The Internal Quality Assurance System

النظام الداخلي لضمان الجودة

IQAS

King Saud bin Abdulaziz University for Health Sciences

جامعة الملك سعود بن عبد العزيز للعلوم الصحية

dqm.ksau-hs.edu.sa

IQAS - 001 - 2014

King Saud bin Abdulaziz University for Health Sciences

Development & Quality Management Affairs

IQAS

The Internal Quality Assurance System

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President Address

The Kingdom of Saudi Arabia has continued its tremendous investment to enhance human resources and capabilities. Recently, under the leadership of Custodian of the Two Holy Mosques, King Abdullah bin Abdulaziz, this progress has materialized in boosting higher education and was reflected on progressive development in academic and scientific domains. The Ministry of Higher Education has translated this support in expanding the number of universities with emphasis on both quantity and quality. This is alongside with national advancement in many aspects such as those in the economic, health, and social sectors.

King Saud bin Abdulaziz University for Health Sciences is committed to excellence and demonstrates this through its application of high quality measures in health-sciences education. The Internal Quality Assurance System (IQAS) presented here reflects one of our values by showing our commitment to achieve highest standards of quality in education, research and administration. This would defiantly complement the excellence achieved by the Health Affairs of the Ministry of National Guard.

The IQAS is grounded in research and best practices in quality and we hope that it further enhances the quality culture in the University Community. It admirably demonstrates our collective view to graduate health care professionals who are competent to start their professional career and serve our national healthcare system. Therefore, in an effort to achieve excellence based on high quality, our internal quality system should exceed external quality standard and should be ready to be challenged whenever needed. This will ultimately facilitate the process of accreditation with national and international agencies.

HE Dr. Bandar Al Knawy, MD, FRCPC
President, King Saud bin Abdulaziz
University for Health Sciences

Vice President Address

It is our pleasure, at the Development and Quality Management Affairs, to present to the KSAU-HS community the Internal Quality Assurance system (IQAS). We are proud that this system was internally developed after comprehensive situational analysis which included engagement of different internal stakeholders. KSAU-HS managed to implement innovative curricula supported by the appropriate technology and successfully planned and conducted efficient continuous faculty enhancement program. This was also complimented with the accomplishment of the accreditation of postgraduate training programs with the Saudi Commission for Health Specialties. The recent movement of KSAU-HS to the state of the art campuses has further advanced the academic environment. Therefore, it is the responsibility of the University community to sustain the already established high quality and build on it further creativity, innovation and excellence.

As it is a mandatory national requirement that each University should receive the institutional accreditation by the National Commission for Assessment and Academic Accreditation (NCAAA), IQAS is designed to at least achieve their standards. Achieving institutional and program accreditation with the NCAAA is not the only ultimate goal. KSAU-HS will also encourage international accreditation processes of its programs and non-academic activities as well. Having more emphasis on accreditation reflects the KSAU-HS intention to utilize it as a tool to challenge its internal quality by independent external bodies.

With the support of our President HE Dr. Bandar Al-Knway and other Vice Presidents, we trust that the KSAU-HS community would work together to achieve the vision of the University and deliver its mission in a collaborative interactive Environment.

Prof. Mohamed S. Al-Moamary
Vice President, Development and
Quality Management, KSAU-HS

Acknowledgment

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Acronyms

NCAAA	The National Commission for Academic Accreditation and Assessment
KSAU-HS	King Saud bin Abdulaziz University for Health Sciences
DOQ	The Deanship of Quality Management
DQM	Development and Quality Management
IQAS	The Internal Quality Assurance System
KPIs	Key Performance Indicators
SSRI	Self Study Report for Institutions
MOHE	Ministry of Higher Education
BIRQ	The Board of Internal Reviewers for Quality
QAAA	Quality Assurance and Academic Accreditation
Dean	Dean of respective College or Deanship

THE INTERNAL QUALITY ASSURANCE SYSTEM

I. INTRODUCTION

Accreditation is the means by which a University can demonstrate to its students, employees, parents and members of the community that it is fulfilling its mission of providing the best education. The accreditation process, whether nationally or internationally, is considered an improvement monitoring tool to ensure that an institute can provide a high quality education rather than a target *per se*. Hence, quality is assessed through collected evidence, data that report on specific performance indicators and challenging external benchmarks. This includes inputs and processes with a particular focus on outcomes and its related indicators. Therefore, quality assurance is an ongoing process by which the University maintains its achieved excellence. On the other hand, accreditation is a periodic process that demonstrates the institution achieved excellence that is necessary to assure a positive judgment which reflects the educational processes at the time of accreditation site visit.

With the rapid expansion of Universities in the Kingdom of Saudi Arabia, an internal accrediting body has been set up on 2005. This body, the National Commission for Academic Accreditation and Assessment (NCAAA), has a set of processes that a university has to satisfy in order to be accredited. The NCAAA mandates that *each University has to have a Quality Assurance Center and System* in place before they qualify the institution for accreditation. The Saudi Commission for Health Specialties (SCHS) that was founded on 1992 is another body that accredits post graduate training programs and responsible for continuing education for health care professionals in the Kingdom of Saudi Arabia.

King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is committed to improve and maintain quality through effective support of leadership and active involvement of faculty, students and non-academic staff in the quality assurance processes. These processes are designed to involve the KSAU-HS community by effectively integrating quality in the academic and non-academic units and regularly evaluating their own performance. KSAU-HS is also committed to provide high quality education as one of its core values. The Deanship of Quality Management (DOQ) will serve as **the Center for Quality Assurance** at KSAU-HS and it will receive support from the Development and Quality Management (DQM) Affairs. The DOQ will not directly manage quality within academic and non-academic units. However, it will ensure that the quality processes are owned by different stakeholders and ingrained within the University environment by the Internal Quality Assurance System (IQAS). Therefore, the scope of this document is to present the framework for the KSAU-HS-IQAS. This system will be supplemented with other documents that define the different components of the IQAS.

Mission of IQAS

The mission of the IQAS is to create a mechanism by which KSAU-HS, its Colleges, Deanships and non-academic Departments sustain high quality of education, research and community services, and ensure the accreditation of all aspects in a timely manner.

