RAK MEDICAL AND HEALTH SCIENCES UNIVERSITY

RAK COLLEGE OF DENTAL SCIENCES



RAKCODS STRATEGIC PLAN 2025-2028

Table of Contents

S. No	Title	Page No.
	Table of Contents	1
1	Executive Summary	2
2	Institutional Profile	3
3	Planning Basis and Method	3
4	RAKCODS Vision, Mission and Core Values	4
5	Environmental and Community Context	5
6	Strategic Direction	6
7	Strategic Framework	7
8	Three Year Strategic Planning	7
9	Governance Monitoring and Review	15

1. Executive Summary

This plan sets the direction for RAK College of Dental Sciences from Academic Year 2025-2026 through Academic Year 2027-2028. It consolidates the priorities of the two preceding strategic plans and aligns them with the Community Needs Assessment 2025-2028. The plan retains the College's established commitments to learning and teaching, patient safety, comprehensive care, community engagement, research and innovation, while adding explicit priorities for postgraduate education, sustainability, social accountability, digital systems and institutional resilience.

The principal development during this strategic cycle will be the College's transition from an institution focused primarily on undergraduate dental education to one offering both undergraduate and postgraduate clinical education. A needs-based survey is currently being conducted among key stakeholders to identify the most appropriate disciplines for the introduction of Master's programmes. Based on the findings, at least two Master's programmes are planned for Academic Year 2025–2026, with additional programmes to be introduced in subsequent academic years. From 2025–2026 to 2027–2028, the College will focus on establishing and consolidating these postgraduate programmes while maintaining the quality of the BDS programme. This development will also strengthen specialist supervision and utilize the College's diverse, community-derived clinical case mix as a key educational strength.

The Community Needs Assessment identifies persistent caries and periodontal disease, limited access to dental treatment among uninsured and lower-income groups, and growing demand associated with population, industrial and hospitality expansion in Ras Al Khaimah. Priority groups are school-age children, industrial, construction and hospitality workers, people of determination, residents of specialized care centres, senior citizens (geriatric patients) and patients with diabetes. The plan therefore connects academic growth with service access, prevention and measurable community benefit.

Strategic Outcomes by 2028

- Three MDS programmes established and operating with approved curricula, adequate faculty, monitored clinical exposure and annual programme evaluation.
- A contemporary BDS programme with demonstrable achievement of programme learning outcomes, professional competencies and graduate readiness.
- Safe and people-centred care supported by reliable HIMS data, medication management, incident learning, infection prevention and accreditation readiness.
- Community programmes targeted to documented need, with complete beneficiary data, referral pathways and follow-up reporting.

- Increased research quality, collaboration and translation into education, patient care and community programmes.
- More sustainable use of resources, improved workforce capability and stronger governance of performance, risk and quality improvement.

2. Institutional Profile

RAK College of Dental Sciences is a constituent college of RAK Medical and Health Sciences University. The College commenced the Bachelor of Dental Surgery programme in 2007 and provides preclinical, clinical and community-based education. Its teaching dental hospital delivers comprehensive dental services to a diverse population, including patients who may have limited access to insured or private dental care. Clinical services, student learning, community engagement and research are therefore closely connected.

The 2025-2028 cycle will mark a significant institutional phase. In addition to the BDS programme and internship training, RAKCODS plans to introduce postgraduate clinical programmes, subject to institutional and regulatory requirements. This planned growth will require deliberate provision for faculty capacity, specialist case allocation, clinical space, equipment, research supervision, quality assurance and patient safety.

3. Planning Basis and Method

This plan has been prepared through review of the Strategic Plans 2019-2022 and 2022-2025, the Community Needs Assessment 2025-2028, institutional service and outreach data available before AY 2025-2026, programme development requirements, stakeholder feedback mechanisms and current quality and patient safety priorities. The plan will retain relevant strategic themes from the previous cycles, carry forward unfinished priorities and introduce new objectives for the anticipated institutional context.

Planning Principles

- Continuity with the College's approved vision, mission and established areas of work.
- Evidence-based priorities derived from community need, programme data, patient experience, student feedback and risk information.
- A limited set of measurable objectives with named owners and annual milestones.
- Integration of undergraduate education, postgraduate education, patient care, research and community service.
- Annual review so that targets can be refined when verified baselines or regulatory requirements change.

