



# College of Pharmacy

## Quality Management System



Najran University



One of the parts of this booklet includes the unified list of development and quality units, which was prepared by the University Agency for Development and Quality. Thanks to all colleagues in the college of pharmacy who participated in translating these regulations.

KINGDOM OF SAUDI ARABIA  
Ministry of Higher Education  
NAJRAN UNIVERSITY  
Office of Vice President for  
Development & Quality



Subject : قرار لاداري

الموضوع :

مجلس الجامعة

رقم ( ١٤٣٧/٦٧ ) وتاريخ ٢٤ / ٨ / ١٤٣٧ هـ

- الحمد لله والصلاة والسلام على رسول الله وبعد ،
- فإن وكيل الجامعة للتطوير والجودة
- وبناء على الصلاحيات الممنوحة له نظاماً
- وبناء على ما تقتضيه مصلحة العمل

يقرر ما يلي ،

- أولاً اعتماد اللائحة الموحدة لوحدات التطوير والجودة بكلية الجامعة المرفقة بالقرار .
- ثانياً ، يبلغ هذا القرار لن يلزم لتنفيذه .

وإن شاء الله العون والتوفيق ...

وكيل الجامعة للتطوير والجودة

د. يحيى بن سليمان الحفظلي



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## **Introduction**

This booklet contains the quality management policies of the pharmaceutical Sciences program in addition to the introduction of the organizational structure, work functions, and duties. The powers and tasks in this booklet are based on the unified list of development and quality units at the University of Najran (in Arabic). The booklet also includes the program policies for measuring Program Learning Outcomes (PLOs) and closing the quality loops. In addition, the policy in this booklet ensures that the program management approves the key performance indicators that accurately measure the program performance and provide regular data on the program. Furthermore, the booklet shows how the program analyzes the evaluation data annually (selecting performance indicators and benchmarking data, student progress, program completion rates, student evaluations of the program, courses and services, views of graduates and employers); and results are used in planning, development, and decision-making processes.

## **Unit Vision**

Achieving excellence and leadership among quality assurance units similar to the local and regional levels in the application development and quality systems to drive the Faculty of Pharmacy to an outstanding level between likes at the regional stage.

## **Unit Mission**

The unit is committed to ensuring the quality of the College of Pharmacy, activating and improving the development process and the overall quality of the faculty in accordance with standards in educational, research, and community service aspects, in cooperation with the beneficiaries of all classes, which ultimately leads to the achievement of the mission and the college vision.

## **Objectives of the unit**

- Promoting the concept of quality and spreading its culture at the college level.
- Definition of requirements to obtain academic accreditation and quality assurance by the National Commission for Academic Accreditation and Assessment (NCAAA).
- Building cadres trained and able to apply the quality system of qualification for academic accreditation.
- Gain the confidence of the community in the output of the educational process.
- The provision of advisory services and guides for scientific departments and various college departments concerning quality assurance and accreditation.
- Adopt a self-evaluation approach as an input to the ongoing internal review and application of the quality system and access to credit.
- Develop the skills of faculty members concerning education and learning.
- Develop students' skills associated with learning.
- Develop a system to ensure the continuity of quality.



## **Article 1: Unit establishment**

Najran University has established its agency for development and quality at the university with the approval of the Higher Education Council on 1430/5/14, and it culminated with the approval of the Custodian of the Two Holy Mosques, the Prime Minister, and the President of the Higher Education Council, may God bless him, on 29/5/1430.

The agency took care of establishing systems to confirm the internal quality standards of the university's college supplant, which ensure a high level of quality to meet its first and second strategic plan and to meet the requirements of institutional and programmable academic accreditation.

## **Article 2: Vision, Mission, and Goals of the unit**

### *Vision of the Development and Quality Unit:*

A model unit in ensuring the overall quality and continuous improvement between the corresponding units at the national level.

### *The mission of the Development and Quality Unit:*

Achieving academic, research, and administrative excellence and serving the community by the college through strengthening the internal quality system and supporting academic programs to award the national and international accreditations.

### *The objectives of the Development and Quality Unit:*

- Establishing a culture of quality within the framework of academic and administrative work among the faculty members.
- Upgrading the quality of academic programs in the college of pharmacy to meet the mission of the college and the university.
- Enhancing internal monitoring and evaluation systems in the teaching and learning process within the unified system of the university.
- Managing data and information that meets the requirements of continuous evaluation and improvement.
- Supporting the college's programs to obtain specialized academic accreditation, whether locally or internationally.
- Upgrading the training system for the academic and administrative cadres to enhance the quality management system in the college of pharmacy.
- Support the college of pharmacy in performing its social responsibility.

## **Article 7: Formation of the Unit Council**

*The Unit Council consists of:*

- Dean of the faculty - as president
  - Vice Dean for Development and Quality – as deputy
  - Agents / Agents of the College - a member
  - Supervisor / Supervisor of the unit
  - Heads of the academic departments of the faculty - members
  - Chairs of the Development and Quality Unit Committees – members
- The council is headed by the faculty dean (unit head).
- If there is a Vice Dean for Development and Quality in the college, he will be nominated automatically as a coordinator of the DQU, and he must commit to performing his duties as a supervisor of the unit.