Objectives of IQAS

The IQAS at KSAU-HS aims to:
- Create the quality culture and build skills and capacity among KSAU-HS community.
- Automate the quality assessment processes within KSAU-HS.

- Establish appropriate units, led by qualified staff to assure the sustainability of quality and conduction of accreditation.
- Monitor for outcomes, Key Performance Indicators (KPIs), and progress reports to reflect performance gaps and excellence.
- Provide timely reports to subordinate reflecting satisfactory performance and areas that needs enhancement.
- Execute reports to the appropriate organizations and governmental offices.

Outcomes

The desired outcomes of the IQAS are:

- To ensure that the targeted quality is being met, exceeded and sustained by constant review, feedback and enforcement.
- To timely achieve accreditation by the national and selected international organizations at institutional and program levels.
- To efficiently implement an automated system that maintains the excellence required of accredited programs in the University.
- To timely provide feedback and dashboards activities related to quality.

Quality Management based on NCAAA Standards

Management of quality assurance and improvement is an essential requirement of the NCAAA system. It underpins the following specific sub-standards:

1. **Institutional commitment to quality improvement:** An institution must be committed to maintain and improve quality through effective leadership and active involvement of teachers and other staff in the quality assurance process.
2. **Scope of quality assurance processes:** Quality assurance activities that are necessary to ensure good quality are applied to all functions carried out in the institution, that involve teaching and other staff, in particular performance evaluations and planning for improvement.

3. **Administration of quality assurance processes**: The institution must make adequate arrangements for the leadership and administrative support of quality assurance processes throughout the organization.
4. **Use of performance indicators and benchmarks:** Specific indicators and appropriate comparative benchmarks must be identified for performance monitoring and achievement evaluation of the goals, objectives and the quality of major institutional functions.
5. **Independent verification of evaluations**: Evaluations of performance must be based on evidence, including but not restricted to predetermined performance indicators and benchmarks. Conclusions based on this evidence must be independently verified.

Evidence and Key Performance Indicators

Evidence about the quality assurance processes can be obtained by looking at the extent of the involvement of academic and non-academic units in the quality assurance processes across KSAU-HS, evaluation reports performed and the adequacy of responses made to these evaluations. Therefore, the outcomes of these processes can be assessed by examining trend data, assessing progressive improvement in the planning and administration of the institution and learning outcomes achieved by students and others. The needed quality evidence can be obtained from surveys, discussions with staff or students, independent review, or quality reports on performance by various departments within the institution. Assessment of the appropriateness of evidence provided to the DOQ based on the approved indicators and benchmarks need to be confirmed prior to disclosing it to external organizations. This assessment can be based on various sources such as client surveys, rates of participation in these surveys and reports on the effectiveness of the quality activities. In return, the DOQ should make sure that the KPIs are used as a minimum requirement; however, additional indicators linked to particular institution missions may also be used.

II. ACCREDITATION WITH THE NCAAA

Background

Though KSAU-HS encourages international accreditation initiatives for different programs, obtaining national accreditation stands as an essential requirement. The NCAAA has two sets of standards for accreditation of higher education programs at the institute and the programs level (Box 1). Both sets cover the same general areas of accreditation activities with some differences resulting of some institution functions that are not considered in a program evaluation. The NCAAA standards need to be supported by evidence of performance measured by certain benchmarks or KPIs. The process for accreditation of an institution involves a rigorous self evaluation in relation to the eleven standards specified

Box 1: NCAAA standards

NCAAA INSTITUTIONAL STANDARDS	NCAAA PROGRAMS STANDARDS
Institutional Context	
1. Mission Goals and Objectives 2. Governance and Administration 3. Management of Quality Assurance and Improvement	1. Mission Goals and Objectives 2. Program Administration 3. Management of Program Quality Assurance
Quality of Learning and Teaching	
4. Learning and Teaching	4. Learning and Teaching
Support for Students Learning	
5. Student Administration and Support Services 6. Learning Resources	5. Student Administration and Support Services 6. Learning Resources
Supporting Infrastructure	
7. Facilities and Equipment 8. Financial Planning and Management 9. Employment Processes	7. Facilities and Equipment 8. Financial Planning and Management 9. Employment Processes
Community Contribution	
10. Research 11. Institutional Relationships with the Community	10. Research 11. Relationships with the Community

by the NCAAA followed by an independent external review. In the external review, a panel of experts will verify the conclusions of the institution's self evaluation and consider the quality of performance in relation to the NCAAA standards (Box 2).

