence-Based practice spread across the program during semesters 4, 6, and 8. In these courses, the students are taught the principles of evidence-based practice, the applicability of evidence, sources of evidence, level of evidence, critical appraisal of evidence, and incorporation of evidence into the practice.

- Any other notable achievements, innovations or quality improvements

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

[TEXT BOX] (Approximately ¼ to ½ page)

**Criterion No. 12: Simulation and Practice Experiences:** The curriculum provides educational experiences in actual and simulated pharmacy practice settings to develop and demonstrate achievement of the desired competencies, under academic staff responsibility and practitioner guidance. The practice experiences and simulations integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the curriculum.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- A list of and the student learning objectives for each pharmacy practice simulation experience [appendix 12.1]
- A list of and the student learning objectives for each actual pharmacy practice experience, noting the responsibilities of the person supervising the experience and the degree of contact with patients and other health professionals [appendix 12.2]
- A list of equipment used in simulation activities (description, model, manufacturer, year of manufacture) [appendix12.3]

**Required Documentation for On-Site Review:**

- Pharmacy practice experience manuals, including assessment forms

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 12.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The curriculum provides educational experiences in actual and simulated pharmacy practice settings to develop and demonstrate achievement of the desired competencies, under academic staff responsibility and practitioner guidance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The practice experiences and simulations integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the curriculum.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion;

the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The actual and simulated practice experiences provide sufficient opportunities for communication and collaboration with other actual or simulated healthcare professionals and comply with any national expectations for the volume and scope of practice learning opportunities.

The College provides the students with the necessary training in handling the patient and pharmaceutical care plan during simulated and actual settings. The simulated pharmacy experiences are offered within the didactic courses, while the actual pharmacy experiences are conducted during IPPEs (1 and 2), inter-professional education course (IPE, PHP362), and APPE.

The simulated experiences provide opportunities for students to communicate with the simulated patient and healthcare professionals. For example, two stations in pharmacotherapy OSCE addressing communication skills are:

- Pharmacist-patient station: Student meets a simulated patient (lecturer) with a particular medical problem and is asked to provide counselling. The communication skills are evaluated by the examiner using a pre-published checklist.
- Pharmacist-physician station: The student communicates and discusses with the physician the appropriate medications, side effects, interactions, precautions and contraindications for the simulated patient condition. The student's performance is evaluated using a pre-published checklist.

Similarly, in the Self-care and OTC Therapeutics course, the students are trained in the simulated pharmacy. A simulated patient (the lecturer or technician) visits the pharmacy (Mock Pharmacy) complaining about a certain medical problem. The student takes reasonable steps to provide the patient care with enough information from taking the patient history, through the decision-making process, to dispensing of medication and providing the appropriate counselling.

Furthermore, the patient assessment lab contains a patient medical doll, and instruments to measure vital signs. Students during patient assessment skills course are taught with several simulation experiences, including patient communication, measurement & monitoring of vital signs, physical

examination, blood glucose measurement, aerosols, inhalers & nebulizers, and injection (IV, IM, SC), IV cannulation and cardiopulmonary resuscitation.

During actual pharmacy experiences, IPPEs, students are introduced to the actual practice environment to develop and improve basic communication and clinical skills. The IPPEs provide 300 hours of pharmacy experience in both community pharmacy settings (IPPE-1) and hospital settings (IPPE-2). In addition, the communication skills are enforced practically through health care team interaction during the inter-professional education course (IPE, PHP 362).

During APPEs, the preceptors and college supervisors (teaching staff who trains the student during APPE) stimulate students to communicate and collaborate with healthcare providers in actual settings effectively. Students need to fully demonstrate all the competencies and collaborate with the healthcare team under the supervision of the preceptors and college supervisors. The APPE students are evaluated on nine general skills and abilities criteria, including communicating effectively with the preceptor and other healthcare team. Students are required to attend the rounds, allowing them to collaborate and communicate with other health care team which forms part of their training, education, and assessment.

- ☒ The school coordinates and collaborates with other entities responsible for postgraduate, pre-licensure practice experience to ensure achievement of desired entry-to-practice competencies

The College coordinates with the national health accrediting body, 'Saudi Commission for Health Specialties (SCFHS), by following their guidelines to ensure that the graduates achieve desired entry-to-practice competencies. All Pharmacy graduates are mandated to pass the SPLE licensing exam, and therefore to ensure achievement of practice competencies, the college offers an elective course (Saudi Pharmacy License Preparation, PHP418). This course is taught by experienced faculty in various disciplines. In addition, the college offers a mock exam to students before their actual SPLE exam.

- ☒ The simulated pharmacy practice experiences prepare students for actual pharmacy practice experiences (describe the various resources used, such as computer-based technology, practice labs, etc.)

The simulated pharmacy (Mock Pharmacy) and clinical skills lab of the College of Pharmacy provides clinically oriented simulated pharmacy practice experience to improve the knowledge and skills of students prior to the beginning of IPPEs and APPE.

The clinical skills lab contains medical training doll, monitor, devices, and instruments to measure vital signs. In this lab, patient assessment skills course is taught with several simulation experiences, including patient interviewing, measurement & monitoring of vital signs, physical examination, blood glucose measurement, aerosols, inhalers & nebulizers, and injection (IV, IM, SC), IV cannulation and cardiopulmonary resuscitation besides pharmacotherapy application in mannikin.

The simulated pharmacy consists of 5 sections; patient counselling room, unit dose system, outpatient pharmacy, extemporaneous compounding, and TPN & IV admixture room. The pharmacy simulation activities are incorporated in the practice components of three courses, i.e., Self-care and Over-the-Counter (OTC) Therapeutics, Dispensing of Medication, and Clinical Nutrition & IV Admixture as part of integrated GIT pharmacotherapy course. Every course coordinator measures the learning outcomes achieved by students and records the results in their course reports. In addition, an action plan is made if any learning outcome is not achieved.

- ☒ The actual practice experiences include direct interaction with diverse patient populations in a variety of practice settings

The actual pharmacy experiences comprised of IPPEs (1 and 2), IPE and APPEs provides students with the communication skills in actual patient interactions settings. The IPPEs provide 300 hours of pharmacy experience in both community pharmacy settings (IPPE-1) and hospital settings (IPPE-2). These experiences introduce the students to the actual practice environment to develop and improve basic communication and clinical skills. In IPPE-1 and 2, students are required to spend 8 hours daily, at least 2 hours with patients and 1hr with the preceptor.

During APPE's, the student will be in contact with the patient during all rotations. The APPE's include a total of ten rotations, comprising 5 core and 5 elective rotations. The students need to choose 5 elective rotations out of 18 (**Table 6**). The duration of each rotation is five weeks (8 hours/day). Through APPEs, the College provides an experiential learning environment for the students to develop sufficient, relevant, and practical skills to utilize appropriate resources necessary to provide patient-centered care, individualized therapeutic planning, intervention, and monitoring. The APPE program fosters clinical skills in students to assume responsibility and accountability for therapeutic outcomes in providing patient care.

|  |                         |                                    |
|--|-------------------------|------------------------------------|
| <b>Core Rotations</b>                                  |                         | <b>Total 25 Weeks</b>              |
| Pharmacy Practice-I (Inpatient and Outpatient)         |                         | 5 Weeks Each                       |
| Cardiology   |                         |                                    |
| Internal Medicine                                      |                         |                                    |
| Intensive Care   |                         |                                    |
| Infectious Diseases                                    |                         |                                    |
| <b>Elective Rotations</b>                              |                         | <b>Total 25 Weeks</b>              |
| Pharmacy Practice-II (Administration/DUE/P &T)         | TPN                     | 5 Weeks Each                       |
| Formulary Management and Investigational Drug Services | Pediatrics              |                                    |
| Hematology   | Surgery                 |                                    |
| Oncology   | Ambulatory Care Clinics |                                    |
| Nephrology   | Pain Management         |                                    |
| Drug Information                                       | Neurology               |                                    |
| Endocrinology  | Pulmonary               |                                    |
| Psychiatry   | Medication Companies    |                                    |
| Evidence-Based Medicine                                | Industry                |                                    |
| Vacations  |                         | <b>2 Weeks</b><br>(Round the Year) |

**Table-6:** Advanced Pharmacy Practice Experiences (APPEs) rotations

☒ Any other notable achievements, innovations or quality improvements

The college has revised its pharm-D program and a new curriculum was developed and implemented. An integrated teaching strategy was adopted to deliver the program. The college of pharmacy at Qassim University is considered the first among Saudi colleges of pharmacy to implement the integrated teaching strategy. The new curriculum introduced the IPPE-1 and IPPE-2 as mandatory courses in addition to APPE. The new curriculum comprises of five years instead of six years compared to the old curriculum. Revision of the program led to increase the clinical science courses. Inclusion of free and elective courses in the new curriculum offer an additional and diverse academic experience to the students.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

| <b>Compliant</b>  | <b>Compliant with Monitoring</b>   | <b>Partially Compliant</b>  | <b>Non Compliant</b>  |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

- 5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 13: Assessment of Student Learning and Curricular Improvement:** Assessment methods for student learning are valid and reliable to evaluate the desired curricular outcomes. Objective and subjective assessment data are used to evaluate and improve individual and collective student learning. The school analyzes, interprets, and uses these data to determine the level of attainment of the desired competencies and to continuously improve the content, organization, and delivery of the curriculum.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Examples of instruments used in measurement and evaluation of student learning (identifying formative and summative measures); for each instrument, actual assessment data should be provided (in raw and analyzed formats) *[[Appendices 13.1a, 13.1b, 13.1c, 13.1d, 13.1e, 13.1f]*
- A sample report of the analysis of the assessment data obtained from measures used by the school to evaluate student learning *[Appendix 13.2]*
- Examples of written feedback from assessment of learning provided to students *[Appendix 13.3]*
- The exam blueprint of the school's terminal/exit exam for graduating students, and the raw and summarized data for the last three cohorts of graduating students (not applicable)
- A list of curricular improvements made as a result of evaluation of student learning *[Appendix 13. 4]*

**Required Documentation for On-Site Review:**

- Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion.

- 2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| Assessment methods for student learning are valid and reliable to evaluate the desired curricular outcomes.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Objective and subjective assessment data are used to evaluate and improve individual and collective student learning.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school analyzes, interprets, and uses these data to determine the level of attainment of the desired competencies and to continuously improve the content, organization, and delivery of the curriculum. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe How:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **4 – 6 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

- ☒ The student learning assessment activities employ a variety of valid and reliable contemporary methods and measures, systematically and sequentially, throughout the professional degree program

The Curriculum and Assessment Committee sets the standards, measures and quality targets for the students learning assessments in the program. These assessment measures include both direct (objective) and indirect (subjective) tools.

The direct tools are as follows:

1. Assignments (13. 1a)
2. Reports
3. Presentations (13.3 b)
4. Research (13.1c)
5. Practical (laboratory) exams (13.1d)
6. Objective Structured Clinical Exam (OSCE) (13.1e)
7. TBL involving Individual readiness assessment test (IRAT), and group readiness assessment test (GRAT) (13.1f).
8. Poster
9. Viva-voce

The indirect course assessment involves course evaluation survey conducted at the end of each semester gauging student's feedback on the course material, teaching and assessment methods. The course coordinator of each course follows an established course specification with aims and objectives, learning outcomes, teaching strategies, assessment methods and course evaluation strategy. (Appendix 13.5)

Since the courses are sequentially linked in advancement and interrelationship of subjects, a picture of combined learning outcomes appears. The results are sent to faculty and his/her opinion and recommendations are sought for improvement. The recommendations for improvement are presented in the course report that is prepared at the end of the semester by the course coordinator. This is a continuous process. The College has a well-defined procedure to use assessment data to systematically evaluate and improve the curriculum. In fact, any suggestions for improvement are consequently forwarded to the Curriculum and Assessment Committee for further process. (Appendix 13.6)

The curriculum learning domains include knowledge, skills and values. Assessment of the knowledge is implemented through the written exams including multiple choice questions, short notes, brief explanations, definitions, conceptual questions and short essay. The skills are assessed through explanation, situational questions, and case discussions, and clinical scenarios in pharmacotherapy courses. Furthermore, the interpersonal skills and responsibility are assessed by observation including submitting the assignments on time, commitment to attend classes, following the code of conduct and during extracurricular activities where the student are committed to provide certain type of community services such as awareness programs under the supervision of faculty members. The communication, numerical and information technology skills are assessed through problem solving calculations, class based oral presentations, posters and self-directed e-learning. The technology skills and digital literacy are assessed via assignments requiring search in electronic databases and literature. Values are assessed through testing the ability to work in groups, self-learning, and critical thinking as well as reasoning and problem solving. (Appendix 13.1.a)

☒ Formative and summative measures are used in the school's evaluation activities

The College uses a variety of formative and summative assessments to evaluate the teaching, learning and student's performances. The assessment targets the domains of knowledge, cognitive skills, interpersonal skills, communication, numerical and information technology skills as well as psychomotor skills. Depending upon the goal of the assessment, different methods of assessments such as class based inquisitive question and answer sessions, student presentations, continual lab assessments, midterm exams and final exam are used.

Formative methods are employed to monitor student's progress which provides feedback on communication and interpersonal skills development in students. The formative assessments help students to identify their strength and weaknesses and target areas that need improvement. It also helps the faculty in recognizing the weaknesses of students and implementing methods to address the problem(s) immediately. The most common formative assessment used by course coordinators is the questions and answers in the class room which gives instant feedback. However, this is difficult to record and parameterize. Seminar presentations, practical demonstrations and clinical case discussions, in some courses, are also adopted as formative assessment tools. Students failing in the mid-term exams can benefit from feedback and interacting with relevant course instructor to identify their weaknesses for improvement. Students are also encouraged to meet their respective advisors

three times per semester to discuss about their problems and challenging. including the understanding of the courses, course selection and how to improve his/her academic standards. Course evaluation survey is done at the end of each semester and used as indirect formative assessment method. According to this survey action plan is done to manage any recommended defects.

