

AL AZHAR SCHOOL OF MEDICINE

**QUALITY ASSURANCE AND ACCREDITATION UNIT
(QAAU)**

ACTION PLAN

2009 - 2012

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Introduction

Background and scope

In light of the state's concern with education and considering it as the primal national project needed to face the new millennium with all its dimensions and all the challenges which it possesses, especially for developing countries; under such severe competition where there will be no place, except for the distinguished, it was a must for the subject of performance assessment and quality assurance of higher educational organizations in Egypt, to be the chief concern when implementing the strategies of developing education. Aiming to develop programs that produce individuals with advanced knowledge in different areas, who appreciate learning and are constant learners and who are prepared to address creatively issues of significance to the local and global community for improving the quality of life.

This places upon institutions and awarding University, the responsibility for maintaining and continually improving the academic standards of their programmes that comply with the national standards and the quality of learning opportunities provided.

In order for Egypt to cope with the outcomes of globalization, it was considered essential to create a well educated, motivated workforce that is willing to meet the international standards of quality to achieve the sought economic development. Hence, the president of Egypt, found it to be a necessity to upgrade the existing system of education through implementing quality assurance policies in the diversified educational organizations in order to increase the skills of graduates together with their competitive capacities.

The Faculty of Medicine, Al Azhar University as an academic organization, operating under laws and legalities that control the implemented system within, and has participated in inducing several development programs aims to meet the set international standards of higher education, in an attempt to participate in the formulation of the new development strategies in Egypt.

However, this must be done with reference to the standards and benchmarks that are carefully chosen by the higher educational institution in accordance with its mission.

The Faculty offers its educational, social and research services to more than 3200 students who receive their bachelor's degree in Medicine and Surgery. As well as granting M.D and Master Degrees in the different speciality and sub-speciality of medicine to more than 3100 students.

The faculty also conducts research and scientific studies in different branches of medical sciences.

The proposed action plan by The Faculty of Medicine, Al Azhar University is aiming to establish an internal quality assurance system.

Faculty of Medicine, Al Azhar University delivered its first Self Study in 2004.

In the light of the diversified system of educational, research, medical and public service programs and with the continuous increase in the number of beneficiaries from these programs, it became essential to perform a well-rounded, comprehensive study to:

- Evaluate the programs that are offered by the Faculty in the previously mentioned subjects.
- Identify the facilities and the basic research methods which help offer programs that are in the aimed level of quality.

Consequently, to achieve these aims, the proposed quality assurance program will address:

- The educational processes (graduate and postgraduate).
- Students' affairs.
- The postgraduate program.
- Academic staff affairs.
- The present resources and how to renew them and make the needed developing.
- The skeleton and ways of the faculty management.
- Training of administration, academic and management staff on the quality assurance activities.
- Orienting and increasing awareness of administration, academic, and management staff of the quality assurance and accreditation process.

The beneficiaries of the action plan are students and administration, academic, and management staff of faculty of medicine, Al Azhar University and the whole surrounding community.

The three years faculty action plan is directed towards enhancement of our strengths and rectifying matters needing improvements.

Strengths:

- There are now coherent and well defined vision, mission, characteristics of the graduates and programme intended learning outcomes (ILOs).
- The design of some courses ILOs supports the achievement of the programme ILOs.
- Efforts of the Medical Education Unit (MEU) in the development of teaching and assessment methods are commendable.
- The lectures by distinguished eminent professors and staff members are valued by students.
- Pastoral support for students is comprehensive.
- There are some well equipped specialist facilities and laboratories including skill lab.
- There is an established web site for the faculty.
- The quantity and quality of the teaching halls is good.

- **Computer laboratories are established.**
- **Skill Lab. is established and supplemented with some teaching models.**
- **The quantity of research activities is high.**
- **Community involvement is extensive and makes an outstanding contribution to the mission.**
- **The faculty has engaged with the quality management and enhancement system developed by the National Committee for Quality Assurance and Accreditation.**
- **The objective and self-critical nature of the Faculty Annual Self Evaluation Report is admirable.**

Matters to be rectified:

- I. The absence of documentation of the application of national or international reference standards for the ILOs.**
- II. The further development of the curriculum which is planned.**
- III. The need to design assessment methods appropriate to the ILOs and to substantially reduce the proportion of knowledge recall required in examinations.**
- IV. The actual level of student achievement, which is difficult to verify because of the deficiencies in the assessment system and the absence of relationships to external reference points.**
- V. The need to proceed with the development of different teaching and learning strategies as currently planned.**
- VI. The need to improve teaching and academic support and eliminate the need for private lessons.**
- VII. The faculty has no control over the admission of its students. This issue needs to be addressed by a higher authority.**
- VIII. The ineffective and inefficient deployment of academic staff members.**
- IX. The inadequacy of some laboratories and the undergraduate library.**
- X. The absence of any research strategy or a database at both departmental and faculty levels.**
- XI. The lack of documented evidence of feedback from end users and clients of the community involvement activities.**

The corrective actions are mainly directed towards:

- I. Revision of the mission.
- II. Curriculum revision.
- III. Teaching and learning:
 - a. Implementation of course specifications.
 - b. Development of educational resources specially laboratories and library.
 - c. Staff development.
 - d. Decreasing private tutoring.
- IV. Improvement of assessment methods.
- V. Development of student support system.
- VI. Establishment of alumni office.
- VII. Establishment of an internal auditing system.
- VIII. Involvement of external evaluators in programme and institution evaluation.
- IX. Creation of a faculty database for educational resources including human resources and other facilities.
- X. Development of post graduate programmes and research plan.
- XI. Enhancement of Community Service.
- XII. Changing student admission policy and staff deployment policy

We will account on our strengths in implementing the action plan. Besides, the enthusiasm of the top management and governance in improving the educational process, the strong background and history of the institution and the availability of accountable faculty staff members will help in achieving the action plan towards accreditation.

