

Kingdom of Saudi Arabia
Ministry of Education
University of Bisha
College of Medicine



المملكة العربية السعودية
وزارة التعليم
جامعة بيشة
كلية الطب



Quality Management System Manual

University of Bisha

College of Medicine

(UBCOM)

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This manual was prepared by:

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Introduction

Preparing a medical school or medical education program for review or accreditation is a complex and challenging process requiring in addition, to adequate resources, preparation, and planning, deep knowledge and a clear understanding of the national and international standards being used. Moreover, it is important to recognize that continual change, renewal and improvement had become part of the shifting landscape in which educationists operate worldwide. Indeed, such changes, renewal and improvement should take place within the context of agreed educational standards. Knowledge, understanding and compliance with such educational standards are vital components of medical program leadership. Use of nationally and internationally accepted standards (NCAAA / WFME) standards will drive the quality improvement agenda in medical education. Hence, the process of accreditation should be viewed by medical education leaders, not as a threat, but as an opportunity to continue to drive the quality improvement agenda.

All medical education programs across the globe should come under regular review and accreditation by national, regional /or international bodies, such as The NCAAA in KSA, the General Medical Council (GMC) in the UK, and the WFME.

Self-review process requires top level support from within the medical education school as well as from the hosting university in addition to the commitment of the teaching staff. Such review of the medical education program, should take place as part of a continuous cycle of regular self-review as well as preparation for accreditation, and should be achieved through using a project management.

This Manual defines the policy of administering different operations of Quality Assurance and National Academic Accreditation and international standards at the University of Bisha College of Medicine and its MB, BS Program. The most important focus in administering the quality and academic accreditation system is to ensure provision of high-quality medical education and patient care in addition to preparing the College and its MB, BS Program to obtain the Program national accreditation from the Education and Training Evaluation Authority - National Center for Academic Accreditation and Assessment (NCAAA), and international accreditation.

Basic definitions of the quality assurance and accreditation concepts:

Mission: The Mission explains why an institution or academic program exists and expresses the fundamental Mission of an institution or academic program, and answers important questions such as (who are we? why we exist? what do we offer at the level of education, research and community service) and how do we provide this at the local, national or international levels?

Vision: It means here what we want to get as far as possible. That is, the situation that we look forward to attain after a long period of time (it is linked to a period of strategic plan and national plans), and is the guiding direction on which higher education institutions and their academic programs are based on. Suffice to say here that future planning is its corner stone, and this trend must be clear to all and is consistent with higher education policies, National plans and aspirations.

Accreditation: Accreditation is a process that reflects the set of procedures and processes verified by the Accreditation Commission in order to ensure that the institution has advanced in achieving quality requirements and specifications in accordance with the approved standards of quality assurance. The process of academic programs should comply with these declared and approved standards; and that it has existing quality assurance systems and continuous improvement of its academic activities. The process should adhere to the systems in accordance with the stipulated regulations and standards documented by the Accreditation Commission. Accreditation bodies are independent bodies such as the National Centre for Evaluation and Academic Accreditation.

Standard: Quality Standards in Education and Training Institutions is a set of related standards or a package of agreed procedures to ensure the quality of education and training in educational, training and academic programs. It provides the ability to distinguish between the educational and training environment successfully and those that require improvements. Quality assurance standards are guided by the evaluation of university performance at a particular university or academic program by verifying the achievement of published best practices and by comparing performance by making reference to strategically planned and established standard levels.

National Standards for Evaluation and Academic Accreditation: These are the standards prepared by the Education and Training Evaluation Commission - The National Center for Evaluation and Academic Accreditation for the Evaluation and Accreditation of Higher Educational Institutions and Academic Programs. These are the basis of the academic evaluation and accreditation process. The criteria for accrediting higher education institutions are aimed at evaluating these institutions and their academic programs in Saudi Arabia, and it is pursued to continuously improve the outcomes of these institutions and not to merely inspect documents.

Academic accreditation is a situation where an educational institution obtains an official certificate granted by a recognized body confirming that the educational institution and its programs meet the required standards, stating that the activities, operations and procedures in that institution are consistent with the academic standards and good practices that have been identified and approved.

Program Accreditation: Evaluating the program and ensuring its quality and appropriateness to the level and type of certificate granted (program's Mission and objectives). It is also linked to professional expectations of a particular profession one seeks to enter.

Performance Indicators: A set of quantitative and qualitative metrics used to measure and track performance over time to deduce on the extent to which agreed and strategically planned target performance levels are achieved, and are the salient points that monitor progress towards standards.

Quality: It refers here to the level of performance compared to the accepted standards of good practices globally that is related to the development of student learning and management of institutions; the appropriate performance of what the institution wants to achieve (goals and priorities), and the suitability of the objectives and priorities of the institution under the circumstances in which the institution operates and communities it serves. It is about satisfying the *requirements* of the customer who bought the product or service and it is about being fit for the *purpose* for which the product or service was bought.

Continuous Improvement: This is intended to provide the institution or academic program with systematic and physical systems, mechanisms and tools that ensure continuous development for improvement of all activities provided and for all its operations as a key guarantee of the survival of the organization or academic program and its advancement.

Quality Culture: A good culture states thus: 'An organizational culture that aims to improve quality permanently and has two distinct elements: the first element, which is a cultural/psychological segment consisting of values, beliefs, expectations, commitment to quality and the second element, which includes specific processes that enhance quality and aim to coordinate individual efforts.' (Kottman et al., 2016).

Internal Quality Assurance System (IQA): IQA is the process of monitoring the teaching, learning, and assessment activities that a learner at a training provider will undertake. More often than not, IQAs are the Supervisors or Managers within the educational or training institutions. They're responsible for the staff, systems, and procedures. IQA helps to ensure that assessments and IQA activities are valid, authentic, sufficient, fair and reliable. IQA measures the quality, delivery, processes, procedures and learner achievements, ensuring sampling both interim and summative is occurring. The accreditation of medical education program, is a prerequisite for achieving quality assurance standards approved by the National Center for Evaluation, Academic Accreditation and Assessment for Institutional or Program accreditation.

Self-evaluation of the educational institution: the starting point towards quality and academic accreditation (at a later stage) is intended for the institution or academic program to evaluate its performance in the light of the quality assurance criteria for academic accreditation, with a view to identifying the strengths and weaknesses of its institutional capabilities, its educational effectiveness, so that it can achieve its Mission, purpose and Strategic Goals by fulfilling the requirements of applying for academic accreditation and fulfilling its requirements.

Self-study: It is one of the basic means of self-evaluation, and depends mainly on the characterization and diagnosis of the current situation in the institution and identifies areas of strength and weakness. Areas of improvement and possible development are then identified. This approach is considered as one of the most important requirements for applying for academic accreditation.

Evidence for each of the Standards: Here, it means evidence that reflects the practices of the institution or academic program, which are: different records, annual reports

(program/course/field experience), minutes of meetings, Performance measurement reports, results of studies, plans and evaluations, policies, procedures and regulations, organizational structures, job description cards, administrative, academic and clinical systems, attendance and absence records, photos, recordings, interviews, registration management records and records of quality, follow-up reports, etc.

Institutional Capacity: The Accreditation Commission ensures that the institution has a vision and Mission for its strategic plan and activities, and is credible and impartial and has leadership, governance, organization, human and material resources and community participation that supports the realization of its Mission and Strategic Goals. The Institution is verifying this through the ongoing institutional evaluation.

Educational effectiveness: The Accreditation Commission ensures that the institution puts students at the forefront of its concerns, and has educational and training programs designed in line with national requirements and professional standards, a strategy for education and training, competent faculty members, and that it has developed studies and research, it provides graduate requirements to ensure educational effectiveness.

Empowerment: it often requires entities to look for best practices to ensure the efficient and meticulous distribution of power and its sources at the level of all beneficiaries. This includes the granting of motivational and means to improve all processes.

Benchmarking: It is a self-improvement tool for educational institutions and their academic programs; it allows them to compare themselves with others with a view to identifying their strengths and weaknesses to be able to achieve self – improvement.

Employee Satisfaction: Employee satisfaction is the term used to describe whether employees are happy and fulfilling their desires and needs at work. This is in fact one of the most important elements to be taken into consideration when working to build quality management.

Community Services: This is a basic and required concept of higher education policies in Saudi Arabia with the reference to the Ministry of Education's plan that an educational institution cannot continue without supporting the surrounding community. It provides support services, guidance and schools to serve it. Any attempt for development and advancement should begin with the organization's concern for the basic needs of its community and contribute to the development and uplifting the community, including health care services that educational institutions tend to offer through health education programs.

Transparency: Transparency will ensure that those involved on all sides of the learning process are aware of their roles and what they are entitled to expect. Making explicit that which had previously been assumed, and possibly misunderstood, is one of the key functions of quality assurance.

Consistency: Consistency and fairness are key constituents of any process from the perspective of the consumer. They have a particular relevance for learners seeking awards.

Equality: Equality, integrated in quality assurance procedures, will facilitate greater access to a diverse range of learners

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.

Academic standards: Academic standards are a way of describing the level of achievement that a student has to reach to gain an academic award (for example, a degree).

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.

Quality system: A quality system, also known as a Quality Assurance (QA) system or a Quality Management System (QMS), is a management system that helps to ensure 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 certified organization acceptable to the Government.

What is meant by National Qualification Framework? A Qualifications Framework is an instrument for the development, classification and recognition of skills, knowledge and competencies along a continuum of agreed levels. It is a way of structuring existing and new qualifications, which are defined by learning outcomes, i.e., clear statements of what the learner must know or be able to do whether learned in a classroom, on-the-job, or less formally. The Qualifications Framework indicates the comparability of different qualifications and how one can progress from one level to another, within and across occupations or industrial sectors (and even across vocational and academic fields if the NQF is designed to include both vocational and academic qualifications in a single framework.