## **Article 8: Competences of the Unit Council**

*The council shall perform the following tasks:*

- Recommendation to the College Board to approve the annual plan for the DQU.
- Following up the implementation of the university's strategic plan projects, which the college implements.
- Discussing the reports received from the heads of the committees at the DQU and approving the minutes of its meetings.
- Following up the implementation of the executive plan of the strategic plan of the University Agency for Development and Quality.
- Following up the implementation of the annual plan of the faculty DQU.
- Approving the quarterly report on the work of the college's development and quality plans and submitting it to the Deanship of Development and Quality.
- Approving the formation of sub-committee teams in the DQU.
- Discussing the performance reports of members of the subcommittees according to forms approved by the Faculty Board.
- Approving follow-up and evaluation forms for all development and quality activities in the unit.
- Raise the recommendations of the continuous development and improvement of the scientific departments and academic programs and follow up the implementation of the recommendations in accordance with the internal system of quality in the college.
- Review all reports of performance indicators in the college, programs, and improvement plans in accordance with the desired strategic goals and recommend to the College Board what is appropriate.



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- Following up the implementation of the annual plan of the faculty DQU.
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- Approving the formation of sub-committee teams in the DQU.
- Discussing the performance reports of members of the subcommittees according to forms approved by the Faculty Board.
- Approving follow-up and evaluation forms for all development and quality activities in the unit.
- Raise the recommendations of the continuous development and improvement of the scientific departments and academic programs and follow up the implementation of the recommendations in accordance with the internal system of quality in the college.
- Review all reports of performance indicators in the college, programs, and improvement plans in accordance with the desired strategic goals and recommend to the College Board what is appropriate.



- Overcoming obstacles to the work of the unit.

#### **Article 9: The head of the unit and his duties**

The head of the unit is the dean of the college. The duties of the unit head are as follows:

- Communicate with the University Agency for Development and Quality and its support deanship for follow-up.
- Ensure that the general policy set for achieving the unit's goals is implemented in accordance with the policy and objectives of the University's Development and Quality Agency.
- Calling to meet periodically "at least once a month" with the Unit Council.
- Representing the college in committees and meetings related to development and quality
- The unit head has the right to propose administrative penalties in the event of irregularities or delays in completing tasks, and to propose the disbursement of rewards and incentives for excellence in accomplishing tasks.
- The annual nomination in the name of the unit supervisor and submitting it to the university vice-president for development and quality or his representative, taking into account what is stated in the annual evaluation of the unit supervisor's performance.
- Evaluate the performance of the coordinator of the Development and Quality Unit according to the form approved by the Deanship of Development and Quality.

#### **Article 10: Vice President of the Unit**

The vice president of the unit is the college's vice dean for development and quality. The duties of the deputy head of the unit are as follows:

- Assist the unit head in all his duties.
- Carry out the duties of the unit head in case he is absent.
- Coordination between the two parts of the college and the distribution of burdens when implementing plans.
- Evaluating the performance of the Supervisor of the DQU in the college and raising it to the Dean of the College, Head of the Development and Quality Unit.
- Evaluate the performance of the coordinators of the committees of the DQU and raise them to the Dean of the College, Head of the DQU.

#### **Article 11: Criteria for selecting and appointing the unit supervisor**

- To be one of the faculty members in the college and his degree is not less than an assistant professor.
- Experience working in development and quality in the college and university.
- To have training certificates in the field of development and quality from accredited bodies (bodies/universities).

#### **Article 12: Terms of reference of the unit coordinator**

- Supervising the work of the committees of the development and quality unit in the college in line with the objectives of the strategic plan of the university and the university vice presidency for development and quality.
- Preparing the annual plan for the faculty development and quality unit in partnership with the employees/coordinators of the development and quality unit committees in the college or what is added to them by the dean of the college (head of the development and quality unit).
- Following up on the completion of the academic accreditation standards requirements from the college/program accreditation bodies, in coordination with the Academic Accreditation Unit and other units related to the Deanship of Development and Quality.
- Recommending to the unit head to form the workgroups required by the procedures and processes of quality assurance and continuous improvement in the college.
- Work on developing the capabilities and skills of members of workgroups required by procedures and processes of quality assurance and continuous improvement in coordination with the Skills Development Unit at the Deanship of Development and Quality.
- Contribute to the localization of expertise for Saudis to play their role in the processes of development, quality, and continuous improvement.
- Supervising the design and implementation of continuous improvement plans for the mechanisms of implementing comprehensive quality systems in the college of pharmacy in coordination with the Deanship of Development and Quality.
- Follow up the work of the sub-committees of the faculty development and quality unit.
- Preparing the quarterly report on the work of the college's development and quality plans.
- Preparing the annual report of the faculty development and quality unit.
- Communicate with the Deanship of Development and Quality and its units in all development and quality work.
- The unit supervisor may when necessary, assign the most appropriate committee to important and urgent work, even if it is outside its field of competence.

