



UMM AL-QURA UNIVERSITY  
Faculty of Dental Medicine

# Quality Manual

Version 3

*Academic Year 2023-2024*

**Bachelors' Degree in Dental Medicine and Surgery,  
Faculty of Dental Medicine, Umm Al Qura University**

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## Preparation and approval:

Version Number	Version 1	Version 2	Version 3
Prepared by	Dr. Jameel A. Abuljadayel	Comprehensive Quality Committee	Comprehensive Quality Committee
Reported by	Dr. Jameel A. Abuljadayel, Vice Dean of Quality and Development	Dr. Jameel A. Abuljadayel, Vice Dean of Quality and Development	Dr. Jameel A. Abuljadayel, Vice Dean of Quality and Development
Reporting Date	23/4/1443	23/10/1443	19/3/2024 – 9/9/1445
Reported Via	Masar System 4301048471	Committees and Councils Management System	Masar System
Approved by	Dr. Mashael S. Alqahtani	Faculty Council	Dr. Mashael S. Alqahtani, Faculty Council
Position	Dean	Faculty Council	Dean, and Faculty Council
Approval Date	24/4/1443	23/10/1443	
Authentication	4301048471	2751010144313/76069	
Changes	NA	-Changes in some committee's tasks.	<ul style="list-style-type: none"> <li>- Updating the faculty organizational structure.</li> <li>- Aligning the data following the updated Institutional Quality Guide (3<sup>rd</sup> version) and ETEC and NCAAA 2022-2023 versions.</li> <li>- Adding the institutional strategic tracks and its alignment with the faculty and program mission's goals, and plans.</li> <li>- Developing the administrative task description for each entity including the responsibilities.</li> <li>- Developing new forms and policies.</li> <li>- Updating the policy of Quality Assurance system.</li> <li>- Enhancement of committee's tasks.</li> <li>- Updating staff performance assessment guidelines.</li> <li>- Updating Policy of planning, archiving, and reporting the committee's work.</li> <li>- Updating policies of students' admission and support.</li> <li>- Updating policies of student's continuous assessment.</li> <li>- Updating policies of Course portfolio preparation.</li> </ul>

Program Identification:

<b>Program Name:</b>	Bachelor's Degree of Dental Medicine and Surgery
<b>Qualification Level:</b>	Bachelor's Degree
<b>Department:</b>	The four departments of the Faculty: <ul style="list-style-type: none"> <li>- Department of Basic and Clinical Oral Sciences</li> <li>- Department of Preventive Dentistry</li> <li>- Department of Oral and Maxillofacial Surgery</li> <li>- Department of Restorative Dentistry</li> </ul>
<b>College:</b>	Faculty of Dental Medicine
<b>Institution:</b>	Umm Al-Qura University
<b>Academic Year:</b>	2023-2024
<b>Main Location:</b>	Al-Abedia
<b>Branches offering the Program:</b>	N/A

## Introduction:

The Faculty of Dental Medicine at Umm Al Qura University (UQUDeDent) has given great importance to the processes of quality, improvement and development to ensure the functioning of the faculty's workflow according to elaborate standards that secure continuous improvement through closing the quality loops, bearing in mind the saying of the Noble Prophet, may God's prayers and peace be upon him, "God loves if one of you does a job that he masters it" (Sahih Al-Jami' 1880). From this point of view, the faculty leaders are committed to spread and consolidate the culture of quality and instill the value of mastery in each of its students, faculty members and affiliates as the application of Quality Standards is the responsibility of each member that belong to UQUDeDent.

Obtaining the academic accreditation from the German Accreditation Agency for Health and Social Sciences (AHPGS) back in 2016 and recently, the conditional accreditation by the National Center for Academic Accreditation (NCAAA) until the end of April 2025 were proof for the continuous pursuit of the program leaders to apply and ensure that best quality standards are applied within the Bachelors' program.

Moreover, considering the endeavors of the program leaders to maintain, assure and develop the quality of its outcomes, this manual was made to serve as an explanatory reference to the quality processes and practices of the program. This manual is subjected to periodic review by the Comprehensive Quality Committee at the Faculty of Dental Medicine (every 2 academic years), to ensure that it keeps pace with changes that may occur at all levels (Institutional, Faculty, Students, and Admin) and for continuous improvement. Therefore, please do not hesitate to provide us continuously with your feedback via [Dentad@uqu.edu.sa](mailto:Dentad@uqu.edu.sa). We will consider your valuable feedback and act accordingly to improve the manual on time. Also, prior to the final approval of a new version of this manual by the faculty council, it will be discussed in the departmental councils for another final tuning by the staff. In your feedback and comments, please note that that this manual is built according to many guidelines, regulations, and policies, which are issued by the Ministry of Education, Umm Al Qura University and Education and Training Evaluation Commission- ETEC. Thus, to ensure that your feedback is in line with the higher authorities rules and regulations, it is recommended to check the full versions of these guides on the respective webpage of each authority via (<https://uqu.edu.sa/quality/123600> - <https://uqu.edu.sa/quality/60027> Umm Al Qura University, and <https://etec.gov.sa/home> - ETEC).

Regards,

On behalf of the Comprehensive Quality Committee

Dr. Jameel A. Abuljadayel, Vice Dean of Quality and Development.

## 1. The Basis, Components and Tools of The Quality System in The Program:

Considering the steady development in the educational system in the Kingdom of Saudi Arabia, and in order to keep pace with the objectives of the university and the Ministry of Education, the faculty administration adopted the application of Quality standards of the Education and Training Evaluation Authority- ETEC (National Center for Academic Accreditation and Evaluation-NCAAA) in building and establishing the quality management system of the program and this manual.

Thus, the program management is committed to comply to the components, indicators, models, mechanisms, measurement, and evaluation systems that are used by Umm Al-Qura University (UQU) and announced by the Education and Training Evaluation Commission in the Kingdom of Saudi Arabia.

## 2. Program Mission, Goals, Graduate attributes and Learning Outcomes alignment with the Faculty and Institutional Mission and Goals:

The Faculty of Dental Medicine has considered the institutional Mission, Goals, Graduate Attributes, and the National Qualification Framework in the process of structuring the bachelors' degree program. Comprehensive alignment matrices were developed to ensure that the program outcomes are aligned with the previously mentioned components. These matrices are submitted yearly to the Institutional Quality Deanship as a part of the Quality Assurance Cycle after minor revision by the Comprehensive Quality Committee at UQUDent. Major revisions are taking place when the Major Quality Cycle is ended (5 to 6 years), which is associated with Major Institutional changes, Major curriculum development, or based on the recommendations of the Self Study Report. It is worth mentioning that the last major quality cycle revision was done in the academic year 2021-2022, which was in accordance with releasing the latest Institutional strategic plan [UQU Strategic Plan 2022-2027](#) and in line with the latest self-study report of the bachelors' program, which ended up with the second version of the alignment matrices booklet. Then, the program management had to adjust the Program Graduate Attributes following the NCAAA accreditation panel recommendations. Thus, the 2nd version was revised, and the 3rd version was released accordingly ([Alignment matrices booklet](#)). The following table illustrates the alignment between the programs' mission, goals, learning outcomes, and activities in relation to the primary domains of the institutional mission.



Level	Statement	Primary domains of the Institutional missions				
		Education	Develop knowledge economy	Research and innovation	Community service	Arabic and Islamic Values
University Mission	Distinction in <u>education, research, and innovation</u> to <u>develop the knowledge economy</u> and serve the <u>community</u> based on our status as the heart of the <u>Arab and Islamic world</u> .	Yes	Yes	Yes	Yes	Yes
University Goals	1- Provide quality educational programs to qualify students to compete internationally.	Yes				
	2- Improve the quality of the outcomes of scientific research and postgraduate studies.			Yes		
	3- Develop and direct the innovation system to enhance the knowledge economy.		Yes	Yes		
	4- Enhance the efficiency of resources and governance to achieve institutional distinction.		Yes			
	5- Strengthen the university's global position based on its status at the heart of the Arab and Islamic worlds and enhance its community role.				Yes	Yes
Program Mission	To provide the dental students with sound scientific understanding of technical principles for the clinical aspects of dentistry, underpinned by integrated knowledge and skills of the biological and clinical medical sciences. Graduates of this program develop a holistic view of patient's care, accept their professional responsibilities, consider Islamic beliefs and values as well as demonstrate an appropriate level of professional competence. Moreover, promoting scientific research in basic & clinical sciences and serving the community in accordance with the mission of Umm Al Qura University.	Yes	Yes	Yes	Yes	Yes
		Primary domains of the Institutional missions				

Level	Statement	Education	Develop knowledge economy	Research and innovation	Community service	Arabic and Islamic Values
Program Goals	1. To provide a high scientific environment enough to qualify dentists with high qualifications committed to the Islamic morals, national identity and medical proficiency and work with team spirit preserving the uniqueness of each member.	Yes				Yes
	2. To qualify and train a generation of aware doctors fitting all international standards of dentistry required to be eligible for the license for practitioners and acceptance in local or international postgraduate programs.	Yes		Yes		
	3. To qualify graduates to be responsible for elevating the quality of medical service in the region and continuous effort on self-development and constant self-education.	Yes	Yes		Yes	
	4. To qualify graduates committed to joining scientific research in different branches of dentistry and follow evidenced-based principles of dentistry.	Yes	Yes	Yes		
Program's Graduate Attributes (PGA)	1- Possession of a broad and integrated body of knowledge, theories and concepts and a complete understanding of the processes, materials, techniques, and knowledge related to the field of dental medicine specialization.	Yes			Yes	
	2- Application of knowledge and skills gained, and use of materials, devices, and technology in performing practical and clinical tasks as a general dentist in a variety of professional and real-life contexts.	Yes			Yes	
	3- Logical and creative thinking and application of critical thinking and problem-solving skills in innovative ways by applying the methods of survey, inquiry, biostatistical analysis, and evidence-based research when addressing complex cases and oral health related problems.	Yes	Yes	Yes	Yes	

	4- Using and adapting digital and information technology applications in a variety of contexts for processing quantitative and qualitative data by using appropriate tools and methods.	Yes	Yes	Yes		
	5- Effective communication and transfer of specialized knowledge, ideas and skills with all members of the academic and professional environment through the use of appropriate tools and methods.	Yes				Yes
	6- Adherence to religious morals and values in the framework of Islamic Culture and the Quran and displaying it in a professional context with patients and routine dealings by observing integrity and professional ethics in various aspects	Yes			Yes	Yes
	7- Acting independently, responsibly, actively, and cooperatively with peers, supervisors, dental assistants, and auxiliary staff in a team both as a leader and a member.	Yes				Yes
	8- Possession of the skills to search for information and to set priorities for learning and self-development which should enable students to take responsibility for their own learning, pursue postgraduate studies nationally and internationally, self-development and practice lifelong learning.		Yes	Yes		
	9- Active participation in community service and volunteering in Hajj and Umrah activities, using the acquired professional knowledge, skills and values in a manner that embodies the notion of citizenship and a sense of belonging.				Yes	Yes
PLOs	K.1. Describe head, neck, and body's normal structural, functional, and developmental features in addition to the background, risk factors, and prevalence of various oral and systemic diseases/disorders that influence patient management.	Yes				

	K.2. Discuss the basic information related to preventive, therapeutic, behavioral, research, and professional aspects of dentistry consistent with Islamic values.	Yes				Yes
	K.3. Explain evidence-based management of diseases/disorders related to the oral and maxillofacial field, including diagnosis, treatment, prognosis, and dealing with complications.	Yes		Yes		
	S.1. Perform and interpret different essential diagnostic methods utilized in the oral and maxillofacial field.	Yes			Yes	
	S.2. Correlate diagnostic findings, risk factors, and modifying conditions with patient's needs to design an appropriate evidence-based treatment plan.	Yes			Yes	
	S.3. Apply the designed preventive and therapeutic evidence-based treatment plans comprehensively in a professional manner.	Yes			Yes	
	S.4. Evaluate treatment outcomes along with managing local and systemic complications.	Yes			Yes	
	S.5. Utilize scientific research conduction and implement advanced methodologies and information technologies for professional development.	Yes		Yes		Yes
	V.1. Prioritize time effectively appreciating duties and responsibilities to meet the expected needs of their profession and personal life.	Yes			Yes	Yes
	V.2. Demonstrate proper communication, leadership, and teamwork skills with colleagues, supervisors, dental assistants, and dental technicians.	Yes				Yes
	V.3. Address ethical issues and patient's needs in dental practice reflecting honesty, integrity, and respect to others.	Yes				Yes
	1- The annual research day.	Yes	Yes	Yes	Yes	Yes

Programs' Extracurricular activities	2- Journal club activities.	Yes	Yes	Yes		Yes
	3- The hospital emergency clinics.	Yes	Yes	Yes	Yes	Yes
	4- The hospital screening clinics.	Yes	Yes	Yes	Yes	Yes
	5- The mobile dental clinic activities.	Yes	Yes	Yes	Yes	Yes
	6- The internship external hospitals rotation.	Yes	Yes		Yes	Yes
	7- Community service and volunteering events/ Students Club activities.	Yes	Yes	Yes	Yes	Yes
	8- Continuous education unit activities	Yes	Yes	Yes		Yes

\* *Table 1: The alignment between the programs' mission, goals, learning outcomes, and activities in relation to the primary domains of the institutional mission.*

### 3. Institutional Strategic Tracks (IST) Domains:

All Faculty of Dental Medicine operations are planned in accordance with the approved and announced institutional strategic tracks (IST). For further details, you can have a look at a sample of the previous operational and improvement plans ([Program plans](#)).

The announced IST within Umm Al Qura University Strategic Plan 2022-2027 are:

- IST-1. Learning and Education.
- IST-2. Postgraduate studies and scientific research.
- IST-3. Innovation and competitiveness.
- IST-4. Governance and efficiency of resources.
- IST-5. Community service.

#### 4. Program's Quality Assurance System:

##### 4.1. Relation to the program mission:

The quality assurance process of the program starts from its mission, as all other elements of the program are derived from and aligned with its mission as shown in *figure 1*. To read more about the program mission and its alignment with the institutional and colleges' missions, graduate attributes, and learning outcomes please visit the provided link: ([Alignment matrices booklet](#)).

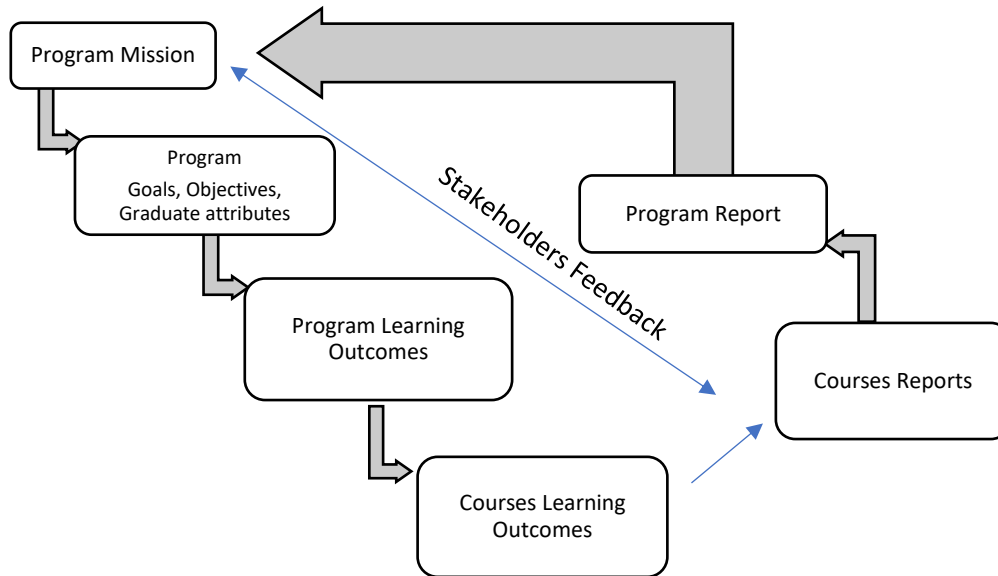


Figure 1: Quality Assurance of the academic process.

#### 4.2. Responsibility:

The Quality processes are clearly the responsibility of each member within the faculty. Consequently, each part of the organizational chart of the faculty (Vice Deanships, Academic departments, Divisions, Administrations, Offices, Units, Committees) is responsible of planning, implementing, monitoring, correcting, and improving their performance under direct supervision of the faculty leadership and faculty council (*figure 2- The faculty's organizational chart*).

