



جامعة الخليج الطبية

GULF MEDICAL UNIVERSITY

WHERE THE WORLD COMES TO LEARN

Quality Assurance and Institutional Effectiveness Manual

Last Update: February 2026



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No	QA&IE Manual Version	Date of Update	Main Amendments
1.	V1	December 2020	
2.	V2	September 2023	<p>Organization & Layout Definition of Quality Editorial Issues & Content Consistency Diagrams and the university organization chart. QA process relative to Annex 8 of Standards:2019</p> <ul style="list-style-type: none"> ● Descriptions of QA systems ● Roles and responsibilities of QA&IE defined cohesively ● Feedback on “Quality Assurance of Joint/Dual Degree Programs” <p>Chapter 1 and 2 revised</p>
3.	V3	March 2024	<p>Governance structure</p> <ul style="list-style-type: none"> ● QA&IE Unit to QA&IE Deanship ● Eliminated QA&IE Vice Chancellor position ● Create Dean and Associate Dean positions ● Affiliated the QA&IE Deanship to VCA <p>Other Entities Responsible for Evaluation and Quality Assurance Aspects Updated the KPIs list</p>
4.	V4	April 2024	<ul style="list-style-type: none"> - Governance structure: The QA&IE Deanship is to report to the Chancellor - Program KPIs have been reviewed. - Admin Department KPIs have been added.
5.	V5	February 2026	University organization chart updated.

Introduction

Quality Assurance Framework of GMU

Definition of Quality:

“Quality in higher education refers to how well providers support students to consistently achieve positive outcomes in learning, personal development and career advancement, while meeting the reasonable expectations of those students, employers, government and society in general” (QAA, 11th Sep, 2023).

By positive outcomes, we mean evidence which demonstrates learning and progression by the student that is both meaningful for them and meets reasonable expectations - for example, a graduate can access a profession previously unavailable to them.

By reasonable expectations, we mean provision enables an experience and outcome that plausibly benefits the student and wider society, both during and after their study - for example, graduates finish their course with a certain standard of knowledge and skills.

The QA&IE Deanship Mission:

To monitor and systematically evaluate the effectiveness of the University academic programs and support services and in turn use the evaluation results in planning, establishing priorities and continuous quality enhancement of all GMU operations.

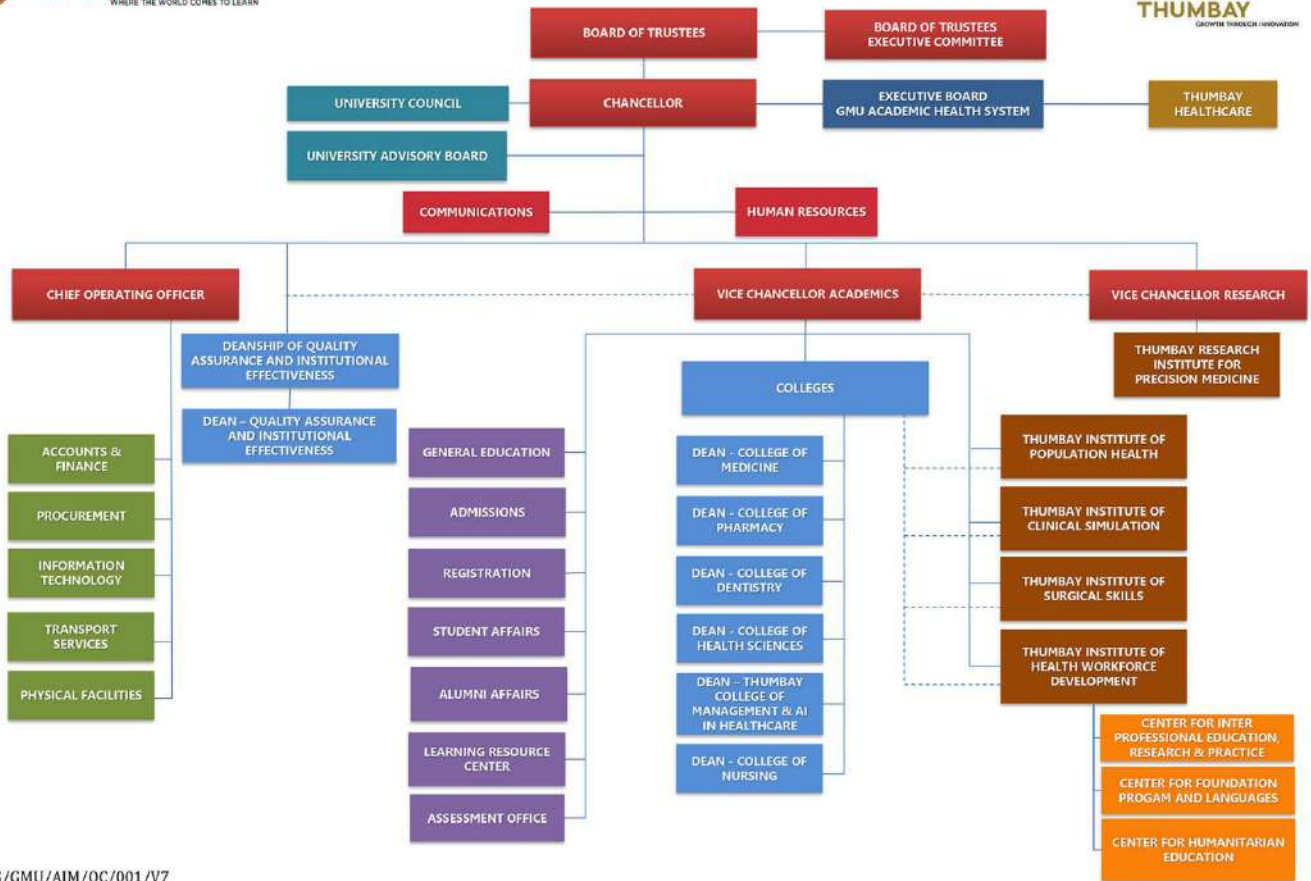
Pillars of Quality Assessment:

- Regular monitoring by GMU's Quality Assurance and Institutional Effectiveness Deanship based on KPIs.
- Accreditation reviews by the UAE Commission for Academic Accreditation (CAA).
- Accreditations by international agencies (WFME, ACPE, IBMS, QAA, etc.).

Positioning and Structure of the Quality Assurance and Institutional Effectiveness Deanship on the GMU's Organizational Chart

The QA&IE Deanship is located at a strategic level, reporting directly to the Chancellor. The deanship gains a clear oversight of all institutional functions, empowering it to holistically assess and improve quality across the board. Moreover, this strategic positioning facilitates the seamless flow of feedback and recommendations from the QA&IE Deanship to top decision-makers; Deans, Vice Chancellors, Chancellor, University Council, and the Board of Trustees, guaranteeing swift and effective responses, and signifies GMU commitment to quality and its willingness to invest resources in upholding excellence in all its endeavors.

