



ANKARA YILDIRIM BEYAZIT UNIVERSITY
QUALITY COORDINATION
DOCUMENT MANAGEMENT PROCEDURE

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1. PURPOSE

The purpose of this procedure is to establish a standard method for the preparation, coding, control, review, approval, distribution, updating and/or revision/termination of the University's Quality Management System (QMS) documents, as well as the principles for protecting the data held, and to define the authorities and responsibilities within this scope.

2. SCOPE

This procedure covers all documents within the QMS and serves as a model for all other documents to be created in terms of structure.

3. DEFINITIONS

Document: All documents used during the implementation and development of all activities carried out at our university,

Procedure:A document that describes how a process consisting of activities is executed,

Period:A sequence of activities that use inputs and are related to or interact with each other in order to achieve a desired outcome.

Workflow:A method of visually representing the steps and decisions necessary for a process to take place, in a sequential manner and using appropriate shapes.

Indicator:Tools that contribute to improvement activities in a subject area by quantifying and making it measurable,

Indicator Card:Information cards are prepared specifically for each indicator, containing essential information regarding the management of the indicator, such as its purpose, calculation method, and data source to be used in the calculation.

Instructions:A document that includes the steps involved in a single activity.

Form:The document prepared for writing or filling in the requested data or information,

List:A document in which similar elements are arranged sequentially,

External Document:Documents that were not prepared by the institution itself but are used in carrying out its activities,

Document Title:The subject matter to which the document relates,

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Document Code:The identification system, created in accordance with the rules defined in the document management procedure by the Institution, ensures the traceability of the document.

Publication Date:The date the document came into effect,

Revision Date:The date the document was last updated,

Revision Number:How many times the document has been updated,

Quality Commission:The commission responsible for organizing and conducting quality assessment and assurance, measurement and evaluation studies, and accreditation studies at the university.

Head of the Quality Commission:The University Rector, or in the Rector's absence, the relevant Vice-Rector,

Quality Coordination Office:The unit responsible for ensuring coordination between the Quality Commission and the university's units, monitoring the university's quality performance, identifying improvement needs, and preparing reports to be submitted to the Higher Education Council by the Quality Commission.

Quality Coordinator: Academic staff responsible for the University's Quality Coordination Office,

Unit:Academic and administrative units and application and research centers affiliated with the university,

Unit Quality Commission:The commission responsible for organizing and conducting quality assessment and assurance, measurement and evaluation, and accreditation studies in the units of Ankara Yıldırım Beyazıt University.

Head of Unit Quality Commission:The chairperson of the commission responsible for organizing and conducting quality assessment and assurance, measurement and evaluation, and accreditation studies in the units of Ankara Yıldırım Beyazıt University.

Archive:The preservation and evaluation of all types of visual, written, and data information documents that have administrative, legal, testimonial, or institutional value, or that are produced for reuse, by ensuring that they are stored in an organized manner and under appropriate conditions.

Backup:Recordings in electronic format are transferred at regular intervals from their original electronic format to another electronic/magnetic medium (external/internal disks, tapes, or various other electronic/magnetic media).

It refers to the backup of data (to electronic/magnetic media).

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4. RESPONSIBILITY

The Quality Coordinator is responsible for the preparation, review, submission for review, publication, and revision of documents related to the University's Quality Management System, while the Head of the Unit Quality Commission is responsible for the preparation, review, submission for review, publication, and revision of documents related to the unit's quality management system.

The Quality Coordinator is responsible for the preparation and management of this procedure.

5. APPLICATION

Procedure, process, dashboard, The steps for implementing instructions, forms, and other documents are outlined below:

5.1. Identifying the need:The need for new documentation related to existing or newly designed processes/services is determined by the members of the Quality Committee/Unit Quality Commission, after consulting with the Quality Coordinator/Head of the Unit Quality Commission.

