



COLLEGE OF PHARMACY

QUALITY ASSURANCE MANUAL

A summarized source of information for the College's quality system, assessment of learning outcomes, highlight of important COP-QAA Office policies, guidelines, and procedures.

Prepared by

COP Quality Assurance and Accreditation Office

Contents

❖ Introduction.....	2
❖ Quality Standards	5
❖ Quality Assurance Governance Structure:	5
❖ Quality Assurance At COP.....	7
❖ Quality Assurance And Management.....	8
❖ Goals Of Quality Assurance Practices.....	11
❖ Roles And Responsibilities Of The COP- QAA Office:	12
❖ Survey And Evaluation Framework	13
❖ Benchmarking.....	19
❖ Quality Assurance In Teaching And Learning	19
❖ Flow of Information (Forms and Reports)	20
Program Specification.....	21
Course Specification	21
Course Report	22
Field Experience Specification	22
Field Experience Report	23
Program Annual Report	23
Program Self-Study Report (PSSR)	24
❖ Assessment Framework.....	27
❖ Learning Outcomes Performance Analysis.....	27
❖ Collection Of Evidence Of Student Learning	29
➤ Direct and Indirect Assessment Measures	29
❖ Annual Program Report (Apr).....	32
❖ Annual Faculty Performance Evaluation	32
❖ Monitoring Of Teaching Quality (Peer Review).....	32

❖ Introduction

Alfaisal University is committed to continuous improvement of its quality and performance in all aspects. Since its establishment, Alfaisal University has gradually adopted established practices related to quality assurance planning and management, mainly involving inputs, processes, and results. The college of Pharmacy working on its goals in line with the university's vision and strategy of establishing quality practice.

The structure of the Quality Assurance and Accreditation office and duties are detailed in College of Pharmacy By laws. The College continuously derives all of its guidance including policies and procedures, quality practices and systems from that of the University's, this manual has been drafted using the University's manual as a guide. The purpose of the Quality Assurance (QA) Manual is to act as a summarized source of information for the College's quality system, assessment of learning outcomes, highlight of important QA policies, guidelines, and procedures which support the College in its goal to assure the quality of its learning and teaching practices and the attainment and maintenance of program accreditation. This QA manual establishes the framework for outlining the college's full quality management system and provides internal and external stakeholders with a thorough understanding of the quality management of the college's numerous activities.

The QA manual would be on a continuous pace to be updated on a regular basis. This philosophy is founded on the idea that the pursuit of good quality is an ongoing process with always room for improvement based on measures that are essential for quality improvements.

Other University's organizational units, such as, Office of Research and Graduate Studies, Human Resources, Student Affairs, IT, etc. describe their respective quality systems through their handbooks and manuals. Such manuals include the faculty handbook, student handbook, human resources manual, IT manual, among others.

Vision

To be a hub of excellence that drives COP at Alfaisal University toward the attainment of its goals and objectives and position it locally, regionally among the best accredited programs as well as to be recognized and accredited internationally.

Mission

The mission of the QAA department is to create and cultivate a culture of excellence and continuous improvement of quality at COP- Alfaisal University through application of innovative quality standards and systems to disseminate the Alfaisal University mission and to achieve its strategic objectives.

Accreditation Status and Recognition

The COP has achieved:

- Full accreditation from the National Center for Academic Accreditation and Evaluation (NCAAA): Valid from July 2025 – June 20230. For certification see appendix I.
- Full international accreditation from Accreditation Agency in Health and Social Sciences (AHPGS): Valid from September 2025 – September 20230. For certification see appendix II.

These accreditations affirm the College's compliance with national and international quality standards and its commitment to continuous quality improvement.

Goals & Objectives of the Quality Assurance Office

The outline of this Quality Assurance (QA) Manual's contains the main agenda of the QA and Accreditation office of the College of Pharmacy (COP) at Alfaisal University. As this is made to serve as a concise source of information for COP's quality system, assessment of learning outcomes, and highlight key QA policies, guidelines, and procedures that support the COP in its mission to ensure the quality of its learning and teaching and attainment of program accreditation.

The goal of COP's quality assurance system is to establish an academic community that constantly considers how to integrate quality management into regular college operations. The full spectrum of education offered by the college, as well as research, support services, community services, and other forms of interactions, are all covered by the quality management system.

The QAA office is a coordinating hub of all QAA activities at COP- Alfaisal University with the aim to harmonize various QAA aspects/activities within the college and the university. The fundamental aim of the office is to put in place comprehensive plans, mechanisms and systems to monitor and evaluate the quality of provision of all services and activities of the college with the aspirations to the following:

- Enable COP at Alfaisal University to assure itself and its stakeholders that the university's policies, systems and processes for the development, maintenance, and enhancement of QAA in all its educational and service delivery provisions are being implemented and functioning effectively.
- Continuously improve the QAA plans and systems, through reviews, streamlining and modernizing of QA functions, policies, regulations, and their supporting procedures.

- Enable COP at Alfaisal University to identify areas of strengths and excellence as well as areas in need of focused attention for continuous improvement in the short, and long-term and undertake a periodic critical self-evaluation in terms of its activities, learning and teaching, research, community engagement and support services.
- Provide benchmarking with national and international best practices and evidence-based approaches.
- Facilitate and coordinate internal and external reviews as well as institutional and programme accreditation activities on behalf of the university.
- Provide quality culture where everyone understands, uses, and feels ownership of QAA systems within the college.
- As part of our continuous quality improvement, QAA office develop a database for all evidence, policies, regulations, and QAA activities at COP at Alfaisal University

❖ Quality Standards

The National Commission for Academic Accreditation & Assessment (NCAAA) has established required standards in five broad areas of activity and has developed a national qualifications framework (NQF) that specifies generic standards of learning outcomes for each level of qualifications. The standards to be applied in judgments about accreditation are based on what is generally considered good practices in higher education institutions and programs.

The QA Manual essentially uses the NCAAA standards (Table 1) as a guide to define the quality standards and areas the handbook is seeking to maintain and enhance.