The budget for implementing this ambitious action plan will be shared by the institution and hopefully by adequate external funding.

Prioritization of Corrective Actions

I. Teaching and Learning

a. Implementation of course specification.

b. Development of educational Recourses:

➤ **Laboratories: Renovation and providing equipments for the following labs:**

- **Biochemistry lab.**
- **Physiology lab.**
- **Pharmacology lab.**
- **Microbiology lab.**
- **Parasitology lab.**
- **Pathology lab.**
- **Dissecting room.**
- **Museums.**

➤ **Library:**

- **Providing computers, periodicals and books**
- **Training librarians**

➤ **Lecture Halls**

- **Installation of 20 small lecture rooms**
- **Providing audio-visual aids for already existing lecture halls**

➤ **Skill Labs: Providing models in different clinical departments.**

c. **Staff Development:**

➤ **There is a plan to train 100% of staff members by the end of the third year.**

d. **Decreasing private tutoring: Is one of our main objectives in this action plan. Improving teaching and learning methods will have a positive impact on students' attendance and satisfaction.**

II. Improvement of Assessment Methods

- Establishment of 5 centers for objective structured examinations:

- **2 for objective structured practical examination (OSPE) for assessment in basic science courses**
- **3 for objective structured clinical examination (OSCE) for assessment in :**
 - **Surgery and Obstetrics & Gynecology.**
 - **Medicine.**
 - **Pediatrics.**

III. Development of Postgraduate Programmes and Research Plan

- **Upgrading and developing postgraduate programmes.**
- **Establishment of joint degrees with universities abroad.**
- **Fulfillment of research plan.**
- **Establishment of a model unit for postgraduate research.**

IV. Establishment of an Internal Auditing System

This will ensure the proper monitoring and enhancement of all the educational processes.

Details of Action Plan

I. Revision of the Mission

Objectives:

- 1. To update the faculty mission every 6 years, at completion of the whole faculty Programme.**
- 2. To allow for contribution of principle stakeholders to the formulation of the mission.**
- 3. To change parts of the mission according to the changing and increasing demands of the stakeholders and community.**

SWOT analysis:

Strengths:

- 1. The mission is conforming to the mission of the university.**
- 2. The mission was illustrated in the faculty's website.**
- 3. The mission was included in the self study .**
- 4. The mission is displayed in the faculty premises**

Weaknesses:

- 1. The mission is not well known to many students and faculty members.**
- 2. There was minimal contribution of stakeholders to the formulation of the mission.**
- 3. The mission is not included in the students' handbook.**

Task I: Revision of the Mission

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Focus group discussions with stakeholders	1/1/2008	15/1/2008	Contribution of stakeholders in formulation of the mission	Members of QAAU*	New additions to change the mission
2. Discussions and questionnaires to Faculty members	1/1/2008	30/1/2008	New opinions to be included in the mission	Coordinator of QAAU*	Formulation of the new mission
3. Formulation of the mission	30/1/2008	1/2/2008	Mission formulated	Members of QAAU*	Mission edited and ready for approval by the Faculty Council
4. Mission approval by Faculty Council	1/2/2008	30/2/2008	Mission ready for publication	Dean of Faculty AND QAAU	<ul style="list-style-type: none"> • Revised mission displayed in the faculty premises. • Mission illustrated in the Faculty's website • Mission included in the students handbook.

* QAAU: Quality Assurance and Accreditation Unit

Monitoring

1. Mission displayed in different places in the faculty
2. Presence of the mission on the faculty's website
3. Mission is present in the students' handbook every year

II. Curriculum Revision

Objectives:

- 1. To revise the curriculum for elimination of any redundancy specially as regards knowledge and theoretical load.**
- 2. To document the application of national and international reference standards for the ILOs.**
- 3. To update undergraduate curricula in order to be congruent with the approved ILO's.**
- 4. To harmonize different curricula in undergraduate teaching with attempts at integration.**
- 5. To develop curricula of postgraduate programmes.**

SWOT analysis:

Strengths:

- 1. Availability of qualified staff having the skill and commitment for training faculty members for curriculum design, evidence based medicine (EBM), scientific thinking, research methods and medical ethics.**
- 2. Large number of staff capable of teaching clinical skills.**
- 3. High quality students who can practice self-learning and share in different committees.**
- 4. The presence of skills labs.**
- 5. Adequate number and variety of in-hospital patients and outpatients.**

Weaknesses:

- 1. The curriculum committee lacks a clear agreed upon policy and mechanisms for its supremacy over individual departments.**
- 2. Absence of policies and mechanisms of stakeholders involvement in educational committees and/or activities. Sometimes policies are present but implementation is inadequate.**
- 3. Resistance to curricular and instructional methods changes and curriculum committee supremacy.**
- 4. Inadequate inclusion of required clinical skills in the curriculum.**
- 5. Lack of facilities supporting self-learning (computers – library).**
- 6. Student non attendance and private tutoring.**

