جامعة دبي الطبية
DUBAI MEDICAL UNIVERSITY

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DMU QUALITY ASSURANCE MANUAL

2024 - 2025

Version 2.2

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OVERVIEW

Dubai Medical University (DMU) embodies the visionary legacy of the late H.E. Saeed Ahmed Lootah, a trailblazer in UAE education. The inception of Dubai Medical College for Girls in 1986 and Dubai Pharmacy College in 1992 attests to his commitment. Recognizing the importance of interdisciplinary collaboration and a holistic approach to healthcare education, the transformative merger of these established institutions, along with the recent addition of the College of Nursing in 2023, marks a significant milestone—the birth of Dubai Medical University.

This evolution aims to establish a comprehensive healthcare education institution offering a diverse range of programs, from undergraduate to postgraduate degrees, across various healthcare fields. The establishment of DMU not only elevates educational standards but also provides students with a more inclusive and well-rounded learning experience, impacting the healthcare industry in Dubai and the UAE positively.

This preface introduces the exciting journey of quality enhancement undertaken by Dubai Medical University—a journey that reshapes medical, pharmaceutical, and nursing education, envisioning a future where healthcare professionals collaborate seamlessly across disciplines to enhance patient care.

DMU VISION, MISSION, AND GOALS

DMU Vision

DMU will be known as a university with transformational impact and will be one of the top world Research intensive Universities in Medicine and Health Sciences. To do this we will empower the next generation of health care leaders with all the skills needed in education, research/innovation, clinical practice, and leadership/management. Our students, staff and faculty will thus form wider impactful partnerships with quality outputs, for the patients, community, peers and the international medical society.

DMU Mission

DMU is committed to educate and nurture the next generation of competent health care professionals through excellent learning environment, research, innovation, leadership for the next generation, as well as impactful partnerships with quality outputs.

DMU mandate:

1. To educate and develop highly skilled and compassionate health care professionals who are prepared to meet the needs of patients and the community.

2. To conduct research and innovation that advances the knowledge and practice of medicine.
3. To develop leaders in healthcare
4. To form impactful partnerships with quality outputs.

DMU Strategic Goals

Strategic Goal 1 (Values Driven):

To enhance student values and inspire compassion, ethical culture and success.

Strategic Goal 2 (Lifelong Education):

To promote academic excellence through innovative learning environment and the pursuit of lifelong learning and the iteratively developing needs of society.

Strategic Goal 3 (Research and Innovation):

To be a leading center of excellence in medical research and innovation by exploiting creativity in all we do following UAE goals and standards.

Strategic Goal 4 (Authentic Leadership):

To engage strategic partnerships and community outreach with informal and formal leadership and self-leadership programs.

Strategic Goal 5 (Quality Clinical Practice):

To enhance development of the clinical skills by optimizing the professional knowledge and capabilities.

Strategic Goal 6 (Growth):

To expand health education programs.

QUALITY ASSURANCE AND INSTITUTIONAL EFFECTIVENESS (QAIE) DEPARTMENT

The Quality Assurance and Institutional Effectiveness (QAIE) department at Dubai Medical University (DMU) oversees the quality of all academic programs, support departments and overall institutional effectiveness. In addition to its role in quality assurance, it plays a major role as a driver for continuous quality improvement across the institution.

QAIE MISSION

To drive continuous improvement and excellence by ensuring quality standards, supporting data-informed decisions, and enhancing institutional effectiveness across the university.

a. The Organization of the Institution's Quality Assurance Unit and Its Place on the Organization Chart

The Quality Assurance and Institutional Effectiveness Department (QAIE) reports to the Vice Chancellor – QAIE of DMU. Figure 1. illustrates the DMU organizational structure, highlighting the QAIE's position, reporting and relations with colleges and administrative departments.
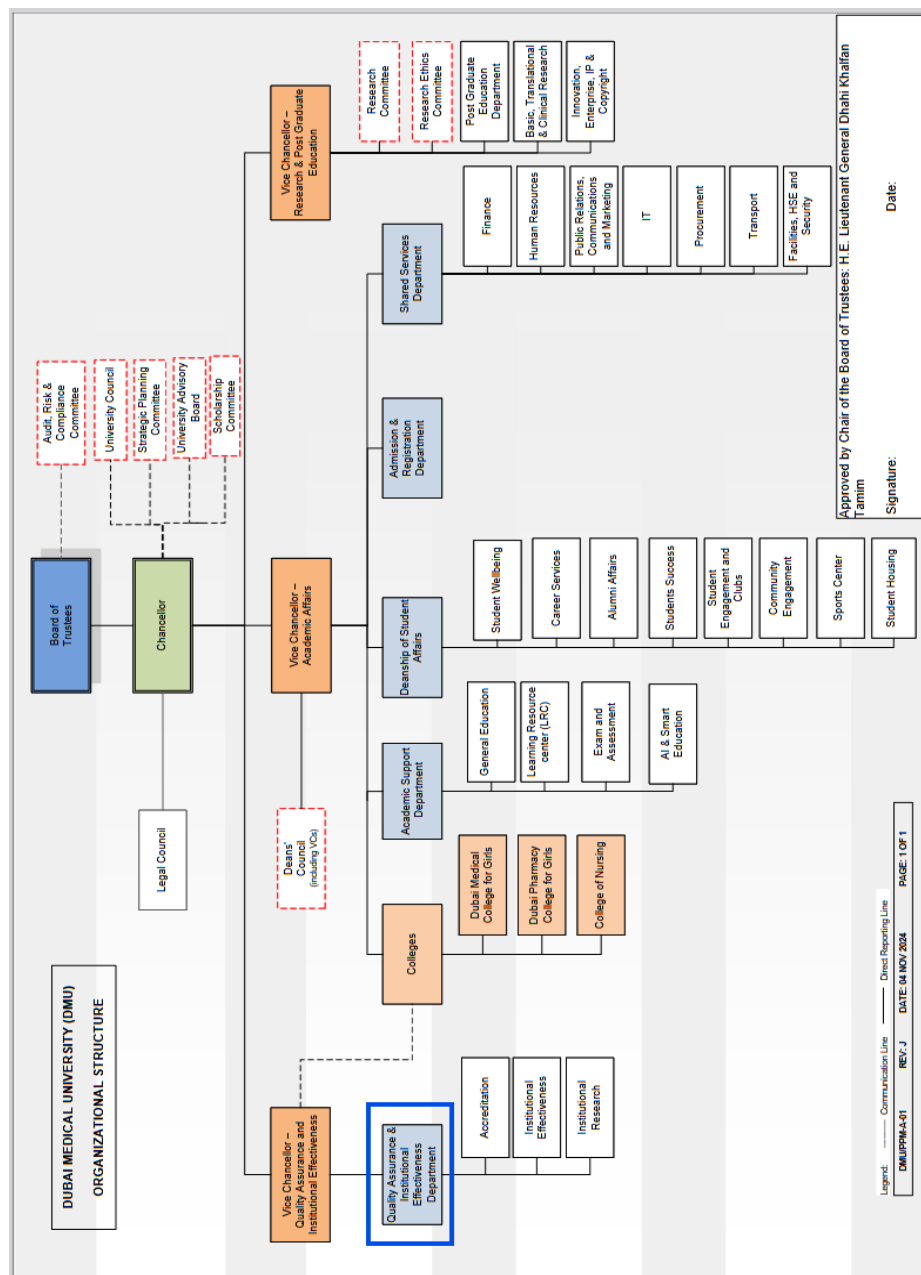
Figure 1: DMU organizational structure.

Organization Structure of the QAIE Department

The Quality Assurance and Institutional Effectiveness (QAIE) Department plays a pivotal role in maintaining and enhancing the standards of educational institutions. This department is dedicated to ensuring that all institutional processes, programs, and services meet or exceed established quality benchmarks. By systematically evaluating and improving institutional performance, the QAIE department fosters a culture of continuous improvement and accountability.

The organizational structure of the QAIE department typically delineates the hierarchy and functional relationships within the department. Key positions often include the Vice Chancellor of Quality Assurance and Institutional Effectiveness at the top, followed by the Director of Quality Assurance and Institutional Effectiveness. Reporting to the Director are four specialists, each responsible for a specific area: Accreditation, Program Review, Policies and Institutional Research. These roles ensure the institution adheres to regulatory standards and continuously improves its educational offerings and administrative processes.

Overall, the QAIE department is essential for upholding the integrity and effectiveness of an educational institution, ensuring that it delivers high-quality education and services to its stakeholders.
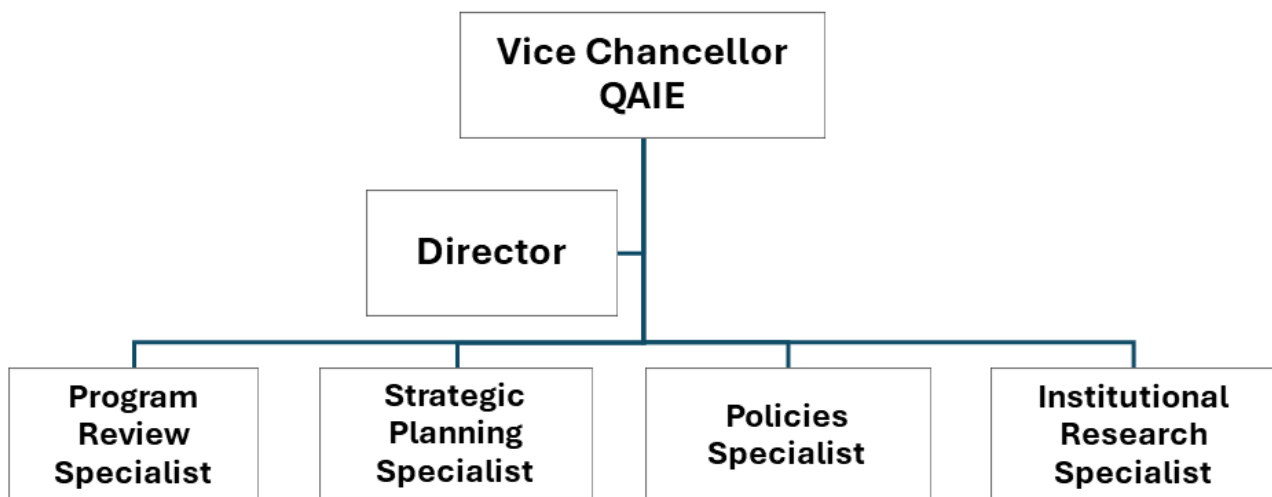
Figure 2: QAIE organizational structure.