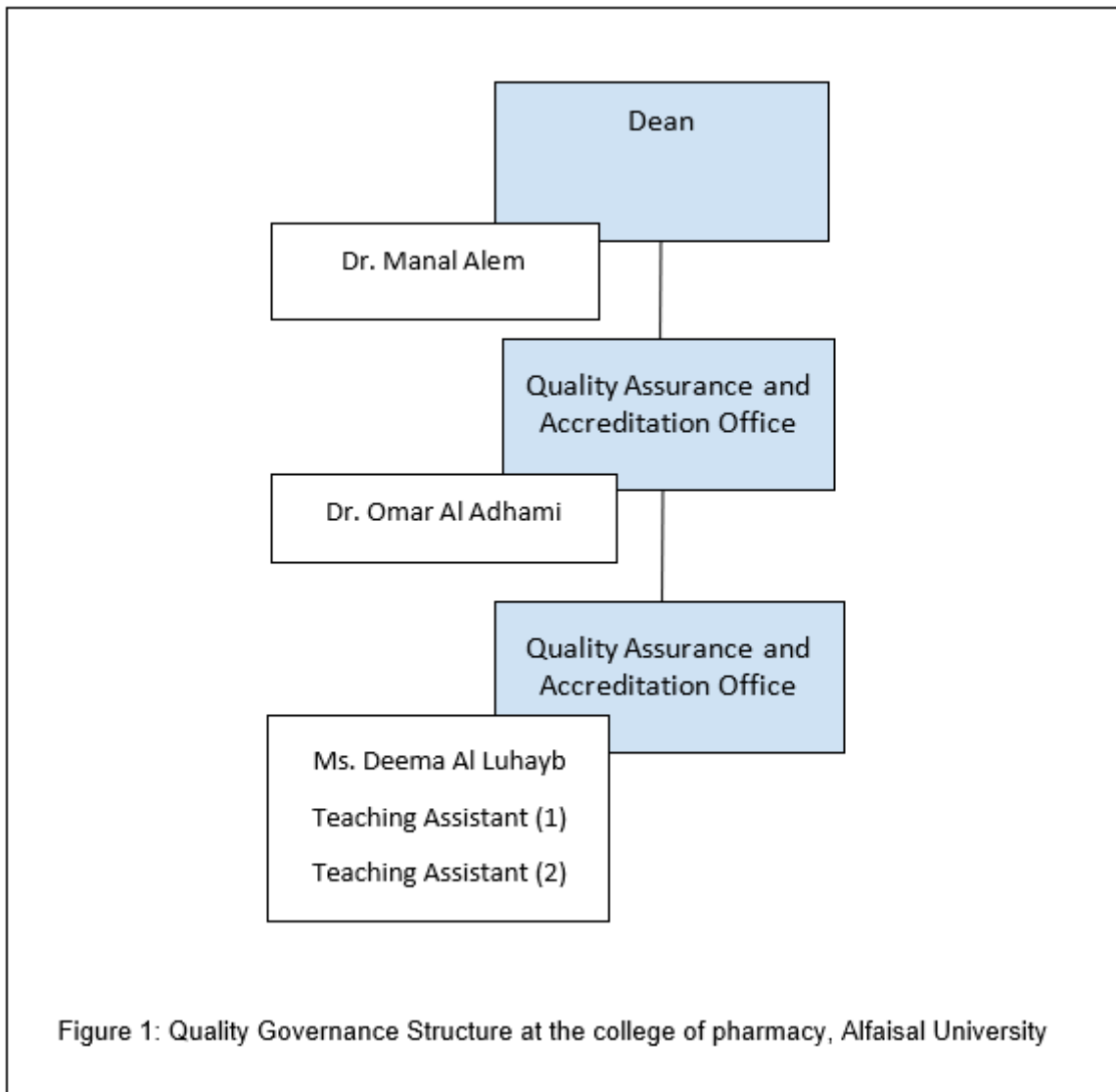
Table 1: NCAAA Standards

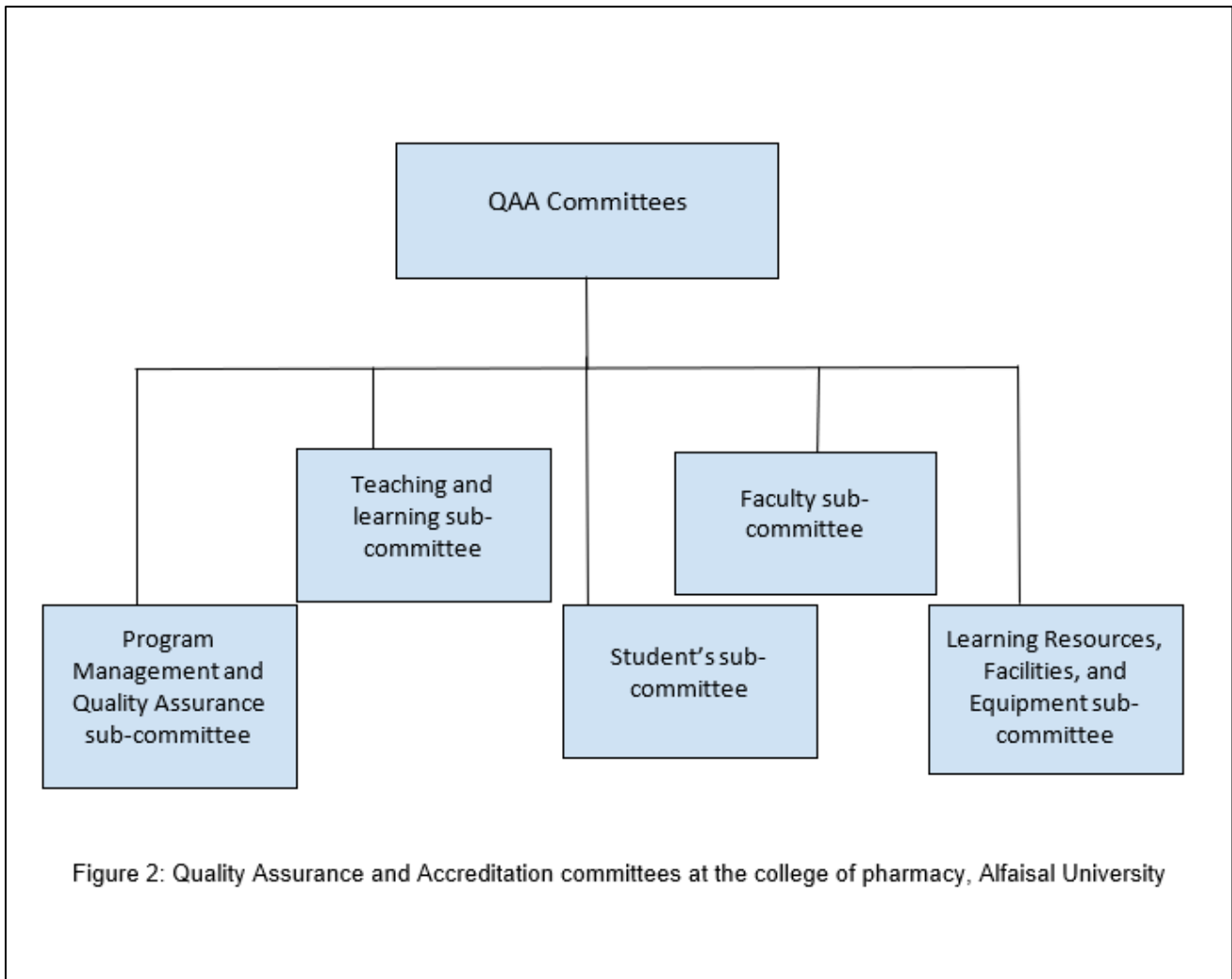
NCAAA Standards
<p>Standard 1. Program Management and Quality Assurance</p> <p>Sub-Standards:</p> <p>1-1 Program Management</p> <p>1-2 Program Quality Assurance</p>
<p>Standard 2. Teaching and Learning</p> <p>Sub-Standards:</p> <p>2-1 Learning Outcomes</p> <p>2-2 Curriculum</p> <p>2-3 Quality of Teaching and Students' Assessment</p>
<p>Standard 3. Students</p>
<p>Standard 4. Faculty</p>
<p>Standard 5. Learning Resources, Facilities, and Equipment</p>

❖ Quality Assurance Governance Structure:

At University level, the decision to establish the Quality Assurance and Accreditation Department by the university demonstrates the greatest level of dedication to quality. This is followed by the establishment of Quality Governance Structure at the college level (Figures

1, 2) to achieve quality and accreditation goals and objectives. The operation of the procedures and protocols of quality at the college level is managed by Head- Quality Assurance and Accreditation office.





❖ Quality Assurance At COP

Based on the NCAAA standards for programs Quality and Accreditation governance around the Saudi Arabian institutions, the QAA office at the COP is overlooking on 5 subcommittees within the college to run and maintain the quality work for the program as in figure 2. These subcommittees were established in order to take on their assigned and respective tasks with complete discretions. Continuous monitoring and feedback exchanges are maintained throughout the workflow between these subcommittees and the QAA office of the COP.

The QAA office at the COP of Alfaisal University (COP-QAA) is committed to monitor and develop the following standards:

- Help the graduate to develop, integrate, and apply knowledge from the basic as well as clinical sciences to evaluate scientific literature, explain drug action, and solve therapeutic problems.
- Grant the graduate with the knowledge, skills, abilities, behaviour, and attitude necessary to provide patient-centred care, manage medication use systems, promote

health and awareness, and describe the influence of population-based care on patient-centred care.

- Grant the graduate with the knowledge, skills, abilities, behaviour, and attitude necessary to solve problems, educate, and communicate with a broad range of patients and to collaborate and communicate with health care professionals.

The COP-QAA derives guidance regarding quality standards and practices from the NCAAA. The College has adopted the five quality standards as well as the National Qualifications Framework (NQF) to ensure effective quality practices at all levels and in all domains at the college level. These quality standards and processes are also in place to ensure that the vision and mission of the college are aligned with that of the University, as well as the goals and planning activities of the college are derived from and consistent with that of the University.

