

TERMS OF REFERENCE (ToR)

Academic Committees

Quality Assurance (QAC)

Approved by: ALL Members
Date of Approval: 19-12-2019
Last Revised: 04-03-2026

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RASHID LATIF DENTAL COLLEGE

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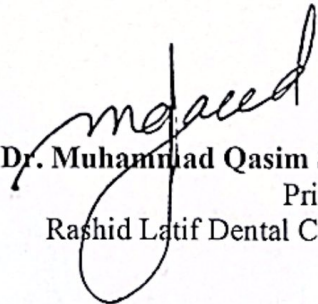
02nd Feb, 2026

Notification

Agenda: Nomination of members for RLDC Quality Assurance Committee (QAC) Members

It is notified that following faculty is nominated as members for RLDC Quality Evaluation Committee (QAC) Committee for session 2025-26:

- Prof. Dr. Asma Chaudhry
- Prof. Dr. Sofia Waheed Khan
- Dr. Zain Akram
- Dr. Sumbal Khalid
- Dr. Syeda Khadija Tul Kubra
- Dr. Faiza Salman
- Dr. Muhammad Ahmed Ali
- Student Representative of 1st, 2nd, 3rd & Final Year BDS.


Prof. Dr. Muhammad Qasim Saeed
Principal
Rashid Latif Dental College



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PROGRAM EVALUATION & QUALITY ASSURANCE

Medical and Dental Education

Policy No.	RLMC/QAC/25/09	Effective Date	August 2023
1st Revision	August 2024	2nd Revision	March 2025
Policy Owner	Quality Assurance Cell (QAC)	Review Cycle	Every 3 years, or earlier if required

1. Policy Statement

Rashid Latif Medical and Dental College is committed to maintaining and continuously improving the quality of medical and dental education through a systematic Quality Management System. The Quality Assurance Cell (QAC) monitors, evaluates, documents, and supports improvement in academic programs, teaching and learning, assessment, student support, resources, and related institutional processes.

2. Rationale

The purpose of this policy is to safeguard and enhance the standards of medical and dental education and to support the development of competent, ethical, and well-prepared graduates. Continuous quality assurance requires regular review of educational processes, evidence-based decision-making, timely corrective action, and documentation of improvement.

Within this framework, the QAC supports the institution by:

- Ensuring The Quality and Effectiveness of Academic Programs and Institutional Practices;
- Supporting Compliance with Accreditation and Regulatory Requirements of The Pakistan Medical and Dental Council (PMDC) And the University of Health Sciences (UHS);
- Promoting A Culture of Continuous Improvement Through Systematic Feedback, Evaluation, and Innovation; And
- Supporting Evidence-Based Decisions on Academic Priorities and Resource Allocation.

3. Purpose and Scope

This policy applies to the MBBS and BDS programs and to the academic and administrative processes that directly influence educational quality. It provides a common framework for monitoring program performance, reviewing evidence, obtaining stakeholder feedback, identifying areas for improvement, and closing the quality-improvement loop.



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4. Quality Assurance Framework

The Quality Assurance Policy is implemented through the following interrelated components:

1. **Mission and Goals:** The mission, goals, and educational objectives of each program should be clearly stated and aligned with the intended development of skilled, compassionate, and professional healthcare graduates.
2. **Curriculum Monitoring and Review:** Curriculum monitoring should involve relevant subject experts and stakeholders. Reviews should examine currency, relevance, evidence base, integration, sequencing, and alignment with applicable academic and quality standards.
3. **Faculty Development:** In coordination with the Department of Medical/Dental Education, the QAC supports opportunities for faculty to engage in continuous professional development through workshops, conferences, educational activities, and other appropriate learning opportunities.
4. **Student Support:** Students should have access to a safe and secure learning environment, mentoring, academic support, and guidance that facilitates learning and career development.
5. **Teaching, Learning, and Assessment:** Teaching methods, including lectures, case-based learning, practical sessions, clinical teaching, and technology-enhanced learning, should be reviewed for effectiveness. Assessment processes should appropriately evaluate knowledge, skills, professional behaviors, and clinical competence.
6. **Infrastructure and Resources:** The adequacy of learning resources should be monitored, including library resources, online journals, academic assistance, attendance monitoring through the CMS, learning materials through the LMS, and other infrastructure required for effective learning. Identified deficiencies should be communicated to the relevant authority.
7. **Program Evaluation and Continuous Improvement:** The QAC collects and analyses evidence from student assessment, faculty evaluation, student course/program feedback, graduate/alumni feedback, and other relevant sources. Findings are used to identify strengths, gaps, and improvement priorities.
8. **Transparency and Communication:** Clear communication channels and transparent feedback mechanisms should be maintained among students, faculty, departments, and administration. Academic and administrative processes should be supported by accessible policies and procedures.
9. **Ethics and Professionalism:** The institution promotes ethical behavior, integrity, accountability, and professionalism among students and faculty through applicable codes of conduct and educational processes.
10. **Accreditation and Compliance:** The QAC supports continued alignment of the MBBS and BDS programs with applicable PMDC and UHS standards and requirements.