Five Yearly Review → Action Plan → Set Objectives

Review Performance → Environment Scan

Define/Review Mission/Goals

Monitor Results ← Implement Plan ← Develop Plan

Yearly

Box 2: Review Process
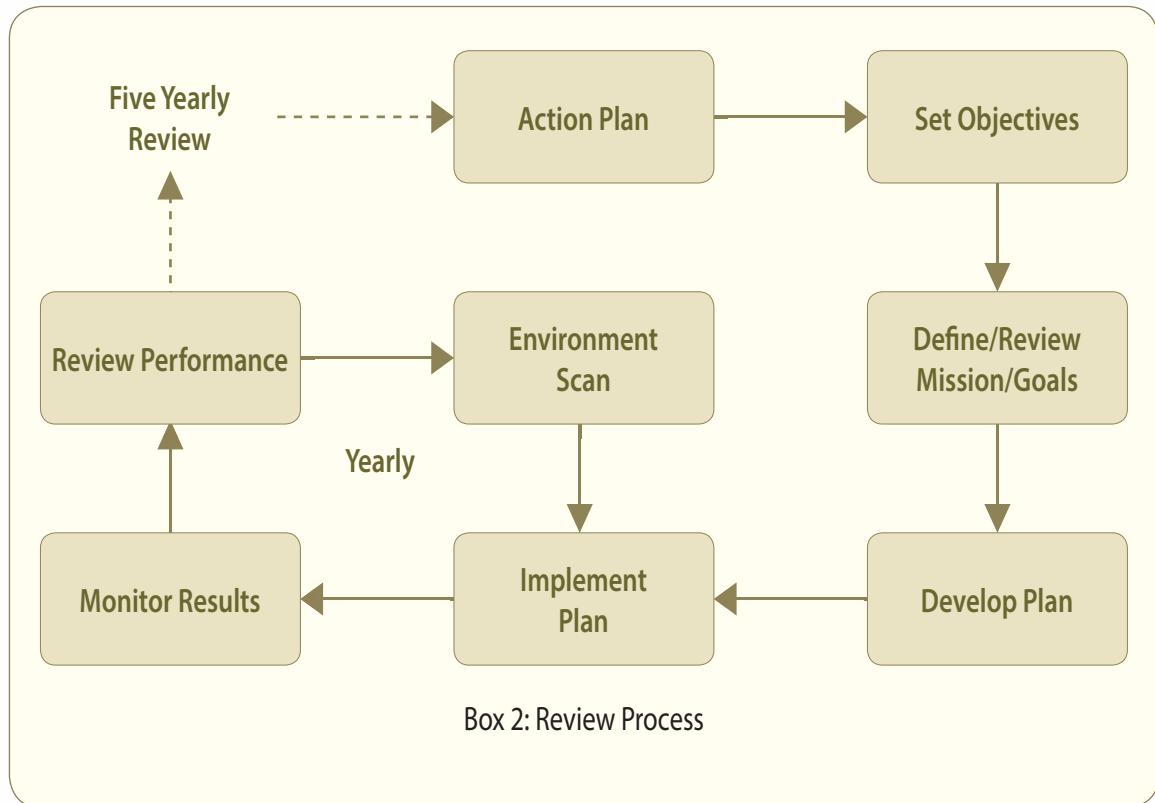
Before this process begins, the NCAAA must be satisfied that certain requirements are met. These eligibility criteria are related to core elements in the standards for quality assurance and accreditation, and in compliance with the terms and conditions of IQAS.

NCAAA Eligibility Criteria for Institute Level Self Evaluation Application

1. Final license by approved government institution.
2. Activities consistent with license or approval.
3. Mission approved and consistent with license or approval.
4. Strategic and actual plans, including a plan for continuous quality assurance.
5. Availability of policies, regulations and terms of reference.
6. Published guides or handbooks for students.
7. Program specifications for all programs.
8. Course specifications.
9. Regulations and descriptions of processes for program approval, changes, and review.
10. Systems for monitoring quality and improving programs.
11. Central maintenance analysis and reporting of statistical data.
12. Student surveys.
13. Quality assurance system covering all standards.
14. Data on KPIs and benchmarks.
15. Arrangements for comparative benchmarks.
16. Systems for maintenance and provision of data, including research (if applicable).
17. Systems for maintenance of data on community service activities.
18. Alumni and graduates data.
19. Compliance with standards for accreditation: Self evaluation scales are complete and an initial draft of the Self Study Report for Institutions (SSRI).

NCAAA Eligibility Criteria for Program Level Self Evaluation Application

1. Strategic plan for the institution plus action plan for the program.
2. Quality centre and plan for quality.
3. Data on KPIs affecting all programs across the institution.
4. Regulations and descriptions of processes for program approval, changes, and review.
5. Summary data on student evaluation surveys across the entire institution.
6. Student advising and counselling system.
7. Facilities for extra-curricular activities.
8. Provision of learning resources and system for responding to program requirements.
9. Institutional system for provision and storage of statistical data.

III. THE INTERNAL QUALITY ASSURANCE SYSTEM (IQAS)

The IQAS is designed to be a platform for the quality assurance at KSAU-HS and aiming toward excellence and sustainable high quality. Though it is built to exceed the standards issued by the NCAAA, it is also designed to deal with other external quality assurance bodies such as external accreditation organizations, Ministry of Higher Education (MOHE), the Council of Higher Education, the Saudi Commission for Health Specialties, or accrediting bodies for non-academic activities. It aims to ensure that the resulted outcomes of KSAU-HS satisfy the targeted stakeholders in the community. The IQAS works at the levels of Institute, Colleges, Deanships, Centers, and non-academic Affairs (Box 3). It is governed by the Higher Committee for Quality Assurance.

BOX 3: THE INTERNAL QUALITY ASSURANCE SYSTEM
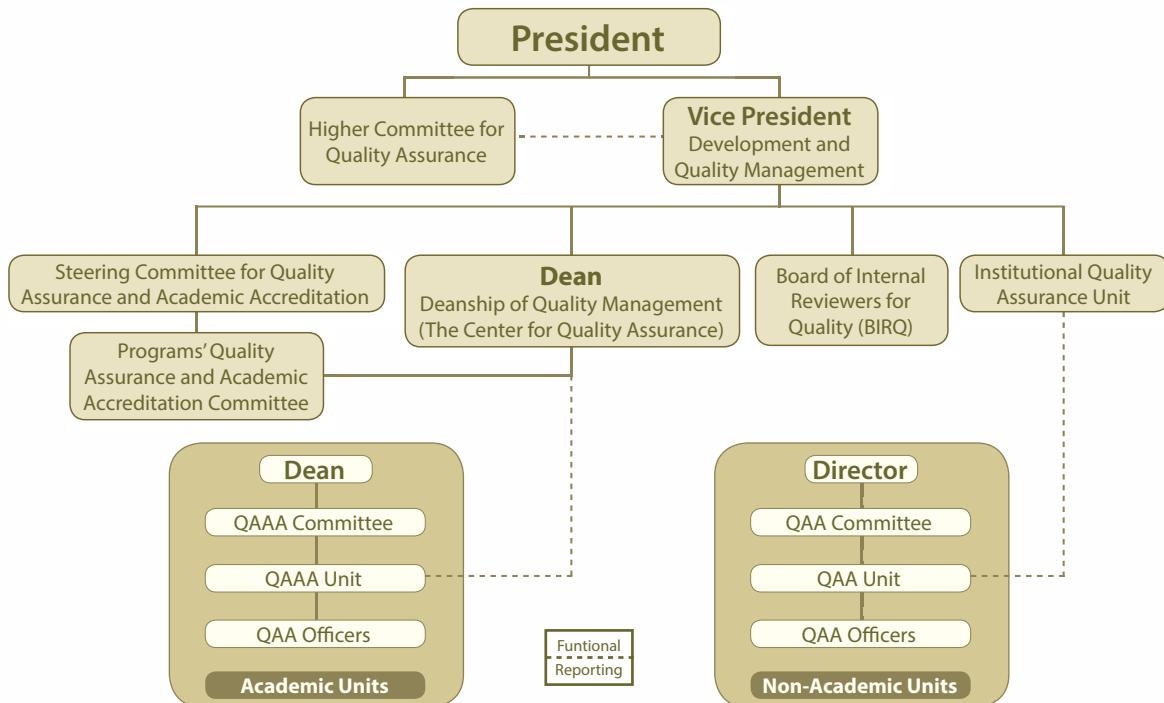
Related References