#### **Article 13: Criteria for selecting and appointing the main committee coordinators**

- To be one of the faculty members in the college.
- The academic degree is not less than an assistant professor, and in case an exception is desired from this, the consultation is made with the Deanship of Development and Quality.
- Experience working in development and quality in the college and university.
- To have training certificates in the field of development and quality from accredited



#### **Article 14: Terms of reference of the main committee's coordinators**

- Selecting the members of the committee in consultation with the supervisor of the faculty development and quality unit.
- Distribution of tasks among the committee members according to the executive plans within the scope of competence.
- Work to raise the efficiency of committeemembers through advice and review of reports.
- Presiding over the committee's meetings and calling them to convene.
- Periodic follow-up of the implementation of the committee's tasks in accordance with the time frame specified in all plans in the college that fall within the jurisdiction
- Following up on the achievement of approved performance indicators and striving to raise them within the jurisdiction.
- Evaluate the performance of the committee members according to the forms approved by the Development and Quality Unit.
- Submit a monthly report to the unit supervisor on the progress of the executive plans, obstacles, and development proposals in accordance with the annual plan of the Development and Quality Unit.

#### **Article 15: Criteria for selecting members of the main committees**

The committees are formed from the college's employees and employees according to the following criteria:

- The formation ensures that all departments and programs of the college are represented equally.
- Members' experience in the field of development and quality in higher education.
- Attending training workshops held by the Skills Unit related to the nature of the committee.
- The committees are allowed to include members of students/administrators/representatives of the external community and the labor market in accordance with the regulations and systems.

#### **Article 16: Terms of reference of the main committees**

- Executing all tasks assigned to them according to the announced schedule.
- Delivering tasks and outputs with required specifications and quality.
- Attending committee meetings and adhering to the directives of the committee coordinator.



## **Article 17: Terms of reference of the main committees**

### **Planning and Follow-up committee**

- Participate in preparing the annual plan for the faculty development and quality unit according to the scope of specialization.
- Promote the concept of strategic planning among college employees.
- Follow up on updating the faculty mission and programs according to the followed systems and mechanism.
- Follow up the achievement of the strategic goals of the programs and the college according to the approved models and provide feedback.
- Follow up the implementation of the college's strategic plan.
- Follow up the implementation of the development projects of the university's strategic plan.
- Follow up the performance of the internal quality systems in the programs and provide the necessary advice.
- Qualifying the internal auditors in the college to conduct internal reviews on quality systems.
- The internal review of the quality systems in the academic programs of the college and the provision of feedback.
- Coordination with the Performance Measurement Committee in developing performance indicators.
- Designing follow-up forms for all approved plans that the college units implement.
- Follow up improvement plans for all academic and administrative units of the college based on performance indicators.
- Executing the work, tasks, terms of reference, and plans, and achieving the objectives of the committee.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the DQU.

### **Academic Accreditation Committee**

- Drawing up plans and policies for academic accreditation in the college in light of the university's academic accreditation plans and policies.
- Establishing a culture of accreditation and spreading it in the college community.
- Communicate with the Academic Accreditation Unit at the Deanship of Development and quality within the jurisdiction.
- Follow up on the completion of academic accreditation files for all programs and provide technical support.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the DQU.

### Teaching and Learning Committee

- Follow up and coordinate with the quality coordinators in the various programs in the college regarding the fulfillment of the requirements of the teaching and learning standard.
- Following up on the development and improvement of teaching and learning requirements and equipment such as libraries, laboratories, classrooms, and Internet halls in various programs.
- Following up on the development and improvement of academic support and counseling and student services, and preparing annual reports for them.
- Review study plans, program and course descriptions and reports, and comprehensive reports on course reports for academic programs to ensure that they fulfill the terms of the standard forms for the Teaching and Learning Unit of the Deanship of Development and Quality.

### Performance Measurement Committee

- Preparing measurement tools (scales, questionnaires, and note cards) required for the internal evaluation processes in the college of pharmacy.
- Evaluate the examination paper for the semester and final courses, and write reports on the quality of the tests according to the evaluation form.
- Follow up the entry of faculty members, students, and college administrators on the university's website to complete standard questionnaires to assess performance indicators.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the DQU.

### Skills Development Committee

- Preparing the annual plan for internal training in the college of pharmacy according to the study of training needs in the college.
- Establishing a database related to the training plans and services it provides in the areas of total quality in the college, and others related to trainers, their CVs, and areas of excellence.
- Measuring the training impact and making feedback reports according to the form prepared by the Skills Development Unit at the Deanship of Development and Quality.
- Communicate with the Skills Development Unit at the Deanship of Development and Quality for coordination and follow-up.
- Preparing a monthly report on the committee's work and submitting it to the Supervisor of the DQU.

### **Article 18: Criteria for selecting the unit secretariat**

- To be a member of the college's administrative staff.
- He shall be distinguished with confidentiality and secrecy, and to preserve the work



- privacy of the unit/college.
- Familiarity with the concepts and terms of development and quality.
- Proficiency in the use of computer programs (PowerPoint, PDF, Excel, Word) and office machines, and maintenance and follow-up.
- Desire for continuous self-development and attending relevant courses that are nominated and presented by the University's Capacity Development Unit or the meetings held at the unit.
- Proficiency in the use of administrative communications, the use of telephone, and the etiquette of speaking.
- Team spirit and respect for superiors and colleagues.
- Familiarity with the work regulations and the internal quality system.
- The ability to save, archive, and refer to information.

