Kingdom of Saudi Arabia
Ministry of Education
Najran University
Collage of Medicine

جامعة نجران
NAJRAN UNIVERSITY
تأسست عام ١٤٢٧هـ

QUALITY MANAGEMENT SYSTEM (QMS) Handbook

(2021)-(1442)

Quality and Development Unit

بسم الله الرحمن الرحيم

Table of Contents

Page	
4	Introduction
4	Concept of quality planning and review cycle
5	College Vision
5	College Mission
5	College Strategic Objectives
6	Figure (1)- College Organization structure chart
7	Figure (2)- Quality and development unit chart
8	Program quality and development unit committees and tasks
13	Program Quality Planning and Review Cycle
14	Figure (3)- NCAAA quality assurance flowchart.
15	The benefits of the implementation of Quality cycles
15	Executive quality cycle in the program
15	Figure (4)- Quality cycle
16	Figure (5)- Closure of the quality cycle flowchart in the program
16	The process for quality cycle closure in the program
17	Quality management system in the program
17	Figure(6)- the Sequences of KPI utilization in the quality management system in the program
18	Table(3)- KPIs utilized for assessment of the achievement of strategic objectives and mission
19	Table (4)- Classification of KPIs utilized to follow quality assuarance according to the component of quality cycle (Input-Process-Outcome)
20	Quality management process
20	A.Evaluation of input elements

Page

20	A.1.Evaluation of the quality of the courses' content
21	A.2. Teaching staff
21	A.3. Learning resources
22	A.4. Services provided by the college (play yard, accommodation, health services, etc.)
22	A.5. Scientific research plan
22	A.6. Community services plan
22	B.Evaluation of process elements
22	B.1. Evaluation of the quality of the courses delivery processes
23	B.2. Teaching staff training
23	B.3. Student evaluation for academic guidance.
23	B.4. Evaluation of extracurricular activities
23	B.5. Evaluation of Learning experience provided in the program
23	C.Evaluation of output elements
23	C.1. Evaluation of the students
24	C.2. Evaluation of the graduates
24	C.3.Evaluation of the scientific researches
25	C.4. Evaluation of the community services
25	Program Development Process (Approval and Changes)
27	Figure(7)- shows the steps for the establishment of new programs or amendment of the current programs at Najran University
28	Program Evaluation and Review Process
30	The steps for curricula review and modification
31	Najran University quality management directive framework
32	Imprtant links

Introduction

Quality assurance is primarily an internal responsibility and depends heavily on the commitment and support of all of those involved in administration, management, and teaching in an institution.

The procedures and standards outlined by the NCAAA are based on an expectation that institutions will accept that responsibility and take appropriate action to ensure high quality is achieved. This Handbook is intended to guide and support those processes.

The importance of the higher education system for students, their families, and the wider community is such that quality cannot simply be assumed. Quality must be verified by independent processes that can give confidence to everyone concerned that high levels of quality are being achieved. (1)

Evaluations of quality involve judgments about two main elements; the extent to which goals and objectives are achieved,and the consistency with generally accepted standards of performance in higher education. (1)

Concept of Quality Planning and Review Cycle:

The process of quality improvement involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally, assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and the results of each step assessed at stages within that long term plan.

While the monitoring should be continuous, there are normally two time periods when more formal assessments take place; one is annual with monitored performance and adjustments made as required, and one on a longer cycle in which major reviews are undertaken. For

issues relating to quality assurance and accreditation assessments, these should be planned to coincide with the seven-yearly external reviews for accreditation and re-accreditation conducted by the NCAAA.

Vision

Excellence in medical education and contribution to scientific research to promote health services and participate in community service.