Job description:

Vice Chancellor – Quality Assurance and Institutional Effectiveness

Reports to: Chancellor

Responsibilities:

1. Lead the strategic directions for QAIE across the university.

2. Ensure alignment of QAIE initiatives with institutional goals and higher education best practices.

3. Monitor compliance with local (e.g., CAA) and international accreditation standards.

4. Champion the digitalization of QA processes to enhance efficiency, transparency, and data integration.

5. Approve QA-related policies, frameworks, and evaluation systems.

6. Foster a culture of continuous improvement and academic excellence.

7. Allocate budgets and resources for QAIE operations in coordination with the finance department.

8. Guide strategic initiatives related to performance metrics and institutional rankings.

9. Lead periodic reviews of QAIE processes and their outcomes.

10. Collaborate with other vice chancellors and academic leaders on strategic planning.

Director – Quality Assurance and Institutional Effectiveness

Reports to: Vice Chancellor – QAIE

Responsibilities:

1. Implement and monitor the effectiveness of the QAIE plans and projects.

2. Manage the daily operations of QAIE units and specialists.

3. Coordinate cross-functional QAIE projects across colleges and administrative departments.

4. Support accreditation and reaccreditation activities across programs.

5. Provide leadership in institutional self-study and assessment reporting.

6. Review and improve QA policies and processes based on data and feedback.

7. Facilitate training workshops on quality assurance and institutional effectiveness.

8. Evaluate performance indicators and institutional KPIs regularly.

9. Liaise with external accreditation and QA bodies.

10. Maintain documentation and records for audits and quality reviews.

Program Review Specialist

Reports to: Director – QAIE

Responsibilities:

1. Design and implement periodic program review cycles.

2. Develop templates and guidelines for academic program evaluation.

3. Coordinate self-study processes with program directors.

4. Analyze academic program data including the achievement of learning outcomes, student progress, and student feedback.

5. Assist program directors in developing program improvement plans.

6. Ensure alignment with accreditation requirements and standards.

7. Monitor action plan implementation after program reviews.

8. Maintain a central repository for review documentation.

9. Collaborate with the Institutional Research Specialist on data provision.

Strategic Planning Specialist

Reports to: Director – QAIE

Responsibilities:

1. Facilitate the development and review of the university's strategic plan.

2. Monitor implementation of strategic goals and projects.

3. Develop KPIs and performance metrics aligned with institutional goals.

4. Collect and analyze data to assess strategic progress.

5. Coordinate input from stakeholders during planning cycles.

6. Monitor operational planning process and development of progress reports across all colleges and administrative departments.

7. Align strategic initiatives with budgetary planning in collaboration with the finance department.

8. Maintain strategic and operational planning dashboards.

Policies Specialist

Reports to: Director – QAIE

Responsibilities:

1. Develop, review, and revise academic and administrative policies in collaboration with the policy owners.

2. Ensure university policies comply with regulatory and accreditation standards.

3. Maintain a centralized policy repository.

4. Coordinate policy review when required.

5. Benchmark policies against best practices in higher education.

6. Facilitate the approval process for new or revised policies.

7. Ensure transparency and accessibility of all QA-related policies.

8. Monitor adherence to policies across colleges and administrative departments.

9. Track policy effectiveness through feedback and metrics.

Institutional Research Specialist

Reports to: Director – QAIE

Responsibilities:

1. Collect, analyze, and report institutional data to support decision-making.

2. Design and administer surveys (e.g., student satisfaction, alumni outcomes).

3. Provide data support for accreditation and program review.

4. Develop dashboards and visualizations for internal reporting.

5. Collaborate with academic departments for data requests.

6. Ensure data integrity and consistency across institutional reports.

7. Respond to external reporting requests (e.g., MOE, QS, Times Higher Ed).

8. Support benchmarking studies and comparative analysis.

Roles and responsibilities of QAIE Department:

Accreditation & Compliance

- Ensure compliance with local and international accreditation standards.

- Support accreditation, self-study, and quality reviews.

- Liaise with external QA and regulatory bodies.

Quality Assurance Operations

- Manage daily QAIE operations and projects across departments.

- Digitalize QA processes for better efficiency and transparency.

- Monitor QA initiatives and review outcomes regularly.

Institutional Research & Data

- Collect, analyze, and report data to support planning and decisions.

- Develop dashboards, conduct surveys, and support benchmarking.

- Ensure data integrity and respond to internal/external data needs.

Program Review & Improvement

- Implement academic program review cycles and support improvement plans.

- Ensure alignment with accreditation standards.

- Maintain documentation and follow up on review actions.

Strategic & Operational Planning

- Track strategic plans, KPIs, and progress reports.

- Coordinate planning input from across the university.

Policy Management

- Develop, review, and benchmark academic and admin policies in collaboration with policy owners.
- Maintain a centralized, accessible policy repository.
- Monitor compliance and policy effectiveness.

Training & Capacity Building

- Conduct QA and effectiveness workshops.
- Promote quality awareness across the university.

b. The Roles of the Quality Assurance Unit in Strategic Planning, Operational Planning and Preparing Annual Reports

1. **Support Strategic Direction:** Provide relevant, timely, and accurate information to support the development and evaluation of strategic and operational plans for each college within DMU.

2. **Assessment and Implementation:** Assess the effectiveness of strategic plans and implement DMU's strategic plan by coordinating with colleges and departments.

3. **Monitoring and Reporting:** The QAIE Department monitors the implementation of strategic plans through KPIs achievement, ensuring timely achievement of strategic goals by providing bi-annual reports to the university leadership-QAIE committee.

4. **Collaboration with Colleges:** The QAIE Department works closely with each college (through QAPE committees) to help initiate and prepare their strategic plans, and to ensure alignment of college plans with the overall university strategic goals.

5. **Quality Assurance and Effectiveness:** The QAIE Department ensures organizational effectiveness by overseeing the implementation of strategic initiatives through successful Program Effectiveness Reports and Annual Institutional Report publication. Also, the efficient use of assessment data and institutional research data to refine and improve strategic planning processes.

The Quality Assurance and Institutional Effectiveness (QAIE) Department supports the five-year periodic review of DMU's vision, mission, and strategic planning, in collaboration with the Strategic Planning Committee

and the Chancellor. This review process involves key university leaders, including the Chancellor, Vice-Chancellors, Deans, Associate Deans, Directors, and chairs of various units and committees. Additionally, the University Council and Deans' Council play critical roles in this effort. The Vice Chancellor of the QAIE department facilitates comprehensive reviews, incorporating stakeholder feedback and data-driven evaluations to ensure that the university's foundational statements and strategic initiatives remain pertinent and aligned with evolving educational standards and institutional goals. This ongoing process helps sustain a culture of continuous improvement and strategic alignment, reinforcing DMU's commitment to excellence in education, research, and community engagement.

Table 1: Strategic Planning Development Cycle

Activity	Description	Responsible Entity	Timeframe	Notes
Review of Mission and Vision Statements	Regular review of the institution's mission and vision to ensure alignment with current goals and external conditions.	Strategic Planning Committee	Every 5 years (January)	Involves stakeholder consultation and external expert input.
SWOT Analysis	Conduct a SWOT analysis to inform strategic planning.	Strategic Planning Committee & QAIE Dept.	Annually (February)	Includes surveys, focus groups, and data analysis.
Stakeholder Feedback Collection	Gathering input from internal and external stakeholders.	QAIE Dept.	Annually (March)	Uses surveys, meetings, and interviews.
Strategic Plan Drafting	Developing the initial draft of the strategic plan based on collected data and analyses.	Strategic Planning Committee	Every 5 years (April - May)	Draft reviewed by senior management before wider consultation.
Internal Review and Consultation	Internal stakeholders review and provide feedback on the draft strategic plan.	All Dept and Units	Every 5 years (June-September)	Includes workshops and feedback sessions.
Finalization of Strategic Plan	Incorporating feedback and finalizing the strategic plan.	Strategic Planning Committee	Every 5 years (October)	Final document approved by the Board of Trustees.

Operational Planning	Developing detailed action plans for implementing the strategic plan.	All Dept and Units	Annually (September - November)	Action plans include timelines, responsibilities, and resources.
Communication of Strategic Plan	Dissemination of the approved strategic plan to all stakeholders.	Public Relations Office	Every 5 years (December)	Plan shared through meetings
Annual Progress Review	Review of progress made towards strategic goals and objectives.	Strategic Planning Committee and QAIE Dept.	Semesterly/ Annually (January)	Progress report prepared for senior management and BoT.

c. The Role of the Unit in Ensuring that the Institution, and Individual Program and Operational Units, Conduct Self-Studies

The QAIE department plays a key role in overseeing the quality of academic processes across various colleges within the DMU. The College Quality Assurance and Program Evaluation (QAPE) Committees, ensure adherence to academic standards, curriculum improvement, and faculty performance evaluation. Additionally, the unit extends its oversight to non-academic administrative departments, including research, student services, support services, and administrative functions. By conducting regular evaluations, implementing quality improvement initiatives, and fostering a culture of continuous improvement, the QAIE department facilitates the enhancement of overall institutional effectiveness and the achievement of strategic objectives across all facets of the university. The anticipated operational model involves two tiers of oversight for both academic and non-academic processes, functioning as follows:

University Level

- Department designation:

Quality Assurance & Institutional Effectiveness (QA&IE) committee

Membership:

i. Vice Chancellor Quality Assurance and Institutional Effectiveness - Chair

ii.   Director - QA&IE

iii.   QAPE Committee Chairs – College level

iv.   Units/Department Heads – University Level

Tasks:

The QAIE committee is responsible for tracking and reviewing:

Academic:

o   Evaluate the quality performance of all colleges

o   Monitor implementation of QA processes across colleges

o   Follow-up on operational plans

Non-academic:

o   Evaluate the quality performance of all University-level Dept/Units

o   Monitor implementation of QA processes for all University-level Dept/Units

o   operational plans.

College Level

Quality Assurance & Program Evaluation (QAPE) Committee.

Scope: Each College shall have a Quality Assurance and Program Evaluation (QAPE) Committee. The Committee ensures adherence to academic standards, curriculum improvement, and faculty performance evaluation, and recommends improvements or alternative approaches if necessary.