Each entity within the chart has a role in the programs' quality processes as shown in later in this manual (*Table of Quality Assurance Practices Cycle of The Program* and its Compliance with the Institutional and NCAAA Regulations- Updated AY 2023-2024:). The faculty management is keen that each administrative task within the faculty is governed by an administrative decision that includes the expected tasks from the assigned person or persons. Also, a descriptive guide is issued and approved then revised every two academic years by the program management to illustrate the expected tasks from each administrative entity within the college, which ensures that the quality processes are properly planned, implemented, monitored, and improved. ([Tasks Description at Faculty of Dental Medicine](#))

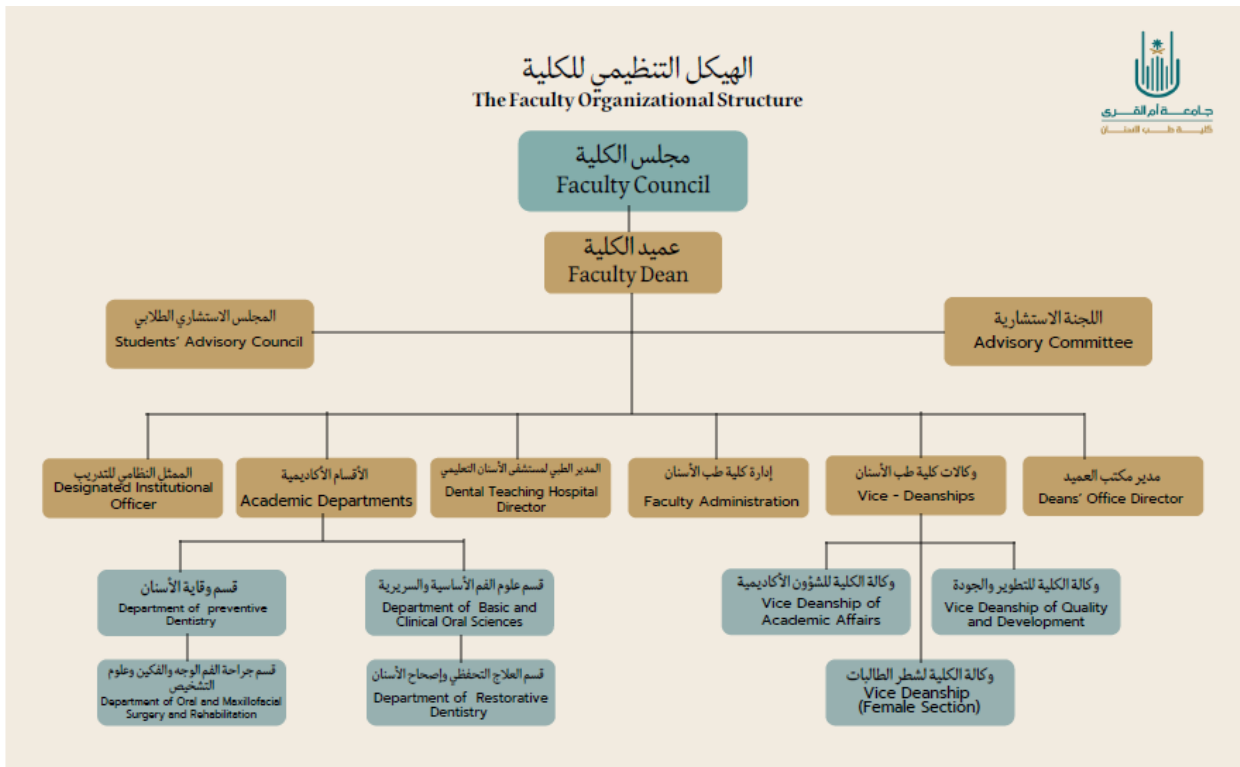


Figure 2: Faculty's organizational chart.

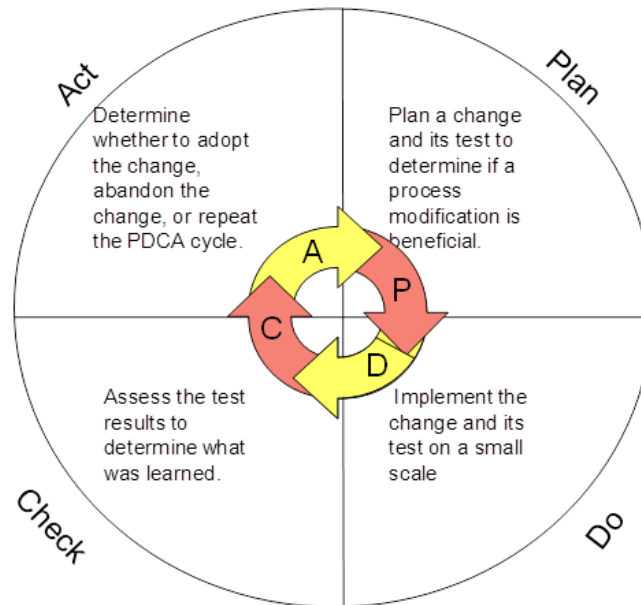


#### 4.3. Quality Office and Committees Roles:

Due to the huge number of committees, members, processes, and topics, it was necessary to establish the Quality and Accreditation Office (QAO) and the Comprehensive Quality Committee (CQC) within the college's structure to ensure the organizational and administrative governance of quality work within the program. Official letters and internal administrative decisions are issued to form the quality office annually by the dean in accordance with the rules, regulations, and legislations of the university, which ensures the organization of work progress, development, and sustainability.

The QAO is administratively affiliated to the Vice Deanship of Quality and Development (VDQD-UQUDeat), and it is concerned with drawing the quality frames, principles, processes workflow, and guidelines following the approved quality standards of the institution. Also, it is responsible for planning to meet the standards of academic accreditations, in accordance with the organization, administrative hierarchy, and the regulations of the faculty and university.

The QAO itself and all different entities that are involved in the programs' quality processes within the faculty are administratively linked to the Comprehensive Quality Committee (CQC), which will be discussed later. However, in general, this committee ensures active involvement of each part of the program in the quality processes under one umbrella, by including a representative from each administrative entity and stakeholders within the faculty. Which facilitates an integrated and cohesive quality network within the whole organizational fabric of the faculty and the program, assures the effectiveness of quality processes, secures homogenous data generation and smooth data collection, and helps in developing the programs' improvement plans in consistence with the strategies of the institution and the faculty and following the standards of ETEC-NCAAA. This committee is also concerned with internal planning, quality assurance, control, and management by overviewing all inputs, processes and outputs of the program then evaluating and developing them and correcting their deviations with the help of the continuous feedback from beneficiaries/stakeholders of the program and other entities within the college according to the principles of planning, Implementation, verification, improvement, and review (PDCA Cycle- *figure 3*).



From Integrated Enterprise Excellence, Volume III—Improvement Project Execution: A Management and Black Belt Guide for Going Beyond Lean Six Sigma and the Balanced Scorecard, Forrest W. Breyfogle III Citius Publishing, copyright 2008, Figure 36.1.

Figure 3: PDCA Cycle (Adapted from Forrest W. Breyfogle iii, 2008)

#### 4.4. Institutions' Role:

The Deanship of Quality and Development at the Institution (DQD-UQU) is monitoring the whole quality processes within the program. This assurance process is done through an institutional system that was developed by the DQD-UQU <https://uqu.edu.sa/quality/App/FILES/147079> (Institutional instructions to upload files following the Quality assurance plan). This system is announced at the beginning of each academic year, elaborating the institutional quality assurance plan and the due dates of each cycle (usually three cycles). Also, it illustrates the required quality documents and how to prepare and when to submit them ([Institutional Quality Assurance Plan](#)). By following this plan, and the internal policies, the CQC can internally follow up the quality standards application within the program. Finally, the DQD at UQU annually provides each faculty with a feedback report that reflects the commitment of the faculty to the quality assurance plan with improvement remarks.

5. Quality Assurance flow chart within the faculty:

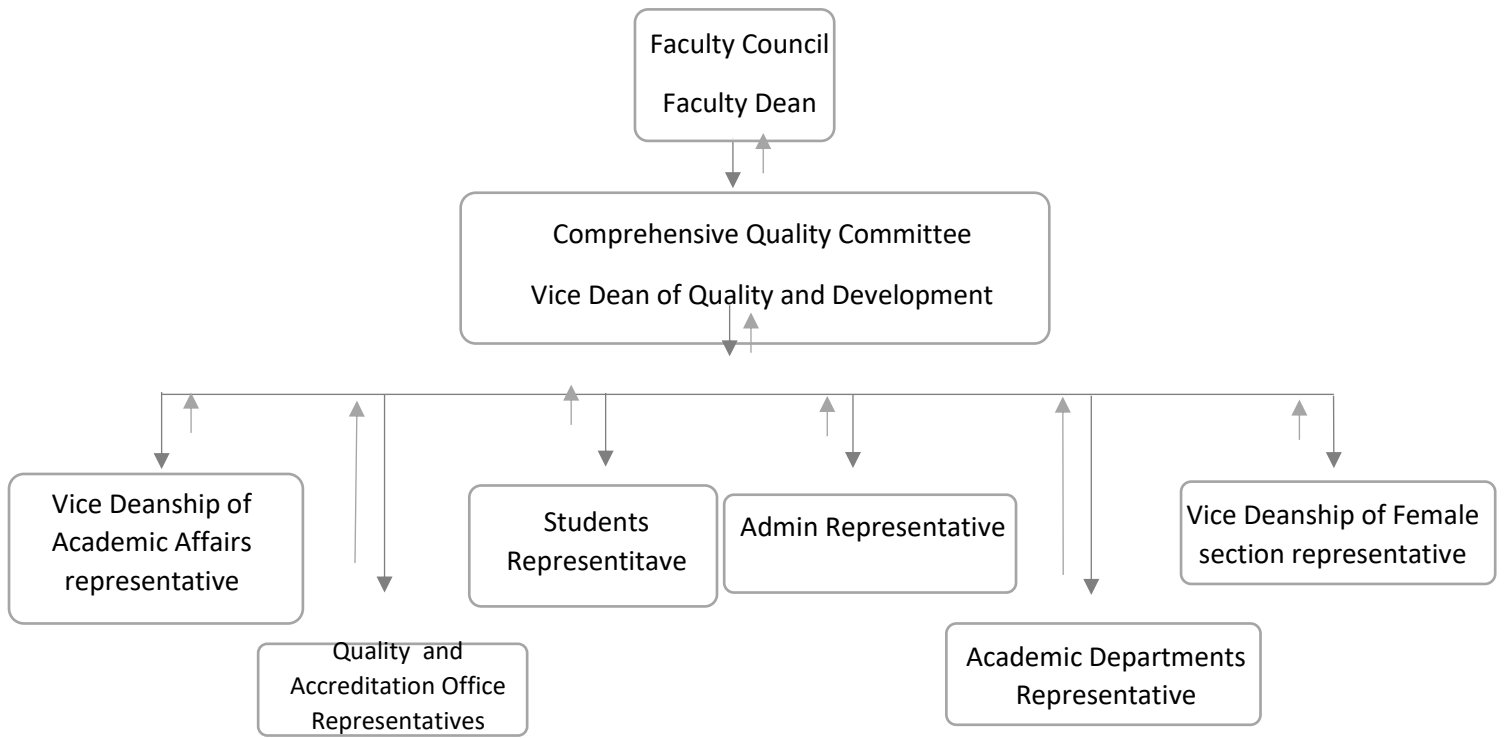


Figure 4: Quality Assurance flow chart within the faculty.

## 6. Tasks of the involved Entities in Quality Assurance Process:

### 6.1. Comprehensive Quality Committee (CQC):

This committee is formed annually and chaired by the Dean or the Vice Dean of Quality and Development. The committee is administratively linked to the Dean and Faculty Council and consists of experienced members in the field of quality, representatives from Quality and Academic affairs, representatives from each academic department, representatives of male and female students, and representative from the faculty administrators (as shown in figure 4). Also, this committee is authorized to invite any representative within the faculty to attend its meetings as most of quality practices of the program are monitored by this committee. However, in case a topic is discussed in this committee without proper representation, then the recommendations and minutes are submitted to the dean of the faculty to refer them to the competent councils, committees, or the respective authority. Also, the committee head has the authority to contact and follow up the Quality related topics within the college, committee head has also the authority to invite whoever representative to the meetings depending on the topics. The formation of this committee is issued and approved by the dean of the faculty and its minutes are submitted to the dean within 2 weeks of a meeting. Usually, this committee meets at least 3 times per academic year, and the topics are discussed with the responsible representative and the tasks are officially handed to the responsible entity after meeting minutes approval by the dean. In case an urgent document or report is required, a task force within the committee is formed to handle the urgent topic and their report is discussed in an upcoming official meeting.

- Tasks of the CQC:
  - Drawing up the general quality policies in collaboration with the respective authority to ensure their application in the faculty and supporting their implementation and improve its effectiveness.
  - Suggesting programs to motivate and reward teams and individuals who excel in the implementation of quality in the faculty.
  - Preparing the annual report of the program.
  - Contacting external authorities for benchmarking reports.
  - Consolidating the concept of quality and spreading its culture at the faculty level.
  - Monitoring the faculty's/ Program's improvement plans and prepare its report with improvement recommendations to close the quality loops.
  - Collecting and monitoring quality assurance documents from each entity within the faculty.
  - Preparing the quality documents that need collaboration with other entities.

- Encouraging faculty members to participate in attending the courses, training programs and workshops offered to them by the Institutional Deanship of Quality and Development, as well as other bodies inside and outside the university following the institutional regulations.
- Discussing and handling what is referred to and assigned to it by the Dean in relation to the Quality of the program.

#### 6.2. Quality and Accreditation Office:

- Monitoring and supporting the implementation of quality standards in the faculty's programs through its units and team.
- In case the faculty is planning to obtain an accreditation, independent committees are formed to achieve the accreditation criteria and perform the necessary evaluation.
- The work of the office may call the need for forming new committees to support the different units within the faculty, so the proposals for formation are submitted by the office supervisor to the Vice dean of Development and Quality who requests the Deans' approval for the formation of a new committee if the new committee is needed.
- Supervising the Quality assurance, development, management, and control process in the program. Moreover, monitoring the program performance indicators through the various units (or committees) in the office.
- Handling what is referred to the Office by the Vice Dean of Quality and Development and related to the Quality of the program.

#### Quality and Accreditation Office Units:

##### 6.2.1. Courses Review Unit (CRU):

For more details about the procedures and the forms that are used by the CRU, please refer to the CRU plan and guide ([CRU Guide](#)). In the following, the Tasks of this unit are briefly described:

- Ensuring that all course reports and specifications are properly done according to NCAAA standards by reviewing the work of the course coordinators hand in hand with the curriculum committees in the academic departments utilizing the approved forms and tools.
- Monitoring the consistency of the ILO Matrix in the courses and the program.
- Preparing the courses file (Courses Portfolio) in coordination with the course coordinators following the institutional guidelines.
- Revising the recommendations for the development of the courses prior to its discussion in the department councils.

- Training the course coordinators to prepare course specifications and reports and provide them with the required guidance to properly use the forms and tools.
- Submitting proposals to form any required committees as needed.
- Submitting the unit's reports periodically to the QAO supervisor and the vice dean of development and quality for discussion in the Comprehensive Quality Committee.

#### 6.2.2. Survey's Unit:

For more details about the procedures and the forms that are used by the Survey Unit, please refer to the Surveys unit guide ([Surveys unit Guide](#)). In the following, the Tasks of this unit are briefly described:

Tasks:

- Developing statistical survey forms (in case they are not available by the Institution)
- Analyzing and Following-up all the surveys and preparing the stakeholders' surveys report.
- Collecting and calculating the Annual report statistics.
- Collecting performance indicators statistics and preparing a KPIs report.
- Submitting proposals to form committees as needed.
- Submitting the unit's reports for discussion in the Comprehensive Quality Committee.

#### 6.2.3. Policies, Procedures, Forms and Guidelines Unit:

For more details about the procedures and the forms that are used by the Policies, procedures, forms and guidelines Unit, please refer to the units' guide ([Policies and Procedures Unit Guide](#)). In the following, the Tasks of this unit are briefly described:

Tasks:

- Updating the faculty's policies and procedures and providing guidance for other units that require developing a new policy.
- Issuing a reference number for each form.
- Archiving the forms, guidelines, and documents of the vice deanship of quality and development (Electronically) and making them available to who needs them.
- Providing the faculty with institutional guidelines and regulations.
- Submitting proposals to form committees as needed.
- Raising to the Comprehensive Quality Committee in the absence of a policy to discuss its making.
- Making uniform and standardized templates to be used (if they are not available).

#### 6.2.4. Program Annual Report Unit:

For more details about the procedures and the forms that are used by the Annual report Unit, please refer to the units' guide ([Annual Report Unit](#)). In the following, the Tasks of this unit are briefly described.