4. RAKCODS Vision, Mission and Core Values

Vision

To be a leading dental education and healthcare institution in the UAE and GCC region, recognized for academic excellence, safe patient care, relevant research and accountable service to the community.

Mission

To educate competent and ethical dental professionals through evidence-based undergraduate and postgraduate programmes; provide safe, comprehensive and people-centred oral healthcare; advance knowledge through research and innovation; and respond to the oral health needs of the communities we serve.

Core Values

Value	Meaning in Practice
Honesty and integrity	Upholding a commitment to truthfulness and ethical conduct, ensuring transparency and trust in all interactions.
Community and client centredness	Prioritizing the needs and well-being of both the broader community and individual clients, fostering a sense of belonging and shared purpose.
Diversity, Equity and Inclusion	Striving for fairness and impartiality, acknowledging and addressing disparities to ensure equal opportunities and treatment for all individuals.
Patient safety	Dedication to providing a secure and vigilant healthcare environment, minimizing risks and ensuring the well-being of patients at all times.
Healthy and safe work environment	Establishing a workplace that prioritizes the physical and mental well-being of employees, fostering a culture of safety and care.
Excellence and continuous quality improvement	Committing to the pursuit of excellence in all aspects of work, coupled with an ongoing dedication to refining processes and practices for continuous enhancement.
Student centricity	Placing students at the core of educational practices, tailoring learning experiences to their needs and providing a supportive and enriching environment.
Lifelong learning	Encouraging a culture of continual personal and professional development, recognizing the value of learning throughout one's life.
Innovation and Sustainability	Fostering a culture that embraces creativity and forward-thinking, encouraging the development and implementation of new ideas and solutions.
Client and family centred care	Ensuring that healthcare services are not only patient-focused but extend to include the support and involvement of families, recognizing the importance of holistic care.

5. Environmental and Community Context

Community Evidence

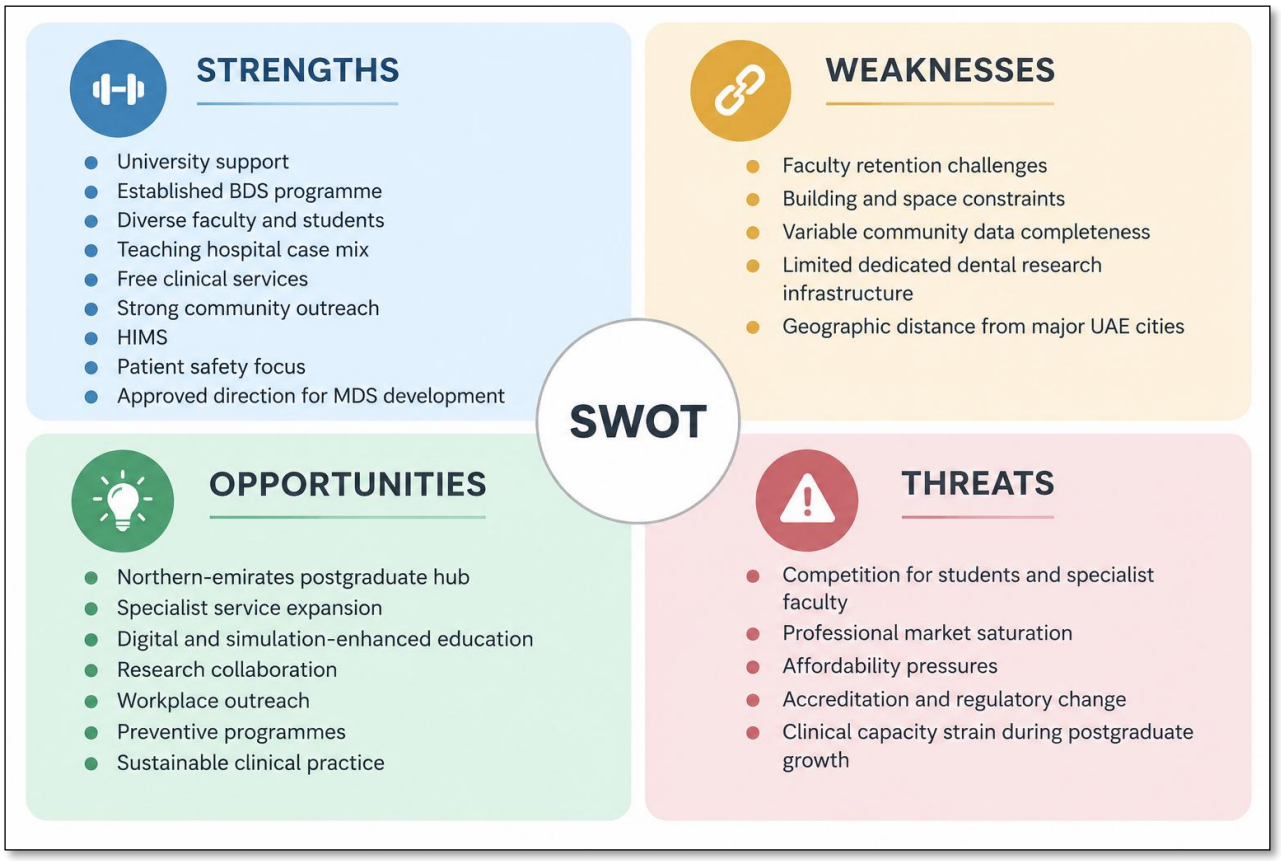
The Community Needs Assessment 2025-2028 describes a growing and predominantly expatriate population in Ras Al Khaimah, with many residents employed in industrial, construction, logistics and hospitality sectors and without comprehensive dental insurance. Attendance is often symptom-driven. Caries and periodontal disease remain common, while the pattern of decayed, missing and filled teeth indicates a considerable unmet treatment need.