As the NCAAA is the national accreditation body, the IQAS is based on the NCAAA standards and the following documents were utilized in its development (Available at www.ncaaa.org.sa):

- Self Evaluation Scales for Higher Education Institutions, 2013 edition.
- Self Evaluation Scales for Higher Education Programs, 2013 edition.
- Standards for Quality Assurance Accreditation of Higher Education Institutions, 2013 edition.
- Standards for Quality Assurance and Accreditation of Higher Education Programs, 2013 edition.
- Eligibility Requirements for an Application for Institutional Accreditation 2013 edition.
- Eligibility Requirements for an Application for Program Accreditation 2013 edition.

The IQAS at the Institute Level

Higher Committee for Quality Assurance

Purpose: It is the highest standing committee for quality assurance at KSAU-HS. The committee is responsible for over-viewing, governing and approving the processes related to quality assurance and accreditation within KSAU-HS. The resolutions of the committee will be implemented by the members in their respective areas as applicable.

Membership: The committee is chaired by HE the President with the membership of Vice Presidents, senior administrators in KSAU-HS and others as deemed appropriate. The secretary of the committee is the Vice President for DQM. In cases of a member's absence, an official delegate will be eligible to represent him/her.

Other terms: The Higher Committee for Quality Assurance meets on a quarterly basis (Second week of each quarter) unless otherwise called by the Chairperson. When not available, the Chairperson may delegate the responsibility of chairing the higher committee to one of the Vice Presidents. A quorum of two thirds of members is required to present for the committee meeting to be held. Resolutions are approved by the simple majority vote. The secretary of the committee is responsible for the preparation of meeting agenda, finalization of minutes, documenting resolutions and ensuring their implementation. The secretary is also responsible for preparing regular reports to the University Council. The committee members are responsible for reporting any conflict of interest, maintain confidentiality, security and integrity of all the materials and decisions during and after their terms.

Steering Committee for Quality Assurance and Academic Accreditation

Purpose: The Steering Committee for Quality and Academic Accreditation is responsible for the University's IQAS and the processes of national and international accreditation. The Steering Committee acts also as a planning forum for quality assurance development and promotion for both internal and external driven purposes. Some of its major charges assigned to this committee are:

- Build the quality assurance culture and provide the needed stakeholders' support.
- Conduct periodic reviews of the IQAS performance and make recommendations for its enhancement.
- Monitor, enforce and disseminate standards and best practices to enhance the practiced quality.
- Expand the institution network with quality assurance expertise and quality assurance institutions.

- Develop practice guidelines and advisory statements when required.
- Enforce regularly all guidance and requirements issued by the Council of Higher Education and national accreditation bodies.
- Develop, unify and review the report formats, benchmarks, KPIs, and processes to satisfy accreditation standards and other additional parameters as deemed necessary.
- Identify areas that require improvement and propose appropriate solutions.
- Oversee faculty and staff enhancement activities at the University level.
- Deal with any related matters to quality and accreditation.

Membership: The committee is chaired by the Vice President of DQM and reports to HE the President. The Dean of the DOQ will be the committee Co-chairperson and secretary who will also call for the meeting in absence of the Chairperson. The members should represent groups of colleges in similar fields rather than from each college with adequate representation of the female sector. The Chairman may invite more members from each region when needed. The initial Committee Formation Order will be presented by the Vice President of DQM to HE the President for approval. Subsequently, the re-formation of the committee will be presented to the Higher Committee for approval.

Other terms: The steering committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The secretary of the committee is responsible for the preparation of its agendas, finalization of the minutes and resolutions, and ensures their implementation. The committee secretary will also prepare regular reports to be submitted to the Higher Committee. The committee has a renewable two-year term assuring that at least 50% of the members continue in any new formation. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions taken during and after their terms.

Programs' Quality Assurance and Academic Accreditation Committee

Purpose: This committee emerges from the steering Committee. Its main charges include the following:

- Prepare related policies and procedures and submit them to the Steering Committee for perusal.
- Ensure the eligibility for self evaluation with national and international accreditation bodies.
- Submit requests for accreditation to the Steering Committee for final approval.
- Review the annual and periodic reports and KPIs generated by academic quality assurance units ensuring that the University meets the required internal and external standards.
- Create different working groups to handle specific accreditation standards and issues.
- Identify areas that need improvement and propose the appropriate solutions.
- Connect the academic programs accreditation with the institutional accreditation and work synchronically with its processes.
- Facilitate quality research and utilize it for future recommendations and actions.
- Deal with other related matters to accreditation and quality.

Membership: The committee is chaired by the Dean of DOQ and is Co-chaired by the Associate Dean of DOQ who will also serve as the committee secretary. The committee reports to the Steering Committee. The membership is based mainly on the representatives of the Quality Assurance and Academic Accreditation Units or its equivalent and other members that are recommended by the Dean of DOQ, including students' representatives. The first committee formation

order will be presented by the Dean of DOQ to the Vice President of DQM for his approval. Subsequently, the re-formation of the committee will be presented to the Steering Committee for approval.

Other terms: The committee meets on a monthly basis unless otherwise called by the Chairperson. The Committee needs a fifty percent quorum and the resolutions are reached by the simple majority vote. The secretary of the committee is responsible for the preparation of agendas, finalization of minutes and resolutions, and ensures their implementation. The Co-chairperson will also call for the meeting in the absence of the Chairperson. The secretary will also prepare regular reports to be submitted to the Steering Committee. The committee has a renewable two years term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials and decisions during and after their terms.