Summative methods are used to evaluate student learning outcomes. Students' progresses are tracked throughout the entire learning process. All courses in the program evaluate student's progress periodically. Faculty uses midterm exams, hands-on experiences test as practical exams, Individual Readiness Assessment Tests (IRAT), Group Readiness Assessment Tests (GRAT), Objective Structured Clinical Exams (OSCE) and semester-end final exams. The grades obtained through these exams are the outcome of summative assessment. The grades obtained through all these summative methods are collected and recorded by course coordinators in the course reports. All the records together provide a collective grade which is used in assessment of the students' performance in that course.

☒ Student learning in simulated and actual practice experiences is assessed

The simulated practice experiences are conducted in simulated pharmacy and clinical skills lab. The simulated courses include Self-care and Over-the-Counter (OTC) Therapeutics, Dispensing of Medication, and Clinical Nutrition & IV Admixture as part of integrated GIT pharmacotherapy course. The students are assessed by practical and OSCE exam. During IPPEs (1 and 2) and APPEs, students are assessed using an evaluation form covering communication skills, therapeutic knowledge, cognitive skills, behavior, attitude and professionalism.

☒ Fairness, standardization, consistency, and integrity (including the detection of plagiarism and other forms of dishonesty) in assessment activities are assured.

The students' activities are assessed on basis of model answers reviews by committees from the department related to the activities done. To ensure consistency, standardization and integrity in assessment, each faculty are required to prepare a model answer key of their exam which is reviewed at the departmental level. This is then forwarded to the exam board committee. If the students have any concern regarding fairness and integrity in their evaluation, they can apply for re-correction of their marks. The exam board allows another faculty to recheck their exam papers using the model answer key. Also, the graduation projects proposal and reports from students are prepared under the guidance of supervisors related the project title. The graduation project proposal as well as the report

are evaluated by committees that follow the fairness and standards of assessment using predefined checklist. The projects also are tested for plagiarism using iThenticate software where no more than 25% plagiarism is allowed for the proposal and the report of the graduation projects. In addition, assignments and projects submitted through Blackboard are automatically checked for plagiarism.

- ☒ Feedback from assessment data is provided to students to support and facilitate improvement in their performance and achievement of desired outcomes

Immediately after the assessment the instructors are required to discuss the model answers with students. The feedback supports, facilitates and improves students' performance and achievement of desired outcomes.

- ☒ Achievement of desired competencies and fulfillment of graduation requirements for all graduates are verified

The achievement of desired competencies and graduation requirements are achieved using direct and indirect methods. The direct methods include all types of direct assessments as mentioned above. The students need to pass all the courses in order to be graduated.

The indirect assessment involves employer survey and the performance in the progress test and SPLE exam.

- ☒ The school provides transparent information to stakeholders on how students will be assessed and graded, in advance of grading/assessment

Both staff members and the students are informed about the assessment methods and grading of students in each course. Course syllabus is given to students at the beginning of each semester. This syllabus contains Course description, objectives, learning outcomes, content, Teaching/learning and assessment methods and Contact Hours. For student to pass a course should achieve a minimum 60% of the total marks and this is grade D, while 65% is D+, 70% is C, 75% C+, 80% B, 85% B+, 90% A and 95% is A+.

- ☒ The school uses the assessment data to systematically evaluate and improve the curricular design and delivery, including the process and the individuals involved

The coordinator of each course follows an established course specification with aims and objectives, intended learning outcomes, teaching strategies, assessment methods and course evaluation strategy. The coordinator of the course provides a blueprint of the exam questions according to the topics and learning outcomes.

At the end of each semester, each faculty member prepares a report on the course he/she taught. The course reports are discussed at the departmental council meeting (Appendix 13.6). Any suggestions for improvement are proposed and forwarded to the Curriculum and Assessment Committee. The Curriculum and Assessment Committee reviews and discusses these suggestions. The approved suggestions by the committee are then forwarded to the College Council for further action. The improvements approved by the College Council are forwarded to the department for implementation.

The College conducts course evaluation survey at the end of each semester as indirect tool to evaluate the course content, learning and assessment methods and the teaching staff. Based on the data, faculty provides recommendation for improvement in their course reports. Furthermore, periodic program assessment using indirect tools are conducted and the assessed data is used to inform the decision process following the same procedures discussed on the direct tools.

Any other notable achievements, innovations or quality improvements

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

## Section 4 Student and Academic Policies

**Criterion No. 14: Student Services:** The school and/or university provide student services, including recruitment, admission, orientation, career counseling, records maintenance, and access to healthcare services. The school and/or university provides tutoring, advising by academic staff, and remediation for students experiencing academic difficulty.

**1) Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- A chart depicting the organizational structure for the provision of student services, identifying respective responsibilities of the school and university [appendix 14.1]
- The list of the individuals providing student services and their qualifications [appendix 14.2]
- Examples of instruments (e.g., surveys) used to evaluate student satisfaction and the effectiveness of student services. Data from the last two evaluations should be provided (raw and analyzed data). [appendix 14.3]

**Required Documentation for On-Site Review:**

*(None required for this Criterion)*

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. [14.4,14.6]
- Academic Counselling Booklet [appendix 14.4]
- Sample of Counselor Services to Students [appendix 14.5]
- Disability Student Services [appendix 14.5]

**2) School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school and/or university provide student services, including recruitment, admission, orientation, career counseling, records maintenance, and access to healthcare services. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school and/or university provides tutoring, advising by academic staff, and remediation for students experiencing academic difficulty.                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3) School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe How:**

Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.

The school and institution collaborate to provide a full range of student services, including recruitment, admission, orientation, career counseling, mentoring, healthcare services, and services for students with any special needs  
The 'Student Affairs Unit' of the College of Pharmacy provides student support services (appendix 14.1). The available human resources in the College are adequate to provide students their needed services. The Students Affairs Unit is run by two employees of the College of Pharmacy and is under administrative supervision (appendix 14.2). The Unit works in close association with the Dean of the College of

Pharmacy and the university's 'Deanship of Admission and registration'. Accordingly, the unit provides its services based on well-defined duties and is responsible for providing student services in all aspects of their services (appendix 14.3). The University deals with the student's recruitments and admission process at the beginning of the program through common health care program in the Preparatory year at the University, and later on, the Students Affairs Unit of the College of Pharmacy arranges the students' progressive admissions in various levels of the study of the Pharm D program. The college arranges the orientation program for new students through the participation and arrangements of the Students Affairs and the Academic Counselling Units of the College. The services can be accessed through the different websites of the College and University: University website: (URL: <https://qu.edu.sa/>), Deanship of Admission and Registration' website: (URL: <https://reg.qu.edu.sa/>), and 'Deanship of Student Affairs' website: (<https://dsa.qu.edu.sa/>).

The College also provides each student with an academic advising and counseling during the program period. Academic mentoring is an effective tool of the College in maintaining the student's full-fledged, informed, and participative interaction in their studies and all aspects of academic life at the College. The College also takes care of the student's health-related needs through its free University clinic accessible by all the students. Furthermore, the counseling unit takes care of students with special needs. For instance, students with health and psychological needs are referred by the academic advisor to the counseling units for further remediation through clinical and other supportive actions. In addition to that, disabled students have been provided with ramps and lift access to the Colleges' premises, different floors, laboratories and the classrooms of the College.

Moreover, at a heavily subsidized price to the students, the University has a restaurant and several cafeterias. Also, the College has a students' club office and prayer areas. In the College, classrooms are equipped with an electronic board. The classrooms also have a video-conferencing facility for the classrooms allocated for common classes between the male and females sections. The College provides a well-equipped computer room for over 30 students sitting with reading spaces to utilize the facility.

The University/College provides many services online. For example, academic services such as course registration and adding or dropping courses are completed online via the University website. The academic progression and results can be viewed online via the student's account on the

University's website. These academic services are also offered in-person to be completed manually at the 'Student Affairs Unit.' Also, the students can access the electronic databases and online sources at the University website from anywhere (on-campus and off-campus). The College is equipped with free Wi-Fi provided by the University. Each student is provided with a username and password to access the Wi-Fi.

The College's faculty members manage the academic counseling unit and its services (appendix 14.4). Each faculty member is assigned between 10 to 15 students from the beginning of the first semester until the student's graduation to monitor their progress and provide guidance and consultation. Through counselling, the students are provided with support in various areas, which includes:

- Information about the impact of course selection and academic performance
- Information and explanations on the academic policies and procedures
- Confidential discussions on personal, academic, medical, psychological, family (if appropriately consented by the student) or religious issues (if appropriately consented by the student) that may affect or affecting the performance of the student, and search for acceptable solutions
- Guidelines and discussions on course choices and course loads by the students per semester
- Discussions on transfer students and credit transfers
- Explanation of process for permission requests to off-campus courses at another university
- For the students with disabilities, their rights are protected under the bylaws of the disabled students' rights of Gulf Countries Corporation (GCC), derived from the international standards for disabled students' agreement (appendix 14.5).

**Strength:**

- The College recruited experienced personnel to provide students services
- The College has installed cutting aged Kalboard® to facilitate student learning
- Availability of Wireless internet connection, library, and Blackboard® access to all students

☒ The human, physical, and technological resources provided by the school and institution to support student services meet student needs

The facilities of classrooms, laboratories, students' common areas, students club, reading room, computer facility, and cafeteria and stadium facility are enough to cater to the needs of the students. The classrooms are fully air-conditioned, VDO-conferencing connected, well-spaced, and lighted. Laboratories are provided with the requisite facilities, space, and instrumentation and are kept well maintained and attended to before and after each laboratory session, MS-DS and SOPs provided. Enough staff at the Students Affairs Unit, technical personnel in the laboratories, Secretarial and support staff at the administrators (Dean and Vice-Dean) offices, Units and Committees heads personnel, academic advisor, Counsellor, and faculty – all are available to help students at their approach and needs.

☒ The school identifies and monitors students' academic performance, wellbeing, and any special needs, and provides the appropriate assistance and services to optimally support all students (including gifted students as well as students experiencing academic difficulty) in their academic and personal development.

The Program identifies and monitors the academic performance of the students' at all levels in each semester of the program. All the examination results are announced to students through the academic advisors. The respective academic advisor monitors students individually. Students are asked to explain their poor or mediocre performance to their academic advisor who will advise them to improve their performance. Appropriate help is provided to the needy weak students, and gifted students are identified and encouraged to perform better. Regarding the students experiencing academic difficulties, their performance data are collected by the academic advisors and sent to the counseling unit for further analysis and recommendations through several processes as follow:

Each academic advisor organizes at least two meetings per semester with his/her students in order to identify the students' performance in the current and previous semester, and:

- Discuss the difficulties, if any, and search for the appropriate solutions
- Notifying the course instructor if the student's academic level is low.
- Students who need psychological help, e.g., feeling depressed, tension, etc., are referred to a psychology clinic.
- In case of a student's irregular attendance or weak achievement, the academic advisor intensifies regular meetings, discusses the causes, and tries to find solutions.
- If the academic advisor is unable to solve the problem, the student is referred to the Academic Counseling Unit

- If the academic counseling unit cannot find a solution for the problem, the student is referred to the Vice-Dean for Academic Affairs for further process.

Furthermore, the teaching staff prepares course reports through which the course performance is also monitored and evaluated and then recommendations for improvements are made which are discussed in the Departments. The departments then forward the approved recommendations for further discussion and approval by the Curriculum and Assessment committee. This committee forwards the recommendations to the College Council for final approval and adaptation.

☒ The school maintains and assures the security of official student records

The Student Affairs Unit is responsible for handling the records of all students. All of the records of students, including their grades and marks, are maintained in a secure manner using the University's computer system. The records are password protected and accessible only by the authorized individuals. The personnel responsible for maintaining the records at the University and the College are well aware of the nature of their job, its scope, and their responsibilities in maintaining the security of the information. Students can have a copy of their academic records through the proper channel after identification, approvals, and approach to the responsible section head managing their records.

The College's examination board also keeps the records of all students. These documents, which are both online and as hard copies include the examination papers and the results.

Academic advisors are allowed to access the records of the students under their supervision which allow them to monitor their academic performance. The 'Deanship of Admission and registration is responsible for maintaining and updating the records of all students. It also ensures that the confidentiality of the information is maintained at all levels of the operations and access.

**Strengths:**

- Very clear-cut rules are in place to maintain the privacy of information and records, including its access
- System holding records provide data required for planning, reporting, and quality assurance
- Individuals responsible for students' records include the respective student's academic advisor (URL: <http://grades.qec.edu.sa/en/FacultySite/FacultyHome.aspx>). This system allows each academic advisor to access the data and keep track of the performance of the student concerned).

The school and/or institution evaluates the quality and effectiveness of student services, identifies areas of quality improvement, and implements the needed changes

Through various channels, the College collects and uses information and observations of the teaching staff, and administrators to improve the services it provides (Annex-Survey). These inputs are then analyzed and formulated to make recommendations and action plans. The College also, values the input of its students. Through the various channels, such as the Student Advisory Board and class representation, students are able to participate in the development of the services. Continuous lab examinations were started as an example of how student input can affect the course delivery and schedule. Their viewpoints have also impacted various aspects of the College's operations such as the accessibility of facilities and services, course content, and examination patterns. The scheduling of examinations and lectures has also been affected by the students' inputs.

Any other notable achievements, innovations or quality improvements  
None

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

None.