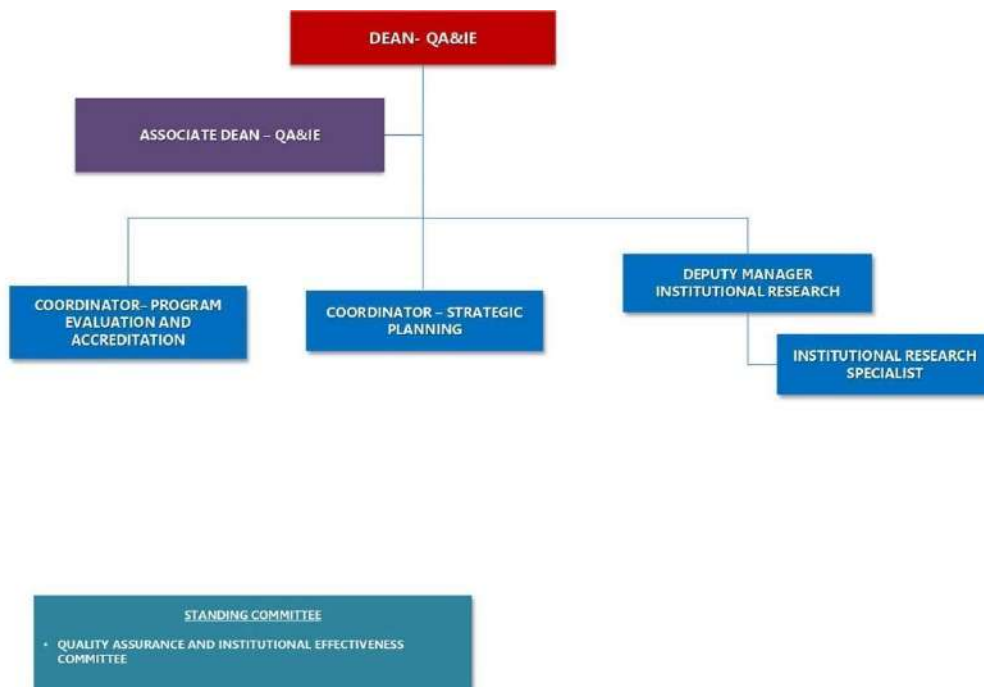
ORGANIZATION CHART – GULF MEDICAL UNIVERSITY



TG/GMU/AJM/OC/001/V7
Date: 18/Sep/2025

Structure of the Quality Assurance & Institutional Effectiveness Deanship

The governance structure of quality at GMU ensures that the deanship of the quality assurance and institutional effectiveness are integrated at all levels - from overarching university strategy to the day-to-day activities of individual colleges. This multi-tiered approach ensures that standards are maintained and continuously improved.



Job Description:

1. Dean of QA&IE ([Link](#))
2. Associate Dean of the QA&IE ([Link](#))
3. Institutional Research Manager ([Link](#))
4. Institutional Research Specialist ([Link](#))
5. Program Evaluation and Accreditation Coordinator ([Link](#))
6. Strategic Planning Coordinator ([Link](#))

Roles of the Quality Assurance and Institutional Effectiveness Deanship

Roles and Responsibility of the QA&IE Deanship

Survey Management:

- Design and administer various evaluations, including course and faculty assessments.
- Monitor the use survey results to enhance institutional effectiveness.

Data Management & Reporting:

- Maintain and manage the university's comprehensive database in line with national and international standards.
- The QA&IE deanship captures, evaluates, and prepares reports for the below given indicators:
 - Student enrollments for both continuing and freshmen.
 - Graduates
 - Student Attrition, Retention and On-time Graduation
 - Student Scholarship
 - Faculty Workload
 - Course Pass Rate
 - Faculty & Staff Performance indicators
- Publish key university documents, including the University Fact Book, Fast Facts, and reviews of Strategic and Operational Plans.
- Coordinate with the departments and data custodians to ensure consistent and accurate reporting across the institution.

Accreditation & Compliance:

- Provide complete support in national and international accreditation processes for GMU at both the institutional and program levels.
- Ensure timely submission of institutional data to regulatory bodies, including the Center for Higher Education data & statistics.
- Prepare reports for regulatory compliance, licensure, and accreditation needs.

Continuous Improvement:

- Analyze institutional and programmatic data to derive insights for continuous quality enhancement.
- Monitor the use of feedback from evaluations and surveys to identify and implement areas of improvement.

Training & Orientation:

- Organize and facilitate workshops to train and orient both academic and non-academic staff on GMU's quality assurance and institutional effectiveness processes.

Collaboration & Communication:

- Report regularly to the Chancellor, Vice Chancellors regarding the effectiveness and quality of all GMU programs, services, and operations.
- Coordinate and collaborate with different departments, facilitating problem-solving and sharing best practice.

Risk Management:

- Identifies potential risks and facilitate developing the risk register to proactively addressing challenges, ensuring the university's plans are robust and resilient.
- Provide vital information for risk management, ensuring potential challenges are identified and addressed proactively.

The QA&IE Deanship role in strategic planning

The QA&IE Deanship leads the development of the University Strategic Plan through:

- Comprehensive assessment of previous plans.
- Examination of national, regional, and international higher education strategies.
- Stakeholders' engagement, environmental scanning, and benchmarking.
- The creation of Key Performance Indicators (KPIs) ensures regular monitoring of the progress towards achieving the university's strategic objectives.
- The QA&IE deanship's involvement ensures that the strategic plan is dynamic, adapting to changing needs and conditions. By analysing data and performance metrics, the QA&IE Deanship helps the university refine its strategies, ensuring ongoing relevance and effectiveness.

The QA&IE Deanship role in operational planning

The QA&IE Deanship plays a crucial role in operational planning:

- The Deanship spearheads the formulation of annual operational planning ensuring they align with both University strategic goals and objectives as well as the national educational standards.
- THE QA&IE Deanship consistently oversee the execution of these plans, ensuring adherence to set protocols and quality benchmarks.
- The QA&IE Deanship collecting data and feedback, then assesses the effectiveness of current operations, highlighting areas that meet or fall short of expected outcomes.
- Based on their evaluations, the QA&IE Deanship identifies and implements necessary changes, fostering a culture of continuous enhancement in university operations.

The QA&IE Deanship role in preparing annual reports.

The QA&IE deanship plays a significant role in preparation of annual reports and providing stakeholders with a comprehensive overview of the institution's achievements, challenges, accreditation status and other important updates from the past years and up to date. Automated generation of the [QA&IE Deanship data through portal](#) is ensuring accuracy, timely reporting and reflects the institution's commitment to quality in all areas.

THE QA&IE DEANSHIP Facilitating Self-Studies (Institutional and Program Levels)

The QA&IE Deanship ensures both the institution as a whole and its individual academic programs embark on a thorough and reflective self-evaluation journey, and in line with international standards, driving continuous improvement and quality enhancement. By providing training, conducting audits, engaging with stakeholders, collaborating with committees, and ensuring rigorous reviews.

Oversight and Facilitation:

The QA&IE Deanship ensures that self-studies align with international best practices and the rigorous standards set by accreditation bodies.

The Deanship provides essential training materials, equipping faculty and operational units with the knowledge and tools to craft detailed self-study reports. This training ensures that the involved stakeholders understand the intricacies of the self-study process and its underlying documentation.

Implement the Internal/Mock Audit Practice:

Recognizing the importance of internal checks, the QA&IE Deanship has introduced the practice of internal audits. These audits function as a diagnostic tool to preemptively identify strengths, weaknesses, opportunities, and threats within the programs.

The audit is conducted prior to the submission of the self-study report and is designed to ascertain the quality and effectiveness of the program, while also pinpointing any gaps or limitations that need to be addressed.