Mission

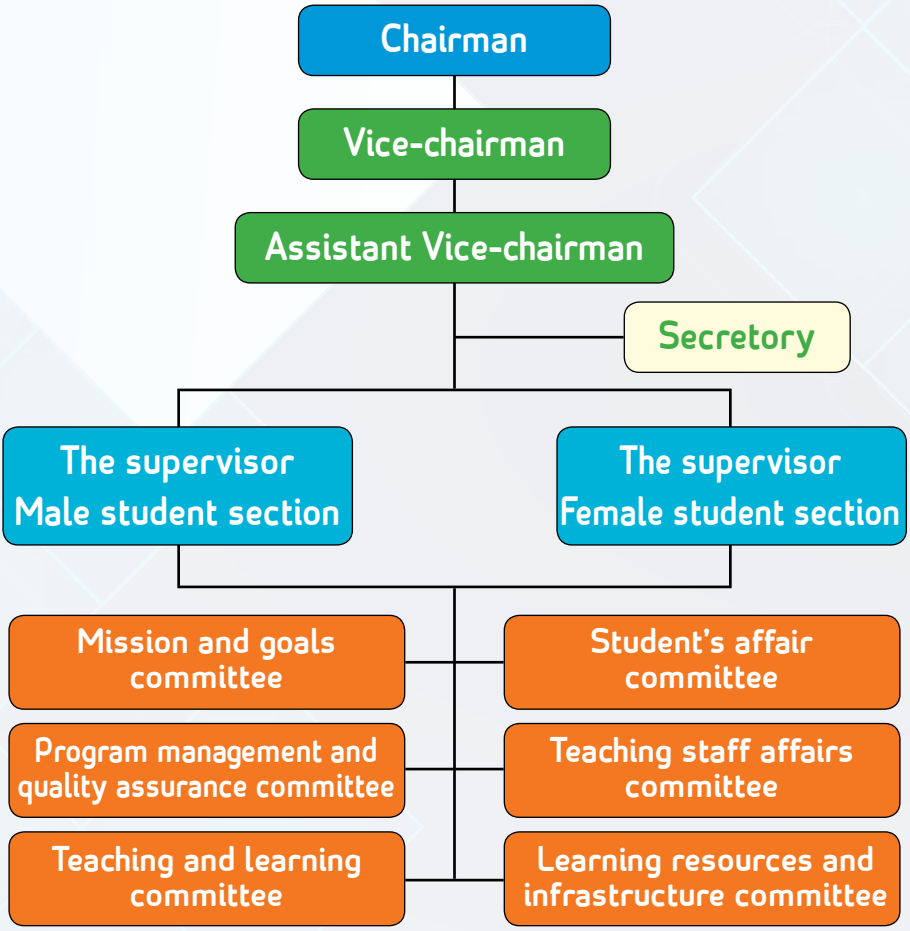
Preparation of qualified medical personnel capable of providing distinguished medical services, contributing to scientific research and establishing multiple partnerships to serve the community and raise the level of health awareness.

Strategic Objectives

- Continuous development of curricula and the means of medical education.
- Preparation of morally and professionally medical cadres, well qualified and capable of continuous self-learning.
- Development of the scientific research and cooperation with local, regional and global institutions in medical research environment.
- Contributing to the health education and medical services provided to the community.
- Establishing an academic environment attract talented faculty members.

Figure (1)- Organization chart

Figure (2)- Quality and development unit chart



Program Quality and Development Unit:

Quality and development unit overseeing and reviewing plans, policies and procedures of the Quality Assurance system in the program, as well as making sure that it's implemented efficiently and effectively at all levels.

The Quality and Development Unit consists of six committees, responsible for monitoring the adoption of best practices and quality assurance of performance in the six program accreditation standards for program accreditation developed by the National Center for Academic Accreditation and Assessment (NCAAA), which are:

Table (1)- Quality and development unit committees:

	NCAAA Standard	Responsible Committee
Standard 1	Mission and goals	Mission and goals committee
Standard 2	Program management and quality assurance	Program management and quality assurance committee
Standard 3	Teaching and learning	Teaching and learning committee
Standard 4	Students	Students affairs committee
Standard 5	Faculty members e	Faculty members affairs committee
Standard 6	Learning resources, facilities, and equipments	Learning resources, facilities, and equipments committee

Program quality and development unit committees and tasks

Quality and development committees monitor and ensure applying the best quality criteria in the different activities that are carried out within the program, by periodical measurement of various quality loop elements (i.e., Inputs. Processes, outputs); depending on specific key performance indicators (KPIs), in order to provide the necessary data required to the program managers and authorities to help in decision making, and future planning for improvement and development.

Table (2)- Shows the task of quality and development unit committees:

Tasks of mission and goals committee	
1	Ensure that the mission and goals of the college are consistent with the mission and goals of the university.
2	Raising the awareness of the beneficiaries with the college vision, mission and goals.
3	Monitor the progress towards achieving strategic goals
4	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
5	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
6	Prepare the annual self-evaluation.
7	Participate in preparing the program self-study report.

Tasks of program management and quality assurance committee	
1	Raising the awareness of the beneficiaries regarding the mechanisms, regulations and administrative flowchart structures within the college.
2	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
3	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
4	Prepare the annual self-evaluation.
5	Participate in preparing the program self-study report.
Tasks of teaching and learning committee	
1	Follow-up the preparation of the program and courses specifications and reports on the latest template form the National Center for Academic Accreditation and assessment (NCAAA)
2	Follow-up the fulfillments of courses for course file requirements.
3	Follow-up the preparation of courses and program learning outcomes achievement reports.
4	Preparation of comprehensive report on course reports quarterly and annually.
5	Participation in the preparation of the annual program report.
6	Develop the periodic review mechanism for graduate attributes.

7	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
8	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
9	Prepare the annual self-evaluation.
10	Participate in preparing the program self-study report.
Tasks of students affairs committee	
1	Participation in the reception ceremony for the new students.
2	Follow-up the preparation of the quarterly and annual report of the committees of the Academic Guidance Unit: • Academic Guidance Report • Outstanding Student Support Report • Gifted Student Support Report • Creative Student Support Report • Report on support for substandard acheivment students
3	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
4	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
5	Prepare the annual self-evaluation.
6	Participate in preparing the program self-study report.

