



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

IAU QUALITY ASSURANCE SYSTEM MANUAL

Deanship of Quality and Academic Accreditation

December 2022

Disclaimer

This Quality Manual and the information contained within it are providing an overview of activities carried out by the Deanship of Quality and Academic Accreditation (DQAA) towards management of quality of all the programs offered at Imam Abdulrahman bin Faisal University (IAU). This manual depicts the scope and functions of various academic & administrative units of IAU. It is prepared in such a way to orient all the academic and administrative units of Imam Abdulrahman bin Faisal University (IAU) and to create awareness among the stakeholders about the internal and external quality assurance system existing in the university.

Concepts incorporated in this manual are developed based on the quality management practices prevailing in the university and in accordance with the requirements of both national and international accreditation bodies. All the activities included in this manual are specific to the academic year 2022-23 and it will undergo constant revisions in future. The Deanship, however, disclaims the responsibility of any consequences resulting from the misapplication of the material contained herein. It is advisable to consult DQAA before making any changes to your quality-related activities focusing on both, academic and administrative units based on concepts suggested in this manual.

This manual is the original work by DQAA, Imam Abdulrahman Bin Faisal University (IAU)

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INTRODUCTION

The Kingdom of Saudi Arabia (KSA) gives due attention to education because it is most important pillar in building a man that is eligible to take part in development, and advancement realization in a multi-dimensional dynamic world. So, KSA has established academic institutions and centers in all regions of the country to respond to the various needs of the community. Based on the attention given by the government of the Custodian of the Two holy Mosques to education and in response to the persistent efforts exerted by the Ministry of Higher Education, Imam Abdulrahman Bin Faisal University [IAU] (formerly known as University of Dammam [IAU]) has translated its attention and crystalized its policy into a reality by responding to the community as well as to the demand for higher education. After careful review of objectives, programs, and trends of several academic institutions at the National, Arab, and international levels with regard to the quality and academic planning, the Deanship of Quality and Academic Accreditation (DQAA) has been established to accomplish the requirements of Education and Training Evaluation Commission -National Center for Academic Accreditation & evaluation [ETEC-NCAAA]). IAU has also benefitted from other latest experience without impinging the peculiarity and identity of the Saudi Muslim community. The establishment of DQAA shows the University's determination to upgrade the quality of performance in education, research, and community service, as well as the performance of the other administrative units of the IAU. It also constitutes a commitment by IAU to ensure the academic, administrative, and training quality to achieve the required change and development with latest highest standards.

DQAA was established in 2010, followed by the approval of NCAAA [now called EEC-NCAAA] for the University of Dammam (IAU) [now called IAU], as one of the national institutions subject to the process of academic accreditation. Initially in the year 2007, it was a Unit in IAU for Quality Management. By 2009, the Unit has been developed as a Center for Quality and Planning, which finally emerged as the Deanship of Quality and Academic Accreditation. The deanship is mainly concerned with the continuous improvement of quality education in IAU. The up gradation of this entity from a mere unit for quality management to a full-fledged Deanship reflects the far-sighted vision and commitment of H.E. the President of IAU, Dr. Abdullah M. Al Rubaish.

MISSION, VISION, VALUES, AND GOALS OF IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY

MISSION

Providing creative knowledge, research, and professional services with effective community partnerships.

VISION

A leading University Achieving Excellence Nationally, Regionally and Internationally.

VALUES

Loyalty, Excellence, Teamwork, Transparency, Diversity, Creativity and Social Responsibility.

STRATEGIC GOALS

The Strategic Plan of the University aims to achieve eight strategic goals, namely:

1. Provide high quality knowledge and educational services.
2. Develop scientific research and innovation system.
3. Promote Community responsibility and partnership.
4. Enforce University values and develop its human resources.
5. Achieve Sustainable built environment.
6. Build a modern institutional administrative system.
7. Achieve financial sustainability of university resources.
8. Enhance communication and information technology systems.

CHAPTER I
MISSION, VISION, GOALS OF
DEANSHIP OF QUALITY &
ACAEMIC ACCREDITATION

1.1 MISSION, VISION, VALUES, GOALS & OBJECTIVES OF DEANSHIP OF QUALITY & ACADEMIC ACCREDITATION (DQAA)

MISSION

Instill a culture of quality and continuous improvement in all university activities to attain its vision and strategic goals.

VISION

Pioneering and excellence in applying standards for achieving national and international accreditation, certification and ranking.

VALUES

- Innovation
- Excellence
- Professionalism
- Teamwork
- impartiality and
- Transparency

1.2 STRATEGIC OBJECTIVES OF DQAA

OBJECTIVE 1

Enhance IAU quality assurance systems and support IAU's colleges and programs to achieve institutional, programmatic, and professional national and international accreditations and certifications.

Executive programs

EP 1.1	Increase the number of accredited academic programs (undergraduate and postgraduate)
EP 1.2	Enhance the efficiency and effectiveness of quality assurance system processes at IAU.
EP 1.3	Measure the performance of the institution and academic programs & report it to the relevant stakeholders annually.

OBJECTIVE 2

Conduct and support institutional research within the boundaries of quality and academic accreditation to improve university's performance.

Executive programs

EP 2.1	Conduct institutional research within the boundaries of quality and academic accreditation to improve university's performance
EP 2.2	Publish research outputs in highly indexed journals as stipulated by the Scientific council of IAU.
EP 2.3	Liaise with the Accreditation Department and academic programs to review their accreditation eligibility documents, self-evaluation scales and the self-study reports to ensure that it is in compliance with the NCAAA academic accreditation standards.

OBJECTIVE 3

Enhance the university identity and its leadership role in enriching quality best practices and excellence for higher education institutions.

Executive programs

EP 3.1	Liaise with QSE unit to Enhance the university identity and its leadership role by Involving IAU certified reviewers in ETEC-NCAAA review panel team all over KSA.
EP 3.2	Providing Consultation services in the field of quality improvement, organizational accreditation and excellence.
EP 3.3	Assist deanships and colleges for creating awareness and developing mechanism for Academic and Employer Reputation.
EP 3.4	Provide technical support to deanships, colleges, and administrative units to fulfill the KPIs of ranking agencies and track their progress each year.

EP 3.5	Follow-up the ranking progress of overall university amongst Saudi, Arab, and World universities.
EP 3.6	To train and track the progress of colleges to be qualify for Subject Ranking.
EP 3.7	Tracking IAU website for the backlinks received, quantity of social media accounts, Google scholar profiles and rich files

OBJECTIVE 4

To provide training programs, workshops, and webinars to instill IAU values and meet the institutional, programmatic, and quality assurance systems requirements.

Executive programs

EP 4.1	Plan and design training and workshops according to the institution and program requirements.
EP 4.2	Execute, evaluate and improve these training workshops.
EP 4.3	Liaise with QSE unit to Enhance the university identity and its leadership role by Involving IAU certified reviewers in ETEC-NCAAA review panel team alllover KSA.
EP 4.4	Providing Consultation services in the field of quality improvement, organizational accreditation and excellence.

OBJECTIVE 5

Enhance sustainability of buildings, work environment associated facilities, equipment, and property of the Deanship, and implement digital transformation in office works to reduce paper and energy consumption.

Executive programs

EP 5.1	Annual inventory and check-up of DQAA offices, facilities and equipment.
EP 5.2	Defining the departments and processes that need Murasalat service.
EP 5.3	To train and track the progress of colleges and deanships for sustainability rankings.
EP 5.4	To facilitate & implement paper-less, electronic management of accreditation process at the level of the institution

OBJECTIVE 6

Support IAU deanships, directorates and centers to develop and document quality systems and achieve ISO 9001 certification and 17025 accreditations.

Executive programs

EP 6.1	Increase the number of IAU's Deanships, Administrative units, and centers that developed quality management systems according to ISO 9001.
EP 6.2	Support deanship, administrative units, and centers to sustain and maintain QMS effectiveness, to certify them according to ISO 9001.
EP 6.3	Establish an integrated risk management system at IAU level and its units.
EP 6.4	Support all IAU units to sustain and maintain integrated risk management systems.

OBJECTIVE 7

Contribute to increasing the university's revenues by accrediting and operating selected laboratories on a commercial basis and providing paid consultancy services.

Executive programs

EP 7.1	Increase the number of IAU's labs that developed quality management systems according to ISO 17025.
EP 7.2	Support colleges to sustain and maintain QAS effectiveness and achieve the accreditation according to ISO 17025:2017.
EP 7.3	Providing Consultation services in the field of quality improvement, organizational accreditation and excellence.

OBJECTIVE 8

Provide innovative electronic applications to enable and automate IAU management to collect required data for taking effective and timely decisions to improve the quality of higher education.

Executive programs

EP 8.1	To support the institution and academic programs to monitor quality and track its progress through the provision of various innovative electronic applications.
EP 8.2	To Support colleges in implementing electronics forms and course portfolios to promote & ensure the improvement in the quality of higher education.