Membership:

i.   Faculty members from respected Colleges

ii.   Student member

iii.   Invited member as needed from the QAIE Department

Functions:

QAPE committee is responsible for tracking and reviewing:

1. **Review and Follow-Up on Course Files:** Examine course files to ensure they meet quality standards and include all required documentation, such as syllabi, assessment methods, and

student performance data. Provide feedback to departments on areas needing improvement and follow up to ensure that recommended actions are implemented.

2. **Reports and Documents:** Review key reports, including the College Annual Report, the Program Effectiveness Report (PER), and Program Specification, ensuring that these documents accurately reflect the progress made towards quality improvement.

3. **Coordination with Other College Committees:** Collaborate with committees such as the Curriculum Committee and Assessment Committee to support overall quality improvements within the college. Focus on implementing the initiatives led by these committees, and avoidance of duplicating efforts or overlapping in scope.

4. **Tracking and Monitoring Course-Related Metrics:** Oversee the tracking of semesterly course grades, and evaluations. Facilitate the follow-up on the analysis of exit exams and the implementation of corrective action plans, ensuring coordination with other relevant committees.

5. **Support for Strategic and Operational Planning:** Monitor the progress of the College's strategic and operational plans, ensuring alignment with the institutional goals. Prepare a college operational report that summarizes the achievements of strategic projects, while coordinating with other departments to ensure their respective plans are also considered.

6. **Collaboration with QAIE Department:** Collaborate with the University Quality Assurance and Institutional Effectiveness Department to improve the quality of all operations within the College.

7. **Review of College Meeting Minutes:** Review the college meeting minutes and follow-up on implementation of the planned actions.

8. **Implementation of Policies and Procedures:** Ensure proper implementation of College Policies and Procedures.

9. **Accreditation Support:** Review and provide feedback on self-study reports prepared for the accreditation of college programs by national (CAA) and international bodies providing supportive rather than directive oversight.

10. **Quality Improvement Initiatives:** Contribute to quality improvement actions by following up on the implementation of recommendations from Program Effectiveness Reports and other evaluation processes. Ensure that these initiatives are complementary to the work of other committees and aligned with the college's broader quality objectives.

Period of Office: The term of office for the members will be 1 year.

Meeting Frequency: At least once in an academic semester (two per academic year).

Quoracy: At least 2/3 of its members, including the Chair, are required to reach a consensus and decision.

Voting Rights: All members have voting rights.
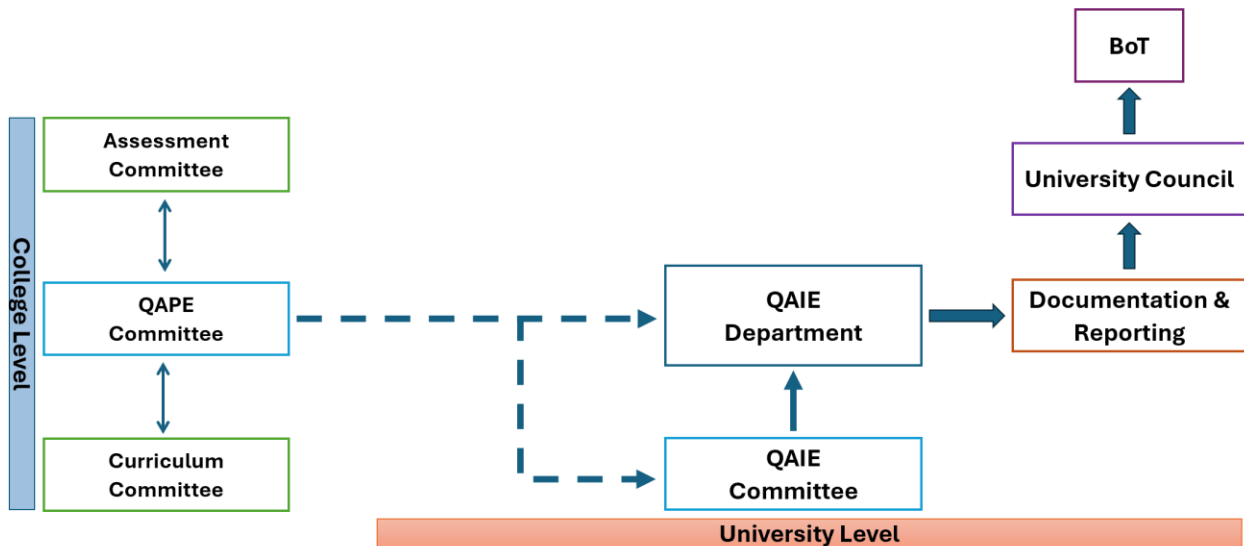
Figure 3: Quality Governance Model.

The Quality Assurance and Program Evaluation (QAPE) Committee serves as a fundamental link in the monitoring process, maintaining continuous communication and collaboration with assessment and curriculum committees at the college level. Through regular interaction and feedback mechanisms, the QAPE Committee ensures alignment with academic standards and facilitates the implementation of quality improvement initiatives. Additionally, the QAIE Committee, comprising QAPE chairs and department heads from various units across the university, convenes bi-annually with the QAIE department to review the progress of each unit and department. These meetings provide a platform for discussion, evaluation, and strategic planning, culminating in a comprehensive progress report submitted to the QAIE department at the end of each semester. Through this structured approach, the QAIE department maintains a robust oversight mechanism, ensuring accountability, transparency, and continuous improvement across all academic and non-academic units within the university.

Role of the QAIE at the Program Level

Approval of New Degree Programs

1. Program Learning Outcomes (PLO) Assessment

The QAIE department ensures that new degree programs are designed with clearly defined Program Learning Outcomes (PLOs) that align with DMU goals and CAA/national standards. This involves rigorous evaluation processes to verify that the proposed outcomes meet the required academic and professional criteria.

2. Course Learning Outcomes (CLO) Assessment

QAIE evaluates the Course Learning Outcomes (CLOs) within the new programs to ensure they support the overarching PLOs (Table 6). This ensures a coherent structure where each course contributes effectively to the program's educational objectives.

3. Teaching and Learning Assessment Plan

A detailed Teaching and Learning Assessment Plan is developed for new programs to outline the methodologies and tools that will be used to assess instructional effectiveness and student learning. This plan is critical for establishing a solid foundation for academic quality from the start.

4. Internal Periodic Program Review

QAIE conducts Internal Periodic Program Reviews to monitor the early stages of new programs, identifying any issues or risks that need to be addressed to maintain high standards and ensure sustainable quality.

5. Internal Risk-Based Program Review

This process involves assessing potential risks associated with new programs and implementing strategies to mitigate these risks, ensuring the programs are robust and capable of delivering the intended educational outcomes.

Quality Assurance of Existing Degree Programs

1. Continuous PLO and CLO Assessments

QAIE continually monitors and evaluates the Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) of existing programs. This ongoing assessment ensures that the programs remain relevant and effective in achieving their educational goals.

2. Teaching and Learning Assessment Plan

Existing programs are subject to regular updates and evaluations of their Teaching and Learning Assessment Plans. QAIE ensures these plans are effectively implemented and that teaching methodologies remain aligned with desired learning outcomes.

3. Periodic Program Review and Self-Study for Accreditation

QAIE oversees the comprehensive Periodic Program Reviews and supports the self-study process required for accreditation by the Commission for Academic Accreditation (CAA). This process ensures that programs meet national standards and are continuously improved based on feedback and assessment results.

4. International Professional Accreditation of Academic Programs

QAIE facilitates the pursuit of international professional accreditations for academic programs, enhancing their global recognition and competitiveness. This involves ensuring that programs meet international standards and industry benchmarks.

5. Course Files Management

QAIE ensures the development and maintenance of Course Files, which document each course's delivery, assessment methods, and student performance. These files provide a transparent and detailed record that supports continuous improvement and quality assurance efforts.

Through these structured and detailed activities, the QAIE department ensures that new and existing degree programs meet the highest educational quality and standards, thereby, supporting the institution's mission of academic excellence and continuous improvement.

Self-Study

A periodic self-study of a program involves a thorough assessment of its quality, with a focus on its mission and objectives to gauge how effectively they're being achieved. This evaluation adheres to the quality assurance and accreditation standards established by the CAA and follows the IPA, RIL and RPA standards. It necessitates evidence-based conclusions and verified analysis. The preparation of the Self-Study Report (SSR) is the responsibility of SSR committee formed by the Dean and headed by the program director. QAPE committee will review the SSR against the CAA standards. The SSR is then submitted to the Dean. The Dean will present the SSR to the Dean's Council who will in turn submit it to the QAIE department for final review and submission to CAA.

Previous Report Submission	Re/Accreditation Visit	Action and budget plans	Follow-up & Expansion plans	Preparedness for the self-study
202x	202x	202x	202x	202x

Program Director	Dean submits to Deans' Council	VC – QAIE Department submits to CAA
• QAPE committee initiates the process 9 months before the first draft submission	• The first draft submission 3 months before the deadline	• AU-QAIE review, approval, and submission to CAA

Figure 4: Comprehensive self-study process

d. The Timetable for the Periodic Review and Update of the Mission, Vision and Strategic Plans for the Institution

The Quality Assurance and Institutional Effectiveness (QAIE) Department is integral to the review and development of key institutional documents and reports at both the college and university levels.

University Documents & Reports

At the university level, the QAIE department oversees the development and review of institutional reports, such as the university's strategic plan, annual institutional reports, and accreditation submissions.