5. Quality Assurance Cell: Governance and Responsibilities

The QAC provides the institutional structure for monitoring educational quality and coordinating quality-improvement activities. Its responsibilities include the following:

- The QAC is headed by a director who reports directly to the Principal and/or the Department of Medical/Dental Education, as applicable.
- The Deputy Director supports the Director and participates in QAC meetings and assigned quality activities.



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- Year coordinators are nominated for academic years to facilitate the collection of feedback and related quality data. The stated tenure for year coordinators is two academic years.
- The data/statistical function analyses collected data, prepares appropriate graphical or statistical representations, and reports findings to the Director QAC.
- Student representation from different academic years is included to support stakeholder participation in quality assurance.
- The QAC reviews quality standards and the quality of teaching and learning across subject areas.
- The QAC develops and maintains program specifications that describe the knowledge, understanding, skills, and other attributes expected upon successful completion of a program.
- The QAC develops quality assurance processes and evaluation methods to confirm that the quality of educational provision and the standards of awards are maintained and to support curriculum, subject, staff, research, and scholarly development.
- The QAC conducts periodic and need-based departmental feedback and assessment surveys to evaluate the extent to which defined criteria and standards are being met.
- The QAC promotes communication and collaboration among students, faculty, administration, and relevant external experts.
- The QAC prepares and submits evaluation findings to the Principal, relevant Heads of Department, and assessment leadership, and documents the impact of actions taken for quality improvement.
- The QAC develops and maintains procedures and proformas for annual monitoring and evaluation, student evaluation, faculty evaluation, assessment evaluation by students and faculty, and graduate/alumni feedback.

6. Evidence Sources and Evaluation Instruments

- Student evaluation and course/program feedback proformas;
- Faculty evaluation and curriculum feedback proformas;
- Assessment evaluation by students and faculty;
- Assessment results, progression, pass/failure trends, and other performance indicators;
- Graduate and alumni feedback; and
- Periodic or need-based departmental review data.

7. Program Evaluation Procedure

7.1 Evaluation Methods

The following methods are used to evaluate curriculum implementation and overall program effectiveness:

- **Student Feedback:** Course/program evaluations at the end of the relevant semester, academic year, or review period. Feedback should address teaching effectiveness, relevance and organization of content, learning experience, and overall satisfaction.
- **Assessment Data:** Analysis of student performance in internal assessments, including MCQs, OSCEs, workplace-based assessments, and other applicable assessment formats. Review should include progression, pass rates, failure rates, and patterns that may indicate learning gaps.



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- **Graduate and Alumni Feedback:** Surveys or structured feedback that examine how effectively the program prepared graduates for professional practice, employment, and readiness for postgraduate training.
- **Faculty Feedback:** Faculty review of curriculum design, delivery, integration, assessment, student preparedness, and areas requiring academic improvement.

7.2 Frequency of Evaluation

Continuous Monitoring: Data are collected and reviewed after major assessments, learning activities, feedback cycles, and other relevant academic events so that emerging issues can be identified promptly.

Annual Review: The QAC conducts an annual review of the MBBS and BDS programs, focusing on achievement of program learning outcomes, adequacy of instructional methods, student performance, progression, and other relevant evidence.