Task II: Curriculum Revision

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
5. Reconstruction of Higher Curriculum Committee	1/1/2008	7/1/2008	Approved structure of Higher Curriculum Committee by Faculty Council	Dean QAAU	Well structured and functioning Higher Curriculum Committee
6. Revision of topics and subtopics according to national and international reference standards	15/1/2008	1/6/2008	Revised topics and sub topics	Chair of departments	Percentage of revised curricula submitted for approval by Higher Curriculum Committee
7. Integration of curricula	1/6/2008	1/1/2009	Designed matrix of integrated curricula	Higher Curriculum Committee	Number of instructional units of the integrated topics
8. Approval of curricula	1/1/2009 1/2/2009 1/3/2009	1/2/2009 1/3/2009 1/4/2009	<ul style="list-style-type: none"> • Approval of revised curricula by departments • Approval of revised curricula by HCC • Approval of revised curricula by Faculty Council 	<ul style="list-style-type: none"> • Department Council • Higher Curriculum Committee • Faculty Council 	<ul style="list-style-type: none"> • Percentage of curricula approved by HCC* . • Percentage of curricula ready for implementation
9. Implementation of revised curricula	1/6/2009 onwards		<ul style="list-style-type: none"> • Better attainment of course & programme ILO's. • Increased students' satisfaction at course completion. • Decreased private tutoring 	<ul style="list-style-type: none"> • Chair of departments • Staff members in different departments 	<ul style="list-style-type: none"> • Percentage of courses delivering the whole range of contents specified in the approved curriculum • Percentage of courses applying the whole range of teaching methods specified in the approved curriculum • Students' satisfaction rate about the attainment of course ILOs

* HCC: Higher Curriculum Committee

Monitoring

- 1. Higher Curriculum Committee will ensure the revision of the curricula.**
- 2. Internal Auditing Committee will monitor the proper implementation of the curricula.**
- 3. The involvement of external evaluators in programme and institution evaluation.**

III. Teaching and Learning

Objectives:

1. To implement course specifications
2. To improve educational resources
3. To enhance staff development
4. To decrease private tutoring

SWOT analysis:

Strengths:

1. Leadership commitment to reform the education process.
2. Availability of qualified staff having the potential for development.
3. Large potential infrastructure for teaching and learning.
4. Large clinical facilities with high patient flow rates in different specialties.
5. Faculty website which can be used as a learning resource.
6. Presence of facilities for staff training in Medical Education Unit.

Weaknesses:

1. Some ILO's are difficult to achieve with current limitations.
2. No database of available facilities.
3. Financial limitations.
4. Limited daily working hours.
5. Most clinical staff have no offices.
6. The non-academic staff are inefficient and lack necessary skills.

Task III: Teaching and Learning
III a: Implementation of Course Specifications

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
10. Distribution of copies of course specifications to staff members & students	1/6/2008	7/6/2008	a. Copy of course specifications available to all staff members & students b. Staff members and students aware of the course specifications	c. VDESA* d. Chair of departments	e. Students' handbook f. Present on website g. Students' Feedback
11. Training of the staff members to implement course specifications	1/3/2008	1/12/2011 onwards	a. Trained staff members b. Proper implementation of course specifications	c. Chair of departments d. MEU**	e. Percentage of trained staff members f. Students' feedback g. Policy for training of staff members
12. Evaluation of the implemented course specifications	1/6/2008	1/3/2009 then yearly	Achievement the ILO's	• Chair of departments • QAAU***	a. Self auditing b. Course report c. Internal auditing report d. External evaluator report
13. Revision of course specifications	1/4/2009	Yearly	Changing teaching and assessment methods according to former year action plan	Department Council	a. Approved revision of course specifications b. Implementation of action plan

* Vice Dean for Education & Student Affairs
 ** Medical Education Unit
 *** Quality Assurance and Accreditation Unit

III b: Educational Resources

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Database for available facilities, their utilization and maintenance needs	1/1/2009	31/3/2009	<ul style="list-style-type: none"> • Full information of available facilities • Proper utilization and management of available resources • Improved teaching and learning opportunities 	VDESA*	<ul style="list-style-type: none"> • Presence of database of all resources • Schedule for maintenance of different resources
2. Optimizing utilization of available resources	1/6/2009	1/9/2009	Best utilization of available resources	Inventory office director	<ul style="list-style-type: none"> • Rate of utilization of different resources
3. Identify needed new educational resources	1/6/2009	1/9/2009	<ul style="list-style-type: none"> • List of new resources needed • Availability of needed resources 	VDESA*	<ul style="list-style-type: none"> • Action plan to supply new educational resources • Inventory of educational resources
4. Renovation of available resources <ul style="list-style-type: none"> • Laboratories • Library • Lecture halls • Skill labs • Examination halls 	1/9/2008	1/1/2011	<ul style="list-style-type: none"> • Renovated resources • Improvement of educational process 	Dean	<ul style="list-style-type: none"> • 30% of renovation by the end of 1st year • 60% of renovation by the end of 2nd year • 100% of renovation by the end of 3rd year

* Vice Dean for Education & Student Affairs

III c: Staff Development

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Assessing the needs of different departments	1/1/2008	1/4/2008	<ul style="list-style-type: none"> • Number of staff members needed to be trained • Plan for human resource development 	<ul style="list-style-type: none"> • Chair of Departments • QAU* 	<ul style="list-style-type: none"> • Course reports • Questionnaires of staff members
2. Updating training programmes for recent and effective teaching & assessment methods	1/2/2008	1/5/2008	<ul style="list-style-type: none"> • Updating teaching and assessment methods 	MEU** Experts	<ul style="list-style-type: none"> • Number of training programmes designed • Schedule for training programmes
3. Training of staff members for teaching & assessment methods.	1/6/2008	1/12/2011	<ul style="list-style-type: none"> • Implementation of new methods in under & postgraduate teaching • Improvement of assessment methods • Fulfillment of ILO's 	MEU** Experts	<ul style="list-style-type: none"> • Staff satisfaction • Student feedback • Percentage of trained staff members • 40% by the end of 1st year • 60% by the end of 2nd year • 100% by the end of 3rd year
4. Training the staff for communication skills and medical ethics	1/3/2009	1/9/2011	<ul style="list-style-type: none"> • Improvement of quality of teaching • Improvement of teaching • Decreasing private tutoring 	MEU** Experts	<ul style="list-style-type: none"> • Students' feedback • Attendance of workshops • Staff members' feedback
5. Training the staff for research methods & management	1/6/2008	1/12/2011	<ul style="list-style-type: none"> • Accepted projects by granting organizations • Effective management of department and units 	MEU** Experts	<ul style="list-style-type: none"> • Number of workshops • Number of research projects
6. Plan to involve the non-academic staff in training programmers according to the needs	1/3/2008	1/2/2011	<ul style="list-style-type: none"> • Qualified non academic staff 	MEU** Experts	<ul style="list-style-type: none"> • Number of workshops • Number of trainees • Trainees satisfaction

