



Faculty of Medicine - Rabigh
Quality Assurance & Academic Accreditation Unit
The Quality Manual





TABLE OF CONTENTS

Part I: About the Quality Assurance & Academic Accreditation Unit	1
Introduction	1
Vision	1
Mission	1
Objectives	1
Organizational Structure of the QAU	2
Tasks of the Unit and its Subunits	4
Part II: Terms and Definitions	6
Academic Quality	6
Academic Standards	6
Quality Assurance (QA)	6
Quality Assurance System (QAS)	6
Policies	6
Procedures	6
Activity/ Task	6
Forms	7
Records	7
Part III: Policies and Procedures	7
Quality Assurance Policies and Procedures	7
Other Policies and Procedures	7
Table of All Policies and Procedures	7
Table 1	8
Table 2	9

Part I: About the Quality Assurance & Academic Accreditation Unit

1. **Introduction:** The Quality Assurance & Academic Accreditation Unit (QAU) in Faculty of Medicine in Rabigh (FMR) was established after the review of the faculty program that occurred in 2015. The unit was established by the FMR decree number 80637/136/D, dated 17/6/1436 H. Several decrees for reformulation of the unit were followed; the last of them was issued in 2019 with decree number 88639/40/D.

The QAU is directly supervised by the Vice Deanship for Development (VDD). The VDD is responsible for all quality assurance and management activities in the FMR. The QAU directly reports to the VDD. However, it has the authority to issue some reports to other concerned parties, including the Faculty Curriculum Committee (FCC), Phase Curriculum Committees (P1CC, P2CC), courses coordinators, ... etc.

2. **Vision:** Improving performance to achieve a sustainable pioneer quality system.

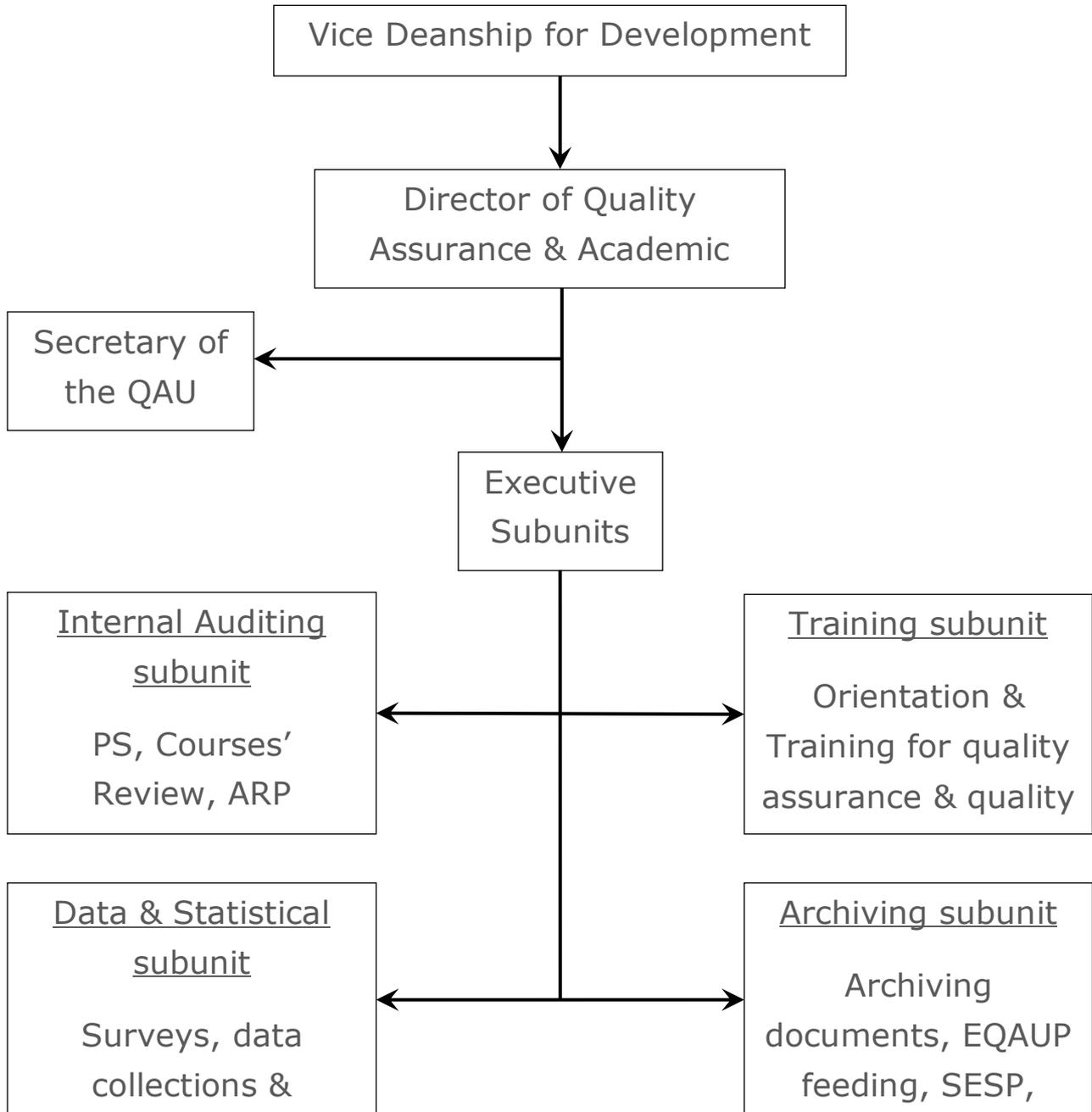
3. **Mission:** To provide highest standards of quality management in delivering and monitoring educational activities and scientific research with community participation, to achieve mission and strategic goals of the faculty of medicine in Rabigh (FMR).