1.2.1 QAA OBJECTIVES MAPPED WITH PERFORMANCE INDICATORS

Table 1: DQAA Objectives mapped with performance indicators

#	Objective	Executive Program	Performance Indicators
1.	Enhance IAU quality assurance systems and support IAU's colleges and programs to achieve institutional, programmatic, and professional national and international accreditations and certifications.	1. Increase the number of accredited academic programs (undergraduate and postgraduate)	<ol style="list-style-type: none"> 1. Number of undergraduate programs completed the eligibility documents. 2. Number of graduate programs completed the eligibility documents. 3. Proportion of programs completed Self-Evaluation (under/postgraduate) 4. Percentage of accredited programs (under/postgraduate)
		2. Enhance the efficiency and effectiveness of quality assurance system processes at IAU.	<ol style="list-style-type: none"> 1. percentage of the program closing the quality loop. 2. number of new developed (Policies, procedure ...etc.) 3. number of training activities provided per year 4. percentage of activated quality units at colleges 5. Percentage of activated reviewer teams at colleges 6. Percentage of activated quality committees at college level.
		3. Measure the performance of the institution and academic programs & report it to the relevant stakeholders annually	<ol style="list-style-type: none"> 1. On-time of completion and submission of KPIs report to the university higher administration at the end of each academic year. 2. Number of KPIs measured and reported with regard to the total number of KPIs at the institutional levels. 3. Number of action plans accomplished regarding total number of action plans developed concerning KPIs 4. Number of Program KPIs reports prepared with regard to the number requested received from the academic programs. 5. On-time of completion and submission of surveys report to the university higher administration at the end of each academic year. 6. Number of survey reports completed with regard to the number requested received from the academic programs. 7. On-time of completion and submission of ILOs & GAs report to the university higher administration at the end of each academic year.
2	Conduct and support institutional research within the boundaries of quality and academic accreditation to improve university's performance.	1. Conduct institutional research within the boundaries of quality and academic accreditation to improve university's performance	<ol style="list-style-type: none"> 1. Number of institutional research proposals approved regarding those submitted to DSR annually. 2. Number of Funded research projects conducted each academic year. 3. Number of non-funded research conducted annually.
		2. Publish research outputs in highly indexed journals as stipulated by the Scientific council of IAU.	<ol style="list-style-type: none"> 1. Number of research articles published in a peer reviewed journal by all the DQAA staff in each academic year 2. (Rate of published research per DQAA faculty Member) 3. 20. Percentage of DQAA faculty members with at least one publication

#	Objective	Executive Program	Performance Indicators
			4. Citations rate in refereed journals per DQAA faculty member
		3. Liaise with the Accreditation Department and academic programs to review their accreditation eligibility documents, self-evaluation scales and the self-study reports to ensure that it is in compliance with the NCAAA academic accreditation standards	<ol style="list-style-type: none"> 1. Number of academic programs reviewed. 2. Number of SES reviewed 3. Number of programs whose eligibility documents undergone review. 4. Number of SSRP's reviewed 5. Number of training programs delivered. 6. Number of programs whose action plans for review panel recommendations are addressed. 7. Percentage of programs got full accreditation. 8. Percentage of programs got conditional accreditation
3	Enhance the university identity and its leadership role in enriching quality best practices and excellence for higher education institutions.	<ol style="list-style-type: none"> 1. Liaise with QSE unit to Enhance the university identity and its leadership role by Involving IAU certified reviewers in ETEC-NCAAA review panel team all over KSA.. 2. Providing Consultation services in the field of quality improvement, organizational accreditation and excellence. 3. Assist deanships and colleges for creating awareness and developing mechanism for Academic and Employer Reputation. 4. Provide technical support to deanships, colleges, and administrative units to fulfill the KPIs of ranking agencies and track their progress each year 5. Follow-up the ranking progress of overall university amongst Saudi, Arab, and World universities 6. To train and track the progress of colleges to be qualify for Subject Ranking. 	<ol style="list-style-type: none"> 1. KPI 1.Number of IAU reviewers who share in Review panel with ETEC-NCAAA 1. KPI 1: Annual Number of implemented consultation contracts 1. No. of awareness workshop conducted 2. Percentage of colleges and deanships implemented reputation mechanism 3. Stakeholders' satisfaction with the training provided 1. No. of awareness workshop conducted 2. Stakeholders' satisfaction with the training provided 3. Percentage of colleges and deanships implemented reputation mechanism <p>Ranks in:</p> <ol style="list-style-type: none"> 1- World Ranking 2- Arab Ranking 3- Saudi Ranking <p>IAU Rank in different subjects of Subject Rankings of:</p> <ol style="list-style-type: none"> 1- QS 2- THE 3- ARWU (Shanghai) <p>No. of subjects qualified in Subject Rankings of: QS, THE and ARWU (Shanghai)</p>

#	Objective	Executive Program	Performance Indicators
		7. Tracking IAU website for the backlinks received, quantity of social media accounts, Google scholar profiles and rich files.	1-IAU Ranks at World Ranking 2-IAU Ranks at Arab Ranking 3-IAU Ranks at Saudi Ranking
4	To provide training programs, workshops, and webinars to instill IAU values and meet the institutional, programmatic, and quality assurance systems requirements	1. Plan and design training and workshops according to the institution and program requirements	1. No. of trainings/ workshops/ webinars conducted per college/Program annually
		2. Execute, evaluate and improve these training workshops.	1. No of trained staff and level of satisfaction
		3. Liaise with QSE unit to Enhance the university identity and its leadership role by Involving IAU certified reviewers in ETEC-NCAAA review panel team all over KSA.	1. Number of IAU reviewers who share in Review panel with ETEC-NCAAA
		4. Providing Consultation services in the field of quality improvement, organizational accreditation and excellence.	1. KPI 1: Annual Number of implemented consultation contracts.
5	Enhance sustainability of buildings, work environment associated facilities, equipment, and property of the Deanship, and implement digital transformation in office works to reduce paper and energy consumption.	1. Annual inventory and check-up of DQAA offices, facilities and equipment.	1. Number of audits inventories conducted in time 2. Time taken to conduct audits and inventory
		2. Defining the departments and processes that need Murasalat service.	1. Number of departments and units that use Murasalat.
		3. To train and track the progress of colleges and deanships for sustainability rankings.	1. Sustainability Ranks of IAU at World Ranking 2. Sustainability Ranks of IAU at Arab Ranking 3. Sustainability Ranks of IAU at Saudi Ranking
		4. To facilitate & implement paper-less, electronic management of accreditation process at the level of the institution	1. Stakeholders' satisfaction with AMS feature of Jaudah application during each academic year. 2. Proportion of steering committee utilized the AMS application with 100% completion of Data 3. Number of queries resolved regarding the AMS section of the Jaudah application received from the end users by the EQSU.
6	Support IAU deanships, directorates and centers to develop and document quality systems and achieve ISO 9001 certification	1. Increase the number of IAU's Deanships, Administrative units, and centers that developed quality management systems according to ISO 9001.	1. Number of awareness workshops on ISO 9001:2015 conducted per year. 2. Number of advanced training workshops on ISO 9001:2015 conducted per year 3. Stakeholders' satisfaction with consultancy service provided to establish QMS. 4. Stakeholders' satisfaction with guidance and support service provided.

#	Objective	Executive Program	Performance Indicators
	and 17025 accreditation.	<p>2. Support deanship, administrative units and centers to sustain and maintain QMS effectiveness, to certify them according to ISO 9001.</p> <p>3. Establish an integrated risk management system at IAU level and its units.</p> <p>4. Support all IAU units to sustain and maintain integrated risk management systems.</p>	<p>1. Number of persons certified as internal auditors for QMS 9001:2015.</p> <p>2. Number of persons certified as lead auditors for QMS 9001:2015.</p> <p>3. Number of units implemented the internal audit of QMS and closing the quality loop.</p> <p>4. Proportion of units achieved the certification of ISO 9001:2015 per year.</p> <p>1. Number of top-level parties established and activated the risk management systems.</p> <p>2. Number of colleges, deanships, administration, and centers established and activated aligned risk management system</p> <p>3. Number of formulated and activated RM committees.</p> <p>4. Number of IAU's units developed risk management plans.</p> <p>1. Number of persons certified as internal auditors for QMS 9001:2015.</p> <p>2. Number of persons certified as lead auditors for QMS 9001:2015.</p> <p>3. Stakeholders' satisfaction about Hemaya application.</p> <p>4. Number of provided workshops on risk management.</p> <p>5. Number of units had embedded the based risk management thinking at planning and decision-making activities.</p>
7	Contribute to increasing the university's revenues by accrediting and operating selected laboratories on a commercial basis and providing paid consultancy services.	<p>1. Increase the number of IAU's labs that developed quality management systems according to ISO 17025</p> <p>2. Support colleges to sustain and maintain QAS effectiveness and achieve the accreditation according to ISO 17025:2017.</p> <p>3. Providing Consultation services in the field of quality improvement, organizational accreditation and excellence.</p>	<p>1. Number of awareness workshops on ISO 17025:2017 conducted per year</p> <p>2. Number of advanced training workshops on ISO 17025:2017 conducted per year</p> <p>3. Stakeholders' satisfaction with consultancy service provided to establish QAS.</p> <p>4. Stakeholders' satisfaction with guidance and support service provided.</p> <p>1. Number of persons certified as internal auditors for QAS 17025:2017.</p> <p>2. Number of persons certified as lead auditors for QAS 17025:2017</p> <p>3. Number of units implemented the internal audit of QAS and closing the quality loop.</p> <p>4. Proportion of units achieved the certification of ISO 17025:2017 per year.</p> <p>5. KPI 1: Annual Number of implemented consultation contracts.</p> <p>1. KPI 1: Annual Number of implemented consultation contracts.</p>
8	Provide innovative electronic applications to enable and automate IAU	<p>1. To support the institution and academic programs to monitor quality and track its progress</p>	<p>1. Stakeholder's satisfaction with the electronic applications during each academic year</p> <p>2. Number of queries resolved regarding the queries received from the end users by the EQSU.</p> <p>3. Applications down time</p>

#	Objective	Executive Program	Performance Indicators
	management to collect required data for taking effective and timely decisions to improve the quality of higher education.	through the provision of various innovative electronic applications.	<ul style="list-style-type: none"> 4. Time taken to resolve the queries raised by the end users. 5. Promotion of academic programs using the electronic application with regard to total programs at IAU
		2. To Support colleges in implementing electronics forms and course portfolios to promote & ensure the improvement in the quality of higher education.	<ul style="list-style-type: none"> 1. Stakeholders' satisfaction with the Jaudah application during each academic year 2. Proportion of programs completed all the electronic forms in the Jaudah application. 3. Proportion of courses in each college having portfolios updated in the Jaudah application. 4. Number of queries resolved regarding the Jaudah application received from the end users by the EQSU.