Objectives:

1. Conduct an appraisal of the programs' strengths, weaknesses, opportunities, and threats (SWOT).
2. Evaluate faculty workload, specialties, appraisal, and orientation process.
3. Review course syllabus, student feedback, action plans, and assessment methods.
4. Analyze alumni employment data and student orientation procedures.
5. Evaluate the progression within the educational program.
6. Determine the need for laboratories, training sites, and additional resources.
7. Investigate student services including mentorship, grievances handling, career counselling, and support for students of determination.
8. Examine faculty orientation, workload, publications, professional development, and perception on leadership.
9. Gather feedback from students regarding their satisfaction levels with faculty, courses, syllabi, mentorship, and student support services.
10. Evaluate the alignment of course learning outcomes (CLOs) to program learning outcomes (PLOs), curricular changes, moderation of assessment, and achievement of CLOs and PLOs.
11. Engage with clinical faculty and preceptors to gain insight into aspects of clinical training.
12. Obtain feedback from alumni regarding curriculum and preparation for the workplace.

Internal audit Process:

1. The audit involves a series of structured meetings with key stakeholders including the Dean, Associate Dean, Program Director, Faculty, Students, Alumni, and Clinical Staff.
2. It requires the collection and analysis of various documents such as workload reports, course syllabi, appraisal documents, student and alumni data, mentorship reports, and assessment documents.
3. A holistic approach is employed, concentrating on both qualitative and quantitative aspects like faculty and student experiences, curricular content, and performance metrics.

Main Outputs:

1. Identification of program strengths and areas for improvement.

2. Enhanced understanding of students and faculty on the accreditation process.
3. Insight into the effectiveness of assessments and feedback mechanisms.
4. Evaluation of resource allocation and identification of additional needs.
5. Strengthening risk management and quality assurance processes.

By addressing these objectives and conducting the internal audit through structured meetings and document analysis, the internal audit ensures a robust evaluation of the educational programs contributing to continuous improvement and quality enhancement. The findings are communicated to the program director, Dean of the college, University leadership for prompt actions before the finalization of the Self-Study Report (SSR).

Structured Engagement:

The internal audit process isn't just about scrutiny on paper; it involves engaging with key stakeholders through structured meetings. By directly communicating with deans, faculty, students, and alumni, the unit ensures that the audit incorporates diverse perspectives and insights.

Collaboration with QA&PE Committee:

The QA&IE Deanship works together with the Quality Assurance and Program Effectiveness (QA&PE) Committee. The committee verifies the alignment of the program's self-study reports with the expectations and standards of accreditation bodies. Their review process ensures that the report's content, structure, and associated documentation are in accordance with the required accreditation standards.

Rigorous Review and Iterative Revisions:

The QA&IE Deanship goes beyond cursory checks. They conduct an exhaustive review of the self-study report and its supporting documentation to ascertain their accuracy, completeness, and compliance.

If gaps, feedback, or comments arise from this review, the deanship embarks on an iterative revision process with the concerned program or operational unit. This cycle of feedback and revision ensures that the self-study report is meticulously vetted.

Timetable for Periodic Review and Update of the Institution's Mission, Vision, and Strategic Plans

GMU's strategic plan enters a rigorous and structured review every five years. This critical evaluation is steered by our Chancellor, with the facilitation of the QA&IE Deanship, ensuring that the process is comprehensive and captures both internal developments and external shifts.

GMU's mission statement is subjected to annual scrutiny by the University Council. While the foundational ideals remain consistent, this annual evaluation guarantees our mission's relevance and applicability. Should the council find no reason for alterations, a recommendation is forwarded to the Chairman of the Board of Trustees (BoT) to retain the current mission statement. However, every five years, a more in-depth, broad-based review of the mission statement takes place, incorporating feedback from the broader campus community.

Colleges provide biannual updates on their respective progress aligned with the strategic plan. These biannual insights offer a detailed look at the micro-level developments and ensure alignment with the broader university goals.

The QA&IE Deanship takes on the essential duty of conducting an annual review. Their insights and feedback provide the necessary checks and balances, ensuring that GMU remains on a steadfast path towards excellence.

KPIs (to evaluate the performance of all units and services)

KPIs of the QA&IE Deanship

KPI	Measurement Metric	Target Value
Accreditation Status	Percentage of programs with valid CAA accreditation	100%
Program Evaluation Effectiveness	Percentage of program effectiveness reports reviewed annually	100%
Internal Academic Audit	Number of programs audited annually	Not less than 2
QA Applications	Faculty and Staff Satisfaction with QA applications, e.g. course files and appraisal	> 90%
QA Workshop	Faculty and Staff Satisfaction with QA workshops	> 90%
QA Reports	Faculty and Staff Satisfaction with QA reports	> 90%

KPIs of the HR Department

KPI	Measurement Metric	Target Value
Employee Retention Rate	Percentage of employees retained annually	> 90%
Employee Satisfaction Rate	Results from annual employee satisfaction surveys	> 90%
Performance Evaluation	Percentage of completed timely performance evaluations	> 90%
	Satisfaction of employee with performance evaluation	> 90%
Diversity in Recruitment	Percentage of hires reflecting diversity targets	> 50%
Orientation	Percentage of employees completing orientation training	100%
Succession Planning Coverage	Percentage of key roles with identified successors	> 90%

KPIs of the Student Affairs Department

KPI	Measurement Metric	Target Value
Extra-curricular activities	Number of extra-curricular activities per year.	> 10
	Student satisfaction with extra-curricular activities	> 90%
Staff	Student satisfaction with staff	> 90%
Hostel	Student satisfaction with the hostel	> 90%
Information provided	Student satisfaction with the information provided by student affairs	> 90%

KPIs of the Admission Department

KPI	Measurement Metric	Target Value
Increase in the Application Volume	Percentage increase in the number applications compared to last AY	> 5%
UG Acceptance Rate	Percentage of applicants accepted the offer letter in the undergraduate program per academic year	> 90%
UG Freshmen Enrollment Rate	Freshmen enrollment percent in the undergraduate program per academic year	> 90%
Student Satisfaction with Admissions Process	Student satisfaction rate	> 90%
National Student Enrollment	Percentage of Emirati students	> 15%

KPIs of the Registration Department

KPI	Measurement Metric	Target Value
Student Satisfaction with Registrar Services	Student satisfaction rate	> 90%
Transcript Processing Time	Average time to issue a student transcript	< 24 hours
Academic Calendar	Timely release of academic calendar (May of each year)	100% (all or none)
Student Records Accuracy	Error rate in student records management	0%
Technology Utilization	Percentage of automated operations	> 80%
Record Retention	Compliance with record retention policies and regulations	100%

KPIs of the Learning Resource Center

KPI	Measurement Metric	Target Value
User Engagement	Average unique monthly logins to Moodle (excluding month that include official long breaks)	> 2000
	Average monthly logins to the online library (excluding month that include official long breaks)	> 1000
Content Availability	Percentage of courses with online resources available	100%
Platform Uptime	Percentage of time the eLearning system is operational	100%
User Satisfaction Rate	Results from annual satisfaction surveys among students	> 90%
	Results from annual satisfaction surveys among faculty	> 90%
Innovation in eLearning	Number of new eLearning tools or features introduced annually	≥ 3

KPIs of the IT Department

KPI	Measurement Metric	Target Value
Incident Resolution Time	Average time to resolve IT incidents	< 4 hours
User Satisfaction Rate	Students satisfaction with IT services	> 90%
	Faculty & staff satisfaction with IT services	> 90%
Network Availability	Percentage of time the network is available	100%
Data Backup and Recovery Success	Success rate of data backup and recovery operations	100%
System Uptime	Percentage of time systems are operational	100%