Tasks:

- Make a list of annual reports requirements and distribute the work according to a time plan.
- Following up and monitoring program specification and report according to quality requirements of (NCAAA) in coordination with the Academic Follow-up Unit of the Vice Deanship of Academic Affairs and the faculty curriculum committee.
- Submitting proposals to form committees as needed.
- Submitting the unit's reports to the Vice Deanship of Quality and Development for discussion in the Comprehensive Quality Committee.

#### 6.2.5. Learning Outcomes and Performance Indicators Committee:

Depending on the workload of the CQC, this committee is replaced by a taskforce of members from the CQC to implement the tasks of this committee. Otherwise, it is formed annually to calculate the learning outcomes, program performance indicators of the annual reports. The formation decision of the committee is issued by the Dean and the committee is administratively affiliated to the Vice Deanship of Quality and Development. For more information about the Program learning outcomes and performance indicators please refer to section 7, you can also have a look on the link ([Program Learning Outcomes and KPIs](#)).

• Tasks:

- Reviewing and evaluating the learning outcomes of the program.
- Collecting and analyzing performance indicators related to the academic program.
- Develop plans to improve the program's activities based on the results of its indicators, outputs, and beneficiary surveys.
- Develop a plan to measure learning outcomes and issue its report.
- Preparing benchmarking comparisons with the corresponding programs.

### 6.3. Curriculum Committees in The Academic Departments:

It is formed annually by the academic departments operating the program then approved by the Dean. Each committee is affiliated to the corresponding Department Council.

•Tasks:

- Follow-up and review of the academic programs and study plans in the department to ensure that they meet the requirements of the university, keep pace with scientific development and the requirements of the labor market, and comply with the requirements of quality, standards, and standards for academic standards.
- Suggesting the development or creation of the department's academic programs based on a comprehensive analytical study that explains the justifications for development or creation and the necessary reference comparisons.
- Carrying out the process of developing or creating academic programs in accordance with the applicable regulations.
- Preparation of the proposal of the academic new program or the modified one (Introduction that explains the vision and mission of the program, benchmarking comparisons, its objectives and expected learning outcomes, program description, course description, field experience description according to the latest models in the National Center and the Academic Resource and Academic Requirement in the Evaluation Program).
- Presenting the proposal to the department council to study it and issue the appropriate recommendation regarding it.
- Make the modifications required by the department council - if any - if they do not conflict with the standards and controls of the National Qualifications Framework.
- Making the required modifications to the program - if any - based on the comments of the external arbitrators, after the arbitration of the program.
- Make the required adjustments to the program - if any - based on the observations of the permanent higher committee for curricula and study plans.
- Submitting the proposal, after completing all the comments, to the department council for approval, and completing the regular procedures.



#### 6.4. Faculty's Curriculum Committee:

##### Tasks:

- Providing scientific advice and studied proposals to the Faculty Council in everything related to the development and evaluation of curricula in the faculty.
- Reviewing the study plans received from the scientific departments of the faculty and ensuring that they meet all the required elements and standards and taking the necessary recommendations in this regard.
- Preparing reports on study programs and plans in the faculty departments and submitting them to the Dean for approval by the Faculty Council.
- Proposing new study programs and plans in accordance with the requirements of national development and the needs of the labor market.
- Coordination with the curriculum committees in the faculty departments and the Curriculum and Study Plans Unit at the University Vice Presidency for Educational Affairs to approve the study programs and plans.

#### 6.5. Committees of scientific research at the level of the Faculty and Scientific Departments:

##### Tasks:

- Developing a research plan in line with the institutional research plan that illustrates the research priorities and the central points of scientific research within the program in coordination with the specialized committees of the scientific departments.
- Coordination of communication with the relevant sectors to set up a mechanism that organizes joint research according to the applicable regulations.
- Follow up the scientific output of the staff and students through measurable KPIs and prepare the necessary reports.
- Follow up research projects funded by research institutes and centers.
- Setting improvement plans according to the performance.

#### 6.6. Committees of community service at the level of the Faculty and Scientific Departments:

Tasks:

- Develop a plan for the community service activities and events that the program intends to carry out.
- Preparing a complete file of the department's community service activities in the previous academic years.
- Inventory of the participation rate of faculty members, and students in community service activities.
- Reaching community partnerships.
- Measuring the extent of society's satisfaction with the community services provided by the program in coordination with the relevant authorities.
- Setting improvement plans according to the performance.

#### 6.7. Program Advisory Committee: \*

The formation of this committee is proposed by the VDQD, and it is submitted to the Dean to be discussed in the Faculty Council, then submitted to the concerned authorities for approval according to the advisory committee's guide at Umm Al-Qura University.

*\*Formation of this committee became optional by the NCAAA standards (2023).*

Tasks:

- Formulating, discussing, and submitting new ideas for presentation to the faculty council or academic departments to discuss ways and possibility of implementation.
- Discussing the difficulties and problems that may face the functioning of the faculty or the academic departments in general, put them up for discussion, and assist the faculty or departments in solving them.
- Discussing the topics and projects entrusted by the faculty or departments to the advisory committee and seeking to develop a plan and a mechanism for its implementation.
- Assisting in providing an independent evaluation of the outputs of the faculty or the educational program of the faculty based on the opinion of the relevant graduates from the public and private sectors.
- Representing the local community in expressing its opinion on the admission policy for new students in the faculty and the academic program in line with the geographical distribution of the Kingdom and the actual needs of the community.

- Work as a direct link between the faculty or the program and the state leaders and decision-makers through direct relationships, wherever available, to convey a realistic picture about the faculty or the academic program and their human capabilities and the actual needs for development.
- Examining the educational and training programs that developed in the faculty and assisting to familiarize the community with those programs. Which enhances the extent of their impact on the community and builds the confidence between the beneficiaries and the programs.
- Contributing positively to overcoming any obstacles in the implementation of the faculty's plans in field training.
- Helping in evaluating the results of the agreements concluded between the college or academic programs on the one hand and the various societal institutions on the other hand and overcoming systemic and administrative obstacles as possible through direct personal relationships to achieve educational and research goals and the field of community service.

#### 6.8. The Various Committees and Units of The Vice Deanship of Academic Affairs, detailed as follows:

##### 6.8.1. The Academic Office:

###### •Quality tasks that are assigned to it:

- The Academic office performs continuous monitoring on the application of theoretical and laboratory activities according to the supplied academic schedule and informs the respective head of department in case of any discrepancy. The respective head of department contacted the head of division to clarify the reasons of this discrepancy and to establish the compensating actions.
- For the clinical part of the schedule, the medical services office supervisor reports to the medical director any discrepancy who immediately reports to the respective head of department and the academic office.
- Head of divisions follow up the execution of the academic schedule through several ways e.g. the revision of students' attendance sheets signed by the instructor, contacting the batches leaders, contacting the supervisors and then report the status to the academic office and the head of department.
- Coordination between the QAO and the Student Affairs Committee to prepare the content of the orientation week and follow up students' feedback.

- Coordination between the QAO and the Academic Mentoring Committee to implement its plans within quality standards and follow up its reports.
- Coordination between the QAO (the Course Review Unit and the Annual Reports Unit) and the Academic Follow-up Unit regarding course reports and specifications, program report and specifications to ensure a proper way of preparation and implementation.
- Coordination between the QAO and the Educational Laboratories Committee to implement and ensure quality practice related to laboratories.
- Coordination between the QAO and the Academic Follow-up Committee and the Learning Resources Unit regarding quality work related to learning resources.
- Coordination between the QAO (the Policies, Procedures, Manuals and Forms Unit) and the Student Affairs Committee to prepare the manuals for students and collect the bylaws and regulations.
- Coordination between the QAO and the Development Office (the Continuing Education and Training Unit, the Graduates Unit), the Intern Unit and the Professional Supervision and Academic Mentoring Committee for the implementation of work based on data and indicators related to the work of the Professional Supervision and Academic Mentoring Committee.

#### 6.8.2. Exams assessment Committee at the Vice deanship of academic affairs:

##### •Quality tasks that are assigned to it:

- Coordination between the QAO and the Exams Assessment Unit to ensure a proper application of quality standards related to any exam at the faculty.
- Approvals of the prepared exams following the Institutional Quality regulations.
- Development of Examination related policies in relation to the approved standards and assuring its implementation and continuous improvement.

## 7. Faculty of Dental Medicine Internal Policies:

The Faculty of Dental Medicine is a college within the institution (Umm Al-Qura University), which is monitored by the Universities Affairs Council and Ministry of Education in Saudi Arabia. The Faculty of Dental Medicine is committed to apply all applicable guidelines of the Institution, Universities Affairs Council, Ministry of Education in Saudi Arabia. However, the Faculty Council and Departments' Councils have the authority to develop their internal governance system in line with the previously mentioned general applicable guidelines. For further information regarding the general guidelines which govern the Faculty of Dental Medicine, please visit the link (General University Guidelines, [004- Students and staff manuals](#)).

The internal policies of the Faculty of Dental Medicine can be divided into Two main categories:

- 7.1. Administrative policies.
- 7.2. Academic policies.

### 7.1.1. Policy of Planning, Reporting, Authentication, and Archiving of the Documentations of the different units and committees within the faculty- Updated AY 2023-2024:

This policy is made to regulate the planning, reporting, authentication, and archiving the administrative work of any entity at the faculty of dental medicine that has a lower order in the organizational chart (Not following the Councils and Committees Management System- CCMS or has no access to the administrative communications official system- MASAR). Committees that are following one of the previously mentioned systems should not follow the archiving and authentication parts of this policy as their work is automatically archived within the system and reported directly to the higher authorities for authentication. However, they should use the approved templates for plans preparation, reports preparation, and retrieve the authentication numbers from the system to include them in their reports and plans.

- The policy of governing and archiving the administrative work of the lower order committees, units, offices, and each entity at the faculty of dental medicine is based on the presence of an official email for each entity within the colleges' organizational structure, which is linked to the digital institutional cloud via the official email account of the authority.
- Each entity (e.g. Department, Vice Deanship) is responsible of developing folders on their digital cloud, resembling the approved colleges' organizational structure of the administrative entity, then provide the assigned person with the folder link of the Office, Unit, or Committee following the internal administrative decisions and according to the colleges' structure. The chairman of the entity should have direct access to the folder and the folders should be shared via the member's official institutional email.
- The responsible supervisor, following the administrative decisions (e.g. Unit supervisor, Division supervisor, Committee Head, etc.) should develop other subfolders within the main folder to categorize the documents and archive them properly to govern a smooth access for reading, approval, and authentication by the chair of the entity (e.g. Vice Dean, Head of Department, Medical Director, etc.). The recommended sub folders for example: The plan, Meetings minutes, Reports, Forms, and Procedures. However, each responsible supervisor is allowed to create subfolders that properly represent their work following the nature of their administrative scope.
- In the case there is a separate email or a separate electronic cloud for each unit or office, the reliance for collecting, reporting, and archiving the documents will be on the shared folder within the higher organizational order according to the organizational structure, and not on the email of the unit or office.
- The responsible supervisor of each Office, Unit, and Committee should use the approved forms and templates for preparing the workplan, procedural guides, reports, improvement plans and meeting minutes. Each template contains elaborative instructions that help to fill in the template and it should be followed.

- In case of developing a new form, the responsible supervisors should contact their chairperson for approval.
- Documents are uploaded by office, unit, or committee supervisors to the specific folder on a regular basis, and the work is followed up periodically during the official meetings in a timeframe that is determined by the chairperson and “at most” per term to ensure that the work is completed on time. Annual reports should be submitted by the same mechanism before the end of the academic year.
- Whenever any work is completed, the responsible supervisor should notify the chairperson via email to access the cloud for approval, authentication or contacting other (higher order) entity following the recommendations, unless there is a clear violation for the applicable regulations of the institution.
- All chairpersons within the faculty have access to the administrative MASAR system, so they can proceed with issuing an official transaction for the other entities within the college when it’s necessary and applicable.
- Regarding approvals, please note that this policy is applicable only for internal administrative work when there is no access to the MASAR system (whenever the chairperson is not within the same department). Otherwise, all staff members have access to the MASAR system to issue official transactions to their head of departments.
- This policy is fully applicable to all committees who are not registered in the CCMS.

### 7.1.2. Policy of Meeting minutes writing and strategic topics tracking- Updated AY 2023-2024:

This policy is made to regulate the administrative work of minutes writing of any internal entity at the faculty of dental medicine that has a lower order in the organizational chart (Not following the Councils and Committees Management System- CCMS or has no access to the administrative communications official system- MASAR). Committees that are not following one of the previously mentioned systems should use the approved templates for minutes preparation, then reporting and archiving them following the updated reporting and archiving policy. The approved templates can be found here ([Internal Meeting Minutes templates](#)).

Meeting minutes should be including the following:

- A table of topics should be placed on each page.
- The position of the administrative faculty member is written ahead of the academic position.
- In the event that there is a topic from the strategic tracks of the faculty, this topic shall be determined in the meeting box within the approved form and reported by the head of the committee to the vice dean of quality and development to be tracked.
- Each topic should be discussed thoroughly with clear justifications, who raised the topic, from where the topic is referred, references, actions taken within the appropriate time frame. Then clear recommendations should be written including to whom the topic is referred and what should be done with clear responsibilities.
- The table of attachments should be filled, and the links should be copied from the committee drive within the official cloud following the archiving policy.
- Page numbering should include the page number out of the number of pages of the document (very important).
- All committee members should sign the document. In case of absence, it should be clarified within the minute's introduction. It is recommended to send the minutes to the absentees to sign with a written statement (Seen).
- The chairman of the committee shall sign on each page and the Head of Department should sign on the last page or use the transaction message number in the Masar system instead (if applicable).
- The minute shall be sent by the Chairman of the Committee to the Direct supervisor (Department head/ dean/ vice dean/ medical director) for approval via the appropriate approval way following the reporting policy.
- The minutes should be archived following the archiving policy.



### 7.1.3. Policy of Quality Assurance System- Updated AY 2023-2024:

- All administrative entities of UQUDent are committed to submit their Quality Assurance documentations (including their plans, meeting minutes, reports, forms, etc.) to the Comprehensive Quality Committee (CQC) at the faculty following the announced Institutional Quality Assurance Plan, which is announced at the beginning of each academic year.
- The required documents are submitted to the CQC by each entity head or representative within the committee through the official institutional channels.
- The head of CQC is responsible for submitting the documents to the Institutional Deanship of Quality and Development (IDQD) following the institutional instructions.
- The CQC should hold a meeting to discuss and determine the status of the required evidence at least two weeks prior to the deadline of the submission cycle following the institutional plan, then the meeting minute including the committee comments will be sent to the respective entities' head after the dean's authentication.
- The CQC should hold a meeting to discuss, follow up, and determine the status of the submission process to the IDQD after the deadline of the submission cycle following the institutional plan. In case of any discrepancy, the responsible authority should be informed by the dean.
- In case of documents that are not required or mentioned by the IDQD within the institutional quality assurance plan, it is the responsibility of each internal entity head to follow up the work of the entity internally and keeps its records following the archiving policy. The period and the method of the follow up may vary depending on the nature of tasks and planned actions, however, it should be stated in the task's description form of each entity and preferably not exceeding an academic semester.
- In case of any required internal quality documentations or evidence are needed by the CQC and they are not stated within the Institutional Quality Assurance Plan, a letter by the CQC head or the Vice dean of quality and development including the justification for requesting the evidence will be sent to the head of the respective authority with a copy to the dean.

#### 7.1.4. Policies of Staff Recruitment, Orientation, Retaining and Performance

##### Assessment and development In the Program- Updated AY 2022-2023:

To ensure the optimum level of quality process implementation in the program, a proper policy for selection of staff members and retaining the distinctive ones is considered as an important tool to achieve a successful implementation of quality processes in the program. Therefore, the faculty applies the following procedures to secure this part.

##### Recruitment of highly qualified staff members:

- This is accomplished through assigned committees to examine and interview the applicants and ensure their fulfillment to the recruitment requirements following the University bylaws.

##### Preparing highly qualified staff:

- This is done through appointing distinctive demonstrators after interviewing and examining them according to standardized criteria. Then, investing in them by giving them the opportunity to pursue their postgraduate studies in the different well-known international institutions in the field following the University bylaws.