**Criterion No. 15: Program Information:** The school produces a complete and accurate description of the academic requirements and student services and makes this information available to students and prospective students.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

The school catalog, recruitment brochures and/or web site link [Appendix 15.1]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

Program handbook [Appendix 15.2]

- Academic plan [Appendix 15.3]
- Students' handbook\_about stipend [Appendix 15.4]
- Students' handbook\_Academic adviser information [Appendix 15.5]
- Role and responsibility of academic advisor [Appendix 15.6]
- Academic counseling handbook [Appendix 15.7]
- Policy and procedures for academic counseling [Appendix 15.8]
- Students' handbook\_Co-curricular and extra-curricular activities [Appendix 15.9]
- Students' handbook\_Medical facilities [Appendix 15.10]
- Success prescription copy [Appendix 15.11]
- Internship handbook [Appendix 15.12]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school produces a complete and accurate description of the academic requirements and student services and makes this information available to students and prospective students. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

The school and or university provides students and prospective students with accurate and up-to-date information about issues such as:

- academic policies and procedures, including academic prerequisites
- code of conduct
- grievances, complaints, and disciplinary policies and procedures
- academic calendars
- the program's name in the Native Language and in English, which matches the national nomenclature for attestation purposes
- the curriculum and courses, including learning objectives and competencies to be achieved by graduates
- experiential learning
- academic advising
- career-pathways
- tuition and other fees, including the policy for changing fees
- annual costs and financial aid
- mentoring and other personal counseling
- health care services
- information about postgraduate education, training, and research opportunities
- programmatic, school, and institutional performance and achievements

The College of pharmacy follows an established system for conducting academic and non-academic activities for the students. The policy and procedures for admission to various programs in the University are clear and transparent. The students are provided with schedules and plans at the

beginning of each semester. All steps of the academic exercises and required prerequisites for completing the courses can be accessed online through the university website

(URL: <https://qa.qu.edu.sa/files/shares/handbooks/Student%20Manual.pdf>). The College has published its academic policies and procedures, including the academic prerequisites, professional competencies, and learning outcomes (Appendix 15.1). Commencement of the new academic year and an invitation for the prospective students are displayed on the University website. All these can be accessed through the College website (URL: <http://www.pharmacy.qu.edu.sa/en/Pages/default.aspx>), University website: (URL: <http://www.qu.edu.sa/en/Pages/Home.aspx>), 'Deanship of Admission and Registration' website: (URL: <http://www.reg.qu.edu.sa/en/Pages/default.aspx>) and 'Deanship of Student Affairs' website: (URL: <http://www.eco2.qu.edu.sa/en/Pages/default.aspx>).

Besides online access, students and prospective students can reach these offices in person, located in the central administrative building of the University. Moreover, students are advised and provided with this information and resources at admission by academic advisors and during every level of their studies in the program. Students' registration for courses and credit hours is advised by their academic advisors (Appendix 15.2).

The College provides students with a program handbook, student guide, code of conduct, and College booklet. The College also provides students with information about experiential learning. The College has also issued the APPE manual. These can also be accessed by visiting the College website (<https://pharmacy.qu.edu.sa/files/shares/Booklets%20&%20Manuals/Experiential%20Program%20Manual.pdf>).

A pre-planned, detailed, and well-devised academic calendar is followed by the University, which indicates all important commencements, breaks, and termination dates for all academic activities in the University. The College of Pharmacy also has its academic plan in conjunction with the University's academic calendar, widely circulated before and at the start of the academic semesters to all students and College staff. A complete program of study, including an examination schedule, is available to all students, faculty, and staff at the onset of every semester. These are all well disseminated through Student Affairs Unit office, academic advisors, announcement boards placed at strategic locations in the College building and website.

Education in the College is free of cost, and all expenditure is managed is by the government. There is no tuition fees or any other charges for learning. Students are also provided with a monthly stipend of \$267 if they maintain their cGPA  $\geq 2$ . The student's financial aid is continued throughout the internship year (Appendix 15.4).

The College has an established academic counseling unit, and each student is assigned to one of the faculty members who function as students' academic advisors till the student completes his / her education in the College (Appendix 15.5). This structure allows advisors to be persistent, responsive, and proactive while working with students. Students can schedule appointments or drop in to speak with their advisor about concerns related to their academic and non-academic matters. Advisors can provide study skills tips and help students identify available College and campus resources. The academic advisor informs them on all aspects related to their program and performance in the program. To achieve this, regular meetings are conducted between the advisor and the student (Appendix 15.6).

The students' are also, trained on the rules and regulations of the College and provided step-wise assistance from registration till graduation. Matters related to career and future educational opportunities are also discussed with the students. All the academic counselor's guidelines, policies, procedures, and roles are provided to the students and the advisers in a handbook (Appendix 15.7) [Academic counselling handbook]. Some of the important activities performed by the academic counselling unit include;

- Solving the academic issues of weak students
- Deciphering issues of disgruntled students
- Explaining the procedures for addressing the administrative issues
- Assisting in career guidance
- Apprising the students about various services and facilities offered in University
- Coordinating in addressing the health issues of students if these are affecting the academic performance
- Guiding students in availing the travel/research grants
- Motivating the students to explore their talent

To provide the above mentioned services, the academic counselling unit follows the established policy and procedures (Appendix 15.8).

The College, in collaboration with University, conducts several co-curricular and extra-curricular activities for the students. Sports, recreational activities, and talent hunt events were organized in the facilities provided by the University.

Health-care services are provided free of cost to all students through the university's main campus's medical clinics. In addition to this, students and faculty can avail any specialized treatment free of cost at the ministry of health's (MoH) healthcare centers (Appendix 15.10).

The College conducts a regular program called 'success prescription' every semester for the graduating students. In this program, the College invites eminent personalities from different sectors of the profession such as clinical research, hospital administration, regulatory affairs, and pharmaceutical industry to advise career pathways and post-graduate opportunities, including residencies, fellowships, and postgraduate academic degrees. During the internship, the students also, get the opportunity to interact with medical specialists. Students were provided with the orientation session before working in real-world healthcare organizations (Appendix 15.12).

Teaching and learning activities in the College of pharmacy have undergone periodic modification, and the achievement of its objectives can be analyzed from the performance of the graduates in the licensure exam conducted by the Saudi Commission for Health Specialties (<https://www.scfhs.org.sa/en/registration/Pages/QualificationsListForm.aspx>).

Any other notable achievements, innovations or quality improvements  
[TEXT BOX]

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

**Criterion No. 16: Academic Policies and Procedures:** The school publishes policies, procedures, and criteria related to admissions, academic progression, graduation, academic probation, remediation, missed course work or credit, dismissal, re-admission, and rights to due process. These documents are made available to academic staff, students and prospective students. The school regularly assesses student admission and progression criteria, policies, and procedures based on how successfully graduates attain the desired competencies.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The policies that address student recruitment, admission, number of students enrolled, transfer policy, academic progression, graduation, academic probation, remediation, missed course work or credit, dismissal, readmission, due process and appeals [appendix 16.1, 16.2, 16.3, 16.4]
- The list of requirements for admission to the program [appendix. 16.5]
- A cohort analysis, tracking the progression and on-time graduation rates and years for completion of the degree for three cohorts of admitted students [appendix 16.6]

**Required Documentation for On-Site Review:**

- Student Handbook (or equivalent document that provides policies and procedures related to students 16.1, 16.2, 16.3, 16.4)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 16.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school publishes policies, procedures, and criteria related to admissions, academic progression, graduation, academic probation, remediation, missed course work or credit, dismissal, re-admission, and rights to due process. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| These documents are made available to academic staff, students and prospective students.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school regularly assesses student admission and progression criteria, policies, and procedures based on how successfully graduates attain the desired competencies.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 2 – 4 pages in length, which is an indication of the **level of detail expected** by ACPE.*

- Policies and procedures are determined and consistently applied that address student admission (including recognition of prior didactic and non-classroom learning (e.g., experiential) and admission with advanced standing), academic progression, independent study, graduation, academic honesty, academic probation, remediation, missed course work or credit, dismissal, readmission, transfers and transfer credit, attendance and participation, conduct and discipline, complaints and grievances, due process, and appeals

The University follows regulatory rules issued by the 'Ministry of Education' in Saudi Arabia which contains all regulations and examination procedures in the University that all universities in Saudi Arabia are required to follow. In Qassim University, for the purpose of implementation, these regulatory rules are explained by the executive rules by the Qassim University. All the policies and procedures related to the study and examination regulations are determined and published by the University in the Academic System and Exams handbook 2019 (Appendix-16.4). This handbook illustrates the study system, study load, registration, postpone the study, regularity (attendance) and prevention of study, withdrawal from a course, dropping a semester, academic warnings, dismissal from the university, graduation, deprivation of reward, student offenses that deserve discipline, disciplinary penalties for students, from university to university, transfer from one college to another within the university as well as grades and graduation. For furthermore, the university issued a separate handbook explains the procedures of student grievance and complain in both academic and non-academic issues (Appendix-16.7) Student Grievances and Complaints Manual 2019). The university also, published the Student Ethics and Intellectual Property Rights Manual to guide the student about his rights and duties, and introduce him to intellectual property rights and how to respect them (Appendix- 16.8). The handbook explains charter of rights and professional ethics, undergraduate student obligations in the academic and non-academic field, ethical violations, academic violations as well as non-academic violations. In addition to the University Student Handbooks all these policies are addressed in the College of Pharmacy Student Guide, Program Handbook, student and staff code of conduct for wide dissemination. The College follows and applies all these regulations and rules.

## Strength

The college system has a well-defined set of rules and regulations that are designed to help students reach their academic goals. It also follows the procedures that are set for dealing with various issues such as academic probation, graduation, and credit.

☒ Admission policies comply with national and/or institutional admission criteria

The applicants must have a high school certificate from within or outside Saudi Arabia, and the university council decides which qualifications are required for entry to any of the university's programs. The applicant must have earned his or her high school certificate within the previous three years of their admission. A certificate of good conduct should be given to the applicant. The applicant must be in good health. If the applicant works for a government or private institution, he or she must seek the consent of his or her employer. The applicant must meet all other conditions imposed by the University Council at admission. Applicants who are now studying at another school or at the university may be denied admission. In addition to that, the applicant must not be dismissed from another university for disciplinary reasons.

Conditions and criteria for admission to the program:

- A high school certificate
- Passing the achievement test
- Passing the aptitude test

The admission preference between the applicants is made based on the triple equivalent percentage (high school certificate 30%, achievement test 40%, aptitude test 30%)

Transferring a student from outside the university is possible if the following conditions are met: Both deans of the two colleges accept the request. The student must have completed at least one semester of study at a recognized college or university. The student should not have been expelled from the institution due to disciplinary issues. The student shall meet the transfer requirements set out by the receiving college board. The course load at Qassim University should not be less than 60% of the required course load to receive a BA from Qassim University. The average of the upper and minimum limitations for finishing his or her degree program does not surpass the length of his/her stay at the first university and the remaining duration for graduation

from Qassim University. Transfer processes must be completed two weeks before the semester or school year for colleges that use the year schedule.

The College Council reviews a student's course outside of the University based on college's guidelines for comparing courses. Similar courses are reported on the student's college transcript but are not factored into his/her total GPA measure.

If it is discovered after a student's transition that he/she was expelled for administrative grounds, the student's admission is deemed canceled from the date of approval of the transfer to the university. If it becomes clear that the student has supplied misleading evidence, he should be reported to the university disciplinary committee.

Policies and procedures documents are made available to academic staff, students, prospective students, and other applicable stakeholders.

The policies and procedures are made available to all stakeholders through several handbooks that are published on the university and college websites.

Academic policies and procedures reflect the school's mission and goals

The academic policies and procedures that followed by the program reflect its mission and goals in several ways. For example, the program aims to produce qualified pharmacists in order to achieve this aim the program applies several policies such as:

- Academic warning: The student gets the first academic warning if his cumulative GPA is below the minimum of (2.00) from (5.00). If the student receives three consecutive academic warnings because his cumulative average is below the minimum, he will be suspended academically.
- Regularity and Prevention of Study: The student forbidden to enter the final exam if the attendance rate is less than (75%) of the lectures and practical lessons specified for each course during the semester. A student who has been deprived of taking the exam due to absence is considered that he failed the course.

Academic policies and procedures support the selection of students who are able to succeed in the program, and the data from the assessment of student learning have been used to evaluate the effectiveness of the policies and revise the criteria, policies, and procedures for admission and/or progression in the program

Enrolment of the students in all university programs are controlled centrally through deanship of Admission and Registration. The deanship of Admission and Registration enrolls candidates based on their interest and admission criteria which involve their grades in high school exams, aptitude

test and achievement test results. The college determine the number of enrolled students every year to the program based on the college resource. Transferring student are controlled totally by the college.

Any other notable achievements, innovations or quality improvements

Over the past years, the program reduces the number of students, enrolment. This improves the academic level of students who join the program

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.  
None

**Criterion No. 17: Enrollment Management:** The school plans, manages, and aligns the number of students enrolled with available resources, and local and national needs and policies.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Summarized enrollment data and the academic qualifications of students admitted to the program for the past five years [Appendix 17.1, 17.2 and 17.5]
- Number of graduates of the professional degree program(s) in each of the past five years [Appendix 17.3]
- Data on on-time graduations, academic probations, academic dismissals, and withdrawals in the past five years [Appendix 17.4]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Blue print of new building plan [Appendix 17.6]
- Academic counseling handbook [Appendix 17.7]

- 2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school plans, manages, and aligns the number of students enrolled with available resources.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school plans, manages, and aligns the number of students enrolled with local and national needs and policies. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 2 – 4 pages in length, which is an indication of the level of detail expected by ACPE.*

- The school plans and manages the number of students enrolled in alignment with available resources and national needs

The college follows an established policy for enrolling students in the Pharm D program. The policy supports local and national needs and is regularly updated based on recommendations from various authorized agencies. The recommendations mostly depend on the population size of different provinces of the country, requirements of pharmacy professionals in various healthcare sectors, and international scenarios on the prevention and treatment of diseases. Therefore, the graduates meet the local and national demands and support the Kingdom's empathy towards the global requirement of healthcare professionals.