The COP-QAA office works in a systematic way to ensure compliance with best practices and quality standards as stated in the NCAAA Standards for Program Accreditation.

❖ Quality Assurance And Management

The College states its commitment to continuous improvements of its quality and performance on all fronts. All academic and administrative units under the college participate in the processes of quality assurance and improvement. The quality assurance of the education system at the college is the responsibility of all who involved directly and indirectly in the education process and program development. All faculty and staff participate in self-assessments and cooperate with reporting and improvement processes in their sphere of activity. In all its processes and procedures, the college is guided by its vision and mission, as well as its goals and objectives.

The quality management system at COP is highly dependent on two systems:

- A. Alfaisal University - Quality Assurance and Accreditation Department (AU-QAAD)
- B. College of Pharmacy - Quality Assurance and Accreditation office (COP-QAA)

At the University level, the COP-QAA office functions as a unit under the AU Quality Governance Structure (Figure 3). The COP-QAA office works in total harmony and cooperation with the Alfaisal University Quality Assurance and Accreditation Department (AU-QAAD). The AU-QAAD oversees the overall planning, implementation, and evaluation of quality practices, as well as progress towards program accreditation and provides all possible help and support to the COP-QAA office.

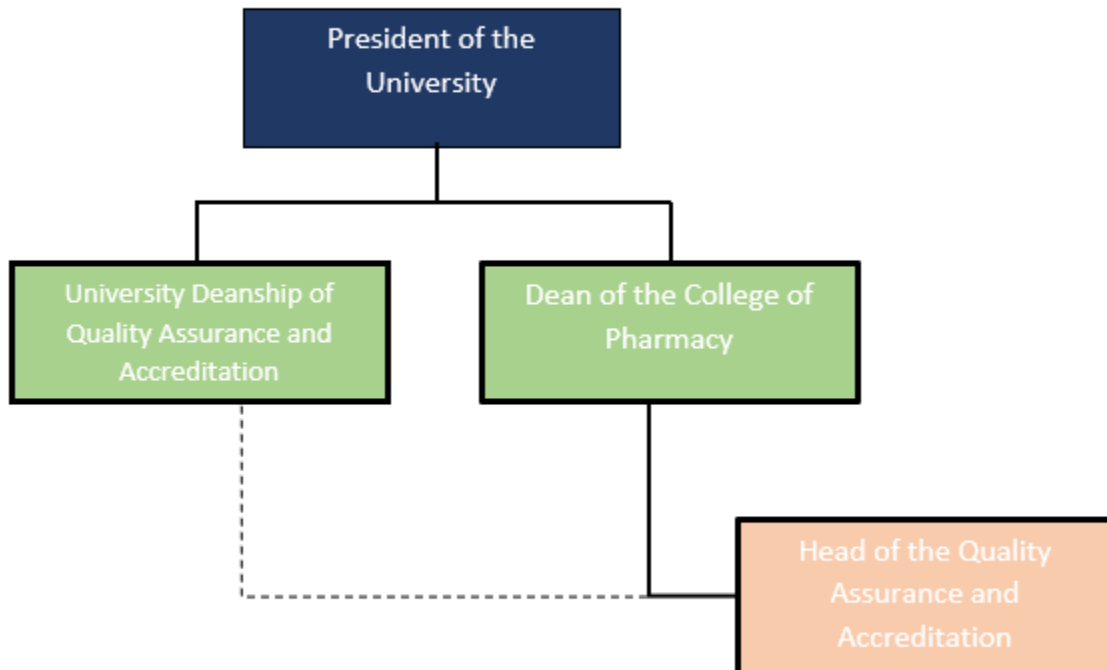
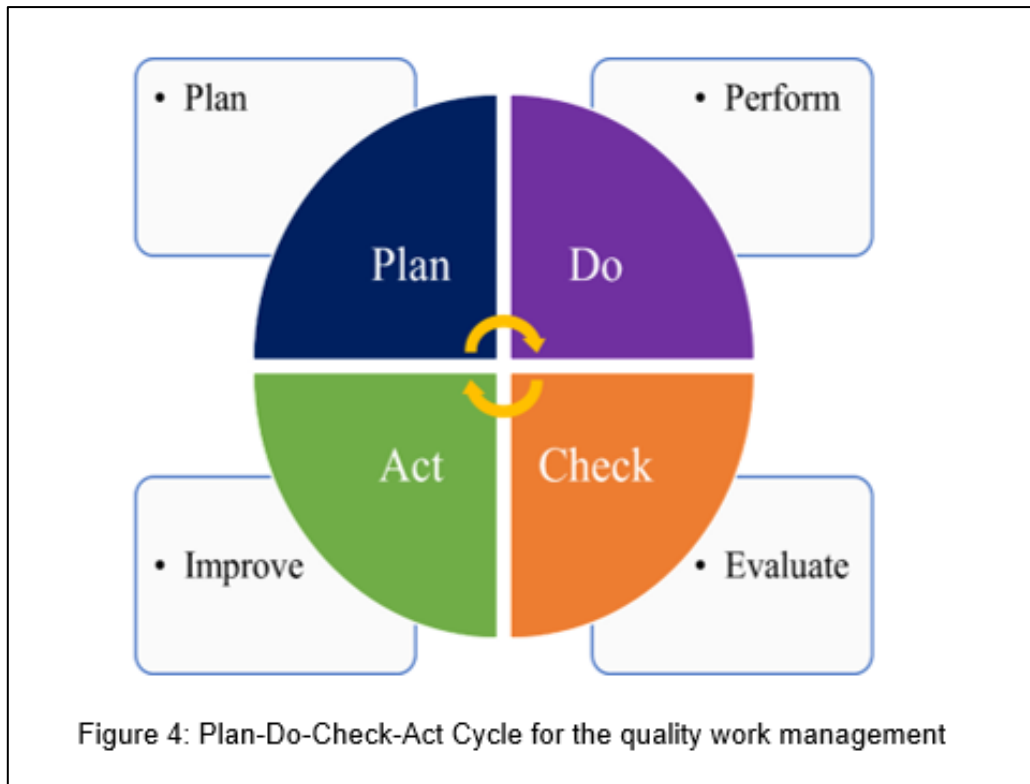


Figure 3: Alfaisal University Governance Structure at the program level-College of Pharmacy, dotted line represents help and support.

The college follows the Plan-do-check-act cycle (Figure 4) as a tool for working towards continuous improvements. This strong drive towards quality management and improvement is fully supported by the college's leadership.



Continuous Quality Improvement Cycle at the College of Pharmacy

The COP adopts a structured Continuous Quality Improvement approach to ensure ongoing enhancement of its academic programs, teaching practices, and support services. The CQI process is aligned with the Plan–Do–Check–Act (PDCA) model and is embedded across all quality assurance activities within the College.

This cycle at COP consists of the following stages:

1. **Plan:**
Establish clear objectives, intended learning outcomes, key performance indicators (KPIs), and action plans based on prior evaluations, benchmarking data, and stakeholder feedback.
2. **Do:**
Implement planned academic, administrative, and quality-related activities, including teaching delivery, assessment strategies, and support services.
3. **Check:**
Systematically collect and analyze data from multiple sources, including course reports, program reports, student and stakeholder surveys, benchmarking results, and performance indicators, to evaluate the extent to which objectives and learning outcomes have been achieved.
4. **Act:**
Develop and implement evidence-based improvement actions to address identified gaps and enhance strengths. These actions are documented, monitored, and

reviewed in subsequent cycles to ensure effectiveness and sustainability.

All CQI activities are documented through formal reports, including Course Reports, Annual Program Reports, and Program Self-Study Reports (PSSR). The COP-QAA Office oversees the CQI process to ensure consistency, accountability, and alignment with institutional and accreditation requirements.