KPIs of the Account and Finance Department

KPI	Measurement Metric	Target Value
Financial Reporting Accuracy	Accuracy rate in financial reporting	100%
Audit Compliance	Number of audit findings not resolved from the previous year audit	Zero
Revenue Growth	Year-over-year percentage increase in revenue	> 5%
Return on Investment (ROI)	Return on investments made by the university	>8%
Financial Health Index	Composite index based on liquidity, solvency, and profitability ratios	Score > 75
Payroll Processing Efficiency	Percentage of payroll processed accurately and on time	> 99%
Procurement Efficiency	Time taken from requisition to purchase order issuance	< 5 days

College Level KPIs

KPI	Target Value
Freshmen Enrollment rate (%)	> 90%
Overall Enrollment rate (%)	> 90%
% of National students	> 10%
Student Satisfaction with Mentorship and Academic Advising (%)	> 85%
Student Satisfaction with Faculty (%)	> 85%
Student to Faculty Ratio	< 15
Average number of Scopus publications per faculty per year - College Level	> 2
% Faculty/Staff recommending GMU to others for higher education	> 80%
Average Workload of FT Faculty/Sem - College level	12 or less
Average Workload of PT Faculty /Sem - College level	6 or less
Faculty Retention Rate (%) - College level	> 80%

Program Level KPIs

IPOO Category	KPI	Target Value	Source
Input	Freshmen Enrollment rate (%)	> 90%	CHEDS
	Overall Enrollment rate (%)	> 90%	CHEDS
	Faculty with Non-Terminal Degree (%)	< 20%	Teaching Assignment
	Part-time faculty (%)	< 25%	Teaching Assignment
Process	Student Retention Rate (%)	> 90%	CHEDS
	Student Satisfaction with Teaching and Learning Methods (%)	> 85%	Exit Survey
	Student Satisfaction with Assessment Methods (%)	> 85%	Exit Survey
	Student Satisfaction with Experiential Learning (%)	> 85%	Exit Survey
	Student Satisfaction with Academic Advising & Mentorship (%)	> 85%	Exit Survey
	Student Satisfaction with Learning Resources (%)	> 85%	Student Satisfaction
	Student Satisfaction with Community Engagement (%)	> 85%	Student Satisfaction
Output	On-time Graduation rate (%)	> 80%	CHEDS
	Overall Alumni Satisfaction (%)	> 85%	Alumni Survey
Outcome	% Graduates who completed the Licensing Examination	> 80%	Alumni Office
	Graduates Employed (employability rate) (%) (including further studies)	> 80%	Alumni Office

KPIs (to evaluate the achievement of GMU Strategic Goals Objectives)

Key Performance Indicators (KPIs) play a crucial role in assessing the performance of all units and services within GMU. These KPIs serve as quantifiable metrics that provide a clear snapshot of the effectiveness and efficiency of various processes and functions. Significantly, the QA&IE deanship employs Strategic Objectives KPIs as a cornerstone in its evaluation methodology. By doing so, the QA&IE deanship ensures that the university's performance not only aligns with its defined goals but also maintains a consistent trajectory towards academic and operational excellence.

Strategic Goal 1 Instill quality culture across GMU academic programs through integration, innovation, digitalization, and national and international engagement.			
Strategic Objectives	KPIs	Target	Timeline
1.1. Renewal of Institutional Licensure by CAA, Ministry of Education, UAE in 2024.	1.1.1. Successful renewal of institutional licensure for 5 years (Moderate risk)	All or none	Year 3 (24/25)
1.2. Full accreditation of the programs by CAA, Ministry of Education, UAE.	1.2.1. Number of programs initially accredited by CAA	10 or more	Year 5 (26/27)
	1.2.2. Number of programs re-accredited by CAA	20 or more	Year 5 (26/27)
1.3. Expansion of international accreditations at institution and program levels.	1.3.1. Number internationally accredited programs	8 or more	Year 5 (26/27)
1.4. Increase GMU's visibility by enhancing its status in regional and global rankings by 2027.	1.4.1. Ranking in the THE Arab Ranking	100% (Listed: 50%, Top 50: 100%)	Year 3 (24/25)
	1.4.2. Ranking in the THE impact Ranking	100% (Listed: 50%, Top 500: 100%)	Year 3 (24/25)
	1.4.3. THE impact ranking for SDG 4: Quality Education	75% or more (Top 600: 50%, Top 400: 75%, Top 200: 100%)	Year 1 (22/23)
	1.4.4. THE impact ranking for SDG 3: Good Health & Well-Being	75% or more (Top 600: 50%, Top 400: 75%, Top 200: 100%)	Year 2 (23/24)
1.5. Strengthen the quality assurance system and assessment for all academic programs.	1.5.1. Average score for the annual evaluation of the QA&PE committees	> 85%	Annually
	1.5.2. Faculty and staff satisfaction with the QA&IE deanship	> 85%	Annually
Strategic Goal 2. Expand the portfolio of health professions education programs (UG, PG, micro-credential, and short courses) to respond to current and future societal and global needs.			
Strategic Objectives	KPIs	Target	Timeline
2.1. Identify and develop a range of unique academic and professional development program offerings in UGs, PGs, and micro-credential programs based on health sector needs (Towards Sustainable Development Goals, internationalization, and online education)	2.1.1. Cumulative number of UG programs	12 or more	Year 5 (26/27)
	2.1.2. Cumulative number of PG programs (Masters', PhD ME, and DBA)	15 or more	Year 5 (26/27)
	2.1.3. Number of micro-credential certificates	5 or more	Year 5 (26/27)
	2.1.4. Enrollment in workshops, short term courses and certificate programs	> 5000	Year 5 (26/27)
	2.1.5. Number of active international collaborations	30 or more	Year 5 (26/27)

2.2. Collaborate with reputable international universities to offer dual graduate programs.	2.2.1. Number of Dual Graduate programs offered	2 or more	Year 4 (25/26)
2.3. Sustain enrollment to full capacity across all programs.	2.3.1. Freshmen enrollment	> 600	Year 2 (23/24)
	2.3.2. Overall enrollment	> 2500	Year 2 (23/24)
	2.3.3. Student retention	> 90%	Year 3 (24/25)
Strategic Goal 3. Developing Solution-Focused Research with an impact on healthcare and health professions education.			
Strategic Objectives	KPIs	Target	Timeline
3.1. Foster a research and innovation culture within GMU and offer the necessary supporting environment (infrastructure, physical facilities, and recruiting research-focused faculty and scientists).	3.1.1. Research plan for each college	100% (All: 100%/None: 0%)	Year 1 (22/23)
	3.1.2. Faculty Satisfaction with Research Facilities	> 85%	Year 2 (23/24)
	3.1.3. Faculty Satisfaction with Research Opportunities	> 85%	Year 2 (23/24)
	3.1.4. Total research expenditure	> 10 million Dirhams	Year 5 (26/27)
	3.1.5. Research expenditure out of the total budget	> 5%	Year 1 (22/23)
3.2. Developing research abilities of faculty and students.	3.2.1. Number of research Seminar presented	36 or more	Year 1 (22/23)
	3.2.2. Publication per faculty per year	> 2	Year 2 (23/24)
	3.2.3. Number of students research projects	100 or more	Year 3 (24/25)
3.3. Diversify and sustain funding resources for research projects and maintain the concept for endowed research chairs to build continuous legacy funding.	3.3.1. Number of research grants awarded by faculty and students.	10 or more	Year 4 (25/26)
3.4. Activate the Thumbay Institute of population Health	3.4.1. Establishment the Thumbay Institute of population Health	To be fully functional	Year 3 (24/25)
Strategic Goal 4. Effective and efficient GMU operations systems (Academic, administrative, and financial)			
Strategic Objectives	KPIs	Target	Timeline
4.1. Advance the GMU Governance structure to align with global best practices	4.1.1. Review the organizational chart on annual basis	100% (All: 100%/None: 0%)	Year 1 (22/23)
	4.1.2. Address all the policies mandated by the CAA standards	100% (All: 100%/None: 0%)	Year 1 (22/23)
	4.1.3. Review each policy once every 3 years	100% (All: 100%/None: 0%)	Year 1 (22/23)
	4.1.4. Develop a system to track policy changes since initiation until dissemination to relevant stakeholders	100% (All: 100%/None: 0%)	Year 1 (22/23)
4.2. Strengthen the monitoring, evaluation, and risk management mechanisms, with periodic reporting.	4.2.1. Number of program effectiveness reports developed and reviewed	23 or more	Year 1 (22/23)
	4.2.2. Availability of the KPIs for all programs	23 or more	Year 1 (22/23)
	4.2.3. Percentage of risk maintained within GMU appetite	90% or more	Year 1 (22/23)
4.3. Strengthen the administration processes for efficient and effective management in the areas of	4.3.1. Library expenditure	> 1 million Dirham	Year 3 (24/25)
	4.3.2. Expenditure on student services	> 2 millions Dirham	Year 3 (24/25)