#### **Article 19: Terms of reference of the Unit Secretariat**

Carrying out all the unit's secretarial work, including:

- Receiving transactions and circulars and submitting them to the unit supervisor.
- Recording and saving a copy of the issued transactions or circulars.
- Sending the transactions and passing the circulars issued to the college departments.
- Receive phone calls and record caller information.
- Photocopying papers and documents whenever necessary.
- Organizing meetings and what is required (preparing the meeting room, inviting employees, taking notes at the meeting, and writing minutes of the meeting).
- Preparing the appropriate place for storing files, classifying and indexing files.
- Save topics in their files.
- Request materials and supplies, submit maintenance and malfunctions reports, prepare purchase orders for devices and tools not available in the unit, and receive the required materials and supplies.
- Legal work of editing and data and text processing.
- Carry out the tasks assigned to it related to the nature of the work.

#### **Article 20: Rewards and Incentives**

By a decision of the Council, one or more of the following incentives are entitled: -

- Reducing the teaching burden by reducing the teaching quorum for those who are required.
- The administrative play, in exchange for participation in the development and quality work, is estimated (4) hours of the quorum for the unit's staff, and (6) hours for the unit supervisor.
- A proposal to raise the percentage of the exceptional increase for contractors.
- It is proposed to disburse the Achievement Excellence Reward for the members of the Development and Quality Unit for the tasks they have completed or successfully participated in, according to the mechanism approved by the University Agency for



- Development and Quality.
- Any other incentives approved by the Board.

#### **Article 21: General regulations**

- The board of directors of the unit meets at least once a month upon the invitation of the unit president, and the minutes of the meeting are recorded and submitted for presentation and discussion to the college council.
- The meeting will be chaired by the faculty dean, unit head - or whoever acts on his behalf.
- Unit decisions are issued by the majority of the attending members, and if the votes are equal, the side to which the unit head belongs shall prevail.
- The Supervisor of the DQU meets with the committees' coordinators at least once a month to follow up on the progress of the committees in the implementation of their tasks and to identify obstacles to achievement. The minutes of the meeting shall be recorded and submitted for presentation to the head of the unit and kept in the unit files.
- The committee coordinators meet with the committee's work team to qualify the members. The meeting minutes are recorded and submitted to the supervisor of the DQU.
- The facts of the sessions and meetings of the Unit and its various committees must be proven by filing and approving minutes of each session.
- The head of the unit (Dean of the college) is the supreme authority of the unit, and none of the decisions are final except after his approval.
- The provisions of this bylaw shall be effective from the date of its approval.
- It is not permissible for the coordinators of the committees or any of the members of the unit to relinquish his responsibility except for a reasoned and acceptable request submitted to the dean of the college.
- Members of the executive committees may be reconfigured or the committee coordinator may be changed according to the results of periodic performance reports, in a manner that serves the interest of the unit and the college.
- All that is stated in this regulation is binding on the team of the DQU of the college.
- A decision to form the Council of the DQU is issued annually by a decision of the Dean of the College, taking into account what was mentioned in the annual performance reports.

### Mechanisms of Program Learning Outcomes (PLOs)

Program Learning Outcomes (PLOs) assessment in the program includes both direct and indirect methods. As Course Learning Outcomes (CLOs) used as a direct assessment, the exit survey, and interviews with the stakeholders used as indirect methods for PLOs. The results should be used for continuous improvement during the assessment cycle of PLOs, which extends for 4 years. The major changes at the level of the program should be implemented by the end of the assessment cycle as illustrated in Fig. 1.

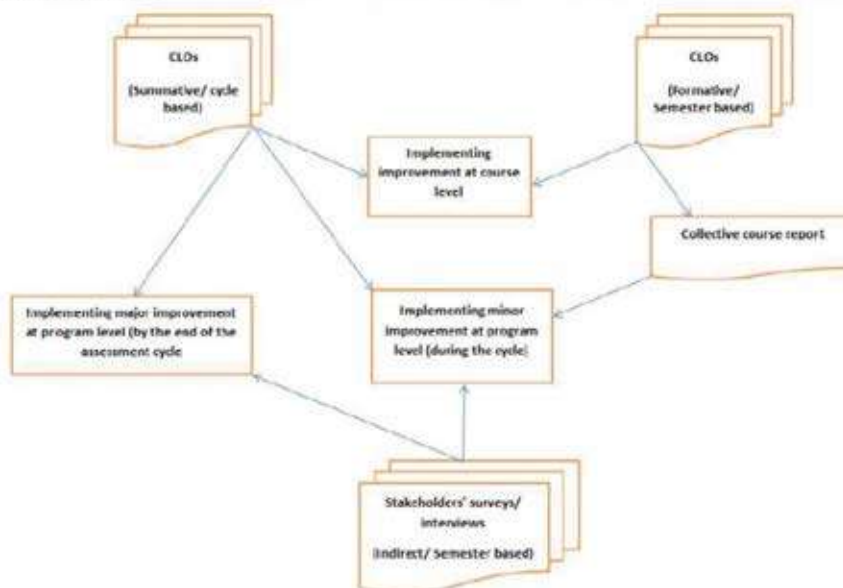


Fig. 1: Mechanisms of major changes at the level of the program.

Table 1 provides more details about the assessment methods used for the assessment of PLOs and the uses of their results in the improvement process. The assessment cycle of program learning outcomes extends for 4 academic years during which all the PLOs will be assessed and continuous improvement actions and minor changes are implemented while plans for implementing the required major changes "if any" will be designed by the end of the assessment cycle. Table 2 shows the timeline for the collection of data and evaluation of the results and time for implementing the required improvement for each PLO.