The system for accreditation and quality assurance in the Kingdom of Saudi Arabia is designed to ensure that the quality of higher education is equivalent to high international standards, and is widely recognized as such in the international academic and professional communities. The National Qualifications Framework is an important element in this system. It is intended to ensure consistency within the Kingdom in the standards of student learning outcomes regardless of institution attended, and to make clear the equivalence of those standards with those for equivalent awards granted by higher education institutions in other parts of the world. The Framework will help to provide appropriate points of comparison in academic standards for institutions in their planning and self review processes, for external reviewers involved in program accreditation processes and institutional reviews, and for employers, in understanding the skills and capabilities of graduates they may employ. The framework describes the expected increasing levels of knowledge and skill in these areas for each qualification. Developing these attributes will require use of methods of instruction that take students well beyond the acquisition of knowledge and skills and emphasize their use in practical situations on a continuing basis.

University of Bisha College of Medicine (UBCOM)

The location of UBCOM: The University of Bisha, College of Medicine is located at the temporary building (the Engineering and Medical Complex) on King Saud Bin Abdul-Aziz Street and will be moved to the new and modern building equipped with the latest equipment and technologies hopefully within the next three years.

History and development of the university of Bisha college of Medicine: College of Medicine University of Bisha had been established according to the decree (N0. 1433/70/9) of the higher council of education in its meeting (N0. 70) dated 01/07/1433 H – 22/05/2012, as one of the colleges of the Bisha branch of King Khalid University in Abha. The first student's intake for the male section of the college was in 1435/1436 H -2014/2015 academic year. The decree defined the following academic departments to be included;

1. Department of anatomy
2. Department of Physiology
3. Department of Biochemistry
4. Department of microbiology
5. Department of Pathology
6. Department pharmacology
7. Department of family and community medicine
8. Department of internal medicine
9. Department of surgery
10. Department of child health
11. Department of obstetrics and gynecology

In 1435 H – 2014, a Supreme Decree was issued to establish the University of Bisha. According to this decree, the University of Bisha consisted of the former branches of King Khalid University in Bisha, Bilqarn, Namas, and Tathleeth, including College of Medicine in Bisha.

In 1438/1439 H – 2017/2018 academic year and in response to the recommendations of the association of Saudi College of Medicine Deans which had been approved by the Saudi Ministry of education some changes had been applied on the functional structure of college and the program, which include:

- a. Alignment of the program with the Saudi MED domains and competencies.
- b. Reorganization of the academic departments to be as follow;
 1. Department of medical education
 2. Department of basic sciences
 3. Department of clinical pharmacology
 4. Department of community medicine
 5. Department of medicine
 6. Department of internal medicine
 7. Department of surgery
 8. Department of child health
 9. Department of obstetrics and gynecology

In 1440/1441 was the first intake of female students and the start of the female section.

Mission:

We are committed to graduate competent, professional and lifelong learner physician through the BISHA model:

B –Best medical education environment.

I –Intersectoral and community participation.

S –Scientific research.

H–Holistic health care approach.

A–Accountability and leadership.

Goals:

1. Graduation of competent doctors of tomorrow
2. Conduction and use of biomedical research on the priority health concerns of the society to improve health.
3. Provision of high-quality holistic health care

Values:

1. Teamwork
2. Lifelong learning
3. Excellence and innovation
4. Accountability and equity
5. Professionalism and leadership
6. Respect of religious and societal values

Teaching and learning strategies to achieve program learning outcomes

2. Authentic learning
3. Student-centered learning
4. Problem-based learning
5. Team-based learning
6. Integration
7. Community-based medical education
8. Community-oriented medical education

Graduate Attributes:

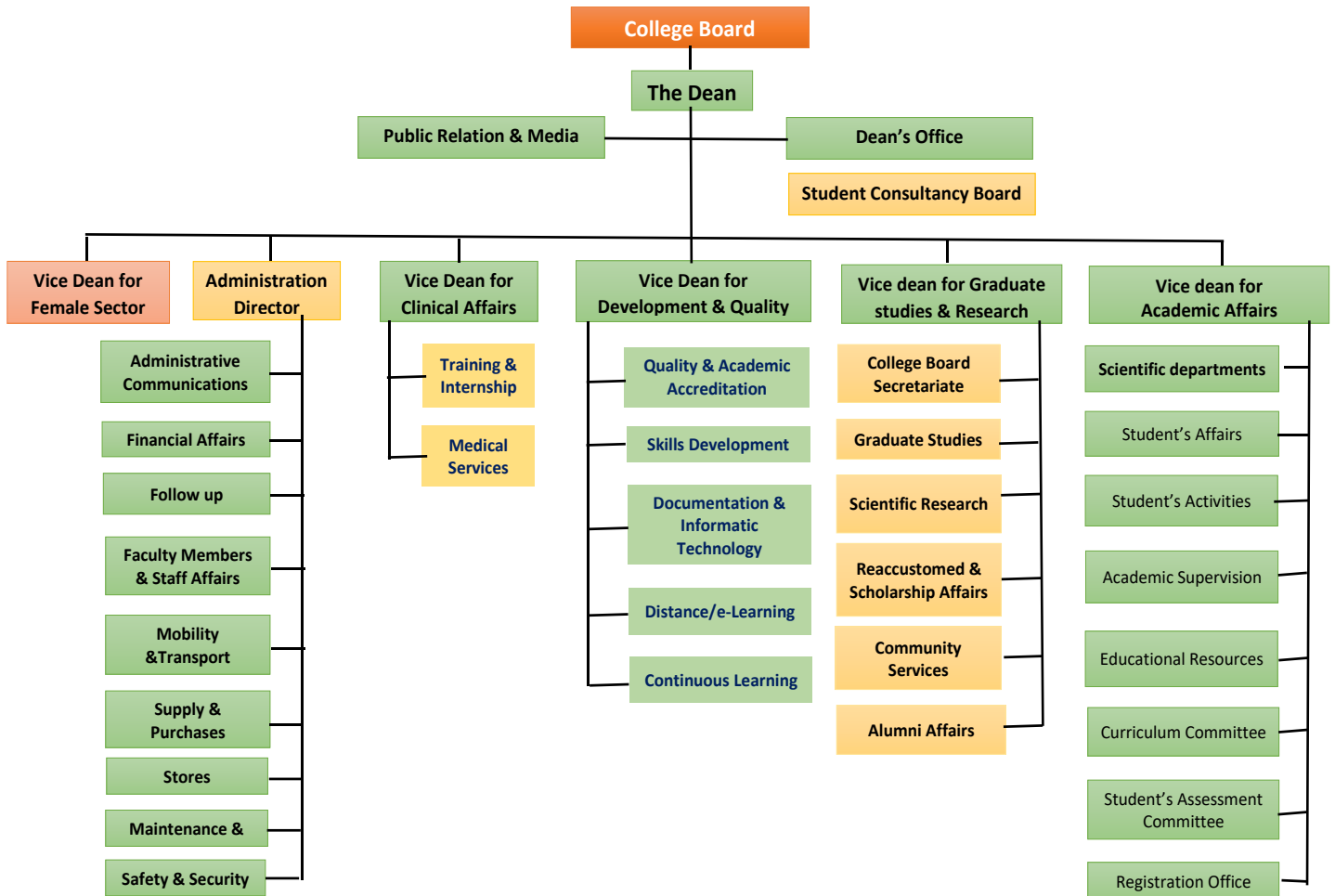
- Scientifically updated and culturally aware practitioner.
- Self-regulating lifelong learner.
- Critical thinker accepting other's opinions.
- Culture of moderation spreading, attuned to his homeland and culture citizen.
- Creative leader.
- Efficient communicator.
- Ethical, self-confident skillful medical professional.
- Evidence base oriented researcher

Student Admission Requirements

- According to the intake policy of the University of Bisha
- National ID
- Graduate of the last year of the Secondary School

- Not < 90 % achievement of the secondary school certificate
- Passing the General Aptitude Test (GAT) and Scholastic Achievement Admission Test (Science) conducted by the National center for Assessment and Evaluation
- The Qualifying Percentage should not be less than 90% (Secondary School Certificate 30%, General Aptitude Test (GAT) 30%, Scholastic Achievement Admission Test 40% (Science))
- The applicant should apply through the university electronic gate of the University of Bisha
- Preferences between applicant will be according to the Qualifying Percentage and the available seats
- Successful pass of medical check up
- Any other condition to be decided by the University or the College Boa

The functional organizational structure of the UBCOM



The administrative structure of the college:

To ensure the overall effectiveness in the college and continuous dynamic balance, it is critical that the elements of each group are selected and defined in a way that ensures a balance between them. A balance between the structural elements as well as relational elements (internal and external) relations is also essential. In order to achieve administrative cohesion, the administrative structure is integrated with the academic, clinical and technical systems in the college.

Relationship between Program Mission and the Mission of the University of Bisha:

The mission of the UCBOM (program) is consistent and aligned with the mission of the University of Bisha as seen in the table below.

The University of Bisha College of Medicine has only one program so the program has the same mission, vision and goals of the college. The process of integration, harmony, consistency, and alignment between the components of the college’s vision and Mission and its goals with the elements of the university’s vision, Mission and goals are a vital process in order to maintain the permanent effectiveness as an academic institution. This compatibility leading to raising the efficiency and performance of the college, and contributes to the sustainable development of the college's activities. This consistency works to achieve the goals of the university and its strategic plan.

University of Bisha mission	UBCOM mission: We are committed to graduate competent, professional and lifelong learner physician through the BISHA model:			B –Best medical education environment. I – Intersectoral and community participation. S – Scientific research. H – Holistic health care approach. A –Accountability and leadership.					
	Competent	Professional	Lifelong learners	Key words					
				Best education environment	Community participation	Scientific research	Holistic health care approach	Accountability	Leadership
Building competitive knowledge driven society			✓				✓		
Competitive	✓							✓	✓
Educational environment			✓	✓					
Scientific research		✓				✓			
Community partnership					✓			✓	

Relationship between Program Goals and the mission of the University of Bisha College of Medicine:

The goals of the UBCOM (program) are well stated, clear, realistic, achievable and measurable. The goals are linked, aligned and consistent with the its mission as seen in the table below.