registration, finance, procurement, contracts follow-up, audit system, HR, legal, IT services, Laboratory, Health & safety, and common services for all uni	4.3.3. Professional development expenditure	> 1 million Dirham	Year 3 (24/25)
	4.3.4. Expenditure on faculty salaries	> 30 millions Dirhams	Year 3 (24/25)
4.4. Develop a comprehensive and effective marketing plan to promote the university's mission, vision, and values.	4.4.1. Number of effective marketing plans created	6	Year 2 (23/24)
	4.4.2. Number of marketing campaigns developed	23 or more	Year 3 (24/25)
4.5. Establish GMU data governance framework to ensure up-to-date, accurate, and consistent timely information drive the decision-making.	4.5.1. Number of system integrations (SMS-LMS/ SMS-Ass. S/ SMS-HR/ SMS-Finance/ SMS-Library)	5 or more	Year 5 (26/27)
	4.5.2. Percentage of automated CHEDS data sets	100	Year 2 (23/24)
4.6. Ensure stakeholders are engaged and satisfied with institutional effectiveness.	4.6.1. Student satisfaction with the admission process and orientation program	> 85%	Year 1 (22/23)
	4.6.10. Student satisfaction with their role as committee members	> 85%	Year 1 (22/23)
	4.6.11. Student satisfaction with college services	> 85%	Year 1 (22/23)
	4.6.12. Student satisfaction with student affairs services	> 85%	Year 1 (22/23)
	4.6.13. Student satisfaction with student happiness center	> 85%	Year 1 (22/23)
	4.6.14. Graduate satisfaction with experiential learning and clinical posting	> 85%	Year 1 (22/23)
	4.6.15. Overall alumni satisfaction	> 85%	Year 1 (22/23)
	4.6.16. Overall societal satisfaction	> 85%	Year 1 (22/23)
	4.6.17. Faculty satisfaction with university services	> 85%	Year 1 (22/23)
	4.6.18. Staff satisfaction with university services	> 85%	Year 1 (22/23)
	4.6.19. Faculty and staff satisfaction with the QA&IE deanship	> 85%	Year 1 (22/23)
	4.6.2. Parent satisfaction with the admission process	> 85%	Year 1 (22/23)
	4.6.20. Satisfaction with the Performance of Leadership and Management.	> 85%	Year 1 (22/23)
	4.6.21. Satisfaciton with effective implementation of Policies and Procedures.	> 85%	Year 1 (22/23)
	4.6.22. Satisfaction with GMU's culture of innovation.	> 85%	Year 1 (22/23)
	4.6.23. Satisfaction with GMU's contribution to community and society	> 85%	Year 1 (22/23)
	4.6.3. Student satisfaction with teaching and learning methods	> 85%	Year 1 (22/23)
	4.6.4. Student satisfaction with IPE	> 85%	Year 1 (22/23)
	4.6.5. Student satisfaction with career counseling	> 85%	Year 1 (22/23)
	4.6.6. Student satisfaction with academic advising	> 85%	Year 1 (22/23)
	4.6.7. Student satisfaction with mentorship	> 85%	Year 1 (22/23)
	4.6.8. Student satisfaction with learning resources	> 85%	Year 1 (22/23)

	4.6.9. Student satisfaction with clinical training	> 85%	Year 1 (22/23)
Strategic Goal 5. Foster an enriching student experience, and promote student success.			
Strategic Objectives	KPIs	Target	Timeline
5.1. Provide a supportive learning environment with dedicated faculty.	5.1.1. Student satisfaction with faculty	> 85%	Year 1 (22/23)
	5.1.2. Student satisfaction with teaching methods	> 85%	Year 1 (22/23)
5.2. Provide extracurricular activities that foster student growth and development.	5.2.1. Student satisfaction with extracurricular activities	> 85%	Year 1 (22/23)
5.3. Increase student and alumni engagement, belonging, and loyalty by creating meaningful opportunities for their involvement and collaboration.	5.3.1. Student satisfaction with their engagement in university's activities and events	> 85%	Year 1 (22/23)
	5.3.2. Alumni satisfaction with their engagement in GMU activities and events after graduation	> 85%	Year 1 (22/23)
5.4. Develop student leadership skills through service-learning and volunteer opportunities.	5.4.1. Leadership training short course	1 or more	Year 1 (22/23)
5.5. Utilize technology to create interactive and engaging learning experiences.	5.5.1. Students' Satisfaction with the learning management system and other technologies used in teaching and learning	> 85%	Year 1 (22/23)
Strategic Goal 6. Increase the university's physical capacity to respond to GMU growth and become a leading green university in the region.			
6.1. Expand the university's physical capacity to accommodate academic growth	6.1.1. Number of new lecture hall(s).	5 or more	Year 5 (26/27)
	6.1.2. Number of new laboratory(s)	5 or more	Year 5 (26/27)
	6.1.3. Student satisfaction with parking lots.	> 85%	Year 1 (22/23)
	6.1.4. Student satisfaction with library services	> 85%	Year 1 (22/23)
	6.1.5. Student satisfaction with testing center services	> 85%	Year 1 (22/23)
	6.1.6. Student satisfaction with services of CASH	> 85%	Year 1 (22/23)
	6.1.7. Student satisfaction with the hostel	> 85%	Year 1 (22/23)
6.2. Upgrade the IT infrastructure and equipment to provide high-speed internet access, improve the quality of online instruction, and support learning resources for face-to-face and online education programs where pedagogically appropriate and feasible.	6.2.1. Wifi Coverage of campus	100%	Year 1 (22/23)
	6.2.2. Student satisfaction with IT Services	> 85%	Year 1 (22/23)
	6.2.3. Number of Smart Screens	40 or more	Year 5 (26/27)
Strategic Goal 7. Emphasize the importance of community engagement/ social accountability across all operations.			
Strategic Objectives	KPIs	Target	Timeline
7.1. Broaden GMU's community engagement directions to include SDGs priorities in collaboration with the government, NGOs to serve the local community, and less privileged groups.	7.1.1. Number of community engagement activities in collaboration with the governmental entities and/or NGOs	6 or more	Year 3 (24/25)
	7.1.2. Student satisfaction with community engagement	> 85%	Year 1 (22/23)
	7.1.3. Number of CE events serving the less privileged groups	6 or more	Year 3 (24/25)