Development and Quality Management Affairs

The DQM Affairs provides full support to the DOQ to ensure the efficiency and effectiveness of the IQAS. The DQM Affairs will directly support the activities of the Higher and Steering Committees. It will also handle and follow-up issues related the quality assurance on non-academic units through the Institutional Quality Assurance Unit.

Deanship of Quality Management

The Deanship acts as the **Center for Quality Assurance** in KSAU-HS. The DOQ major role is to orchestrate, support, and oversee the processes related to quality and academic accreditation in KSAU-HS. The role of the DOQ in the IQAS will include but not limited to the following:

- Oversee and coordinate the quality assurance and academic accreditation especially at the Colleges, Deanships and other academic areas.
- Coordinate and lead the preparation of periodic self studies for consideration within KSAU-HS.
- Ensure the efficiency and effectiveness of the IQAS.
- Keep track of related policies and procedures.
- Carry out periodic evaluations to report an overview of performance for KSAU-HS.
- Host the faculty enhancement program in the area of quality and accreditation.
- Organize independent review of activities related to quality and reconcile differing opinions.
- Follow-up self-assessment processes and reporting requirements.
- Develop a manual that specifies criteria for selection and formats of indicators and benchmarks and performance trends.
- Conduct research on quality and accreditation.
- Educate and support the main stakeholders' experience in the domain of quality.

The Board of Internal Reviewers for Quality

Purpose: The Board of Internal Reviewers for Quality (BIRQ) is a renewable four year term board that is appointed by the Higher Committee based on the recommendation of the Vice President for DQM. The BIRQ is hosted and supported by the DOQ. The major role of BIRQ is to conduct periodical internal review of different academic and non-academic units and write up evaluation reports and recommendations. The BIRQ will schedule periodic visits of 2-3 members to different academic and non-academic quality units to validate annual reports, assess the preparation for external reviewer's visits, or any other purposes. Experts from outside the University may be invited by the Vice President of DQM when deemed appropriate.

Other terms: The DOQ will request from the Vice President of DQM that the BIRQ to visit different units based on advanced schedule. The Chairman of the BIRQ is responsible for finalization of the board meeting minutes and its recommendations and submitted to the Vice President of DQM. Members of the BIRQ are selected based on their experience in the domain of quality assurance and accreditation. They should report any conflict of interest and maintain confidentiality, security and integrity of all materials during and after their term.

The IQAS at the Colleges and Deanships Level

KSAU-HS would ensure that its IQAS is effective at the programs level by satisfying the NCAAA standards and any other national (e.g., SCHS) or international accreditation bodies if applicable. The DQM Affairs intention is that each College and Deanship **owns the process of quality as part of their culture**. Each College or Deanship will have both Quality Assurance and Academic Accreditation (QAAA) committee and unit. While the DOQ plays the role of the **Quality Assurance Centre** that ensures the consistency of the system and processes in all University quality committees and units. The DOQ will receive from QAAA units a set of reports, requirements, KPIs and benchmarks for review by the concerned committees prior to submission to the University President and Vice Presidents.

The Quality Assurance and Academic Accreditation (QAAA) Committee

Purpose: This committee governs the quality assurance in the Colleges and Deanships. The reports of the QAAA committee should be a standing item in the executives' regular meetings in Colleges and Deanships. The charges of the committee include but not limited to the following:

- Monitor and enforce standards to enhance the quality of practice and reduce incompetence.
- Prepare the programs' applications for national and international accreditation processes.

- Lead the process of accreditation at the Colleges or Deanships level.
- Review reports, KPIs and benchmarks submitted by different Units.
- Create different working groups to handle specific accreditation standards or problem and improvement issues.
- Develop interactive constructive rapport with different offices and committees particularly those related to the academic curricula or training programs.
- Submit regular reports to the Programs' Quality Assurance and Academic Accreditation Committee.
- Identify areas that need improvement and propose the appropriate solutions.
- Identify the needs to Faculty enhancement activities at the College and Deanship level.

Membership The Committee is chaired by the Dean with the membership of faculty and staff who are *preferably not directly engaged in leading the curriculum or services delivery*. The Co-chairperson and secretary of the committee is the QAAA unit Chairperson (or equivalent). The membership will also include quality assurance officers and student representatives. A representative from the DOQ may attend as *ex officio* member. For the first formation, the Dean will get the approval of the respective Vice President and inform the College's or Deanship's Council with the formation order. Subsequently, the re-formation of the committee will be presented to the College's or Deanship's Council if applicable. The Dean should inform the DOQ and the DQM Affairs with any new formation or changes in membership of the committee.

Other terms: This committee has a two years term and meets on a monthly basis unless otherwise called by the Chairperson. In case of absence of the Chairperson,

the Co-chairperson can call for the regular meetings. The Committee needs a fifty percent quorum and resolutions are reached by the simple majority vote. The secretary of the committee is responsible for the preparation of the agendas, finalization of minutes and resolutions, and ensures their implementation. The secretary will also prepare reports to be submitted to the College's Council and Programs' Quality Assurance and Academic Accreditation Committee. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials during and after their term.

The Quality Assurance and Academic Accreditation (QAAA) Unit

Purpose: The QAAA Unit aims to apply the principles and methods of continuous quality management and contributes to quality enhancement in a dynamic academic context in each College and Deanship. The QAAA Unit is considered the **Center for Quality Assurance** and academic accreditation in each College or Deanship. Though QAAA may be customized based on the set-up of some Deanships that does not deliver programs accredited by the NCAAA, it should follow the general concepts of IQAS. It should also follow any related NCAAA standards, national accreditation bodies (e.g., SCHS) or other recommended national or international accreditation agencies. The charges of QAAA Unit include but not limited to the following:

- Apply the principles of quality assurance based on the appropriate national accreditation bodies' standards (e.g., NCAAA and SCHS) in different academic and non-academic units.
- Assure that the requirements for program's accreditation are met in a timely manner.
- Assure a systematic implementation of the curriculum or programs, best utilization of learning resources, optimal educational management, and monitor the outcomes of the academic programs.