* Quality Assurance and Accreditation Unit

**Medical Education Unit

III d: Decreasing Private Tutoring

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Introduction of formative assessment methods	1/6/2008	1/6/2009	<ul style="list-style-type: none"> • Students can monitor their progress 	<ul style="list-style-type: none"> • Vice Dean of Education and Student Affairs • QAU* 	<ul style="list-style-type: none"> • Students feedback • Internal auditing reports • External evaluator reports • New course specifications
2. Implementation of new teaching methods to attain course specifications	1/6/2008 onwards		<ul style="list-style-type: none"> • Increasing small group teaching classes • Increase number of self learning activities as assignments • Increase problem solving classes & case presentation • Increase student involvement in the education process • Increase attendance rate of the students 	<ul style="list-style-type: none"> • MEU** Experts • Higher Curriculum Committee 	<ul style="list-style-type: none"> • Student achievement records • Students' satisfaction • Internal auditing reports • Course specifications • Rate of students' attendance
3. Incorporation of clinical and practical skills in courses in early years	1/6/2009	1/4/2010	<ul style="list-style-type: none"> • Horizontal and vertical integration of courses • Increasing skill learning • Courses become more interesting and meaningful • Avoid redundancy and controversy in courses 	<ul style="list-style-type: none"> • MEU** Experts • Higher Curriculum Committee 	<ul style="list-style-type: none"> • Students' feedback • Internal Auditing reports • External evaluator reports

* Quality Assurance and Accreditation Unit

**Medical Education Unit

4. Allocate and train staff members for students' academic support	7/2008 onwards	<ul style="list-style-type: none"> • Proper academic support, counseling and career guidance for students • Enhance student/teacher interaction 	Dean	<ul style="list-style-type: none"> • Students feedback • Reports of Students' Affairs Committee
5. Arrangement of extra classes for the low achievers	7/2008 onwards	<ul style="list-style-type: none"> • Improvement of students achievement • Decrease private tutoring 	Vice Dean of Education & Student Affairs	<ul style="list-style-type: none"> • Office hours • Extra classes • Exam results • Rates of student achievement and retention
6. Encouraging the high achievers to participate in the student support	7/2008 onwards	<ul style="list-style-type: none"> • Increase academic support to low achievers • Recognition of high achievers 	<ul style="list-style-type: none"> • VDESA* • MEU** 	<ul style="list-style-type: none"> • Reports of the Student's Support Office
7. Inclusion of all courses and learning materials in the Faculty's website	7/2008 onwards	<ul style="list-style-type: none"> • Promote e-learning • Easy access to courses at times and conditions convenient to the students 	<ul style="list-style-type: none"> • Chairs of departments • QAAU*** 	<ul style="list-style-type: none"> • Trained staff for E-learning • Prepared material for E-learning

* Vice Dean for Education & Student Affairs
**Medical Education Development Center
*** Quality Assurance and Accreditation Unit

Monitoring

1. Teaching and assessment methods monitored through self and internal auditing
2. The whole educational process evaluated by the external evaluator
3. Monitoring by stakeholders

IV. Improvement of Assessment Methods

Objectives:

1. To establish assessment criteria in all courses of medical school programmes.
2. To apply formative and summative assessment methods.
3. To apply assessment methods that match the programme ILO's.
4. To test all assessment methods.

SWOT analysis:

Strengths:

1. Recently established Assessment Committee
2. Presence of adequate infrastructure for training programmes, regarding assessment methods (MEDC)
3. Training the staff members on new methods for evaluation
4. Variety of clinical cases

Weaknesses:

1. Large number of students
2. Resistance to apply new objective methods for examination
3. Lack of objectivity for the current examinations
4. Most of assessment methods evaluate mainly knowledge

Task IV: Improvement of assessment methods

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Activation of Assessment Committee	1/2008 onwards		Reviewing monitoring and analyzing the exam results	VDESA*	c. Minutes of meeting of Assessment Committee d. Reports on the exam results
2. Establishment of assessment criteria following the code of practice of student examination	1/3/2008	1/5/2008	Available standards for the code of assessment	VDESA*	e. Applied assessment methods follow the established code
3. Design assessment methods to match ILO's* of each course specially assessment of skills by OSPE** & OSCE***	1/6/2008	1/1/2011	Valid and reliable assessment methods	Chair of departments	f. By the end of 1st year 60% valid & reliable assessment methods g. By the end of 2nd year 80% valid & reliable assessment methods h. By the end of 3rd year 100% valid & reliable assessment methods
4. Training and technical help for staff members	1/3/2007	1/3/2010	Trained staff members	MEU	i. By the end of 1st year 60% of trained staff member j. By the end of 2nd year 80% of trained staff member k. By the end of 3rd year 100% of trained staff member

5. Implementation of new assessment methods	1/8/2008	1/1/2011	Outcome objective, valid & reliable exam	VDESA Chair or Departments	l. Results of exams m. Students' feedback n. Staff members' feedback
6. Implementation of formative and continuous assessment in all courses	1/1/2008	1/12/2011	o. Trace low achievers with poor performance p. Trace high achievers	Chair of departments	q. By the end of 1st year 40% of courses applied formative and continuous assessment. r. By the end of 2nd year 70% of courses applied formative and continuous assessment. s. By the end of 3rd year 100% of courses applied formative and continuous assessment.