Evidence	Planning implication
Population growth and workforce expansion	Maintain treatment capacity and extend outreach to workplaces and underserved groups.
High caries burden and low filled component	Combine prevention with referral, treatment access and follow-up.
Widespread gingival inflammation and adult periodontal burden	Strengthen preventive periodontal care and use the Periodontics programme to expand specialist capacity.
Orthodontic need and limited affordability	Consolidate specialist training and define equitable case-selection and referral pathways.
Substantial missing-tooth burden	Use Prosthodontics training and service planning to address functional rehabilitation needs.
Variable fluoride exposure by water source	Measure local fluoride exposure before proposing a population-level fluoride strategy.
Priority populations	Target schoolchildren, workers, people of determination, specialized care centres, senior citizens and patients with diabetes.

Service and Outreach Baseline

Measure	Baseline available before AY 2025-2026	Use in this plan
New patients	7,010 in AY 2024-2025	Capacity and access monitoring
Completed procedures	19,201 in AY 2024-2025	Service volume and educational exposure
School screening	1,745 children across 14 visits in AY 2024-2025	Annual preventive reach and targeting
Community visits	No separate non-school community visits formally recorded in AY 2024-2025	Expansion of priority-group outreach and complete beneficiary reporting
Postgraduate programmes	Orthodontics and Prosthodontics planned for AY 2025-2026; Periodontics planned for AY 2026-2027	Readiness, implementation and quality assurance

Strategic SWOT Summary



6. Strategic Direction

RAKCODS will strengthen its role as a dental education and clinical service institution for Ras Al Khaimah and the northern emirates. Growth will be selective and evidence based. The immediate priority will be to launch Master's Programs based on the need based survey and place all MDS programmes on a stable academic, clinical and resource foundation while protecting the quality and capacity of the BDS programme and teaching dental hospital.

Patient safety, people-centred care and social accountability will guide decisions about curriculum, clinical services, research and community activity. The College will use reliable data, stakeholder participation and structured quality improvement to determine whether strategic actions produce measurable educational, clinical and community benefit.

7. Strategic Framework

Pillar	Strategic theme	Intended result
1	Education and learner success	Contemporary BDS education, competent graduates, learner support and faculty capability
2	Postgraduate education and specialist development	Planned introduction and consolidation of Orthodontics, Prosthodontics and Periodontics MDS programmes
3	Patient safety and clinical excellence	Safe, comprehensive, people-centred care supported by reliable systems
4	Community engagement and social accountability	Services and prevention aligned with priority population needs
5	Research innovation and knowledge translation	Relevant research, collaboration and practical use of findings
6	People infrastructure digital systems and sustainability	Capable workforce, fit-for-purpose facilities, data quality and responsible resource use
7	Governance quality and institutional resilience	Transparent oversight, accreditation readiness, risk management and continuous improvement

8. Three Year Strategic Planning

The milestones below indicate the intended sequence across the three academic years. Annual operational plans may refine activities and targets after baseline validation, regulatory review and resource approval, without changing the strategic intent.