- Ensure the implementation of a quality program against the appropriate national and international accreditation bodies.
- Submit applications for accreditation to be approved by the Programs' Quality Assurance and Academic Accreditation Committee.
- Identify gaps in the program, curriculum, assessment and evaluation to suggest the necessary improvement plans to QAAA Committee.
- Ensure and enforce the presence of quality culture.
- Enhance quality research and its publication within their College or Deanship.

Administration: A Chairperson (or equivalent) will be appointed from experienced faculty by the Dean to lead the QAAA Unit who should be provided with adequate administrative support and time. The Dean will inform the DOQ about any changes in leadership of the QAAA unit. The selected Chairperson (or equivalent) is recommended to be qualified in Medical Education or Quality and/or have developed interest and experience in the domain of quality. He/She will report to their respective Dean and liaise with the DOQ. The assigned Chairperson (or equivalent) will have renewable two-year term.

Quality Assurance Officer in each Department and Affairs

Purpose: After consultation with the respective chairperson or equivalent, a quality assurance officer will be appointed by the Dean in the appropriate areas. The officer function is to be responsible to implement the quality assurance system and observe any deviations or variations. The Officer will also be responsible for the conduction of related accreditation activities in the concerned area. The Officers are typically full time Faculties of at least Assistant Professor Status in the Colleges. They will submit reports to their respective Chairperson (or equivalent), liaise with QAAA units, and sit in the QAAA committee to represent

their respective areas. The term of an Officer is renewable two-year term. The officers should receive proper training on quality assurance issues that is focused on their specific tasks and served area.

The IQAS at the University Administration Affairs Level

KSAU-HS would ensure that the quality units at the University non-academic Affairs are effective and satisfy the pre-determined accreditation standards, including NCAAA if applicable. To enhance the quality culture, the DQM Affairs aims to ensure **the ownership of the process of quality by each non-academic Affair**. Under the supervision of the General Director (or equivalent) of each Affair, there will be a Quality Assurance Unit and its related Committee. These units are responsible to submit regular reports and KPIs to the institutional quality assurance unit at DQM Affairs. The role of the DQM Affairs is to ensure the consistency of the quality system and processes in each non-academic unit. It also ensures the timely submission of reports and completion of institution accreditation requirements.

The Quality Assurance and Accreditation (QAA) Committee

Purpose: This committee governs the quality assurance in non-academic Departments. The reports of the QAA committee should be a standing item in the executive regular meeting of each Department. The charges of the unit includes but not limited to the following:

- Monitor and enforce standards of practice to enhance the quality of practice and reduce incompetence.
- Review reports, benchmarks and KPIs submitted by different Units.
- Lead the process of accreditation in its respective areas.
- Create working groups to handle specific non-academic accreditation standards or issues.

- Submit regular reports to the Steering Committee.
- Identify areas that need improvement and propose the appropriate solutions.

Membership The committee is chaired by the General Director (or equivalent) with the membership of selected Directors/Managers, Staff and quality assurance Officers. A representative from the DQM Affairs may attend as *ex officio* member. The concerned General Director will get the approval of the President for the formation order. The General Director should inform the DQM Affairs with any new formation or changes in the membership of the committee. The Co-chairperson and secretary of the committee is the QAA unit leader.

Other terms: The committee meets on a monthly basis unless otherwise called by the Chairperson. In the case of absence of the Chairperson, the Co-chairperson can call for the regular meetings. The Committee needs a fifty percent quorum and the resolutions reached by the simple majority vote. The secretary of the committee is responsible for the preparation of agendas, finalization of minutes and resolutions, and ensures the carry out of the resolutions. The secretary will submit regular reports, KPIs and benchmarks to the General Director and to the institutional quality assurance unit in the DQM Affairs when required. The Committee has a two-year term. Members of the committee should report any conflict of interest and maintain confidentiality, security and integrity of all materials during and after their term.

The Quality Assurance and Accreditation (QAA) Unit

Purpose: The Quality Assurance Unit aims to apply the principles and methods of continuous quality management and contribute to quality enhancement. The Units are considered the **Center for Quality Assurance** in each affair that works actively and timely to support institutional quality assurance. The charges of the unit include but not limited to:

- Apply the principles of quality assurance based on pre-determined standards, including NCAAA if applicable, in different non-academic units.
- Ensure the implementation of a quality program against pre-determined standards, including NCAAA if applicable.
- Assure a systematic implementation of the approved policy and procedures, best utilization of resources, optimal administrative management, and monitor the outcomes of the system implementation.
- Submit the needed reports for institutional accreditation to be reviewed by the DQM Affairs for further processing.
- Identify gaps and problems and implement the needed approved improvement plans.
- Ensure the presence and work on enforcing quality culture in the non-academic work place.

Administration: A leader will be appointed by the General Director to lead the QAA Unit and be provided with adequate administrative support and time. The Unit's leader reports to the General Director with functional liaison with the institutional quality assurance unit at the DQM Affairs. The General Director will inform the DQM Affairs with any changes in the leadership of the Unit. The leader will have a renewable two-year term.

Quality Assurance Officer in each Non-Aacademic Department

Purpose: After consultation with the respective director (or equivalent), a quality assurance officer will be appointed by the General Director (or equivalent) in the appropriate areas. The officer function is to be responsible to implement the quality assurance system and observe any deviations or variations. The Officers will also be responsible for the conduction of related accreditation activities in the concerned area. They will submit reports to their respective Director (or equivalent), liaise with QAA units, and sit in the QAA committee to represent the respective areas. The term of an Officer is renewable two-year term. The officers should receive proper training on quality assurance issues that is focused on their specific tasks and served area.