5.2. Identifying those who will prepare it:It is essential that the draft document be prepared by the Quality Commission Members/Unit Quality Commission Members. The Quality Coordinator/Unit Quality Commission Chairman determines how, by whom, and by when the new document or revision will be prepared. The Quality Coordinator determines how, by whom, and by when documents used jointly by multiple units will be prepared.

5.3. Preparation and coding of the draft document:The person(s) assigned to prepare the document shall prepare the draft document electronically, in collaboration with the Quality Coordinator/Unit Quality Commission Head when necessary, and shall perform the required coding as described in Clause 5.4.

5.4.1. Unit CodeThe unit codes to be used within the scope of our University's Document Management Procedure are in Annex-1 (p.9). The unit codes determined by the Quality Coordination Office have been created taking into account the number of documents of the units. The unit codes of the newly opened units in our University and whose codes are not included in

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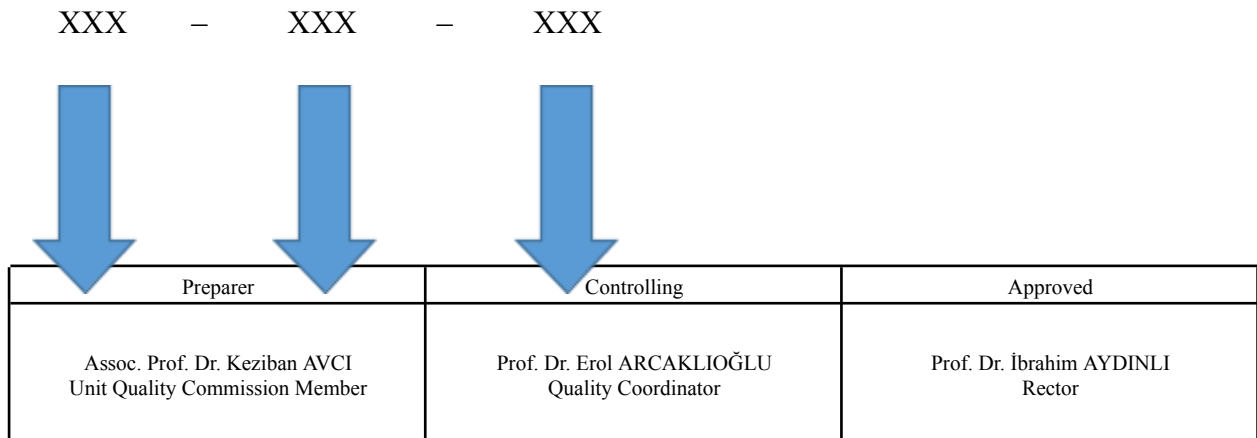
the list will be determined by the Quality Coordination Office within a maximum of six (6) months following the notification of the unit quality commission chairman / unit quality representative to the Coordination Office, taking into account the unit code preparation system.

5.4.2. Document Code:The documents and their abbreviated codes found in the QMS are as follows:

- ✓ Quality Management System QMS
- ✓ Quality ManualKEK
- ✓ Processes.....SRÇ
- ✓ Procedures PRD
- ✓ Workflows.....IAS
- ✓ Indicator Cards.....GÖK
- ✓ Instructions TLM
- ✓ Job Descriptions GVT
- ✓ Forms FRM
- ✓ ListsLST
- ✓ External DocumentsDKD

5.4.3. Document Sequence Number:Each document is numbered sequentially, starting with 001 for the first document created, and using three-digit numbers. Different groups of documents, such as procedures, forms, lists, and instructions, are each numbered starting from 001.

Figure 1: Document Encoding





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BİRİM KODU	DOKÜMAN KODU	DOKÜMAN SIRA NO
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All QMS documents (QMS, Procedures, Processes, Workflows, Dashboards, Job Descriptions, Instructions, Forms, etc.) are coded as described above.