UBCOM goals	UBCOM mission: We are committed to graduate competent, professional and lifelong learner physician through the BISHA model:			B –Best medical education environment. I – Intersectoral and community participation. S – Scientific research. H – Holistic health care approach. A –Accountability and leadership.					
	Competent	Professional	Lifelong learners	Key words					
				Best education environment	Community participation	Scientific research	Holistic health care approach	Accountability	Leadership
Graduation of competent doctors of tomorrow	✓	✓	✓	✓	✓		✓		✓
Conduction and use of biomedical research on the priority health concerns of the society to improve health.	✓					✓			
Provision of high-quality holistic health care	✓						✓	✓	

Relationship between Program Goals and the Goals of the University of Bisha:

UBCOM goals	University of Bisha Goals						
	UBGs 1	UBGs 2	UBGs 3	UBGs 4	UBGs 5	UBGs 6	UBGs 7
Graduation of competent doctors of tomorrow		√				√	
Conduction and use of biomedical research on the priority health concerns of the society to improve health.				√	√		√
Provision of high-quality holistic health care	√	√	√				√

Consistency between the program learning outcomes (PLOs), the National Qualification Framework (NQF), NCAAA and the Saudi MED

Learning domains	PLOs	Saudi MED	CLOs	SLOS	Teaching methods	Assessment methods
Knowledge						
K1	Describe human life cycle explaining the normal and pathological structure and function, in relation to its biochemical, molecular and cellular mechanisms that are essential for maintaining human body homeostasis.	1.4, 1.5, 1.8, 1.9			Inter active lectures, PBL, TBL, Seminar, large and small group discussion – PD (panel discussion)	MCQs (best of 4), SAQs, MEQs, assignment, OSPE
K2	Describe common human diseases particularly of the national and local community, their epidemiology, etiology, pathophysiology, clinical presentation, management, complications, prognosis and the financial burden.	1.8, 1.4, 1.5, 1.9			Inter active lectures, PBL, TBL, Seminar, large and small group discussion – PD (panel discussion)	MCQs (best of 4), SAQs, MEQs, assignment, OSPE
K3	Explain Principles and role of evidence-based, spiritual and prophetic medicine, safe, ethical professional medical practice and biomedical research with particular attention to various modalities of treatment of different diseases including the principles therapeutics relevant to clinical practice.	1.6, 1.10, 1.11, 2.1, 7.1, 15.2			Inter active lectures, PBL, TBL, Seminar, large and small group discussion – PD (panel discussion)	MCQs (best of 4), SAQs, MEQs, assignment
K4	Discuss Saudi and international health system with particular attention to patient advocacy, principles of epidemiology and systematic approach of	8.1, 9.1,			Inter active lectures, PBL, TBL, Seminar,	MCQs (best of 4), SAQs, MEQs, assignment

	screening to reduce the incidence and prevalence of diseases.				large and small group discussion – PD (panel discussion)	
Skills						
S1	Evaluate factors affecting the health and illness patterns and the perception among populations, applying principles of amelioration of suffering and disability, rehabilitation and palliative care, prevention and control of communicable and non-communicable diseases within the priorities of the national health care system	6.4, 6.6, 7.5, 9.3, 9.2, 9.4, 8.1, 8.2, 8.3, 13.7, 14.4			Practical lab, site visits, CBL, clinical skills teaching (skill lab, simulation, bed side teaching, etc.)	Log book, problem solving, OSCE, OSPE, Portfolio, direct observation
S2	Apply principles of ethics including Islamic values, professionalism, patient safety and management of clinical risks with special attention to principles and ethics of biomedical research.	7.1, 7.4, 16.1, 16.2, 16.3, 16.4, 13.1, 13.2, 13.3, 13.4, 14.1, 14.2, 14.3, 12.1, 12.2, 14.4			Site visits, CBL, clinical skills teaching (skill lab, simulation, bed side teaching, etc.)	Log book, problem solving, OSCE, OSPE, Portfolio, direct observation
S3	Demonstrate communication, team, leadership, clinical, professional, critical, analytical, reasoning and judgement skills in dealing with patients, their families, self, colleagues, health teams, health system and the community.	2.2, 3.4, 4.1, 4.2, 6.7, 11.2, 11.1, 11.3, 11.4, 6.5, 10.4			Practical lab, site visits, CBL, clinical skills teaching (skill lab, simulation, bed side teaching, etc.)	Log book, problem solving, OSCE, OSPE, Portfolio, direct observation
Values						
V1	Manage common medical conditions and emergencies using holistic approach with recognition of their prevention and impact on the individual, families and the society	6.1, 6.2, 6.3, 5.1, 5.2, 9.5, 9.7, 3.1, 3.2, 3.3, 3.2, 3.3			Practical lab, site visits, CBL, clinical skills teaching (skill lab, simulation,	Log book, problem solving, OSCE, OSPE, OSLER,

					bed side teaching, etc.)	Portfolio, direct observation
V2	Estimate societal and global health issues appraising the role of national and international health organizations including guidelines on management of pandemics with particular attention to Hajj and Umrah	9.6			Practical lab, site visits, CBL, clinical skills teaching (skill lab, simulation, bed side teaching, etc.)	Log book, problem solving, OSCE, OSPE, Portfolio, direct observation
V3	Integrate communication, leadership and management skills showing professional and ethical behavior in dealing with patients, their families, self, colleagues, health system and the community	7.2, 7.3, 13.5, 13.6, 15.1, 15.2, 15.3, 15.4, 15.5, 17.1, 17.2, 17.3, 6.8, 7.6, 10.1, 10.2, 10.3, 10.5, 14.4,			Site visits, CBL, clinical skills teaching (skill lab, simulation, bed side teaching, etc.)	Log book, problem solving, OSCE, OSPE, Portfolio, direct observation

Program Management

Quality assurance processes involve participation of all Departments, Units, committees, individual staff member, students and employees. It is subjected to proper planning, regular evaluation and improvement. Quality is assessed based on Key Performance Indicators where, the performance metrics focus particularly on Outcomes, in addition, to the internal and external benchmarking ensuring the continuous improvement of the quality of educational and administration system in college. The quality system of UBCOM is based on the followings:

- Presence of vice-Deanship for quality and development
- Presence of the Quality and Development committee (linked to the university deanship of quality and development) which have an annual action plan and report
- Presence of suitable functional structure of the vice-Deanship for quality and development
- Participation of all beneficiaries e.g., faculty, staff and students,

Participation of the teaching staff, students and employee in planning, quality assurance, and decision-making processes.

Teaching staff is main engine driving all the processes in the program. They are participating at all levels of planning and decision making process and quality assurance. They constitute the majority of the membership of College Board, participate in the consultative program council, headed all departments and constitute the all committee. The student are represented in the consultative council and student affair organs and bodies at the level of the college and the university, but they are empowered regarding teaching and learning. They plan, organize and conduct all events and community partnership activities in collaboration with faculty members. (attach membership). The participation of employee is restricted to the administrative issues and running of the daily practice.

Staff members participate in quality improvement and self- assessment process and decision making through:

- Preparing course portfolios
- College Board Meeting (heads of department)
- Participating in different program and college committees
- All annual surveys distributed by quality unit which include program evaluation, evaluation of program administration, teaching and learning resources, IT, maintenance and job satisfaction survey.
- Participate in the advisory committee of the program.
- Participating in program self-evaluation activities.

Student participate in quality assurance and program decision making is encouraged by program administration through:

- Student's participation in the consultancy council of the college
- Quality unit annual surveys (Program evaluation, student experience, course evaluation, academic advising, student club, teaching and learning resources, IT and maintenance surveys.
- Focused group discussion

- Direct contact of individual students with the program's leaders, head of departments, course coordinators and instructors.

Administrative, supportive and technical staff participation in quality assurance and program decision making is encouraged by the program administration through:

- Reports
- Participation in the annual surveys
- Participation in relevant committees and units

To ensure high standards of practice the UBCOM, all conducted surveys should statistically analyzed, strengths as well as areas needs attention must be identified and used in planning for improvement. The UBCOM and its programs have both academic, administration and service key performance indicators and External and internal benchmarks to ensure the quality of the programs that satisfy all stakeholders.

The college quality assurance system is subject to regular evaluation and improvement. This takes place through internal evaluation presented in quality unit annual report, program reports, courses reports, KPI reports, assessment of beneficiaries' satisfaction through different surveys, independent opinion, self-evaluation study every and development plans.

The Vice-Deanship for Academic Affairs and Development

The aim of **The Vice-Deanship for Academic Affairs and Development** (under which quality issues are affiliated) is to enable the college to achieve its mission and goals through quality assurance management and providing the ingredients and requirements for obtaining academic accreditation for its academic program and maintain it at consistent with the highest local and international quality standards in the educational, administrative, organizational and technical fields in addition to service.

The Vice – Deanship is linked with the Deanship of Quality and Development at the University's Deanship for Development and Quality and with the Dean of the College and he is a member of the College Board. The Vice-Dean for Development and Quality of college is a teaching staff member of the college, nominated by the Dean of the college and appointed by an administrative decision from His Excellency the President of the University and assigned to supervise Development and Quality processes and strives to achieve:

- national accreditation
- international accreditation
- adherence to the academic standards
- control the quality of administrative process
- develop and improve performance of the departments, committees, units and the staff
- supervises units and committees of the Deanship of Quality and Development in the college in accordance with the administrative structure approved by the College Board

Vision of the Deanship of Quality and Development:

Leading the UBCOM and its MB, BS program to the best quality and excellence of education, research and service.