Tasks of faculty members affairs committee	
1	Follow-up the implementation of new faculty members preparation program
2	Follow -up preparation of the faculty member training plan and training report.
3	Follow-up the submission of the training workshop's impact report on the trainees. with coordination with the training committee
4	Follow-up the preparation and approval of the annual scientific research plan and submission of the annual report. In coordination with the Scientific Research Committee
5	Update teaching staff data base, including their names and communication means.
6	Flow-up updating of the teaching staff CV.
7	Follow-up the preparation and approval of the annual community services plan and submission of the annual report. In coordination with community services committee.
8	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
9	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
10	Prepare the annual self-evaluation.
11	Participate in preparing the program self-study report.
Tasks of learning resources and facilities and equipment committee	
1	Follow-up provision of the appropriate learning resources according to the international standards and submit reports to college administration.

2	Follow-up provision of appropriate facilities and equipment resources according to the international standards and submit reports to college administration.
3	Follow-up compliance with safety and security precautions in the college facilities.
4	Measurement of KPIs related to the standard and formulation of the improvement plan, and follow up the implementation of the improvement plan.
5	Preparation of the necessary evidences and documents to prove the good practice as stipulated in the standard guide.
6	Prepare the annual self-evaluation.
7	Participate in preparing the program self-study report.

Program Quality Planning and Review Cycle:

The process of improving quality involves assessing current levels of performance and the environment in which the institution is operating, identifying strategic priorities for improvement and setting objectives, developing plans, implementing those plans, monitoring what happens and making adjustments if necessary, and finally, assessing the results achieved. These steps involve a repeating cycle of planning and review. Major plans may involve a sequence of activities over a number of years, with a number of steps to be taken and the results of each step assessed at stages within that longer term plan.

While the monitoring should be continuous, there are normally two time periods when more formal assessments take place; one is annual with monitored performance and adjustments made as required, and one on a longer cycle in which major reviews are undertaken. For issues relating to quality assurance and accreditation assessments, these should be planned to coincide with the seven-yearly external reviews for accreditation and re-accreditation conducted by the NCAAA.

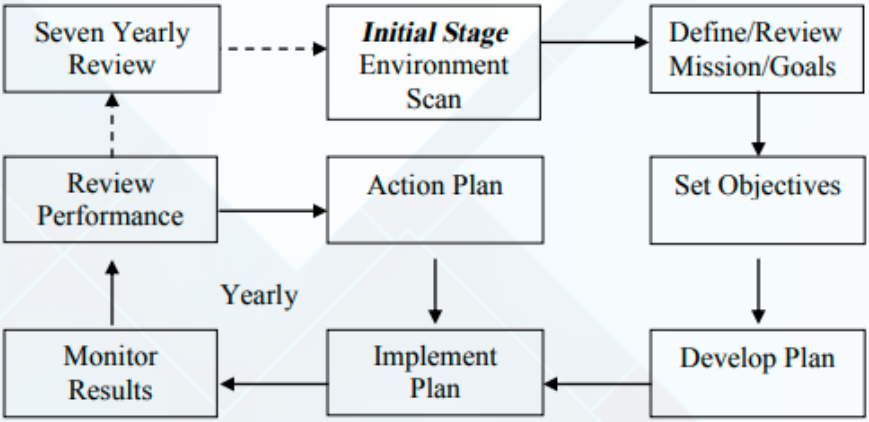


Figure (3)shows NCAAA quality assurance flowchart.

When applied to plan for quality improvement, some of the steps in this planning cycle have special meaning. For example, the scan of the internal and external environment at the initial stage should include a thorough assessment of the current quality of performance and analysis of constraints and opportunities for development. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) can be a useful planning tool at this stage. A major development strategy will normally be phased in over a period of years with implementation, monitoring, and adjustments through action plans on an annual basis. It is important to periodically step back and carry out a thorough review of the relevance and effectiveness of an institution and to review the appropriateness and effectiveness of a program periodically.

Quality cycles are considered one of the modern administrative methods that seek to sense weaknesses and achieve high quality performance. Implementation of quality cycles facilitates early detection of problems, analyzing them and proposing solutions, which contribute to making appropriate corrective decisions to address them.

The benefits of the implementation of Quality cycles:

1. Early identification of defects
2. Provide the guidelines for improvement planning and corrective procedures
3. Follow-up the implementation of the improvement plan and corrective procedures
4. Evaluation of the outcome of the implementation of the improvement plan and corrective procedures.

Executive quality cycle in the program:

The executive quality cycle within the program consists of input elements, process elements, and output elements. Each of these elements represents a series of quality cycles, and each component has a performance indicator that is measured to monitor and ensure the quality of performance.