##### Orientation sessions:

- **Department Level:** When a staff is appointed or get back from a scholarship, the respective head of division or department holds a meeting with the newcomer and provide him/her with the faculty staff handbook, where the necessary information about the program is available. Also, the needed guidance will be provided, including addressing the newcomer's inquiries.
- **Faculty Level:** Orientation session/s is given to the staff members depending on their needs. This event is organized internally by the continuous education and training unit which is based on staff performance analysis and staff surveys analysis. So, a tailored program for all staff (existing and newly comers) is made including both the areas of orientation and development. Moreover, the Dean arranges a meeting with the newcomers to introduce the faculty plans and projects at the beginning of each academic year.
- **Institutional Level:** The institution is organizing a regular orientation program or announcing series of lectures for new staff members and the heads of academic departments request from their newcomers to participate in the program. Moreover, different supportive Deanships at the institutional level such as (Libraries affairs deanship, E-learning deanship, Scientific research deanship, etc.) are holding various orientation and training sessions throughout the academic year. The announcement of these sessions is

usually received via the institutional email and “Masar” system and the staff member can attend and receive a certificate of attendance.

#### Retaining distinguished staff members:

The program management applies several procedures to retain the distinguished staff members as follows:

##### Emanant staff spending more than ten working years or reached the age of sixty:

- The department council justify and recommend their retention.
- The faculty council approves the department’s recommendations.
- The rector assesses the request and approve the retention according to the university bylaws.

##### Emanant staff requesting termination of the contract:

- Private meeting with the concerned staff member is held by the relevant head of department and division to discuss the reasons of the request.
- The dean makes a private meeting with the concerned faculty member to discuss the reasons for the request and ensure that this request is based on personal reasons, and if it was due to an issue in the program the corrective action is taken.
- If a staff show strong justifications for his/her status, the request is accepted by the head of the department and transferred to the respective institutional authority for processing following the institutional bylaws.

#### Staff Performance Assessment:

- The performance of a staff member is assessed by the head of the respective department based on three main elements which are: the **academic performance**, the **institution and community services**, and the **scientific research output**.
- Each one of these three main elements has sub criteria, as illustrated in table 4.3 (A,B and C- Page 7-10) [003 Final- Approved-Procedural Guide for Staff Performance Evaluation, Faculty of Dental Medicine, 2022-2023.pdf](#).
- The academic and administrative activity is documented in the staff posting form at the beginning of each academic year (or semester) and submitted to the department head for approval. The academic performance is monitored by the academic office and the department head is informed in case of any discrepancy. While the administrative work is monitored by the plans, meetings minutes, achievements, and reports.
- The research output and community service activity of a staff is collected and recorded periodically in collaboration with the respective committees in the department.

- At the end of the academic year the performance analysis process is implemented after evidence collection as mentioned in the institutional staff development guide. [UQU Staff Performance Improvement Manual- 1st Version- AY 2022-2023.pdf](#)

Staff Development:

- UQUDent management is committed to improving and developing its staff capabilities after analyzing their performance by the specific committees within the departments as previously mentioned in the staff performance assessment and surveys analysis. The reports are provided by the Academic Departments to the Continuous Education Unit (CEU) at the Faculty of Dental Medicine through the Vice Deanship of Quality and Development to finalize and tailor a staff development plan, taking into consideration the program that is planned also by the Institutional Deanship of Quality and Development and starts its implementation throughout the academic year. After finishing the staff development plan, the CEU issues its final report including its recommendations and areas for improvement. The final report is sent to the CQC to include the remarks within the final annual program report and program improvement plans.
- In summary, UQUDent staff members are (at least) subjected to three levels of development simultaneously, one is by CEU at the faculty level after needs analysis, the other one is on the Institutional level by the institutional training program, and the third one is mandated by the Saudi Commission For Health Specialities as each licenced staff member is required to achieve a certain amount of CME hours (60 CME) in the dental field for each 2 years period of time.

### 7.1.5. Policies of Students Admission, Support and Grievance- Updated AY 2022-2023:

#### Admission:

- The University provides an electronic admission gate that includes policies and procedures for admission.
- The application process takes place through the University's website, the Deanship of Admission and Registration, the electronic admission gate.
- The Students Guide, available online on the University website, includes the necessary admission information.
- There is an equal opportunity for both males and females for admission, as all students are subjected to the same admission committee and exact requirements.
- New students are admitted to the preparatory year of the medical Faculties at the University of Umm Al Qura according to the rules of the program organization approved by the University Council.
- The acceptance of new students at the University requires the following:
  - 1- Must be a Saudi citizen or born to a Saudi mother.
  - 2- Must obtain a high school certificate or equivalent from inside or outside the Kingdom.
  - 3- The date of admission to the University should not exceed two years from obtaining the high school certificate or its equivalent. The University Council may exempt this requirement if there are reasonable causes.
  - 4- Must be of good behavior.
  - 5- Successfully pass any exam or personal interview required by the University Council.
  - 6- Should have the required physical, mental, and psychological fitness suitable for the desired program.
  - 7- Must fulfill any other requirements determined by the University Council.
  - 8- Should be a full-time student and not work in any government or private organizations.
  - 9- Must not be dismissed from this University or any other university due to academic or ethical misconduct.
- Executive Rules:
  - 1- The annual system for the admission of the new student requires that the duration since obtaining the high school certificate or its equivalent should not exceed two years. The College Council may exempt this requirement if there are reasonable causes.
  - 2- The Deanship of Admission and Registration select students who fulfilled all requirements and based on the scores of a high school certificate or its equivalent, personal interview and admission exams and inform the students with the results after approval of the university rector.

- 3- The Unified Academic Office performs implementation of the admission process for medical colleges in an integrated manner after direct coordination with correspondent Deans. They also prepare reports and lists of all applicants including those who were selected for the admission exam, interview and record the absentees, excluded, and accepted students. All these processes are in coordination with both Registration and Admission Deanship and the Assessment and Evaluation Commission of the Ministry of Education.
- 4- Acceptance exams and personal interviews for admission of students are held only once at the end of the academic year at a specified time by the councils of medical colleges and in coordination with the Unified Academic Office and the Deanship of Admission and Registration.
- 5- Councils of medical colleges determine common or individual standards to accept the submission of students' files to medical colleges. The students should have an overall score 90% or more in high school and a score of 90% or more in sciences (Chemistry, Physics, and Biology) and English. The final acceptance of students in medical colleges is based on the percentages shown in the following table:

Test	Equivalent Percentage
Secondary School	40 %
Capabilities test	30 %
Achievements test	20 %
Personal Interview*	10 % (optional)

*\*Table 2: Percentages of each component to determine the final scores for acceptance.*

- 6- The Unified Academic Office prepares the induction program for the new students in coordination with the medical colleges and the related sectors in the University.

### 7.1.6. Program Key Performance Indicators and Benchmarks Policy- Updated AY 2023-2024:

- Performance indicators are important tools for assessing the quality of Academic Programs and monitoring their performance. They contribute to continuous development processes and decision-making support. The National Center for Academic Accreditation and Assessment (NCAAA) has identified 11 key performance indicators (KPI's) at the bachelors' program level.
- The program management has also determined some additional KPIs, which represent other areas of program performance.
- All these KPIs related plans are monitored throughout the academic year by the respective entity.
- The benchmarking comparisons and analysis are done internally by considering the analysis of the programs' previous year's performance. While external benchmarking process is done by officially requesting the KPIs from another similar program on an annual basis.
- After completion of program analysis process, the recommended improvement plans are within the KPIs and Benchmarking Report, are incorporated within the Program Annual Report which are issued by CQC and reported to the dean to be discussed in a faculty council for final approval.
- Discussion and approval by the Faculty Council ensure that the program performance is monitored, and the corrective and improvement actions are feasible and applicable by each entity within the faculty structure, which assures that the quality loops are closed by the upcoming cycle.
- External Benchmark Selection Criteria:
  - 1- A parallel national program, which provides the graduates with the same qualification, work opportunities in the labor market, and shares similar mission and goals (bachelor's degree of dental medicine and surgery).
  - 2- The program is following the standards of the NCAAA.
  - 3- The program accreditation status follows NCAAA (Accredited by NCAAA).
  - 4- Availability of accurate KPI's data.
  - 5- Variability of the regional areas within the kingdom of Saudi Arabia.
  - 6- Responsiveness to UQU-DENT request.
- The required KPIs by NCAAA are summarized in the table as follows:

Standard	KPIs Code	KPIs	Targeted Level	Measurement Methods	Measurement Time	Source
2. Teaching and learning	KPI-P-01	Students' evaluation of quality of learning experience in the program	4.3	Average of the overall rating of final year students of the quality of learning experience in the program, satisfaction with the various services offered by the program (restaurants, transport, sports facilities, academic, vocational, psychological guidance...),	End of each semester	Survey 26 30 63



Standard	KPIs Code	KPIs	Targeted Level	Measurement Methods		Measurement Time	Source	
				student satisfaction with the adequacy and diversity of learning sources (references, periodicals, information databases... etc.) on a five-point scale in an annual survey				
	KPI-P-02	Students' evaluation of the quality of the courses	4.3	Average rating of students on a five-point scale on overall evaluation of courses		End of each semester	Survey 24	
	KPI-P-03	Completion rate	85%	The proportion of undergraduate students who completed the program in minimum time in each cohort		At the end of every academic year	Academic Database	
	KPI-P-04	First-year students retention rate	85%	Percentage of first-year undergraduate students who continue at the program the next year to the total number of first year students in the same year		At the end of every academic year	Academic Database	
	KPI-P-05	Students' performance in the professional and/or national examinations	95%	Percentage of students or graduates who were successful in the professional and/or national examinations, or their score average and median (if any)		At the end of every internship course year	Saudi committee for health specialty dashboard	
	KPI-P-06	Graduates' employability and enrolment in postgraduate programs	KPI-P-06-1: Employed	30%	Percentage of graduates from the program who within a year of graduation were a. employed within 12 months, b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year		At the end of every academic year	Graduate surveys
			KPI-P-06-2: Enrolled in postgraduate programs	10%				
KPI-P-07	Employers' evaluation of the program graduate's proficiency	4.5	Average of the overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey.		At the end of every academic year	Stakeholders' survey		
4. Teaching Staff (Faculty)	KPI-P-08	Ratio of students to teaching staff	< 4:1	Ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program		At the end of every academic year	Academic database	
	KPI-P-09	Percentage of publications of faculty members	70%	Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program		At the end of every academic year	Research office surveys	
	KPI-P-10	Rate of published research per faculty member	2	The average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)		At the end of every academic year	Research office surveys	
	KPI-P-11	Citations rate in refereed journals per faculty member	30	The average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published)		At the end of every academic year	Research office surveys	

\*Table 3: The NCAAA required KPIs.



\*Please note that the targeted level is changeable following the performance and the priority for improvement.

- The additional KPIs that are measured by the program management are summarized in the following table:

Standard	KPIs Code	KPIs	Targeted Level		Measurement Methods	Measurement Time	Source
1-Program management and Quality Assurance	KPI-AD-01	Percentage of achieved indicators of the program operational plan objectives	75%		Percentage of performance indicators of the operational plan objectives of the program that achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year	At the end of every academic year	Annual report
	KPI-AD-02	Quality Assurance processes evaluation	>80%		Independent review evaluation of the Quality processes of the program by the institutional deanship of quality and development.	At the end of the academic year	Institutional report issued by the deanship of quality and development
2- Teaching and learning	KPI-AD-03	Students' performance in the Research Project Course	85%		Average of students' performance in the research project course	At the end of every academic year	Academic office
	KPI-AD-04	Average score of students, graduates, employers' surveys regarding research	4		Average score of surveys No 23-q16, No 25-q16, and No 28-q3,7 on five scale	At the end of every academic year	surveys No 23-q16, No 25-q16, and No 28-q3,7
	KPI-AD-05	Accumulative Graduates' employability and enrolment in postgraduate programs	KPI-P-07a-1: Employed	75%	Average Percentage of graduates from the program who within each six-year quality cycle of graduation were: a. employed b. enrolled in postgraduate programs completing at least full year after graduation to the total number of graduates in the same years	At the end of every six-year quality cycle	Statistical survey Booklet (graduates surveys)
			KPI-P-07a-2: Enrolled in postgraduate programs	25%			
	KPI-AD-06	Accumulative percent of not employed Graduates that are not enrolled in postgraduate studies	< 10%		Average percentage of graduates from the program who within each six-year quality cycle of graduation completing at least full year after graduation were not employed and not enrolled in postgraduate studies	At the end of every six-year quality cycle	Statistical survey Booklet (graduates surveys)
KPI-AD-07	Average percent of PLOs assessment values	80		Average of all assessed PLOs scores from PLOs assessment report.	At the end of every academic year	PLOs assessment report	



Standard	KPIs Code	KPIs	Targeted Level		Measurement Methods	Measurement Time	Source
	KPI-AD-08	Average number of students in the class	KPI-P-08-1: Lecture	< 45	Average number of students per class (in each teaching session/activity: lecture, small group, tutorial, laboratory or clinical session)	At the end of every academic year	Academic office
			KPI-P-08-2: Small group	<15			
			KPI-P-08-3: Preclinical	<30			
			KPI-P-08-4: Clinical	<30			
3-Students	KPI-AD-09  Students' satisfaction with the offered services	Academic advising	4.5		Average of students' satisfaction rate with the various services offered by the program (restaurants, transportation, sports facilities, academic advising, ...) on a five-point scale in an annual survey	At the end of every academic year	Survey 30
		Cultural activities	4.5				
		Sports facilities	4.2				
		Academic mentoring	4.5				
		Security services	4.0				
		Restaurants	3.5				
		Medical center serves	4.5				
		Rest rooms (WC)	4.0				
Average	4.2						
4-Faculty	KPI-AD-10	Percentage of teaching staff distribution	KPI-P-12-1: % According to gender	50	Percentage of teaching staff distribution based on: a) Gender b) Academic Ranking	At the end of every academic year	Academic Database
			KPI-P-12-2: Professor	>= 10			
			KPI-P-12-3: Associate Professors	>= 18			
			KPI-P-12-4: Assistant Professors	>= 64			
			KPI-P-12-5: Lecturers	>= 3			
			KPI-P-12-6: Demonstrators	>= 3			
	KPI-AD-11	Percent of staff holding PhD or equivalent	85 %		Percent of teaching staff holding PhD or equivalent to entire teaching staff	At the end of every academic year	Academic office
	KPI-AD-12	Proportion of teaching staff leaving the program	< 5 %		Proportion of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff.	At the end of every academic year	Academic Database
	KPI-AD-13	Proportion of teaching staff leaving the program not for personal reasons not related to the program	< 2%		Proportion of teaching staff leaving the program not for personal reasons not related	At the end of every academic year	Academic office

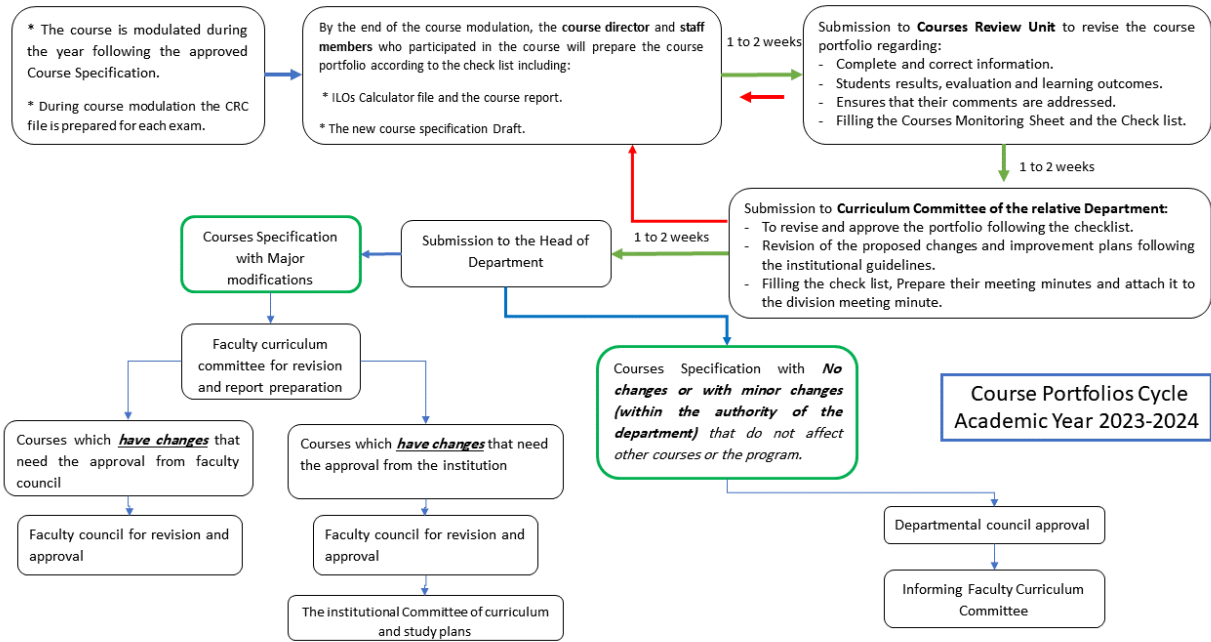
Standard	KPIs Code	KPIs	Targeted Level	Measurement Methods	Measurement Time	Source
				to the program to the total number of teaching staff.		
5-Learning resources	KPI-AD-14	Satisfaction of beneficiaries with the learning resources	4	Average of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases... etc.) on a five-point scale in an annual survey.	End of each semester	Survey 62,63
Community Service KPIs	KPI-AD-15	Beneficiaries' satisfaction rate with the offered community service activities	90%	Average of the accumulative percentage of beneficiaries' satisfaction for the community service activities.	After each event, then final average in the community service final report	Community service annual report
	KPI-AD-16	Staff participation rate in community service activities that are held by the office.	80%	Percentage of staff participating at least once in the community service events that are held by the office	End of the academic year	Community service annual report
	KPI-AD-17	Number of treated patients by the staff during their service at the hospital	500	Number of treated patients that are seen by the staff in the specialty clinics	End of each semester (hospital auditing) End of the academic year (community service report)	Community service annual report and hospital auditing records

\*Table 4: the additional KPIs that are determined by the program management.