Further, the college's availability of physical and human resources also plays an important criterion in determining the number of students' enrolment. The college maintains student enrolment to pre-determined figures to accommodate the objective of active learning and a non-compromising policy on the quality of teaching and training. The recommendations received from external bodies such as ACPE, NCAAA, and independent reviewers were also considered while framing the enrolment policy.

After enrolment in the college, students are eligible to avail all the facilities offered in the University. From the first year of enrolment until the student completes the program, an academic counselor assists every student in their studies and guides him/her in his career path.

Any other notable achievements, innovations or quality improvements

**Strength:**

The college's new building has enough infrastructure to increase the students' enrolment and meet the local and national demands of the pharmacy profession.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.  
Not applicable

**Criterion No. 18: Student Representation, Perspectives, and Grievances:** The school has clearly defined structures and mechanisms that provide a forum for student dialogue, facilitate student representation and input to the administrative leaders of the school, and foster the development of student leadership and professionalism. The administrative leaders of the school consider student input and respond within an appropriate time to problems and issues of concern. The school has a policy to be followed in the event of a formal student grievance related to the program or school.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The list of school committees that include students, with the names and class/year of the students involved [appendix 18.1]
- Examples of survey instruments used with students, and the results of any student surveys administered in the past three years [appendix 18.2]
- The policy that addresses student grievances [appendix 18.3]
- Examples of changes or improvements in the program (such as in the curriculum) or school policies and procedures that have occurred in the past three years as a result of formal student representation and input [appendix 18.4]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 18.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school has clearly defined structures and mechanisms that provide a forum for student dialogue.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school has clearly defined structures and mechanisms that facilitate student representation and input to the administrative leaders of the school. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school has clearly defined structures and mechanisms that foster the development of student leadership and professionalism.                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The administrative leaders of the school consider student input and respond within an appropriate time to problems and issues of concern.              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school has a policy to be followed in the event of a formal student grievance related to the program or school.                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 3) **School's Comments on the criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

The school obtains student input (such as from representation on committees, focus groups, surveys, participation in assessment and evaluation activities, and other mechanisms) on issues such as curricular development and improvement, student services, the school's policies and procedures

The college of pharmacy, Qassim university recognizes the importance of students' feedback and their inputs in the development and improvement of curriculum, policies and procedures, and student services. The student's input and their feedback is collected through their representations in several committees such as:

- (i) College council,
- (ii) Curriculum and assessment committee,
- (iii) Academic counseling unit,
- (iv) Students advisory board.

Besides, the student's feedback is also collected through several surveys such as:

- a. Course evaluation survey
- b. Academic counseling survey
- c. Students' evaluation of the quality of the program and its services
- d. Evaluation of administration
- e. Student Experience
- f. Program Evaluation
- g. Evaluation of vision, mission and goal

## Strength

The College's student is given the opportunity to participate in various activities of the program such as the development of curriculum and improvement of student services and assessments. These activities and procedures will ensure that the students are held accountable and that they are contributing to the program's success.

☒ The structures and mechanisms provide a forum for student dialogue and foster the development of student leadership and professionalism

At the college of pharmacy, Qassim University, several mechanisms provide a platform for student dialogue and foster the development of leadership and professionalism among the students. For example, each group of students who have registered for a course in the program chooses a class representative. The class representative acts as a bridge between the group of students and college administration and faculty members. Besides, academic advising is another platform that helps develop student leadership and provides a forum for student dialogue. Much of the leadership development process occurs at the college of pharmacy at the classroom level and in the arena of practice provided during the extra-curricular activities. Besides, the students' representation in several committees like the College Council and Curriculum Assessment committee provides a very important mechanism for student dialogue and an intense and rigorous platform for developing leadership qualities. The college of pharmacy, Qassim University, also has a community service unit. Under the supervision of the community service unit, the students organize several community service programs across the country, and hence this is another mechanism that helps foster leadership qualities in the students.

The students club provides another platform for the development of student leadership qualities. As mentioned above students' club is responsible for organizing extra-curricular activities. It has eleven boards of directors chosen among the students, and one of them is chosen as a director of the student club. Students are also, given opportunities to participate in research project, journal club, group discussions, debates and presentation in conferences and pharmacy research day that further foster their leadership and professionalism.

☒ The school processes, analyzes, interprets, and uses student input to improve all aspects of the program and student-related services

The college dean values various inputs obtained through various channels, including student representation in the committees, various surveys, and class representatives. These inputs so obtained after analysis is utilized to improve the student services, academic activities. The inputs obtained in the committee meeting are recorded in the form of meeting minutes. The inputs related to the curriculum and examination are forwarded to the curriculum and assessment committee, and then final approval is required from the college council before being implemented. Similarly, the inputs obtained through surveys are first discussed in the quality assurance unit and then forwarded to the college council for final approval before being implemented. The students' representation through the Student Advisory Board provides feedback for improving student services and programs. The scheduling of all lectures and examinations is done in accordance with students' inputs and feedback. Continuous lab examination is one example that started due to inputs received from the students. Changes in the course content, lectures, and examination schedules are done regularly. Besides, the student services and facilities are improved regularly depending upon the student's feedback and input. Another area where student input plays an important role is course evaluation survey which conducted online at the end of each semester. In this survey, students' opinions are collected regarding teaching and assessment methods, usefulness of handouts and textbooks, instructor behaviors, fairness of evaluation, and the overall course. The survey report is forwarded to the college council for further action if any.

☒ Student complaints are collected, recorded, processed and reconciled

The college has a standard operating procedure and well-defined policies for addressing the student's complaints and grievances. The college published a student handbook -on the college website- containing all the information on the process to be followed to address the students' complaints and grievances. Following are some of the problems that the students can encounter regularly.

#### Academic problems

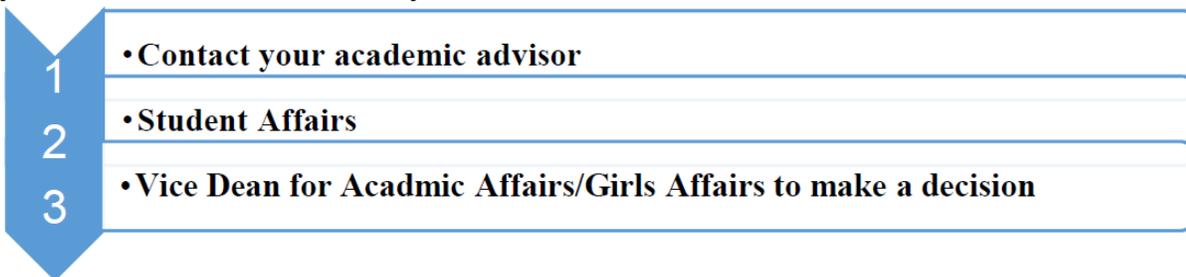
- ✓ Re-marking
- ✓ Deletion of course
- ✓ Addition of course
- ✓ Withdrawn
- ✓ Warning, academic dismissal

#### Non-academic problems

✓ Denied entry

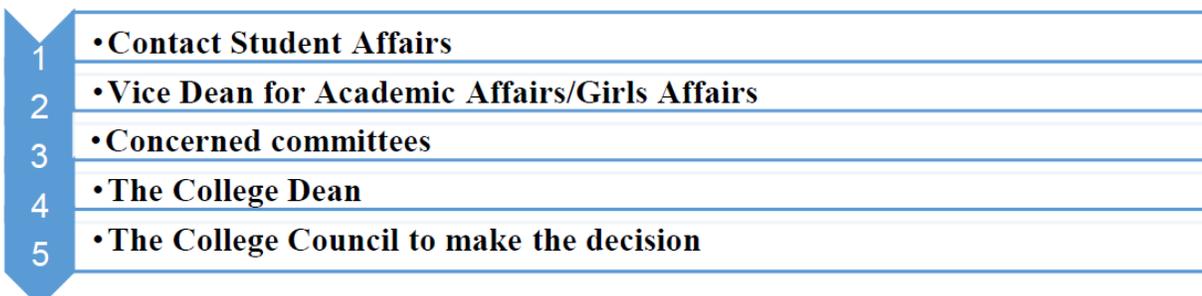
- ✓ Medical excuse
- ✓ Personal problems with a faculty member/employee/student

1. Following are the steps to be followed for the problems related to academic activities:



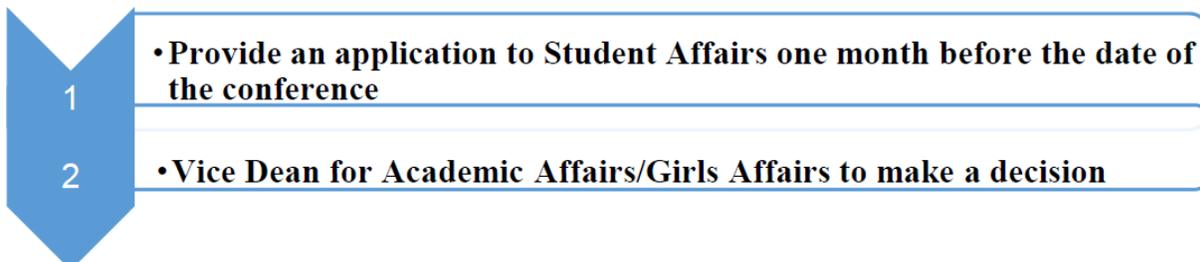
- ✓ The student will be informed of the administrative decision within a maximum period of ten working days from the date of application.

2. Following are the steps to be followed for non-academic problems.



- ✓ The student will be informed of the administrative decision within a maximum period of ten working days from the date of application.

3. Following are the steps to be followed for attending the conference.



- ✓ The student will be informed of the administrative decision within a maximum period of ten working days from the date of application
- ✓ College does not bear any financial burden

- Any other notable achievements, innovations, or quality improvements
  - Some courses were revised depending on students' feedback
  - Establishment of Grievances unit at the college level
  - The computer/ reading room was established because of the student's input
  - The indoor stadium was built by the university
  - Establishment of students' advisory council
  - Conducting monthly open meeting between the students and college administration

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

## Section 5 Staff Resources

**Criterion No. 19: Academic and Other Staff Resources - Quantitative:** The school has a sufficient number of qualified full-time academic staff, other staff, and preceptors to effectively deliver and evaluate the degree program, while providing adequate time for academic staff development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice.

**1) Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- List of full-time academic staff, including a summary of their current academic rank, primary discipline, terminal degree, and other credentials/postgraduate training (using ACPE template available at <https://www.acpe-accredit.org/international-services-program/#tab-ApplicationforCertification>) [Appendix 19.1]
- List of academic staff who are pharmacists, with details of their academic and practice experience [appendix 19.2]
- List of academic staff and practitioners from outside the school that teach in the curriculum, including a summary of their current academic rank and primary discipline (if applicable), terminal degree, prior academic experience, and other credentials/postgraduate training [appendix 19.3]
- List of full-time non-academic staff and their areas of responsibility (e.g. administrative support, research support, etc.) [specify appendix 19.4]
- Faculty (Academic Staff) Resource Report (using ACPE template available at <https://www.acpe-accredit.org/international-services-program/#tab-ApplicationforCertification>) [appendix 19.5]
- List of academic and other staff turnover in the last three years, with reasons for leaving [Appendix 19.6]
- The school's annual workload analysis report for the past two years [Appendix 19.7]

**Required Documentation for On-Site Review:**

- Faculty (Academic Staff) Member Profiles (using ACPE template available at <https://www.acpe-accredit.org/international-services-program/#tab-ApplicationforCertification>)

**Optional Documentation and Data:**

None

**2) School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school has a sufficient number of:   |                                     |                          |                          |
| qualified full-time academic staff   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other staff  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| and preceptors   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| to effectively deliver and evaluate the degree program.  |                                     |                          |                          |
| The school has a sufficient number of staff resources to provide adequate time for academic staff development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3) School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 3 – 5 pages in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The school ensures an adequate number of academic and other staff through capacity planning and effective recruitment and retention strategies

The College actively encourages national and international academicians to apply without discrimination on gender or origins and provides a congenial atmosphere to live and work. It seeks competent and experienced new faculty in all of its disciplines of instruction and varied research areas of expertise to complement the research profile of the College. All departments periodically assess their needs for additional faculty based on the number of students taking courses belonging to the departments' core instructional subjects and faculties' load. The departmental heads assess new faculty and technical staff's needs and forward the recruitment requirements with desired and essential qualifications to the College administration. Their need focused on the staff having the specific areas of expertise and the personal qualities, experience, and skill to meet teaching requirements.

In the college, the recruitment processes were designed to ensure that capable and appropriately qualified teaching and other staffs are available for all teaching and administrative functions, administered fairly and that new staffs are thoroughly trained for their responsibilities.

The recruitment efforts aim to attract experienced clinicians and scientists who will embrace teaching, clinical and professional services as well as scholarly work in their defined areas of expertise and will contribute to the research needs of the College. The required qualifications for new faculty appointments at different ranks/positions are specified by the Ministry of Education, Saudi Arabia. The University and the College follow these guidelines.

For retention strategies, the faculties are hired on attractive remunerations, containing packages based on their academic qualification and years of teaching and clinical experience. The staff members are maintained through incentives and annual increments. The university's basic salary structures for all faculty ranks are fixed, which equals or exceeds other similar institutions in the country. Based on the prospective faculty credentials evaluations, in addition to the basic salary, they are provided with clinical (50% of basic salary) and / or professional allowances (up to 100% of basic salary). The existing faculties also get transport and housing allowances at par with the market rates, free and complete health coverage for the self and dependents, and paid summer vacation for two months with free, round

trip air ticket for the self and dependents. The College provides essential start-up help in financial matters and house setting/furniture allowance as well as times for adjustments and temporary housing on arrival. Among other retention strategies, the College encourages and supports faculty to attend/participate national and international symposia, conferences, specialized and general training modules, and workshops as part of the faculty development plan.