*: Vice Dean for Education & Student Affairs

** : OSPE: Objective structured practical examination

***: Objective structured clinical examination

Monitoring

1. Assessment Committee monitors results of examinations.
2. Questionnaires for students and staff members.
3. External examiners sharing in students' assessment.
4. Internal Auditing Committee monitoring the exams.
5. External evaluation monitoring the exams.

V. Development of a Student Support System

Objectives:

1. To establish a student support system.
2. To detect low achievers.
3. To provide guidance and advice.

SWOT analysis:

Strengths:

1. Distinguished students with high intellectual capabilities.
2. Large staff pool who are able to provide different types of support.
3. Adequate campus facilities that could be utilized for student support services.

Weaknesses:

1. Large number of students.
2. Lack of interest of some staff members to provide mentorship.
3. No available training programmes for mentorship.
4. Limited budget allocated to students' support and services.

Task V: Development of Student Support System

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Establishment of student academic support office	1/3/2008	1/5/2008	Location of student academic support office	Vice Dean of Education and Student Affairs	<ul style="list-style-type: none"> • Published in the students' handbook • Published on the faculty's website
2. Policies & procedures for student support	1/6/2008	1/9/2008	Written policy and established system for academic student support	Director of Student Support Office	<ul style="list-style-type: none"> • Students' feedback • Feedback from involved staff members
3. Allocate staff members for student support services as counseling and career guidance	1/6/2008	1/9/2008	Active academic Student Support Office	Director of Student Support Office	<ul style="list-style-type: none"> • Students' feedback • Number of actively participating staff members • Minutes of meetings & activities

Monitoring

1. Vice Dean of Education and Student Affairs receives regular reports from the Student Support Office.
2. Students acknowledging the efforts done by the student support office.

VI. Establishment of an Alumni Office

Objectives:

1. To create a continuous link between the faculty and alumni for mutual exchange of information and resources.
2. To establish an alumni electronic database.
3. To develop an alumni website linked to the faculty website.
4. To gain feedback from newly registered alumni about various educational programmes and their suggestions for improvement.

SWOT analysis:

Strengths:

1. Alumni represent an important sector of the Faculty's stakeholders
2. Large number of alumni working in Egypt and abroad.
3. A percentage of the alumni is still linked to the faculty by working as residents in University Hospitals and as postgraduate students.

Weaknesses:

1. There is no available database for alumni.
2. Lack of interest of some alumni to share in faculty matters after graduation.

VI a: Establishment of an Alumni Office

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. A request for the establishment of the office to be submitted to the faculty council	1/1/2008	1/2/2008	Initiation of formation of the Alumni Office	Vice dean for community service and development	Faculty Council Minutes
2. Determination of the office location	1/1/2008	7/1/2008	Fixed location for the Alumni office	Director of Quality Assurance Unit	Presence of Physical Place
3. Furnishing the office and supplementation with computer and phone line	1/2/2008	31/4/2008	Equipment of the alumni office	Director of Quality Assurance Unit	Inventory of the Alumni Office
4. Administrative board is appointed and terms of reference defined	1/2/2008	31/4/2008	Administrative hierarchy with defined charter, terms of reference and job description	<ul style="list-style-type: none"> •Dean •Vide Dean for community service and development 	Documented hierarchy of administrative board with defined charter, terms of reference and job description

VI b: Alumni Electronic Database

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Creation of electronic template for alumni data using Microsoft access	1/6/2008	31/9/2008	Necessary templates needed for the database	<ul style="list-style-type: none"> •Vice Dean for Community Service and development. •Alumni Office Director •Database designer 	Hardcopy and softcopy of the formats
2. Registration of all pre-registration house officers in the database before the end of their training year	1/1/2009 onwards		Insure registration of all fresh graduates	<ul style="list-style-type: none"> •Director of Cairo University Hospitals. •Head of pre-registration house officers training programme •Alumni Office Director 	<ul style="list-style-type: none"> •Documented policy for registration of pre-registration house officers •Presence of database
3. Registration of all postgraduate students in the database at the time of their registration for the diploma or master degree	1/1/2008	28/12/2011	Registration of previously graduated physicians	<ul style="list-style-type: none"> •Vice Dean for higher education and research •Alumni Office Director 	<ul style="list-style-type: none"> •Documented policy for registration •Presence of database

VI c: Alumni website

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
Website developed and published	1/1/2009	1/4/2009	Alumni website linked to the faculty website	<ul style="list-style-type: none"> •Faculty website development team •Alumni Office Director 	Activation of the website

Task VI : Establishment of an Alumni Office**VI d: Alumni feedback instrument-**

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Design of alumni feedback instrument	1/1/2009	1/3/2009	<ul style="list-style-type: none"> •Linking the faculty with an important stakeholder •Facilitation of questionnaire and feedback processes 	<ul style="list-style-type: none"> •Alumni Office Director •Quality Assurance Unit 	<ul style="list-style-type: none"> •Alumni Office •Quality Assurance Unit report
2. Pilot testing of the instrument in the first cohort of registered alumni	1/3/2009	30/5/2009	Test of newly developed instruments to check its validity, reliability and make necessary corrections	<ul style="list-style-type: none"> •Alumni Office director •Quality Assurance Unit 	<ul style="list-style-type: none"> •Alumni Office report •Quality Assurance Unit report

Monitoring

1. Active alumni website.
2. Gaining feedback from alumni electronically.

VII. Establishment of an Internal Auditing System

Objectives:

1. To maintain and improve the activity of Internal Auditing Committee.
2. To establish of an internal auditing system at a departmental level.
3. To implement a faculty-wide audit on both undergraduate and postgraduate educational programmes.