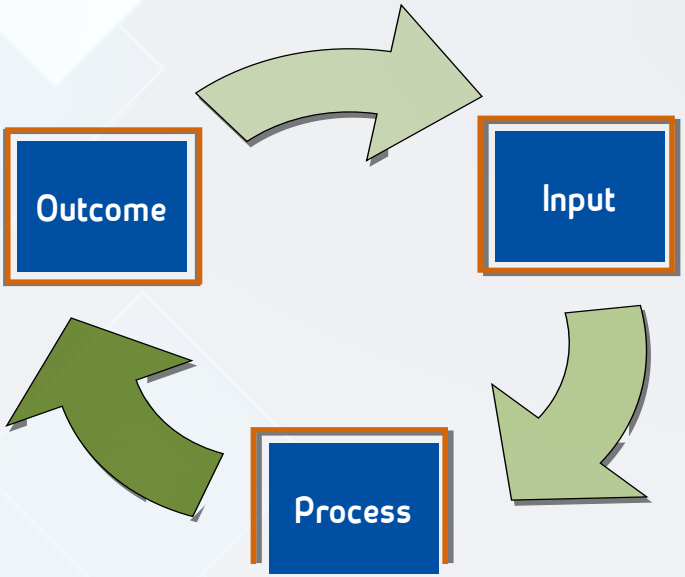


Figure (4)- Quality cycle

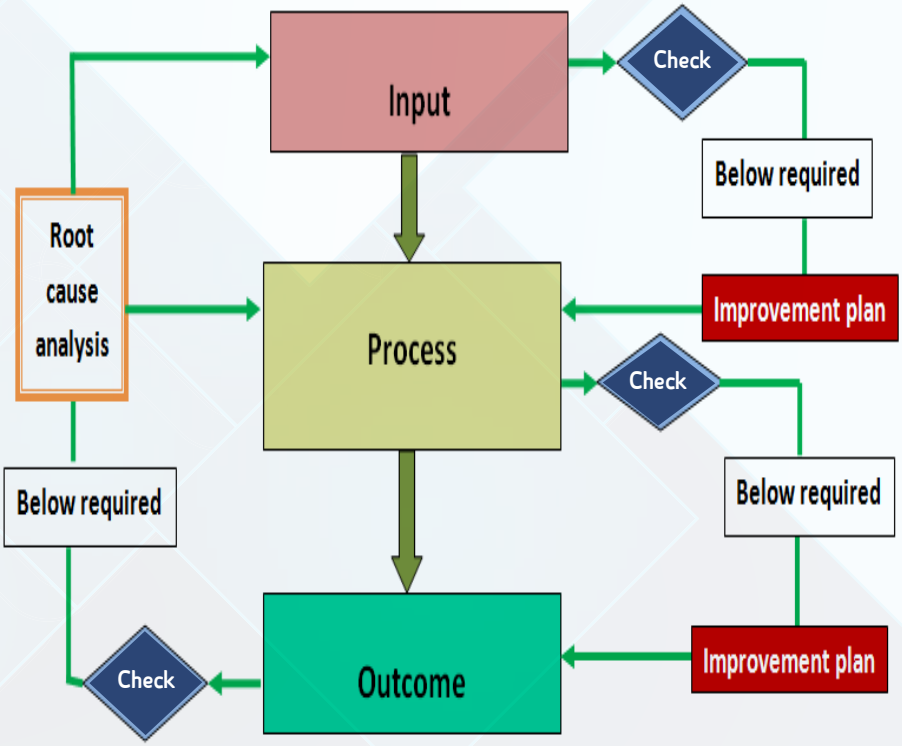


Figure (5)- shows Closure of the quality cycle flowchart in the program

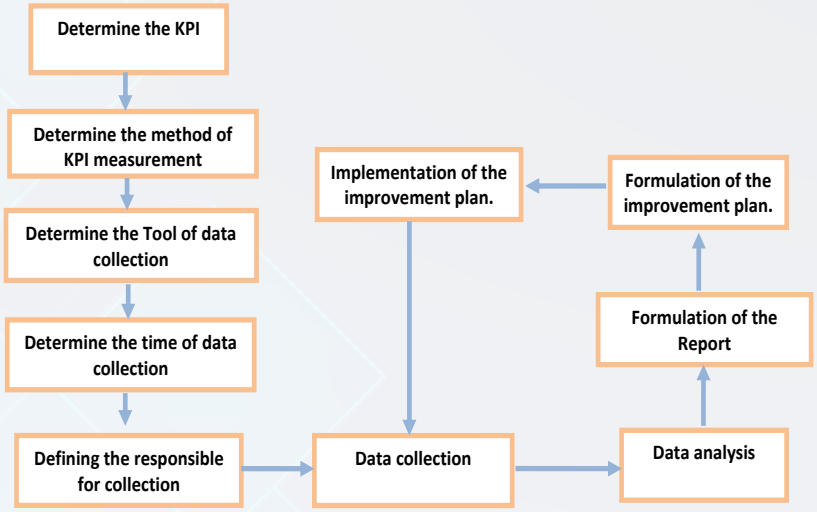
The process for quality cycle closure in the program

The process for closing the quality cycle is concerned with all the elements of the quality, including inputs and processes, but mainly with the elements of outputs, and in the event that one of the program's outputs did not achieve the expected performance indicator, an analytical study is conducted to determine the cause of the deficiency(root cause analysis); then developing operational plans to improve the performance of the targeted component, and following up the impact of implementing the improvement plan on the component by measuring the performance indicator.