Mission of the Deanship of Quality and Development:

Create a and maintain quality and excellence in UBCOM by monitoring, evaluating and improving all process and experiences related to Medical Education, Research, and Health Care through well-established quality assurance management system

Objectives of the Deanship of Quality and Development

1. Monitor and support the implementation of the Strategic Plan of The College of Medicine
2. Promote the culture of excellence and continuous quality improvement among the staff, employees, and students of UBCOM.
3. Monitor and improve the quality of governance and administration of UBCOM.
4. Monitor and improve the quality of the educational environment and experiences.
5. Monitor and improve the quality of Research in UBCOM.
6. Assure the adherence of the UCBCOM to quality standards, processes and measures for achieving national and international accreditation.
7. Lead the UBCOM through different stages of accreditation.
8. Develop and support all new quality improvement initiatives in UBCOM. Create, strengthen,
9. Create, activate and expand relations with professional organizations and academic institutions and international universities for benchmarking purposes assuring the quality of the standards, processes and measures used by UBCOM.

Values of the vice-deanship for Development and Quality:

1. Excellence
2. Innovation and creativity
3. Transparency and honesty
4. Integrity
5. Empowerment

Quality and development committee:

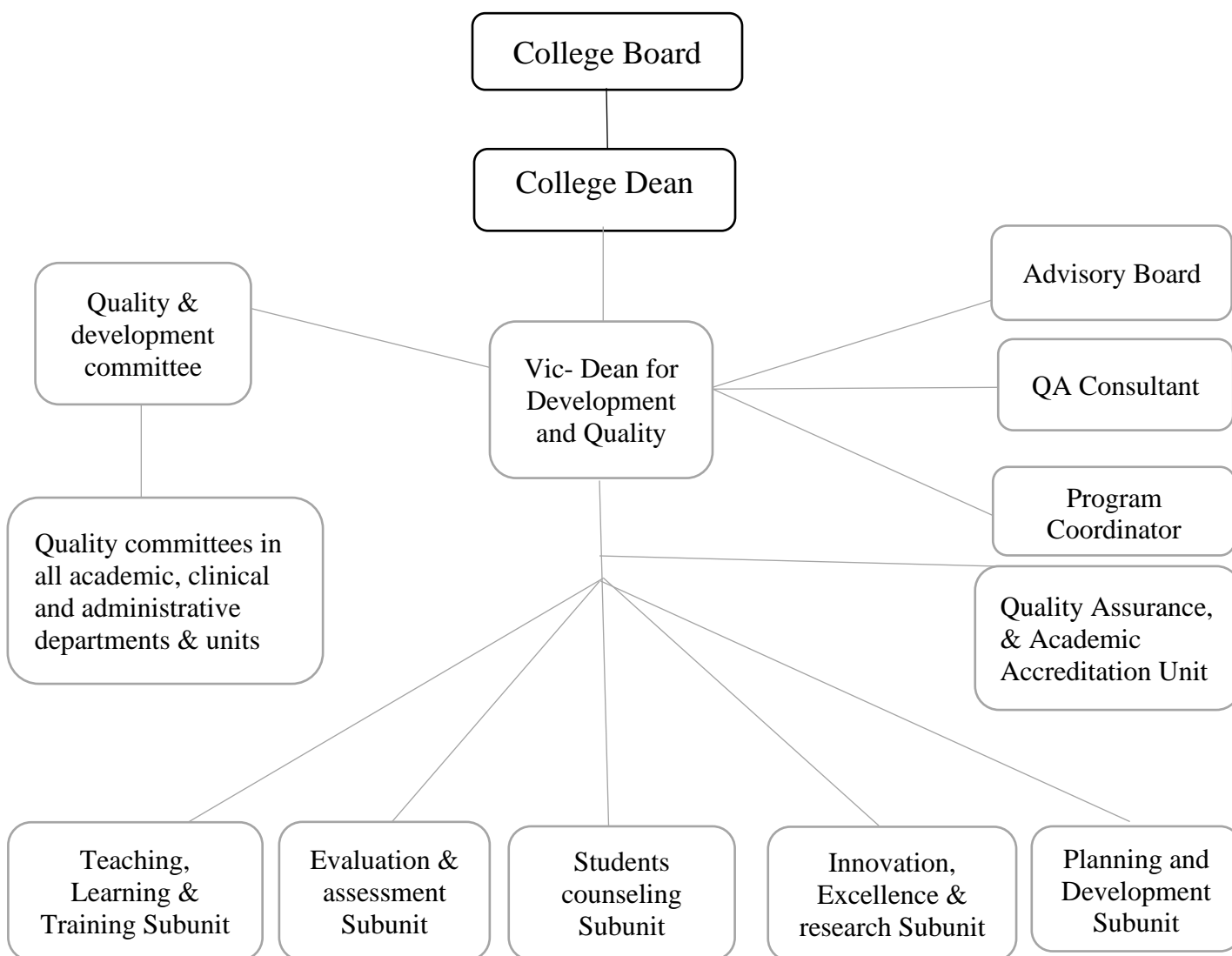
The Quality and development committee works on:

- planning and following up the performance of the College's Quality committees in all academic, clinical and administrative departments and units
- provide appropriate advice and recommendations on various topics processes and procedures related to quality assurance in the College
- take the leading role in the adoption of quality assurance initiatives and academic accreditation

Organizational relationship:

The Quality and development committee is affiliated to the Vice Dean of the Academic Affairs of the College.

In order to ensure the efficiency of the quality management system (QMS) of the college, a mechanism was developed to regulate the relationship between the different components and to handle quality processes and issues, starting from the top management and ending with the committees and units of quality and academic accreditation in academic departments. The following flow chart illustrates the QMS mechanism in the College.



The Organizational structure of the College’s vice Deanship for Development and Quality in the College:

The program is governed by the College Board and the Department Council with defined tasks and authorities according to the existing and up to date policies, regulations and guidelines of the Saudi Ministry of Education, University of Bisha and University of Bisha, College of Medicine. In addition to this, there are the College Consultative Council and Program Avisory Council in which 75% of their membership is from out of the college and were created with specific purpose and tasks. Sections are managed by Vice Deans such as Vice Dean for Academic affairs and head of scientific department. The direct program and course managers are the program coordinator and course coordinator respectively. Moreover, there are professionalized committees which were created with specific mission, membership and tasks and include:

1. Curriculum committee

2. student assessment committee
3. student affair committee
4. research committee
5. committee for research ethics
6. quality and development committee

The constitution of the college and department councils is as follow:

1. Faculty councils: It includes the dean, college vice deans and heads of scientific departments.
2. Department councils: It includes the academic department teaching staff of the scientific departments at college level.

The regulations of these councils are governed by the higher education system of the Kingdom of Saudi Arabia, backed by some organizational guides that realizes the work mechanisms and models, and the functions of each council. The Council is formed annually by a decision from The President of the University. The faculty council is chaired by the Dean College and is the highest executive authority in the university. The College Council holds periodically during the academic year.

The program leadership should have the appropriate academic and administrative experience to achieve its mission and goals. Members of the College Board are the head of departments, who are the senior staff with considerable years of experience.

Stakeholders Involvement: Stakeholders constitute almost three quarters of the Consultative Committee of the College:

1. Students representatives – 2 males and 1 female
2. Graduates representatives – 1 male and 1 female
3. Ministry of health representative
4. Representative of the society
5. Representative of the private health sector
6. Representative of the Saudi Commission for Health professions
7. Experts in medical education

The program management acts to provide an organizational climate and supportive academic environment. This is achieved through organization of the task committees particularly courses committees as program is integrated horizontally and vertically hence the need of synergism and collaboration between discipline and departments. Faculty are empowered to take the needed decisions at the right time and there is rooms for initiatives and innovation. The program is coordinated by program coordinator while courses by courses coordinators under direct supervision of the curriculum committee and the Vice Dean for Academic Affairs. The courses coordinators, courses committees and program coordinators work in harmony and synergism. Moreover, Medical Education Department provides support to both coordinators and committees. The Dean College and Vice Deans provide all types of support to create the optimal environment.

Program Regulations

Program is regulated and monitored according to the existing and up to date policies, regulations and guidelines of the Saudi Ministry of Education, University of Bisha and University of Bisha, College of Medicine in addition to the professional and ethical national directives such as Saudi MED which include:

1. Admission policy and regulations
2. Study and exam regulations
3. Recruitment regulations
4. Promotion regulations
5. Assessment policy
6. Students issues regulations
7. Scientific research regulations
8. Regulations of training and scholarship
9. Internship regulations

1. Eligibility rules:

<https://www.ub.edu.sa/documents/66248/162727/%D8%AF%D9%84%D9%8A%D9%84+%D8%A7%D9%84%D9%82%D8%A8%D9%80%D9%88%D9%84.pdf/a75128b8-730a-4be6-976f-779abc7be514>

2. Study regulations:

<https://www.ub.edu.sa/documents/66248/162727/%D9%84%D8%A7%D8%A6%D8%AD%D8%A9+%D8%A7%D9%84%D8%AF%D8%B1%D8%A7%D8%B3%D8%A9/282d70f5-9a68-4743-a2fd-a2f29bf2e014/>

3. Student guide:

<https://www.ub.edu.sa/documents/66248/162727/%D9%84%D8%A7%D8%A6%D8%AD%D8%A9+%D8%A7%D9%84%D8%AF%D8%B1%D8%A7%D8%B3%D8%A9/282d70f5-9a68-4743-a2fd-a2f29bf2e014/>

3. <https://www.ub.edu.sa/documents/122132/0/%D8%AF%D9%84%D9%8A%D9%84+%D9%83%D9%84%D9%8A%D8%A9+%D8%A7%D9%84%D8%B7%D8%A8.pdf/1bc7eab6-b4e7-6b38-e35b-fdbdb3e19521?t=1612766146715>

There is a sufficient amount of flexibility and authorities that allows program leadership to bring about the necessary development and changes within the limits of regulations and policies, in response to the recent events and to the results of periodic evaluation of the program and its courses. A good example of this is the situation created by the current COVID 19 pandemic where the college took the needed action and made the possible modifications in the fulfilment of the study plan).