#### 7.1.7. Policy of Preparing the Course Portfolio- Updated AY 2023-2024:

The course portfolio preparation is taken seriously at the Faculty of Dental Medicine. This process is wrapping up all the necessary data and evidence for course development and improvement. This process is the responsibility of each course director, and it is monitored by the Course Review Unit (CRU) hand in hand with each departmental curriculum committee following the approved forms and templates.

The course review unit is mainly responsible for preparing the course directors with all the know-how and guiding them throughout the whole process, then making sure that the necessary forms and the required documents are prepared properly via a specific checklist and monitoring sheets. Also, CRU is preparing the Course Portfolio folder within the official cloud drive of the Vice Deanship of Quality and Development and providing the course directors with the links, forms, and the technical support as mentioned in the documents archiving policy. On the other hand, departmental curriculum committees are concerned with double checking the CRU work as a second step of verification. Also, it receives the division meeting minutes that clarifies the suggested improvements of the courses to evaluate their effect on the programs' other courses and their applicability. Then, they proceed with the administrative process of discussing the changes and the suggested improvement plans within the department council for final authentication. The following flowchart illustrates the process, however, for further details, please check the CRU procedural guide and plan ([CRU Guide](#)).



Course specifications, reports, portfolios preparation flowchart

### 7.1.8. Surveys collection and stakeholders' surveys report preparation policy- Updated AY 2022-2023:

- Six categories of surveys are analyzed in relation to the stakeholders of the program, namely, Students, Staff, Graduates, Employers', Community services and employees.
- These surveys were made by the Institute (Umm Al Qura University) following 5 options scale (5; strongly agree, 4; agree, 3; neutral, 2; disagree; 1 strongly disagree), and they are linked electronically to the Oracle system and Thakaa' Portal. So, a unified link can be easily distributed and/or accessed through the institute website and the category of the surveys will automatically appear after signing in into the system.
- There are "Generally" three windows for surveys submission, (one at the end of each semester, submission period: 2 weeks prior to the end of the semester).
- Regarding students' Surveys, to avoid the pressure of responding to too many surveys at the end of the semester and following the feedback from the stakeholders, the Quality office made sure that students' surveys are available after the 6<sup>th</sup> week of each semester, instead of the previous collection timeframe which was 2 weeks prior to the end of an academic semester for all type of surveys, which was mainly during the examination period.
- Afterwards, the authorized personnel can access the system to retrieve the survey's results and distribute them to the respective authority, committee, or unit. Where they are subjected to thorough analysis and exploring the improvements area so the respective authority can finalize their report and improvement plans. In the end, all surveys information is included in the stakeholders' surveys report.

Also, the Quality office (surveys unit) is responsible for distributing the surveys to each responsible entity, such as sending the courses surveys results to the course directors to finalize their course reports.

- The stakeholders' surveys report is discussed in a CQC meeting, and the suggested improvement plans are sent by the Vice dean of Quality and Development to the Faculty Council for final discussion and approval.
- The approved improvement plans are sent to the responsible authorities for implementation and follow up following the responsible authority within the colleges' hierarchy.
- The effectiveness of these plans is re-evaluated by the CQC in the upcoming reporting period, and improvement is planned again accordingly to close the loop.
- All surveys are conducted and approved by the institute with standardized and clear questions that cover all aspects of the program depending on the category of the respondent. Each one of the surveys has a specific code that helps during retrieval and analysis processes. Moreover, there are specific surveys that are dedicated to cover each course of the program. The General window of data collection is 2 weeks prior to the end of the semester; however, some surveys are collected once per year such as graduate student surveys. The following table illustrates the name of each survey, its code and its data collection period.
- Please note that the target is changeable per year. However, the faculty management is generally aiming to achieve  $\geq 80\%$ . (4/5) and plan for improvement accordingly depending on the priority of the issue and its effect on the program mission, goals, and strategic tracks.

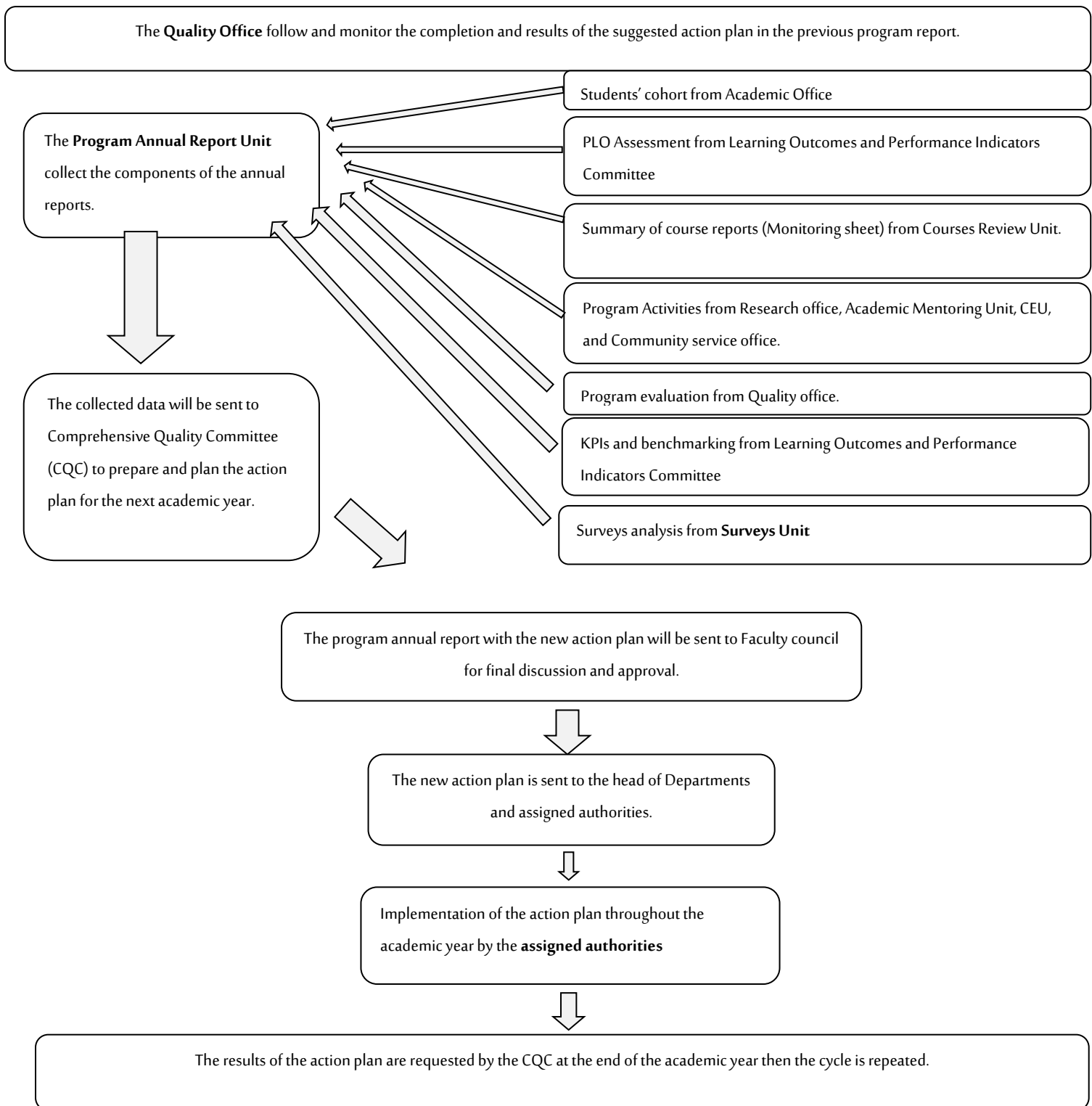
N	Survey title	Collection Period	Target	Survey code
<b>Category 1: Students</b>				
1	Faculty Vision, Mission, and Goals	Per semester	4.0	11
2	Program mission and goals	Per semester	4.0	15
3	Student's experience	Per semester	4.0	23
4	Course evaluation	Per course	4.0	24
5	Program evaluation by final years' students	Per semester	4.0	26
6	Admission, registration, and academic mentoring	Per semester	4.0	29
7	Quality of services and student's activities	Per semester	4.1	30
8	Library and resources (on university level)	Per semester	4.0	32
9	Satisfaction regarding the facilities	Per semester	4.0	37
10	Learning resources (on college level)	Per semester	4	63
<b>Category 2: Staff</b>				
1	Faculty Vision, Mission, and Goals	Per semester	4.0	9



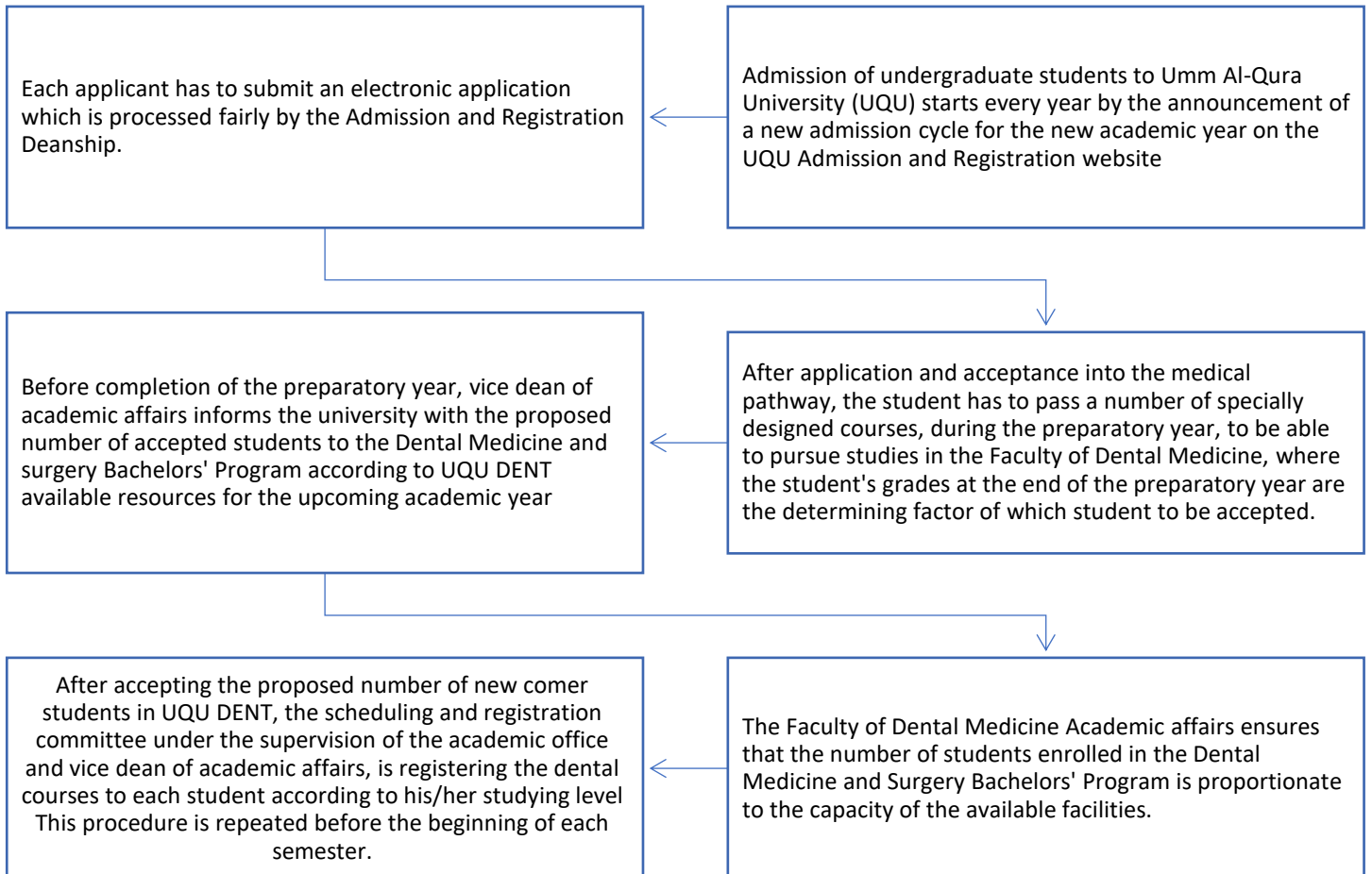
2	Program mission and goals	Per semester	4.0	13
3	Academic environment within the program	Per semester	4.0	27
4	Library and resources (on the university level)	Per semester	4.0	31
5	Satisfaction regarding the facilities	Per semester	4.0	35
6	Job satisfaction	Per semester	4.0	44
7	Learning resources (on college level)	Per semester	4	62
Category 3: Employers				
1	Employers' evaluation for the faculty graduates	Once per year	4.2	28
Category 4: Graduate Students				
1	Students' opinion on the program after graduation	Once per year	4	25
Category 5: Beneficiaries (community services)				
1	Beneficiaries' satisfaction with the educational lectures and events	Per event	4.5	Internal
2	Beneficiaries' satisfaction with the mobile dental clinic services	Per event	4.5	Internal
Category 6: Staff, Employee and Auxiliary staff				
1	Employees satisfaction with the work environment	Per semester	4	43

Table 5: The surveys that are included in the stakeholders' survey report.

### 7.1.9. Annual Report Preparation Flowchart- Updated AY 2022-2023:



7.1.10. Flow chart of the Admission and Registration process- Updated AY 2022-2023:





#### 7.1.11. Students Orientation- Updated AY 2022-2023:

Complete information about the program is available to potential students and families before applications for admission:

- The Students Guide (Male & Female), available online on the University website, includes information on admission, colleges, programs, courses, requirements, campus life, and services.
- Complete information about the dental program is made available to prospective students and their families through dental college participation in the annual education exhibition organized by the University for the potential students of the preparatory year.

A comprehensive orientation program is available for new students:

- A comprehensive orientation session is arranged for new dental students at the beginning of every academic year by the Vice Deanship for Academic Affairs (Academic Office); to clarify the dental program, colleges departments, courses, learning resources, teaching, and assessment methodologies.
- During the orientation sessions, the students are made aware of all applicable University and College Policies and Procedures (services, facilities, obligations, and responsibilities).
- The Dental College Students Guide (Handbook) is available as a digital copy during the orientation sessions.
- The students can meet the instructors during their office hours for any inquiry.