- **Comprehensive Program Review:** A comprehensive evaluation is undertaken every 3–5 years to ensure that the curriculum remains current and aligned with the needs of medical and dental education and professional practice.

Need-Based Review: Additional review may be initiated when significant academic, assessment, regulatory, stakeholder, or quality concerns require earlier evaluation.



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RASHID LATIF DENTAL COLLEGE LAHORE QUALITY ASSURANCE CELL-RLDC ANNUAL CALENDER YEAR 2024-25

BDS	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan 26	Feb 26	Mar 26	APRIL 26
1st		Session Start (17)			Block Exam 1 (End July) Assessment Evaluation Form	Report Assessment Evaluation Form		Block 2 Exam Assessment Evaluation Form	Report Assessment Evaluation Form		Block 3 Exam Assessment Evaluation Form	Report Assessment Evaluation Form	course evaluation form	Yearly summary and report
2nd	Session Start (11)		Block Exam 1 (12th-21st) Assessment Evaluation Form	Report Assessment Evaluation Form			Block 2 Exam (8th-17th) Assessment Evaluation Form	Report Assessment Evaluation Form		Block 3 Exam (Mid Month) Assessment Evaluation Form	Report Assessment Evaluation Form		course evaluation form	Yearly summary and report
3rd		Session Starts (17)				Block 1 Exam (7th-21st) Assessment Evaluation Form	Report Assessment Evaluation Form		Block 2 Exam (6th-20th) Assessment Evaluation Form	Report Assessment Evaluation Form	Block 3 Exam (26th)	Report Assessment Evaluation Form	course evaluation form	Yearly summary and report
4th			Session Start (5)				Block 1 Exam (1st-12th) Assessment Evaluation Form	Report Assessment Evaluation Form	Block 2 Exam (17th-26th)	Report Assessment Evaluation Form	Block 3 Exam (26th)	Report Assessment Evaluation Form	course evaluation form	Yearly summary and report

Facilitator Evaluation Will be throughout the Year
Assessment form Will be filled after every block



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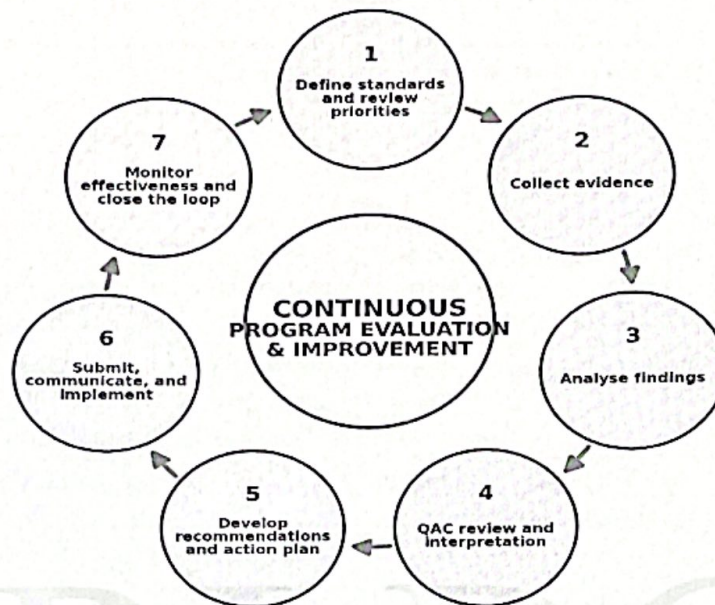
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8. Program Evaluation and Continuous Improvement Cycle

Program evaluation is treated as a closed-loop quality-improvement process. Each cycle begins with defined standards and evidence requirements and ends with documented review of the effectiveness of actions taken.



1. **Define standards and review priorities** - Confirm program outcomes, quality standards, review questions, previous actions, and the evidence required for the evaluation cycle.
2. **Collect evidence** - Compile student and faculty feedback, assessment results, progression data, graduate/alumni feedback, and relevant departmental or institutional information.
3. **Analyse findings** - Review evidence to identify trends, strengths, recurring gaps, and issues requiring further investigation.
4. **QAC review and interpretation** - Discuss findings with relevant academic stakeholders and determine the significance, likely causes, and priority of identified issues.
5. **Develop recommendations and action plan** - Translate findings into clear recommendations, responsible persons/units, expected outcomes, and realistic implementation timelines.
6. **Submit, communicate, and implement** - Submit the evaluation report to institutional leadership, communicate approved actions to relevant stakeholders privately and through stakeholder meetings, and implement agreed improvements.
7. **Monitor effectiveness and close the loop** - Evaluate subsequent results and feedback to determine whether interventions were effective; document evidence of improvement or initiate further action where required.