The program management applies mechanisms ensuring integrity, fairness, and equality in all its academic and administrative practices, and between the male and female student sections and branches. The program is led and managed as one program in both female and male sections, they share the available resources and facilities similarly. The tasks and teaching load are distributed among the staff equally maintaining the differences between academic ranks.

Membership of the committees is for all equally. Courses coordination is distributed among staff equally excluding dean and vice deans.

There is Advisory Committee for the program which was created with specific mission, task and membership and is as follow:

1. Vice-Dean for Academic affair
2. Program coordinator
3. Experts in medical education (from similar program)
4. Experts in medical education (from similar program)
5. Head of the unit of academic affair (College Applied Medical Sciences university of Bisha)

The program management is committed to developing and improving professional skills and capabilities of the supportive technical and administrative staff to keep up with modern developments through a centralized programs created and executed by the university named Kafaat.

The program management is committed to provide reliable and publicly disclosed information to the community about the program description, performance, and achievements that suits the needs of the stakeholders. All information about the program are accessible to the public on the university web site. In addition, within the university web site there is a page for UBCOM where detailed updated information is also accessible for the public, such as description of the program, curriculum, study action plan, departments, details of the teaching staff, intake criteria, details of performance, activities, achievements, future plan, etc. Moreover, the community is represented in the consultative and advisory committees. Also the program disclosed its information through booklets, brochures and community partnership activities and indeed through the students and graduates of the program.

The college has systems, regulations, and procedures of accountability for all its affiliates. The College affiliates' (academic leaders, teaching staff and their equivalent, administrative leaders, administrative staff, technicians, workers, and students) code of ethics (developed and approved by the University of Bisha) has included rights and duties for every member, and expose them to rules before committing violations, and thus getting the necessary awareness before punishment.

Program ensures ethical practice in scientific research through its research committee and committee of ethics. The latter is affiliated to the national committee, performing under its supervision, using its policies, regulation, procedures and format hence the practice of research and all activities related to research are guided, regulated and monitored. No faculty member or students has right to conduct research without ethical clearance and fortunately there is no publication without ethical clearance in all medical and health journal.

In addition, there are also regulations that organize performance appraisal, incentives and disciplinary procedures at all college affiliates levels (academic and administrative leaders, teaching staff and their equivalent, employees and students), besides the teaching staff and employee's performance evaluation reports according to specific criteria.

The program management applies the systems, regulations, and procedures that are approved by the University of Bisha, in relation to grievance, complaints, and disciplinary cases.

Moreover, UBCOM is using the professional and ethical national directives and conducts such as Saudi MED and conduct of medical ethics.

Program financial funding:

The program has adequate financial funding to achieve its mission and goals, along with existence of mechanisms for prioritizing expenditures. Financial issues and budgeting are a centralized process in the University of Bisha for which a specialized body was created which respond to the programs and college needs through specific, well developed, rationally utilized and continuously monitored procedures.

Program Quality Monitoring Procedures:

During conduction of the course, regular meetings of the Course coordinators and committees and Curriculum *Committees* are held to discuss issues raised by the students or the staff members delivering the course. Then the medical education department review the process and its outcome and takes the appropriate actions for review and approval by curriculum and quality committees. Minutes of such meetings are then raised to the corresponding *Phase Curriculum Committee (Phase-I, II and III)* to be considered for evaluative discussion and implementation with the course coordinators. The committee responds to the evaluations and takes appropriate action.

The annual review of the courses includes reports for all courses. Designated staff members in each course are responsible for issuing the *annual report* based on the discussions in the course committees, results of students' evaluation of the course and results of students' assessment and tutors' feedback. However, improvement action plans at the end of each report are proposed by the course committee, for further improvement in the following year.

Arrangements to Monitor Quality of Courses Taught by other Departments:

The process includes the following tasks:

1. Questionnaires distributed to the students at the end of each course; these surveys, however, reflects the students' evaluation of the performance of the staff members in general as an instruction team. Items for evaluation are carefully selected to evaluate the ability of staff to integrate basic and clinical knowledge, to motivate students for self-directed learning, to raise students' interaction and sharpen their wits for problem solving, to fairly and objectively assess the students, their ability to give feedback
2. As for PBL as a new teaching tool: a questionnaire is prepared to allow students evaluate staff sharing in delivery of the PBL sessions although it is not regular.
3. It is optional for individual faculty and teaching staff to use an optional questionnaire which allows students to evaluate individual teaching staff and faculty.
4. A comprehensive evaluation package for evaluation of departmental performance filled by students, faculty and heads of departments.
5. Peer evaluation (optional)

Arrangements Used to Ensure the Consistency between sections:

The male and female sections are considered one college offering the same program. The administration and leadership of the program is the same for both sections including dean vice deans, committees, head of departments and courses coordinators. Courses specification, study guides, timetables of learning experiences exams, tests and assignments are the same and conducted by the same tutors.

Assessment Plan for Program Learning Outcomes (PLOs), and Mechanisms of Using its Results in the Development and improvement Processes

Assessment of Learning outcomes

Learning outcomes are phrases that explain what a student is expected to know, understand, and be able to do after completing the learning process.

The National Center for Academic Assessment and Accreditation has identified areas of learning outcomes in three groups: knowledge, skills and values. UBCOM has committed itself to ensuring that these three groups are the basis for determining learning outcomes for all courses taught through all phases of the program. The relationship between the areas of learning outcomes has been determined according to the Saudi qualification framework and the appropriate evaluation methods for all courses according to the nature of each course as shown in the following table:

Learning Outcomes Areas	Appropriate methods and methods of evaluation					
	Paper and pen	observation	Performance evaluation	Achievement bag	Project	others
Cognitive area	√			√	√	
Skill area	√	√	√		√	
Efficiency area		√	√	√	√	

The following table also shows the relationship between the learning outcomes areas and appropriate education strategies and the most appropriate assessment methods for them.

Learning Outcomes Areas	Appropriate teaching and learning strategies	Appropriate methods and methods of evaluation
Cognitive area	Direct teaching Self-education Active learning	Paper and pen Performance evaluation Achievement bag The project
Skill area	Brainstorming Discussion Discovery Problem Solving The demonstration Hands on practice	Observation The project Performance evaluation Achievement bag
Efficiency area	Discussion Work teams Problem Solving Projects Brainstorming	Observation Performance evaluation Achievement bag

	Hands on practice	
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To evaluate and improve the strategies for developing learning outcomes the QA Committee put an evidence-based evaluation model and plan. There are two paths for evaluation of learning outcomes at the level of the course and the program.

1. Direct Assessment
2. Indirect Assessment (Evaluation), which could be:
 - Qualitative
 - Quantitative

1. Direct Assessment: is achieved through exams, whereby standardized processes and procedures are set by the QA, curriculum and students assessment committees and medical education department and sent to all departments as compulsory requirements to sustain the quality assurance of assessment and to provide valid reliable results of achieving the learning outcomes. These processes are to be followed pre-exam, during the exam, and post-exam.

a. Pre-exam process includes securing of the following tasks:

- Revising the course learning outcomes (CLOs) in various domains as regards their formulation and quality
- Ensure alignment (mapping) between CLOs and program learning outcomes (PLOs), teaching and assessment strategies
- Preparing a table of specifications
- Developing an exam blueprint to ensure content validity of results and avoid construct under-representation thus securing reliability of results
- Revising exam items for soundness of design and construction to avoid construct irrelevant variance

b. During exam process includes the following tasks:

- Checking schedules
- Checking suitability of the exam environment as regards aeration, lighting, quietness
- Checking exam setting to reduce cheating

These tasks ensure reliability of results

c. Post-exam process includes the following tasks:

- Item analysis interpretation to reduce construct irrelevant variance and ensure reliability
- Issuing a CLO achievement report which is a QA committee “Must” requirement: the achievement of each CLO in the course as well as the overall achievement of learning outcomes in the course is calculated.
- External Examiner Report (EER)

2. Indirect Assessment: is achieved through a comprehensive evidence-based evaluation plan set by the QA Committee and medical education department which includes:

a. Annual Systematic:

- Students’ surveys evaluating:

1. courses
 2. exams
 - 3 acquisition of learning outcomes
 4. individual faculty
 5. library services
- Faculty surveys evaluating:
 1. courses
 2. exams
 3. services
 - Structured Interviews with external stakeholders represented in the Advisory Committee
 - QA committee annual report after examining the annual courses and program reports

b. Annual Systematic Retrospective evaluation:

- Graduates' survey after completion of internship year evaluating:
 1. whole learning experience (specific details of whole program)
 2. internship year
 3. acquisition of competencies
 4. acquisition of procedural skills
- Self-Assessment Scales (SAS)
- Faculty Annual Report (FAR) with a developmental action plan which is monitored and reported
- Annual report issued by the QA Committee on the students' assessment which displays process and outcomes indicators with improvement action plans

c. Longitudinal evaluation every 6 years:

By internal reviewers from QA Committee:

- Structured interviews with course committees
- Structured review of the relevant program key performance indicators
- Additional data collection using surveys of different stakeholders
- Program self-study report (SSRP)

By external reviewers: external reviewer will review and report on;

- Self-Assessment Scale (SAS) for the all standards
- Self-Study Report of the program (SSRP)

In addition, and per need evaluation is planned to be performed either by internal or external reviewers via panels, surveys and interviews

The QA Committee issues and reviews the following reports:

1. Annual Course Reports (ACR)
2. Annual Program Report (APR)
3. Annual QA Committee Report (AQACR)
4. Faculty annual report (FAR)
5. Students' Assessment Report (SAR) (process and outcomes indicators)
6. A report showing KPIs related to learning outcomes as well as additional performance indicators with trend analysis

7. External Reviewers' Report (ERR)
8. Developmental Plan (DP)

These reports are accompanied by developmental action plans which are monitored and evaluated periodically.