#### 7.1.12. Students Support- Updated AY 2022-2023:

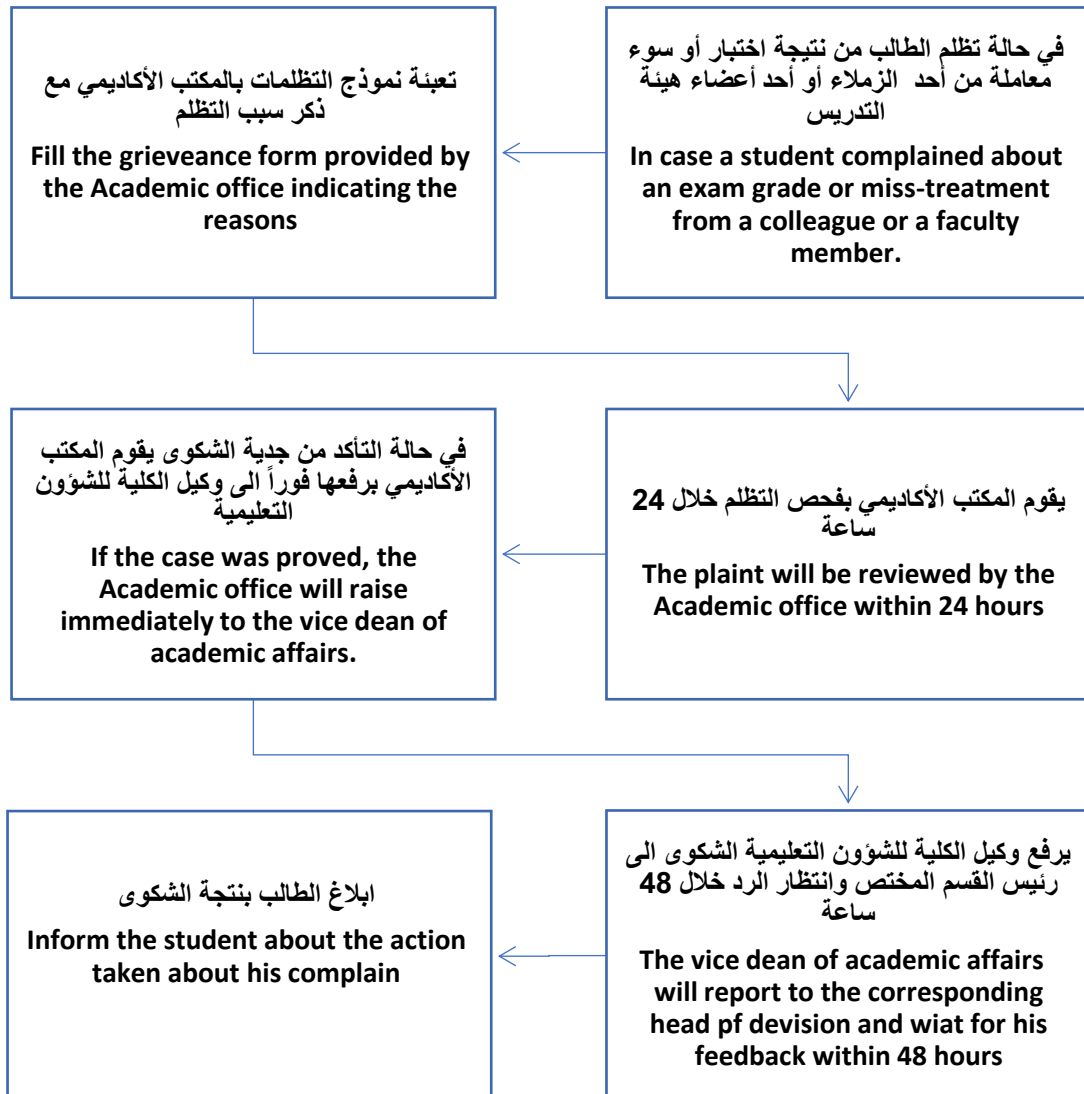
- Students of this program obtain advising and counseling services through two major resources:
  - The Deanship of Student Affairs at Umm Al-Qura University offers counseling centers and units for the students, providing psychological, social, and study counseling as and when needed.

The Faculty of Dental Medicine has a clear mentoring policy provided by the Academic Mentoring Unit AMU -Vice Deanship of Academic Affairs. Students' academic counseling and advising are implemented through qualified faculty members (mentors) working under the faculty mentoring guide ([Students' Mentoring Guide](#)).

- The counseling services provided at the College and the University help students develop greater academic confidence, improve personal skills, and set career goals.
- The quality of academic advisory services provided to the students is assessed through various surveys administrated by the Vice deanship for Quality and Development.

- After finishing the academic year, the AMU issues its final report, including recommendations and remarks for improvement. Which is considered by the CQC within the final annual program report and program improvement plans.

#### 7.1.13. Students Grievance- Updated AY 2022-2023:



### 7.2.1. Policies of Approving, Modifying, and Reviewing the Academic Program and Courses- Updated AY 2023-2024:

There are clear and specific policies and mechanisms at UQU to approve a new program or to update an existing one.

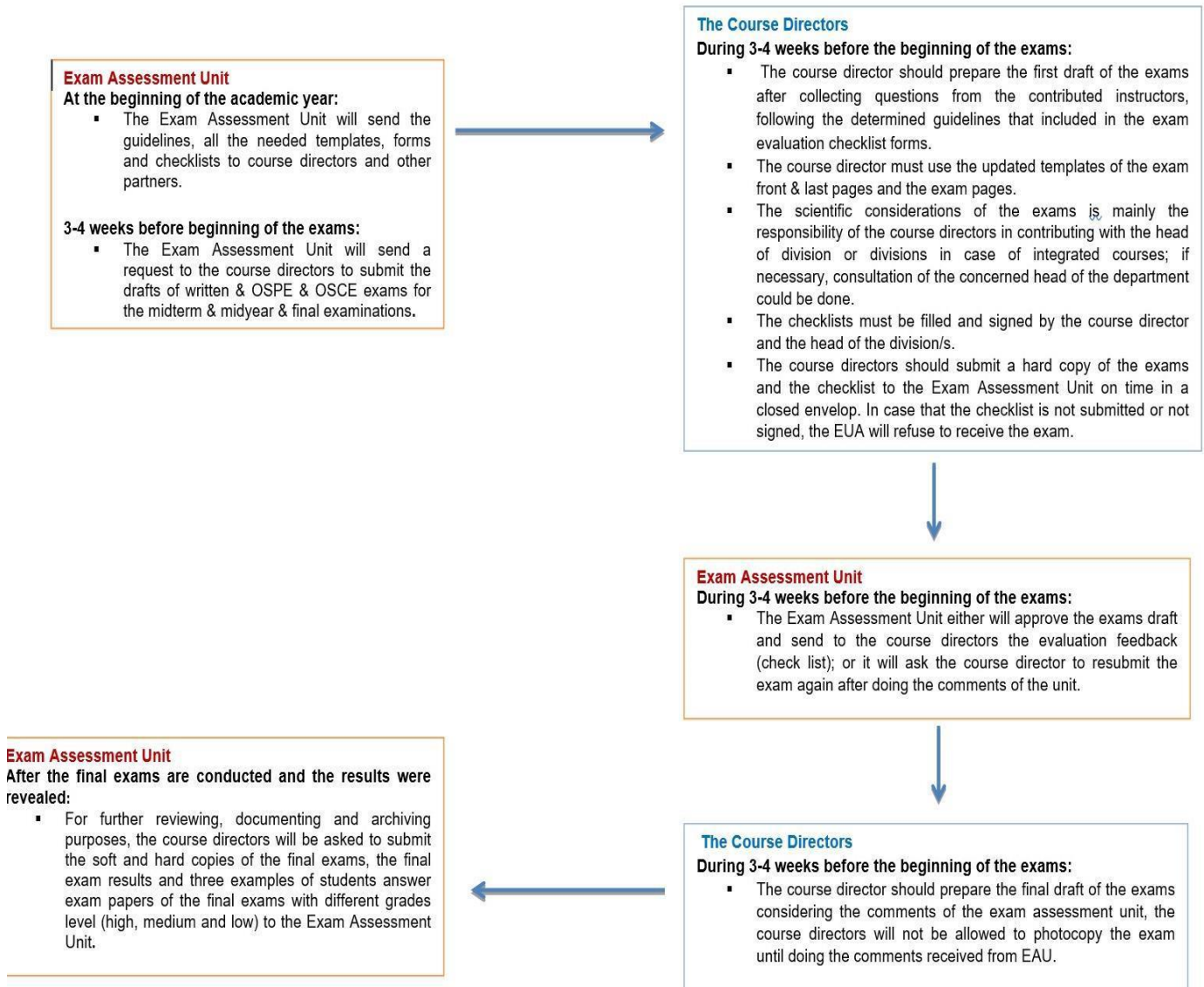
This is included in the procedural guide for the preparation and development of academic programs prepared by the University Vice-Rectorship for Educational Affairs in cooperation with the Deanship of Quality and Development at UQU. The guide contains all details related to the development of academic programs or updating an existing one, to the extent to which changes to existing programs can be made and the levels of decision-making and authorities. A summary of suggested modifications within the authority of the Faculty's Council or Departments Council are shown in *table 6*. The full guide for any procedures or modifications that exceed the limits of the department or faculty councils can be downloaded directly from the university's website, for more info please visit this link ([Institutional Guide for approving and modifying academic programs](#)).

Modification domain	Department Council's Authority	Faculty Council's Authority
<b>Teaching strategies</b>	Up to 25% of the mentioned strategies in the specifications (course or program).	Up to 50% of the mentioned strategies in the specifications (course or program).
<b>Assessment methods and timing</b>	Up to 50% of what's mentioned in the specifications of the course or the program ( Mid and final exams are not included).	Up to 100% of what's mentioned in the specifications of the course or the program ( Mid and final exams are not included).
<b>Partial change in the courses glossary</b>	Up to 25% of the course, taking into considerations its effect on the other courses and the program.	-----
<b>Contact hours for each topic within a course</b>	Rearrangement is allowed without affecting the credit hours of the course or the weight of the didactic or the practical part within the course.	-----
<b>References and learning resources</b>	Up to 25% for the course or the program.	Up to 50% for the course or the program.

**\*Table 6:** Authorities of Faculty and Department Councils to amend the courses or the program.

## 7.2.2. Policy of Exam Assessment Committee- Updated AY 2022-2023:

### Exam Assessment Unit FLOW CHART



### 7.2.3. Policy of students' continuous assessment (clinical, preclinical and assignments)- Updated AY 2023-2024:

- The purpose of this policy is to establish guidelines for the continuous assessment of students' work within the bachelor's program at UQUDent.
- The objectives of students' work continuous assessment are to evaluate and monitor students' knowledge, skills, values, and competencies, provide constructive feedback to students to enhance their performance, and to ensure that students meet the established standards, program goals and learning outcomes for patient care, professionalism, and evidence-based practice.
- Depending on the type of students' work (clinical, preclinical or assignment), standardized and approved rubrics should be used.
- The rubric should contain standardized components that assess the intended learning outcomes; however, variable criteria could be included depending on the nature of the assessed work.
- Students' self-reflection and feedback should be incorporated into the rubrics.
- The course syllabus (including the rubrics) should be announced to the students at the beginning of each course in the orientation lecture. It is the responsibility of the course director to prepare that orientation session to orient the students with course objectives, learning outcomes, topics, examination and assessment methods, rubrics, grades distribution, and course learning resources and references.
- The frequency of continuous evaluation is dependent on the type of work. Ideally, the evaluation should be immediately done when the work is submitted using the appropriate rubric. For example, clinical or preclinical evaluation should not be delayed if a student has completed the procedure. However, the course director could determine and announce the frequency and the timing of the evaluation for assignments and presentations as mentioned within the approved course specification.
- The rubrics should be signed by the responsible supervisors and kept in the student's logbook.
- It is the responsibility of the students to keep the logbook in a safe place throughout the semester and it should be submitted to the course director before the mid and final exam or following the course directors' recommendations that are announced to the students and included within the course syllabus.
- Plagiarism policy is applied also on continuous evaluation of students work.
- Students have the right to appeal any decision related to the continuous assessment evaluation. The appeal process is outlined within the student's grievance policy.

- The course directors should analyze and address the impact of improving the rubrics through the students' course evaluation survey within the course report and set their improvement plans accordingly.
- The Comprehensive Quality Committee should analyze and address the impact of improving the rubrics through the students' program evaluation survey within the program report and explore the improvement areas accordingly.
- The rubrics should be discussed and suggested by the specialized division members, then presented to the curriculum committee of the respective department.
- The faculty curriculum committee should be informed to monitor the process and study its effect on the program within its authority, then raise it to the faculty council (if necessary) or give the recommendation to be finally approved by the department council following the Institutional Guide of Modifying the Program.

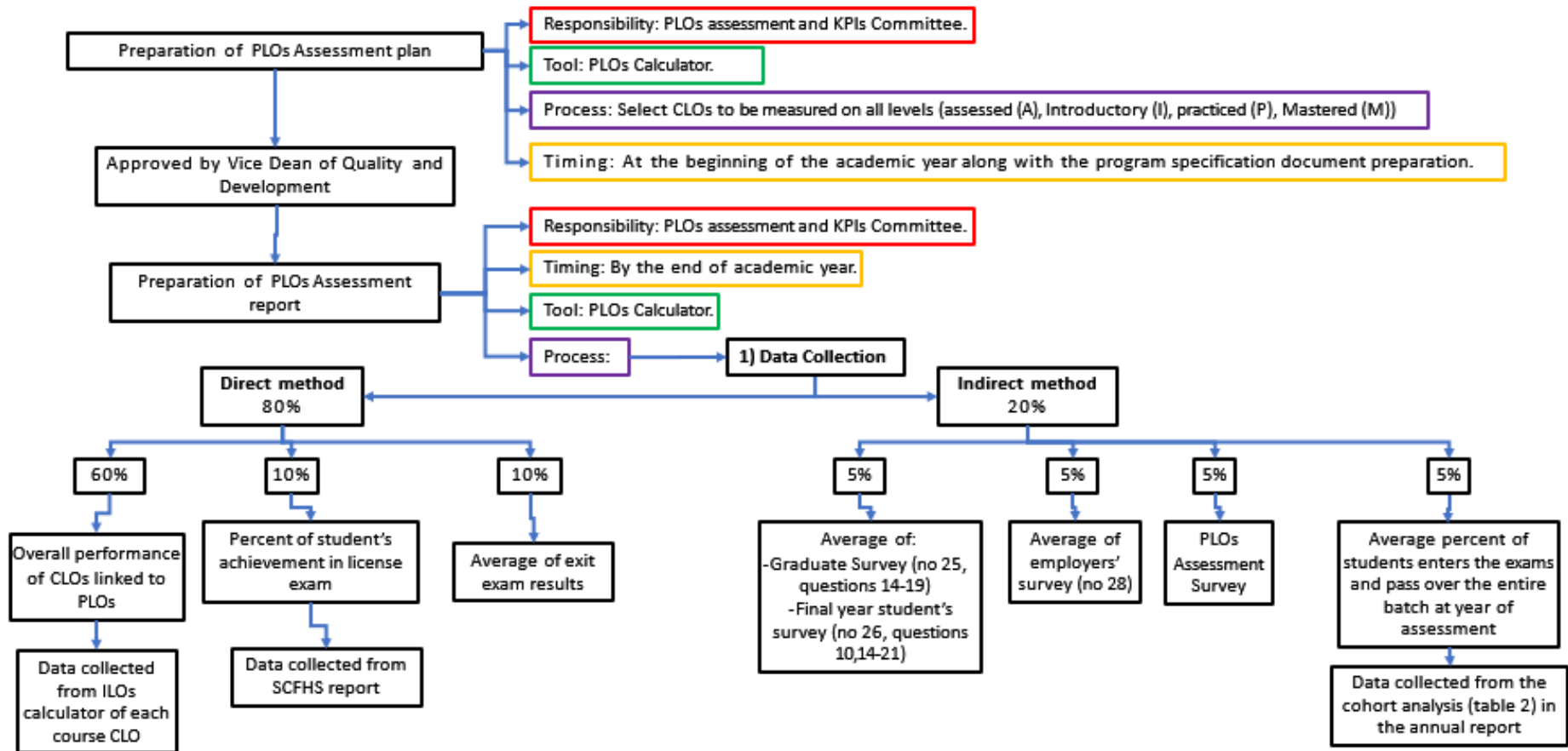
#### 7.2.4. Policy of Plagiarism detection in students work- Updated AY 2022-2023:

- The purpose of this policy is to establish guidelines and procedures for detecting and addressing plagiarism within the bachelor's program at UQUDent.
- Plagiarism is defined as the act of presenting someone else's ideas, words, or work as one's own without proper attribution. This includes, but is not limited to, copying, and pasting from electronic sources, using someone else's work without citation, and submitting someone else's work as one's own.
- Faculty members are responsible for educating students about plagiarism and academic integrity.
- Faculty members should use appropriate tools and methods to detect plagiarism in student assignments. The institution had secured "Blackboard" and limited access to "IThenticate" tool for plagiarism checking.
- Students are responsible for understanding and adhering to the institution's policies on academic integrity.
- Students should ensure that all submitted work is their own and properly done.
- Regarding the clinical and preclinical work, it is the responsibility of the supervisors to ensure that the submitted work is done by the students. This can be done by several means such as students' identification or coding, direct supervision, monitoring sheets, and artificial teeth marking.
- Faculty members may use plagiarism detection tools during the evaluation process of the assignments as mentioned in the approved Plagiarism guide. [Manual for using Safe assign tool \(Plagiarism check\) on blackboard.pdf](#)
- Suspected cases of plagiarism will be thoroughly investigated by the faculty members involved.