Table 1: Example Document Coding

Document Group	Coding
Quality Manual	003-KEK-001
Workflows	003-İAŞ-005
Processes	003-SRÇ-001
Procedures	003-PRD-001
Dashboards	124-GÖK-002
Forms	003-FRM-001
Instructions	003-TLM-001
Job Descriptions	001-GRV-035

5.4.4. Document Page Layout:In all documents as header information The following information must be included in the draft document: “University Logo/Name”, “Document Code”, “Publication Date”, “Revision Date”, “Revision Number”, “Page Information”, and “Document Title (heading)”. The publication date, revision date, and revision number fields should be left blank in the draft document. The document font should be Times New Roman and the size should be 12 points. Columns for the author, reviewer, and approver must be included at the bottom of each page, and these columns must contain the titles and names. Each page of the

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draft document must contain red text.**DRAFT**It contains a watermark. After the prepared document is coded, it is sent to the Quality Coordinator/Head of the Unit Quality Committee with an official letter (e-signature).

5.5. Checking the draft document:The Quality Coordinator/Head of the Unit Quality Committee reviews the draft document for format, content, compliance with reference standards, coding, and correct linking to other processes and documents. If any deficiencies or errors are found, the document is returned to the preparer for necessary revisions. If deemed appropriate, the draft document is submitted for review.

5.6. Submission of the draft document for review:

5.6.1.The prepared draft documents are published by the Quality Coordinator/Head of the Unit Quality Committee on the Quality Management System (QMS) website under the "Draft Documents" section.

5.6.2.The Quality Coordinator/Head of the Unit Quality Commission will send an official letter containing the website address where the draft document was published and the deadline for feedback to the Quality Coordination Office via the Electronic Document Management System (EBYS), and to other units/relevant units via official letter and/or email. The deadline for feedback will be 7 business days from the next business day following the publication date of the draft document.

5.7. Review and comment on the draft:Opinions regarding the draft document must be submitted to the publishing unit via official letter and/or email by the specified date. If no feedback is received by the specified date, it will be considered a positive opinion. The Quality Coordinator/Unit Quality Committee Head may hold a meeting with the Unit Quality Committee Heads on the draft distribution list to gather their opinions. Meeting minutes should be recorded when opinions are gathered. Based on the feedback received, the Quality Coordinator/Unit Quality Committee Head will make the necessary adjustments to finalize the document. (Red color)**DRAFT**The document is submitted for approval after the watermark is removed.

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5.8. Document Approval:The finalized documents have been submitted to the Quality Coordinator/Head of the Unit Quality Committee. It is submitted to the Rector/Chief Physician for approval.

	University Quality Management System Documents	Unit Quality Management System Documents	Hospital Quality Management System Documents
Preparer	Quality Commission	Unit Quality Commission	Unit Quality Commission
Controlling	Quality Coordinator	Head of Unit Quality Commission	Head of Unit Quality Commission
Approved	Rector	Rector	Chief Physician

5.9. Recording, storage and publication of the document:

5.9.1. The original electronically signed document will be kept until it becomes obsolete.

5.9.2. Feedback received via email/official letter regarding the draft document, as well as meeting minutes, will be stored in the "Draft" file in the same format (digital or printed) for at least one year after the document comes into effect.

5.9.3. Approved documents are published in PDF format by the Quality Coordinator/Head of the Unit Quality Committee on the Quality Management System (QMS) website under the "Current Document List" section. The publication date of the document is written as the date it was published on the website. At this stage, the "Revision Date" and "Revision Number" will be shown as "00".

5.9.4. The publication date and a copy of the approved and published documents are sent to the Quality Coordination Office by the Head of the Unit Quality Commission via official letter.

5.10. Announcement of the document to employees:

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5.12.1. The published document, along with its website address, is announced to all units/relevant units via e-mail and/or on the units' websites by the Quality Coordinator/Unit Quality Committee Head.

5.12.2. The Quality Coordinator/Head of the Unit Quality Committee is responsible for communicating this document to all unit employees via one or more of the following methods: meetings, email, official letter, or SMS, ensuring that it is read, and providing proof of this announcement when necessary.