SWOT analysis:

Strengths:In the academic year 2006/2008 there has been:

1. Establishment of Internal Auditing Committee.

Weaknesses:

1. Auditing on limited number of undergraduate courses.
2. Weak response from departments that went through the auditing process.
3. Lack of audit to postgraduate courses.

Task VII : Establishment of an Internal Auditing System
VII a: Implementation of Departmental Auditing System

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Workshops for orientation of quality and audit systems	1/2/2008	31/5/2008	Faculty staff become oriented in the concepts and importance of quality and audit systems	•Quality Assurance Unit •Internal Audit Committee	•Attendance of staff •Feedback of the workshops
2. Formation of Auditing Committees in all departments	1/2/2008	31/5/2008	Formation of departmental Auditing Committees	Departmental Council	Departmental Council minutes
3. Training of departmental Auditing Committees	1/6/2008	31/9/2008	Creation of self and internal auditors	Internal Auditing Committee	•Training workshops' attendance •Reports of Internal Audit Committee
4. Conduction of initial self auditing	1/1/2009	1/3/2009	Implementation of self auditing	Departmental Auditing Committees	•Reports of self auditing •Preventive and corrective plans
5. Regular self auditing	1/6/2009 onwards		Regular self auditing	Departmental Auditing Committees	•Reports of self auditing •Preventive and corrective plans

VII b: Conduction of faculty-wide internal audit on undergraduate educational programme:

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Regular auditing on implementation of course specifications	1/2/2008 onwards		Evaluation and improvement of implementation of course specifications	Internal Auditing Committee	<ul style="list-style-type: none"> •Reports of Internal Auditing Committee •Preventive and corrective plans
2. Regular auditing on quality of teaching and learning	1/2/2008 onwards		Evaluation and improvement of teaching and learning to assure achievement of ILOs*	Internal Auditing Committee	<ul style="list-style-type: none"> •Reports •Preventive and corrective plans
3. Regular auditing on quality of assessment methods	1/4/2008 onwards		Evaluation and improvement of assessment methods to match course ILOs*	Internal Auditing Committee and Assessment Committee	<ul style="list-style-type: none"> •Reports •Preventive and corrective plans

* Intended Learning Outcomes

VII c: Establishment of faculty-wide Auditing on postgraduate educational programmes:

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Establishment of postgraduate course specifications	1/2/2008	31/4/2009	Documented postgraduate course specifications	Chairs of departments & MEU* consultants	Copies of approved course specifications
2. Self auditing on implementation of course specifications	1/6/2008	1/6/2009	Evaluation of implementation of course specifications	Chairs of departments & departmental Auditing Committees	- Reports - Preventive and corrective plans
3. Internal auditing on implementation of course specifications	1/6/2008	1/3/2009	Evaluation of implementation of course specifications	Internal Auditing Committees	- Reports - Preventive and corrective plans
4. Regular auditing on teaching, learning and assessment methods	1/6/2009 onwards		Evaluation and improvement to ensure proper achievement and assessment of ILOs**	Self and Internal Auditing Committees	- Reports - Preventive and corrective plans

* Medical Education Unit

** Intended Learning Outcomes

Monitoring

Regular follow up by top management and Faculty Council on activities of Auditing Committees and their compliance with predetermined schedules.

VIII. Involvement of External Evaluators in Programme and Institution Evaluation

Objectives:

4. To meet requirements for accreditation of the institution
5. To allow for better monitoring of the educational process

SWOT analysis:

Strengths:

4. External evaluators are already involved in prostrated programmes of Pediatrics and Neurosurgery
5. Enthusiasm of the top management for attaining accreditation

Weaknesses:

5. Deficient budget to hire an expert.
6. Large number of students and multiplicity of postgraduate programmes

Task VIII: Involvement of External Evaluators in Programme and Institutional Evaluation

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Approval for involvement of external evaluator	1/2/2008	1/4/2008	Decision to hire an external evaluator	Faculty Council	Minutes and decisions of Faculty Council
2. Defining selection criteria for the external evaluator	1/3/2008	1/4/2008	Ready to announce for a vacancy for external evaluator	QAAU*	Written selection criteria
3. Development of external evaluation policy	1/4/2008	1/5/2008	Written policy and procedures	External evaluator	Written policy & procedures
4. Performing external evaluation	1/6/2008	1/2/2010	<ul style="list-style-type: none"> • Evaluation of teaching methods in relation to achieving ILOs**. • Evaluation of assessment method in relation to teaching methods to achieve of ILO's** • Evaluation of the institution 		External evaluator report

* Quality Assurance & Accreditation Unit

** Intended Learning Outcomes

Monitoring

3. Receiving continuous feedback from the external evaluator.
4. Receiving monthly report of the activities performed.
5. Receiving final report.

IX. Creation of Faculty Database

Objectives:

1. To create a faculty database for human resource including faculty staff members and supporting staff
2. To create a database for all faculty facilities

SWOT analysis:

Strengths:

There is no point of strength regarding this issue

Weaknesses:

1. There is no documentation for any educational resources
2. Absence of documented database impairs the proper utilization of the present resources and hinders realistic planning.