IV.   Appendixes

Appendix 1: NCAAA Standard 3 - Management of Quality Assurance and Improvement for Institutes

(Source: Standards for Quality Assurance Accreditation of Higher Education Institutions, 2013 edition)

Quality assurance processes must involve all sections of the institution and be effectively integrated into normal planning and administrative processes. Criteria for assessment of quality must include inputs, processes and outcomes with a particular focus on outcomes. Processes must be established to ensure that teachers, other staff and students are committed to improvement and regularly evaluate their own performance. Quality must be assessed by reference to evidence and include consideration of data reporting on specific performance indicators and challenging external benchmarks. Specific requirements in the institution's quality assurance system should be periodically reviewed to ensure that unnecessary requirements are not included and that data that is provided is actually used in an effective way. The Substandard are:

3.1   Institutional Commitment to Quality Improvement
An institution must be committed to maintaining and improving quality through effective leadership and active involvement of teaching and other staff. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- The Rector or Dean should give strong support for quality assurance improvement activities.
- Adequate resources should be provided for the leadership and management of quality assurance processes.
- All teaching and other staff should participate in self-evaluations and

cooperate with reporting and improvement processes in their sphere of activity.

- Innovation and creativity should be encouraged at all levels in the organization within a framework of clear policy guidelines and accountability processes.
- Mistakes and weaknesses should be recognized by those responsible and used as a basis for planning for improvement.
- Improvements in performance and outstanding achievements should be recognized
- Evaluation and planning for improvement should be integrated into normal planning processes.

3.2   Scope of Quality Assurance Processes

Quality assurance activities that are necessary to ensure good quality must apply to all functions carried out in the institution and involve teaching and other staff in all parts of the institution in performance evaluations and planning for improvement. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- All academic and non-academic units within the institution (including the governing body and senior management) should participate in the processes of quality assurance and improvement.
- Regular evaluations should be carried out and reports prepared that provide an overview of performance for the institution as a whole and for organizational units and major functions within it.
- Evaluations should consider inputs and processes and outcomes but give particular attention to quality of outcomes.

- Evaluations should deal with performance in relation to continuing routine activities as well as to strategic objectives.
- Evaluations should ensure that required standards are met, and also that there is continuing improvement in performance.
- Institutional research relevant to the achievement of the institution's goals and objectives and the monitoring and improvement of quality should be carried out and the results made known to senior management and the institutional community. In institutions with sections for male and female students detailed evaluations in relation to all standards should be carried out in a consistent way in both sections and quality reports on those standards should note any significant differences found and make appropriate recommendations for action in response to what is found.

3.3   Administration of Quality Assurance Processes

The institution must make adequate arrangements for the leadership and administrative support for quality assurance processes throughout the organization. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Responsibility should be assigned and sufficient time given for a senior member of faculty to provide guidance and support for the quality processes within the institution.
- A quality center should be established within the institution's central administration and sufficient staff, resources and administrative support given for the centre to operate effectively.
- A quality committee should be formed with members drawn from all major sections of the institution. (as a general guideline this might involve 12 to 15 members and in a large institution might require representatives from groups of colleges in similar fields rather than from each college)

- A member of the institution's senior administration should be appointed to chair the committee. (This person should normally be at the level of a vice rector in a university or a deputy dean in a college and work closely with the director of the quality centre in leading and supporting quality initiatives throughout the institution.)
- The roles and responsibilities of the quality centre and committee, and the relationship of these to other administrative and planning units should be clearly specified.
- If quality assurance functions are managed by more than one organizational unit, their activities should be effectively coordinated under the supervision of a senior administrator.
- Quality assurance functions throughout the organization should be fully integrated into normal planning and development strategies in a defined cycle of planning, implementation, assessment and review.
- Evaluations should be (i) based on evidence, (ii) linked to appropriate standards, (iii) include predetermined performance indicators, and (iv) take account of independent verification of interpretations.
- Common forms and survey instruments should be used for similar activities across the institution (eg. courses, programs, libraries, etc) and responses used in independent analysis of results including trends over time. (This does not preclude additional questions relevant to different programs or special instruments dealing with particular functions e.g., specialized libraries or student services) Survey data should be collected from students and analysed for individual courses, the program as a whole, and also from graduates and employers of those graduates.
- Statistical data (including pass rates, progression and completion rates and other data required for indicators) should be retained in an accessible central data base and provided routinely and promptly to colleges and

departments (normally each semester or at least annually) for their use in preparation of reports on indicators and other tasks in monitoring quality.

- The quality assurance arrangements should themselves be regularly evaluated, reported on and improved in a comparable manner to other functions within the institution. As part of these reviews unnecessary requirements should be removed to streamline the system and avoid unnecessary work.
- Processes for evaluation of quality should be transparent with criteria for judgments and evidence considered made clear.

Use of Performance Indicators and Benchmarks

Specific indicators must be identified for monitoring performance and appropriate comparative benchmarks selected for evaluation of the achievement of goals and objectives and for the quality of major institutional functions. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- A limited number of key performance indicators that are capable of objective measurement should be identified for monitoring and evaluation of the performance of sections within the institution (including colleges and departments) and of the institution as a whole.
- Additional key performance indicators should be selected for monitoring the performance of different academic and non-academic units within the institution.
- When functions are carried out in a number of different academic or non-academic units there should be some common indicators and these should be used for comparisons of performance within the institution as well as for overall institutional evaluation.
- Benchmarks for comparing quality of performance should be established

for the institution as a whole, and for academic and non-academic units. These benchmarks should include past performance at the institution but must also include appropriate external comparisons for selected important items.

- Key performance indicators and benchmarks identified for major organizational units or functions should be approved by the appropriate senior committee or council within the institution (eg. senior academic committee, university council)
- The format for specifying indicators and benchmarks should be consistent across the institution.

Independent Verification of Evaluations

Evaluations of performance must be based on evidence (including but not restricted to predetermined performance indicators and benchmarks) and conclusions based on that evidence must be independently verified. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Self-evaluations of quality of performance should whenever possible be based on several related sources of evidence including feedback through user surveys and opinions of stakeholders such as students and teaching staff, graduates and employers.
- Conclusions based on interpretations of evidence should be verified through independent advice. This advice should be provided by persons familiar with the type of activity concerned and impartial mechanisms should be used to reconcile any differing opinions.
- Standards of learning outcomes achieved by students should be checked in relation to the requirements of the National Qualifications Framework and standards at other comparable institutions

Evidence and Performance Indicators

Evidence about the quality assurance processes can be obtained by looking at the extent of involvement in quality assurance processes across the institution and the adequacy of responses made to evaluations that are made. The outcomes of those processes can be assessed by examining trend data to see whether there has been progressive improvement in the planning and administration of the institution and the learning outcomes achieved by students. Evidence about the processes followed can be obtained from surveys or discussions with staff or students and the quality of reports on performance by units within the institution, including whether they are evidence-based and appropriately benchmarked in relation to external standards. Information about the quality of services provided by a quality centre can be obtained from sources such as client surveys, rates of participation in, and reports on the effectiveness of the center's activities. The nature of evidence considered and the performance indicators used will vary according to the functions being considered. The key performance indicators identified by the Commission should be used, but additional indicators linked to the particular mission and of the institution should also be used. When goals and objectives are established for the institution or for organizational units within it appropriate performance indicators should be identified as part of that planning process.