- It is the responsibility of the Course Director to determine and announce the accepted level of plagiarism within the course depending on the type and nature of the assignment. However, there is a limit that should not be exceeded. In cases where plagiarism is confirmed with more than 30%, appropriate disciplinary actions will be taken following the institutional bylaws, and the assignment will be graded as (Failed) if a corrective action was not taken by the student on the specified time.
- Students have the right to appeal any decision related to plagiarism. The appeal process is outlined within the student's grievance policy.

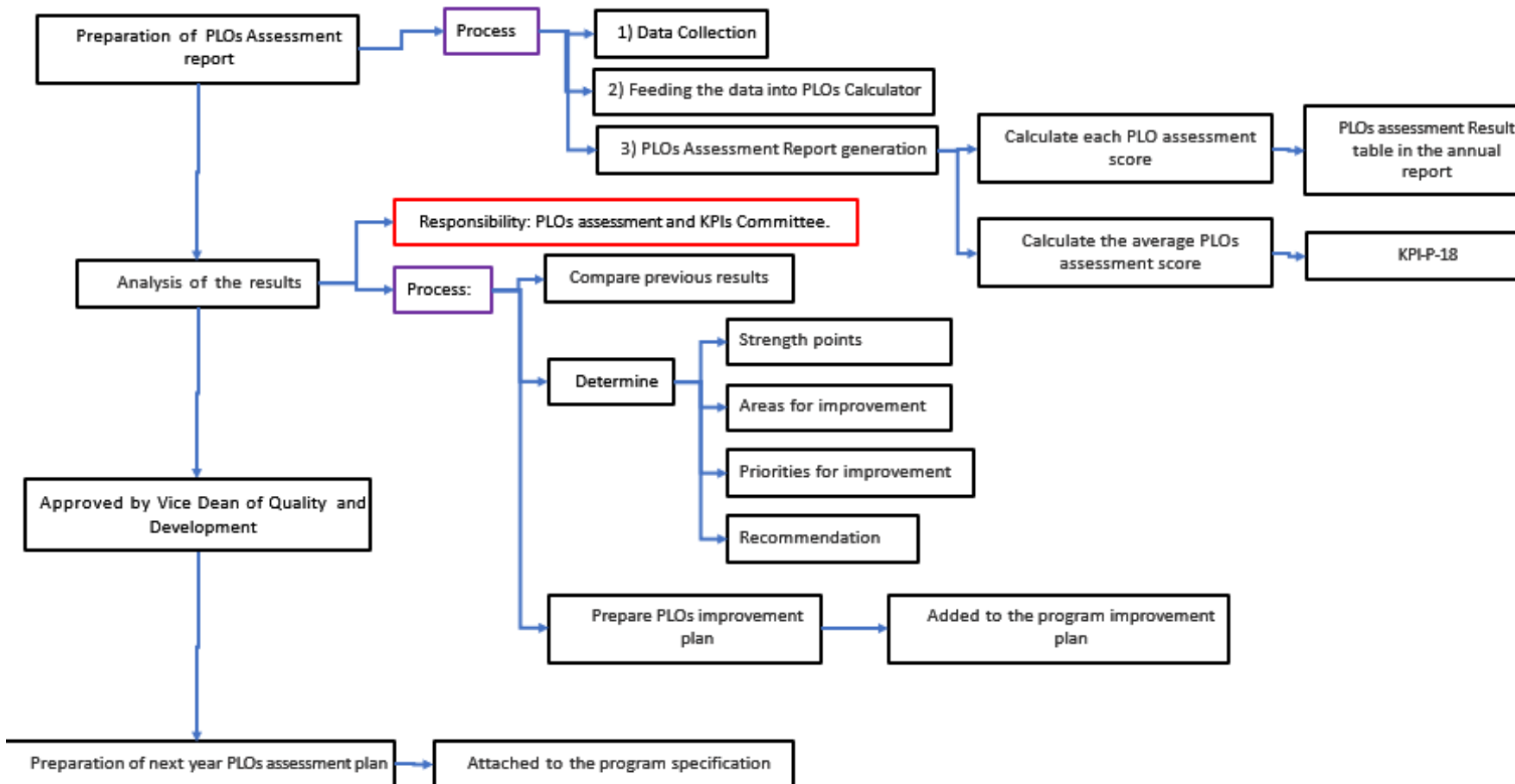
### 7.2.5. flowcharts for PLOs assessment plan and reports (updated AY 2022)

**PLOs assessment plan and report flowchart (2021-2022)**

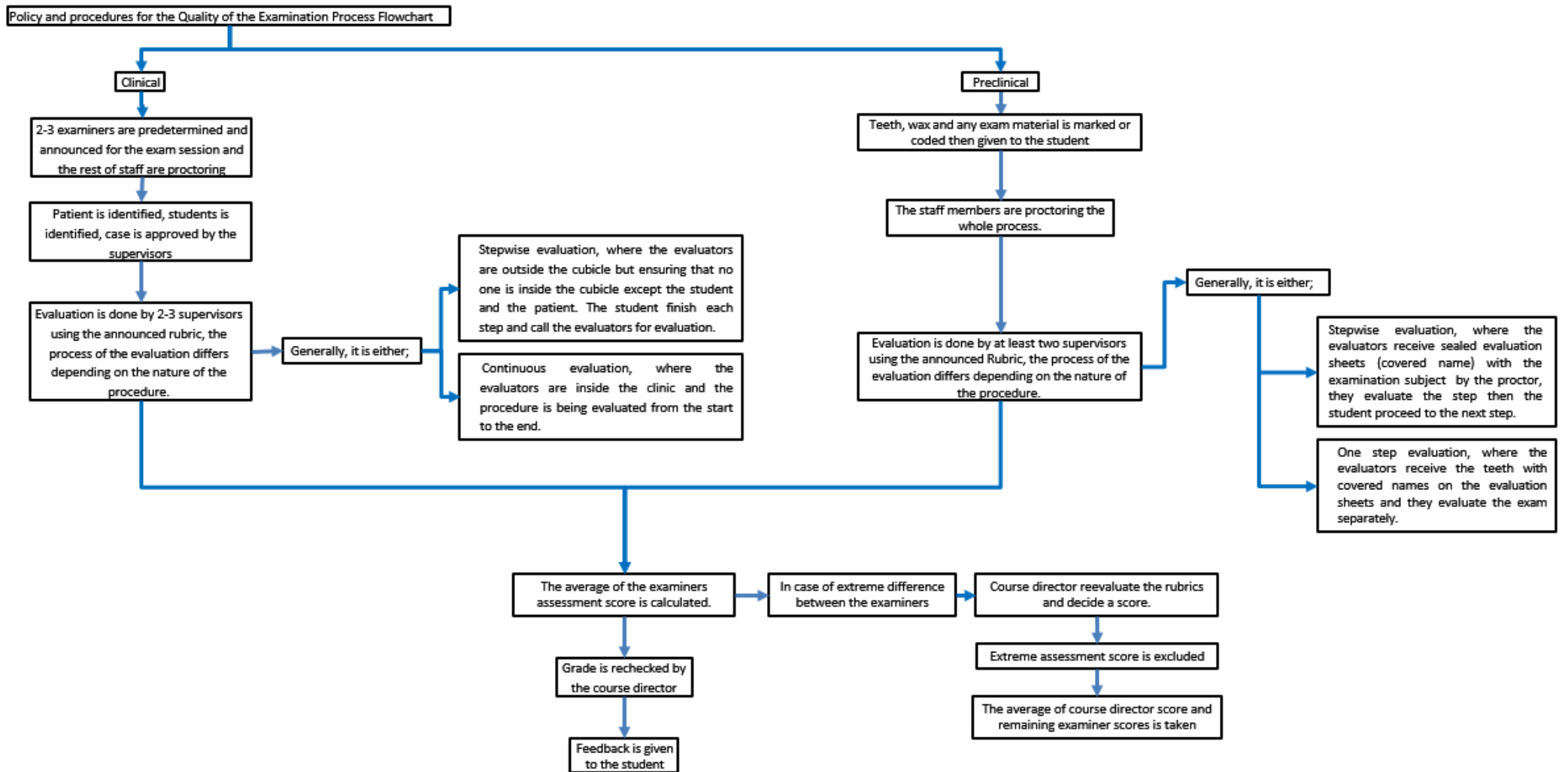




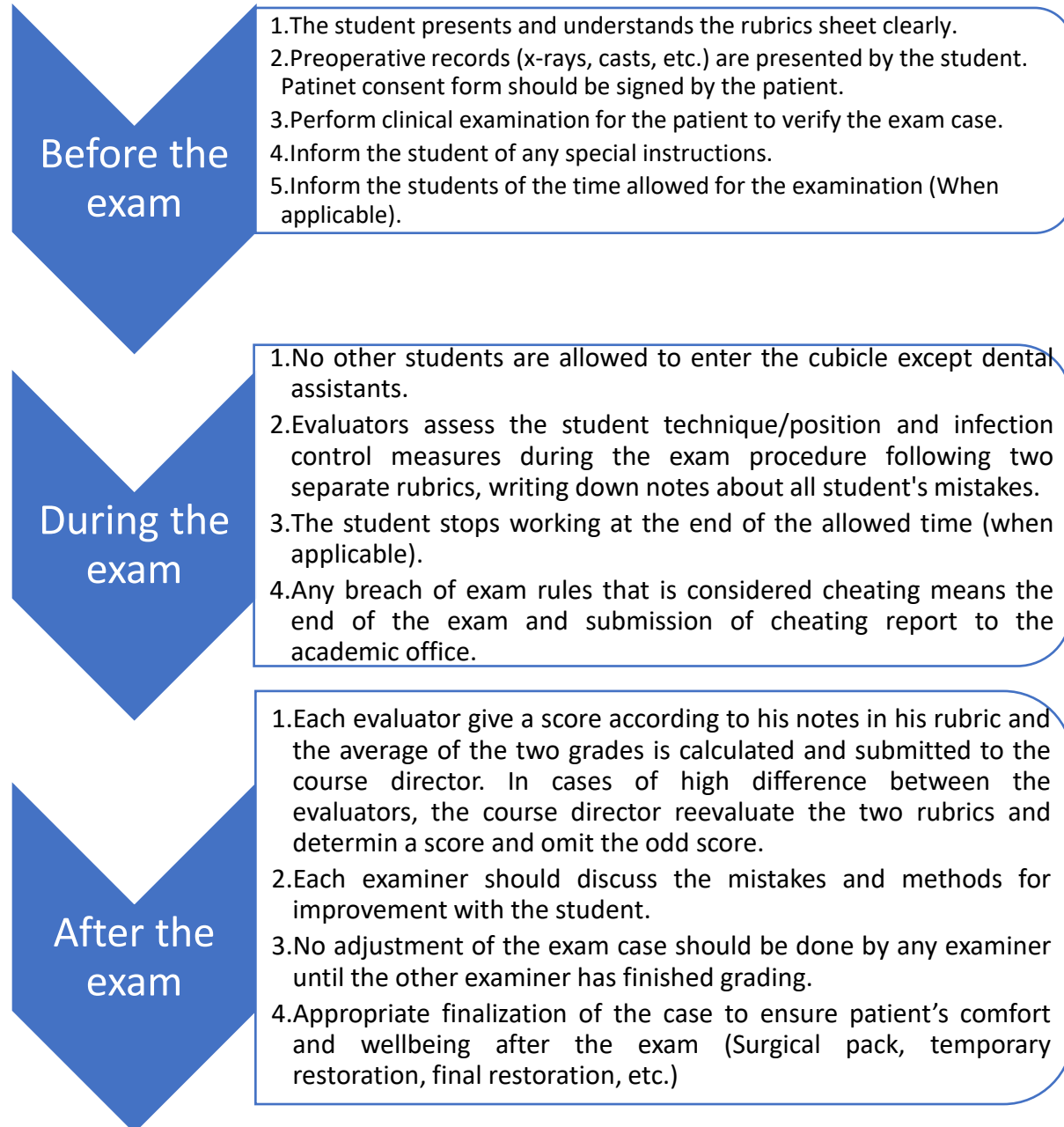
### 7.2.6. PLO Reports preparation (Updated AY 2022):



### 7.2.7. Clinical and Pre-Clinical Examinations Workflow- Updated AY 2022-2023:



## Clinical Exam Policy- Updated AY 2022-2023:



## Practical Exam Policy- Updated AY 2022-2023:

Two examiners at least should be available for each practical exam and each examiner should make sure of the following:

### Before the exam

- 1.The student presents and understands the rubrics sheet clearly.
- 2.Each exam subject (tooth, slide, etc.) should have a unique mark for this specific exam.
- 3.Proper placement of exam setting (adjacent teeth, instruments, etc.)
- 4.Inform the student of any special instructions.
- 5.Inform the students of the time allowed for the examination.

### During the exam

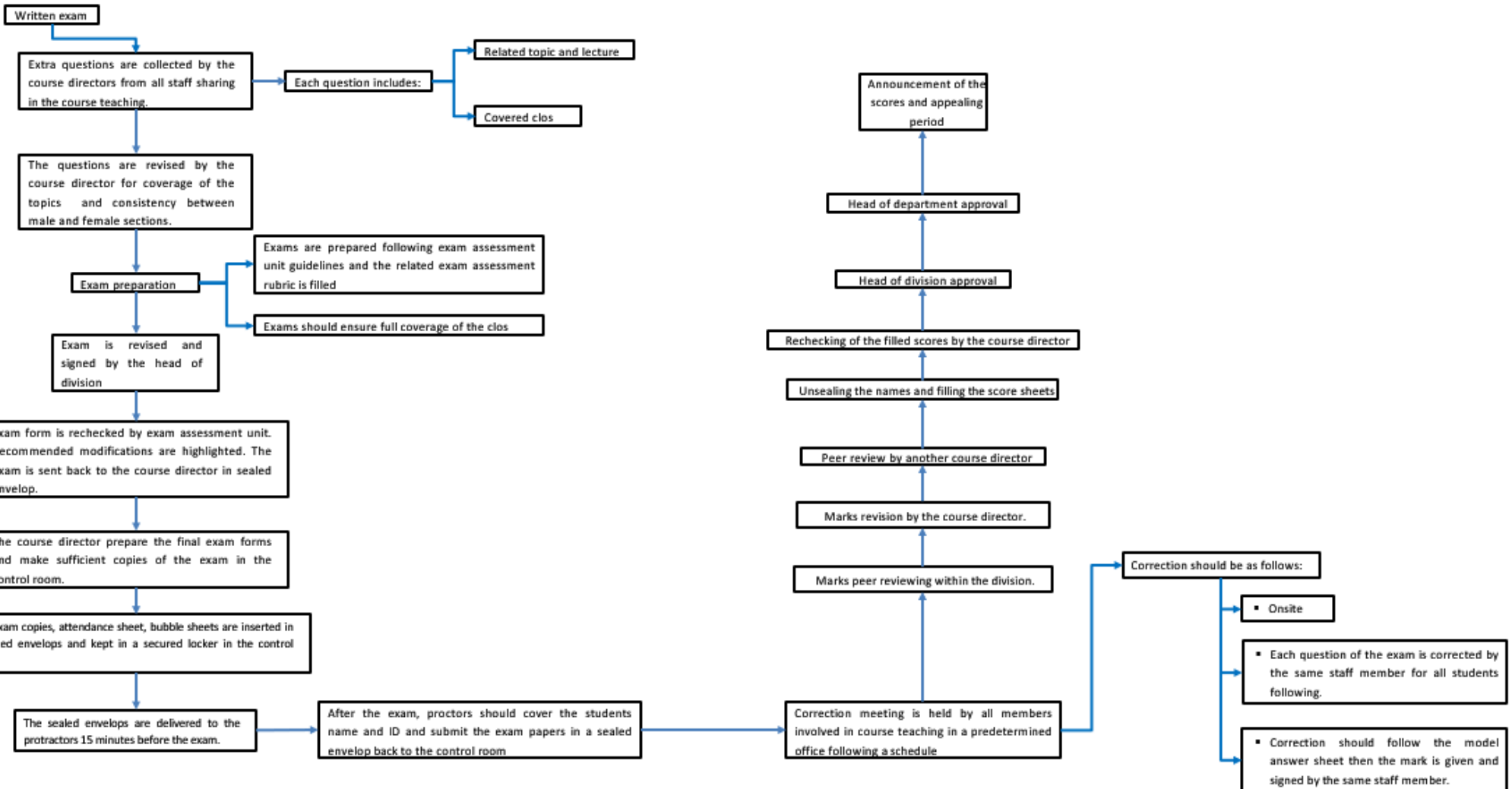
- 1.No communication with other students is allowed.
- 2.Evaluation of student's technique using rubric (in the phantom lab).
- 3.Any breach of exam rules that is considered cheating means the end of the exam and submission of cheating report to the academic office.
- 4.The student stops working at the end of the allowed time.
- 5.The student leaves the work place tidy and ready for the examiners to start grading.