CHAPTER 2
ADMINISTRATIVE STRUCTURE
FOR MANAGING QUALITY AT IAU

2.1 ADMINISTRATIVE STRUCTURE OF IAU UNIVERSITY



IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
ORGANIZATIONAL STRUCTURE

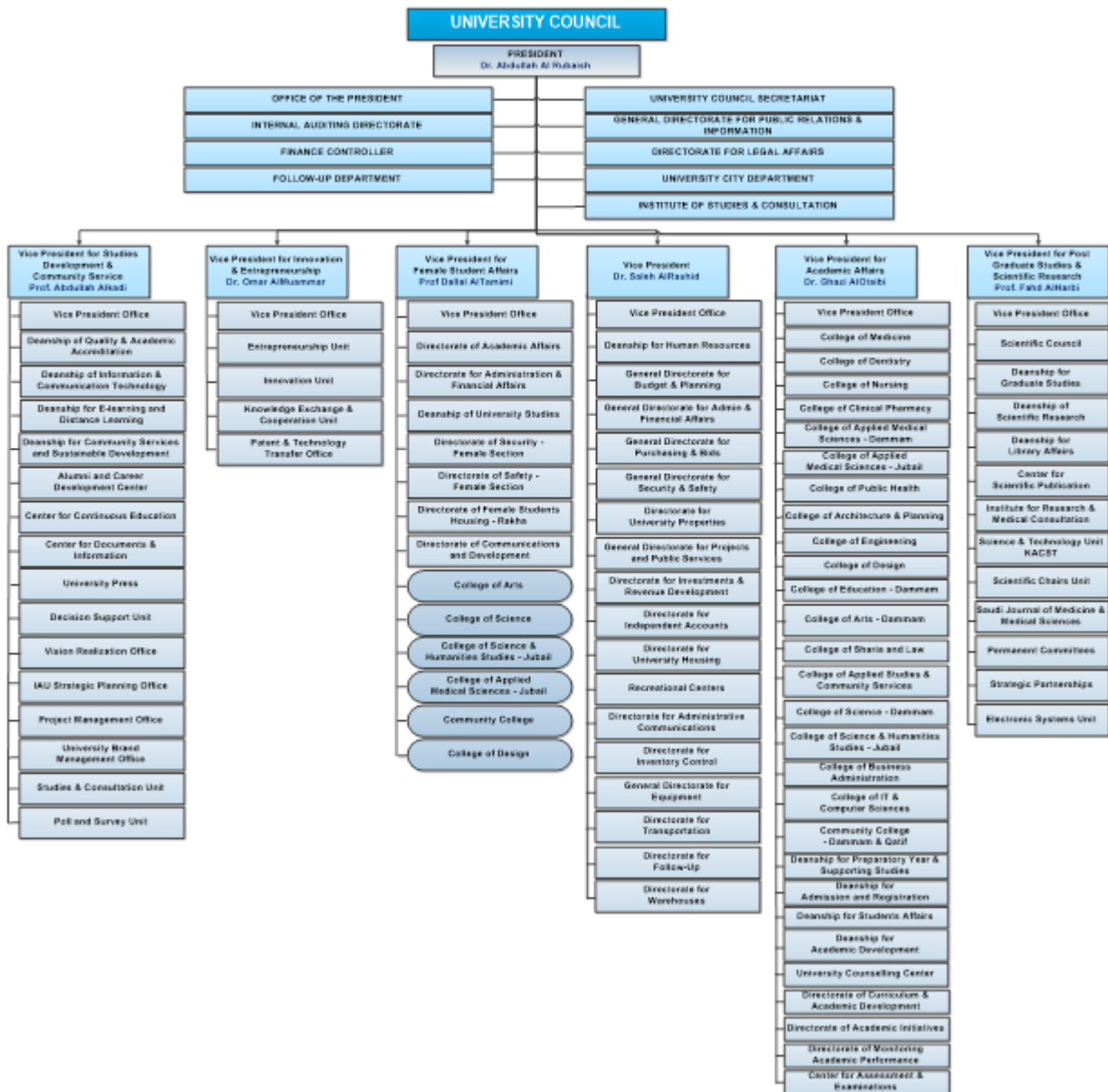


Figure 1: IAU Organogram

The detailed Job description of various units & personnel of the university is attached as separate [Appendix 1](#).

2.2 ORGANOGRAM OF DEANSHIP OF QUALITY & ACADEMIC ACCREDITATION

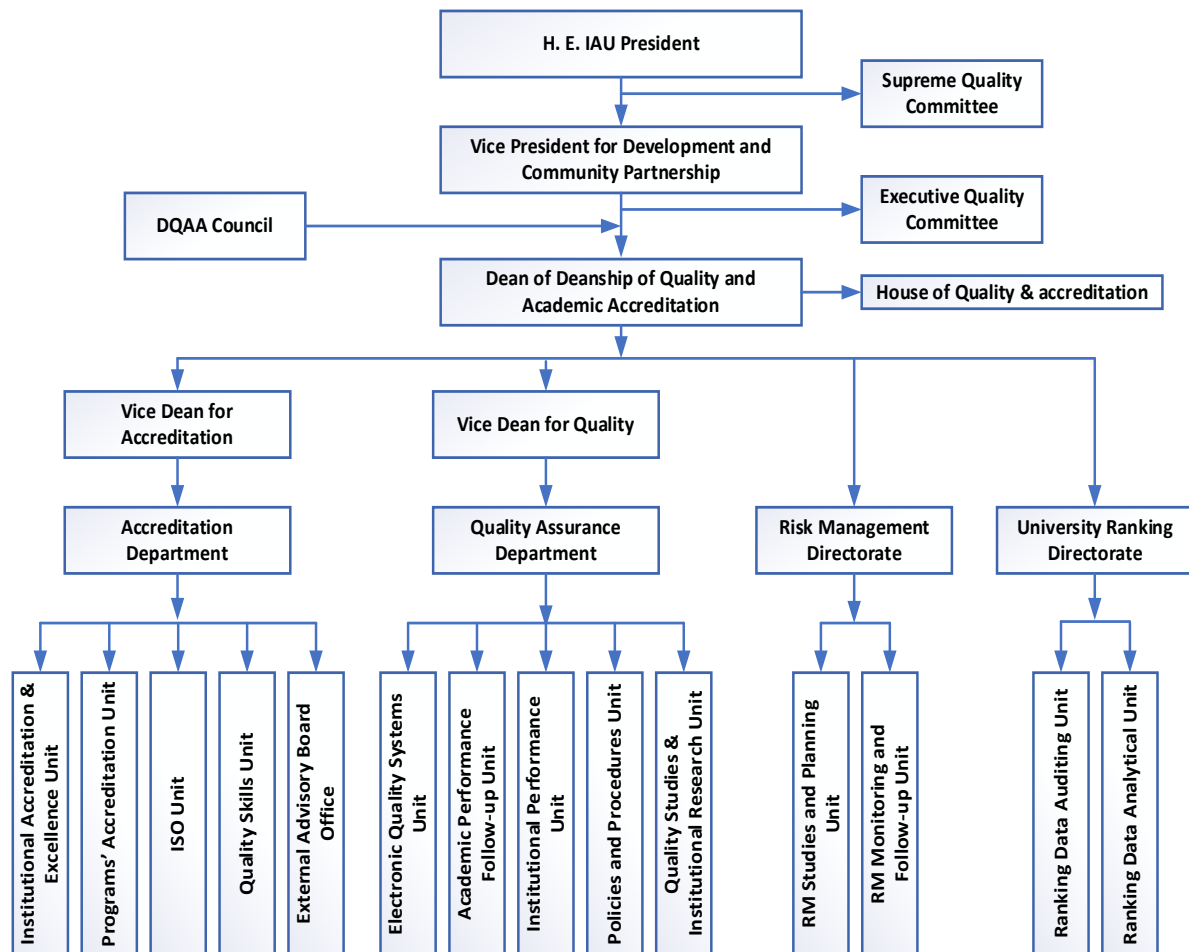


Figure 2: Organogram of Deanship of Quality & Academic Accreditation

2.3 STRUCTURE AND FUNCTIONS OF VARIOUS VICE DEANSHIPS AND DEPARTMENTS OF DQAA

The establishment of DQAA demonstrates the commitment of the University to ensure that the academic, research and administrative aspects of the University are at the highest possible standards, and if they fall short, the required changes will take place to make IAU one of the finest institutions in the Kingdom. The Deanship is now full-fledged under the Vice President for Development and Community partnership. It has a General Supervisor, two vice deanships, and two directorates. The Deanship is headed by a General Supervisor and his team, which consists of two associate professors, ten assistant professors, and a group of lecturers. In addition, across the University, the Deanship has eight Vice Deans and 24 designated Quality Management Officers. The administrative structure of DQAA consists of two departments and two directorates with several interconnected units to accomplish the goal of academic accreditation and university ranking. The organizational structure, functions, and personnel in charge of each unit have been pre-defined, and the details are narrated in this manual. Each Vice deanship is subdivided into a department under which various units function based on the service they offer to the University's stakeholders. Each department is headed by a director, coordinating the members toward achieving the unit's goals.

Moreover, there is a quality council, which acts as a common board, where all the vice deans and department chairpersons are the council members, chaired by the General Supervisor of the DQAA. One of the members is assigned as a Secretary of the Council. The DQAA quality council will meet monthly to discuss the key issues related to the units and the Deanship. Besides, the Deanship has an Administrative and Financial Affairs office overseeing administrative functions.

The details are as follows:

VICE DEANSHIPS OF DQAA

1. Vice Deanship for Accreditation
2. Vice Deanship for Quality

DEPARTMENTS OF DQAA

There are TWO Departments and TWO Directorates:

1. Accreditation Department
2. Quality Assurance Department

3. Risk Management Directorate
4. University Ranking Directorate

The job description of various personnel at DQAA is attached as [Appendix 2](#)

2.3.1. VICE DEANSHIP FOR ACCREDITATION

The Vice Deanship for Accreditation is charged with the following objectives:

- Supporting the institution and its programs for Achieving national and international accreditation
- Implementing quality management system (ISO 9001:2015) across University Administration
- Achieving Laboratory Accreditation (ISO/IEC 17025:2017)
- Fulfilling the training mission of the university with regard to quality and academic accreditation.