Program's Key Performance Indicators (KPIs)

The program management approves key performance indicators that accurately measure the program performance and coordinates to provide regular data on them. The program management approved the 25 KPIs of the program through its committees and teaching staff, department of Medical Education, Committee of Quality and development and finally the College Board. The program KPIs include the 17 KPI (national), 6 (university) and 2 (program). The KPIs are evaluated annually, and the results are widely communicated, discussed and used for better performance, planning, further improvement and evidenced based decisions.

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time
1	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives	100%	Survey Focus group – consensus Percentage of the achieved objectives to the total Courses report, program report	Annual after each graduation
2	KPI-UB 01	Final year student's evaluation of the quality of the program	Positive feedback (100%)	Final year students survey (survey- Five points Likert scale)	Annual after each graduation
3	KPI-UB 02	Percentage of courses evaluated by students	100%	Percentage of evaluated courses to the total	<i>Annual at the end of the Academic year</i>
4	KPI-P-02	Students' Evaluation of quality of learning experience in the program	Positive feedback (100%)	Final year students survey (survey- Five points Likert scale)	Annual after each graduation
5	KPI-P-03	Students' evaluation of the quality of the courses	Positive feedback (100%)	Student's survey (survey- Five points Likert scale)	After completion of each course
6	KPI-P-04	Completion rate	80%	Percentage of undergraduate students who completed the program in minimum time to the whole number of each cohort	Annual after each graduation

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time
7	KPI-P-05	First-year students retention rate	80%	Simple calculation of Percentage of first year undergraduate students who completed first year successfully and continue to the next year to the total number of first year students in the same year	Annual at the beginning of each academic year
8	KPI-P-06	Students' performance in the professional and/or national examinations	75% (first attempt), average / median or above	Percentage of graduates who are successful in the professional and / or national examinations or their score average and median to the total number of graduates in the same year	Annual after the graduation
9	KPI-P-07	Graduates' employability and enrolment in postgraduate programs	100% for employability 70% for enrolment - in post graduate program	Survey From college data base	Annual after the first graduation
10	KPI-P-08	Average number of students in the class	50 male / 40 female lectures, 25 practical, 8-10 Small group (PBL) 6 Clinical	Number of students per class in each teaching and learning activity / session (report from course committees, course weekly timetable)	Immediately before the start of each course
11	KPI-P-09	Employers' evaluation of the program graduate's proficiency	Positive feedback (100%)	Survey (survey- (Five Points Likert Scale)	Annual after the first graduation
12	KPI-UB 03	Percentage of courses activated on blackboard	100%	From the blackboard College data base	<i>Annual at the end of the Academic year</i>

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time
13	KPI-UB 04	Percentage of students who received academic ultimatum / warning	0%	From college data base, mentors and student's affair committee records	<i>Annual at the end of the Academic year</i>
14	KPI-P-10	Students' satisfaction with the offered services	Positive feedback (100%)	Student's survey (survey- (Five Points Likert Scale)	Annual at the end of each academic year
15	KPI-UB 05	Students' satisfaction with the extra-class / - curricular activities	Positive feedback (100%)	Survey (survey- (Five Points Likert Scale)	Annual at the end of each academic year
16	KPI-P-11	Ratio of students to teaching staff	6:1	Calculation of the Ratio of total number of students to the total number of full-time and full-time equivalent teaching staff	<i>Annual at the end of the Academic year</i>
17	KPI-P-12	Percentage of teaching staff distribution	M: F = 2:1 (M=67%, F=33%) Prof= 18% Associate =36% Assist=46%)	Calculation of Percentage of the teaching staff distribution based on: a. Gender Academic ranking	<i>Annual at the end of the Academic year</i>
18	KPI-P-13	Proportion of teaching staff leaving the program	< 5%	Calculation of Percentage of staff member leaving the program for reason other than age retirement to the whole number from college record	<i>Annual at the end of the Academic year</i>
19	KPI-P-14	Percentage of publications of faculty members	35%	Survey Calculation of the Percentage of full-time faculty members who published one research or more per year to total faculty member in the program	<i>Annual at the end of the Academic year</i>
20	KPI-P-15	Rate of published research per faculty member	One per three faculty members	Survey The average number of refereed /or published	<i>Annual at the end of the Academic year</i>

No	KPIs Code	KPIs	Target	Measurement Methods	Measurement Time
			(1/3)	research per each faculty member per year	
21	KPI-P-16	Citations rate in refereed journals per faculty member	4	Survey: The average number of citations in refereed journals from published research per faculty member per year	<i>Annual at the end of the Academic year</i>
22	KPI-UB 06	Number of community service programs (activities) provided by the academic program	4	College data base	<i>Annual at the end of the Academic year</i>
23	KPI-P-17	Satisfaction of beneficiaries with the learning resources	Positive feedback (100%)	Survey (survey- Five Points Likert Scale)	<i>Annual at the end of the Academic year</i>
24	KPI – UBCOM 1	Percentage of faculty members providing medical and health services	70%	Percentage of teaching staff providing medical and health services to the total number	<i>Annual at the end of the Academic year</i>
25	KPI – UBCOM 2	Satisfaction of beneficiaries with the provided medical and health services	Positive feedback > 80%	Survey (survey- Five Points Likert Scale)	<i>Annual at the end of the Academic year</i>

The program conducts a periodic, comprehensive evaluation and prepares reports about the overall level of quality, with the identification of points of strength and weakness; plans for improvement; and follows up its implementation.

The program planned its periodic, comprehensive evaluation after the first graduation then every six years. This is in addition to the regular annual review of the program and courses which include program and courses reports the results of which is used for updating and improving the program through a recognized regulations and procedures.

Quality of Teaching and Students Assessment

The program monitors the commitment of the teaching staff to the learning and teaching strategies through a well-developed, agreed upon and disseminated mechanism which is as follow:

- each course has its own course committee, coordinator and course co-coordinators in both female and female sections who are responsible to develop the course study guide which include the daily timetable of the teaching and learning activities. Tutors for each activity are assigned by their head departments apart from problem based learning (PBL) and skill laboratory sessions where special committee are responsible for these task. Study guides of the courses are distributed to the concerned tutors and students within enough time before the comment of the courses as indicated by the curriculum committee regulations.

- monitoring of course delivery including teaching and students, mode of instruction, rational utilization of the whole time allocated for the activity is achieved through monitoring of daily timetables by the course coordinators, program coordinators who feedback the Vice Dean for Academic Affairs in addition to this direct feedback from students to program coordinator and the Vice Dean for Academic Affairs. Moreover, the results of the assessment of the students' performance ensure the commitment of the teaching to the learning and teaching strategies as the program used to assess students' performance in PBL sessions, seminars, team-based learning (TBL), Case-based learning (CBL) and bed side skill teaching. It is worth here to state that these methods of instructions are used on weekly basis as in courses timetables (see courses portfolios).

Monitoring of the conduction of different learning and teaching experiences is achieved by courses coordinators, co-coordinators, program coordinators and Vice Dean for Academic Affairs by direct and hierarchical feedback manner, hence immediate corrective and remedial actions.

Regular feedback to the Dean College by the program coordinator and Vice Dean for Academic Affairs, who in turn feedback the College Board during its meetings.

Feedback to the Vice Presidency of the University for Academic Affairs on weekly basis by specifically assigned for this purpose faculty member.

Vice Presidency of the University for Academic Affairs is monitoring the delivery of the planned learning and teaching activities on daily basis through the system (Blackboard on which all courses are activated) and this is evidenced by the courses web pages on the blackboard.

Head departments are monitoring the performance of the members of their departments and submit teaching staff performance assessment sheet annually to the Vice Dean of Academic Affairs and subsequently to the higher college and university authorities.

Also through students' feedback through a survey which is conducted at the end of each course.

Course report is another mechanism which is submitted to the Quality and Development committee which in turn feedback Vice Dean of Academic Affairs.

These mechanisms proved to be effective as curriculum is integrated and the courses are delivered as blocks and not longitudinal.

Assessment of students' achievement is monitored by the Students Assessment Committee through special regulation and procedures which include:

Construction of the exam items according to the exam blueprint which is developed by the course committee, reviewed and approved by the curriculum committee with the consultancy of Department of Medical Education. The blueprint defines the number and type of exam items in

addition to the weightage of each theme. It also defines the specifications, diversity, and comprehensiveness to cover the course and specific learning outcomes.

Exam items and the whole exam are reviewed and approved by Students Assessment committee (SAC). The process (pre- during and post-exam) also is monitored by the SAC according to specified procedures included in the Assessment Policy (attached). Item analysis is responsibility of the exam office. The review of the exam, distribution of grades, accuracy of marking and initial exam results approval is done by SAC and Head departments where the final approval is by the College Dean.

There is special training for the staff who joined the college and the newly joining which includes;

- Pre-designed package conducted by the college and the university including theoretical bases and practical training of PBL, TBL, CBL, Seminar, Interactive lecture, Simulation, Course design and development, Blueprint, Item construction, Use of different technology and digital devices in education etc. (attachment 3.3.4. program schedule and samples of workshops certificate). This was particularly accelerated during the COVID 19 pandemic which enforced the shift to the emergency remote learning.

Before the beginning of each course the students are provided with the course study guide which include all the needed data and information such the schedules, tutors, course learning outcomes and specific learning outcomes, references, exams schedules etc. The first activity of each course is introduction to the course where the course coordinators explain all issues related to the course and its implementation and answer students' questions. This process is monitored by the program coordinator and the Vice Dean of Academic Affairs who occasionally attend this introductory on unplanned basis.