Table 2: DMU list of documents – University level

Name of Document	Frequency	Purpose of Report	Responsible Department	Reviewed by	Final Approval
DMU Vision, Mission, Goals	Every five years	-	University Council	Chancellor	BoT
University Strategic Plan	Every five years	Define the organization's long-term goals and direction, providing a roadmap for achieving sustainable success and growth.	University Council	QAIE Dept	BoT
University Operational plan	Annually	Outline specific actions, allocate resources, and set timelines to achieve the strategic goals of the organization efficiently and effectively	University Council	QAIE Dept	University Council
PPM	Every three years	Ensure the institution meets all specified conditions and stipulations by providing	University Council	QAIE Dept.	BoT

		comprehensive, current, and approved guidelines for regulating significant activities and processes that impact stakeholders, with all updates clearly documented and archived.			
Annual Institutional Report	Annual	Provide a comprehensive overview of the institution's performance, achievements, and challenges over the past year, ensuring transparency and accountability to stakeholders	QAIE Dept.	QAIE Dept.	University Council & BoT
Admin Dept. Annual Report	Annual	provide a comprehensive overview of the department's activities, performance, and challenges over the past year, ensuring accountability, strategic alignment, and informed planning for future improvements	QAIE Dept.	QAIE Dept.	University Council & BoT
Fact Book	Annual	Assess program outcomes, drive continuous improvement, ensure accreditation compliance, inform	Program Director	QAIE dept.	University Council

		resource allocation, communicate with stakeholders, guide strategic planning, and facilitate benchmarking.			
QAM	Annual	Detail the structure, roles, and processes of the Quality Assurance Department, ensuring continuous improvement and compliance across the institution's programs, courses, and services.	QAIE department	QAIE dept.	University Council
Faculty Handbook	Annual	Provide comprehensive guidelines on faculty roles, responsibilities, academic freedom, professional ethics, intellectual property, employment conditions, promotion, compensation, professional development, and disciplinary procedures within the institutional structure.	HR	QAIE Department	University Council
Staff Handbook	Annual	Provide comprehensive guidelines on staff categories, work week, leave policies, supervision, evaluation, compensation, terms of service, governance	HR	QAIE Department	University Council

Name of Document	Frequency	Purpose of Report	Responsible Department	Reviewed by	Final Approval
Student Handbook	Annual	Outline student rights and responsibilities, governance participation, club guidelines, library and resource information, student services, facility usage, conduct expectations, academic integrity, disciplinary policies, safety, record privacy, academic policies, and contact information.	Student Affairs Department	QAIE Department	University Council

College Reports

At the college level, QAIE collaborates with individual colleges to ensure that their strategic plans, operational reports, program(s) self-study, and other accreditation documentation are comprehensive, accurate, and aligned with the university's overarching goals. The QAIE department provides guidance and support in the preparation and evaluation of these documents, facilitating a consistent and high-quality approach across all colleges.

Table 3: DMU list of documents – college level

Name of Document	Frequency	Purpose of Report	Responsible Department	Reviewed by	Final Approval

College Strategic Plan	Every 5 years	Define the college's long-term goals and direction, providing a roadmap for achieving sustainable success and growth.	Dean of respected colleges	QAIE committee	Deans' Council
College Operational Plan	Annually	Outline specific actions, allocate resources, and set timelines to achieve the strategic goals of the organization efficiently and effectively	Dean of respected colleges	QAIE committee	Deans' Council
Catalogue (of respective colleges)	Annual	Provide comprehensive information on the institution's academic calendar, history, vision, mission, licensure, accreditations, structure, resources, programs, admission requirements, financial policies, student services, rights, responsibilities, academic integrity, and key academic terms.	Associate Dean of Academic Affairs	QAIE Committee	Deans' Council
College Annual Report	Annual	Document and communicate the institution's yearly achievements, challenges, and progress to stakeholders.	QAPE Committee of respected college	QAPE Committee of respected college	Deans' Council
Program Effectiveness Report	Annual	Assess program outcomes, drive continuous improvement, ensure	Associate Dean of Academic Affairs	QAPE Committee of	Deans' Council

		accreditation compliance, inform resource allocation, communicate with stakeholders, guide strategic planning, and facilitate benchmarking.		respected college	
Program specifications	As needed	Outline a program's aims, learning outcomes, structure, and requirements, serving as a key resource for students, curriculum developers, reviewers, employers, and other stakeholders.	Associate Dean of Academic Affairs	QAPE Committee of respected college	Deans' Council
Self-study of respective programs	As needed	Critically evaluate and improve the program's quality, effectiveness, and alignment with institutional goals and accreditation standards of the CAA.	Associate Dean of Academic Affairs	Dean	QAIE Dept

By integrating data-driven insights and stakeholder feedback, QAIE ensures that these documents reflect the institution's commitment to continuous improvement and excellence in education and research. This dual-level involvement enhances the coherence and effectiveness of institutional documentation, supporting DMU's strategic objectives and accreditation standards.

e. KPIs to Evaluate the Performance of All Units and Services

Continuous Quality Enhancement (CQE) is integral to maintaining and improving the standards of education, research, and services at DMU. Each unit within the university is assigned Key Performance Indicators (KPIs) to ensure ongoing evaluation and enhancement of quality. The CQE process involves setting clear objectives, monitoring performance, and implementing improvements based on data-driven insights.

Table 4: Key Performance Indicators (KPIs) for Main University Departments.

University-level KPIs:

Department	KPIs	Target %	Assessment Method	Closing the loop
University-level KPIs	DMU Strategic Plan			

QAIE Department KPIs:

KPIs	Target %	Assessment Method	Closing the loop
1. Accreditation Compliance Rate: Percentage of programs meeting accreditation standards	100%	Internal/Mock quality audits Accrediting body reports	Implement corrective actions and follow-up reviews
2. Program Review Completion Rate: Percentage of programs completing scheduled reviews/self-studies, & producing PER	100%	Review adherence to schedules and outcomes	Implement action plans and assess their impact
3. Faculty and Staff QA Training Participation Rate: Percentage of faculty and staff attending QAIE training annually	80%	Track attendance and collect feedback	Refine training based on feedback and monitor application
4. Stakeholder Satisfaction Index: Average satisfaction rating from students, faculty, and staff with QAIE services on a scale of 1-5	≥ 4	Annual satisfaction surveys	Implement improvements based on survey results analysis and feedback

Academic Support Department KPIs:

Department	KPIs	Target %	Assessment Method	Closing the loop
General Education	Student success and Academic Performance	≥ 80%	Pass rate Course completion rate Retention rate	What is the current status so we can compare and presume the future outcome?
	Student satisfaction	≥ 80%	Student feedback score	Adjust content delivery and teaching methods based on feedback
	Curriculum efficiency	≥ 80%	- Curriculum relevance	% of Curriculum and course content review annually
LRC	Library Resource Utilization	Increase overall library resource utilization by 5% annually, reaching 80% total usage within 5 years	Usage statistics of library resources	Increase promotion of underutilized resources
	Users Satisfaction with Library Services	80%	Annual satisfaction survey	Improve services or extend hours based on results
Exam and Assessment Unit	Compliance with Unified SOPs	100%	Conduct audits to assess adherence to the guidelines.	Collaborate with non-compliant departments to ensure proper understanding and implementation.
	Training Participation Rate	90%	Track the percentage of faculty participating in training programs.	If participation is low, adjust content or

				scheduling to fit faculty needs.
	Training Satisfaction Rate	80%	Collect feedback after training sessions on relevance and delivery.	Refine training content based on feedback to ensure ongoing improvement.
AI & Smart Education Unit	Utilization Rate of AI and Emerging Technology Tools in Courses	85% utilization across all programs	Measure the percentage of courses incorporating AI and smart education tools.	Work with underutilized programs to integrate AI more effectively by offering targeted support and resources.
	Training Participation Rate	90%	Track the percentage of faculty participating in AI and Smart Education training sessions.	If participation is low, adjust timing, format, or promote benefits more effectively.
	Users satisfaction rate	80%	End of training survey	Improve content delivery and delivery mode

College-level KPIs:

KPIs	Target %	Assessment Method	Closing the loop
Total College Enrollment Capacity Utilization	95-100%	Measure the percentage of filled seats across all programs annually.	If utilization falls below target, adjust marketing and recruitment efforts to fill available seats.
Application Growth Rate	5-10% annual growth	Track the increase in applications received year-over-year.	Review recruitment strategies and program visibility to ensure continued demand growth. If demand exceeds capacity, consider future expansion (program size).
Graduation Rate (College-Wide)	≥ 85%	Graduation records	Review and enhance college-wide student support services.

Faculty Satisfaction	≥ 85%	Faculty surveys	Develop initiatives based on faculty feedback.
Faculty Professional Development engagement/partici pation rate	100%	Professional development tracking	Revise training programs based on faculty input.
Community Engagement (College-level)	≥ 70%	Community service records	Encourage greater faculty participation in outreach.
number of new industry partnerships annually	≥ 2 new industry partnerships annually	Signed agreements and partnership evaluations	Expand outreach to new industry sectors.
Alumni Engagement	≥ 60% alumni participation rate in alumni engagement activities	Alumni event participation tracking	Increase the frequency and scope of alumni events.
Graduate Employment Rate	≥ 85% within 6 months	Employment surveys and industry feedback	Strengthen connections with local employers.
Student Satisfaction with College Services	≥ 80%	Student satisfaction survey	Improve administrative and student support services.
Student-to-Faculty Ratio (College-level)	Based on accreditation standards	Faculty hiring and student numbers	Adjust faculty workload or hire additional faculty.

Program-level

KPIs	Target %	Assessment Method	Closing the loop
Freshmen Enrollment Capacity Utilization rate	95%	Measure the enrollment utilization rate (number of students enrolled compared to available	• Programs with low capacity utilization: investigate the reasons (e.g., marketing, program visibility, application requirements).

		program seats) over the last three years	
Program-Specific Retention Rate	≥ 90%	Program-level retention tracking	Improve program-specific student support and mentorship.
PLO Achievement Index	≥ 75%		
Standardized tests pass score	Above national average	Official exam results	Curriculum review based on exam outcomes
Experiential Learning Satisfaction	Clinical training and Experiential Learning Surveys	≥ 70%	Enhance clinical opportunities and hands-on experiences.
	clerkship/Internship Placement Rate	100%	Tracking student placement in internship positions
	Employer Satisfaction with Intern Performance	80%	Employer feedback surveys
On-Time Graduation Rate (Program)	≥ 85%	Graduation records	Review and adjust program structure for timely completion.
Student Satisfaction with Teaching & learning	≥ 80%	Course evaluations survey	Tailor teaching methodologies based on student feedback.
Alumni Satisfaction with Program	≥ 85%	Alumni surveys	Revise program based on alumni feedback.
Program-Specific Faculty-to-Student Ratio	Based on accreditation standards	Program data	Ensure adequate staffing to meet program needs.