4. **Objectives:**

1. Develop an internal quality system to cover performance processes at all levels (units, committees, academic and administrative departments) of the faculty of medicine at Rabigh.
2. Promote a continuously improved quality culture at level of all stakeholders and employees of the faculty of medicine in Rabigh through an integrated educational and training programs.
3. Prepare the faculty of medicine at Rabigh to achieve and document the requirements of the National Center for Academic Accreditation and Assessment (NCAAA), aiming to obtain the national academic accreditation for the Bachelor of Medicine and Surgery program.



5. Organizational Structure of the QAU:



Abbreviations:

PS : Program Specification.

ARP : Annual Report of the Program.

KPIs : Key Performance Indicators.

SESP : Self-Evaluation Scales for the Program.

SSRP : Self-Study Report of the Program.

EQAUP : Evaluation and Quality Assurance of University Performance.

6. Tasks of the Unit and its Subunits:

A. Main Tasks of the QAU:

1. Spreading the culture of quality assurance and academic accreditation in the college.
2. Building an integrated system of self-evaluation and continuous improvement of the college.
3. Develop a general plan at the college level to meet the requirements and standards of quality assurance and academic accreditation at the level of the educational programs; and contribute to the implementation of this plan.
4. Evaluate performance against the six criteria set by the National Center for Academic Accreditation and Assessment (NCAAA).
5. Preparation of reports about the courses' specifications, courses' reports and curricula.
6. Prepare the annual report of the program (ARP).
7. Provide technical support and advice to the scientific and administrative departments in the college to prepare self-evaluation plans and follow up their implementation.
8. Develop a phased plan for the periodic review of the policies and systems of quality assurance and academic accreditation.
9. Prepare questionnaires for the satisfaction of students, employees of the college and all beneficiaries of the program and propose key performance indicators.
10. Training cadres of faculty members as trainers in the field of quality management (institutional capacity building).

B. Tasks of the Internal Auditing Subunit:

1. Checking and following up the program's description and courses' descriptions in the light of the academic standards adopted by the college, in order to ensure that graduates acquire the necessary attitudes and skills for the labor market.
2. Audit and follow-up courses' reports to ensure the development of plans for continuous improvement of program and curriculum.
3. Contribute to the audit of the quality of the work of the units and technical and executive committees that carry out all the activities of the College (educational - research - community services - institutional), in the light of the requirements of the College Board of audit functions.
4. Prepare and document the annual report of the program (ARP).

C. Tasks of the Data & Statistical Subunit:

1. Designing questionnaires that serve polling in all fields of scientific research and community service.
2. Oversee the implementation and analysis of these questionnaires in cooperation with the Internal Audit Subunit.
3. Writing reports to present the results of statistical analysis in the form of tables and graphs.
4. Contribute to the development of annual improvement plans in cooperation with the Internal Audit Subunit.
5. Conducting comparisons of performance levels in different years, and proposing the practices required to strengthen the strengths and eliminate any negatives raised by the questionnaires.

D. Tasks of the Training Subunit:

1. Disseminate the culture and concepts of quality among faculty staff, teaching assistants, members of the administrative units and students of the faculty through a documented and approved annual work plan.
2. Develop a training plan for all human resources in the faculty (members of the unit - faculty members - auxiliary body - technicians - administrators) to raise the efficiency of achieving the requirements of academic accreditation and maintain them.

E. Tasks of the Archiving Subunit:

1. Develop an integrated system to encode and archive all documents related to the educational process.
2. Archiving all the documents that the college administration requests to be kept with the Quality Assurance and Academic Accreditation Unit.
3. Feeding the university program of measurement and evaluation (EQAUP-KAU) with full copies of the required documents and information, after obtaining them in cooperation with the concerned faculty sectors.
4. Contribute to the writing of the self-study report of the program (SSRP) in cooperation with the Internal Audit Subunit.