The College has a total of 496 students registered in the program (1442-1443 H). There are 51 full-time members (appendix 19.1) with a resultant ratio of about 1:10 student to faculty. There are five full professors, twelve associate professors, 19 assistant professors, 13 lecturers, and two teaching assistants. (Appendix 19.1 and 20.1). The College employs 14 teaching assistants, of which twelve are pursuing higher degrees on scholarships from the university. The faculty's turnover at the College is minimum as the retention rate has been over 97% in the last three years (appendix 19.6). The College is supported by 11 lab technical staff, 2 IT and 23 administrative personnel (appendix 19.4).

☒The school ensures a balanced and fair workload, thereby allowing all academic staff to undertake professional development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice, including (if applicable) comparability and equity across different sections or locations

Faculty members have the opportunity to perform all of their duties beside teaching within a reasonable timeframe. The workload is distributed equitably as practicable across all faculty members in the college so that workloads are fair and reasonable. The range of workload of the faculty/staff is between 8.5 to 15 credit hours per week, which approaches the average workload of  $(8.5+15)/2=12$  hours. The regulations of the official teaching load of faculty members, as per the regulations of the University are:

A) The upper limit of the teaching load of the faculty member and similar staff is as follows:

1. The professor: 10 educational units (credit hours).
2. The associate professor: 12 educational units.
3. The assistant professor: 14 educational units.
4. The lecturer and teaching assistant: 16 educational units, it may be less than that during his study.

B) The educational unit: A 50-minute weekly theoretical lecture, or a 100-minute practical or clinical lesson known as the credit hour. It continues for one semester.

C) The faculty member should work 35 hours weekly in teaching, research, office hours, academic committees, academic counseling, professional development, and other required administrative and research works. Based on a decision by the university council, they can be raised to 40 hours.

Despite the official teaching workload defined for faculty members based on their rank, the college usually tries to avoid overloading faculty members with teaching to provide sufficient time for important tasks such as student council, involvement in different committees, etc. The teaching load is reduced for all college leaders including the dean, vice deans, and head of departments.

For the time being, there is no faculty member practicing in any healthcare institution, but the college is trying to obtain sufficient opportunities for the faculty members to practice in the university hospital in the future and expose them to the practice via supervising internship students.

☒The non-academic staff resources (administrative, technical, etc.) are adequately addressing the needs of the school

The College effectively deploys resources to achieve its targets. The organizational hierarchy defines the lines of responsibility and authority to adequately address the needs of the College and keep it in good, smooth, and responsive running mode. The non-academic staffs include 11 lab technical staff, 2 IT and 23 administrative personnel in all domains of activity other than the teaching activities. The non-academic staff (technical and administrative personnel) are trained to achieve the target of the college. These staff provide invaluable help and support in running the College at all levels of its operation. The College has distributed these human resources to all departments, sections, units, and services sections in maintenance, human resources, media, and relationship unit, dean and vice deans' offices, students' affairs unit, quality assurance, purchasing unit, research center as well as lab services as the first line of contact personnel, secretaries, office desk clerks, and office/lab technician.

☒Any other notable achievements, innovations or quality improvements

The faculty's turnover at the College is minimum as the retention rate has been over 96 % in the last three years (1440-1442H). The college has an adequate number of qualified teaching staff to deliver the program. Several male and female scholars are currently studying their advanced degrees in renowned international universities and are expected to join the program soon.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box ☒:

| Compliant   | Compliant with Monitoring   | Partially Compliant   | Non Compliant  |
|---|---|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <i>or</i></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <i>or</i></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>   | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>  |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

**Criterion No. 20: Academic Staff Resources - Qualitative:** The composition of the academic staff, including contributions from collaborative relationships and preceptors, encompasses the biomedical, pharmaceutical, social/behavioral/administrative, and clinical science disciplines, and meets the needs of the education, research, and service elements of the mission of the school.

1) **Documentation and Data:**

Use a check ☒ to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Tables summarizing academic rank, qualifications, number of years in academic rank, number of years employed at the school (using ACPE templates) [Appendix 20.1]
- Examples of official documentation to validate the credentials and experience of academic staff prior to employment at the school [Appendix 20.2]

**Required Documentation for On-Site Review:**

- Academic staff CVs (including detailed record of research and scholarly activities for past several years)

**Optional Documentation and Data:**

- None

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The composition of the academic staff, including contributions from collaborative relationships and preceptors, encompasses the biomedical, pharmaceutical, social/behavioral/ administrative, and clinical science disciplines. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The composition of the academic staff, including contributions from collaborative relationships and preceptors, meets the needs of the education, research, and service elements of the mission of the school.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check ☒ to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies

to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The school ensures that all components of the curriculum are coordinated, taught, and evaluated by academic staff with the appropriate expertise, pedagogical and assessment competence, and experience

The courses are taught and evaluated by academic staff with appropriate qualifications and expertise in specialization. This is ensured by the fact that each department holds a meeting at the beginning of each academic year to discuss and assign the courses to the faculty members based on their education and experience. For integrated pharmacotherapy courses, coordination between different departments is done at the beginning of each semester to determine the share of each specialty according to the course syllabus. The pharmacy Practice department offers several courses such as; Foundations of Pharmacy Practice, Self-care, and OTC Therapeutics, Evidence-based Practice, and Pharmacoepidemiology and Medication Safety, Introduction to Pharmacy Profession, Introductory Pharmacy Practice Experience, Applied Pharmacokinetics, and Pharmacy Law, which are taught by academic staff with Ph.D. degrees in Pharmacy Practice Field or with post-graduate training in Clinical Pharmacy. Moreover, some faculty members teaching these courses are US Board of Pharmacy Specialties certified (i.e., BCPS).

Additionally, some courses such as Introduction to Pathophysiology are handled by academic staff with specialized medical backgrounds in pathophysiology. For the Pharmacology and Toxicology Department, Pharmacology courses are a target by those who are specialized in pharmacology, while Toxicology and Drug of Abuse are taught by academic staff holding Ph.D. in clinical toxicology. In Medicinal Chemistry and Pharmacognosy department, pharmacognosy and herbal medicine courses are taught by academic staff with considerable experience in pharmacognosy and herbal medicine. Other pharmaceutical analytical chemistry courses are taught and coordinated by Academic staff with extensive experience in these areas. The same applies to the Pharmaceutics department. For example, pharmacokinetics is taught by academic staff with a Ph.D. and experience in this area. An academic staff teaches microbiology and immunology with a Ph.D. and extensive experience in microbiology and immunology. To ensure that teaching strategy, pedagogical, and assessment methods are appropriate for the course, the course coordinator reviews and suggests the course's teaching strategies and assessment methods based on his experience in this area and the course evaluation and analysis performed each semester via course reports. These are discussed in the

Quality Assurance Unit, then in the relevant department to ensure it covers the course's intended learning outcomes. If there are changes, they will be approved first by the department; then, they will be sent to the curriculum and assessment committee and then to College Council for final approval.

The school validates the credentials and experience of the academic staff prior to employment

The College follows the University's rules and regulations in the selection of the faculty and staff. The College is committed to ensuring the integrity of the recruitment process. Before appointments are made for new staff, references are checked, and claims of experience and qualifications are verified. The qualifications assessment includes verification of the standing and reputation of the institutions from which they were obtained, taking account of the recognition of qualifications by the Ministry of Education. The 'Cultural Bureau' at Saudi Arabian Embassies and Consulates throughout the world help in this process. The Cultural Bureau also endorses the approvals obtained from the home country. The College also needs new employees to submit their original certificates and degrees for verification to the University.

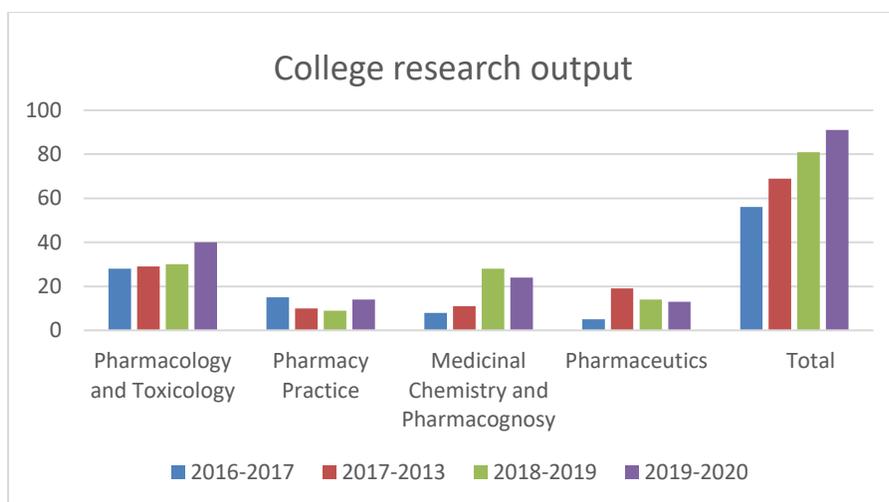
The composition of the academic staff within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences meets the education, research, and service needs of the school's mission

The core expertise of the faculty in the four departments of the College comprises biomedical, pharmaceutical, social/behavioral/ administrative, and clinical sciences subjects scopes. The department of Pharmacy Practice currently has 15 academic staff in addition to four teaching assistants completing their postgraduate studies and expected to join the program soon. The number of available academic staff in the Pharmacology & Toxicology department is 19 in addition to 8 teaching assistants. There are nine in the Pharmaceutics Department, and in the Pharmaceutical Chemistry & Pharmacognosy department, there are 11 academic faculty. Their responsibilities fall into these four major activities: teaching and academic supervision of students; conducting research; participate in community-awareness programs in patient/disease care; contributions to the quality and administrative services of the College as members/heads of committees/units and heads of departments. Some of the expertise in the topics such as pharmacogenomics and critical care from other colleges are engaged to teach and train our students as part of collaborative studies. Moreover, during graduation projects, our students collaborate with practitioners from hospitals for conducting their research activities after approval from respective heads of the organizations.

The faculty's professional expertise, research interests, accomplishments, and clinical and pharmaceutical sciences experiences reflect an extensive spectrum portfolio that helps the College meet educational and training, research and community service's needs. The vision and leadership of senior faculty help in decision-making on policies, procedures, target achievements, and objectivity of the program as defined in the mission statement. For instance, from 2019 to 2021, the College faculty has published approximately 496 articles in national and international journals. The College faculty also supervise students every semester in several research projects usually presented as posters at the 'Annual Pharmacy Research Day.' The College has also organized community service and awareness programs at different locations on campus and off-campus. It is noteworthy that community service activities have not been stopped due to precautionary measures but are conducted online to spread knowledge about the current epidemic and raise community awareness of the importance of precautionary measures.

Any other notable achievements, innovations or quality improvements

The research output of the College has improved significantly. The number of research articles published in 2016-2017 was 56 research article. This number raised to 91 articles in 2019, 159 publications in 2020 and 251 in 2021. Furthermore, the funding opportunities from the deanship of scientific research encouraged several academic staff to run several research projects that will increase the college research output.



- 4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

None

**Criterion No. 21: Continuing Professional Development of the Staff:** The school promotes, facilitates and supports the training and ongoing development of its academic and other staff and preceptors, commensurate with their programmatic responsibilities.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Examples of staff development programs and opportunities offered or supported by the school and/or university during the past 12 months [Appendix 21.1]
- Details of budget allocations for research and professional development for academic and other staff for the current and the past academic year [Appendix 21.2]
- Examples of development plans for academic and other staff for the current academic year [Appendix 21.3]
- Evidence of participation in national and international conferences and workshops by members of the academic staff [Appendix 21.4]

**Required Documentation for On-Site Review:**

- If utilized, examples of faculty member (academic staff) portfolios, documenting teaching, research and service Activities [Appendix 21.5]

**Optional Documentation and Data:**

- None

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school promotes, facilitates and supports the training and ongoing development of its academic and other staff and preceptors, commensurate with their programmatic responsibilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The school supports the orientation, mentoring, continuing education, training, and ongoing development of its academic and other staff, commensurate with their responsibilities in the program, including (as applicable) developing and enhancing knowledge, skills and attitudes for teaching, research, assessment, innovation, and use of new technologies through participation in national and international conferences and workshops

The College is interested in having the best of faculty and support orientation, mentoring continuing education, training, and ongoing development of its academic and other staff to enhance their knowledge, skills, and attitudes for teaching, research, assessment, innovation, and use of new technologies through participation in national and international conferences and workshops which certainly contributes to the successful running, managing and maintaining of the program. This includes academic, administrative, and communication skills refinements through these programs. The Deanship of Human Resources and Deanship of Development and Quality Assurance both organize several workshops and training sessions for all faculty and staff every semester. The college provides all teaching and other staff with appropriate and fair opportunities for personal and career development. The junior teaching and other staff with leadership potential are identified and given a range of experiences to prepare them for future career development. The college also assists in arranging professional development activities to improve skills, and appropriate professional development activities are provided to assist with new programs or policy initiatives. All teaching staff in the college are expected to participate in activities that ensure they keep up to date with developments in their field and the extent to which they do so is monitored.