University Departments/Units KPIs:

Research and Graduate Studies Department

KPIs	Target %	Assessment Method	Closing the loop
Research Output	100%	Number of publications in	Provide support for research initiatives and grant writing.

		peer-reviewed journals	
Research Grants	2	Number of National or international grants acquired	Increase efforts in grant writing workshops and research collaboration.
Publication output – student element (UG & PG)	20 (UG) 100 (PG)	percent of research projects published.	Develop undergraduate and graduate research opportunities.
Research Impact	50%	Citation analysis and impact factor of publications.	Promote high-impact research and interdisciplinary projects. • **50% of total citations come from the top quartile (Q1).** • **Publications with minimum 10 citations within two years of publications.**

Student Affairs Department

KPIs	Target %	Assessment Method	Closing the loop
Student Wellbeing			
Number of psychological guidance workshops / activities on campus	8 sessions	Counselling workshops records	Increase awareness and accessibility of services.
Satisfaction with student counselling services	75%	Student Satisfaction Survey	
Satisfaction with grievances responsiveness	75%	Student Satisfaction Survey	
Satisfaction with ability to report grievances	75%	Student Satisfaction Survey	

Career Guidance and Alumni Engagement			
Number of Career Guidance Sessions	10 sessions	Keep record of sessions offered	
Career Guidance activities participate rate	80%	Career guidance session records	Improvement plans based on stakeholders' needs and feedback
Alumni Engagement & Events	10 sessions	Alumni Engagement records	
Alumni Enrolled in Residency Program or Employed	70%	Results from GDS Survey	
Alumni Program Satisfaction	70%	Results from GDS Survey	
Student Engagement & Clubs			
Student Engagement rate in Activities	70%	Event participation records	Develop new and diverse student activities based on interest.
Satisfaction with Student Activities	85%	Student Satisfaction Survey	
Satisfaction with Student Union and Clubs	85%	Student Satisfaction Survey	

f. The Processes and Established Timetables Used to Evaluate All Programs, Courses, Processes and Services

Surveys at DMU

Survey Design

The Quality Assurance and Institutional Effectiveness (QAIE) Department at DMU plays a crucial role in designing, administering, and utilizing surveys' results to enhance institutional effectiveness. The process begins with the design of surveys, where the QAIE identifies the purpose and objectives of each survey, ensuring alignment with DMU's strategic goals. The department collaborates with stakeholders to develop relevant questions and appropriate rating scales, tailored to different target groups such as students, faculty, and staff.

Response Options

Surveys are conducted using a variety of response options. Most frequently used option is the 4-point Likert scale (from 1; Strongly disagree to 4; Strongly agree). The result is calculated as a percentage of positive responses, by the sum of 3; agree and 4; strongly agree, and negative responses, by the sum of 1; strongly disagree and 2; disagree.

If the Yes/No rating scale is used, the result is calculated as a percentage.

Interpreting Survey Satisfaction Rates

The calculated percentage is mapped to one of the predefined categories, illustrated in figure 5.

≤50% Unacceptable	>50% - ≤69% Intervention mandatory (monitoring required)	≥70% - ≤79% Needs Improvement	≥80% - ≤89% Very Good	≥90% Excellent

Figure 5: Categories of the satisfaction rate achieved

Each category mandates the necessary actions to be taken, as listed in the table below:

Score	Category	Action Required
≤50%	**Unacceptable**	Immediate corrective actions and detailed follow-up required.
>50% - ≤69%	**Intervention mandatory**	Action plans must be developed and monitored regularly to ensure improvement.
≥70% - ≤79%	**Needs improvement**	Improvement initiatives required with progress tracked over time.
≥80% - ≤89%	**Very good**	Sustain and optimize current practices.
≥90%	**Excellent**	Recognize and maintain high performance.

The QAIE department ensures that improvement plans are developed and implemented for surveys scoring below 80%, and for repeated or alarming comments with regular monitoring of progress. This systematic approach ensures that feedback is used effectively to enhance institutional performance and maintain excellence where achieved.

Types of Surveys

Types of Surveys administered by the QAIE include course evaluations, faculty satisfaction, student satisfaction surveys, and student experience surveys (table 5). Each type is meticulously prepared and administered to gather comprehensive and actionable data. During the survey preparation and administration phase, the QAIE ensures that surveys are user-friendly, accessible, and distributed through appropriate channels, such as email or online platforms.

Table 5: QAIE Survey Calendar

Survey Name	Purpose	Target population	Survey Owner (who will provide the action plans)	Frequency
Academic Surveys				
Course Evaluation: End-of-Course Student Feedback Survey	To collect detailed student feedback on the course content, structure, delivery, and any associated practical sessions and training, with the goal of continuously improving curriculum	All enrolled students	• Academic Affairs • Academic Departments	Once, End of course

	design, teaching methods, and course materials to ensure educational excellence.			
End-of-Semester Student feedback on Faculty Performance Survey	To gather student feedback on teaching effectiveness, instructional methods, and course engagement, aiming to enhance the quality of education and support faculty development.	All enrolled students	• Academic Affairs • Academic Departments	Biannual, End of semester
Non-Academic Surveys				
Freshmen Orientation Survey	To assess the effectiveness of the orientation program in helping new students get acquainted with the university's resources, facilities, services, and environment.	Y1 students	Student Affairs	Annual
Student Admission Experience Survey	To gather feedback from first-year students about their admission experience, focusing on process clarity, efficiency, and satisfaction, to optimize admission procedures for future applicants.	Y1 students	Student Affairs	Annual
Student Experience Survey	To gather comprehensive feedback from students about their overall educational experience, campus life, social activities, and support services to identify and address areas for improvement and enhance the student university experience.	All enrolled students	Student Affairs	Annual
Hostel Satisfaction Survey	To assess students' satisfaction with hostel facilities, including living conditions, amenities, and support services to inform improvements in housing services and ensure a	Hostel students	Operations	Annual

	comfortable living environment for students.			
Faculty Satisfaction Survey	To assess the satisfaction of the faculty members with the work environment, resources, support services, and professional development opportunities, aiming to enhance faculty well-being and performance.	Faculty Members	Dean	Annual
Staff Satisfaction Survey	To evaluate the satisfaction of staff members with their roles, work environment, and support services to identify areas for improvement and foster a positive and productive workplace.	Staff Members	Dean	Annual
Alumni Experience Survey	To collect feedback from alumni on the long-term impact of their education on their career and professional development to help evaluate program effectiveness and maintain strong alumni relationships for ongoing support and networking.	Alumni	Student Affairs	Annual
Program Exit Survey (undergraduate, graduate)	To collect feedback from students exiting a program on their overall experiences and readiness for future practice and trajectories to enhance the quality of our undergraduate and postgraduate programs.	Final Year students of a program	Academic Affairs/Program Director	Annual
Employer Satisfaction Survey	To gather feedback from medical directors and employers of the graduates to align the institution's programs with industry expectations and effectively prepare students for professional practice.	Medical Directors of training sites/	Academic Affairs/Program Director	Annual

		Employers of DMU Graduates		
Committee Performance Evaluation	To review and improve the individual and collective performance of the team ensuring the effective operation of the committee, support of the members in their roles, and meeting of institutional goals.	Committee Chair	Committee Chair	Annual
Committee Self-Evaluation	To gather feedback from standing committee members on the effectiveness and efficiency of the committee in fulfilling its responsibilities, the clarity of members' roles, and the level of member engagement to guide the improvement efforts.	Committee members	Committee Chair	Annual
Advisory Board Self-Evaluation	To assess the performance, effectiveness, and overall contribution of the advisory board at the college and university levels in guiding the institution's strategic direction and decision-making processes to help identify areas for improvement in board operations, member engagement, and the alignment of advisory activities with the institution's goals and mission.	Advisory Board Members	Dean	Annual
Board of Trustees (BoT) Self-Evaluation	To ensure the board operates effectively and adheres to governance best practices by regularly assessing its performance and identifying areas for improvement	BoT Members	Secretary-General of the Board	Annual

g. The Instruments to be Used and the Type of Evidence to be Collected and Analyzed

The assessment framework outlined in this manual is designed to ensure continuous improvement and uphold the highest standards of quality across all facets within DMU. By integrating both direct and indirect assessment methods, this comprehensive approach enables the evaluation of academic programs, faculty performance, administrative functions, student services, operational processes, and services provided at DMU. The framework promotes accountability, enhances transparency, and supports data-driven decision-making, ultimately fostering a culture of excellence and innovation within the institution.

Program Assessment

The QAIE department at DMU has established a comprehensive process and timetable for evaluating all academic programs and courses across all colleges. This evaluation cascades from the program level down to the course level, ensuring alignment with the QF*Emirates* framework. The process begins with the **PLOs – QF*Emirates*** mapping at the appropriate Level descriptor, where each program's learning outcomes are mapped to the relevant QF*Emirates* standards to ensure they meet national qualifications criteria.

Table 6: PLO- QF*EMIRATES* mapping – Level x

Domain	Descriptors	PLOs								
		PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9
Knowledge										
Skills										
Responsibility										

Following this, the **Course – PLOs Mapping** is conducted using the **IRM Matrix**, ensuring that students progressively develop the necessary knowledge and skills throughout their educational program.

Table 7: Course - PLOs mapping (IRM Matrix)

		PLOs

Yr/Semester offering	Course Code	PLO1	PLO2	PLO3	PLO4	PLO5	PLO6	PLO7	PLO8	PLO9
Y1/S1		I	I							
Y2/S2				R						
Y6/S1		M			M					

I: Introductory, R: revisit, M: Mastery

At the Course Level, CLOs are meticulously mapped; CLO mapping, detailing specific skills, knowledge, and competencies students are expected to acquire.

Table 8: CLO mapping – individual courses

No.	Course Code	CLOs	PLOs	Enabling Competencies							EPAs
1			1								
2			1,2								
3			3, 7								
4			…								

The Scheme of Pedagogy and Assessment is integral to this process, ensuring that teaching methods and assessment strategies are aligned with the learning outcomes. Pedagogical approaches are reviewed to ensure they foster an engaging and effective learning environment, while assessment methods are evaluated to ensure they accurately measure student learning and achievement. This holistic approach to pedagogy and assessment supports the continuous improvement of academic quality and student success at DMU.

Table 9: Scheme of Pedagogy and Assessment

Course Code	Pedagogy					Assessment				

The final step involves the **CLOs – PLOs Assessment**, where the assessment of PLO is measured and evaluated throughout the program. This involves a vertical analysis of all courses within the program to ensure that PLOs are fully achieved, otherwise, a corrective action plan will be implemented including results of students feedback as well as other stakeholders (figure 7).