Quality management system in the program

- The mission of the College consists of three major elements:
- Preparation of highly qualified medical personnel; and this can be achieved by providing an appropriate environment for teaching and learning processes.
- Contribution in the enrichment of scientific research; and this can be achieved by providing an environment that contributes to conducting scientific research.
- Providing a community service to enhance community health.

The program relies on various tools to evaluate and periodically measure the program's inputs, the various processes that take place in the program, and the achieved outputs resulting from these processes. And in order to control the quality of these elements, early sensing of deficiencies and developing improvement plans based on periodic measurements of the achieved level of performance indicators, and compare them with the desired target benchmark for each Indicator for the current year. Moreover, comparison with the achieved results for the performance indicator in the last year (internal benchmark); and reference comparisons to the performance indicators of similar national programs, (external benchmark).



figure(6)- shows the Sequences of KPI utilization in the quality management system in the program

Table(3)- Shows KPIs utilized for assessment of the achievement of Strategic Objectives and Mission

College Mission Statement	Content of the Mission	Consistent Objectives	Key Performance Indicators
Preparation of qualified medical personnel capable of providing distinguished medical services, contributing to scientific research and establishing multiple partnerships to serve the community and raise the level of health awareness.	Teaching and learning	Continuous Development of curricula and the means of medical education.	Percentage of courses adopted new medical education means
			Percentage of teaching staff participated in training programs regarding teaching and learning methods.
		Preparation of morally and professionally medical cadres, well qualified and capable of continuous self-learning.	Students's performance in the professional and/or national examinations
			Graduates' employability and enrolment in postgraduate programs within one year of graduation
		Establishing an academic environment attract talented faculty members.	Number of honored teaching staff by the college administration
			The proportion of teaching staff leaving the program
	Scientific researches	Development of scientific research and cooperation with local, regional, and global institutions in the medical research environment.	Percentage of publications of faculty members
			Rate of published research per faculty member
			Citations rate in refereed journals per faculty member
	Community services	Contributing to the health education and medical services provided to the community	Rate of community services activities provided to the community per teaching staff
			The proportion of the departments provided at least five community services activities
			The number of the medical services provided to the community.

Table (4) Classification of KPIs utilized to follow quality assuarance according to the component of quality cycle (Input-Process-Outcome)

Input KPIs		Processes KPIs		Output KPIs	
Code	KPI	Code	KPI	Code	KPI
KPI-P-08	Average number of students in the class	KPI-P-02	Students' Evaluation of quality of learning experience in the program	KPI-P-01	Percentage of achieved indicators of the program operational plan objectives.
KPI-P-10	Students' satisfaction with the offered services	KPI-MED.2	Percentage of courses students evaluated during the year	KPI-MED.1	The degree of awareness of the beneficiaries with the mission and objectives (average range of knowledge of faculty members and undergraduate and graduate students in the thesis using a five-year questionnaire)
KPI-P-11	Ratio of students to teaching staff	KPI-P-03	Students' evaluation of the quality of the courses	KPI-P-04	Completion rate
KPI-P-12	Percentage of teaching staff distribution	KPI-P-05	First-year students retention rate	KPI-P-06	Students' performance in the professional and/or national examinations
KPI-P-13	Proportion of teaching staff leaving the program	KPI-MED.3	Evaluation of students for academic and professional guidance	KPI-P-07	Graduates' employability and enrolment in postgraduate programs within

KPI-MED.5	Proportion (percentage) of faculty members participating in community service activities
KPI-MED.6	Proportion (percentage) of faculty members engaged in professional development activities
KPI-P-17	Satisfaction of beneficiaries with the learning resource
KPI-MED.7	satisfaction of beneficiaries with facilities and equipment

KPI-P-09	Employers' evaluation of the program graduates proficiency
KPI-P-14	Percentage of publications of faculty members
KPI-P-15	Rate of published research per faculty member
KPI-P-16	Citations rate in refereed journals per faculty member
KPI-MED.4	The number of papers (researches) or reports presented at academic conferences for all faculty members

Quality Management Process

A.Evaluation of input elements:

A.1. Evaluation of the quality of the courses' content:

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in

the portal of the academic system; this questionnaire includes items related to the evaluation of the student to the quality of the course content. And in the event of a poor rating, the course coordinator should conduct thoroughly review for the course and develop an improvement plan.

A.2. Teaching staff:

An annual inventory of the efficiency and adequacy of faculty members is carried out within the program, to determine their distribution in the program according to the

a. qualification ranking,

b. gender

c. departments.

which helps to identify the department's requirements, for new faculty members accordingly.