The College always maintains the highest possible levels of commitment to faculty development and is committed in its efforts to improve the educational environment through training and development for various desirable skills, knowledge, and efficiency in the trade to enhance the overall capabilities of the College's faculty. Some of the topics presented at faculty development workshops are as in the following areas:

- Learning strategies and information processing
- Leadership and administrative skills
- Communication skills
- Quality Assurance
- E-Learning and digital literacy
- Curriculum and assessment methods

- 4MAT system of Learning

These workshops and training are provided by the Deanship of Human Recourses and Deanship of Development and Quality Assurance to the faculty at no cost. In addition, the 'Deanship of eLearning' provides free training for all University faculty and the College supports and encourages the staff to attend these workshops.

The College has established Continuing Professional Development (CPD) Unit. To mention some examples of the unit's recent activities, during 2019 - 2021, the unit organized several activities on several up-to-date topics and trends in pharmacy practice. These workshops were presented by experts in the field in Saudi Arabia. Saudi Commission accredited the program for Health Specialties. Examples of these workshops include;

- Quality issues, decision-making process, and college procedures in 23-10-2019 which was attended by twenty-two faculty members,
- Blueprint preparation which was attended by fifteen faculty members,
- Course files – Course specification in 25-12-2019 which was attended by twenty-four faculty members also in 19<sup>th</sup> February 2020,
- Use of black board for student's survey which was attended by ten faculty member,
- The use of Virtual Class in teaching through the black board collaborate online class in 13-2-2020 which was attended by ten faculty members,
- UpToDate: UpToDate & Lexicomp in 21- 4- 2020 attended by twenty faculty member,
- Distance Learning Electronic Discussion Forums and Other in 19 - 01 – 2021 attended by ten faculty members.

The University's website provides easily accessible resources for self-development at (URL: <http://www.add1.qu.edu.sa/>). Besides that, the University also sends the administrators and faculty for further training abroad. Finally, every year, the college provide the Deanship of Human Recourses and Deanship of Development and Quality Assurance with all needed training for teaching and administrative staff which is conducted during the same academic year according to applicability of these suggested topics.

- ☒ The schools supports academic and other staff and preceptors to identify professional development needs and goals; and develop, implement, and evaluate a personal plan to achieve the identified goals

Every one of the academic staff is required to attend a certain number of training workshops each year for further development and according to his /her needs. At the beginning of each academic year, the college identify the professional development needs for faculty members and administrative. Thereafter, the CPD unit in collaboration with The Deanship of Human Recourses and Deanship of Development and Quality Assurance prepare a plan to offer these programs. In addition to that the college also, may send the teaching staff to attend training workshops outside the college and university. The expenses of these workshops are fully paid by the college. Moreover, the university offers a number of training workshops via different deanships and departments throughout the year. The academic staff are given the opportunity to attend these workshops.

At the end of each academic year, the academic staff performance are evaluated using a specified evaluation form with defined performance criteria specified in advance and made known to the academic staff. These criteria involve professional development activities throughout the academic year. The academic staff performance is evaluated by the heads of departments and the dean and the teaching staff is given the appropriate recommendation for improvement if required.

- ☒ The school evaluates the effectiveness and impact of professional development activities and opportunities provided to academic and other staff and preceptors

The college evaluates the effectiveness and impact of professional development activities and opportunities provided to academic and other staff via the annual evaluation form. The college can observe the impact of these development activities by monitoring the progression of faculty members evaluation form. In addition, the college can evaluate effectiveness of offered workshops on research provided to the academic staff by monitoring the research productions and publications. The college also, provides the academic staff to attend several training workshops in teaching and assessment methods. The effectiveness and impact of these workshops are monitored through different methods. In the direct method of assessment, the college monitor the students' achievements of learning outcomes using the examinations results and other assessment methods. As indirect assessment method, the college conducts regular surveys among students to get their feedback in different areas including teaching and assessment strategies for each course.

- Any other notable achievements, innovations or quality improvements
- None

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable.

**Criterion No. 22: Performance Evaluation of the Staff:** The school regularly evaluates the productivity, scholarship, and performance of its academic and other staff. The criteria for promotion (and tenure, if applicable) are articulated clearly to academic staff and consistently applied.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Examples of Academic Staff Activity Report forms and portfolios (or equivalent) used in goal setting and performance evaluation [Appendix 22.1]
- The policies, procedures, and criteria for promotion (and tenure, if applicable) [Appendix 22.2]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- List of staff members promoted to higher degrees [Appendix 22.3]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school regularly evaluates the productivity, scholarship, and performance of its academic and other staff.             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The criteria for promotion (and tenure, if applicable) are articulated clearly to academic staff and consistently applied. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **2 – 4 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

- ☒ The school, on a regular basis, reviews and evaluates the performance of its academic staff, including participation in activities that support continuing professional development, and their contribution to the achievement of the school's mission and goals in the areas of teaching, research, and service

The college has designed a specific form with predefined criteria to evaluate the academic staff performance. The evaluation criteria were selected based on the college mission and goals in the areas of teaching, research, and service. The evaluation criteria include; teaching activities (40 marks), professional development activities (10 marks), academic counseling activities (10 marks), research activities (20 marks), community services (10 marks), as well as administrative activities (10 marks). The evaluation of administration work within the department and college include participation in the department work, attendance in the department meeting, administrative activities, department work and committees, and adherence to work plans. At the end of each academic year, the faculty fill the evaluation form, reviewed and signed by the head of the department, and forwarded to the Dean for review and filling his part. The department head then provide the member with general feedback about the evaluation form. If performance is considered less than satisfactory clear requirements are established for improvement. Furthermore, both the university and college offer several training programs for professional development during the academic year. The training plan is prepared according to the feedback from the academic department stating the training needs.

**Strength:**

The college evaluates faculty performance at the end of each academic year using a specific evaluation form with performance criteria specified in advance and made known to the faculty members. The university and college offer several training programs to help professional development and give marks in the overall evaluation of the staff.

- ☒ The school provides feedback to the academic and other staff, and preceptors on the results of the performance evaluation to achieve quality improvement

At the end of each academic year, the faculty are asked to fill in their data in the evaluation form. Afterward, the evaluation form is reviewed and signed in by the head of the department and forwarded to the Dean for review and filling his part. After completion of the evaluation process, the head of departments discusses the evaluation results with each faculty member alone to ensure the

privacy and confidentiality of the evaluation. Moreover, the form includes a space for a faculty member's signature (for knowledge of his evaluation). If performance is considered less than satisfactory, clear requirements are established for improvement.

- ☒ Criteria, policies, and procedures for the evaluation of academic staff performance are commensurate with their responsibilities in the degree program

The college policies and procedures include annual evaluation of academic staff using specific criteria. The performance criteria and their marks, are communicated to the academic staff. These criteria were set based on the responsibilities of the academic staff, including teaching activities, academic counseling, research activities, community service activities, administrative activities, and the activities related to the professional development of the faculty. Specified marks are assigned to each criterion according to its importance as follow; teaching activities (40 marks), professional development activities (10 marks), academic counseling activities (10 marks), research activities (20 marks), community services (10 marks), as well as administrative activities (10 marks).

**Strength:**

The criteria for evaluation of staff members correspond to their responsibilities and include academic performance, participation in research and scholarly activities, community service, participation in various committees, and other administrative duties.

- ☒ Criteria, and policies and procedures for promotion (and tenure, if applicable) are developed, adopted, communicated to academic staff, and applied transparently, consistently, and fairly

The College follow the regulations set by the 'Ministry of Education' and Qassim University that address the promotion of academic faculty. There are set criteria and requirements for appointment and promotion from one academic rank to another (Appendix 22.2). The promotion of the faculty member is evaluated on a scale of 100 as follows:

- ☐ Research work (60%)
- ☐ Teaching (25%)
- ☐ University and community service (15%)

The faculty member is required to obtain at least 60 grades. A minimum of 35 grades for research work is required for the promotion to associate professor and 40 for professor. The promotion to the rank of associate professor should be based on the opinion of two of the three referees, while that of the professor should be by the consensus of the three referees. In case two of the three referees

recommend the promotion and the third does not, the papers will be sent to a fourth, and his/her evaluation is final. The minimum number of research work required for the promotion to the rank of associate professor is four units, either published or accepted for publication. The minimum number of research work required for the promotion to the rank of professor is six units, either published or accepted for publication. Any staff meeting these requirements are promoted to the appropriate rank. The promotion rules and criteria are evaluated and developed regularly and communicated to the staff through several ways, including:

- College staff guide
- College recruitment manual
- University faculty handbook
- The university website.

**Strength:**

The College follow a clear, developed and announced criteria and procedures for promotions which derived from the regulations set by the ‘Ministry of Education’ and Qassim University. The promotion rules and criteria are communicated to the staff through several publications, including the Staff Guide Handbook, college recruitment manual, university faculty handbook, and university website.

- Any other notable achievements, innovations, or quality improvements

As a result of the university and college efforts to support the scientific research and the clear policies and procedures for promotion, eight members have been promoted to Associate professor rank during 2019-2021. It is expected by the end of 2022 to have additional staff members promoted either to associate professor or professor academic rank [Appendix 22.3].

4) **School’s Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box .

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>• No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>• Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>• Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.  
Not applicable

## Section 6 Facilities and Resources

**Criterion No. 23: Physical Facilities:** The school has adequate physical facilities to achieve its mission. The facilities provide a comfortable, well-equipped, and safe environment for administration, teaching, learning, and research, and enable effective interaction between administrators, academic and other staff, and students. Facilities and resources for different groups of students, academic and other staff assure comparable experiences and opportunities, and comparable educational outcomes for all students.

**1) Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Architectural drawings or descriptions of the physical facilities, including the number and size of classrooms, practice/simulation laboratories, research facilities, staff offices, group meeting space, student relaxation space, and other facilities *[appendix 23.1]*
- Evidence that the facilities meet legal and other safety standards *[appendix 23.2]*
- A list of equipment used in simulation activities (description, model, manufacturer, year of manufacture) *[appendix 23.3]* *[Note: can be same list as provided in Criterion #12]*
- A list of research equipment available to academic staff (description, model, manufacturer, year of manufacture) *[appendix 23.4]*
- The survey instrument or questions used to evaluate stakeholder satisfaction and effectiveness of physical facilities; with actual data (raw and analyzed) for the past two years *[appendix 23.5]*

**Required Documentation for On-Site Review:**

- Plans/architectural drawings of the physical facilities (if not feasible to provide as part of Self-Study Report)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion *[specify appendix number; e.g. 23.X]*

**2) School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|  | FSC                                 | MI                       | SI                       |
|--|-------------------------------------|--------------------------|--------------------------|
| The school has adequate physical facilities to achieve its mission.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The facilities provide a comfortable, well-equipped, and safe environment for administration, teaching, learning, and research.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The facilities enable effective interaction between administrators, academic and other staff, and students.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilities and resources for different groups of students, academic and other staff assure comparable experiences and opportunities, and comparable educational outcomes for all students. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3) School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be 4 – 6 pages in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The physical facilities support the achievement of all aspects of the school's mission

The college partially moved into its new building where both male and female will be within the same building. The pandemic affected the transition plan. It was expected that both sections will be completely moved in 2019/2020. Currently, all male lectures are conducted in the new building since the beginning of the academic year 2021/2022. Also, most of staff were moved into the new building. The designs of labs including simulated pharmacy and clinical skills labs almost completed and expected to be ready to use within the academic year 2022/2023.

The new building expands in an area of about 21,746 square meters of four floors and, includes 35 classrooms with white or smart boards, Video Conference System (VCS) facilities, 14 laboratories (including teaching labs, Mock Pharmacy, Central Research Lab, TPN, TDM and clinical skills labs), and two computer work-station for about 60 students at a time. The building also includes departmental offices, dean's & vice deans' secretariats, 6 meeting rooms, offices for students' affairs division, examination board, quality assurance unit, and offices for all other unites. Moreover, the building contains one conference hall, cafeterias, students' lounge, students' club space, reception, 140 offices for faculty, technical and, administrative staffs as well as enough parking spaces for students, faculty, staff and, visitors (Appendix 23.1). There is a provision for facilitated approach to the building with access for differently-abled people. All these facilities will be well-equipped with the latest instruments/equipment with enough seating arrangements and, they are regularly cleaned and maintained. There are separate offices provided to faculties which are furnished with required furniture, printers and, personalized computers with needed software and, on-line connectivity with requisite electronic and, on-line safety.

☒ The physical facilities support the curricular philosophy and model, and the different learning needs of students

The college has all required facilities including classrooms, laboratories, computer labs, offices, and students' facilities with all needed equipment to support the curricular delivery and meet learning needs of students [Appendix 23.1]. Students will have access to internet facilities in the 2 computer rooms or from their electronic devices through the college-wide wireless internet service provided by the university. Although the distribution of learning resources especially classrooms and labs between male and female sections is currently addressed the available facilities in male and female sections meet the different learning needs of students, moving male and female sections into the same building (the new

building) will ensure efficiency use of different learning resources. The program is keen to have all the suitable facilities to run all activities effectively. The designs are prepared to convert some traditional classrooms into workshops classes to run TBLs and all other interactive sessions. In addition, the college is keen to prepare the new building to have comparable facilities for male and female and to allow them to benefit from the same facilities.

Moreover, all faculty members maintain office hours for student consultation. Moreover, students can also make a private consultation with the concerned teacher and their respective academic advisors.

The space and design of facilities are appropriate to the nature of the program activities

The Program spares no effort to improve facilities, quality, and suitability of laboratories to ensure research and scientific studies and advanced pharmacy practice experience. The program continuously evaluates the effectiveness and efficiency of learning resources, facilities

- ☒ The lecture halls, classrooms, laboratories, simulation and study facilities – including their equipment and technology – effectively support and assure the quality and integrity of student learning, including, if applicable, distance or e-learning
- The college has 35 classrooms with white or smart boards, internet, and centralized AC and enough space with average capacity of 60 chairs. Also, the college has VCS facilities in 5 classrooms, 18 laboratories including central research lab. Moreover, the college has simulation labs including Mock Pharmacy, TPN, TDM and clinical skills labs. The facilities also include two computer work-station for about 60 students at a time.