5.11. Document revision:

5.11.1. Documents may be revised as needed due to operational changes or corrective/preventive actions. Employees at all levels can request revisions (updates). Revision requests can be found in the QMS documents on the Quality Coordination website."Revision Request Form" This is done by communicating the revision request to the relevant unit via email and/or official letter. The reason for the revision request and the desired changes are specified in detail. The Quality Coordinator/Head of the Unit Quality Committee makes a decision to ACCEPT or REJECT the revision request after receiving the opinion of the Quality Coordination Office/Unit Quality Committee.

5.11.2 If the decision is ACCEPTED, the stages and responsibilities for revising, checking, reviewing, and approving the document are the same as for preparing a new document.

5.11.3. The code of the revised document remains unchanged. Only the revision number is increased by one (from Rev: 00 to Rev: 01). The publication date, which is the date of the initial publication of the revised document, also remains the same.

5.11.4. If necessary, related procedures, processes, forms, lists, instructions, etc., to the revised document should also be revised.

5.11.5. Sections revised in the documents *italic* It is represented by letters.

5.11.6. Emails and official letters regarding the document revision. It must be stored in its original medium (digital or printed) for at least one year.

5.11.7. A copy of the revised document is sent by the Head of the Unit Quality Commission to the Quality Coordinator via official letter.

5.12. Termination and destruction of the document:

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5.12.1. The documents may be discontinued if deemed necessary as a result of possible operational changes or corrective/preventive actions.

5.12.2. The document may be revoked upon the opinion of the Quality Commission/Unit Quality Commission, the decision of the Quality Coordinator/Unit Quality Commission Chairperson, and the approval of the Rector.

5.12.3The document that is no longer in effect will be removed from the website.

5.12.4.Uncontrolled copies are collected and destroyed by tearing them up.

5.12.5. Emails and official letters regarding the termination of the document. It must be stored in its original medium (digital or printed) for at least one year.

5.12.6. The code of the repealed document and the date of repeal are officially notified to the Quality Coordination Office by the Head of the Unit Quality Commission.

5.13. Security:

5.13.1.Printed QMS documents are stored and secured by the relevant units.

5.13.2.The Quality Management System (QMS) documents in the digital environment can only be viewed within the campus. Access to QMS documents from outside the campus and from foreign IP addresses is blocked by the Information Technology Department.

5.14. External documents:

5.14.1.Unit Quality Committees identify the externally sourced documents they use and create document codes. Unit Quality Committees are responsible for using the most up-to-date externally sourced documents and keeping them current.

5.14.2. The selected externally sourced documents are published on the Unit Quality Commission website by the Head of the Unit Quality Commission, and the publication date and a signed copy of the document are officially communicated to the Quality Coordination Office in writing.

5.14.3.The University General Secretariat, Hospital Chief Physicians' Offices, Dean's Offices, and Department Heads notify the relevant Unit Quality Commissions of incoming external documents and reported changes via official written correspondence.

5.15. Preparation of Documents via the Information Management System

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Our university can evaluate the adequacy of the information management system used in quality management processes and conduct document preparation processes through an electronic information management system. In this case, the relevant system is notified to those authorized to prepare documents, and these processes are carried out electronically.

6. RELATED DOCUMENTS:

Regulations Concerning State Archival Services

Law on the Destruction of Documents and Materials No Longer Needed for Preservation

Higher Education Institutions Standard File Plan with Retention Periods

Regulation on Principles and Procedures to be Applied in Official Correspondence

Quality Management System Documents

003.FRM.001 Revision Request Form

EC-1

AYBU UNIT CODES

Rectorate (Senate, Board of Directors)	001
General Secretariat	002
Quality Coordination	003
Information Technology Department	004
Press, Public Relations and Promotion Directorate	005
External Relations Coordination Office	006
Revolving Fund Management Directorate	007
Legal Counsel	008
Department of Administrative and Financial Affairs	009
Occupational Health and Safety Coordination	010
Library and Documentation Department	011
Student Affairs Department	012
Personnel Department	013
Department of Health, Culture and Sports	014
Strategy Development Department	015

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