**Table 1:** Assessment methods used for assessment of PLOs and uses of their results in the improvement process

Assessment methods					
PLOs					
Type	Direct (Using CLOs)	Indirect (survey and interviews)			
	Formative (Semester-based)	Summative (Cycle-based)	Semester-based		
K1	Related CLOs contributing to the achievement of the PLOs at the I- and P-levels as mentioned in the PLOs matrix	Average of Related CLOs contributing to the achievement of the PLOs at the M- level as mentioned in PLOs matrix	1- Student exit survey 2- Interviews 3- Focus group discussion		
K2					
K3					
K4					
S1					
S2					
S3					
S4					
C1					
C2					
C3					
The results are used for continuous improvement at the level of the courses during the assessment cycle, while the major changes at the program level are implemented at the end of the assessment cycle					
The program determines the data collection timeline and evaluation timeline as well as the timeline for implementing the required improvement for each PLO					



**Table 2:** The timeline for the collection of data and evaluation of the results and time for implementing the required improvement for each PLO

PLOs	1 <sup>st</sup> year of AC		2 <sup>nd</sup> year of AC		3 <sup>rd</sup> year of AC		4 <sup>th</sup> year of AC	
	1-semester	2-semester	1-semester	2-semester	1-semester	2-semester	1-semester	2-semester
K1		C/E	I					
K2				C/E	I			
K3						C/E	I	
K4							C/E	I
S1							C/E	I
S2						C/E	I	
S3					C/E	I		
S4			C/E	I				
C1			C/E	I				
C2					C/E	I		
C3							C/E	I

AC: Assessment cycle, C: Data collection, E: Data evaluation, and I: Implementation

### Closing the loop of quality

Communicating the results of assessed PLOs to all the associated parties is assured by discussing the assessment reports at the level of the program council to define possible root causes for less than expected achievement and set the program priorities for improvement and possible strategies and actions for improvement.

Implementation of the corrective actions and improvement plans and evaluation of their impact on subsequent achievement is keenly monitored by the program via course reports and program reports submitted by the end of each semester.

## Key Performance Indicators (KPIs):

### What are the Key Performance Indicators?

Performance indicators are just tools or measurements that the college/program uses to measure its performance towards achieving its goals and reaching the expected or desired results.

**Performance measurement ethics:** precision, honesty, confidentiality, and transparency.

Performance indicators are important tools for assessing the quality of Academic Programs and monitoring their performance. They contribute to continuous development processes and decision-making support. Annually, the Pharmacy College requested all programs to complete the Annual report of the performance indicators and close the quality circle. Any program required to use the 17 KPIs announced by National Commission for Academic Accreditation and Assessment (NCAAA). Besides these KPIs, the program expects to define its own KPIs after approval by the program and college console. The 17 indicators are the minimum to be periodically measured.

All academic programs in the college of pharmacy should measure the KPIs with benchmarking using the appropriate tools, such as (Surveys, Statistical data) according to the nature and objective of each indicator, as well as determining the following levels for each indicator:

- Actual performance.
- Targeted performance level.
- Internal reference (Internal benchmark).
- External reference (External benchmark).
- New target performance level.

A list of the 17 KPIs announced by NCAAA is shown in Table 3, whereas, Table 4 described each of these KPIs.

**Table 3:** List of the 17 KPIs provided by NCAAA

KPI code	Description
KPI-P-01	Percentage of achieved indicators of the program operational plan objectives.
KPI-P-02	Students' Evaluation of quality of learning experience in the program.
KPI-P-03	Students' evaluation of the quality of the courses.
KPI-P-04	Completion rate.
KPI-P-05	First-year students retention rate.
KPI-P-06	Students' performance in the professional and/or national examinations.
KPI-P-07-a.	Graduates' employability in postgraduate programs.
KPI-P-07-b.	Graduates' enrolment in postgraduate programs.
KPI-P-08	The average number of students in the class.



KPI code	Description
KPI-P-09	Employers' evaluation of the program graduates' proficiency.
KPI-P-10	Students' satisfaction with the offered services.
KPI-P-11	The ratio of students to teaching staff.
KPI-P-12	Percentage of teaching staff distribution, Academic Ranking.
KPI-P-13	The proportion of teaching staff leaving the program.
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-P-17	The satisfaction of beneficiaries with the learning resources.

**Table 4:** Description of the 17 KPIs provided by NCAAA

KPI code	Description
KPI-P-01	Percentage of performance indicators of the operational plan objectives of the program that achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year.
KPI-P-02	Average of the overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey.
KPI-P-03	Average students overall rating for the quality of courses on a five-point scale in an annual survey.
KPI-P-04	The proportion of undergraduate students who completed the program in minimum time in each cohort.
KPI-P-05	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.
KPI-P-06	Percentage of students or graduates who were successful in the professional and/or national examinations, or their score average and median (if any).
KPI-P-07-a.	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.
KPI-P-07-b.	
KPI-P-08	The average number of students per class (in each teaching session/activity; lecture, small group, tutorial, laboratory, or clinical session).
KPI-P-09	Average of the overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey.
KPI-P-10	Average of students' satisfaction rate with the various services offered by the program (restaurants, transportation, sports facilities, academic advising, ...) on five-point scale in an annual survey.