7.2. Strengthen effective local, regional, and international partnerships in strategic areas (e.g. MoUs), and develop a comprehensive monitoring and evaluation system for MoUs to ensure that all partners fulfill their obligations.	7.2.1. Number of active MoUs	50 or more	Year 5 (26/27)
	7.2.2. THE impact ranking for SDG 17: Partnership for the Goals	> 75% (Top 600: 50%, Top 400: 75%, Top 200: 100%)	Year 1 (22/23)
7.3. Provide health, education, and sports services for the local community.	7.3.1. Number of events where the university educational resources are shared with the community	3 or more	Year 2 (23/24)
	7.3.2. Number of community educational events hosted	6 or more	Year 2 (23/24)
	7.3.3. Conducting the annual sports festival	100% (All: 100%/None: 0%)	Year 1 (22/23)
	7.3.4. Number of community engagement activities within the local community	36 or more	Year 2 (23/24)

Evaluation Processes and Timetables

- **Programs**

Program evaluations are typically conducted annually, focusing on maintaining academic excellence and aligning with institutional and industry needs.

- **Courses**

Course evaluations, which delve into specifics like content and teaching methods, are done more frequently, usually at the end of each term or semester.

- **University Services**

University services, ranging from library resources to IT support, undergo evaluations annually to guarantee optimal student and staff experiences, with periodic checks to ensure consistent quality.

Timetable to evaluate all programs, courses, processes and services (Survey Calendar)

No	Survey Name	Target Audience	Survey Timeline
1	GMU Freshmen Survey	1 st year students and their parents	October
2	Mentorship Program- Student Self-Assessment	All students	Fall (Oct) & Spring (Feb)
3	Mentorship Program- Mentorship Evaluation	All students	Fall (Dec) & Spring (May)
4	Student Evaluation of Course and Faculty	All students	Fall (Dec) & Spring (May)
5	PBL "Problem/Scenario" and Facilitator Evaluation	MBBS students completed PBL	Jan
6	Societal Survey	GMU External Stakeholders	Jan – Feb
7	Alumni Survey	All alumni	Jan – Feb
8	Employer Survey	Employers of GMU graduates	Jan – Feb
9	Student Satisfaction Survey	All Students	June – July
10	Employee Satisfaction Survey	Faculty and teaching staff, Admin staff, and Support staff of GMU	June – July
11	Graduate Exit Survey	Graduating Cohorts	June – July
12	Stakeholder Evaluation of Quality Assurance & Institutional Effectiveness Deanship	All faculty and heads of administrative departments	June – July
13	Hostel Survey	Hostel Residents	June – July
14	Evaluation of the QA&PE College Committees	QA & PE College Committee Chairs	June – July
15	Internship Surveys	Internship Students	June – July

Instruments and Evidence Types for Collection and Analysis

The QA&IE Deanship deploys varied and appropriate tools to gather, assess, and analyze qualitative and quantitative data. All surveys are available in the Survey Manual available through the following [Link](#).

Other Entities Responsible for Evaluation and Quality Assurance Aspects

- 1. University Committee of Quality Assurance and Institutional Effectiveness (University QA&IE Committee):**
 - The committee ensures adherence to university standards and external requirements. It monitors implementation of quality assurance processes, oversees accreditation-related activities, promotes innovation and sharing of best practices, and coordinates with stakeholders for effective quality assurance across all functions.
 - Chaired by the associate dean of QA&IE, this committee comprises Chairs of the QA&PE Committees from each College and reporting to the Dean of QA&IE Deanship ([Committee Term and Reference](#)).
- 2. Quality Assurance and Program Evaluation Committee of Colleges (College QA&PE Committees):**
 - The Quality Assurance and Program Evaluation Committee is constituted to develop and supervise the implementation of a comprehensive and systematic quality assurance and improvement process for the college programs.
 - Composed of faculty members from various departments and student representatives, ([Committee Term and Reference](#)).
- 3. Chancellor:**
 - Provide overall leadership and strategic direction for QA initiatives.
 - Ensure that the QA culture is embedded across the institution.
- 4. Vice Chancellors:**
 - Oversee the implementation of academic quality assurance activities, including program reviews.
 - Ensure faculty adherence to CAA standards.
- 5. Deans of Colleges:**
 - Ensure compliance with CAA standards within their respective colleges.
 - Conduct internal reviews and assessments of academic programs.
 - Overview the implementation of QA initiatives and improvement plans at the college level.
 - Create the college annual report
- 6. Department Heads and Program Directors:**
 - Monitor and ensure the quality of departmental academic offerings.
 - Conduct regular program evaluations and develop the program effectiveness report.
 - Contribute to self-study reports.
 - Address issues identified through student feedback and performance data.
 - Promote continuous improvement and innovation in teaching and learning.
- 7. Faculty Members:**
 - Adhere to CAA standards in course delivery and assessment.
 - Participate in program reviews, curriculum development, and QA training.
 - Collect and respond to student feedback to improve teaching practices.
 - Engage in scholarly activities that contribute to the institution's QA goals.
 - Prepare course file according to CAA standards
- 8. Administrative and Support Staff:**
 - *Library Staff:*

- Ensure the quality and accessibility of library resources and services.
- Create and implement improvements plan based on feedback from students satisfaction surveys
- *IT Staff:*
 - Maintain and enhance the technological infrastructure supporting QA processes.
 - Ensure data security and integrity in the QA data management systems.
- *Student Affairs Staff:*
 - Provide support services that meet QA standards and enhance student satisfaction.
 - Implement mechanisms for student feedback and address concerns promptly.

Evaluation of the College QA & PE Committees and University QA & IE Committee.

(1). The QA&IE committee at the university level shall annually assess the performance and achievements of the college QA&PE Committees. The chair of each QA&PE College committee gives a presentation to show how his/her college is adhering to the QA framework. A survey is filled by the other QA&PE chairs. The results of the survey are collected and analyzed by the QA&IE deanship.

The below assessment rubric is used in the evaluation of college QA&PE and the University QA&IE committees.

1. Developing and implementing a plan for assessing the achievement of program learning outcomes.
2. Thorough analysis followed by recommended actions to address PLOs that are not sufficiently achieved.
3. All the course files are complete and submitted on time and as per Annex 16 of the CAA standards.
4. All the program effectiveness reports are complete and submitted on time.
5. Developing clear and specific timely action plans to address areas that need improvement which are identified based on stakeholder feedback, e.g. exit survey, and student evaluation of courses.
6. Implementation and follow-up on all college action plans (e.g. those included in the college annual report and program graduation report).
7. Minutes of the committee meetings reflect good coordination with other college committees.
8. Minutes of the committee meetings and all other college meetings are in alignment with the committee terms of reference and follow the University template.
9. The college operational report covers all strategic plan projects with evidence for each update.
10. Please mention the Areas for improvements -----

Evaluation of the QA&IE Committee: The QA&IE Committee Chair (Associate Dean- QA&IE) presents a report to the Dean then to the University Council. This report is composed of the evaluation of the QA&PE committees.

Evaluation of the QA & IE Deanship.