All courses are reviewed periodically by course committees and curriculum committee after each conduction through a well-developed mechanism according to the institutional and college policies and regulation. Students feedback is collected through a survey conducted by the Quality and Development Committee at the end of each conducted course and feedback the curriculum. Feedback from individual tutors and departments is received by the curriculum committee from the course coordinator. The curriculum committee augmented by the consultancy of the Department of Medical education takes the needed action according to policies and regulations and feedback the concerned course committee, coordinator and department.

The program applies mechanisms to support and motivate excellence in teaching, and encourages creativity and innovation of the teaching staff through special program developed by the University. of Bisha in addition to the annual certificates gifted by the college. Moreover, the college has a well-developed Department of Medical Education which leads, supervises and monitors excellence and innovation. Also it is worthy to mention that teaching staff performance and initiatives are used as one of the parameters for promotion.

Verification of the work and assignments of students to ensure that are of their own is included in the policies and regulations and achieved by a program provided by the university.

Feedback is provided to the students about their performance in different ways;

- results of tests and evaluation conducted during the activities (PBL, TBL, Seminar, Bedside teaching) are provided to the students and discussed with during the weekly mentoring so it is

on weekly bases aiming so as members can pick the strength and weakness of his mentees and gives his guidance, help and advises and takes the corrective action with the concerned course coordinator and instructors and this is timely feedback.

- mid-course exams result also are provided to the students through the mentors but process of review, verifying and approval takes about three days.

Results of final exams are provided to the students through the system (blackboard) and usually the process of review, verifying and approval takes about three days.

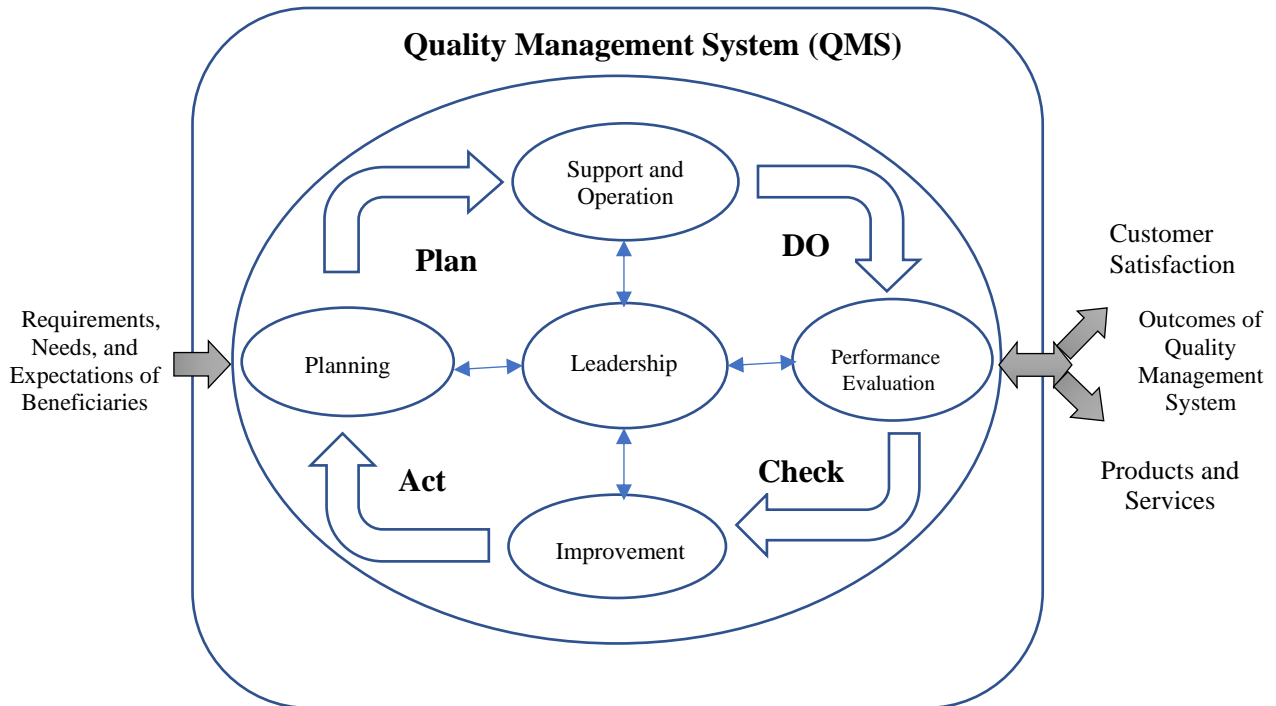
Results of all tests and exams are discussed with the mentee during the mentoring sessions which are conducted weekly and appear in the weekly timetable (see study guides -course portfolio) hence they are used for improvement of the students' performance.

The importance of having a standard quality management system that includes all procedures and arrangements necessary to implement all operations is becoming the main pillar of medical education. Achievement the college goals at a level satisfying the stallholders and graduate an accountable physician of tomorrow who addresses the needs of society and satisfy the requirement of health system requirement at the national and international levels requires standardized, approved and monitored quality management system

The following figure shows a deeming PDCA model or cycle (Plan - do - check - decide) for continuous improvement, which represents the methodology upon which the system is built and is followed in designing procedures that govern all processes covered by the system in the UBCOM.

Methodology for building a quality management system:

The following flow chart illustrates the QMS mechanism.



Cycle of Developing the Academic Plans and Program:

- The program is conformed with the mission and goals of the college, which correspond to the mission and goals of the university.
- The study program conformed to the requirements of the NCAAA and is consistent with the international requirement (WFME Standards).
- The study plan in the program with its elements conformed to the mechanisms for preparing the study plan in force at the university.
- The scientific and knowledge content of the program is conformed with its counterparts from the programs at the local and international universities.

Procedures and stages of developing and approving the study plan

There are many stages for the development of the study plan, and these stages may be parallel or sequential, but also depend on the aspects of development, its size and location. In a brief way, the most important stages of development are:

- Determining students' needs in a way that is compatible with the requirements of the local community and the needs of the labor market.
- Determining the program structure and requirements (knowledge - skills - Values).
- Determining program goals and associated learning outcomes.
- Agreeing on the structure and overall framework of the program, the main areas of learning, the sequential organization of major topics, and the main methods of evaluation.
- Distributing roles and responsibilities to committees, specialists and faculty members to determine the components of each course from goals and learning outcomes.
- Developing the program according to the learning outcomes, schedules, content, and methods suitable for teaching, learning and evaluation, and the required available and appropriate learning resources.
- Developing an appropriate strategy to present and evaluate the program.
- Implementation, follow-up and supervision of the program.

Reviewing and improving the program's courses and feedback to ensure that, students' needs, the labor market, and academic accreditation requirements are met.

The comprehensive development plan of the study plan consists of the following basic stages:

The first stage: studying the reality of the current study plan.

The second stage: studying educational trends, scientific developments, systems, and instructions.

The third stage: developing the developed study plan.

The fourth stage: Arbitration of the developed study plan.

The fifth stage: Approving the developed study plan.

The responsibility for preparing, reviewing, updating and developing study plans is the responsibility of the academic departments represented in the curricula committee in the college.

Then, it should be submitting to the Supreme Standing Committee of the plans and curricula at the university to be studied and approved the if it met the requirement stated by the policies and regulations. The final approval is the responsibility of the University Council.

The following table shows the necessary regulatory procedures according to their limitations for the three cases in which the study plan needs to be updated:

Specific statutory regulatory procedures	statutory regulatory procedures
First: Update / modification of the existing study plan:	
<input type="checkbox"/> _Update the study plan	The required update is created according to the regulatory steps mentioned in the next item (statutory regulatory procedures).
Second: The proposed plan relates to the first-year program:	
<input type="checkbox"/> _Modify or change courses offered from the first-year program.	In this case, the approval of the Standing Committee for the first-year must be obtained in advance of submitting the study plan to the Standing Committee for Plans and Curricula.
Third: development of a new program:	
<input type="checkbox"/> _Study plan for a new program	The required plan is created according to the statutory steps mentioned in the next item (statutory regulatory procedures).

Regulatory Procedures:

1. All or some of the procedures are applied according to the above mentioned in the determinants of statutory procedures.
2. All of the following statutory procedures are applied to each specific above-mentioned case, according to the following procedural and temporal sequence:
 - a) The minutes of the department’s curricula committee, in which there is a clear and accurate recommendation of the required procedure, while meeting the requirements of the National Center for Academic Assessment and Accreditation.
 - b) Department Council approval of the proposal.
 - c) Submit the proposal to the College’s Curricula Committee to study, amend or approve the proposal.
 - d) The College Curricula Committee minutes has a clear and accurate recommendation to approve the required procedure.
 - e) The dean of the college approves the minutes of the college’s curricula committee.
 - f) Submit the College Curricula Committee’s recommendation to the College Board to study, amend or approve the proposal.
 - g) College Board Minutes, with a clear and accurate recommendation to approve the required procedure.

h) The rector’s approval of the college’s board minutes.

i) The proposal to be submitted by a letter addressed to His Excellency the Vice Presidency for Educational Affairs to complete the remaining statutory procedures, according to the following sequence:

1) Submit the proposal to the competent authority for study and decision-making (the competent authorities include the Supreme Standing Committee for Plans and Curricula and the Supreme Supervisory Committee for the preparatory year program).

2) The minutes of the competent authority include the subject and the recommendation.

3) The rector’s approval of the minutes of the competent authority.