Students have access to internet facilities from the 2 computer rooms available in the college's computer lab or from their electronic devices through the college-wide wireless internet service provided by the university. Also, technical support is provided for safe net connectivity. Robust safety measures are in place on the campus and, security systems are in place to protect the privacy of sensitive personal and institutional information and protect sensitive records and other data against externally induced viruses and malware.

A separate area for student activities has been designated in the college's male and female sections. The college provides suitable offices for female faculty members also. All faculty members maintain office hours for student consultation including academic advising.

☒ The research laboratories support the research and scholarly interests and activities of the academic staff

The college has research laboratories equipped with most of the equipment required for research purposes in both males and females. Moreover, the college has advanced facilities for basic and, applied research including a modest animal house facility. A list of equipment and other instruments available in these research labs is available in appendix 23.3. In addition, researchers and students have access to all instruments available at 'Central Research Lab' in the college and, adjoining locations which enlists HPLC, GC, Atomic Absorption, IR, FT-IR, Dissolution Chamber, and, Cell Culture lab. In addition, the faculty have access to all the instruments in the University through an established procedure. Instrument's log sheets are maintained to facilitate up-keep, repairs, maintenance and, warranty issues. SOPs for procedures and operations are also available. A listing of chemicals safety information, MS-DS (Material Safety Data Sheet), is also available at the 'Laboratory Services Section'. Safety precautions and safety norms are displayed with first-aid, emergency shower, eye-wash, solid & liquid, glass, and plastics disposal facilities. All laboratory instruments and equipment are supplied with an after-sales service contract and, the suppliers maintain the equipment.

The college coordinated in securing funds for a number of scientific projects sponsored by King Abdul-Aziz City for Science and Technology (KACST), ministry of education, and Qassim University Deanship of Scientific Research. Faculty members continuously apply for these funds and have successfully attracted funding. In addition, university also supports faculty financially through publication reward and publication fees for publishing of articles in high impact journals. A listing of faculty members and their funding obtained from different sources is available. Many research projects are underway, including KACST projects, which provide up to a maximum of two million SAR (Saudi Arabian Riyal) for a single project.

The Deanship of Scientific Research offers the following grants to the faculty and provides various opportunities for self-research, interdisciplinary as well international collaboration:

- Small Grants: These are grants that are offered periodically to fund small research that do not need large financial support
- Research group grant: These grants are offered to group of researchers from faculty members at the university in a number of interdisciplinary and integrated scientific disciplines with joint research of high quality that contributes to the production of comprehensive knowledge and community service.

- International Cooperation Scholarships: The international cooperation grant provides research grants over a period of two years. The research team must include an International researcher from University recognized by the Saudi Ministry of Education, Industrial Corporation, or Leading Research Centre across the globe, provided the researcher must have a record of publication in Q1/ Q2 ISI Journals.
- Community-oriented issues grant: It is a 1-year grant offered to team of interdisciplinary researchers targeting community oriented researches.
- Promising scholarships for new faculty members: This project aims to attract new faculty members at the university to the distinguished scientific research environment, by providing financial support and providing an appropriate and encouraging environment to instill the spirit of competition among researchers.
- Generation Research Scholarship: This grant is offered to develop students' research skills and enhance their research ability to reach innovative solutions to the problems they face in practical life, and in a manner that provides opportunities for university students to contribute to achieving national and local development goals, and in a manner that raises their competencies research for students and increases their career opportunities. This is a 1-year grant with a maximum support of 40,000 riyals.
- Innovation Promotion Grants: This grant is offered to faculty with innovative ideas that support national developmental indicators.

☒ The design, construction, use, maintenance, and updating of the physical facilities and equipment meet legal, ethical, health, disability and special needs, environmental, and safety standards

The design and construction of the building is approved and executed by the university taking into consideration all safety and security measures. The college provides a clean, safe and, healthy environment, infra-structure and, facilities. The university maintains the college building through contractors for cleanliness, air-conditioning, day-to-day up-keep, janitorial facilities, and maintenance. Our facilities meet all the legal requirements with the following facilities:

- Appropriate provisions for physically challenged individuals
- Specified parking spaces for students, visitors and, faculty, access ramps, stairs and, elevators for floor access
- Personnel safety, restrictive entry provisions, security procedures in the campus
- Providing 24/7 security along with cameras to secure the facilities on campus

- Fire alarms, smoke detectors in each room, fire evacuation and, fire safety awareness are imparted
- First-aid kits are available in all laboratories, lanes and, corridors in the college premises
- Laboratories are equipped with basic personal protective equipment including lab coats, face masks, safety goggles and, safety gloves. Laboratories also have an emergency shower, eye-wash facilities and, blankets available for any emergency. The College also has laboratory safety manuals. All equipment is regularly maintained through a detailed system supervised by the college staff on laboratory and research.

Decisions on additional equipment, space needs, or space reallocation are made, and the measures taken to ensure transparency and fairness

The college follows the university standards and policies regarding procurement. At the beginning of each academic year, the faculty members are asked to provide list of required equipment and materials which are forwarded to the Dean via heads of departments. The purchase unit take the responsibility of completing all steps of the purchasing from seeks quotations from at least 3 companies until receiving the purchases.

Due to the growing requirements, the University constructed separate building for the college with equal and shared facilities including office space for faculty and administration, lecture-rooms and, laboratories for the male and female section within the same building. The spaces for laboratory, class rooms, training area for simulated pharmacy and, drug and, poison information center, faculty and, staffs offices, conferencing, secretarial offices, offices for different committees and units, and, research center as storage has nearly doubled in comparison to the start-up floor area of the college to accommodate growing requirements (appendix 23.1).

Any other notable achievements, innovations or quality improvements  
[None at this time]

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring   | Partially Compliant   | Non Compliant  |
|---|---|---|--|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <i>or</i></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <i>or</i></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>   | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>  |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 24: Library and Educational Resources:** The academic staff and students have access to library, learning and educational resources that are sufficient to support the degree program, research and other scholarly activities according to the mission and goals of the school.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Library resources, including the list of search databases and full text journals available to academic staff, and students [appendix 24.1]
- A list of the learning and educational resources, such as computers, educational software, and audio-visual classroom technology [appendix 24.2]
- A list of the personnel (and their qualifications) who support the pharmacy school academic staff and students in utilizing the library, learning and educational resources [appendix 24.3]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 24.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The academic staff and students have access to library, learning and educational resources that are sufficient to support the degree program, research and other scholarly activities according to the mission and goals of the school. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; the school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **3 – 5 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

The library and other learning/educational resources provide adequate support for the degree program, research, and other scholarly activities of the school. (This may include access to learning/educational resources from outside the institution.)

The students and faculty have access to learning resources related to the program in various formats ranging from printed material, photocopies, e-books, and referral materials. These materials are available in the university's 'Central Library'. In addition, Online access to the central library and (SDL) is available for all male and female students 24/7, with adequate E-support

The college, through the university, subscribes to the most widely used international databases of medical and, pharmaceutical information which are easily accessible through passwords with access privileges for students, faculty and, staffs of the college at <https://sdl.edu.sa/SDLPortal/Publishers.aspx>. Each year, the college are given an opportunity to add additional books for purchase and/or identify additional pharmaceutical journals for subscription by the main library. This is to complement the teaching strategies of the program which is useful for all students of the college in the program. Concerned faculties also provide resource materials, references, hand-outs and, PowerPoint® slides to their classes through the class representatives (appendix 24.1).

The total number of books at the university's central library exceeds 5,27,406 copies with 1,92,961 titles and, it subscribes to 32 databases and, 863 scientific journals with a large number of periodicals accessible online. Non-circulating materials include reference materials, (dictionaries, encyclopedias, pharmacopoeias, scientific indices etc.), manuscripts, reserve books and, e- books.

The school and/or university provides organized programs to orientate and train academic staff and students in the effective and efficient use of the library and other learning/educational resources

The university's 'Central Library' has an online searchable database which is accessed by students, faculty & staff through internet. Personal assistance is available to users by the expert library personnel during the library hours at the library. Library also notifies subscription(s) to any updates. Orientation program is offered at the level of the university as well as college to the new faculty during which a tour along with training of the resources available in the central library are provided. In addition, the library also regularly organizes announced workshops for any users. The information

and registration for these workshops can be accessed at: <https://library.qu.edu.sa/content/p/16>. The college encourages faculty, staff and, students to take part in these program related to use of library's facilities and, services.

- ☒ The school and/or institution ensures adequate and comparable resources, services, and access for academic staff and students from different sections and locations (if applicable)

The college solicits suggestions from both male and female for procurement of new textbooks, periodicals, journals, and e-learning resources, including a subscription to new databases like Accesspharmacy, and Lexicomp in addition to other databases which can be accessed any time from anywhere at: <https://sdl.edu.sa/SDLPortal/Publishers.aspx>. The suggestions are passed over to the library for processing.

- ☒ The school or university solicits and evaluates the opinions of students and academic staff regarding the adequacy of and access to library and learning/educational resources, and uses data to improve the resources

At the level of college, at the end of each semester, course evaluation surveys are provided to the students which seeks information related to the availability of resources and adequacy and access to library and other educational resources (Appendix 24.1). in addition, at the end of each semester, the faculty also provides feedback on the resources availability through faculty surveys. The data is analyzed and based on the recommendations, the college forwards the requests to the library for improvement. At the university level, Deanship of Library resources annually conducts an online survey to improve the quality of services provided to the faculty and the students.

- ☒ The school and university collect and analyze data on the use of library facilities and holdings by students, academic staff, and other stakeholders, and uses the data to improve library holdings and the use of its facilities and resources

The Central Library resources annually evaluates the usage of its facilities by all the stakeholders through an online survey. Based on the survey results, improvements for library are undertaken. For example, the college has special access to Accesspharmacy database provided by the university and the usage of the database is analyzed by the Central Library. The renewal of this database is linked to the results of utilization. In addition, University colleges are asked for any updates are required to the database available in the library. In the college of pharmacy, this request is forwarded to the academic departments and our partners in the training sites. Then, the received feedback is forwarded to the central library.

Library holdings (print and electronic) are kept up-to-date

The Deanship of Library resources updates the library holdings periodically based on the feedback provided by the stakeholders and in coordination with the other departments and colleges of the university. In addition, the Saudi Digital Library also provides up-to-date electronic resources related to the program. The access to SDL is available to all staff and students.

Any other notable achievements, innovations or quality improvements

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box .

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 25: Pharmacy Practice Sites and Preceptors:** The school has an adequate number, balance and mix of practice sites and preceptors in community, hospital, and other settings to support the curricular pharmacy practice experiences, taking into account any national regulations or expectations. The school has criteria to ensure that sites and preceptors are of high quality and committed to advancing practice in their respective settings. The school uses the established criteria to approve sites and preceptors prior to students undertaking their practice experience at the site. The school has an effective system for communicating with sites and preceptors, and evaluating the site, preceptor, and students' experiences and outcomes.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- Criteria used for the selection of practice sites and preceptors of experiential education [appendix 25.1]
- List of practice sites, preceptors and their credentials (such as, licensure, academic qualifications, and certifications/postgraduate training) [appendix 25.2]
- List of the academic and other staff involved in the oversight and quality assurance of the experiential component of the curriculum [appendix 25.3]
- List of all materials provided to practice sites [appendix 25.4]
- Examples of materials (such as manuals or instructions) provided to practice sites, preceptors, and students to prepare them for practice experiences [appendix 25.5]
- Examples of agreements between the school and sites used for practice experiences [appendix 25.6]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [specify appendix number; e.g. 25.X]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school has an adequate number, balance and mix of practice sites and preceptors in community, hospital, and other settings to support the curricular pharmacy practice experiences, taking into account any national regulations or expectations. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school has criteria to ensure that sites and preceptors are of high quality and committed to advancing practice in their respective settings.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school uses the established criteria to approve sites and preceptors prior to students undertaking their practice experience at the site.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The school has an effective system for communicating with sites and preceptors, and evaluating the site, preceptor, and students' experiences and outcomes.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **4 – 6 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

- Experiential education practice sites and preceptors are identified, recruited, and selected, then provided orientation, development, and quality assurance training.

The Experiential Committee' manages the experiential courses IPPE (1 and 2) and APPEs. The college identifies appropriate training sites, selects, evaluates the program sites for experiential courses and coordinates with the preceptors for all training requirements.

For a site to be considered as a training site, the following information is collected, i.e., practice setting including number of beds, primary, secondary or tertiary care, availability of different clinical departments, specific pharmacy information including services provided, and, availability of qualified preceptors and learning resources. After meeting the required standards, the site is approved by the college. The college supervisors and the students provide feedback about the training sites to the experiential committee for further recommendations and action plan for improvement.

Training sites for training should have:

- a preceptor for the discipline

- availability of employment ranking (i.e. clinical pharmacist, pharmacist, consultant)
- readiness of the discipline to offer training and supervision of the intern
- all rotations are supervised by the college supervisors.

The students are provided with the orientation sessions regarding training before working in real-world healthcare centres with advanced technology and facility for patients.

- ☒ The preceptors and sites are evaluated to ensure that experiential education supports the achievement of desired student competencies.

Quality Assurance procedures in the management and, operation of the experiential program are defined. These serve as a guide for the experiential committee. Various surveys are conducted by the Experiential committee where feedback about the preceptors and training sites are acquired from the students. The training sites are also evaluated by the preceptors and college supervisors and the data is used for improvement and development of student competencies.