A.3. Learning resources:

A.3.1. Survey of beneficiaries (students and faculty) of their satisfaction with the library

The satisfaction of students and faculty members regarding the library and the electronic library is investigated annually by a survey designed for this purpose.

A.3.2. Survey of beneficiaries (students and faculty) of their satisfaction with laboratories

The satisfaction of students and faculty members regarding laboratories is investigated annually by a survey designed for this purpose.

A.3.3. Survey of beneficiaries (students and teaching staff) of their satisfaction with the classrooms.

The satisfaction of students and faculty members regarding classrooms is investigated annually by a survey designed for this purpose.

A.4. Services provided by the college (play yard, accommodation, health services, etc.):

The satisfaction of students and faculty members regarding services provided by the college is investigated annually by a survey designed for this purpose.

A.5. Scientific research plan:

The program adopts an annual plan for scientific research that identifies the different directions and research activities within the scientific departments and by the end of the academic year, this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles faced researchers, to avoid them and to develop solutions in the following year.

A.6. Community services plan:

The program adopts an annual plan for community service activities that identifies the community services priorities to be provided by the staff members and students. And by the end of the academic year this plan is evaluated and dyeing a report on the level of completion of the plan and identifying the obstacles are identified, to avoid them and to develop solutions in the following year.

B.Evaluation of process elements

These include various activities and practices within the program in which inputs are invested to get the best possible outcomes, including educational processes and the implementation of various operational plans.

B.1. Evaluation of the quality of the courses delivery processes:

Students are surveyed in assessing the quality of the courses at the end of each course, and before the announcement of the grades, there is an electronic questionnaire appears to the student on his page in the portal of the academic system; this questionnaire includes items related to the evaluation of the processes that took place during course delivery including, orientation with the course contents, teaching strategies, and assessment and evaluation strategies. And in the event of a poor rating, the course coordinator should conduct thoroughly review for the course and develop an improvement plan.

B.2. Teaching staff training:

The program conducts annual through training and development committee to determine the training needs priorities according to the teaching staff opinion, and a training plan is formulated according to these needs and by the end of the academic year, the inventory of teaching staff participate in this training plan is determined.

B.3. Student evaluation for academic guidance:

There is an annual survey for student satisfaction with academic guidance services is carried out with a questionnaire designed for this purpose.

B.4. Evaluation of extracurricular activities:

The student satisfaction of extracurricular activities supervised by the student activity unit is investigated annually with a questionnaire designed for this purpose.

B.5. Evaluation of Learning experience provided in the program:

There is an annual survey for the graduate's satisfaction with the learning experience they gain from the program carried out with a questionnaire designed for this purpose.

This survey is considered very important, as it gives an indicator of the quality of the learning outcomes and graduate attributes adopted by the program, and the extent to which they are consistent with the labor market.

C.Evaluation of output elements:

C.1. Evaluation of the students:

C.1.1. Student's completion of the courses:

A report in the most recent NCAAA course report template is fulfilled, which contains items related to student's grades achievement and completion rate of the course.

C.1.2. First-year retention rate:

This is an annual calculation of percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year.

C.1.3. Completion rate (graduation rate):

This is an annual calculation of the Proportion of undergraduate students who completed the program in minimum time in each cohort

C.2. Evaluation of the graduates:

C.2.1. Students' performance in the professional and/or national examinations.

This is an annual calculation of the Percentage of graduates who were successful in the Saudi Commission of Health Specialties (SCHS) examinations.

C.2.2. Graduates' employability and enrolment in postgraduate programs within one year after graduation:

This is an annual calculation of the Percentage of graduates from the program who within a year of graduation were: a. employed, b. enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year.

C.3. Evaluation of the scientific researches:

C.3.1. Annual report regarding the conducted and published scientific researches is prepared by the conferences and scientific researches committee.

C.3.2. Percentage of publications of faculty members :

This is an annual calculation of the Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program.

C.3.3. Rate of published research per faculty member :

This is an annual calculation of the average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year)

C.3.4. Citations rate in refereed journals per faculty member :

This is an annual calculation of the average number of citations in refereed journals from published research per faculty member in

the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published).

C.3.5. The number of papers (researches) or reports presented at academic conferences for all faculty members

C.4. Evaluation of the community services:

C.4.1. The community service committee prepares an annual report regarding the conducted community service activities.

C.4.2. This is an annual calculation of the Percentage of full-time faculty members who participate in community service activities.

1- Program Development Process (Approval and Changes)

- **Policy**

Programs are planned as coherent packages of learning experiences in which all courses contribute in planned ways to the intended learning outcomes for the program.