Part II: Terms and Definitions

1. **Academic Quality**: Academic quality is a way of describing how well the learning opportunities available to students help them to achieve their award. It is about making sure that appropriate and effective teaching, support, assessment and learning opportunities are provided for them.
2. **Academic Standards**: Academic standards are a way of describing the level of achievement that a student must reach to gain an academic award (for example, a degree). It should be at a similar level across the Kingdom.
3. **Quality Assurance (QA)**: Quality assurance refers to a range of review procedures designed to safeguard academic standards and promote learning opportunities for students of acceptable quality.
4. **Quality Assurance System (QAS)**: It is a quality management system that helps to assure the consistency of quality of the goods or services (education) that are supplied. Compliance with quality system standards is demonstrated by completion of a successful quality system audit conducted by a certification organization acceptable to the Government which is in our case The National Commission for Academic Accreditation & Assessment (NCAAA).
5. **Policies**: A policy is a statement stated to guide decision-making based on the framework of the institution's objectives, goals, and management trends.
6. **Procedures**: A procedure is a "documented process": a series of prescribed steps which are followed in a specific regular order to secure adherence to the guidelines set in the policy the procedure adheres to. It describes the process: "who" does "what" and "when" "under what criteria" in a specific sequence.
7. **Activity/ Task**: These are work instructions that describe how to accomplish the process. An activity is an action representing a step in the procedure. A task is a detailed description of an activity.

8. **Forms:** These are documentations used to create records, checklists, surveys; which constitute the basis of the process communications, audit materials, and process improvement initiatives.

9. **Records:** These are the critical output documents of any procedure.

Part III: Policies and Procedures:

1. **Quality Assurance Policies and Procedures:** The QAU initiated four policies and procedures for assuring a quality assurance system. The preliminary policies and procedures for quality were updated and authorized in 2017. Afterwards, the official templates of the QAU were used successively to initiate other policies and procedures throughout different deanships.

2. **Other Policies and Procedures:** Policies and procedures governing the Faculty of Medicine in Rabigh have been divided into seven domains beside the quality assurance domain. These domains include:

- A. Policies related to Educational Program Management.
- B. Policies related to Conflict of Interest.
- C. Policies related to Students' Affairs.
- D. Policies related to Assessment.
- E. Policies related to Community Services.
- F. Policies related to Research.
- G. Policies related to Interns and Internship.

3. **Table of All Policies and Procedures:** The detailed FMR policies and procedures are presented in the separate booklet of "Policies and Procedures".

However, the below table contains the list of all policies and procedures.

Number	Code	Policy Title
Policies related to Quality Assurance		
Policy 1	QA- 1	Formulation and Compliance to Policies, Procedures & Job Descriptions.
Policy 2	QA- 2	Delivery of the Educational Program
Policy 3	QA- 3	Assessment of the Educational Program
Policy 4	QA- 4	Review of the Educational Program
Policies related to Educational Program Management		
Policy 5	EPM- 1	Program Mission & Objectives
Policy 6	EPM- 2	Review of Program Mission & Objectives
Policy 7	EPM- 3	Defining Educational Program Competences
Policy 8	EPM- 4	Program Leadership and Organization
Policy 9	EPM- 5	Program Management bodies
Policy 10	EPM- 6	Program Administrative Structure
Policy 11	EPM- 7	Program Information System
Policy 12	EPM- 8	Financial and Physical supportive resources
Policies related to Conflict of Interest		
Policy 13	COI- 1	General Guidelines
Policy 14	COI- 2	Conflict of Interest in Assessment
Policies related to Students' Affairs		
Policy 15	STD- 1	Academic Integrity and Ethical Practices
Policy 16	STD- 2	Students' Conduct
Policy 17	STD- 3	Student's Appeal for Academic Issues
Policy 18	STD- 4	Student's Appeal for Final Course Grades
Policies related to Assessment		

Number	Code	Policy Title
Policy 19	ASS- 1	Formulation and Management of Assessment Policies
Policy 20	ASS- 2	Quality Assurance of Assessment Process
Policy 21	ASS- 3	Assessment Design
Policy 22	ASS- 4	Procedure for Summative Examination
Policies related to Community Services		
Policy 23	COM- 1	Community Engagement Plan
Policy 24	COM- 2	Institution- Community Interaction
Policy 25	COM- 3	Quality Assurance of Community Engagement Activities
Policy 26	COM- 4	Reinforcing Participation in Community Services
Policy 27	COM- 5	Reinforcing Students' Participation in Community Services
Policies related to Research		
Policy 28	RES- 1	Student Research as a Graduation Requirement
Policy 29	RES- 2	Oversight and Regulation of Scientific Research
Policies related to Interns and Internship		
Policy 30	INT- 1	Requirement to start Internship
Policy 31	INT- 2	Rotation of Interns
Policy 32	INT- 3	General Conduct of Interns
Policy 33	INT- 4	Roles and Responsibilities of Interns
Policy 34	INT- 5	Maintenance of Confidentiality
Policy 35	INT- 6	Reporting Unprofessional Behavior of an Intern
Policy 36	INT- 7	Vacations
Policy 37	INT- 8	Internship rotations for Non-Faculty applicants
Policy 38	INT- 9	Issuance of Internship Certificate
Policy 39	INT- 10	Application for change of Schedule



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