This systematic quality cycle approach ensures that the College maintains a dynamic quality culture, supports data-driven decision-making, and continuously improves its educational outcomes in alignment with national (NCAAA) and international (AHPGS) standards.

The cycle process at the COP is implemented in a structured and cyclical manner. Data collected from courses, program assessments, surveys, and benchmarking activities are analyzed at the course, departmental, and college levels. Identified gaps are translated into actionable improvement plans with defined timelines, responsibilities, and performance indicators. The implementation of these actions is systematically monitored, and their impact is evaluated in subsequent reporting cycles to ensure continuous enhancement and sustainability of improvements.

The QAA office, in coordination with program committees and department units, is responsible for overseeing the quality cycle process. This includes reviewing performance data, endorsing improvement plans, monitoring implementation, and ensuring alignment with institutional policies and accreditation standards.

The quality cycle process is supported by documented evidence, including Course Reports, Annual Program Reports, Key Performance Indicator (KPI) analyses, stakeholder survey results, and benchmarking reports. These documents provide a comprehensive basis for evaluating program performance and guiding continuous improvement efforts.

❖ Goals of Quality Assurance Practices

The COP-QAA office has constructed the following goals to provide targets for quality practices at the college level:

- Ensure high standards, quality of outcomes and continuous improvement of Doctor of Pharmacy program.
- Support the quality assurance and accreditation process in accordance with internal requirements of universities and higher education institutes.
- Determine strengths and weaknesses paths, corrective and protective methods for continuous improvement of Doctor of Pharmacy program.
- Ensure that courses are evaluated and reported on semester bases and reports include information about the effectiveness of planned strategies and the extent to which intended learning outcomes are being achieved.
- Monitor the quality of all courses regularly through appropriate evaluation mechanisms that are amended as required.

- Ensure that records of student completion rates are kept for all courses and included among quality indicators.
- Analyse course completion, program progression and completion rates along with student course and program evaluations, with summaries and comparative data presented to senior administrators at least once each year.
- Ensure that student assessment processes are appropriate for the intended learning outcomes and effectively and fairly administered with independent verification of standards achieved.
- Ensure that teaching must be of high quality with appropriate strategies used for different categories of learning outcomes in collaboration with heads of the two departments.
- Establish a comprehensive system (including but not limited to student surveys) in place for evaluation of teaching effectiveness in all courses. For example, students feedbacks that have substantial merits are taken in consideration and put forward for discussion within the COP-QAA office meetings.
- Ensure that regular (at least annual) reports are provided to college administrators on the delivery of each course.
- Provide training programs in teaching skills, effective use of new and emerging technology for both new and continuing teaching staff including those in part time positions. Such training can also be delivered on personal level with senior faculty for those who might have joined the college recently.
- Establish a system to ensure the field experience activities must be planned and administered as fully integrated components of the program, with learning outcomes specified, supervising staff meeting a prespecified criteria , and appropriate evaluation and course improvement strategies are carried out.

These goals are reviewed regularly at least on an annual basis.

❖ Roles And Responsibilities of The COP- QAA Office:

- Document, integrate, and communicate different procedures of quality assurance processes.
- Developing an overall strategy for Quality Assurance and Accreditation activities.
- Achieving the objectives of the College and the University on issues relating to quality assurance and academic accreditation.
- Strengthening efforts to place the College academically and professionally among the ranks of the best colleges at the local and regional levels.
- Providing benchmarking with national and international best practices and evidence-based approaches.
- Facilitating and coordinating internal and external reviews as well as program

accreditation activities.

- Assisting internal academic and administrative units in the development of quality improvement strategies within their own areas.
- Providing training for faculty and staff in the field of quality assurance.
- Explain to college students the basic principles of quality assurance and why it is important for the educational process.
- Maintaining systematic collections of reports on performance including data on indicators and benchmarks that will be required for analysis and reporting on trends in performance and changes.
- Coordinating regular cycles whether internal and external of academic program reviews and administrative units' reviews and monitoring the implementation of the recommendations of internal and external reviews.
- Providing quality standards, measures, and key performance indicators for all departments.
- Conducting satisfaction surveys, conducting evaluation of courses and faculty by students, and regular self-evaluations to determine to which extent it meets the set performance standards in practice, and using the results of such evaluations to improve practices.
- Assure that curriculum is based on clear academic standards, with specific objectives and learning outcomes defined for each course.

❖ Survey And Evaluation Framework

College of Pharmacy in its commitment to quality runs several satisfaction surveys and evaluations to guarantee that all processes are delivered with the highest possible level of quality. The college is mandated to follow guidelines outlined in the University Survey Manual while creating and running surveys. Alfaisal University considers stakeholder's satisfaction as essential to the survival of the institution. The college endeavours to discover whether its stakeholders are satisfied through questionnaire or survey forms. Stakeholders include students, faculty members, administrative staff, alumni, employers, and other external bodies. Since the university is a student-centred university, the college regards students as fundamental clients of the education system and surveys of their opinions are one of the most important sources of evidence about the quality of the program. Nonetheless, the COP also take in consideration the students' participation, grades and performance in external evaluation exams like the Saudi Pharmacist Licensing Examination (SPLE). As such this would provide an independent measure of the ability of the program to achieve and implement its goals on the graduating candidates. This kind of assessment can provide very useful suggestions for improvement that should be considered in the quality cycle for improvement. The surveys and exams are conducted on a regular basis, at least once an academic year. Subsequently, their results are analysed and interpreted carefully and

documented accordingly. Eventually, plans of action, conclusions and recommendations are drawn out of these different measures to help maintain and develop the success of the education process and candidates' performance.

Survey Information Flow

Mechanisms exist to enable planned submission of the different types of satisfaction surveys as shown in [Table 2](#). The submission is planned and scheduled in advance every semester. Details and information about surveys conducted can be found in the AU Survey Manual.

Table 2: Sample of Evaluations and Satisfaction Surveys

Survey Title	Who will be surveyed?	Conducted by	Copies to close the loop (for feedback and improvement)	Analysis
Course Evaluation Survey	Students	AU-QAAD	AU-QAAD	AU-QAAD
Course and Faculty Evaluation Survey	Students	COP- QAA office	Dean AU-QAAD (If required) Course Directors Curriculum Committee	COP- QAA office AU-QAAD (If required)
Student Experience Survey (SES) - 2nd Year Experience	Students	AU-QAAD	President Council of Deans Dean-COP COP- QAA office Course Directors Curriculum Committee	AU-QAAD COP- QAA office
Survey Title	Who will be surveyed?	Conducted by	Copy to	Analysis

Program Evaluation Survey (PES) - Final Year Experience	Students	AU-QAAD	President Council of Deans Dean-COP COP- QAA office Course Directors Curriculum Committee	AU-QAAD COP- QAA office
Instructor Evaluation Form	Students	AU-QAAD	President Council of Deans Dean-COP COP- QAA office Course Directors Curriculum Committee	AU-QAAD COP- QAA office
Alumni Survey	Alumni	AU-QAAD	President Council of Deans Dean-COP COP- QAA office Alumni and Placement Relations Office	AU-QAAD COP- QAA office Alumni and Placement Relations Office
Employer Survey	Employers of our Alumni	AU-QAAD	President Council of Deans Dean-COP COP- QAA office Alumni and Placement Relations Office	AU-QAAD COP- QAA office Alumni and Placement Relations Office
University Library Satisfaction Survey	Students	Library	President VPs Council of deans	Library AU-QAAD

			Dean-COP AU-QAAD COP- QAA office	
Student Affairs Satisfaction Survey	Students	Student Affairs	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	Student Affairs AU-QAAD
Academic Counselling Survey <i>New survey started in 2019-20</i>	Students	Student Counsellor Office	Dean-COP AU-QAAD	Student Counsellor Office COP- QAA office
Survey Title	Who will be surveyed?	Conducted by	Copy to	Analysis
Employee Satisfaction Survey	Faculty and Staff	Human Resources Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	Human Resources Department AU-QAAD
IT Services Satisfaction Survey	Students Faculty and Staff	IT Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	IT Department AU-QAAD

University Website Satisfaction Survey	Students Faculty and Staff	IT Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	IT Department AU-QAAD
Classroom: Audio Visual System Feedback (Satisfaction Survey)	Students and Faculty	IT Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	IT Department AU-QAAD
Facility Satisfaction Survey (Facilities Restaurants Sports etc.)	Students Faculty and Staff	Facility Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	Facility Department AU-QAAD
Feedback on the Food Service Providers (Satisfaction Survey)	Students Faculty and Staff	Facility Department	President VPs Council of Deans Dean-COP AU-QAAD COP- QAA office	Facility Department AU-QAAD
Assessment of Learning Outcomes	Learning outcomes Faculty members Assessment tools	AU-QAAD	President VPs Council of Deans COP- QAA office Program Heads	AU-QAAD COP- QAA office

	Courses			
--	---------	--	--	--

Data is analyzed using institutional dashboards and utilized for evidence-based decision-making and continuous improvement.