1. Preparation of specification for all the programs at Najran University, including teaching and assessment strategies, based on NCAAA template.
2. Preparation of course specifications for all the programs at Najran University, including teaching and assessment strategies, based on NCAAA template.
3. All the programs must provide students with the knowledge and skills they need in accordance with the mission of the university.
4. Faculty members must be trained on the modern teaching strategies, effective teaching skills, exam systems, students' assessment, and measurement of learning outcomes.
5. The amendment of programs or establishment of new ones is always related to the society needs, the job market requirements, and the developments in the majors and also in response to improvement plans.

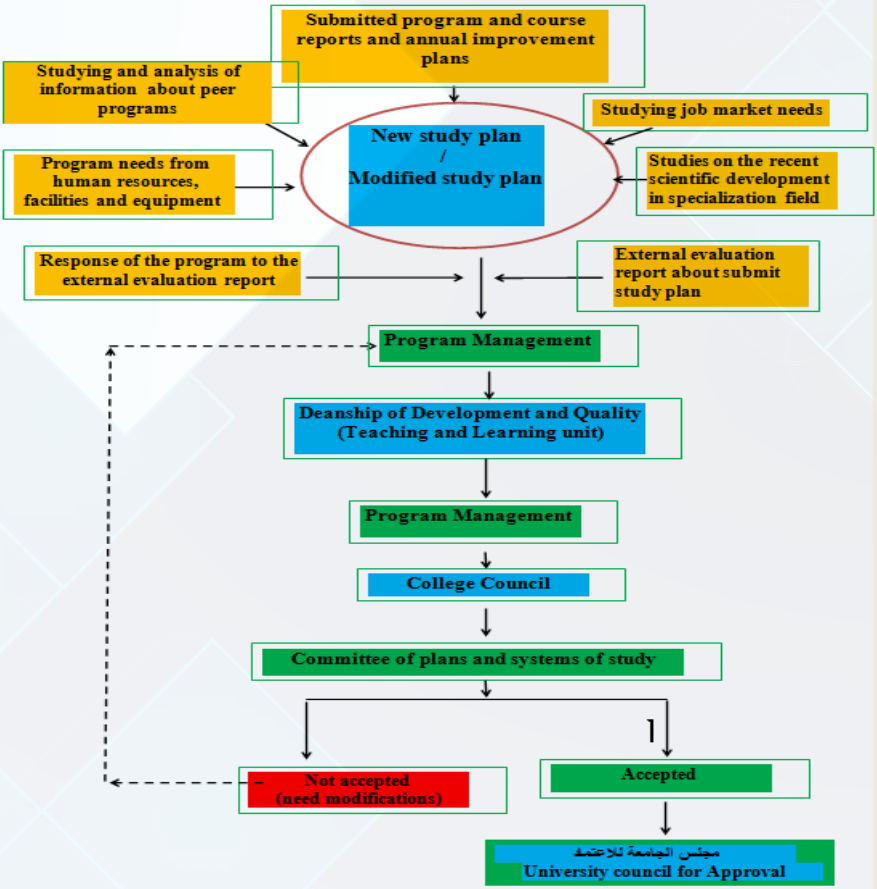
6. Establishment of new programs also requires provision of financial and human resources, an informational survey of similar programs, and it should be in compliance with the national qualifications framework.
7. A comprehensive review for the programs must be done every five years.
8. The process of establishment of new programs' study plans or amendment of the current programs' study plan is done according to steps shown in **Figure (7).**

- **Procedures**

1. Proposals for course modifications or curriculum improvements are submitted by faculty members with proper justification and implications of change suggested.
2. The departmental chair/council will normally study the merit of the suggestion and work out a detailed proposal which is forwarded to the vice deanship for academic affairs for discussion and approval.
3. The vice dean for educational affairs forwards the proposal to the Medical Curriculum Development and Review Committee to consider the proposal. The Department Chair or his/her representative, with support and documentation provided by the department, will attend the meeting of the college-based study plans and curricula when the proposal is discussed.
4. After examining the proposal, the Medical Curriculum Development and Review Committee submits its recommendation to the vice dean for academic affairs and then to the college dean.
5. The College Council examines the recommendation of the Medical Curriculum Development and Review Committee and forwarded to Deanship of Development and Quality, Teaching and Learning Unit for review and assessment.
6. The recommended modifications are to be approved by the college councils after following the Teaching and Learning Unit recommendation
7. The study plan is submitted by the Dean of the College to the university committee of study plans and academic system

8. The university committee of study plans and academic system has to verify that all the new or amended study plans are in compliance with the university mission and the program goals. They should also be in line with the national qualifications framework and the requirements of the teaching and learning standard of NCAAA.

9. Once approved, proposals are submitted to the University Council's for final approval and making decision on the change suggested



Figure(7)- shows the steps for the establishment of new programs or amendment of the current programs at Najran University

2- Program Evaluation and Review Process

- **Overview**

Course is defined as the main block of the academic program. Any course it might have some changes while teaching it. These changes will be in the interest of students and improving the program. This policy will include steps for any positive changes may suggest by faculty, external reviewer, committee and students to support any course

- **Purpose**

The main aim of this policy is to guideline faculty and instructor if they would like to do any modification in the curriculum or course structure. Moreover, any positive modification will increase the quality of the course which is at the end will lead to have more effective programs and more educated students. This continuous enhancement will serve the community and employer demand by graduating more affective students. This policy provides a framework of quality assurance that regulates modification of courses which is the main pillar of Institutional Effectiveness process.