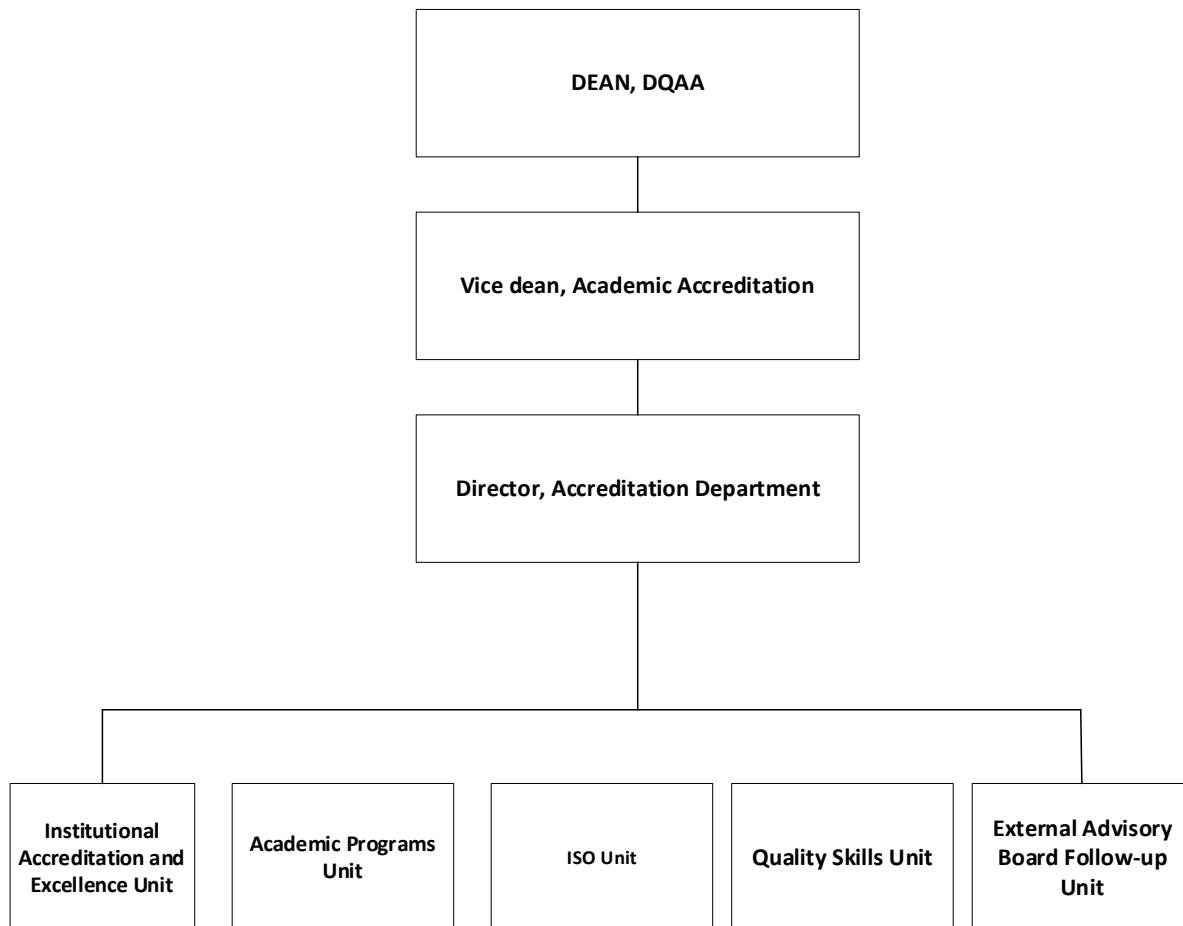


Figure 3: Organogram of Vice deanship for Accreditation

FUNCTIONS OF ACCREDITATION DEPARTMENT

1. Functions of National Accreditation

1. Follow-up with Quality Vice-Deans and directors to conduct quality orientation programs for the new faculty and staff
2. Follow-up and Review the eligibility requirements documents for national and international accreditation and develop appropriate plans to review the program in relation to accreditation standards
3. Liaise with training unit and provide training/workshops according to the program requirements
4. Follow-up conducting the surveys to make sure it is assigned for the students, faculty members, etc. on-time
5. Liaise with Performance measurement unit to follow up the reports, recommendations, and action plan generated from the survey's results for its accomplishment in consultation with the colleges.
6. Liaise with Quality Vice-Deans and Directors to monitor and follow-up the recommendations and action plans of the program and course reports
7. Liaise with Performance measurement unit to follow-up the KPIs and benchmarking reports of the program
8. Coordinate with VDQ and discuss with the Dean on the KPI results and planning for improvement.
9. Leading program to initial self-evaluation and supervise its implementation-action plans and review their evidences.
10. Liaise with Performance measurement unit to support the program for preparing self-study reports and action plans.
11. Prepare and supervise the colleges/Programs for the independent opinion.
12. Prepare and supervise the Programs for the review visit.
13. Supervise, monitor and follow-up action plan implmentation across Programs in IAU.

2.Functions of International Accreditation

1. Draw up plans, policies and objectives of the university's academic & Professional accreditation.
2. Leading program to initial self-evaluation and supervise its implementation-action plans and review their evidences.

3. Liaise with Quality measurement and Evaluation Department to support the program for preparing self-study reports and action plans.
4. Prepare and supervise the Programs for the review visit.
5. Supervise, monitor and follow-up action plan implementation across Programs seeking international accreditation.
6. Maintain a database of the eligibility requirements, self study reports and action plans for program and institutional accreditation.
7. Coordinate with the departments, colleges and the other deanships to set a timetable for the visits of academic as well professional accreditation bodies.
8. Follow up the visits of the accreditation organizations and experts to the various colleges and units of the university.
9. Provide consulting services to the departments, colleges & other deanships in accreditation issues.
10. Communicate and provide technical support to colleges to prepare programs for international accreditation/certification
11. Coordinate with colleges, departments, quality units, centers to provide necessary data & information of accreditation agencies.

3. **Functions of Quality Skills Unit**

1. Prepare yearly calendar for the Training Unit
2. Plan and conduct regular training programs in form of workshops, discussion forums and seminars for the faculty and staff on the topics related to quality, analysis, evaluation, & accreditation tools to ensure high-quality education so as to prepare different programs of the college for academic accreditation.
3. Invest in distinguished staff members by training, qualifying and preparing them in the above-mentioned topics and rewarding them to develop a rich database from the university's own cadres to spare outside training contracts with experts, specialists and trainers.
4. Coordinate with EEC-NCAAA training activities for implementing programs.
5. Perform training needs assessment of programs offered by the university.
6. Follow-up procedures in IAU to establish a new academic department to replace the current unit with due approval from the University Council.
7. Insist on collaboration with segments of the community in the implementation of the new training programme.

Table 2: The training unit offer training workshops on the following topics related to Quality and Accreditation.

No.	DQAA Training Workshop	Code
1	NCAAA Standards for Institutional Accreditation and its requirements	DQAA-TA-1
2	NCAAA Standards for Programs Accreditation and its requirements	DQAA-TA-2
3	Eligibility Requirements for Institutional (or) Program Accreditation	DQAA-TA-3
4	Writing Program and Courses Learning Outcomes	DQAA-TA-4
5	Program Specification	DQAA-TA-5
6	Course and Field Experience Specification	DQAA-TA-6
7	Key Performance Indicators and Benchmarking	DQAA-TA-7
8	Assessment of Learning Outcomes& Assessment of Learning Outcomes Using Rubrics	DQAA-TA-8
9	Course and Field Experience Report	DQAA-TA-9
10	Annual Program Report	DQAA-TA-10
11	Planning and Implementation of Initial Self- Assessment& -Preparation of Self Study Report	DQAA-TA-11
12	Analyzing Data and Using Questionnaires result for continuous Quality Improvement	DQAA-TA-12
13	Preparing Action Plans (Operational plans) and Formulation of KPIs	DQAA-TA-13
14	Risk Management in Higher Education	DQAAT-14
15	Program Quality Assurance System	DQAA-TA-15
16	Role of Academic Leaders in Supporting Quality assurance of Higher Education Quality	DQAA-TA-16
17	Quality Assurance of Administrative Work at Higher Education Institution	DQAA-TA-17
18	Strategic and Operational Plans for Assuring Quality Improvements	DQAA-TA-18
19	Training on Application of Electronic Systems for Archiving, Questionnaires, KPI and Measurements of Learning outcomes	DQAA-TA-19
20	Universities International Ranking System	DQAA-TA-20
21	NCAAA Standards for Postgraduates Program and its requirements	DQAA-TA-21

4. Functions of ISO Unit

This unit is concerned with promoting and enhancing the quality management system (QMS) in administrative units of IAU and academic laboratories and achieving international certification and accreditation.

Functions

1. Developing the logical framework for adopting various university administration units and labs for certification according to international standards ISO 9001 and ISO 17025.
2. Communicating with and selecting various international certification bodies for quality management certification on ISO 9001, ISO 17025 etc.
3. Raising awareness on the culture of Quality Management Certification (ISO 9001 and ISO 17025) and use of quality management to improve performance.
4. Communicating with and providing technical support to administrative units and labs seeking international certification.
5. Responsible for ensuring that the IAU maintains compliance with all the applicable international standards of the approved certification body.
6. Encourage developing and implementing strategies (short and long term) for improving and sustaining administrative performance.

5. Functions of the office of External Advisory Committee

The Office seeks to achieve the objectives of the Advisory Committees in enhancing the capacity of the college and programs to achieve their missions and strategic objectives and develop their performance through the following objectives:

1. Guiding the colleges and their programs to form consultative committees to include a diverse range of academic and professional experiences, knowledge, and skills to achieve the development of colleges and programs and lift them to the ranks of distinguished programs (Appendix 17: Regulatory guide for Advisory committee).
2. Supporting colleges and programs in obtaining various external consultancies from academic, industrial, and professional entities in respect to the evaluation of college/program's performance in the academic, research and community service fields considering the scientific and technological development in the field of specialty and considering the labor market requirements.

3. Monitoring and measuring the impact of implementing the time-lined action plans by the colleges and programs, based on the advisory committees' recommendations.

Functions

1. Regularly communicate with colleges and programs to raise awareness with the importance of advisory committees as well as their procedures and requirements.
2. Review the formation of the advisory committees for IAU colleges and programs in accordance with the rules of the regulatory guide approved by Imam Abdul-Rahman bin Faisal University.
3. Conduct administrative and financial procedures for the preparation of contracts and financial entitlements of the advisory committee members. SOACCP, also, carries out the procedures of lodging and ticket booking for members from outside the Kingdom of Saudi Arabia
4. Guide and follow-up implementation of visiting professor visa procedures. These procedures are to be conducted by colleges and programs for the Advisory Committee members from outside the Kingdom of Saudi Arabia.
5. Urge colleges and programs to form and hold meetings of the advisory committees for the sake of their development.
6. Review the college/program periodic reports on the preparation of time-lined action plans based on recommendations of the Advisory Committees meetings.
7. Monitor and review the periodic reports on implementation and progress of the action plans by colleges and programs.