Quality Assurance in Experiential Training

The COP ensures the quality and effectiveness of its experiential training component through a structured quality assurance framework aligned with program learning outcomes and accreditation standards. Experiential training is a core element of the PharmD program, designed to develop students' clinical competencies, professional skills, and readiness for pharmacy practice.

The quality of experiential training is maintained through the following mechanisms:

1. **Selection and Evaluation of Training Sites:**
Training sites are carefully selected based on predefined criteria to ensure they provide an appropriate learning environment. Sites are periodically evaluated to maintain quality standards and ensure alignment with program objectives.
2. **Preceptor Qualification and Evaluation:**
Preceptors are selected based on their professional qualifications and experience. They are oriented to program expectations and regularly evaluated through student feedback and performance outcomes to ensure effective supervision and mentorship.
3. **Student Performance Assessment:**
Student performance during clinical rotations is assessed using standardized evaluation tools aligned with program learning outcomes. These assessments measure clinical knowledge, skills, professionalism, and communication competencies.
4. **Stakeholder Feedback:**
Feedback is systematically collected from students, preceptors, and training sites to evaluate the effectiveness of experiential training. The results are analyzed and used to identify areas for improvement.
5. **Monitoring and Continuous Improvement:**
Data from evaluations, surveys, and reports are reviewed by the relevant committees to identify gaps and implement corrective actions. Continuous improvement plans are developed and monitored to enhance the quality of experiential training.
6. **Alignment with Program Outcomes:**
Experiential training is continuously reviewed to ensure alignment with the intended learning outcomes of the PharmD program and national and international accreditation standards.

This structured approach ensures that experiential training at COP consistently meets quality standards and effectively prepares graduates for professional pharmacy practice.

❖ Benchmarking

Benchmarking brings an important variable into the assessment process whether it is internal or external. Hence, the college considers benchmarking as an important evaluation tool (as indicated in the Quality Assurance Framework) for improving its administrative procedures and instructional models by examining processes and models at other colleges/ programs within the institution (internal benchmarking) or outside universities (external benchmarking). Therefore, expanding the assessment beyond internal performance metrics, the college can then better evaluate its performance with regard to quality standards including but not limited to learning and teaching education environment research, and community service with outside programs or institutions. As such this would enable to identify and implement improvements that can come in line with best practices used for the time being.

For strategic and performance benchmarking to be successful, the right benchmarking partners must be chosen. A set of criteria, including the following, can be used to choose a benchmarking partner:

- Being of the same discipline (pharmacy)
- Having compatible core with respect to mission values and objectives
- Being of comparable size
- Facility

As a result, it's crucial to decide which organizations can serve as benchmarks and comparators for these determinants which in turn help to set up the relevant information-gathering processes. The levels of performance are determined in this method, serve as benchmarks for setting performance goals.

❖ Quality Assurance In Teaching And Learning

Quality Assurance Cycle in Teaching and Learning is in line with the NCAAA reporting and review scheme. The college cooperates with and participates in general institutional strategies for improvement (refer to AU Quality Assurance Manual) and arranges complementary further initiatives to deal with quality issues found in its own program.

The diagram below (Figure 5) illustrates the flow of process and relationship of important specifications and reports (i.e. program specifications course specifications course reports and program reports) to the quality assurance cycle for improvement in the teaching and learning. The most important part in this quality cycle is the assessment of learning outcomes and the feedback obtained from each course.



❖ Flow of Information (Forms and Reports)

The flow of Information of the mentioned forms and reports in [Figure 5](#) can be summarised according to the quality work designations in the specifications and reports arising from the quality work follow up as in [Table 3](#).

Table 3: Quality work documentation and reporting

Report/Form	Filled By	Approved by	Description/ Distribution
Program Specification	<p>Special committee with memberships from Pharmacy education experts</p> <p>Curriculum Committee in Our partners</p>	<p>Ministry of Education</p> <p>Advisory board</p> <p>University Council</p> <p>Council of Deans</p> <p>Dean COP</p>	<p>The primary purpose of the program specification is to support the planning monitoring and improvement of the program by those responsible for its delivery. It includes sufficient information to demonstrate that the program will meet the requirements of the Standards for Quality Assurance and Accreditation of Higher Education Programs, the guidelines of the National Qualifications Framework and any specific requirements relating to professional accreditation in the field of study concerned.</p> <p>The program specification also includes the Course Planning Matrix.</p> <p>Copies of the program specification are provided to the Dean, Curriculum Committee, AU-QAAD and COP-QAA.</p>
Course Specification	<p>Course Director/ Coordinator</p> <p>Course Planning Committee (if applicable)</p>	<p>Curriculum Committee</p> <p>COP- QAA office</p>	<p>All course specifications are available as part of the study plan and the program curriculum.</p> <p>Individual course specifications are prepared for each course. The purpose is to include detailed content that supports future development plans as part of the arrangements to achieve the intended learning outcomes of the program.</p> <p>Course specifications include the knowledge and skills to be developed in consideration with the National Qualifications Framework and the overall learning outcomes of the program the strategies for teaching and assessment in sufficient detail to guide individual instructors as well as the learning</p>

			<p>resources facilities requirements and any other course special needs.</p> <p>The structure of a course specification includes the intended learning outcomes and the strategies for developing those learning outcomes for the different types of learning described in the National Qualifications Framework processes for course evaluation based on evidence with verification of interpretations of that evidence and planning for improvement. Copies of the course specification are provided to the Dean, COP- QAA office, curriculum committee, and to the AU-QAAD.</p>
Course Report	<p>Course Director/ Coordinator</p> <p>Course Planning Committee (if applicable)</p>	<p>Curriculum Committee</p> <p>COP- QAA office</p>	<p>Completed by course directors/ coordinator at the end of each course/ block and sent to the Dean, COP-QAA office, Curriculum Committee and to the AU-QAAD.</p>
Field Experience Specification	<p>Experiential Learning Unit</p>	<p>Dean</p> <p>Curriculum Committee</p> <p>COP-QAA office</p>	<p>Internship via advanced Pharmacy Practice Experience rotations (APPE) in year 6, is considered a valuable component of the Doctor of Pharmacy Program. These APPE rotations are delivered off campus in several sectors where pharmaceutical care and services are being provided and supervised by qualified preceptors outside the college.</p> <p>A separate field experience specification is provided to indicate as clearly as possible what it is intended that students should learn and what should be done to ensure that learning process takes place. This involves careful preparation of the students and planning in cooperation with the hospitals/ministry of health/pharmaceutical industry and</p>