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9. Plan of Program Evaluation Activities

The following plan operationalizes the evaluation process and links evidence collection with review, reporting, action, and follow-up. Frequencies are based on the schedule stated in this policy; where no fixed interval is specified, activities are conducted periodically or on a need basis.

Activity / Evidence	Focus	Frequency	Responsibility	Output / Follow-up
Student course/program feedback	Teaching effectiveness, content relevance, learning experience, overall satisfaction	End of relevant semester/academic year or review period	Year Coordinators / QAC	Trend analysis; issues referred to departments; actions tracked
Assessment performance review	MCQs, OSCEs, workplace-based assessments, progression, pass/failure trends	After major assessments; consolidated in annual review	Assessment team / Departments / QAC	Identify learning gaps; remedial and academic improvement actions
Faculty feedback	Curriculum design, integration, delivery, assessment, student preparedness	Periodic / need-based	Faculty / HODs / QAC	Curriculum and teaching recommendations
Graduate & alumni feedback	Preparedness for practice, employment outcomes, readiness for postgraduate training	Periodic / as scheduled by QAC	QAC / Alumni liaison	Program relevance and graduate preparedness review
Departmental quality review	Teaching-learning quality, standards, resources, support, implementation gaps	Periodic and need-based	QAC / HODs	Departmental improvement actions and follow-up
Annual program review	Achievement of outcomes, instruction, student performance/progression, feedback and prior actions	Annually	QAC	Annual Program Evaluation Report and recommendations
Comprehensive program evaluation	Overall currency, relevance, coherence, outcomes, stakeholder evidence and compliance	Every 3–5 years	QAC with relevant stakeholders	Comprehensive review and major improvement priorities
Action-effectiveness review	Evidence that approved interventions produced the intended improvement	Subsequent review cycle / next academic cycle	QAC / Responsible units	Close the loop; continue, modify, or escalate actions



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10. Reporting, Recommendations, and Action

The QAC will prepare an annual program evaluation report summarizing the evidence reviewed, key findings, and progress against previous recommendations. The report should clearly identify:

- areas of strength;
- areas requiring improvement;
- recommendations for curriculum, teaching, assessment, student support, resources, or other relevant processes;
- follow-up actions required to determine whether improvement has occurred.

The annual report will be submitted to the Principal and Vice Principal for review and approval and shared with relevant stakeholders. Approved actions will be documented, assigned to the appropriate responsible unit(s), and implemented within the next academic cycle or other approved timeframe. The QAC will subsequently review evidence of implementation and effectiveness so that the quality-improvement loop is formally closed.

11. Confidentiality and Data Protection

All information collected during program evaluation will be handled confidentially and used for legitimate quality-improvement purposes. Individual responses to surveys and feedback forms will be anonymized, where applicable, to protect the privacy of students and faculty. Reports should present data in a manner that supports improvement without unnecessary identification of individual respondents.

12. Compliance and Accountability

The program evaluation process is intended to support compliance with national accreditation requirements and accepted practices in medical and dental education. The QAC is accountable for ensuring that evaluation activities are undertaken as planned, findings are documented, recommendations are communicated, and agreed improvement actions are followed up.

Institutional quality policies and related procedures will be implemented in accordance with applicable PMDC and UHS guidelines and requirements.

13. Review of Policy

This policy will be reviewed every three years to ensure its continued relevance and effectiveness in improving the quality of medical and dental education programs. The policy may be reviewed earlier when required by regulatory change, institutional need, significant program revision, or other pressing quality concerns.



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3. Dr. Zain Akram
4. Dr. Sumbal Khalid
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7. Dr. Muhammad Ahmed Ali
8. Student Representatives of 1st, 2nd, 3rd and Final Year

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