Table 10: CLOs – PLOs Assessment

Yr/Semester offering	Course Code	Course Title	PLOs								Note
Y1/S1			20%								
Y2/S2			30%	30%							
Y6/S1			20%					20%			
		TOTAL	100%								

Further cascading down to the course specifics, the QAIE process includes the development and review of the Course Syllabus (Appendix 1), which outlines detailed course content, objectives, and assessment plan. Additionally, a Course Review Report (Appendix 2) is prepared to document findings and insights from the course coordinator. Based on these reviews, a Corrective Action Plan (Appendix 3) is formulated to address identified issues and implement improvements. To ensure compliance and completeness, a Course Files Checklist (Appendix 4) is used to verify that all necessary documentation and materials are in place.

The QAIE department follows a structured timetable for these evaluations, conducting regular reviews and assessments each semester. These evaluations are incorporated into the Program Effectiveness Report, where comprehensive reports are generated, highlighting strengths, identifying areas for improvement, and recommending actionable changes (Academic: Appendix 5 & Appendix 6 for non-academic). At the college level, the College Annual Report documents and communicates the college's yearly achievements, challenges, and progress to stakeholders (appendix 7). This systematic approach ensures continuous quality enhancement and alignment with both institutional and national standards.

- Appendix 5: Template of the DMU Program Effectiveness Report.
- Appendix 6: Template of the Administrative Department Annual Report
- Appendix 7: Template of the College Annual Report.

Direct and Indirect Assessment Tools

Assessment tools are crucial across all programs at DMU for evaluating student competencies and the overall effectiveness of the programs. **Direct assessment tools** such as exams, practical skills assessments, and clinical evaluations provide concrete evidence of student performance. **Indirect assessment tools** collect feedback through surveys, interviews, and course evaluations, offering insights into the educational experience. Because each method has its limitations, the College's assessment approach combines both direct and indirect measures from a variety of sources. This combination provides converging evidence of student learning, ensuring comprehensive quality assessment and continuous improvement.

Table 11: Direct and indirect assessment measures

Direct Assessment Tools	Indirect Assessment Tools
Written Exams (e.g., Extended Matching Questions, Multiple Choice Questions,)	Student satisfaction surveys
Practical Exams (e.g: Spotter examinations, OSPE)	Alumni surveys
Clinical Examinations (e.g: DOCEE, OSCEs)	Employer feedback
Simulated Patient Scenarios	Internship survey
Workplace-based assessment (e.g., e-Portfolio, Patient logs, case-based discussion, mini clinical evaluation exercise, evaluation of clinical events, multi-source feedback)	Course evaluations
Student projects and assignments	Peer reviews of teaching
Clinical Logbooks	Reflections
e-Portfolios	Formative assessments
Pharmacy Performance Evaluation	
Clinical Performance Evaluations	
Skills Checklists	

Quality of Faculty

The QAIE department at DMU is dedicated to maintaining and enhancing the quality of all faculty. A comprehensive and effective faculty evaluation system is crucial for maintaining high educational standards and fostering professional growth among faculty members. Our approach is designed to be transparent, consistent, and supportive, encouraging continuous improvement in teaching, research, and service. Ensuring high standards in teaching, research, and service is critical to our mission of providing excellent healthcare education.

Faculty Evaluation

The faculty evaluation process is designed to be transparent, consistent, and supportive, fostering continuous improvement. It includes:

1. Self-Assessment:

Faculty members complete annual appraisals reflecting on their achievements, challenges, and professional development goals across teaching, research, and community service areas.

2. Student Evaluations:

End-of-course surveys collect student feedback on course content and teaching effectiveness. This data is analyzed to identify patterns and areas for improvement.

3. Peer Reviews and Evaluation Integration

Peer review committees conduct classroom observations and evaluate teaching materials, providing constructive feedback to enhance instructional methods.

Peer Evaluation and Faculty Integration Meeting:

Peer Evaluation:

- Conduct semesterly peer evaluation meetings for faculty members across all departments.

- Discuss end-of-course evaluation results and share insights and best practices.

Integrated Recommendations:

- Generate integrated recommendations based on the collective insights from these meetings.

- Identify common challenges and areas for improvement across departments.

Stakeholder Engagement:

- Invite student representatives from each batch to participate in these meetings.

- Gather feedback and insights from students on their learning experiences.

By integrating peer evaluation meetings into the training program, faculty members will have the opportunity to collaborate, learn from each other, and collectively work towards enhancing the quality of education and research at the institution.

4. Professional Development Plans:

Based on evaluation outcomes, faculty members, with their supervisors, create individualized professional development plans. These plans outline specific actions for improvement, including attending workshops, conferences, and pursuing further education.

5. Administrative Reviews:

Department chairs or deans perform comprehensive annual reviews, incorporating self-assessments, student evaluations, and peer reviews. They also set goals for faculty for the upcoming academic year.
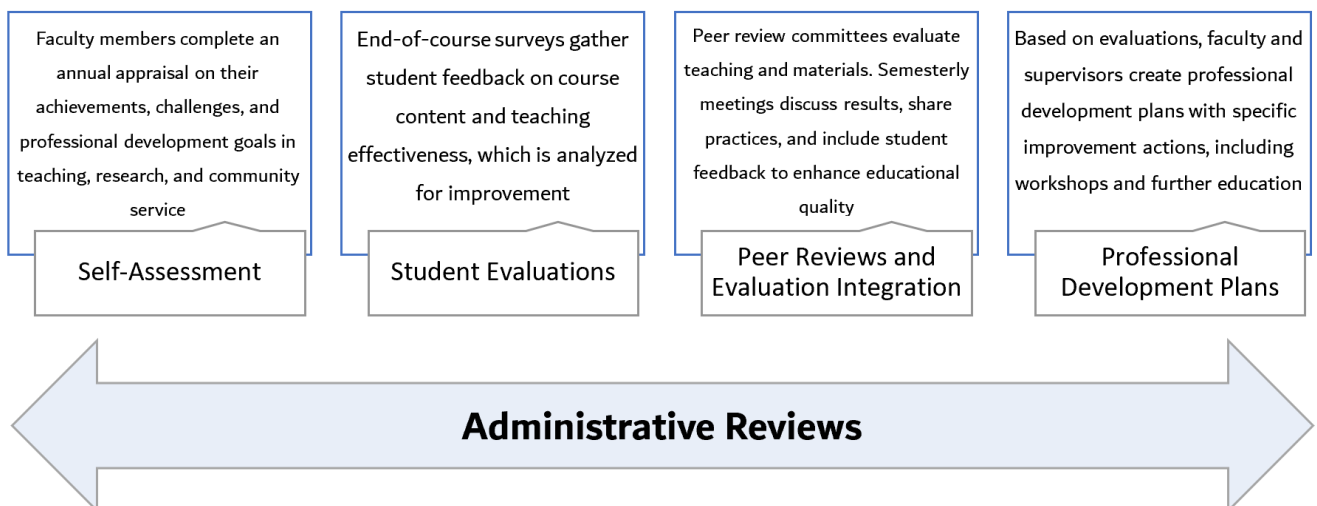
Faculty members complete an annual appraisal on their achievements, challenges, and professional development goals in teaching, research, and community service	End-of-course surveys gather student feedback on course content and teaching effectiveness, which is analyzed for improvement	Peer review committees evaluate teaching and materials. Semesterly meetings discuss results, share practices, and include student feedback to enhance educational quality	Based on evaluations, faculty and supervisors create professional development plans with specific improvement actions, including workshops and further education
Self-Assessment	Student Evaluations	Peer Reviews and Evaluation Integration	Professional Development Plans

Administrative Reviews

Figure 6: Quality of Faculty.

Quality of Administrative Units

The QAIE department at DMU is dedicated to maintaining and enhancing the quality of all administrative units and departments. A comprehensive and effective evaluation system is crucial for maintaining high operational standards and fostering professional growth among administrative staff. Our approach is designed to be transparent, consistent, and supportive, encouraging continuous improvement in administrative processes and services. Ensuring high standards in administration is critical to our mission of providing excellent support for our educational and research goals.

Administrative Evaluation

The administrative evaluation process is designed to be transparent, consistent, and supportive, fostering continuous improvement. It includes:

1. Self-Assessment:

Administrative staff complete annual appraisals reflecting on their achievements, challenges, and professional development goals across their respective roles and responsibilities.

2. Stakeholder Feedback:

Surveys collect feedback from students, faculty, and other stakeholders on the effectiveness and efficiency of administrative services. This data is analyzed to identify patterns and areas for improvement.

3. Peer Reviews and Evaluation Integration:

Peer review committees conduct evaluations of administrative processes and materials, providing constructive feedback to enhance operational methods.

Peer Evaluation and Integration Meetings

 - Conduct semesterly peer evaluation meetings for administrative staff across all departments.

 - Discuss feedback survey results and share insights and best practices.

 - Generate integrated recommendations based on the collective insights from these meetings.

 - Identify common challenges and areas for improvement across departments.

 - Invite representatives from various stakeholder groups to participate in these meetings to gather comprehensive feedback.

4. Professional Development Plans:

Based on evaluation outcomes, administrative staff, with their supervisors, create individualized professional development plans. These plans outline specific actions for improvement, including attending workshops, conferences, and pursuing further education.