1.1. Education and Learner Success

Strategic goal Deliver a contemporary BDS programme that develops competent, ethical and practice-ready graduates.

Objectives	Action Plan	Indicators	Timeline	Responsibility
1.1 Curriculum and competencies	Map the BDS curriculum to current national requirements, programme learning outcomes and professional competencies; close identified gaps.	Approved curriculum map; 100 percent of courses mapped; annual closure of curriculum actions	AY 2025-2026 Complete gap analysis and priority revisions AY 2026-2027 Implement revisions and evaluate outcomes AY 2027-2028 Complete cycle review and approve next improvements	Dean; Curriculum Committee

Objectives	Action Plan	Indicators	Timeline	Responsibility
1.2 Learning outcomes	Use course and programme data, assessment quality review and clinical competency evidence to monitor achievement.	All course files complete; benchmark achievement reported; action plans for outcomes below target	AY 2025-2026 to 2027-2028 Standardize reporting in alignment with RAKMHSU QAIE Department	Dean; Assessment Committee
1.3 Clinical readiness	Ensure progressive clinical exposure, calibrated supervision and completion of approved requirements without compromising patient need or safety.	100 percent of graduates meet approved clinical competencies; completion and case-mix monitored each semester	AY 2025-2026 to 2027-2028 Define case-mix and escalation rules Review adequacy and equity of allocation Evaluate graduate and employer feedback	Dean; Chair Clinical Sciences
1.4 Learner support and professionalism	Strengthen academic advising, wellbeing support, remediation, ethics and professional conduct systems.	Advising coverage 100 percent; remediation tracked; professionalism concerns reviewed within approved timelines	AY 2025-2026 to 2027-2028 Standardize referral and documentation Evaluate trends and preventive actions Demonstrate improvement in recurrent issues	Dean; Student Affairs; Ethics Committee
1.5 Faculty capability	Maintain discipline-appropriate staffing and provide development in teaching, assessment, supervision, technology and patient safety.	Staffing reviewed annually; faculty development participation at least 80 percent; calibration completed in all clinical disciplines	AY 2025-2026 to 2027-2028 Needs analysis and recruitment plan Targeted development and calibration Evaluate impact and retention	Dean; HR; CPD Committee

1.2. Postgraduate Education and Specialist Development

Strategic goal Introduce and consolidate planned MDS programmes and establish RAKCODS as the postgraduate dental training provider for the northern emirates.

Objectives	Action Plan	Indicators	Timeline	Responsibility
2.1 Orthodontics MDS	Launch the Masters in Orthodontics and Dentofacial Orthopedics in AY 2025 2026 and develop a sustainable academic and clinical pathway.	Annual programme report; adequate faculty and case mix; progression and retention monitored; stakeholder feedback reviewed	AY 2025-2026 Launch first cohort and monitor initial delivery AY 2026-2027 Consolidate cohorts and review resources and case sufficiency AY 2027-2028 Complete programme evaluation and improvement plan	Dean; MDS Programme Coordinator
2.2 Prosthodontics MDS	Launch the Masters in Prosthodontics in AY 2025 2026 and align complex rehabilitation cases with supervised learning.	Annual programme report; approved case mix achieved; laboratory and clinical capacity reviewed	AY 2025-2026 Launch first cohort and establish laboratory and case-allocation workflows AY 2026-2027 Consolidate cohorts and evaluate clinical outcomes and resource demand AY 2027-2028 Complete programme evaluation and improvement plan	Dean; MDS Programme Coordinator
2.3 Periodontics MDS	Prepare and launch the Masters in Periodontics in AY 2026-2027, subject to readiness and approvals and linked to documented community and hospital need.	Readiness requirements completed; programme launched as approved; first-cohort progress and specialist case pipeline monitored	AY 2025-2026 Complete curriculum, approval, faculty, facility and recruitment readiness AY 2026-2027 Launch and monitor first cohort AY 2027-2028 Evaluate first-year delivery and capacity	Dean; MDS Programme Coordinator
2.4 Future programme decisions	Consider additional programmes only after the three planned programmes demonstrate academic, clinical, financial and workforce stability.	Documented needs and feasibility study; capacity and regulatory approval before any launch	AY 2025-2026 Define decision criteria AY 2026-2027 Review evidence and institutional capacity AY 2027-2028 Recommend proceed defer or decline	RAKCODS Leadership

1.3. Patient Safety and Clinical Excellence

Strategic goal Provide safe, comprehensive and people-centred care and use clinical learning systems to reduce avoidable harm.