			<p>regulatory sectors where the field experience rotation shall take place.</p> <p>The choice of field experience venues are suggested by Experiential Learning Unit and approved by the Dean that coordinates all the necessary logistics.</p>
Field Experience Report	Experiential Learning Unit	<p>Dean</p> <p>Curriculum Committee</p> <p>COP- QAA office</p>	<p>Field experience reports are to be prepared each year for the core- and the elective rotations that have been chosen by the students. In which documentation of the patient care (direct patient interaction, SOAP notes, therapy monitoring, dosage adjustments, and other therapeutical managements), presentations and journal clubs performed, educational material (brochures, flyers.), and a reflection paper prepared (objectives, what has been learnt, self-evaluation, interaction with other team members, and impact of the experience on the student's career).</p> <p>In addition, student's evaluation forms and preceptor's evaluation forms are also prepared for every rotation. Collectively these documents give an idea about how effective the internship year has been in achieving the assigned learning outcomes.</p> <p>Copies of the field experience report are provided to the Dean, COP- QAA office, Curriculum Committee and to the AU-QAAD.</p>
Program Annual Report	Curriculum Committee in Consultation with Faculty Members and COP-QAA office	<p>Dean</p> <p>COP-QAA office</p>	<p>A program report is prepared at the end of each year after analysing all course reports and other information about the delivery of the program. The report is based on the course reports and specifications and describes the efficiency of program delivery during the academic year, as compared with what</p>

			<p>was intended to. It also indicates any necessary changes that should be made for future delivery because of experience in the year concerned. Issues requiring continuous monitoring are included in the annual report. The report on quality in the program are based on evidence provided from a range of sources and by interpretations of that evidence.</p> <p>The annual report should include an action plan that indicates the necessary action that is needed to be taken into consideration for the future.</p> <p>Copies of the program annual report should be provided to the Dean, COP-QAA office, and AU-QAAD.</p>
Program Self-Study Report (PSSR)	<p>COP- QAA office</p> <p>Different Committees</p> <p>Faculty Members and Staff</p>	<p>Dean</p> <p>AU-QAAD</p>	<p>A periodic program self-study is a thorough examination of the quality of a program taking account of the mission and objectives of the program and the extent to which they are being achieved. The standards for quality assurance and accreditation are defined by the NCAAA and include the National Qualifications Framework.</p> <p>Conclusions should be supported by evidence with verification of analysis and conclusions and advice from others able to offer informed and independent comment (e.g., internal, and external reviewers).</p>

Key Performance Indicators (KPIs)

The COP utilizes a structured set of Key Performance Indicators (KPIs) to monitor the effectiveness of its academic programs, operational processes, and strategic objectives. These KPIs are aligned with institutional priorities, as well as national (NCAAA) and international (AHPGS) accreditation standards, and are used to support data-driven decision-making and continuous quality improvement.

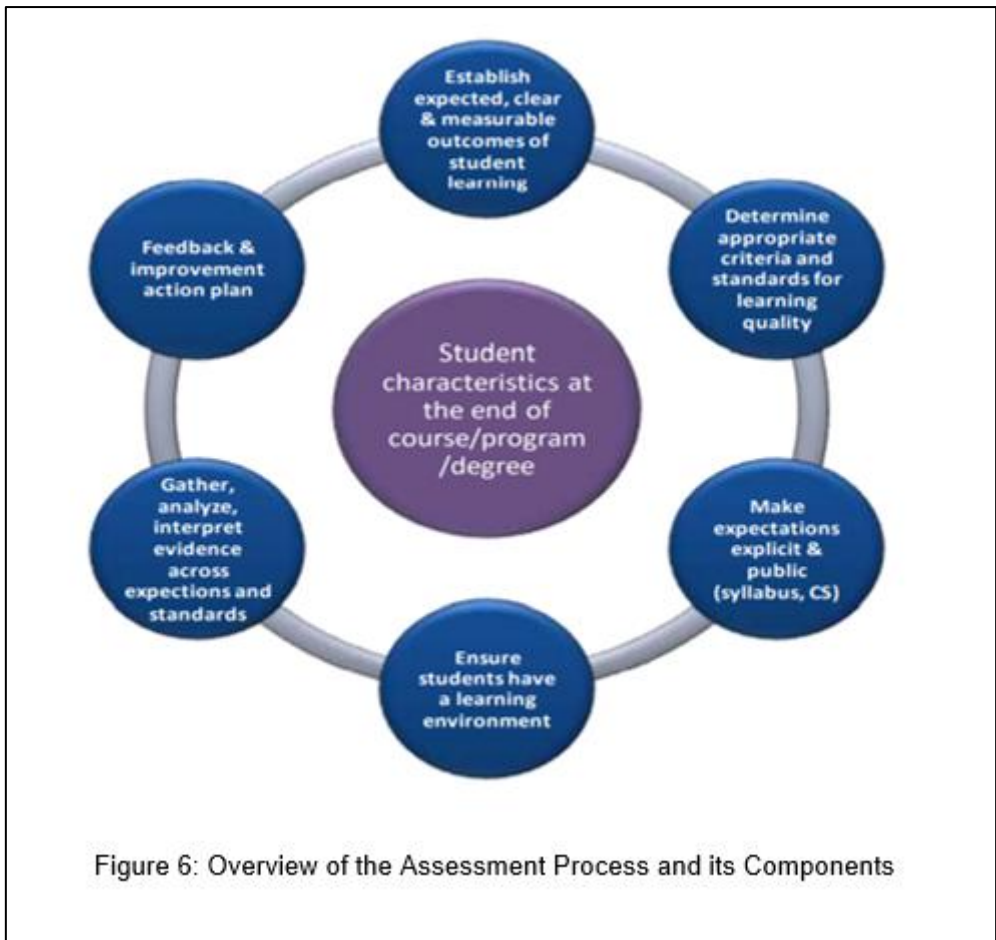
KPIs are regularly monitored, analyzed, and reported through course reports, annual program reports, and quality assurance reviews. The results are used to identify areas of strength and opportunities for improvement, ensuring the continuous enhancement of educational quality and student outcomes.

Core Program KPIs

KPI	Target	Data Source	Frequency
Students' evaluation of quality of learning experience in the program	≥ 3.75	Student surveys	Annually
Students' evaluation of the quality of courses	≥ 3.75	Student surveys	Annually
Completion rate	≥ 85%	Graduation data	Annually
Students' retention rate	≥ 85%	Student records	Annually
Students' performance in the Saudi Pharmacist Licensure Exam (SPLE)	≥ 90%	SCFHS reports	Annually
Graduates' employment rate	≥ 60% within 6 months	Alumni survey	Annually
Employers' evaluation of the program graduate's proficiency	≥ 4.5	Employer survey	Annually
Ratio of students to	<20:1	Data analysis	Annually

teaching staff			
Percentage of publications of faculty members	≥ 60%	College, Institutional, and online records	Annually
Rate of published research per faculty member	≥ 2	College, Institutional, and online records	Annually
Citations rate in refereed journals per faculty member	≥ 10	College, Institutional, and online records	Annually

The KPIs are systematically monitored and evaluated through the assessment framework described in the following section. Action plans are developed based on KPI outcomes and are incorporated into the College's Continuous Quality Improvement processes to ensure sustained enhancement of program quality.



❖ Assessment Framework

Assessment methods are ways to ascertain (measure) student achievement levels associated with stated student learning outcomes (SLOs). Assessment in general can be regarded as a systematic ongoing process which includes the collection of information about student learning and the level of achievement of learning outcomes (Figure 6).

❖ Learning Outcomes Performance Analysis

Student Learning Outcomes Assessment Framework is the most important element in the evaluation of the Pharm.D. program. The college undertook a series of steps to refine its process of analysing students' performance of learning outcomes. These steps are outlined below with a summary of the actions taken in Figure 7.