Appendix 2: NCAAA Standard 3 - Management of Program Quality Assurance

(Source: Standards for Quality Assurance and Accreditation of Higher Education Programs, 2013 edition)

Teaching and other staff involved in the program must regularly evaluate their own performance and be committed to improving both their own performance and the quality of the program as a whole. Regular evaluations of quality must be undertaken within each course based on valid evidence and appropriate benchmarks, and plans for improvement made and implemented. Quality must be assessed by reference to evidence and include consideration of specific performance indicators and challenging external benchmarks. Central importance must be attached to student learning outcomes with each course contributing to the achievement of overall program objectives. The Substandard are:

Commitment to Quality Improvement in the Program

Program administrators and teaching and other staff must be committed to maintaining and improving the quality of the program. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- All teaching and other staff should participate in self-evaluations and cooperate with reporting and improvement processes in their sphere of activity.
- Innovation and creativity should be encouraged within a framework of clear policy guidelines and accountability processes.
- Mistakes and weaknesses should be recognized by those responsible and used as a basis for planning for improvement.
- Improvements in performance should be acknowledged and outstanding achievements recognized.

- Evaluation processes and planning for improvement should be integrated into normal planning processes.

Scope of Quality Assurance Processes

Quality assurance activities that are necessary to ensure good quality must apply to all aspects of program planning and delivery including provision of related services, and to all teaching and other staff involved in those processes. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Quality assurance processes should deal with all aspects of program planning and delivery, including services and resources provided by other parts of the institution.
- Quality evaluations should provide an overview of quality issues for the total program as well as components within it (including individual courses and program offerings in sections for male and female students)
- Quality evaluations should consider inputs, processes and outcomes, with particular attention given to learning outcomes for students.
- Quality assurance processes should include evaluations of performance in relation to both continuing routine activities and to strategic objectives.
- Quality assurance processes should ensure both that required standards are met, and that there is continuing improvement in performance.
- In sections for male and female students detailed evaluations in relation to all standards should be carried out in a consistent way in both sections and quality reports on those standards should report on any significant differences found and make appropriate recommendations for action in response to what is found.

Administration of Quality Assurance Processes

Quality assurance arrangements for the program must be effectively administered and coordinated with the quality assurance arrangements for the institution as a whole. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Quality assurance processes should be fully integrated into normal planning and program delivery arrangements.
- Evaluations should be (i) based on evidence, (ii) linked to appropriate standards, (iii) include predetermined performance indicators, and (iv) take account of independent verification of interpretations.
- Quality assurance processes for the program should make use of standard forms and survey instruments for use in the institution as well as gathering any special information required for this program.
- Survey data should be collected from students and analysed for individual courses, the program as a whole, and also from graduates and employers of those graduates.
- Statistical data on indicators, including grade distributions, progression and completion rates should be retained in an accessible central data base and regularly reviewed and reported in annual and periodic program reports.
- Responsibility should be given to a member of the teaching staff to provide leadership and support for the management of quality assurance processes. The responsible person should involve other staff in the activities of the quality assurance center.
- The quality assurance arrangements for the program should themselves be regularly evaluated and improved. As part of these reviews unnecessary requirements should be removed to streamline the system and avoid unnecessary work.
- Processes for evaluation of quality should be transparent with criteria for judgments and evidence considered made clear.

Use of Performance Indicators and Benchmarks

Specific indicators must be identified for monitoring performance and appropriate benchmarks selected for comparative evaluation of the achievement of goals and objectives and quality of performance more generally. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Information should be provided regularly on key performance indicators specified by the NCAAA and any required by the institution.
- Additional performance indicators and benchmarks relevant to this particular program should also be selected and used for program evaluation and reporting.
- The additional benchmarks for the program should be approved by the appropriate senior committee or council within the institution (senior academic committee, university council) as part of its program approval decision.
- Benchmarks for comparing quality with past performance and for comparisons with similar programs elsewhere should be selected and used in evaluations and reports.
- The format for indicators and benchmarks should be consistent with those used across the institution.

Independent Verification of Evaluations

Evaluations of performance must be based on evidence (including but not restricted to predetermined performance indicators and benchmarks) and conclusions based on that evidence must be independently verified. The level of compliance with this standard is judged by the extent to which the following good practices are followed.

- Self-evaluations of quality of performance should be based on several related sources of evidence including feedback through user surveys

and opinions of stakeholders such as students and staff, graduates and employers.

• Interpretations of evidence about quality should be verified by independent advice from persons familiar with the type of activity concerned and impartial mechanisms should be used to reconcile any differing opinions.

• Standards of learning outcomes achieved by students should be checked in relation to the requirements of the National Qualifications Framework and standards in similar programs at other comparable institutions.

Evidence and Performance Indicators

Evidence about the quality of management of quality assurance processes can be obtained by looking at the extent of involvement in quality assurance processes by teaching and other staff and the adequacy of responses made to evaluations that are made in program and course reports and other reports prepared. The outcomes of those processes can be assessed by examining trend data to see whether there has been progressive improvement in the planning and administration and the learning outcomes achieved by students. Evidence about the quality processes followed can be obtained from surveys or discussions with staff or students and the quality of reports prepared by program administrators, including whether the quality evaluations are evidence-based and appropriately benchmarked in relation to external standards. The key performance indicators identified by the Commission should be used, but additional indicators linked to the particular mission of the institution and the program should also be used when needed. When goals and objectives are established for the development and improvement of the program appropriate performance indicators should be identified as part of that planning process.

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