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2.3.2. VICE DEANSHIP FOR QUALITY

The Vice deanship for Quality is mainly concerned with collecting data for Key Performance Indicators [KPI], measuring stakeholders' opinion in the form of surveys, benchmarks, metrics, rubrics and other statistics from different sources, and under the vice deanship for quality there is the quality assurance department. The analyzed results, trends and time-series of the data collected (i.e., patterns of evidence) will be widely distributed to various stakeholders of the university/college for developing correction action plan(s). This department consists of five units viz. (i) Electronic Quality Systems Unit (ii) Quality Studies & Institutional Research unit and (iii) Institutional Performance Measurement Unit (iv) Academic Programs Performance Measurement Unit, and (v) Policies & Procedure and Documents control Unit.

a. Organogram

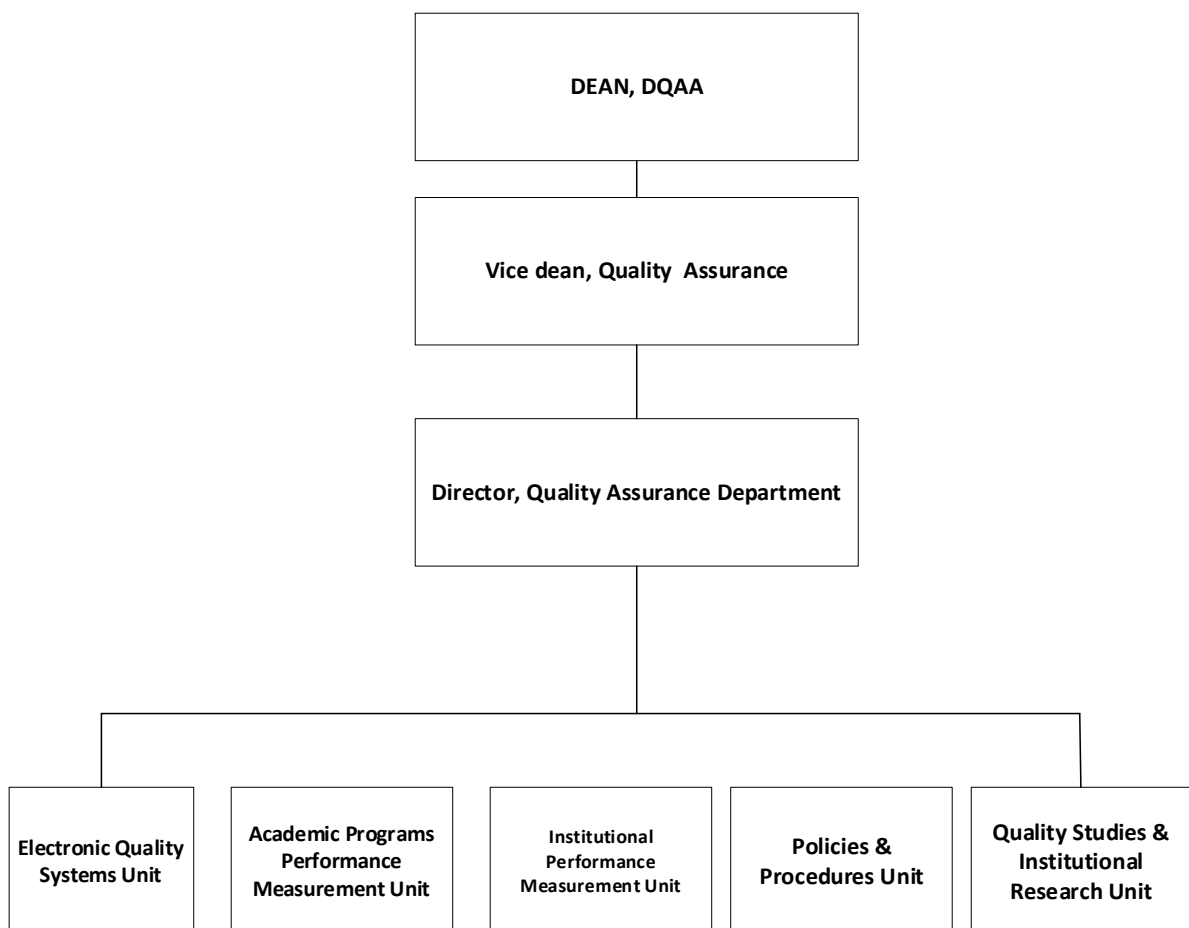


Figure 4: Organogram of Vice Deanship for Quality

FUNCTIONS OF QUALITY ASSURANCE DEPARTMENT

a. Functions of Institutional Performance Measurement Unit

1. Ensure regular evaluation of the students experience through a systematic framework of assessing students' perceptions of:
 - 1.1. Courses taught in each program offered in the university.
 - 1.2. Programs offered in the college.
 - 1.3. Quality of administrative & support services provided by the university.
2. Undertake all university level audits to ensure that the faculty is complying with the university's QM requirements.
3. Analyse data pertaining to students' achievement of Learning outcomes of various programs offered at IAU.
4. Collate data to benchmark teaching and learning quality with other national & international universities.
5. Provide staff members with information on their teaching performance and to assist further development of their teaching practices by gaining feedback from students.
6. Generate inputs for academic staff promotion and performance management processes and teaching portfolios.
7. Ensure that evaluations & surveys are aligned with the university mission, prepare and equip all the colleges for quality assessment & academic accreditation.
8. Coordinate with Quality IT Unit of DQAA and collect data using 'Muashirat' to maintain a database for preparing required KPIs.
9. Prepare KPI Manual for both Institution & program and report it to the higher administration at periodic intervals.
10. Provide training to the faculty members and quality management personnel of all colleges on handling of KPIs for both Institutional and Program accreditation of all colleges attached with the university.
11. Conduct routine and periodic meetings with the Deanship of Preparatory years & support studies to make sure that all their documents (i.e., Study Plan) and processes (i.e., conduct of Surveys/KPIs) are aligned with NCAAA requirements.

b. Functions of Quality Studies & Institutional Research Unit

The Research section is primarily established to strengthen the quality studies and research mission of DQAA as well as to fulfill self-study documentation requirements of IAU with specific focus on academic accreditation.

1. Review, update and prepare Self-Study report of various programs offered at IAU in coordination with program representatives and the national accreditation unit of DQAA.
2. Prepare action plans towards the recommendations of Institutional & Program Accreditation (EEC-NCAAA).
3. Conduct studies and research needed to improve university's performance, based on a set of Key Performance Indicators [KPIs]
4. Evaluate performance of IAU to achieve continuous quality improvements
5. Conduct research in both academic and hospital setting where the opportunity for research is feasible and appropriate.
6. Analyse previous studies and locate the problem for investigation
7. Conduct SWOT analysis to find out the research gap and to predict the scope for conducting research in the chosen areas
8. Submit proposals for conducting new research within the boundaries of academic and clinical quality management areas.
9. Prepare and submit manuscripts to both national and international journals for publications
10. Maintain a database of both national and international journals and its procedure for submitting new manuscripts.
11. Maintain a database of all the published scientific articles from the Deanship.

c. Functions of Electronic Quality Systems Unit

This unit provides high quality software solutions for various academic and administrative departments of the University and transforms data into knowledge and wisdom. The team focuses its attention on the individuals and interactions involved because projects are undertaken by people, not tools, and problems get solved by people, not processes. Lastly, it focuses on exploring and adopting the best available IT solutions and methods. Some of the major objectives of this unit is given below:

- 1) The main objective of this unit is to help the Deanship to migrate its processes from paper-based to web-based systems.
- 2) This unit plays a key role in the design, implementation, and maintenance of software systems. The applications created by this unit are totally indigenous, the ingredients are authentic, and it help DQAA be more efficient and provide a better service. All the applications are designed 100% in-house and are completely customizable to the requirements of IAU. This will give full power to DQAA as to when to add or modify any feature.
- 3) This unit verifies that the system complies with the functional specification. In keeping with the philosophy of zero-defect code, this unit is actively involved in the development process to ensure that quality is built into the product, instead of being tested into the product.
- 4) This unit provides applications demo and documentation to all the stakeholders to ensure efficient and effective usability.
- 5) Continuous maintenance and improvement are being carried out by this unit to the existing software and it facilitates improvement in all the measurement & evaluation processes of DQAA.
- 6) Provides instant and active support to DQAA departments by providing necessary data in electronic format. This unit provides active support to the Deanship to improve the accessibility and usability of the applications.
- 7) Regular data updates are done that are harvested from various resources and is verified by coordinating with different stakeholders of the application.
- 8) Addresses the need for the design and development of new applications for DQAA such as SSALO (Self Study and Learning Outcomes), RMIT (Risk Management Incident Tracker) and QSMS (Quality Support Management System).

d. Functions of Policies and Procedures & Documents control Unit

In the framework of the university's ongoing journey to fulfill its objective and attain excellence, Imam Abdulrahman Bin Faisal University has been developing and putting into practice policies and procedures that express the university's beliefs and methodologies to handle academic and administrative issues. To fulfill the mission of IAU, the Deanship of Quality and Academic Accreditation (DQAA) puts continuous efforts to develop, review, update, follow up and disseminate the policies and procedures of the university to enhance the process in the pursuit of excellence and

hegemony. The process adopted by the Policies and Procedures Unit of the Quality Assurance Department of DQAA has been fair, progressive, rational, and based on the requirements of the interrelated entities of the university. The functions of the Policies and Procedures Unit are as follows:

- 1) Develop new policies and procedures for the university by streamlining the internal procedures, ensuring rules and regulations are followed and providing proper schedules for the advice for making decisions.
- 2) Analyze the performance of current policies and procedures, and suggest improvements as needed.
- 3) Update the existing policies and procedures in communication with the process owners and disseminate them to the respective entities of the university
- 4) Prepare policies and procedures that align with the quality standards by the Education & Training Evaluation Commission (ETEC) - National Center for Academic Accreditation & evaluation (NCAAA).
- 5) Facilitate the process of consultation with the process owners and other stakeholders to create the first draft of each procedure by conducting thorough research in accordance with a policy.
- 6) Facilitate the policy and procedure's initial consultation and subsequent improvement, as chosen by the key stakeholders or process owners, and monitor its advancement through the authorization and approval authorities.
- 7) Facilitate the policy's revision process, as specified by the primary stakeholder group, and keep track of its advancement along the endorsement and approval pathways.
- 8) Upon finalization of a policy, the unit is responsible for generating an Arabic version of the policy in collaboration with the translation unit of DQAA.
- 9) Disseminate the approved new/updated/revised policy and procedures to the respective stakeholders and append it with the policy and procedures manual of the university.