### After the exam

- 1.The exam is corrected by at least two staff members in two different rubric sheets and the average of the two grades is calculated and submitted to the course director. In cases of high difference between the evaluators, the course director reevaluate the two rubrics and determin a score and omit the odd score.
- 2.Each examiner should discuss the mistakes and methods for improvement with the students.
- 3.Exam subject is collected and returned to the course director.

### 7.2.8. Written Exams- Updated AY 2022-2023:

All examinations are constructed following the Institutional guide for examination construction and Exams Assessment Unit approved forms, for more detailed information, please visit the link ([Institutional exam building manual](#)).



### 7.2.9. Learning Resources, Facilities, and Equipment- Updated AY 2022-2023:

Theoretical related learning resources:

- The student can obtain the required theoretical related learning resources from different sources:
  - a) The faculty library:
  - b) The medical library.
  - c) The university library (King's Abdu Allah library).
  - d) The Saudi Digital Library.
- Regular processes are applied to plan and acquire related theoretical resources:
  - 1- The Learning Resources and Library Unit (LRLU) annually prepares a list of all available textbooks in the faculty library. The list is announced on the faculty website-library page.
  - 2- The divisions decide the required recent references and revise their availability in one of the four sources.
  - 3- In case the required book or reference is not available, the responsible division issues a request through the head of the department including a list with the information of the required book. LRLU receives the requests list of textbooks that are required for the next academic year and follows the request with the respective authority at the institution (Deanship of Library Affairs), then include the book or books in the list of the available textbooks at the library when its received.
  - 4- A cumulative list of references per division can be prepared by the LRLU and sent to the UQU Deanship of Library Affairs.
- All students have the authority to search and acquire any resource available in the Saudi Digital Library utilizing their university ID. Wi-Fi access points are widely distributed all over the faculty building to allow instant access to the internet.
- Regular processes are followed for evaluating the adequacy of theoretical related learning resources by different methods:
  - 1- Annual statistical surveys submitted to the students and teaching staff.
  - 2- Student's Advisory Committee.
  - 3- Mentoring Unit.

#### Practical/Clinical learning resources:

- Regular annual processes are installed to provide the required dental consumables required for the practical and clinical training:
  - 1- All divisions prepare a list of the required dental materials for the next year in the first term of the academic year.
  - 2- The lists are revised by the related head of the Department and sent a collective list to (the Hospital consumable unit).
  - 3- All official steps are taken to ensure providing the consumables before the beginning of the next academic year.
  - 4- In cases where a delay of consumables occurs, official direct purchases of the required essential consumables are utilized.

#### Facilities:

- Teaching, laboratory, clinical, and research facilities are adequate and equipped with state-of-the-art equipment and resources in line with program requirements.
- According to these facilities' capacity, the number of students to be accepted each year is decided.
- **Lecture halls:** All lecture halls are equipped with different tools required for efficient active lectures. Each room is equipped with a data show, large white screen, smart board, PC and monitor, and whiteboard.
- **Discussion rooms:** several discussion rooms are prepared with essential equipment required for the Self-Directed learning methods. Each room is equipped with round table/s, data show, white screen, smart board, PC, and monitor.
- **Laboratories:**
  - **Phantom labs:** Phantom laboratories are equipped with all essential equipment to apply effective simulation-based learning. Each phantom lab is equipped with simulation dummy stations connected to air, vacuum, water, and nozzles for different handpieces. An instructor master simulation station is linked to students' stations with an audio-visual system for efficient demonstration. Each lab is equipped with a data show, PC, and white screen. Two phantom x-ray rooms with specialized dummies to train the students on intraoral radiographs are attached to each phantom lab. Each phantom lab is equipped with sufficient sterilization devices for instrument sterilization.



- **Multipurpose Labs:** Each lab is equipped with devices for efficient dental biology and pathology practical training. The labs are equipped with electric microscopes, carving stations, spotlights, a data show, a white screen, and a PC.
- **Prosthodontics Labs:** each lab is equipped with all essential instruments required for removable prosthodontic lab works. Each lab contains curing and washing units, a wax burnout furnace, laser welding, manual casting units, and Echo light-curing units. Each student has a flex-space unit equipped with a spotlight, suction, lab motor, protector glass shield, and air blower.
- **Research Lab:** The students utilize the faculty research lab in the research project and research methodology in oral biology courses.
- **Production lab:** The faculty production lab is equipped with all machines and instruments required to construct all kinds of prosthodontics needed for students' clinical requirements.
- **Dental Clinics: Each dental clinic is equipped with:**
  - Dental Unit Cabinets: Each cabinet is fitted with an advanced dental unit with an attached monitor. The cabinet is also equipped with a working station, PC, and personal protective equipment.
  - Intraoral X-ray rooms: Three lead-insulated intraoral X-ray rooms are present in each clinic.
  - Instruments room: Each clinic contains a single instruments room where all sterilized instruments and required dental materials are present and delivered to the students during clinical sessions.
- **Radiographic center:** common radiographic center is equipped with one panoramic and cephalometric machine, a Cone beam machine, and a limited Cone beam machine.
- **Central Sterile Services Department (CSSD):** Separate sterilization unit is utilized for instruments' sterilization to assure contamination control.
- **General screening unit:** Screening skills of the intern students are provided in the screening unit. Intern students examine all admitted patients, document their records, and perform preliminary intraoral radiographs.
- **Emergency Units:** Intern students are trained to manage emergency surgical and endodontic cases under the supervision of the concerned staff.
- **Mobile dental clinic:** Intern students are involved in the external visits of the Mobile dental clinic to train on different community surveying and education services.
- **Faculty library:** The library contains several copies of the required textbooks of different specialties and essential guides and specifications forms needed by the students and the staff. An annual timetable is prepared and announced to regulate male and female attendance. The library is equipped with a Data show, PC, copying machine, white screen, whiteboard, and several round tables.

- **Students' lockers:** Male and female sections are equipped with sufficient lockers.
- **Vending machines.**
- **Exams control room:** The secured exams control room is equipped with all machines and utilities required for preparing and storing different written exams and electronic correction of Bubble sheets. The room has 40 secure lockers, an advanced multitasking copying machine, bubble sheet correction machines, a PC, and a printer.

Table 7: Summarizing facilities utilized in the program:

Facilities	Male		Female		Common
	Number	Capacity	Number	Capacity	Capacity
Large Lecture Halls	1	90	3	90	
Moderate Lecture Halls	4	45	1	30	
Total Lecture Halls capacity	5	270	4	300	
Discussion rooms	3	10-15	2	10-15	
Phantom Lab	1	30	1	30	
Multipurpose Labs	1	30	1	30	
Prosthodontics Labs	2	30	2	30	
Dental clinics	1	32 Cabinet	1	32 Cabinet	
Intraoral X-ray rooms	3	1	3	1	
Screening Unit	-	-	-	-	3 Cabinet
Emergency Unit	-	-	-	-	2 Rooms
Mobile dental clinic	-	-	-	-	2 Cabinet
Faculty library	-	-	-	-	15 Persons
Vending machines	2	-	2	-	-
Students' lockers	60	1	60	1	-

Safe environment:

Adherence to health and safety regulations is mandatory for all Faculty, staff, and students. This is applied by the faculty administration in collaboration with the respective authority within dental clinics, laboratories, offices, and classrooms, through different levels:

1. **General safety:**

- The overall security of the campus and hospital buildings is provided and monitored by the safety and security department at the University through security personnel. Staff and faculty offices are all key-locked.
- Confidential documents, equipment usage, and research facilities are allocated to individual staff and teachers.
- Daily, lab technicians hold the responsibility to check and ensure that machines and equipment are safe and secure in different laboratories.
- Each Faculty, staff, and student is assigned a unique username and password to log in to their computers, emails, and blackboard to maintain their data's confidentiality.

2. **Fire safety system:**

- The fire safety measures include preventing outbreaks of fire and reducing the damage through early detection, minimizing the risk of fire spread by structural control, providing escape plans, emergency evacuation procedures, and means for fire detection alarms and firefighting equipment.
- Regular checking on the firefighting equipment is carried out, the check is the responsibility of the faculty administration, and it is done semi- annually. The reports are handed to the CQC on an annual basis.

3. **General waste disposal:**

- The university administration has a contract with an outside agency (third party) who is responsible for the daily cleaning of all facilities in and around the faculty's building and for disposal of general waste accordingly.

4. **Emergency kits:**

- All facilities meet health and safety requirements and make adequate preparation and provision of emergency kits, which are widely distributed around the building for Faculty, staff, and students, to use when needed, ensuring that workplaces, including laboratories, and equipment are safe and well maintained.

5. **Contamination control:**

- Infection control as related to dental equipment and facilities within the laboratory and clinical areas strictly adhere to all universally accepted and implemented infection control policies and procedures.

This is done under the auspices of the infection control unit of the medical director of the dental teaching hospital.

- Regular seminars are given to both students and clinical staff about infection control procedures in the clinics.
- CSSD provides proper instrument sterilization for regular daily use.

6. **Medical waste disposal:**

- Dangerous waste disposal is done by outside safety company contracts who routinely remove waste from the College premises, including infectious and toxic materials from the clinical areas.
- Students are instructed to report potentially unsafe practices or serious hazards in the workplace, classroom, or laboratory to supervisors/instructors.

7. **Medical emergencies management:**

- The clinical areas are equipped with a crash-cart and a medical emergency room where the medical emergencies are handled by qualified faculty physicians.

8. **Maintenance and academic facilities (devices) request:**

All maintenance procedures are governed by the Institutional Authorities via specific contracts with specialized bodies. The Faculty Administration Manager has the authority to raise facilities maintenance tickets and follow them up to ensure its application is in coordination with the requesting entities within the faculty. The maintenance tickets are mainly submitted digitally via WAFI system, and the tickets are closed when the work is done. Also, staff members have the authority to access WAFI system to request any tool that is required for the academic process or to report any related issue. The ticket will be received by the Faculty Administration Manager and referred to the respective institutional authority accordingly.

Regarding the Clinical facilities, each clinic is equipped with a specific barcode to report any issue directly to the maintenance department of the operating company. Which will send a technician within 15 minutes to handle the issue and make the necessary reports.

8. Table of Quality Assurance Practices Cycle of The Program and its Compliance with the Institutional and NCAAA Regulations- Updated AY 2023-2024:

N	Process	Monitoring	Implementation	How	When	Cycle
1	Program Surveys	Quality office-CQC	Academic departments, Administration, Academic office.	Quality Deanship Links- Oracle system	Before the end of each academic year.	Yearly
2	Quality documents of examination process (random correction samples, course fulfilment of examination standards)	Departmental curriculum committees and Courses review unit.	Course directors	Internal forms following Quality Deanship standards	Final exams	Yearly
3	Course reports	Departmental curriculum committees, Courses review unit and CQC	Academic departments- course directors, divisions- committees	NCAAA forms	End of each course	Yearly
4	Courses Specifications	Departmental curriculum	Course directors- Divisions-	NCAAA forms	End of quality cycle or when a modification is required	3 to 5 Years, and revised yearly



N	Process	Monitoring	Implementation	How	When	Cycle
		committees, Courses review unit and CQC	curriculum committees- Academic Departments			
5	Field Experience specification and report	Departmental curriculum committee, Courses review unit and CQC	Field experience coordinator	NCAAA Forms	End of the field experience training	Specifications: Yearly revised. Report: Yearly.
6	Alumni reports and surveys	Faculty Alumni committee and CQC	Faculty Alumni Committee	Institutional Alumni office surveys for the graduates and stakeholders- academic database- direct contact with graduates through alumni activities, e-mail groups and text messages groups.	A year after graduation	Yearly
7	Community service reports	Academic departments, Faculty Vice deanship, CQC	Community service office committees	Internal forms	End of the academic year	Yearly



N	Process	Monitoring	Implementation	How	When	Cycle
			(faculty and departments)			
8	Research reports	Academic Departments, VDQD, CQC	Scientific research office committees (faculty and departments)	Internal forms	End of the academic year	Yearly
9	Program Annual report	Quality office- CQC	Annual reports unit	NCAAA forms	End of the academic year	Yearly
10	Program specifications	CQC, Faculty curriculum committee	Faculty curriculum committee	NCAAA forms	End of quality cycle or when a modification is required	3 to 5 Years, and revised yearly
11	Benchmarking and KPIs analysis	Quality office- CQC	Learning Outcomes and Performance Indicators Committee	NCAAA program KPIs	End of the academic year	Yearly
12	Safety and security report	Quality office- CQC	Faculty administration – Safety and security unit.	Internal form	End of the academic year	Yearly
13	Internal reviews (ALL Documentations, Plans,	Quality office- CQC	Deanship of Quality and	Deanship of quality and development	Both beginning and End of the academic year.	Yearly



N	Process	Monitoring	Implementation	How	When	Cycle
	committee formations and minutes, reports, etc.)		Development/ each responsible entity within the faculty chart	forms/ reports and approved internal forms		Oct-Nov for plans and admin decisions May-Jun for reports and minutes.
14	Program alignment with the national qualification framework	Quality office- CQC	A specific committee is formed (if necessary)	NCAAA forms	When a modification is required	Yearly Revised
15	Advisory committee and its reports	Quality office- CQC	Faculty council / Dean	Institutional manual for advisory committees	During the academic year	Yearly
16	Orientation week	Academic office	Students affairs committee	Fixed contents in addition to developed courses based on the reports and surveys of the previous year.	Beginning of an academic year	Yearly
17	PLO assessment plan and report	Quality office- CQC	CQC- Learning Outcomes and Performance Indicators taskforce	Internal form	Plan: beginning of the academic year. Report: end of the academic year.	Plan: Yearly revised. Report: Yearly





N	Process	Monitoring	Implementation	How	When	Cycle
18	Academic Staff CV's	Quality office- CQC	Academic departments	Internal form, following the instructions of Quality Deanship.	Beginning of the academic year	Yearly
19	Courses portfolio	Departmental Curriculum committees, Curriculum review unit and CQC	Course directors	Collection of the required documents following the Quality deanship instructions	Collected for the previous year in the Beginning of the new academic year	Yearly
20	Program Surveys booklet	Quality office- CQC	Surveys Unit	Internal form	End of quality cycle	3 to 5 Years
21	Benchmarking and KPIs booklet	Quality office	Surveys Unit	Internal form	End of quality cycle	3 to 5 Years
22	Program mission, goals, graduate attributes and their alignment reports.	Quality office- CQC	A specific committee is formed (if necessary)	Program specification	End of quality cycle	3 to 5 Years or when there is a need for change or modification.
23	Program manual/students handbook	Quality office- CQC	Policies, Procedures, Forms and guidelines unit in collaboration with	Internal form, following the instructions of Quality Deanship.	End of quality cycle or when a modification is required	3 to 5 Years, and revised yearly






N	Process	Monitoring	Implementation	How	When	Cycle
			the academic office.			
24	Quality manual	Quality office- CQC	Policies, Procedures, Forms and Guidelines unit.	Internal form, following the instructions of Quality Deanship.	End of quality cycle or when a modification is required	revised yearly to adapt with changes and updates. If no changes were required, the manual follows the 3 to 5 Years cycle.
25	Improvement, executive and operational plans and their reports	Quality office- CQC	Each respective entity	Deanship of quality and development forms	Based on the program annual report and its attachments: End of the academic year.  Based on SSR: End of Quality cycle.	Based on annual report: Yearly.  Based on the SSR: every 6 years.  All operational plans are followed up with annual reports from the respective entity
26	Self-Study Report (SSR)	Quality office- CQC	A separate committee is formed	NCAAA forms	End of quality cycle or when a modification is required	3 to 5 Years

N	Process	Monitoring	Implementation	How	When	Cycle
27	Self-Evaluation Scale Report (SESR)	Quality office- CQC	A separate committee is formed	NCAAA forms	End of quality cycle or when a modification is required	3 to 5 Years
28	Independent evaluator	Quality office- CQC	Independent evaluator	NCAAA forms	End of quality cycle or when it is required	3 to 5 Years

*\*Table 8: Quality assurance processes at the faculty of dental medicine.*

*\*The documentations of these processes are submitted annually to IDQD following the institutional quality assurance plan (3 submission cycles per year).*

-  At the end of an academic year.
-  At the beginning of an academic year or during the year.
-  At the end of the Major quality cycle (Every 3-5 years).

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UMM AL-QURA UNIVERSITY  
Faculty of Dental Medicine

## Quality Manual- 3<sup>rd</sup> Version

Vice Deanship of Quality and Development

Bachelor's Degree Dental Medicine and Surgery

Faculty of Dental Medicine

Umm Al Qura University

Academic year

2023-2024