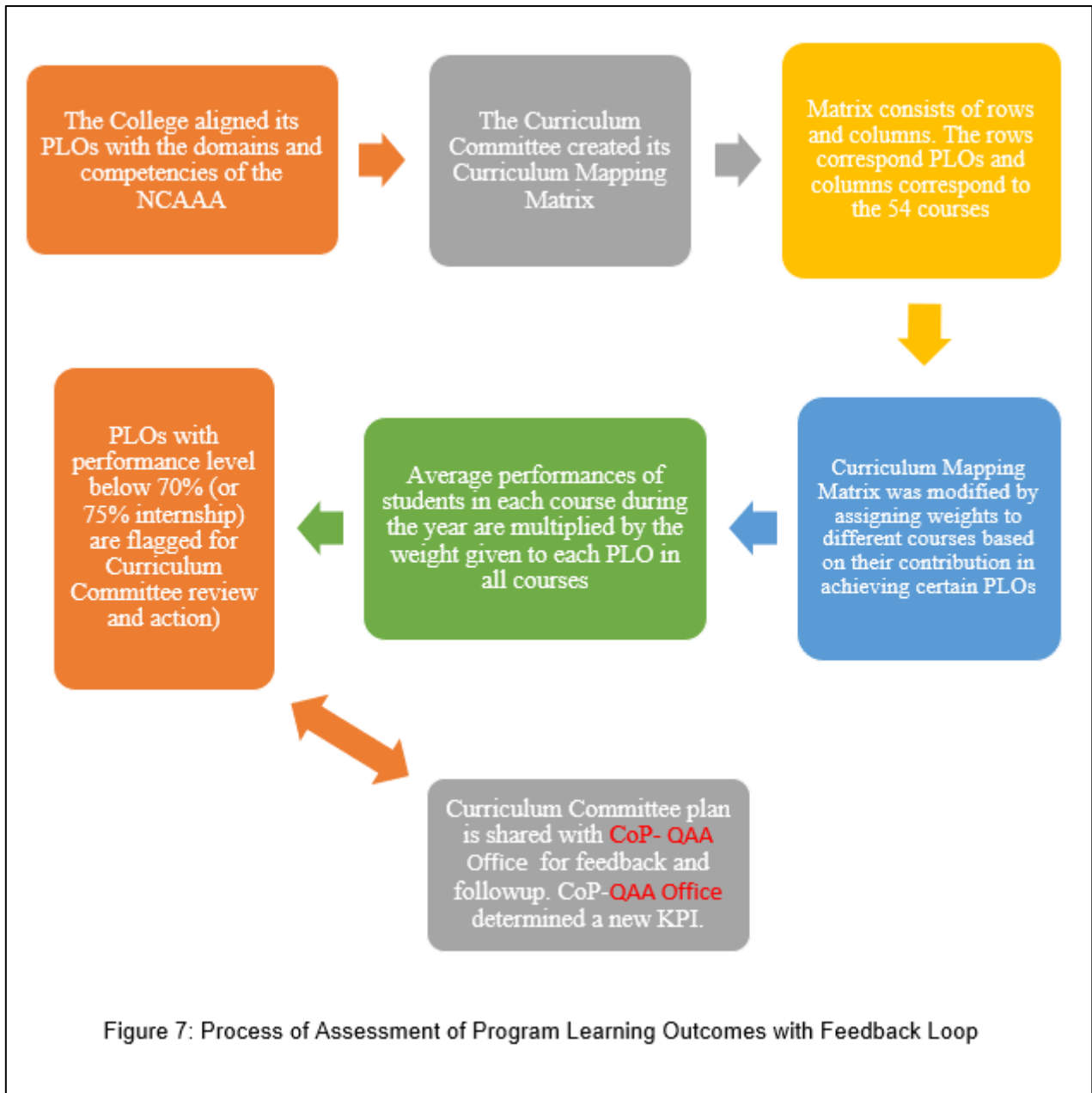


Figure 7: Process of Assessment of Program Learning Outcomes with Feedback Loop

❖ Collection Of Evidence Of Student Learning

There are many ways to collect evidence of student learning. To simplify the options assessment efforts are categorized as direct and indirect measures.

➤ Direct and Indirect Assessment Measures

Direct assessment involves evaluating tangible observable products of student learning. Direct measures are probably more familiar to teaching faculty because their direct involvement in the teaching process. These methods include exams quizzes reports, assignments, and standardized testing. When test questions are aligned with the learning outcomes, they can be accurate measures of whether the desired student learning has taken place. In addition to tests and exams direct assessments include evaluating homework assignments, research papers, and other projects. Case-based seminars presentations and research projects presentations can also assist in determining whether students have met set objectives and learning outcomes.

The strength of direct measures is that faculty can capture a sample of students' performance which can be a strong evidence of student learning. Direct assessment measures provide us with documented evidence of performance, improvements skills, or content mastery. However, quizzes exams and standardized tests may not always measure the concepts they intended for. For instance, tests or examinations offer multiple-choice matching or true-false items may give students the opportunity to answer based on the learned material or test-taking skills or sometimes it may not reflect content mastery when it comes in answering correctly by guessing or may not cover skill or psychomotor components of the learned materials. Therefore, a possible weakness of direct measurement is that not everything can be demonstrated in a direct way such as values perceptions feelings and attitudes. Hence, other exam modality is needed to be implemented like Objective Structured Clinical Examination (OSCE), in which practical application of the knowledge is applied such as (patient counselling, prescription evaluation, patient assessment, and appropriate medication use), and laboratory practical examinations for performing multiple pharmaceutical and chemical experimentations.

In contrast, an **indirect measure** is based upon a report of perceived student learning. The reports can come from different stakeholders, including students, faculty, internship supervisors, and employers. Indirect measures are based on gathering information through means other than looking at actual samples of student work, e.g., surveys, exit interviews, and focussed groups. Also, it may require the faculty to infer actual student abilities, knowledge, and values rather than observing direct evidence of learning or achievement. Using these indirect measures, we can obtain information about students' thoughts on what and how they learned and use the students' own perceptions for assessment and evaluation of the level of achievement of learning outcomes.

Indirect measures can provide additional information about what students are learning and how this learning is valued by different modalities. The strength of indirect measurement is that it can assess certain implicit qualities of student learning such as values, feelings, perceptions and attitudes from a variety of perspectives. The weakness of this approach is

that in the absence of direct evidence, assumptions must be made about how well perceptions match the reality of actual achievement.

Because each method has its limitations, the College's assessment approach combines direct and indirect measures from a variety of sources. This modality of assessment methods can provide converging evidence of student learning. Summary of direct and indirect assessment methods are given in [Table 4](#) below.

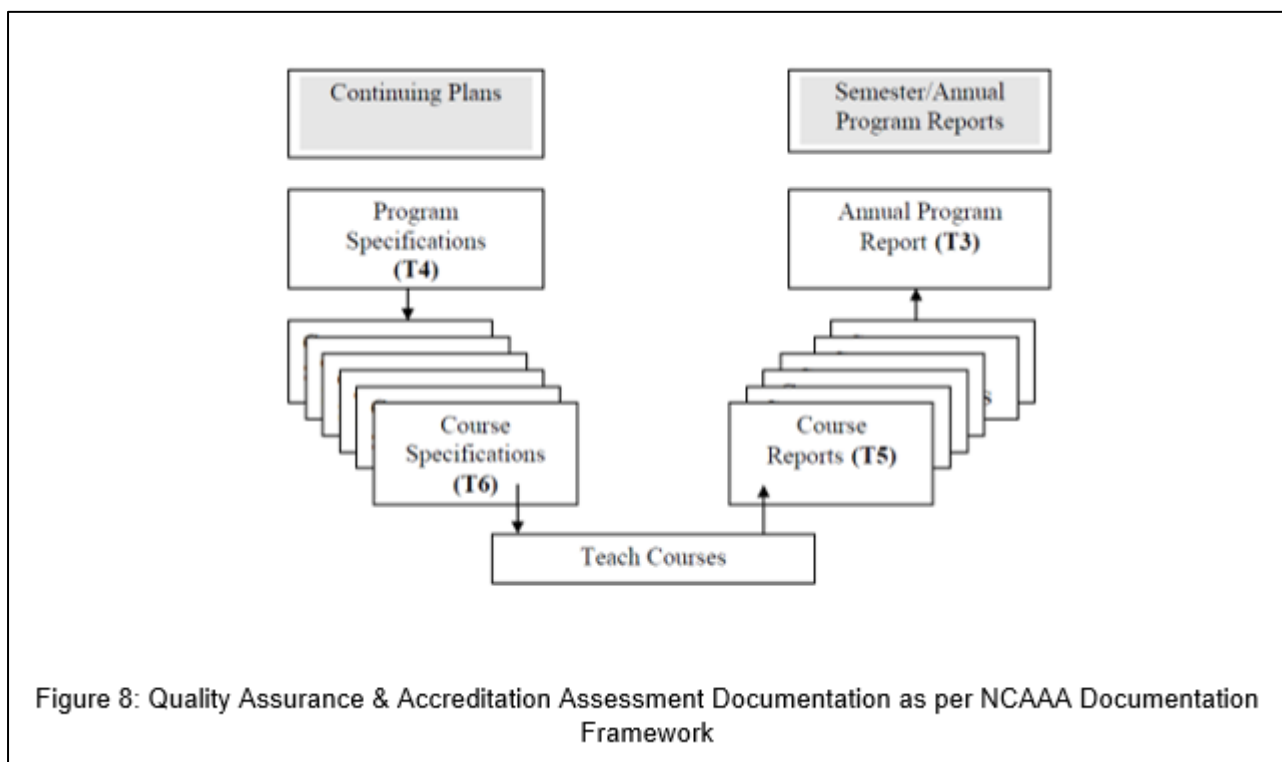
Table 4: Examples of Direct and Indirect Measures