KPI code	Description
KPI-P-11	The ratio of the total number of students to the total number of full-time and full-time equivalent teaching staff in the program.
KPI-P-12	Percentage of teaching staff distribution based on Academic Ranking.
KPI-P-13	The proportion of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff.
KPI-P-14	Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program.
KPI-P-15	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).
KPI-P-16	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).
KPI-P-17	Average of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases... etc.) on a five-point scale in an annual survey.

The management of these indicators depends on sharing the KPIs data using Google Sheets with the DQU in the College of pharmacy. The college can review the results of KPIs directly and discuss these indicators. As a result of discussions, sometimes these indicators show a lot of errors, and the values of these indicators are corrected accordingly. The final report of the indicators and the closing of the quality cycle including an explanation of the indicators that have been closed and that have not been closed, in addition to the indicators whose circuit is closing. The process of closing the quality cycle depends on ensuring the stability of the performance indicator and achieving the target value.



Fig. 2: SMART components of KPIs.



### Methodology for selecting performance indicators in the college and programs

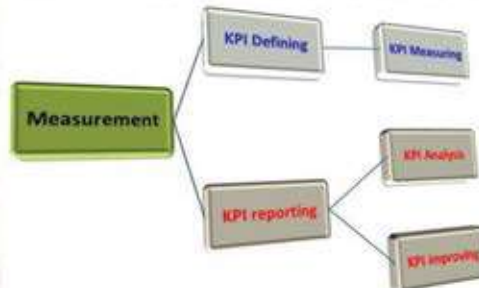
To ensure the effectiveness of performance indicators, it is required that they coincide with the goals of the strategic plan, whether they are strategic goals or an operational plan for the college or program as well as related procedures, processes, and initiatives to ensure the effectiveness of these indicators. In addition, the college or the program should ensure that all selected KPIs include the SMART components as shown in Fig. 2. If the KPIs include the SMART components, this means it will be:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

Necessarily, the programs of the college of pharmacy (represented by the quality committees in the programs) adopt a scientific methodology in selecting performance indicators based on identifying the college and university's directions and their strategic or operational goals to ensure the existence of consistency, harmony, and congruence between the college's directions and its strategic goals and with what we have created from indicators.

### Measurement process steps (see Fig. 3)

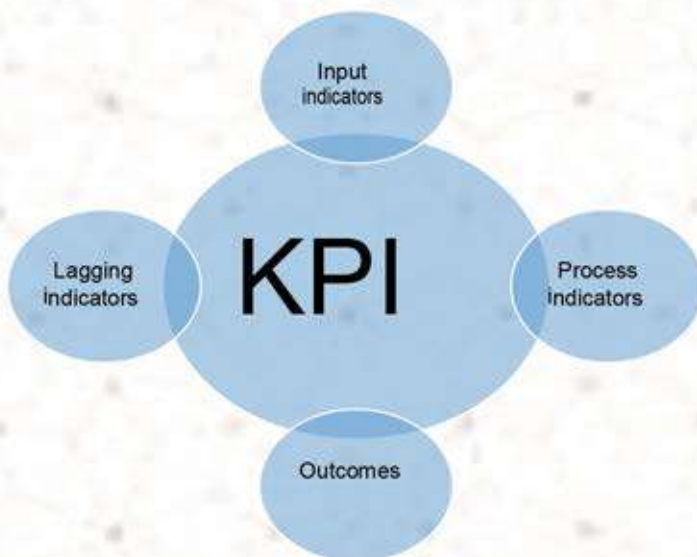
1. *Identification and determination*: identifying and determining the performance to be measured.
2. *Measure*: Measure the performance using a measurement tool, and then obtain data.
3. *Analysis*: Analyze the data collected from the measuring tool application that relates to the indicator.
4. *Improvement*: In light of the statistical analysis of the data, a report is written that includes strengths to enhance it, and weaknesses, to develop plans for improvement or correction to improve it and address this weakness.



Reports on performance indicators should not only contain numbers, but also an explanation, and identification of strengths to enhance and weaknesses for improvement, in addition to having recommendations.

#### **Types of performance indicators**

All types of performance indicators shown in Fig. 4. either are quantitative (various statistics and numerical data such as student-faculty ratio) or qualitative indicators. The qualitative indicators are related to answering the questions of how and why, such as measuring the satisfaction of the beneficiaries, what is the degree of satisfaction? and why is it low? In addition, the qualitative indicators are related to efficiency, effectiveness, and what is related to what is called leading-lagging.



**Fig. 4:** Types of performance indicators

The importance of performance indicators at the national level

- Keeping up with global developments and leading experiences.
- Ensure transparency and accountability.
- Monitoring the quality of educational programs.



- Stirring up local competition between educational programs.
- Stirring up regional and international rivalries.
- Planning, monitoring, and correcting the course of action.