The performance and effectiveness of the QA&IE Deanship are assessed using an annual survey "[Stakeholder evaluation of QA&IE deanship](#)" conducted in the month of July. The report is shared with the university leadership and the concerned stakeholders. The action plan is prepared and implemented by the QA&IE deanship. The action plan implementation status is shared with all concerned stakeholders and the effectiveness of this implementation is monitored in the next cycle of evaluation as part of closing the loop process.

Review Process for Evaluation Results and Development of Action Plans

Feedback Collection: Upon the conclusion of each evaluation period, comprehensive feedback about the university's quality is gathered. This feedback gauges stakeholder perceptions, achievement of university objectives, and includes open responses to capture detailed insights into strengths, weaknesses, and potential areas for enhancement.

Feedback Dissemination: The QA&IE Deanship effectively disseminates the gathered feedback to the relevant stakeholders.

Communication to University Leadership: The feedback results are presented to the university's top management, with a duplicate being shared with relevant department heads.

Role of Deans and Department Heads: It's the colleges' Deans and department head's responsibility to analyze the feedback and create action plans to address any identified area for improvement.

Closing the Loop:

The QA&IE Deanship

- Reviews the analysis and action plans developed at the University, College and program levels in terms of:
 - Validity of the analysis
 - The actions are SMART (specific, measurable, attainable, relevant and time bound).
- Follow up with the colleges and other concerned administrative departments on the implementation of action plans to address areas of improvement identified from survey feedback and other sources.
- Report on the trends for continuous improvements resulting from actions taken based on feedback.
- Track progress in the University-wide and College-wide Performance indicators and report on the trend for the same.

Documentation of Evaluation Results and Action Plans

Program Effectiveness Reports ([Link](#)):

The report includes different sections, e.g.:

- Program information: The last & coming accreditation dates.
- The program advisory board meeting minutes.
- Actions to be taken to address any program KPI that has a value less than the target level.
- Actions to be taken to address any shortage in the achievement of PLOs based on the exit exam.
- Actions to be taken to address student feedback on courses.
- Actions to be taken to address issues identified based on the graduate exit survey of the program.
- Summary of the curricular changes that took place during the academic year.
- Actions to be taken to address alumni and employers' feedback.
- SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis by the program director

The College QA&PE committee reviews the program effectiveness report and writes their recommendations to the College Council, when needed. Then, the QA&IE Deanship reviews the program effectiveness report and writes their recommendations to the University Council, when needed.

College Annual Reports ([Link](#)):

The report includes different sections, e.g.:

- Quality: program effectiveness reports and college operational reports on the achievement of the strategic plan
- Research: numbers and lists of publications and research grants
- Faculty: retention and workload
- Students: lists of career counseling sessions, community engagement events, student misconduct cases, student grievances.
- Learning Resources: Lists of learning resources purchased during the last academic year and the learning resources required to be purchased during the coming academic year.

In each section, the following actions are listed:

- Actions taken during the last academic year.
- Actions to be taken during the coming academic year to address any identified areas that need improvement.

Dissemination Process for Evaluation Results

Faculty and Staff Access:

- Faculty and staff shall access evaluation results through the "Survey Reports webpages."
- This platform will provide a comprehensive gallery of links to various survey reports such as:
 - Course and faculty evaluations by students.
 - Student feedback on training sites.
 - Freshmen, exit, and alumni surveys.
 - Employer surveys and evaluations of community engagement events.
 - Satisfaction surveys concerning university services for faculty, staff, and students.
- Additionally, faculty and staff will have access to
 - University-level KPIs
 - Program-level KPIs

Student Access:

- Students shall access their evaluation results through the "Student Voice and Success Application," available for installation on personal mobile devices.
- The application will provide results from annual satisfaction surveys covering various domains such as teaching quality, student services, physical facilities, and learning resources.
- QR codes will be placed in all lecture halls and labs, linking directly to the application for easy access.

Responsibility:

- The Deanship of Quality Assurance and Institutional Effectiveness will oversee the implementation of this policy and ensure its alignment with GMU's strategic objectives.

- College deans and department heads will ensure faculty and staff are informed and trained on accessing and using the evaluation results effectively.

GMU's Comprehensive Process for Disseminating Evaluation Results to Students:

Focus Group Discussions: Program Directors facilitate focus group discussions by engaging students to delve deeper into their feedback about various courses. These focus groups engage diverse student voices, ensuring inclusivity by incorporating class representatives.

Action Plan Development: Based on the collective feedback and insights garnered from these discussions and surveys results, comprehensive action plans are developed. These plans address key areas of improvement and outline strategies to enhance the overall experience for the students.

Communication to Stakeholders: Upholding the principle of transparency, the action plan is communicated to all stakeholders involved. Every student and faculty member receives this action plan, ensuring that everyone is apprised of the upcoming changes and the rationale behind them.

Documentation & Integration: The feedback and the resultant action plan don't just end with communication; they are meticulously documented for future reference. This feedback, the insights from the focus group discussions, and the action plan find their place in:

- Course File
- Program Effectiveness Report
- College Annual Report

Monitoring Process for the Implementation of Improvement Plans

GMU follows a system for monitoring the implementation of improvement plans. Once the program effectiveness reports are generated, the QA&IE Deanship doesn't just stop at reviewing them. The Deanship delves deep into the action plans and curricular changes proposed and collaborates with the respective program directors, overseeing the step-by-step execution of the proposed action items. By periodically checking in, the QA&IE Deanship ensures that these plans are not just implemented but are translating into tangible improvements in the educational experience.



Quality Assurance Mechanisms for Joint Programs, and Collaborations

Program Planning

- Partner university/institute shall be recognized or accredited as a higher education institute in the higher education system in which they operate.
- GMU shall ensure that each partner Higher Education University/Institute is allowed to offer a joint/dual program as per their national higher education systems.
- GMU shall ensure that the faculty of the partner institute(s) teaching in joint/dual degree programs has the experience and qualifications as required by the CAA Standards.
- The proposal shall be introduced by the respective college and then to be reviewed and approved by the University council and subsequently Board of Trustee.
- Based on the Feasibility and Financial studies, an Initial Program Accreditation (IPA) application shall be prepared by the respective college and initially reviewed by the College QA&PE Committee, then by the University QA&IE Committee.
- Based on the recommendations of the QA&IE Committee, the IPA application will be approved by the VCA.
- The IPA application is submitted by the Dean of QA&IE Deanship to the CAA for the award of initial Accreditation of the program.

Program Delivery

- The language of study in any joint/dual program with GMU shall be English Language.
- In the Joint Degree program, students shall register with GMU for the program and the partner university/institute(s) shall not offer more than 50% of the program curriculum.
- Joint and dual programs shall follow the same regulations and guidelines for offering courses in regular mode and/ or intensive mode, summer, and Block deliveries, stated in GMU-POL-S03-019: Regular and Intensive Modes of Course Delivery.
- Where the joint/dual program has on-line courses that form 50% or more of the program's credits, the student transcript shall clearly state that the program delivery mode is online.
- This policy shall be used along with the Distance Learning policy if the joint and/ or dual program is offered by distance learning.

Program Assessment

- The assessment and grading guidelines shall be consistent with the University policies to ensure that grading and assessment tools are appropriate for the nature, level, contents, and mode of the delivery of the course. Further, these tools facilitate the acquisition of

knowledge, skill, and competencies by the students to successfully meet the program outcomes. For more details refer to GMU-POL-S03-011: Grading and Assessment.