Objectives	Action Plan	Indicators	Timeline	Responsibility
3.1 Quality and patient safety	Maintain an annual patient safety plan, quality improvement register and quarterly reporting to leadership.	Quarterly QPS reports; action closure rate at least 90 percent by due date; annual training completion at least 90 percent	AY 2025-2026 to 2027-2028 Annual patient safety trainings Kaizen Workshops Improve closure and learning dissemination Evaluate trend and sustained improvement	QPS Office; Leadership
3.2 Incident learning and just culture	Promote reporting, timely review, feedback and system-focused learning from incidents and near misses.	100 percent of serious events reviewed within policy timelines; quarterly trend analysis; feedback documented	AY 2025-2026 to 2027-2028 Refresh awareness and taxonomy through Annual Workshops Evaluate reporting culture and recurrence	QPS Office
3.3 Medication safety	Strengthen medication reconciliation, allergy documentation, prescribing controls and antimicrobial stewardship through HIMS and audit.	Allergy status recorded in at least 95 percent of applicable records; annual prescribing audit; stewardship actions completed	AY 2025-2026 to 2027-2028 Confirm workflow and baseline Implement audit and feedback Demonstrate sustained compliance	QPS Office
3.4 Infection prevention and CSSD	Monitor hand hygiene, instrument reprocessing, sterilization, environmental cleaning and occupational safety.	Compliance audits completed to schedule; critical failures corrected immediately; annual trend reported	AY 2025-2026 to 2027-2028 Align tools and responsibilities Introduce targeted improvement and automation where feasible Evaluate sustained compliance	IPC Committee; Nursing; CSSD

Objectives	Action Plan	Indicators	Timeline	Responsibility
3.5 Patient experience and continuity	Use patient feedback, complaints, waiting-time data and treatment continuity measures to remove barriers.	Patient experience surveys; Complaints closed within acceptable timelines	Continuous	People Centred Care Committee; QPS Office
3.6 Accreditation readiness	Maintain readiness for national and international accreditation through evidence control, mock reviews and action tracking.	100 percent of assigned accreditation actions closed by due date; mock-review findings tracked	Continuous	Leadership

1.4. Community Engagement and Social Accountability

Strategic goal Direct outreach, prevention and access initiatives towards documented priority groups and report their outcomes.

Objectives	Action Plan	Indicators	Timeline	Responsibility
4.1 Targeted Community Outreached Programmes	Plan annual outreach for schoolchildren, workers, people of determination, specialized care centres, senior citizens and patients with diabetes.	At least 1,500 people screened or educated annually subject to approved capacity; priority-group coverage reported	AY 2025-2026 to 2027-2028 Approve target map and schedule Expand workplace and priority-group partnerships Evaluate reach, equity and outcomes	Community Services Committee
4.2 Community partnership	Use feedback from schools, employers, patients, families and community organizations in planning and evaluation.	Feedbacks and suggestions as obtained from the PCCC meetings	Continuous	People Centred Care Committee

1.5. Research Innovation and Knowledge Translation

Strategic goal Increase relevant and ethical research and apply findings to education, clinical practice and community programmes.

Objectives	Action Plan	Indicators	Timeline	Responsibility
5.1 Research Projects for undergraduates	Strengthen undergraduate participation in research through structured training in research methodology, biostatistics, proposal development, ethical research conduct, and supervised research projects.	At least two structured research-development activities conducted annually; number of undergraduate research projects initiated/completed; student participation and feedback documented.	AY 2025–2026 to 2027-2028 Strengthen mentoring and project supervision. Evaluate research participation, completion, and quality.	Research Committee; CPD
5.2 Research capacity of postgraduates	Strengthen postgraduate research capacity through structured supervision, advanced research training, scientific writing, data analysis, presentation, and dissemination of research findings.	Postgraduate research projects completed according to programme requirements; participation in research training documented; presentations, conference participation, and publications tracked annually.	AY 2025–2026 to 2027-2028 Strengthen research training, supervision, and dissemination support. Evaluate project completion, dissemination, and research quality.	Programme Coordinators; Research Supervisors
5.3 Collaboration and funding	Develop and strengthen research collaborations with academic institutions, healthcare organizations, and other relevant partners while pursuing appropriate internal and external research funding opportunities.	Number of active research collaborations; number of collaborative research projects; number of internal/external grant applications submitted and funding secured; annual research collaboration and funding report.	AY 2025–2026 to 2027-2028 Map potential partners and funding opportunities. Develop collaborations and submit funding proposals. Evaluate outcomes, funding success, and continuation of productive partnerships.	Dean; Programme Coordinators; Research Committee