#### *At the program level*

- Assists in the process of evaluating program performance in the sense of measuring what has been achieved in terms of results during a certain period compared to what has been planned in terms of strategic or operational - implementation goals.
- It helps to monitor and follow up performance, and monitor the change in performance, by identifying performance deviations, which enables decision-maker, head of the department, and dean of the faculty, to develop corrective or improvement plans to address these deviations and deal with them.
- Performance indicators provide us with information obtained either through a data form or through a questionnaire of what is applied, interviews, or field visits about the performance of the program.
- Facilitating the program evaluation processes and levels of improvement.
- Assist in ensuring the program quality and academic accreditation for the academic programs in the college of pharmacy.
- Assist in providing information related to academic programs to accrediting bodies.
- Stirring up competition between programs in the event of an exchange of the results of indicators measurements, which helps in creating a competitive environment conducive to effective performance.
- Ensuring transparency, accountability, and issue in light of the achievements monitored or measured and activities and projects.
- Provide information to the state (Ministry of Education) for transparency and accountability.

#### *At the individual level*

- Focusing on the professional level of individuals (faculty or administrators and students).
- Determine the roles of individuals in the strategic plan in the college.
- Promote successful practices and treatment failures.
- Motivating individuals and working to satisfy them, which will positively affect the overall performance.
- Determining the necessary procedures for development and change, and assigning tasks.
- Encouraging innovation and performance excellence for individuals.
- Measuring and diagnosing the activation of modern educational and technical aids in a manner that benefits students.
- Diagnosis of the student behavior (academic advising)
- Measuring the level of achievement of learning outcomes.
- Measuring the effectiveness of educational activities.
- Notify individuals of the accurate development of the tasks assigned to them.

## **Benchmarking**

It is one of the tools for continuous improvement and development, and it includes making comparisons between the programs of the college of pharmacy and those in other similar universities, to answer several questions:

- Where are we in relation to the other universities' programs?
- What are the areas of improvement desired and required for making comparisons between us and the others?
- In what field can we achieve distinction compared to other programs? Or, more precisely, in any field, we are already outperforming as compared to the other programs, and we need to strengthen that area and maintaining the continuity of its improvement?
- In what fields do other programs excel us?

## **Types of Benchmarking**

### **1. Internal Benchmarking**

Internal benchmarking is a process in which an educational program makes a comparison with a similar academic program within the university in light of certain criteria in an attempt to identify best practices. The required information is collected by measuring tools specified by the program (quantitative, qualitative) under the guidelines previously mentioned in this booklet.

### **2. External Benchmarking**

It is a process in which the program compares its performance with a similar program in another university in light of certain criteria, and the required information is collected with specific measuring tools (quantitative, qualitative).

## ***Criteria for choosing Internal & external Benchmark***

- Similarities in the educational system (teaching and learning, scientific research, and community service)
- The similarity in mission and goals.
- The quality of indicators and the method of their measurement.
- The ability to provide data.
- Cultural, social and economic conditions.
- Geographical dimension and community culture.
- Ranking of the university to which the program belongs according to local and Arab classifications.

## **How to set KPI Targets**

Without targets, your KPIs are worthless. To set the right targets for your KPIs remember the following tips:

- Targets can be set as absolute: "Increase of seven", or proportional or percentage: "Increase of 4%".
- Targets should be defined relative to internal and external benchmarks.
- Targets should have a clear time frame.



- Targets should be realistic and achievable, Here are a few more tips to help set the right targets:
  - Detect trends and patterns: A look at the existing data you have that gives you performance history is a good place to spot trends and patterns that can be extrapolated and used to define a target.
  - Account for seasonal variations: In some cases, seasons will impact performance. If you create a target that's only ever possible for three months of the year, your team will not take it seriously.
  - Take national targets, best practice benchmarks into account: National targets or the best practices of other programs in and outside your university can help you determine an achievable stretch target but that pushes your team.
  - Take time lags into account: It will sometimes take time for leading indicators to translate into lagging indicators.

*Follow these six steps to ensure your KPIs will drive real results.*

- Review program objectives.
- Analyze your current performance.
- Identify the strengths and weaknesses of the program.
- Set short and long term KPI targets.
- Review targets with your team.
- Review progress and readjust.