Documents Control Functions

- 1) Collect and manage documents from different sources and provide support services to all the units of DQAA.
- 2) Maintain a database of the eligibility requirements, self study reports and action plans for program and institutional accreditation.
- 3) Edit, revise, and proofread all the official documents of DQAA as required.
- 4) Prepare documents in English for senior administration of IAU on request to the General Supervisor, DQAA.
- 5) Conduct bilingual translation of documents to DQAA and selected non-DQAA offices.
- 6) Manage and archive documents in the resource room to facilitate its use for the national and international accreditation of various programs and for ranking.
- 7) Undertake the responsibility of uploading the completed Self-Study Report of the institution and its various programs.

e. Functions of Academic Programs Performance Measurement Unit

- 1) This unit is concerned with compiling the findings of all the Annual program reports submitted by the academic Program and preparing a cumulative report to submit to the university's higher administration annually.
- 2) Collect, analyze reports and monitor data focusing on the performance of academic programs at IAU
- 3) Ensure the academic Program assesses its learning outcomes and graduate attributes following the NCAAA requirement, prepare a cumulative achievement report to be submitted to the university's higher administration, annually
- 4) Collect student enrollment, progression, and graduation data, study the trend, prepare reports and submit it to the university's higher administration, annually
- 5) Monitor Program level KPIs focusing on improving the quality of academic programs and submit them to the university's higher administration, annually.

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2.3.3. RISK MANAGEMENT DIRECTORATE

Institutions of all types and sizes face internal and external factors that make them uncertain whether and when they will achieve their mission and objectives. Universities are no exception, like every business the University faces numerous risks. Moreover, risks are potential uncertain events, when they occur may result in undesirable consequences for individuals and institutions. At the same time the risks associated with many fruitful opportunities, and the avoidance of these risky opportunities may cause loss of competition to the institution. To cater for risk management in Imam Abdulrahman bin Faisal University (IAU), a risk management directorate was established as one of the Deanship of Quality and Academic Accreditation units. The risk management directorate has two units; the first is risk management supports and maturity unit and the second is Risk Management monitoring and follow-up unit.

Risk management unit is designed to cover all risk management functions and activities through two sub-units:

A. Risk management studies and Planning unit

1. Develop and approve university-wide risk management policy and procedures.
2. Prepare a University-wide risk management plan based on IAU strategic and operational plans and university policies.
3. Identify tools, policies, and procedures needed to modify and controls risks.
4. Conduct awareness training to spread the culture of risk management and communicate the university risk management plan to all colleges, deanships, directorates and centers of the university.
5. Help colleges, deanships, directorates and centers of IAU to develop their risk management plans and risk registers.
6. Conduct annual review of risk management system, update the risk manual, and to develop policies to deal with the risk.

B. Risk management monitoring and follow-up unit

1. Create a mechanism for implementation of risk management in all university colleges, directorates and centers.
2. Coordinate with security and safety directorate on monitoring and reporting safety issues and conduct a joint root cause analysis to identify opportunities of improvement.
3. Establish a documented risk management process for each college or administrative unit across IAU.

4. Follow up and periodically auditing and reporting the implementation of risk management plans.
5. Gathering of statistics, loss histories, and hazard and loss exposure information needed to develop and modify risk management practices in pursuit of continuous improvement and to achieve the best results.
6. Review risk register for various risks facing IAU and update them continuously.

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2.3.4 UNIVERSITY RANKING DIRETORATE

The ranking unit is mainly concerned with improving the World ranking of IAU that can be accomplished by continuous quality improvement with specific focus on the mission of the University viz. Teaching and Learning, Research and Community services. This unit consist of three interconnected units viz. (i) Audit Unit (ii) Data Flow Unit and (iii) Intelligence Unit.

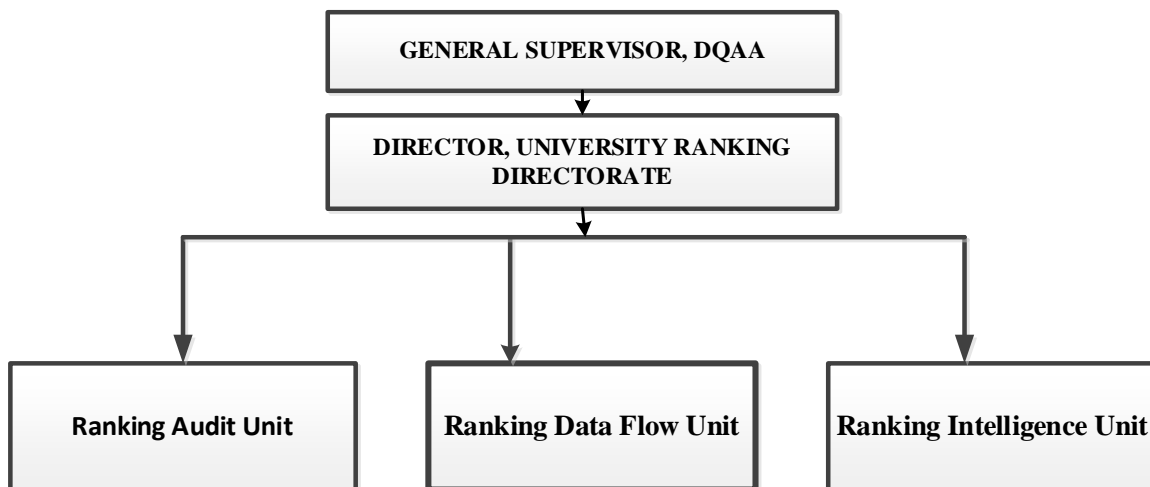


Figure 5: Organogram of University Ranking Department

Functions

1. Raising awareness on the culture of Rankings across IAU
2. Communicate with various rankings providers / publishers and get necessary information required for ranking and its projects.
3. Coordinate with colleges, deanships, departments, units, centers to collect necessary data & information to fulfill the criteria's of different ranking agencies.

4. Maintaining year wise database of criterion and indicators of ranking agencies and their respective sources.
5. Analyze the data of ranking providers & databases after declaration of results and prepare performance reports along with suggestions for improvement and submit it to the top management periodically.
6. Develop strategies for improving university performance to enhance its position in various rankings.
7. Developing the logical framework for qualifying university to participate in various global Rankings
8. Developing a database of criteria & indicators for various Global University Rankings
9. Monitoring & evaluating the university Key Performance Indicators (KPIs) versus indicators of various Global University Rankings
10. Benchmarking of the university performance with national & international universities according to KPIs of various Rankings
11. Giving feedback & advice to university leadership on:
 - How to improve their ranking positions
 - Analyzing & forecasting the future ranking position of the university in various global rankings

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2.3.5 ADMINISTRATIVE AND FINANCIAL AFFAIRS UNIT

The Administrative and Financial Affairs Unit performs all administrative and financial tasks related to the Deanship of Quality and Academic Accreditation and its employees, in coordination and cooperation with other concerned authorities.□

Tasks and Responsibilities of the Administrative and Financial Affairs Unit:□

- 1- Supervising the administrative and financial affairs of the Deanship and its employees.□
- 2- Follow up the implementation of regulations and procedures.□
- 3- Supervising the daily work and tasks determined by the General Supervisor.□
- 4- Preparing reports on evaluating the performance of employees in the Deanship.□
- 5- Providing the necessary requirements for the various units of the Deanship and following up on their maintenance.□
- 6- Supervising workers and following up on their tasks.□
- 7- Coordinating and organizing the vacations of the Deanship's employees and all other administrative and financial affairs.□
8. Prepare an annual report on the unit's activities, achievements and suggestions to improve its performance.□

2.3.6 SECRETARIAT OF EXTERNAL ADVISORY COMMITTEES FOR ACADEMIC PROGRAMS AND COLLEGES:

The Office seeks to follow up the objectives of the advisory committees in enhancing the ability of colleges and programs to achieve their mission and strategic objectives and develop their performance through the following objectives:□

1. Directing colleges and their programs to form advisory committees consisting of a variety of academic and professional experiences, knowledge and skills, in order to achieve the development of colleges and programs and their advancement in the ranks of distinguished programs.
2. Supporting colleges and programs in obtaining various external consultations from academic, industrial and professional communities, with regard to evaluating their academic, research and societal performance in light of scientific and technological development in the field of specialization and labor market requirements.
3. Follow up the implementation of colleges and programs of time-bound action plans based on the recommendations of advisory committees and measure their impact.

Tasks of the Secretariat of the Advisory Committees for Colleges and Programs:□

1. Continuous communication with colleges and programs to raise awareness of the importance of advisory committees, their procedures and requirements.

2. Review the formation of advisory committees for colleges and their programs in accordance with the Advisory Committees Manual approved by Imam Abdulrahman bin Faisal University.
3. Implementation of administrative and financial procedures for the preparation of contracts, financial dues, hosting procedures and travel tickets for members from outside the Kingdom or outside the Eastern Province.
4. Directing and following up colleges and programs in implementing the procedures for applying for a visiting professor visa for members of the advisory committee from outside the Kingdom.
5. Encouraging colleges and their programs to hold advisory committees in order to achieve the development of the program.
6. Review the reports of colleges and periodic programs for the preparation of work plans specified in time periods based on the recommendations of the meetings of the advisory committees.
7. Follow up the implementation of work plans by colleges and programs and review periodic achievement reports.

2.4 STRUCTURE AND FUNCTION OF VARIOUS COMMITTEE TO MANAGE QUALITY AT IAU

Major committees operating at the University level:

Quality of Higher Education at IAU is managed through Two major committees [N=2] viz.