- **Policy**

1. Course revision and assessment should be done internally at the end of each semester when the course offer, and externally when the external review team are visiting the program for accreditation purpose or comprehensive review for the programs.
2. Faculty is responsible to fill course files at the end of each semester and discuss all problems and obstacles facing students and course during teaching it.
3. Any suggestion for course modification needs evidence that the change will enhance the quality of the Course, as defined by NCAAA standards, contemporary relevance and student/ employer demand.

4. The reviewer of the course should have the clue, clarification and reason for these changes.
5. College of medicine vision, mission and strategic plan are the main core can base on while doing the modification.
6. This course modification proceeds if the resources are available to maintain the specified change; and might be implemented after review and approval.

- **Procedures**

Changes are considered as “minor” or “major”.

- Procedures for Minor changes include:

1. Updating the contents to contribute to better achievement of learning outcomes.
2. Amending teaching strategies and evaluation methods.
3. Adjustment of the time for mid-term examinations in the semester.
4. Reorganizing the academic content.
5. Changing the academic advising practices.
6. Updating the learning resources.
7. Adding resources and methods to evaluate the program.
8. setting regulations for training the faculty members.

- Prcedures for Major changes include:

1. Increasing the number of the program’s total credit hours.
2. Decreasing the number of the program’s total credit hours.
3. Deleting a course from the program’s study plan.
4. Adding a course to the program’s study plan.
5. Increasing the course’s credit hours.
6. Decreasing the course’s credit hours.

7. Increase the duration of field experience
8. Decreasing the duration of field experience.
9. Transferring a course from one level to another.
10. Adding a prerequisite that was not present in the plan.
11. Defining optional courses that were not present in the existing plans.
12. Change the name of any course

- **The steps for curricula review and modification:**
- Department level

1. The Department Chair should involve all faculty in discussions regarding curriculum development proposals. The department council examines and recommends the proposal.
2. The Department Chair submits the recommendation for curriculum development to the vice deanship for academic affairs

- College level

1. Upon approval of the proposal for curriculum development at the department level, the vice dean for academic affairs forwards the proposal to the Medical Curriculum Development and Review Committee to consider the proposal. The Department Chair or his/her representative, with support and documentation provided by the department, will attend the meeting of the college-based study plans and curricula when the proposal is discussed.
2. After examining the proposal, the Medical Curriculum Development and Review Committee submits its recommendation to the vice dean for academic affairs and then to the college dean.
3. The College Council examines the recommendation of the Medical Curriculum Development and Review Committee and decides whether the proposal should be forwarded to the University committee of study plans and academic system (if major changes) or should be returned to the department for amendment (if minor changes).

4. The College Dean submits a written statement along with the final proposal as a signed curriculum review form and attached documents (Current and proposed course syllabi) to the Deanship of Development and Quality, Teaching and Learning Unit.
5. The recommended modifications are to be approved by the college councils after following the Teaching and Learning Unit recommendations
6. The proposal is submitted by the Dean of the College to the university committee of study plans and academic system

- University level

7. The university committee of study plans and academic system will discuss the curriculum review and decides whether to recommend or decline the proposal during its next meeting and submits its recommendation to the university' Council. If the request is refused, the university committee of study plans and academic system will decline the proposal and inform the concerned college.

- University' Council Decision

8. The University' Council decision is communicated to the relevant academic units (concerned programs) and administrative units (Admission Department, Registration Department, etc.) for implementation and for inclusion in the subsequent year's catalog.

Najran University quality management directive framework

There are program quality indicators in all the NU programs. These indicators include all the accreditation six standards. They are prepared centrally at the teaching and learning unit and distributed to all the university programs.

- The programs must compare their performance indicators with similar programs inside the university and benchmarked them similar national and international programs.

- The programs must prepare performance indicators for the intended learning outcomes for the programs and courses.

- Course completion and program progression and completion rates must be calculated by Programs concerned.

- Appropriate actions are taken to make improvements for courses and programs depends on the results of evaluation reports.

Imprtant links

1. **NCAAA Quality Assaurance Hand Book-(2019).**
2. **KPIs Guide of College of Medicine-Najran University.**
3. **NCAAA Program KPIs.**
4. **NCAAA Standards for Program Accreditation.**

Dr.Osman Tagalsir Osman
Surprovisor of
Quality and Development Unit

Dr.Abdullah Mufarreh Assiri
Vice-Dean for
Quality and Development Unit

جامعة نجران
NAJRAN UNIVERSITY
تأسست عام ١٤٢٧هـ

QUALITY MANAGEMENT SYSTEM
(QMS)