Task IX a: CVs* of all staff members recorded on an electronic database

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Establishment of electronic database	1/1/2008	31/4/2008	Electronic system for recording staff data	<ul style="list-style-type: none"> • Quality Assurance Unit • Human Resources Department 	Establishment of hardware and software systems
2. Development of a system for upgrading CVs including research activities	1/1/2008	31/4/2008	Mechanism for editing and updating data	<ul style="list-style-type: none"> • Quality Assurance Unit • MEU** experts • Human Resources Department 	Presence of suitable processes and procedures
3. Mechanism for protection and confidentiality	1/1/2008	31/4/2008	Protection of data	<ul style="list-style-type: none"> • Human Resources Department 	Presence of suitable process and procedures
4. Developing formats	1/2/2008	31/5/2008	Formats suitable for required data	<ul style="list-style-type: none"> • Quality Assurance Unit • MEUC** experts • Human Resources Department 	Presence of approved formats
5. Completion of templates by staff members	1/6/2008	1/6/2009	Hard copies of staff data	<ul style="list-style-type: none"> • Quality Assurance unit • Human Resources Department 	Hard copies of staff members data
6. Data entry	1/8/2008	31/9/2008	Soft copies of staff data	<ul style="list-style-type: none"> • Human Resources Department 	Soft copies of staff members data

* Curriculum vitae

** Medical Education Unit

Task IX b: Database established for non-academic staff at the faculty

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Identification of required data	1/1/2008	31/4/2008	Formats containing required data	<ul style="list-style-type: none"> • Administration • Quality Assurance Unit • Human Resource office 	Hard and softcopies of formats
2. Development of system for upgrading CVs*	1/1/2008	31/4/2008	Mechanism for editing and updating data	<ul style="list-style-type: none"> • Human Resource office 	Presence of suitable process and procedures
3. Mechanism for protection and confidentiality	1/1/2008	31/4/2008	Protection of data	<ul style="list-style-type: none"> • Human Resource office 	Presence of suitable process and procedures
4. Developing formats	1/2/2008	31/5/2008	Formats suitable for required data	<ul style="list-style-type: none"> • Quality Assurance Unit • MEU* experts • Human resource office 	Presence of approved formats
5. Completion of templates by supporting staff members	1/6/2008	30/7/2008	Hard copies of staff data	<ul style="list-style-type: none"> • Quality Assurance Unit • Human Resource Office 	Hard copies of staff data
6. Data entry	1/8/2008	31/12/2008	Soft copies of staff data	<ul style="list-style-type: none"> • Human Resource Office 	Soft copies of staff data
7. Establishment of database for each sector and department	1/5/2008	31/9/2008	Database of supporting staff on department basis	<ul style="list-style-type: none"> • Human Resource Office • Chair of Departments 	Database of supporting staff for each sector and department

Task IX c: Records Established for Available Facilities at the Faculty Departments

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Identification of required data	1/1/2009	1/3/2009	Recording procedure and documents	Inventory office director	Records
2. Collection of data by sectors and departments	1/2/2009	29/2/2009	Aggregation of data	Inventory personnel at departments	Records
3. Development of a procedure for recording utilization, maintenance and updating of facilities	1/3/2009	31/3/2009	Proper management of facilities	<ul style="list-style-type: none"> • Inventory office director • Inventory personnel in faculty department and units 	Presence of policies and procedures

Monitoring

Regular collection and revision of indicator(s) of performance by the Quality Assurance Unit

X. Development of Postgraduate Programmes and Research Plan

Objectives:

1. To reform postgraduate education
2. To revise current by-laws
3. To develop course specification of different postgraduate programmes
4. Accreditation of postgraduate programmes
5. To establish an office for foreign students
6. To develop a research plan according to the research plan of AL Azhar University.
7. To establish a well equipped model unit for postgraduate research

SWOT analysis:

Strengths

1. Sufficient staff member expertise in different specialties in the faculty
2. Adequate number and variety of cases and opportunities for research
3. Presence of national and international grants
4. Availability of skill lab (MEU)*

Weaknesses

1. Limited resources for advanced research plans
2. Insufficient budget for research
3. Absence of well equipped research units

* Medical Education Unit

Task X: Development of Postgraduate Studies and Research**X a. Development of postgraduate studies and research**

Activities	Starting Date	Completion Date	Outcome	Responsible Person	Indicator(s) of Performance
1. Performing self study for postgraduate education	1/1/2008	1/3/2008	Points of strengths points and weaknesses	VDPR*	Published study report
2. Revision of the current by-laws	1/2/2008	1/3/2008	Identifying the laws needing change	VDPR*	Written suggestion of laws to be changed
3. Design the course specification of all programmes	1/1/2008	1/1/2011	Construction of the course specification of different programmes	•Chairs of Departments •Department Council	•40% of course specifications designed by the end of 1st year •60% of course specifications designed by the end of 2nd year
4. Implementation of course specifications in different programs	1/1/2009	1/3/2011	Implementation of programmes and achieving ILOs	Chairs of department	Feedback from postgraduate students, staff members and stakeholders by surveys & questionnaires
5. Accreditation of postgraduate programmes	1/6/2008	1/6/2010	Five accredited programmes	VDPR	•Presence of accredited certifications •Feedback from students
6. Establishment of an office for foreign student affairs	1/6/2008	1/9/2008	Office location with equipments and staff	VDPR	•Mentioned in the students handbook yearly •Website •Database of foreign students •Feedback from foreign students

* VDPR: Vice Dean of Postgraduate Studies and Research

Task X: Development of Postgraduate Studies and Research**X b. Research**

Activities	Starting Date	Completion Date	Outcome	Responsible Person	Indicator(s) of Performance
1. Development of a research plan according to the research plan of AL AZHAR University	1/2/2008	1/3/2008	Specific research plan for the faculty	VDPR*	<ul style="list-style-type: none"> •Feedback from researches •Research publications
2. Implementation of research plan in different departments	1/6/2008	1/6/2011	Different research performed in the faculty	Chairs of departments	<ul style="list-style-type: none"> •30% of plan implemented by 9/2008 •90% of plan achieved by 3/2010
3. Establishment of a model unit for postgraduate research	1/1/2010	1/1/2011	Location of the unit	VDPR*	Functioning unit performing advanced research
4. Scientific report for national and international publications	1/1/2009 onwards		Annual scientific report	VDPR*	<ul style="list-style-type: none"> •Annual scientific report (present on the website). •Publications in international periodicals. •Awards.
5. Funding of international publications	3/2009	3/2011	ten international publications funded every year by the faculty	Dean	Feedback from authors