5. Comprehensive Reviews:

Department heads or deans perform comprehensive annual reviews, incorporating self-assessments, stakeholder feedback, and peer reviews. They also set goals for administrative staff for the upcoming academic year.
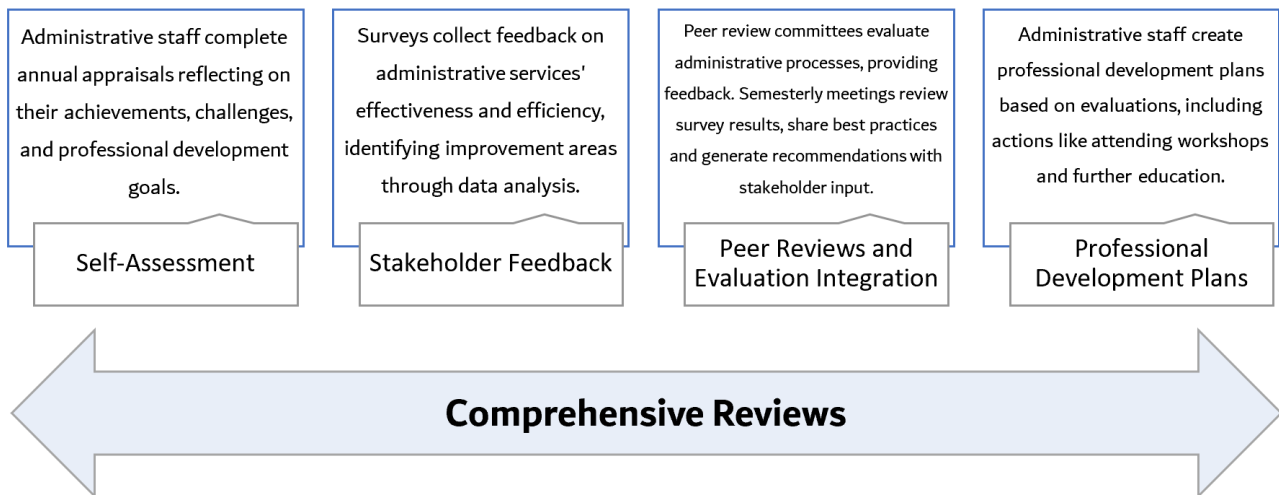

Figure 7: Quality of Administrative staff.

h. The Entities Responsible for Each Aspect of Evaluation and Quality Assurance

The entities responsible for evaluation and quality assurance at Dubai Medical University include various committees and departments, each playing a crucial role in maintaining academic and operational excellence. The evaluation process focuses on monitoring the implementation of improvement plans. Evaluation timetables ensure that all programs, courses, and services are regularly reviewed to track progress and effectiveness. Detailed schedules for these evaluations are provided in the table below. The Quality Assurance Office oversees the entire process, while specific academic departments handle course and program evaluations, ensuring that each aspect meets the highest standards of quality and effectiveness.

Table 12: DMU evaluation processes and responsible Unit/Department

Central Unit/ Dept	Assessment Process	Responsible Entity	Evaluation Frequency	Final Approval
University Council	1. DMU Vision, Mission, Goals	Chancellor	Every five years	BoT University Council
	2. DMU Strategic Plans	Strategic Planning Committee	Annually	
	3. DMU Operational Plans			
	4. Key Institutional Documents: • PPM • AIR • QAM • Fact Book	QAIE Dept.	Every three years Annually	
QAIE Department	1. Colleges' Strategic Plans	College Deans	Annually	BoT University Council
	2. Colleges' Operational Plans			
	3. Key Institutional Documents: • Faculty Manual • Staff Manual • Student Manual • Catalogues	QAIE Committee	Annually	

Deans Council	1. Quality of Faculty	HR	Annually	Deans of respected colleges
	2. Quality of Administrative Staff			

QAPE Committee	1. Program Assessment/ Curriculum Matrix:
	
	• PLO- QFEMIRATES mapping
	• Course - PLOs mapping (IRM Matrix)
	• CLO mapping – individual courses
	• Scheme of Pedagogy & Assessment.
	• CLOs – PLOs Assessment (%)
	• Direct & indirect assessment measures
	    o Course Syllabi
	    o Course Review Report
	    o Corrective Action/ Improvement Plans
	    o Course Files
		Program Director/ADAA	Annually	Deans of respected colleges

	2. Program Effectiveness Report (PER)			
	3. Program Specification			
	4. Self-Study		One year before submission	

Evaluation of the QAIE Department

The self-evaluation process for the Quality Assurance and Institutional Effectiveness (QAIE) Department involves a comprehensive review of its performance, outcomes, and operations to ensure continuous improvement and alignment with institutional goals.

Performance Evaluation of QAIE Members

The performance of individual QAIE members is systematically evaluated by the Vice Chancellor to ensure they are meeting their roles effectively. Additionally, the Vice Chancellor of QAIE is assessed by the Chancellor, ensuring accountability and high standards within the department. This evaluation is guided by predefined departmental KPIs that measure the effectiveness and impact of each member's contributions.

Outcomes Assessment of the QAIE Department

The outcomes assessment of the QAIE department focuses on evaluating its effectiveness in achieving intended outcomes. This includes the periodic measurement of key performance indicators (KPIs), analysis of results, and implementation of necessary actions to address any gaps. The Chancellor evaluates the overall function of the unit, supplemented by self-evaluations conducted within the department. This rigorous process ensures that the QAIE department's activities align with the institution's strategic objectives and quality standards.

Assessment of Operations of the QAIE Department

To ensure the QAIE department operates efficiently and effectively, data is gathered and reviewed from various reports. These include the Institutional Annual Report, Program Effectiveness Reports, and the Fact Book. Evaluations from stakeholders such as faculty and service providers are also integrated into the assessment process. This comprehensive approach allows the QAIE department to monitor and enhance its operations continuously, ensuring that the institution maintains high standards of quality and effectiveness in all its academic and administrative processes.

i. The Process for Reviewing the Results of Evaluation in the Development of Approved Action Plans that Include Projections of Required Budgets and Resources

The quality enhancement process at DMU is a comprehensive and iterative approach aimed at continuously improving academic programs and administrative functions. It involves regular evaluations, including surveys and assessments, to gather data on performance and outcomes.

Stakeholder Feedback Collection and Analysis

to capture detailed insights into strengths, weaknesses, and potential areas for enhancement. The gathered Upon the conclusion of each evaluation period, comprehensive feedback is gathered from various stakeholders. This feedback assesses the organization's performance, gauges stakeholder perceptions, and includes open-ended responses. The feedback is carefully analyzed by department heads and relevant teams to identify key areas of improvement and successful practices.

Action Plan Development

Based on the analysis, department heads develop action plans to address identified issues. These plans must be Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) to ensure they are effective and actionable.

Budget and Resource Projections

Detailed projections of the required budgets and resources are created as part of the action plan development. This ensures that financial and operational strategies are aligned and that the necessary resources are allocated to support the implementation of the plans.

Implementation and Monitoring

The implementation of action plans is closely monitored, with regular follow-ups to address any emerging issues. This stage involves tracking progress and ensuring that the plans are executed as intended.

Reporting and Continuous Improvement

Regular reports on performance indicators and improvement trends are generated to track the progress of the implemented action plans. These reports inform ongoing decision-making and foster a culture of continuous improvement, aligning strategic goals with operational activities.

Closing the Loop

The review process includes a final assessment to ensure that the actions taken have effectively addressed the identified areas for improvement. The outcomes of these actions are analyzed, and the findings are used to inform future evaluation and planning cycles, thereby closing the loop and promoting ongoing organizational development.

j. The Process for Disseminating the Results of Evaluation, Including What Will Be Disseminated and to Whom

The QAIE disseminates these findings to relevant departments, which then develop and implement action plans based on the feedback. These plans are supported by detailed budget and resource projections to ensure feasibility. The process also includes follow-up assessments to measure the impact of implemented changes, fostering a culture of ongoing improvement and ensuring alignment with strategic goals for long-term effectiveness and excellence.

Results Dissemination

Review and dissemination of reports, survey results, and other assessment data are critical phases in the quality assurance process. The QAIE disseminates these results to the relevant colleges, departments, or unit heads for discussion with their teams. This ensures that all relevant stakeholders are informed about the evaluation outcomes.

Communication of Results and Collaborative Discussions

The process includes collaborative sessions where QAIE and college representatives discuss findings and develop approved action plans, ensuring that insights from surveys and other assessments are translated into concrete improvement plans for the next academic year. DMU will communicate the results of all surveys to the Chancellor -if needed-, VCs, Deans, and heads of Dept./Units to be further disseminated to other unit/department members.

Table 13: QAIE Evaluation Report Dissemination Protocol.

Unit / Department	Evaluation Reports	Results Disseminated to
Academic Programs (Pre-Clinical Affairs)	Module Evaluation, Course Evaluation reports	Associate Dean (Disseminates to all Faculty members), Dean
Academic Programs (Clinical Affairs)	Module Evaluation, Course Evaluation reports	Associate Dean (Disseminates to all Faculty members), Dean
Quality Assurance and Institutional Effectiveness Unit	Survey Reports	Chancellor, VCs, Deans, Heads of Dept./Units
Student and Alumni Affairs	Students Experience Survey, Satisfaction Survey, GDS, LGDS	Dean Student Affairs
Library	Student Satisfaction Survey	Head of Library Unit
Simulation Centre	Student Satisfaction Survey	
Research & Graduate Studies	Student Satisfaction Survey	VC Graduate Studies
Clinical Affairs	Student Satisfaction Survey	Associate Dean of Clinical Affairs
Information Technology	Student Satisfaction Survey	Head of IT
Operations	Student Satisfaction Survey	Head of Operations
Finance	Student Satisfaction Survey	Head of Finance
Human Resources	Faculty and Staff Satisfaction Survey	Head HR
OHSE	Student Satisfaction Survey	Head of Safety
Annual Report	Institutional Annual report	VCs ,Dean, Associate Dean BoT
Program Effectiveness Report	Program Effectiveness Report	VCs, Deans, Associate Deans

Table 14: A college-level communication of results.

Type of communication	Channels of communication
Internal publications	Faculty Handbook, Induction Booklet, Student handbook Catalog. Policies and procedure manual, Annual Reports.
Internal announcements	Internal memo, notices, website, LMS,
Telecommunication	Avaya system intercom answering service, call logs, address books, etc.
Faculty (IT)	Internet on Outlook with server, intranet sharing of documents; Wi-Fi, website portal, SharePoint
Student-faculty (IT)	batch institutional email, individual student institutional email, mass SMS, alumni portal, mentorship
Meetings	Meetings, agenda, minutes, and College Council meeting

Feedback to faculty

Gathering feedback from stakeholders is a crucial component of the quality assurance process. **Faculty, staff, students, and department heads** are encouraged to provide their insights and suggestions on the evaluation results and the implemented **action plans**. This feedback is collected through various channels such as **surveys, focus group discussions, and formal meetings**. By actively involving these stakeholders, the QAIE ensures that their perspectives are considered in the continuous improvement process, fostering a collaborative environment that supports the institution's strategic goals and enhances overall effectiveness and excellence.

Faculty suggestions and feedback are collected from the following processes/services:

- Course review report
- Exam results analysis
- Annual faculty performance evaluation
- Committee self-evaluation (for members) and Unit service evaluation
- Annual reports Program and strategy – discussed at College Council.
- Graduate Exit Survey
- Targeted focus group discussions

Feedback to Staff

- Annual staff performance evaluation

- Student Experience Service (non-academic)
- Committee self-evaluation (for members) and Unit service evaluation
- Annual Institutional Reports – discussed at Deans' Council
- Graduate exit survey
- Targeted focus group discussions

Strategic Alignment

If necessary, these plans are incorporated into the strategic plan to ensure long-term effectiveness and continuous quality enhancement. This alignment ensures that the action plans are consistent with the broader strategic goals of the organization.