- Higher Standing Committee for Quality
- Standing Executive Committee (QEC)
- Quality Council At DQAA

Additionally, there will be a committee at the DQAA so called, ‘DQAA Council’ and Quality committees have been set up at each college level to oversee the quality management arrangements in that College.

2.4.1 IAU HIGHER STANDING COMMITTEE FOR QUALITY

Organizational structure

1. President of the University (Chairman)
2. Vice President for Development and Community Partnership (Vice Chairman)
3. Vice President of the University (Member)
4. Vice President for Branches Affairs (Member)
5. Vice President for Academic Affairs (Member)
6. Vice President for Post Graduate Studies and Research (Member)
7. Four representatives of colleges (One from each cluster) and one for the Institution (members)
8. General Supervisor of the Quality Deanship (Secretary of the Council)
9. Two students of graduate studies (members) (One must be female)
10. Three representatives of outside parties (members) (One must be female)

Functions

1. Draw up the general policies for improvement of quality in the university and to oversee its implementation.
2. Endorse the strategic plans and the quality application requests in the university and in its various units.
3. Draw up and approve the general policies for promotion of the culture of quality within and outside the university
4. Support and back the exerted efforts for implementation of quality in the University and to cooperate with relevant outside parties.

5. Approve programs for motivation and rewarding of distinguished teams and individuals in the application of quality in the university
6. Approve the annual report of the quality management.

2.4.2 STANDING QUALITY EXECUTIVE COMMITTEE

Membership structure

The members of the Standing Quality Executive Committee that has been formed as per a decision by H.E. the President of IAU Dr. Abdullah Al Rubaish

First, the Standing Quality Executive Committee is formed as follows:

1. Vice President for Development and Community partnership (Chairman)
2. The Supervisor General of DQAA (Secretary).
3. Deputy Dean, College of Applied Medical Sciences for Quality (Member).
4. Deputy Dean, College of Architecture and Planning for Quality (Member).
5. Deputy Dean, College of Dentistry for Quality (Member).
6. Deputy Dean, College of Medicine for Quality (Member).
7. Deputy Dean, College of Engineering for Quality (Member).
8. Deputy Dean, College of Nursing for Quality (Member).
9. Deputy Dean, College of Arts for Quality (Member).
10. Deputy Dean, College of Education for Quality-Jubail (Member).
11. Vice-Dean of Administrative Development (Member).

Functions of the Standing Executive Committee of Quality are as follows

1. Devise the general frameworks of quality systems of the University.
2. Review and approve the necessary plans and requirements of implementing quality in the various IAU academic and administrative units.
3. Propose quality improvement projects and encourage the relevant initiatives
4. Co-ordinate efforts of quality improvements in IAU Units.
5. Propose awards and excellent initiatives for efforts of quality improvements.
6. Supervise the progress of implementation of quality improvement projects in various IAU units.
7. Review and approve reports on quality implementation results and submit such reports to the higher quality board.
8. Follow up the achievements of works and functions referred there to by DQAA.
9. The committee has the right to make use of whom it deems appropriate to achieve its functions

2.4.3 QUALITY COUNCIL AT DQAA

Membership structure

1. Supervisor General of DQAA (Chair)
2. Director of Accreditation department (Secretary)
3. Director of Quality Assurance Department (Member)
4. Director of Ranking Directorate (Member)
5. Director of Risk Management Directorate (Member)

Functions

1. Propose for recruitment of faculty members and lecturers for DQAA, to be trained to disseminate a culture of quality in all units of IAU.
2. Consider how to implement the policies, procedures and decisions referred to the deanship by the top-Quality Board and its Executive Committee.
3. Encourage quality studies and research at IAU and seek ways and means to publish them.
4. Consider the plans, studies and initiatives submitted by employees of the deanship for the improvement of performance.
5. Attract various segments of the community to support quality programs and participate in the overall quality strategies of the university as well as to contribute to raising awareness of the important role played by the university.
6. Propose and approve recruitment as well as retention of faculty and lecturers of DQAA.
7. Implement what is referred to DQAA by the higher board of quality and the permanent executive committee of quality in terms of policies, procedures, and decisions.
8. Prepare and seek the publishing of quality research and studies of IAU.
9. Propose an internal regulation for DQAA.
10. Consider plans and initiatives on performance improvement provided by employees of DQAA.
11. Implement and follow up implementation of the recommendations by the higher board of quality.
12. Implement and follow up implementation of recommendations by the permanent quality committee.

2.4.4 QUALITY VICE-DEANSHIPS AT COLLEGES

Organization Structure

Quality Vice-deanships provide support and advice to the various departments of the college and spread its culture at the level of the college. It helps colleges to provide better service to its internal (i.e. students & teaching staff) & external customers (i.e. employers).

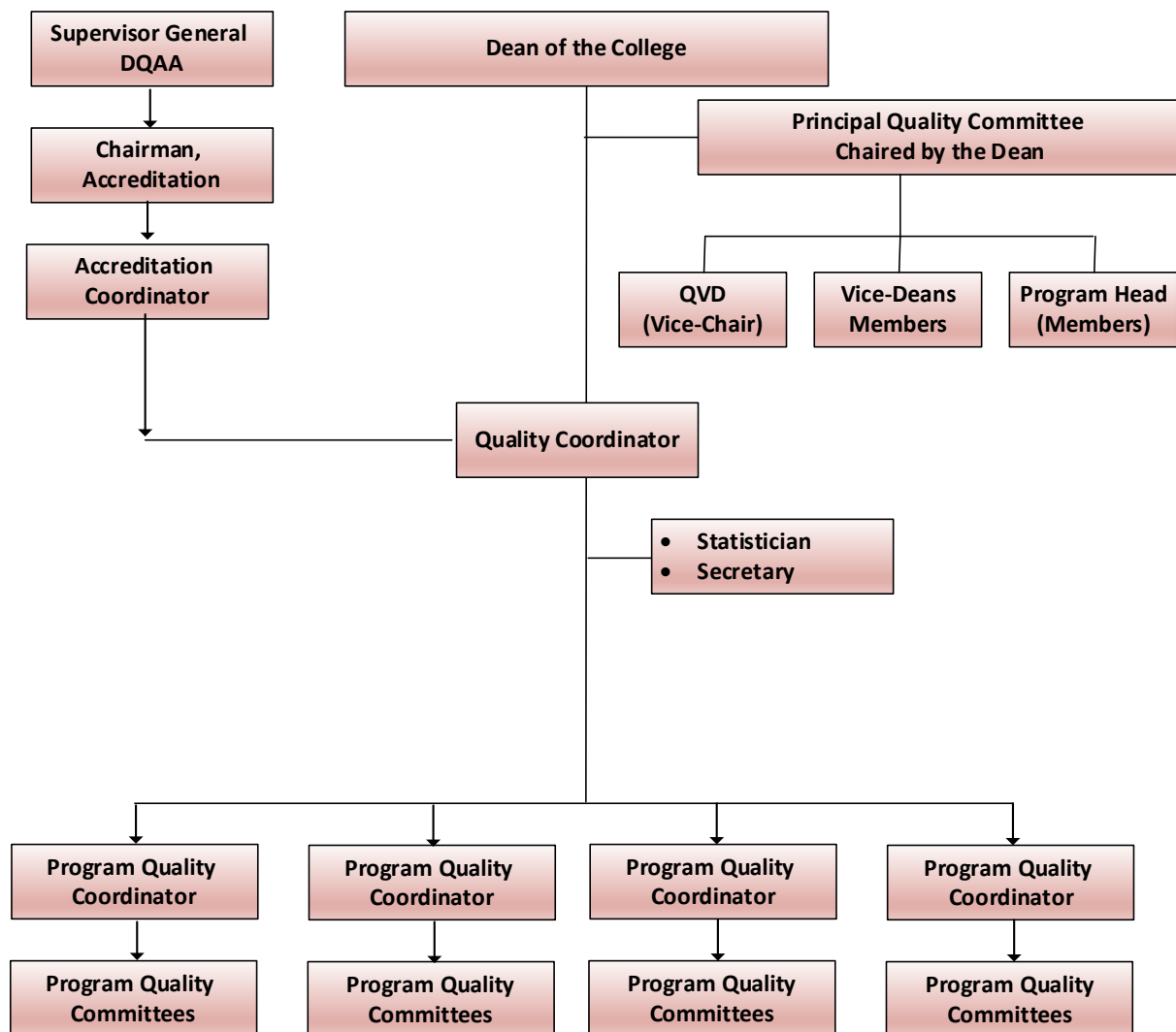


Figure 6: The organogram of the quality at IAU colleges

VICE-DEAN RESPONSIBILITIES

1. Follow-up with program coordinators to conduct quality orientation programs for the new faculty and staff
2. Follow-up and Review the eligibility requirements documents of the programs for national and international accreditation (if applicable) and develop appropriate plans to review the program in relation to accreditation standards
3. Liaise with DQAA and provide training/workshops according to the program requirements
4. Follow-up conducting the surveys to make sure it is assigned for the students, faculty members, etc. on-time
5. Follow up the reports, recommendations, and action plan generated from the survey's results for its accomplishment in each program with consultation with the DQAA.
6. Monitor and follow-up the recommendations and action plans of the programs and course reports
7. Follow-up the KPIs and benchmarking reports of the program and college
8. Coordinate with Program heads and discuss with the Dean on the KPI results and planning for improvement.
9. Leading program to initial self-evaluation and supervise its implementation-action plans and review their evidences in consultation with DQAA.
10. Liaise with DQAA to support the program for preparing self-study reports and action plans.
11. Prepare and supervise the colleges/Programs for the independent opinion in consultation with DQAA.
12. Prepare and supervise the Programs for the review visit in consultation with DQAA.
13. Supervise, monitor and follow-up action plan implementation across Programs in the college.