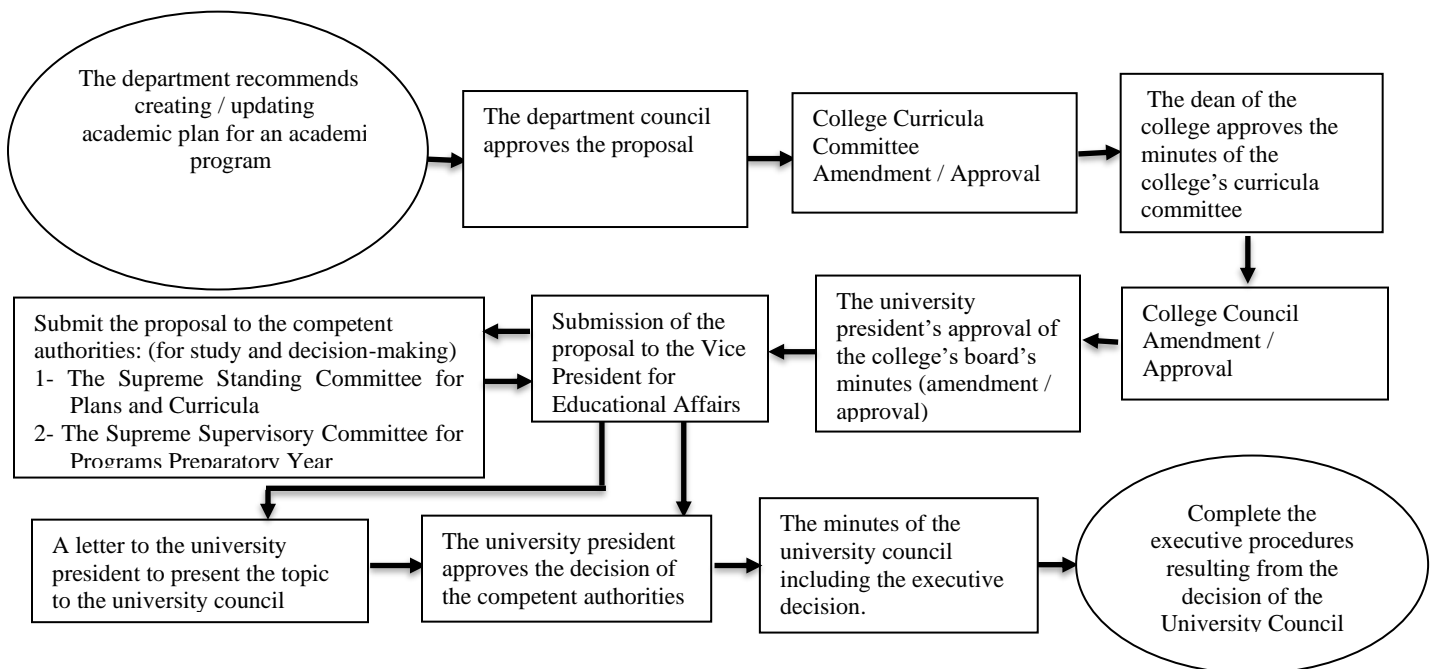
4) A letter from His Excellency the Vice Presidency for Educational Affairs to His Excellency the rector to present the subject to the University Council.

5) The minutes of the university council includes the proposal and recommendation.

6) Completing the executive procedures resulting from the decision of the University Council.

The following table shows the mechanism for creating / updating the academic plan for an academic program at the University of Bisha:

The following flow chart shows the regular procedures for creating / updating an academic plan for an academic program that begins with the recommendation of and ends with the recommendation of university council.



Flow chart for the procedures of creating/updating a study plan for an academic program

Teaching, Learning, training and assessment unit:

These units are the primary structure responsible for expressing opinions and consulting on teaching and learning at the UBCOM, including teaching and learning strategies and resources.

The Unit's Tasks and Powers:

- Ensure that the graduates attributes and learning outcomes in the program are precisely defined, and consistent with the requirements of the Saudi Qualifications Framework and with academic and professional standards (Saudi MED) and labor market requirements.
- Ensure that the program's courses comply with the professional requirements
- Develop the UBCOM policy and strategies for teaching, learning and evaluation
- Monitor, evaluate and report on the teaching and learning experiences including assessment
- Monitor, evaluate and report on the educational environment
- ensure the consistency, appropriateness and effectivity of the implemented teaching and learning strategies and assessment policy and methods to the various learning outcomes
- Establish a system and procedures to monitor and evaluate the extent to which graduates attributes and targeted learning outcomes are achieved at all levels.
- Develop effective mechanisms to ensure the adherence of the programs to the academic and professional standards
- Establish clear policies and procedures for reviewing, evaluating and improving the programs
- Improve the quality of the teaching and learning process, through several methods such as faculty development program members, spreading best practices, etc.
- Enhance and monitor the use of educational technology
- Developing effective mechanisms that ensure adequate quantitative and qualitative provision of learning resources and associated services, based on the needs of programs.
- Conduct regular review of the graduates' attributes
- Submit an annual report on the unit's activities and their effectiveness to the Vice-Deanship of the Academic Affairs and development in accordance to the "Teaching, Learning and Evaluation Strategies Guide".

To ensure optimal implementation of the teaching and learning strategy, a mechanism has been created and includes: forming a committee to follow up the implementation of the strategy, preparing reports on the rate of achievement and progress in implementing the strategy, and annually reviewing the strategy in light of student outcomes, surveying students, college staff and the teaching staff. Indicators were also determined to measure the achievement of the teaching and learning strategy, which includes:

- 1) Student success rates compared to the previous three years.
- 2) The results of the questionnaires of the beneficiaries about the level of the college graduates.
- 3) The results of the beneficiaries' questionnaires about the suitability of educational programs and the content of the courses to the requirements of the labor markets.

- 4) The results of student and college questionnaires about colleges policy in overcoming educational problems.
- 5) The results of student questionnaires on the performance of college staff and faculty members.
- 6) The number of students participating in student activities compared to the previous three years.

Student's Counselling

The counseling process's planning, organization, conduction, monitoring and evaluation take place under supervision and in accordance to the policies and regulations developed by the university. Counseling is governed through the following:

1. Establishing a clear policy for academic counselling systems and rules, organization and procedures.
2. Setting specific policies for training counselors and evaluating their performance.
3. Issuing regulations for academic guidance to clarify its rules, regulations, organization and procedures.
4. Developing a system for evaluating the performance of academic counselling on a continuous and regular basis.
5. Warning that accreditation and signature of the counselor is essential to the registration process (deletion and addition) before going to the college registrar, and that any violation that occurs will be the student's responsibility.
6. Reviewing academic counselling systems and constantly developing them.
7. Interesting in knowing students' opinions, attitudes toward the system, and their satisfaction with it.
8. Availability of a fair policy to motivate academic counselors.
9. Supervising the implementation of procedures and instructions for academic counselling and follow up on that.
10. Reviewing the students' distribution to the college's academic counselors and announce this in the student's schedules.
11. Working out counseling programs to work on studying the cases of those with special needs in a way that helps them, according to their different abilities, to achieve the highest achievement rates by studying the difficulties they face and working to overcome them and solve them in a fundamental way that enables them to excel and integrate into the academic community.
12. Submitting an annual report to the Vice Dean for Academic Affairs and Development on the status of academic counseling, the constraints faced by colleges, and methods for developing academic guidance.

Quality Cycle for Academic Counselling

The college prepares at the end of each semester an Academic Counselling Report that contains the total number of male / female students, the numbers of outstanding, struggled, disadvantaged, and withdrawn students who have alerts, those whose registration is folded, and those dismissed

academically. The report also shows the numbers of academic, family, social, psychological, and other problems. Collective, individual, public, indicative cases are also limited by e-mail, by letters, or by phone. At the end of the report, it gives a number of recommendations and proposals to improve academic counselling and reduce the problems of cases dealt with. The head of the Academic Counselling Subunit in the college develops a plan for the executive procedures - the plan should include in addition to others the following

Sr	Tasks	Executive Procedures	Execution Time	Model
1	Preparing a quarterly plan for the Academic Counseling Subunit	Prepare a quarterly plan for the Academic Counselling Subunit dated according to the university calendar. Documenting office hours for all college staff and the equivalents in all departments of the college	Every semester	The office hours model is documented with a number
2	Preparing the files of the Academic Counselling Subunit	The Academic Counselling Subunit is provided with the academic counselors file which included: The names of academic counsellors and the names of their students.	The beginning of the school year	
		Office hours.		The office hours model is documented with a number
		Academic Counselling Models.		As indicate by the regulations
		Student Schedule Study Model		As indicate by the regulations
		Study plans		
		Academic Counselors bags including the following: - Names of members of the subunit - The tasks of each member - Distribution of the tasks of following up the academic Counselors among members.	The beginning of the school year	
		Professional development profile for the academic Counselor including:	The beginning of the school year	

		- Training needs of the academic Counselor		
		Academic Counselling Courses	During the school year	

Plan of the Vice-Deanship of Academic Affairs and development to spread the culture of quality, continuous improvement and academic accreditation among college's affiliates:

Goal: To spread the culture of quality, continuous improvement and academic accreditation among the students, teaching, administrative, technical and supportive staff of the college. The plan is realized through the following mechanisms:

1. Preparation of quality and academic accreditation education package
2. Prepare guidelines to help apply quality in the college and program.
3. Preparation periodic brochures, posters and leaflets on quality and its importance.
4. Coordination to participate in conferences, meetings and exhibitions interested in quality in higher education.
5. Update and development of the college's website, the include in addition to others, the college's strategic plan, the quality guide and the periodic reports.
6. Conduction of training courses and workshops on quality issue in all aspects relevant to higher educational institution in accordance to the requirements of national academic accreditation
 - a. Conduction of training courses for faculty members in the preparation of the course files, course specification, program specification, annual report of the program, and course reports, in accordance with the standards of the National Center for Evaluation and Academic Accreditation).
 - b. Enhancement of the skills of the faculty members to measure students' achievement of learning outcomes and the characteristics of graduates of the program.