- ☒ Adequate site and preceptor capacity and diversity are assured through capacity planning and effective recruitment and retention strategies

One of the goals of the college is to continuously evaluate the practice sites as well as assess the need for further expanding of training sites. The college supervisors visit the prospective training sites and based on the training site human resources available propose these new training sites to the college. The college evaluate and approve the new training sites based on the program requirements and students need. Beside the hospital, and to assure the diversity of sites and preceptors, the college expanded the training sites to involve community pharmacies, pharmaceutical companies, and pharmaceutical industries. In the last three years, the college signed contracts with Adel chain and Al-Dawa group community pharmacies, and Merck pharmaceutical companies. New contracts with other pharmaceutical companies and industries are under final approvals by the university and expected to be active within 2022. Recruitment and retention of practice sites are managed at the level of the college and university.

The IPPEs provide 300 hours of pharmacy experience in both community pharmacy settings (IPPE-1) and hospital settings (IPPE-2). All types of training sites are available for both male and female students. Recent “policy” changes in the Kingdom, however, enabled female pharmacists to work

and practice in community pharmacies. These changes impact where female pharmacy students will be able to undertake practice experiences.

The College is managing to secure agreements with a number of additional hospitals to take their students for practice experiences; these being National Guard Hospital, Qassim; Armed Forces Hospital, Qassim; and King Fahad medical city, Riyadh. In addition, the University's own hospital, which opened recently, will be a major training site for the college's students. The College will have faculty members with joint appointments at the hospital, and will be recruiting for these positions. Detailed information about clinical training sites is available in appendix 25.2.

☒ The school and practice site establish their respective roles and responsibilities (including with respect to safety, liability, and practice expectations) with regard to experiential education, and document the terms of their agreement/relationship

The college organizes orientation program to the students prior to the beginning of training which highlights all the processes and procedures related to experiential courses. In addition, the college has an experiential manual documenting roles and responsibilities of preceptors and students. The manual is provided to the students as well as the training sites. The experiential manual documents rotation policies and procedures including preceptor and student responsibilities, professionalism and student assessment and evaluation criteria. For new students, training sites also provide all necessary training including safety, liability, and practice roles and regulations. In addition, the college working to share practice sites in preparing and presenting the orientation program for the students.

The college has an agreement with Qassim Health Cluster which is the responsible body for training site in all the governmental training sites. The Qassim Health Cluster ensures that all trainees should obtain a BCSL certificate prior to the beginning of the training. The agreement also states the student's work load and the role of college supervisors. Furthermore, the college is working to involve training sites in the orientation programs provided to the students

☒ Students are evaluated during experiential education

Students are required to attend all activities in all the rotations as outlined below and, evaluated for each activity.

- Attend daily rounds and, morning meetings with the assigned medical team

- Attend the outpatient clinics related to his/her clerkships
- Monitor patients assigned by his/her preceptor
- Meet the preceptor daily for any potential discussion which may include giving informal oral presentation of assigned patients to the preceptor and fellow students
- Students are also required to provide the following (according to the nature of the rotation):
  - i. Daily updates on patients he/she has been following
  - ii. Reading materials provided by the preceptor
  - iii. Attend relevant hospital meetings and rounds (depends on the hospital and training department)
  - iv. Conduct at least three (3) patient interviews to obtain drug histories
  - v. Maintain follow up of at least three (3) patients at any giving time
  - vi. Conduct drug consultation in support with the preceptor only
  - vii. Deliver gathered information about the drug, if the preceptor asks for it..
  - viii. Attend clerkship meetings as per schedule provided by the preceptor
  - ix. Attend all other activities scheduled by the preceptors, other than the above mentioned.

The intern is evaluated based on his punctuality, professional capabilities, scientific knowledge, and his/her relations with patients, students, colleagues, seniors, and the nursing staff. At the end of each rotation, a report is provided to the student showing his score. The interpretation of the student's scores are as follows:

|                |                |
|----------------|----------------|
| Below 70%      | Unsatisfactory |
| 70% - 79%      | Good           |
| 80% - 89%      | Very good      |
| 90% and, above | Excellent      |

There is a complete and detailed explanation for students scoring below 60% and for those scoring 90% and above. Each rotation has a total of 100 marks which are divided as follows: 50 marks for hospital evaluation (30 marks by the college supervisor and 20 marks by hospital preceptor), 20 marks for student's presentation and remaining 30 marks for case reports (appendix 25.5).

Quality improvements are made based on student, preceptor, site coordinator/supervisor, and experiential education staff feedback

Quality Assurance procedures in the experiential year program's management and operation are well defined. These serve as a guide for the Experiential committee. Various surveys are conducted by the Experiential committee including:

- Practice site evaluation survey by students and college supervisors
- Preceptor evaluation survey by students
- Student evaluation by preceptors

The feedback about the training program and training sites are acquired from the preceptors and the students, and college supervisors. These are used to improve the existing condition after discussion in the Experiential Committee.

The school strengthens the relationships with its sites and preceptors, including ways in which sites and preceptors are supported, recognized, and appreciated by the school.

The college has a clear strategy for the support, recognition, and appreciation of the preceptors and the training site. The college enhances the relationship with the practice sites through CPD activities, annual research day and international conferences organized by the college. Preceptors are provided with free registration for such activities. Furthermore, some of these CPD activities are approved by the SCHS with credit hours which adds to the required training hours for the preceptors for development as well as renewal of their license. Moreover, the college conduct several professional lectures and training sessions in the hospitals by faculty members. Preceptors also provided with certificates of appreciations. The college in communication with the central library to grand access for hospital preceptors to the electronic database.

Any other notable achievements, innovations, or quality improvements

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable

**Criterion No. 26: Financial Resources:** The school has the financial resources necessary to provide the human, physical, technological, and educational resources needed to accomplish its mission. The budget of the school is planned, developed, and managed according to university policies and sound management practices.

1) **Documentation and Data:**

Use a check  to indicate that the information has been provided by the school and used to self-assess this criterion:

**Required Documentation and Data:**

- The budget that describes the sources of revenue for the school and the expenses for the past, current, and next three academic years [*appendix 26.1*]
- Funding obtained from research grants and other external sources in the past five years [*appendix 26.2*]

**Required Documentation for On-Site Review:**

(None required for this Criterion)

**Optional Documentation and Data:**

- Other documentation or data that provides supporting evidence of compliance with the criterion [*specify appendix number; e.g. 26.X*]

2) **School's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the criterion and accompanying guidelines:

|   | FSC                                 | MI                       | SI                       |
|---|-------------------------------------|--------------------------|--------------------------|
| The school has the financial resources necessary to provide the human, physical, technological, and educational resources needed to accomplish its mission. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The budget of the school is planned, developed, and managed according to university policies and sound management practices.                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) **School's Comments on the Criterion:** The school's descriptive text and supporting evidence should specifically address the following. Use a check  to indicate that the topic has been adequately addressed. Use the text box provided to describe: areas of the program that are noteworthy, innovative, or exceed the expectation of the criterion; or school's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and additional actions or strategies to further

advance the quality of the program. For plans that have already been initiated to address an issue, the school should provide evidence that the plan is working. **Describe how:**

*Note: The descriptive text to answer the focused questions in Section 3 of this Criterion should be **4 – 6 pages** in length, which is an indication of the **level of detail expected** by ACPE.*

☒ The school budget is requested, developed, and managed, and describe the individuals involved

Most of Qassim University's budget is sanctioned by the Finance Ministry in connivance with the Ministry of Education. The college has its share of financial resources from the university. The university recognizes governmental and financial policies and procedures of the Ministry of Finance to ensure that it's financial and accounting practices and processes are properly managed according to the norms of the ministry. These processes include:

- An organized financial planning and budgeting process with strict monitoring and, follow- up procedures
- Universally accepted procedures for budget planning, reimbursements, and, expenditures including the invitation of invoices and billing tracking system

A stringent accounting system for various financial categories and expense heads exists, including the university facilities budget, salaries, allowances and wages, operational and non-plan expenditures, expenses for maintenance contracts, limited scale reimbursements, transport, travel, cleaning, and safety. As a result of these processes, the university and its affiliated college have achieved sound financial management. However, there are few differences in endorsing funds in the college, i.e., for direct purchases, the college spends from its allocated financial budgets, and, for indirect purchases, all revenues and funds are generated from the university's finance department with approval from the college. In the college, requests are made by staff and faculty members to the heads of departments for any purchases, which in turn forwards them to the college administration. After the approval, requests are forwarded to the university's financial and purchase department to issue the purchase order for the fair quotation and, purchases are made after approval of the college's financial controls section. The college asks its staff members about their various needs to be utilized for the program and courses. Purchases for laboratory equipment and materials are decided by individual faculty and routed through respective departments to the college, which makes the purchases either directly through its purchase unit or indirectly via the university's purchase department.

Requests for other purchases and day-to-day needs are also routed through the purchase unit after prior approval of the department or unit from where the demand originates and where the material or services will be utilized. However, day-to-day needs are mostly available and provided by the central store of the university and purchases requests are made for unavailable items. The purchase unit at the college and the university's accounting division at the finance department ensures that funds provided for a particular purpose are utilized solely for that purpose, and the college must verify to this effect.

Individual departments are not directly involved in the budgeting process but contribute to it by submitting their requirements to the college for inclusion in the university's planning and budget proposals. The college reports back to the university on expenditures to ensure that monies spent fall within the funds allocated by the university to it.

It is mandatorily required that if a conflict of interest for an individual exists (whether actual or perceived), the person managing or routing expenses must declare his/her interest and must not participate in any decision pertaining to this and, all decisions in essence and, the effect must serve the public interest.

The college's transactions are approved, processed and, recorded by the college and, all documents original copies are sent to the university for its consumption, processing and, record. Appendix 26.1 provides samples of the college's budget describing the sources of revenue and the expenses details, while appendix 26.2 shows funding obtained from research grants in the last five years.

The school financial resources, as well as policies and procedures (including but not limited to audit, insurance cover, and risk management) provide a stable and sustainable environment in which the school and program can develop and accomplish the mission

The college of pharmacy is financially stable, with all of its funding requirements (programs, planning and, administration) being met by the university. The college primarily expends within the scope of its strategic plan. According to the needs and requirements of the program, the dean and the college's purchase unit prepares the college's yearly budget considering strategic priorities of the program and to meet all needs for financially backing the desired activities and for smooth functioning of the college. The administration reviews both the short-term and long-term needs to

prepare an annual budget submitted to the university for approval. Academic departments share in this procedure by providing the anticipated requirements and expenses for their ongoing program of study together with projection for any new proposal and other needs, which (new proposals), when approved by the college and university, is reflected in the budget proposal for the college. However, if expenditure exceeds the planned budget's limits, the university has the power to increase the limit provided when acceptable justifications are made.

The university has instituted clearly defined accounts, processes and, procedures for handling, utilizing and, recording all funding, expenditure and, recoveries, if any. Individual employee accounts are also maintained. In terms of financial control, the college fully follows the accepted accounting practices and the directives of its own financial section and the policies and procedures approved by the university, the Ministry of Higher Education, and the Ministry of Finance.

☒ The school has autonomy to use and allocate financial resources, with appropriate oversight by the university  
As a public institution, Qassim University relies on the Ministry of Finance and Ministry of Education for all of its financial needs. The university normally fulfills these budgetary recommendations within a prescribed period before the start of the new financial year out of the allocation of funds by the Government of Saudi Arabia. The government prioritizes the development of higher education, particularly of the medical and allied health sciences disciplines, and college gets its ample share according to the university's budget.

The college has autonomy in proposing and allocating financial resources and approving all college transactions in accordance to the university policies and regulations. The heads of departments, committees' heads, units' chiefs, faculty, technical staff, and students club are all free to propose their anticipated financial requirements included in the college budget. The college has budget for travels, maintenance, emergency purchases, and other non-plan expenditure heads. The college is financially sound and enjoys financial autonomy in its expenditures and proposals for the budget.

The dean approves all expenditures emanating from the college. All financial activities are recorded electronically and, in hard copy formats, whether they originate in the college or are processed in the university. The college's purchase unit handles small cash and, major transactions are handled via the university's accounts through the college's finance and purchase unit. In dealing with the

smaller transactions that are its responsibility, the college follows the university's instructions and guidelines. At the college, the purchase unit team who has enough training and adequate experience to perform their duties efficiently are responsible for record-keeping and the auditing of all the college's financial records. The team maintains electronic records and hardcopies securely and confidentially in its office. Most of the records and mega transactions are managed by the university's finance office.

Treasury and accounting responsibilities are properly segregated and, other checks to maintain fiscal discipline are in place. All expenses are regularly audited by the college's internal auditor while internal and external auditors audit all of the university's accounts.

Any other notable achievements, innovations or quality improvements

In addition to the budget provided to support the scientific research, the college successfully is securing funds for a number of scientific projects sponsored by Ministry of Education, and Qassim University Deanship of Scientific Research. Faculty members continuously apply for these funds and have successfully attracted funding. These granted funds, directly and indirectly, supported the budget of scientific research and improved the college facilities. The college is keen to benefit from such funds to improve research facilities.

4) **School's Final Self-Evaluation:** Self-assess how well the program is in compliance with the criterion by putting a check in the appropriate box :

| Compliant   | Compliant with Monitoring  | Partially Compliant   | Non Compliant   |
|---|--|---|---|
| No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance. | <ul style="list-style-type: none"> <li>No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance <b>/or</b></li> <li>Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.</li> </ul> | Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance. | <ul style="list-style-type: none"> <li>Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated <b>/or</b></li> <li>Adequate information was not provided to assess compliance</li> </ul> |
| <input checked="" type="checkbox"/> <b>Compliant</b>  | <input type="checkbox"/> <b>Compliant with Monitoring</b>  | <input type="checkbox"/> <b>Partially Compliant</b>   | <input type="checkbox"/> <b>Non Compliant</b>   |

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the criterion that may require further monitoring.

Not applicable