- Arrangements shall be put in place, according to the student progress reports, to ensure that registered students are able to complete their program of study if one or more of the partners withdraw from the arrangement.
- It is the responsibility of the Program Director to revise the Program Learning Outcomes on an annual basis to ensure its adherence to the latest CAA standards.

Program Management

In the dual degree program, students shall register with both institutes for the full duration of the program.

- A Joint/dual Program Committee composed of faculty at both/all universities/institutes shall be established to oversee and assure compliance to CAA academic standards.
- Students registered for joint/dual degree shall have full access to the learning resources at both universities /institutes.
- The University may encourage and facilitate mutual visits for faculty of both GMU and partner university/institute(s) for an adequate period to encourage appropriate level of interaction and knowledge transfer.

Program Evaluation

- The partner university/institute(s) shall actively and effectively participate in the program development and evaluation.
- GMU ensures that all aspects of evaluation and quality assurance are in place using the same processes and timelines used to evaluate all programs, courses, processes, and services, using the validated instruments. The partner institute may use their own quality assurance system.
- GMU shall involve faculty of the partner institute in regular evaluation of the effectiveness of the program.
- All the evaluation activities listed in the “Continuous Enhancement of Program Effectiveness” policy ([Link](#)) shall be conducted as per the written procedures.
- The College QA&PE Committee will track the program quality in terms of reviewing the program effectiveness report and recommend changes that shall be approved by the Curriculum Committee and then implemented by the Joint Academic Committee (JAC) which is chaired by the program director ([Terms of Reference of JAC](#)).

Completion requirements

- Upon completion of the joint degree program, the student shall be awarded a single degree certificate that is issued by all participating Universities / Institutes.
- Upon completion of the dual degree program, the student shall be awarded separate certificates that are issued by all participating Universities / Institutes.

Thesis requirements

- In the joint program, the principal supervisor of the thesis /dissertation shall have appropriate qualifications and experience, full-time faculty with GMU and the Co-supervisors may be from the partner institute.

Benchmarking Process

GMU is committed to maintaining quality standards and continuous improvement across its colleges and programs, thus GMU encourages the initiatives supporting this direction. Benchmarking is a systematic tool and structured process of searching for identifying and implementing best practices that lead to excellent performance, the observation and exchange of information about those practices, the adaptation of those practices to meet the needs of one's organization, and their implementation.

Types of Benchmarking

There are two main types of benchmarking:

- Internal benchmarking – in which comparisons are made against another college/program within GMU
- External Benchmarks- in which comparisons are made against another institution/University, which can be two kinds of the external benchmarks:
 - Competitive - Local/National: This allows for a form of benchmarking in terms of university's mission; size, type of institution, research productivity, staffing levels, enrolments, and any other factors.
 - Regional/International: This allows for a form of benchmarking in terms of the university's mission strategically Vision.

External Benchmarking Process

Step 1: What to benchmark?

- Identify critical processes.
- Collect internal data for comparison. How to measure performance and understand the strengths and weaknesses of the current process.

Step 2: Who to benchmark?

- Internal Units. Comparison within an institution.
- Other colleges and universities. Comparison across institutions.
- Functional comparisons. Across diverse settings: higher education, corporate, industry, etc.
- Best in Class. Compared with exceptional performers.

Step 3: Collect data

- Collect comparative data: Qualitative and quantitative.
- Calls, surveys, site visits, interviews, review of websites.
- Systematic collection.

Step 4: Analyze data

- Gap between performance. Are others better? Why are they better?
- New strategies and practices for adoption. What practices could we adapt and adopt?

Step 5: Implement improvements.

- Action plan for change.
- Implement changes.
- Measure results for effectiveness.

GMU effort in the External benchmarking:

Sharing KPIs with other Universities

GMU compares its performance to that of national and international peers. This method assists GMU in identifying the gaps between its present procedures and best practices, hence facilitating quality improvement.

GMU participates in the [\(LINK: MENA Benchmark\)](#) with other seventeen institutions, filling out a simple predefined KPIs. This benchmarking cycle assists institutions with decision-making by identifying areas for improvement and recognizing the institution's status relative to other participant institutions in the MENA region.

Additionally, the QA&IE deanship shares program-specific Key Performance Indicators (KPIs) with Lebanese American University (LAU). These KPIs span across several of our programs, namely:

- MBBS: Comparable to LAU's School of Medicine (SOM).
- PharmD: Equivalent to LAU's School of Pharmacy (SOP).
- BSN: Mirroring LAU's Alice Ramez Chagoury School of Nursing (ARCSON).
- BSc in Healthcare Management: Corresponding to LAU's Adnan Kassar School of Business (AKSOP).

The acquired program-specific KPIs, crucial for our comparative analysis, are:

- Average Workload of Part-Time (PT) Faculty per semester.
- Average Workload of Full-Time (FT) Faculty per semester, both with and without a terminal degree.
- Percentage of Student Satisfaction with Mentorship.
- On-Time Graduation rate.
- Graduation rate within 1.5 times the program's duration.

- Percentage of Graduates who have cleared the Licensing Examination.

Benchmarking through International Accreditation

In June 2021, GMU received institutional international accreditation from the Quality Assurance Agency for Higher Education (QAA) ([QAA accreditation certificate](#)).

Four GMU's programs have also been accredited/in the process of being accredited by international bodies, such as:

- The Accreditation Council for Pharmacy Education (PharmD) ([ACPE accreditation certificate](#)).
- Bachelor of Biomedical Science (BBMS) program accredited by the Institute of Biomedical Sciences (IBMS), UK ([IBMS accreditation certificate](#)) and received approval from the American Society for Clinical Pathology International Board of Certification (ASCPi), USA for licensure and the eligibility requirements for the International Medical Laboratory Scientist Route 1, International Medical Laboratory Technician Route 2, and International Technologist in Molecular Biology Route 3 certifications ([ASCPi letter](#)).
- MBBS was the first program in UAE and GCC region accredited using the international standards of the World Federation of Medical Education (WFME) in 2019, as part of CAA recognition process ([WFME Report](#)).
- The BDS program applied for joint CAA and Australian Dental Council (ADC) accreditation

Benchmarking through Collaboration with International Universities

GMU has many active Memorandums of Understanding established with local and international stakeholders, enabling numerous international collaborations for graduate programs, 28 of them with international universities ([LINK](#)).

- Collaboration with the University of Arizona ([LINK](#)): Master in public health (MPH) program and Master in Drug Discovery and Development (MDD) program.
- Dual PhD Program in Precision Medicine with Paris-Saclay University ([LINK](#)).
- Medical University of Lublin, Poland ([LINK](#)); and Vita-Salute San Raffaele University, Italy ([LINK](#)): Transnational collaboration for delivering HDPCS program at GMU and the graduate continue their the MD program in either Medical University of Lublin or Vita-Salute San Raffaele University.
- Masters in Clinical Pharmacy with Virginia Commonwealth University ([LINK](#)) and Cleveland Clinic Abu Dhabi: This collaboration integrates international expertise to contribute to the delivery of our Master in Clinical Pharmacy (MCP) program, offering students an enriched learning experience.
- Osaka City University, Japan: Focused on Summer Training & Student Exchange ([LINK](#)).

- Tokyo Medical & Dental University, Japan: Encompassing General Cooperation for Summer Training & Student Exchange ([LINK](#)).
- Nencki Institute of Experimental Biology, Poland: General cooperation for research ([LINK](#))
- University of Bradford, GBR: Joint Thesis supervision, Joint publication (AACR-2022), membership in the MDD advisory board, joint seminars [LINK](#).