Monitoring and Reporting

The QAIE department ensures that all departments and units submit their plans and that progress is monitored. Regular reports on performance indicators and improvement trends are generated to track the progress of the implemented action plans, ensuring that resource allocation supports the organization's goals. By closing the loop, QAIE ensures continuous quality enhancement across all assessment processes. The department tracks the implementation of action plans and conducts follow-up assessments to evaluate the impact of the changes made. This iterative process of surveying, reviewing, assessing, and acting on feedback fosters a culture of continuous improvement at DMU.
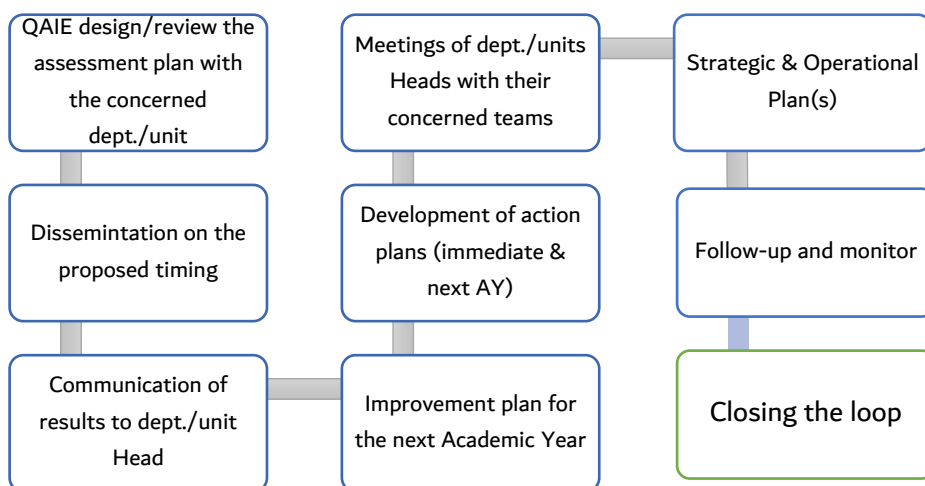
Figure 8: Quality enhancement process at DMU.

k. The Process for Monitoring the Implementation of Improvement Plans

Monitoring the implementation of improvement plans, which are based on stakeholders' feedback and overseen by the QAPE (Quality Assurance and Program Evaluation) committee at the college level and QAIE (Quality Assurance and Institutional Effectiveness) committee at the university level, is essential for ensuring effective outcomes aligned with organizational goals. These improvement plans are derived from comprehensive feedback gathered from stakeholders across various university functions.

Appendix 3: Improvement Plan (Academic Surveys Analysis & Action Plans).

Plan Development and Approval
- Stakeholder Feedback Analysis
- QAPE/QAIE Committee Review:

Implementation Planning
- Action Plan Development
- Approval by Associate Dean/QAIE Committee

Documentation and Reporting
- Course Files
- Program Effectiveness Report
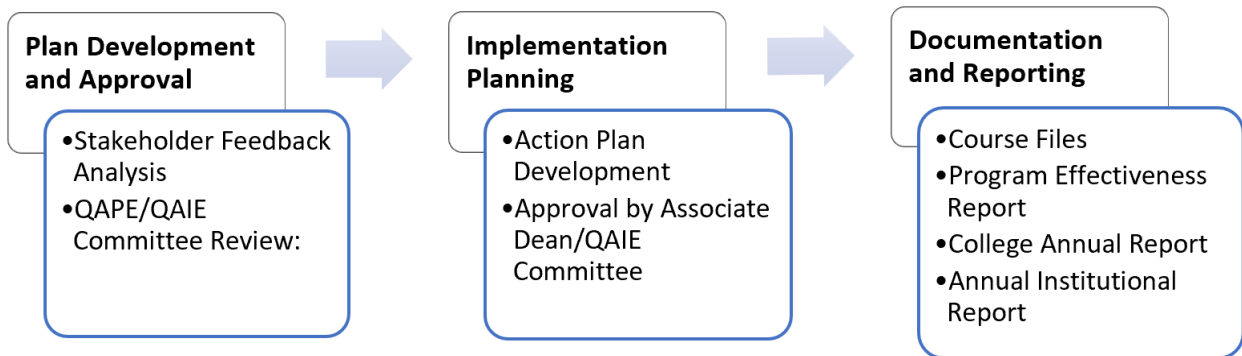- College Annual Report
- Annual Institutional Report

Figure 9: Monitoring of Improvement Plans.

m. The process of Benchmarking the Quality and Performance Against Best Local and International Practices

At DMU, benchmarking is essential for improving the quality of academic and non-academic activities. This process involves systematically comparing these activities with those of other top local, regional, and international universities. Academically, benchmarking focuses on pre-defined performance indicators such as; program structures, learning outcomes, teaching methodologies, research output, faculty qualifications, and student performance metrics. For non-academic activities, it include administrative functions such as admissions, student services, financial management, HR practices, IT infrastructure, and facility management.

By identifying best practices and performance standards from these comparisons, DMU aims to implement improvements that foster continuous quality enhancement. Regularly scheduled reviews and analyses are conducted, where collected data is evaluated against the benchmarks. Insights derived from these evaluations are used to refine policies, optimize processes, and align with global standards, ensuring that DMU not only meets but exceeds the quality expectations of its stakeholders.

Benchmarking Methodology

1. Scope and Objectives

Objective: The QAIE department at DMU aims to establish comprehensive benchmarking data by mapping existing best practices among national, regional, and international medical schools. This process is intended to identify gaps and potential areas for intervention, ultimately enabling continuous quality improvement across all academic and administrative functions.

Scope Determination: All academic and non-academic processes within DMU.

2. Benchmarking Partners

The benchmarking at DMU is conducted in collaboration with recognized bodies such as other HEIs as well as through participation in the Higher Education Benchmarking Consortium (HEBC), which includes other Medical and Health Science Universities.

The DMU BSN program was mapped against local standards (e.g., UAE Commission for Academic Accreditation) and international standards, including the NCLEX 2024 content. Special attention was given to identifying any gaps in content or clinical training that might affect students' preparedness for international licensure exams like the NCLEX.

3. Benchmarking Framework

Key Performance Indicators (KPIs): KPIs were developed in collaboration with HEBC to measure performance (Appendix 8 & 9: benchmarking indicators: Institutional-, and program-level).

- Appendix 8: [Explorance Benchmarking indicators - Institutional level](#)
- Appendix 9: [Explorance Benchmarking indicators - program-level](#)

Data Collection Methods: desk research complemented by surveys, and face-to-face and long-distance semi-structured interviews. Moreover, information was gathered through a review of curriculum documentation, course structures, and official program descriptions from other HEIs.

The DMU Bachelor of Science in Nursing (BSN) program underwent a structured benchmarking process to align with both local and international standards.

4. Data Collection

The benchmarking focused on specific elements such as credit hours, course content, clinical contact hours, and lab exposure.

Internal benchmarking: internal Data Gathering: Collect relevant data from within DMU, involving academic departments, administrative units, and support services.

Gather data from benchmarking partners through the HEBC project, and other partners.

5. Data Analysis

- ✓ Comparative Analysis: Compare DMU's data with that of benchmarking partners to identify gaps, strengths, and areas for improvement.
- ✓ Trend Analysis: Analyze trends over time to assess the progress and impact of implemented strategies.
- ✓ A side-by-side comparison was conducted between the DMU BSN program and the benchmarking partners, focusing on credit hours allocated to theoretical instruction, lab work, and clinical practice.

6. Develop Action Plans & Implementation

Create detailed action plans to implement identified best practices and improvements.

Implement the action plans across relevant departments and units within DMU.

Regularly monitor the progress of implementation against the established benchmarks.

7. Evaluation and Review

Create a feedback loop where results are reviewed, and adjustments are made to ensure continuous improvement.

8. Report and Communicate Results

Compile a comprehensive annual benchmarking DMU report (Appendix 10 & 11: benchmarking reports AY 2023-24) detailing the benchmarking process, findings, and outcomes.

- Appendix 10: DMCG Benchmarking Report

- Appendix 11: DPCG Benchmarking Report

Findings from the benchmarking process were integrated into the BSN program, ensuring that any content or practice areas needing improvement were updated accordingly

- Appendix 12: CON Benchmarking Report

The QAIE Department shares the benchmarking report with the Chancellor to be discussed thoroughly in the University Council.

The QAIE Dept. creates action plans for each recommendation, specifying responsible parties and timelines, and distributes the finalized report and recommendations to internal stakeholders; VC, Deans, and heads of Dept/Units.

In the Act Phase, units and departments implement recommendations with clear timelines and responsibilities, while the QAIE department monitors progress and effectiveness using performance indicators and metrics. The QAIE Dept. compares with the previous year's data and holds follow-up meetings to make necessary adjustments and document lessons learned for future benchmarking cycles.

Document History

Version	Date	Updated Information	Author/ Reviewer
V 1.0	Oct 2023	Document Created	QAIE Department
v.1.1	April 2024	• The organizational structure of the QAIE Unit underwent revision to designate the Vice Chancellor as the unit's head, necessitating adjustments to all reporting lines within • The position of Document Control Manager has been eliminated, with each unit assuming responsibility for managing its own documents. • The role of Vice Chancellor has been incorporated. • The role of QAIE Director has been amended to report to the Vice Chancellor of QAIE, rather than the Chancellor. • Unit names have been updated as follows: Quality Assurance and Accreditation Unit is now referred to as the Accreditation Unit. • Within the Institutional Effectiveness Unit: • University ranking has been incorporated as one of its functions. • Strategic planning responsibilities have been revised to mandate that each college's Dean is responsible for developing and executing the strategic plan for their respective college, with oversight from the QAIE Dept	QAIE Department
V2.0	June 2024	• Complete revision to align with CAA standards 2019 and DMU policies, including revised sections and new KPIs.	QAIE Department
V2.1	September 2024	• Revised AU R&Rs • Revised section m - benchmarking	QAIE Department
V2.2	April 2025	• Revised the mission statement of the QAIE Dept • Updated the organizational chart of the QAIE Dept • Added job descriptions for all QAIE Dept members • Revised the roles and responsibilities of the QAIE Dept	QAIE Department