## **Managing performance indicators**

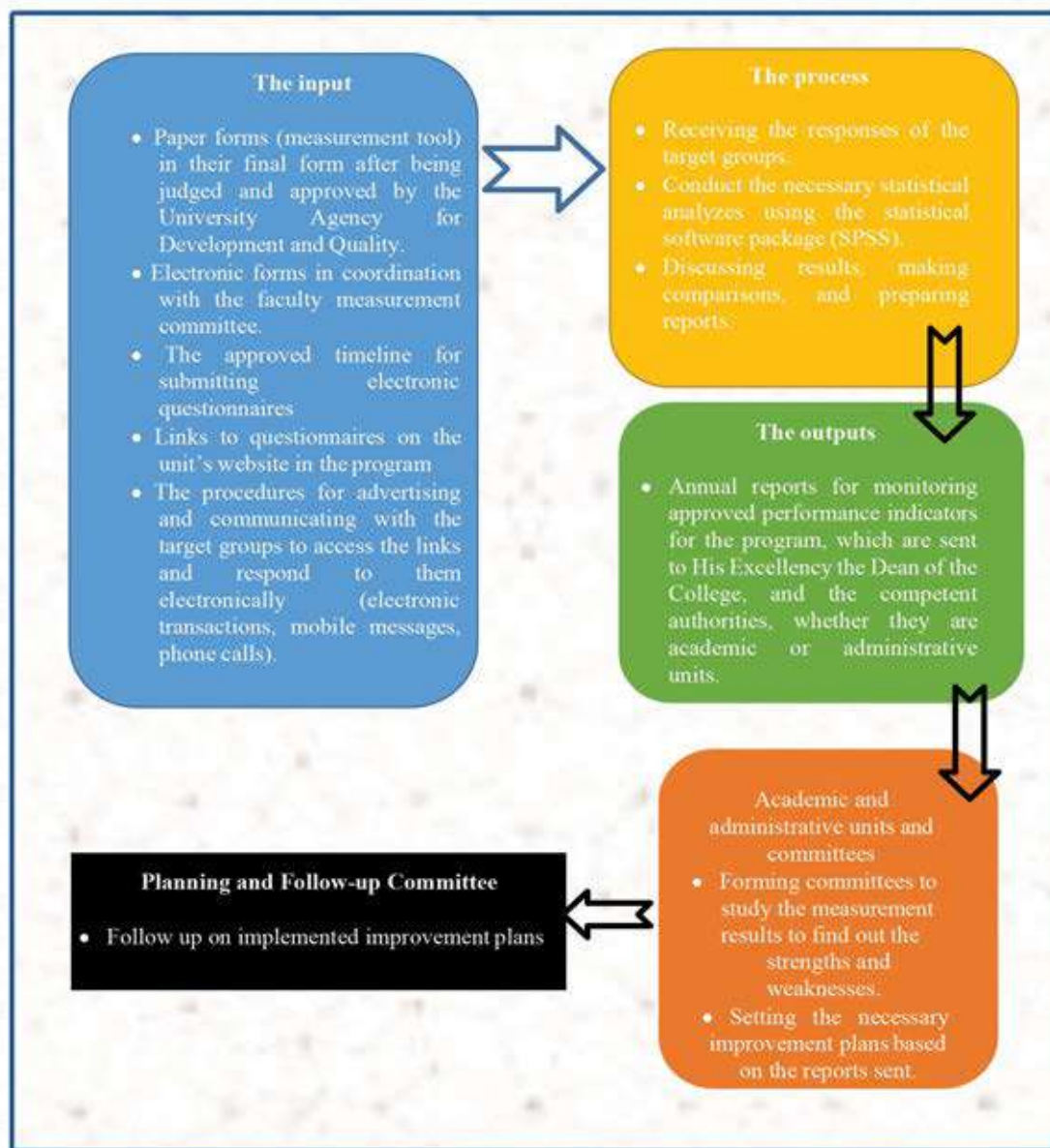
*Indicators documentation requirements*

- Determining the identity of the indicator (to which criteria the indicator belongs and what goals does it achieve?)
- Name of the indicator
- Target value
- Measurement tool
- Measurement equation
- Level of measurement
- Data source
- The measuring body
- Measurement cycle (measurement period)

## Performance indicators and data collection mechanisms







### **Writing the KPIs report**

The report should not include merely figures, statistics, or tables that the others may not understand and not help them make decisions. However, it must include a presentation of the results, a discussion of data, a statement of points of strength and weakness, and a statement of the causes of weakness or defect, which helps in making decisions and develop improvement plans.

Presenting the report to the DQU, then the program Scientific Board, then the College Board, and discussing the results contained in it at the program level and the college level and comparing them with the target values in light of the previous results for the same indicator to determine the areas of distinction to support, and the weaknesses that require studying the root causes for them and what follows this in taking measures corrective or improvement plans.

### **Common mistakes when choosing indicators**

Most of these errors result in the case of relying on two methods of selecting performance indicators, namely Off-The-Shelf or Brain Storming. These errors can be summarized in the following points:

- Coming up with indicators that are not commensurate with the operational goals and objectives of the program.
- Coming up with indicators that are not related to the procedures, practices, and projects of the college's strategic plan.

### **What happens if these errors are not avoided?**

- A temporary, misleading, false, or no improvement in performance.
- A waste of resources and a waste of time and effort.

### **Common mistakes when using performance indicators**

- Reliance on unevaluated questionnaires.
- Failure to standardize the source of the data.
- Relying on inappropriate mathematical formulas.
- A large number of indicators and lack of focus on what are important indicators that have to do with the success factors of the program.
- Determine inflated target values.
- Writing reports that only include numbers and statistics without explaining these numbers, and without specifying the strengths that need strengthening, and the weaknesses that need improvement.

Factors ensuring the success of the performance indicators system in light of a clear methodology and an integrated operational framework including the following:

- 1) Having clear and specific goals, which is called SMART,
- 2) Linking objectives to procedures, practices, and projects,



- 3) Presence of a trained team, aware of the strategic objectives and the procedures associated with achieving those goals, and based on the following tasks:
- Works to define the important performance indicators through which we can monitor and follow up the achievement of goals and the associated operational procedures and initiatives related to the main factors for the success of the program.
  - Providing opportunities for program members to participate in all units, whether academic or administrative units, through achieving good communication with them.
- 4) Using indicators, applying them and analyzing them, and then obtaining reports that help in making decisions so that the report includes not only numbers and statistics but also results, discussion, and coming up with recommendations on strengths and weaknesses.
- 5) Create improvement plans that address weaknesses and any deviations in performance or from the target.
- 6) Work as much as possible to automate all procedures for achieving the goals.
- 7) Documentation of all measures or procedures that have been taken.

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