* VDPR: Vice Dean of Postgraduate Studies and Research

Monitoring and Support

1. Internal auditing by Quality Assurance Unit.
2. External evaluator
3. Feedback of stakeholders

XI. Enhancement of Community Service

Objectives:

1. To enhance the faculty contribution to meet the needs of the community.
2. To develop collaboration of different healthcare providers in the community
3. Testing the opinion of end users for the quality of community service.

SWOT analysis:

Strengths:

1. Experienced staff members sharing in upgrading of the community service.
2. Collaborative partnership with national and international centers
3. The presence of huge clinical facilities for community services.
4. Major referrals from all Egyptian governorates for advanced care of cases.

Weaknesses:

1. No definite procedures to test opinion of end user
2. Limited financial resource for improving the services
3. No database for community needs and no definite procedures to identify the real community needs.

Task XI: Community service

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Identify and prioritize end users for community service	1/1/2008	1/3/2008	List of end users of community service	Vice dean of community service and development	Data base for end users Number of end users
2. Developing a mission for each unit	1/1/2008	1/3/2008	Mission with strategic objective	Directors of special units	Unit with defined mission and strategic objectives
3. Units covering their own expenses	1/1/2009 1/1/2010	1/2/2010 1/1/2011	•50% of units cover 100% of their own expenses in 3 years •50% of units cover 50% of their own expenses in 3 years	Director of the units	•Decrease of financial governmental budget •Increase number of financially independent units
4. Developing procedures is for attaining feedback from end user	1/1/2008	1/3/2008	•Mechanism for collection of feedback. •Questionnaires	Vice dean of community service and development	•Developed tools & time table for: • Meeting • Seminars • Questionnaires.
5. Establishment of collaboration with national or international organizations	1/1/2009 onwards		Projects satisfying community needs	•Vice dean of community service development •Director of the units	•Number of projects
6. Plan to increase number of conveys in alignment of faculty mission	1/3/2008 onwards		Increase number of conveys	Vice dean of community service and development	•20% increase in total number of conveys every year.

Monitoring

1. Committee including representations of end user.
2. Construct questionnaire for end users.
3. Construct checklist to verify policy and procedure.

XII. Changing Student Admission and Staff Deployment Policies

Objectives:

1. To secure validated criteria for selecting students highly efficient and able to cope with medical education and its related stress
2. to adapt policies for deployment of inefficient, non compliant staff members
3. To change University by-laws and attain the approval of higher authorities

SWOT analysis:

Strengths:

1. Some top students in secondary schools exams fail to complete their medical education
2. Improving the teaching process needs well qualified and committed staff members.
3. Top management in the faculty works for reform and accepts enhancement plans.

Weaknesses:

1. A general concept that changing admission policies might lead to unfairness
2. By-laws do not allow for effective deployment of staff members.
3. Resistance of staff members to change corresponding by-laws.

Task XII : Changing Student Admission and Staff Deployment Policies

Activities	Starting Date	Completion Date	Outcome	Responsible Person(s)	Indicator(s) of Performance
1. Request for changing student admission policy	1/2/2008	7/3/2008	Suggestions for a new admission policy	Faculty Council	Approval of Faculty Council on changing admission policy.
2. Approval of changing student admission policy			Approval of a new admission policy	Supreme Council of Universities	Freshmen admitted to the faculty according to several criteria other than their total marks in secondary schools final exam.
3. Changing of deployment policy			Not all staff members remain in their position in the faculty	Minister of Higher Education	Percentage of deployment among staff members

Monitoring

1. The perseverance of the Faculty Council and the Dean for changing by laws for admission policy and deployment policy.

Budget

No.	Action	Total (L.E.)
1.	Review of the mission	5000
2.	Curriculum revision	300000
3.	Teaching and learning: <ul style="list-style-type: none"> • Implementation of course specification • Educational resources <ul style="list-style-type: none"> - Laboratories (annex 1). - Library (annex 2) - Lecture halls - Skill labs - Museums (annex 1) • Staff development 	40000 2616000 400000 500000 500000 52000
4.	Improvement of assessment methods <ul style="list-style-type: none"> • 2OSPE centers(annex 3) • 3OSCE centers(annex 4) 	1000000 2000000
5.	Development of student support system	36000
6.	Establishment of alumni office	30000
7.	Establishment of an internal auditing system	50000
8.	Involvement of external evaluation <ul style="list-style-type: none"> • For programmes • For institution 	150000 100000
9.	Creation of a faculty database	20000
10.	Postgraduate programmes and research plan <ul style="list-style-type: none"> • Research Model Unit 	300000 1000000
11.	Community service	100000
12.	Changing student admission policy and staff deployment	1000
	Total	9200000

NB: Annexes will be sent later

Summary

Faculty of Medicine, Al Azhar University is one of the leading institutions in delivering a self study.

This was the first step on our way to achieve quality education.

The Action Plan of the faculty is an ambitious one, expected to be fulfilled within three years with significant contribution of external funding.

Priorities of Corrective Actions include:

1. Development of Teaching and Learning
2. Improvement of Assessment Methods
3. Development of Postgraduate Programmes and Research
4. Establishment of an Internal Auditing System