Direct Measures	Indirect Measures
<ul style="list-style-type: none"> ● Comprehensive exams ● Essay test question ● Test paper ● Oral presentation ● National achievement tests ● Standardized tests ● Certifications exams & licensure exams ● Multiple-choice test question ● Performance (e.g. Demo Speech etc.) ● Case studies and Case analysis ● Projects (individual or group) ● Evaluation of APPE rotations ● Annual Research Day: Students research poster competition ● Research activities and published research papers by undergraduate students ● Research evaluated by faculty or external review teams. ● Learning Outcomes Assessment System ● Student graduation/retention rate ● Progression rate ● Grade distribution 	<ul style="list-style-type: none"> ● Course Evaluation Survey (CES) ● Instructor Evaluation Survey (IES) ● Survey of internship preceptors ● Final Year Program Evaluation Survey (PES) ● Student Experience Survey - 2nd Year Experience (SES) ● Survey of employers aimed at evaluating communication skills or specific competencies and skills required. ● Job placement trend capacity and volume ● Graduate acceptance rates (in graduate studies) ● Curriculum/syllabus analysis ● Performance in graduate schools ● Alumni Surveys: aimed at evaluating perceptions of knowledge, skills, and values gained while studying in the Pharm.D. Program. ● Tracking of alumni awards achievements and reputation ● Keeping records or observing students' use of facilities and services. Example: document maintained by students or staff members documenting time spent on course work interactions with faculty and

<ul style="list-style-type: none"> • Portfolio • Assessment based on Rubrics. • Objective Structured Clinical Examination (OSCE) 	<p>other students' nature and frequency of library use, computer labs etc.</p>
---	--

Many of the assessment approaches shown in the table above are already incorporated into the assessment of learning outcomes. However, regardless of the assessment approach, emphasis cannot rely on direct measures alone, as they provide partial information about students' performance.

Closing the loop – Assessment is not an end, rather a tool for educational improvement. The goal of assessment is to use assessment results to improve the curriculum and to improve pedagogy. The Student Learning Outcome Assessment Cycle begins when faculty develop a Student Learning Outcome (SLO) statement and an assessment for each specific course (CLO). The next step is to collect, discuss, and analyse the assessment data. Subsequently, out of this analysis and discussion the suggestions for improvement would ensue, and eventually the assessment loop must be closed. The program administration then needs to develop, modify, or revise curriculum, courses, training or other services and educational processes. As such, closing the loop would produce immediate results in certain cases like those effects related on courses. Ways of closing the loop may include revising/improving teaching methods, incorporating learning strategies, selecting alternative teaching strategies such as active and collaborative learning, revising course prerequisites adding lab time, requiring tutoring when critical skills are not achieved and so on.



❖ Annual Program Report (Apr)

When the course reports are received, the Head-QAA Office prepares an annual program report to record key information about the delivery of the program in the year concerned and noting any adjustments in the specifications that are needed. These documents, together with any other relevant material, such as course or program evaluations or information about other matters affecting the program, should be retained in course specification and a program specification.

❖ Annual Faculty Performance Evaluation

Alfaisal university as a higher education institution as stated in its mission greatly values highly effective instructors in addition to highly active researchers and service providers. All AU's faculty members are evaluated and shall continue to be evaluated on their previous year's performance with the performance criteria on which they are judged being clearly specified; these criteria have been published in the faculty handbook. A standard form is used for performance evaluation that is to be completed annually by every faculty member at the end of the academic year. The completed report is discussed with and signed by the head of the department or immediate supervisor and submitted to the Dean. The Dean then examines this report, evaluates it, and provides feedback when indicated. This mechanism is aimed at encouraging faculty members to improve and to promote excellence in teaching, research, and community services.

❖ Monitoring Of Teaching Quality (Peer Review)

In addition to various types of evaluations and satisfaction surveys described in this Manual AU introduced a policy on the monitoring of teaching quality (Peer Review): Please refer to the policy below as stated in the faculty manual. The faculty manual is distributed to all faculty and is made publicly available.

“The Head of a Department or Dean as appropriate should arrange for at least one colleague to attend and evaluate at least one lecture given by any new member of the academic staff and any established member of the faculty whose student evaluation for a semester is 3.75 or less. The purpose of this review is to appraise the delivery of lectures, organization, and the use of lecture room hardware as a means of improving the overall quality of the educational delivery at Alfaisal University. Upon the Head of a Department or Dean's recommendation the review may be extended to evaluate a faculty member's professional development as well as syllabi course specifications, course reports, exams, and other aspects of instructional design and assessment.

The reviewer(s) will prepare a written report to be submitted to the Head of Department or Dean who will in turn discuss the report with the lecturer. A record of this review will be kept in the departmental or college files for any future reference”.

Appendix I



اعتماد
NCAA

هيئة تقويم التعليم والتدريب
Education & Training Evaluation Commission



شهادة اعتماد كامل

Full Accreditation Certificate

تشهد هيئة تقويم التعليم والتدريب - ممثلة بالمركز الوطني للتقويم والاعتماد الأكاديمي - بأن:

جامعة الفيصل

ومقرها الرياض، المملكة العربية السعودية قد حصلت على الاعتماد المؤسسي الكامل للفترة التي تبدأ من نوفمبر 2024 وتنتهي في أكتوبر 2031م

The Education & Training Evaluation Commission represented by the National Center for Academic Accreditation & Evaluation certifies that:

AlFaisal University

Riyadh, Kingdom of Saudi Arabia has been granted full institutional accreditation for the period commencing in November 2024 and concluding in October 2031

د. وليد بن محمد الصالح
Dr. Waleed M. AlSalih



رئيس هيئة تقويم التعليم والتدريب
President
Education & Training
Evaluation Commission



معتمد
ACCREDITED
اعتماد
NCAA

د. محمد بن صالح باشماخ
Dr. Mohammed S. Bashaammakh



المدير التنفيذي للمركز الوطني للتقويم والاعتماد الأكاديمي
CEO
National Center for Academic
Accreditation & Evaluation



ETECKSA



ETEC.GOV.SA

Appendix II

AHPGS – Akkreditierungsagentur
im Bereich Gesundheit und Soziales
Accreditation Agency in Health and Social Sciences



At the request of the

**Alfaisal University, Riyadh,
Saudi Arabia**

the AHPGS confirms the successful completion of the assessment
and accreditation procedure of the Bachelor study program

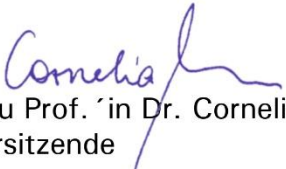
„Doctor of Pharmacy“

with the degree

„Bachelor of PharmD“

for the duration of five years
until September 30, 2030.

Freiburg, February 13, 2025


Frau Prof. 'in Dr. Cornelia Wustmann
Vorsitzende