Objectives	Action Plan	Indicators	Timeline	Responsibility
5.4 Research Publications	Strengthen research dissemination by supporting manuscript preparation, scientific writing, peer review, journal selection, and submission of completed research to appropriate peer-reviewed journals.	Number of manuscripts submitted; number of peer-reviewed publications accepted/published; publication output tracked annually; increase in publications compared with the verified AY 2024–2025 baseline.	AY 2025–2026 to 2027-2028 Establish publication baseline and strengthen scientific writing support. Increase manuscript preparation and journal submissions. Evaluate publication output, quality, and research impact.	Research Committee

1.6. People Infrastructure Digital Systems and Sustainability

Strategic goal Provide the workforce, environment, information systems and resources needed for safe and sustainable growth.

Objectives	Action Plan	Indicators	Timeline	Responsibility
6.1 Workforce planning and retention	Review staffing against BDS, internship, MDS, research and clinical service requirements and act on priority gaps.	Annual workforce plan; vacancy and turnover trends reported; critical posts have mitigation plans	AY 2025-2026 to 2027-2028 Confirm capacity model annually Implement retention and succession actions Evaluate staffing stability	Dean; HR; University leadership
6.2 Clinical and learning infrastructure	Prioritize space, equipment, simulation, laboratory and patient-flow improvements using risk and programme need.	Annual capital priority list; preventive maintenance completed to schedule; critical downtime tracked	AY 2025-2026 to 2027-2028 Complete capacity and flow review annually before academic year begins Implement approved priorities based on leadership walks Evaluate benefit and remaining gaps	Leadership; Dean; Chairperson Clinical Sciences; Biomedical Engineering

Objectives	Action Plan	Indicators	Timeline	Responsibility
6.3 HIMS and data quality	Improve the completeness, reliability, accessibility and governance of electronic clinical and performance data.	Quarterly data-quality audits based upon the reports available on HIMS; HIMS downtime	Continuous	HIMS Team
6.4 Financial sustainability	Assess the recurrent and capital implications of strategic initiatives and postgraduate growth.	Annual budget aligned to approved priorities; variance and sustainability risks reported	Continuous annually	Leadership; Dean; Finance

1.7. Governance Quality and Institutional Resilience

Strategic goal Use accountable governance, risk management and continuous improvement to deliver and sustain the plan.

Objectives	Action Plan	Indicators	Timeline	Responsibility
7.1 Strategic oversight	Maintain and review progress through the Leadership Committee	Annual performance measures	Continuous	Leadership Committee
7.2 Risk management	Maintain an integrated risk register covering academic quality, patient safety, workforce, infrastructure, finance, digital systems and reputation.	Annual risk management review; treatment plans for all high risks; overdue controls escalated	AY 2025-2026 to 2027-2028 Align risk taxonomy and owners Test controls and contingencies Evaluate residual risk and next-cycle needs	Risk Owners; Leadership
7.3 Quality improvement	Use Kaizen and formal QIP methods to address priority academic, clinical and operational problems.	Documented quality improvement projects	Continuous	Leadership; QPS

9. Governance Monitoring and Review

The Leadership is accountable for the plan and coordinates implementation, reviews the institutional dashboard and escalates significant delays, risks or resource constraints to the College Council and the appropriate University authority. Each lead named in the implementation plan is responsible for operational actions, evidence and timely reporting.

Source Documents

- RAKCODS Strategic Plan 2019 2022.
- RAKCODS Strategic Plan 2022 2025.
- RAKCODS Community Needs Assessment and Outreach Programs 2025 2028

This strategic plan should be read with approved programme specifications, annual operational plans, risk registers, quality improvement plans and applicable University and regulatory policies.

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