Altamash Institute of Dental Medicine

Department of Medical Education

Name of Policy	Curriculum Development and Review
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01			

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1. Purpose:

Curriculum implementation and review policy is an essential component of any educational institution. It is a framework that outlines the processes, principles, and guidelines for improving, implementing, and evaluating academic programs. This may include improving the quality of education, for undergraduate, graduate and postgraduate programs aligning with university standards, and ensuring that the curriculum meets the needs of learners.

2. Scope:

The scope of this policy includes curriculums of:

2.1. Undergraduate programs
2.2. Certificate/diploma courses
2.3. All postgraduate programs.

3. Policy Statement:

For any academic degree programs of Qualification Level 6 or above, the institute offering the program is required to follow the following policy guidelines for curriculum development and review:

3.1. Curriculum Development and Implementation:

3.1.1. A curriculum committee will comprise of education expert from Medical & Dental Education who is familiar with curriculum development levels and requirements and all senior faculty members of academic departments as content experts.

3.1.2. AIDM will follow the curriculum provided by the affiliating bodies it is registered with and all content experts will be involved in the development of the curriculum provided by affiliating bodies.

3.1.3. We follow outcome based education approach in undergraduate programs and competency based education approach in graduate and post graduate programs offered at AIDM.

3.1.4. Curriculum committee would take approved affiliating body's curriculum as the benchmark and build its curriculum on the same parameters adding value where required and tailoring assessment and evaluation based on affiliating bodies policy guidelines.

3.1.5. Curriculum committee chair will ensure to maintain record of every step of curriculum development, by documenting entire process such as meetings minutes, discussions, decisions taken etc.

3.1.6. Once the curriculum document is ready, it will be approved by Academic Council and transferred on "Program Specification Template" of AIDM. Courses of the program will also be transferred to "Course Specification Template" provided by DME.

3.1.7. The curriculum will be kept in hard and soft copy with DME. Dissemination

of the curriculum will be in the form of study guides present online on AIDM official Website.

3.1.8. Each program must have program Key Performance Indicators (KPIs) for evaluation provided by quality enhancement cell (QEC)

3.1.9. Department of Medical Education (DME) will be responsible for implementing the curriculum with the support of all academic departments when developing academic calendar, time tables, OPD schedules, online teaching, research and ensuring proper execution of all types of assessment with the Department of Examination.

3.2. Pakistan Qualification Register (PQR) Requirements:

Pakistan Qualification Register (PQR) ID will be provided by the university and accrediting bodies to the institute. The program must be registered in the HEC E-Portal. QEC of accrediting bodies is responsible of registering the program on PQR.

3.3. Annual Curriculum Review:

3.3.1. Curriculum committee would prepare an annual program review report on a template provided by QEC.

3.3.2. The review would contain KPIs performance and program progress. Each program would be reported which is being offered at the institute.

3.3.3. Postgraduate programs would conduct annual program review as per affiliating bodies and HEC policies.

3.3.4. Findings of Annual program review report would be presented in the academic council with an action plan for improvement for the issues identified during review.

3.4. Periodic Curriculum Review:

3.4.1. Each curriculum is required to undergo a major review of entire curriculum structure including its courses every 3 years by Affiliating university. However, a program may decide to extend it up to five years maximum depending upon Affiliating university.

3.4.2. Institute will make sure that during the curriculum review, they will maintain the documented record of entire process such as attendance , exam results feedback etc.

3.4.3. Once the curriculum document is revised, the changes will be incorporatedI by Affiliating university into the "Program Specification Template" of AIDM. Course outlines and other relevant information at course level will also be updated and incorporated accordingly into the "Course Specification Template". A copyof the revised documents will be sent to QEC.

3.5. Curriculum Approval:

Once approved from the BOS, Academic Council, and the revised curricula will be then sent to DME for implementation.

4. Definitions:

4.1. **Key Performance Indicators:** Quantifiable measures used to evaluate thesuccess of an organization, employee, etc. in meeting objectives for performance.

4.2. **Outcomes Based Education:** A learner-cantered approach to education that focuses on what a student should be able to do in the real world upon completion of their course or program.

4.3. **Competency based Education:** Allows students to advance based on their ability to master a skill or competency at their own pace regardless of environment. This method is tailored to meet different learning abilities and can lead to more efficient student outcomes.

4.4. **Standard operating procedure:** is a set of written instructions that describes the step-by-step process that must be taken to properly perform a routine activity.

5. Linked/Referenced Documents:

5.1.1. HEC prescribed forms for Post-Graduate Programs review

5.1.2. AIDM Program Specification Template

5.1.3. AIDM Course Specification Template

5.1.4. JSMU curriculum document

5.1.5. CPSP curriculum document and others

6. Responsibilities:

Following Authorities/committees exist, with their structure and functions beingclearly defined by AIDM, they are;

6.1.1. Curriculum Committee

6.1.2. Academic Council

The concerned committee chairperson, Department of Medical Education and Quality Enhancement cell are responsible for the implementation of the policy guidelines.

7. Policy Implementation Procedure:

7.1. Department of Medical Education (DME) and Directors of each program will prepare Their own standard operating procedures (SoP) in the light of policy guidelines.

7.2. DME will keep a complete record of program approval from the Academic Council, concerned accrediting bodies along with the council's inspection visit's reports.

7.3. DME will prepare a consolidated curriculum document using the standardized Program Specification template and will share it with the QEC.

7.4. DME will also share the detailed course outline on standardized Course Specification template with the QEC.

7.5. The procedure may vary for program to program depending upon the discipline requirements however, the policy guidelines will remain the same

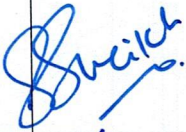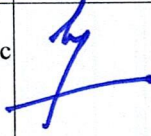## 8. Revision/Modification History & frequency:

8.1 Review Policy

The policy will be reviewed every three years. However, the owner/custodian of the policy may request for a revision based on emerging needs and with the approval from competent authority.

8.2. Custodian of the policy

A formal approval will be required if a policy is revised more than 25%. Director DME would determine the percentage of revision in consultation with the custodian of policy

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