There are two assistants in each quality vice deanship viz. (a) Quality Management secretary and (b) Statistician. They are responsible to ensure that Quality goals are established for the College and the on-going monitoring and feedback mechanisms relating to quality are in place.

a. Quality Management Secretary

The duties of the secretary are to:

1. Contribute towards the academic accreditation in the national level for the colleges /programs in collaboration with the DQAA.
2. Infuse a culture of quality in the faculty & staff, including administrative staff, as well as the students in the College.
3. Implement the mechanisms and standards of quality management in higher education according to the EEC-NCAAA requirements.
4. Lead in the implementation of the unit- specific strategic plan.
5. Participate in the implementation of the College-wide strategic plan.

b. Data & Statistics Department

The statistician performs the following duties:

1. In close collaboration with DQAA, leads the college to gather data and information about performance indicators, and the user's satisfaction among students and teaching staff.
2. Processes for information, surveys and data on indicators including the user's satisfaction among students, teaching staff, alumni, employers of the college's, graduates and other stakeholders.
3. Create, develop and manage a database for the quality & academic accreditation for the college.
4. Develop and manage resource room for the documents of all programs, for the purpose of accreditation and academic assessment.

The detailed Job description of various personnel of the DQAA is attached as separate [Appendix2](#).

2.4.5 ACADEMIC COMMITTEE EXISTING AT COLLEGES

All programs offered at Colleges of IAU must formulate a set of committees to fulfill certain functions towards the accomplishment of mission of the college/program. Some committees are established at the level of college and few of them are established at the program level.

These include:

- (1) External Advisory Committees for Academic Programs
- (2) Principal Quality Committee
- (3) Program Quality Committee
- (4) ISA & SSR Committees
- (5) Alumni Committee
- (6) Community Service Committee
- (7) Curriculum Committee
- (8) Discipline (disciplinary action) committee
- (9) Examination and Assessment Committee
- (10) Research Committee
- (11) Standing Committee for Student Behavior Control
- (12) Standing Committee for Study Plans and Programs
- (13) Students Affairs (Academic Advisory) committee
- (14) Students Activities committee

Functions of various academic committee existing at Colleges, IAU

(i) Alumni Committee

Each Program should establish an alumni committee that work under the umbrella of the alumni unit of the college. This College level alumni unit work under the coordination of the Alumni and Career Development Center of IAU to fulfil the following objectives:

- To provide advisory guidance to students regarding their career planning and employment preparation.
- To develop and promote the theme of an alumni community and create a connection with students prior to graduation and continue their connection with the University post-graduation and beyond.

(ii) Community Service Committee

Each college should establish a Community Service committee that works in collaboration with deanship of community service and sustainable development to meet the needs of today and tomorrow's generations. Some of its objectives include:

- Apply and disseminate community service and sustainable development policies according to international standards.
- Transfer and localize knowledge according to international quality standards in order to address community issues.
- Enrich the community with scientifically based research studies and qualitative research related to community issues and problems and to ultimately develop meaningful solutions.
- Establish social integration through performing strategic partnerships with both the public and private sectors.
- Achieve institutional sustainability by developing programs and projects and guiding them all the way into the operation stage.
- Promote the concept of volunteerism within the field of community service and sustainable development.
- Improve the perception and image of IAU with regards to community service.

(iii) Curriculum Committee

Each college at IAU should have a curriculum committee and this committee is assigned to carry out the following tasks:

- Utilize standards of good academic practices to ensure the highest possible quality for the effective curriculum.
- Carry out regular review and make recommendations for improvements in the current curriculum to be consistent with the mission, vision and goals of the College and the University
- Develop and effectively integrate new courses into the curriculum, when needed.
- Make recommendations for approval of new courses, major changes in an existing course, discontinuance of a course and revisions in general education criteria.
- Resolve interdepartmental curricular problems and guard against duplication of course contents.

- Carry out content or curriculum mapping, providing scope and sequence of the course focusing on the order in which the skills are introduced for maximum understanding of the content.
- Review current textbooks and teaching materials consistent with the contemporary educational standards and supporting the curriculum as well.
- Analyze the data gathered in the examination / assessments, review of textbooks and teacher's application of instructional methodologies to evaluate the curriculum.
- Review the proposals received from various departments pertaining to curriculum amendments; provide support and assistance to individual faculty members making curricular changes.
- Develop the appropriate plan for regular and periodic review of the existing curriculum/program to ensure they achieve the educational goals in accordance with the College and University's strategic plan and meet the academic accreditation requirements to attain excellence in all academic program/s offered by the College.
- Participating in college planning process for long- and short-term curriculum directions.

(iv) Discipline (disciplinary action) committee

Each college should establish a discipline committee to respond to student disciplinary issues and offer an immediate decision with an appropriate action plan. This committee serves to protect & sustain the integrity and credibility of the College. This committee governed by the Office of the Vice Dean for Academic Affairs of each college. As per university rules and regulations, all matters concerning disciplinary action require immediate investigation and this committee usually response to reported incidents of academic or general misconduct.

(v) Examination and Assessment Committee

This committee is concerned with the responsibilities to formulate, direct, implement, and monitor all issues related to examinations. Specific duties and responsibilities include:

1. Formulate standardized examination format(s) that respond to various departments' needs. Guide the development, implementation, and oversight of a

standardized template for using a variety of assessments: presentations, assignments, seminars, written, oral examinations and others.

2. Review written examinations in order to ensure the standardization of formatting, the richness of content, and the clarity of questions.
3. Ensure that the examinations measure the achievement of the established learning outcomes.
4. Obtain, analyze, and discuss, with concerned course faculty, the results of the analysis for each written examination regarding appropriateness of difficulty, discriminating ability etc. This will enable the improvement of subsequent examinations by modification, addition, or elimination, of questions and answers.
5. Organize the scheduling, logistics, monitoring, efficiency, and confidentiality of generating, copying, and storage of examination and answer sheets.
6. Establish primary responsibility for dealing with instances of academic dishonesty, including cheating and plagiarism, according to established university and college policies.

(vi) Research Committee

Each program should establish a research committee to work under the umbrella of the Research Unit of the College to bolster the research activity and position of the respective program. The goals of this committee include:

- Achieve the vision and mission of the College /University by developing the strategic plan for scientific research in the college and to implement it in an effective manner.
- Determine the priorities of scientific research in the program to meet the needs of the community.
- Support the scientific research and encourage the researchers in the Program /College.
- Review and revise the research projects submitted by researchers and will improve the quality of proposals to enhance the possibility of acceptance within and outside the University.
- Initiate and develop infrastructure for research such as Laboratories and Equipment's (machines).
- Encourage researchers to develop research projects in different specialties.
- Provide consultations to improve the scientific research in the Program/College.
- Encourage and support faculty to publish in reputable scientific journal.
- Encourage collaboration in research with other programs/colleges within the University and other Universities (i.e. national and international level).

- Prepare a data bank in relation to scientific research in the Program/College including grants and published papers.
- Follow up the research process by doing surveys/questionnaire to get the feedback of the researchers. This will help in facilitating the job and improving the research outcome.
- Develop policies and byelaws related to research and research ethics, which would be in accordance with the national byelaws of research in the Kingdom of Saudi Arabia.
- Review and follow-up scientific research to confirm that this research meet the criteria of scientific research ethics and to take a decision on whether it has to be referred to scientific research ethics committee of the University
- Facilitate and organize annual research days where students and faculty would be able to present their latest research
- Set up criteria for selecting the best research prize and nominating the evaluation committee.
- Help students to establish "students research club" and supervising it
- Determine research interest of faculty and communicate among other faculty & students.

(vii) The Standing Committee for Study Plans and Programs

This committee exist at the level of the university, and it is headed by the Vice Rector for Academic Affairs, and it is assigned to carry out the following tasks:

- Setting clear scientific standards for procedures and reviewing and developing study plans.
- Monitoring the development and updating of bachelor's programs at the university in coordination with colleges and academic units.
- Reviewing the study plans presented to the committee in accordance with quality standards and academic accreditation.
- Developing an action plan to update academic programs and ensure that they follow the latest scientific developments in the relevant specialization.
- Studying the appropriateness of academic programs for national development needs to decide on the modernization, introduction, or discontinuation of academic programs.

- Reviewing the regulations and bylaws in relation to teaching, learning, and examinations, and to recommend to the University Council any amendments that serve the educational process at the university.

(viii) Standing Committee for Student Behavior Control

This committee exists at the level of the university, and it is headed by the Vice Rector for Academic Affairs. This committee is assigned to carry out the following tasks:

- Studying the recommendations of the subcommittees regarding student irregularities.
- Considering what is referred to the committee by the University President and the related university units.
- Deciding on disciplinary student cases.
- Applying the student behavior adjustment bylaws.
- Monitoring investigative and disciplinary actions with students.
- Supervising the implementation of decisions issued in the irregularities.

(ix) Students Affairs (Academic Advisory) committee

This committee is established to value the importance of student participation in its decision-making processes. This committee seeks to enhance the degree of student input and help the Program/College to better understand the needs of its students and the means to assist them. Following are the goals and objectives of committee:

- Develop the moral, spiritual, and professional values of each graduate and cultivate the values of honesty, collaboration, and tolerance.
- Foster an academic environment that encourages constructive criticism as well as critical thinking while always respecting the opinions of others.
- Provide a voice to improve the academic programs and services and enhance the research efforts at the Program/College.
- Strengthen the bonds between the students and the college administration and establish mechanisms for increasing dialogue, cooperation and understanding, thereby helping to improve the operation of the College's academic programs and services.
- Enhance student participation in the decision-making process that affects the academic programs and services of the College.
- Develop and enhance student leadership and collaboration skills through their activities on student advisory committees.

- Develop a mechanism for generating student feedback and suggestions regarding the academic programs and services of the College.

(x) Students Activity Committee

This committee is established at each program to energize, rejuvenate, and motivate students with appropriate extracurricular activities to enrich their daily life, as students. A comprehensive activity plan for the academic year will be organized by the student

Activity Committee to promote camaraderie and collaboration by utilizing team sports, learning activities, and other physical and mental activities. The responsibilities of this committee include:

- Develop annual and long-range plans for appropriate student activities at the Program/College.
- Submit the plans to Student Affairs at the University for Approval.
- Development of a proposed annual budget for the work of the Committee and submission to the Deanship for Student Affairs (SAD) at the University for Approval.
- Promote the implementation of the annual student activities plan in accordance with the Plan of Action adopted by SAD.
- Attract and engage students in the promotion of the annual plan of activities.

2.5 MECHANISM ADOPTED BY DQAA TO MANAGE QUALITY AT IAU

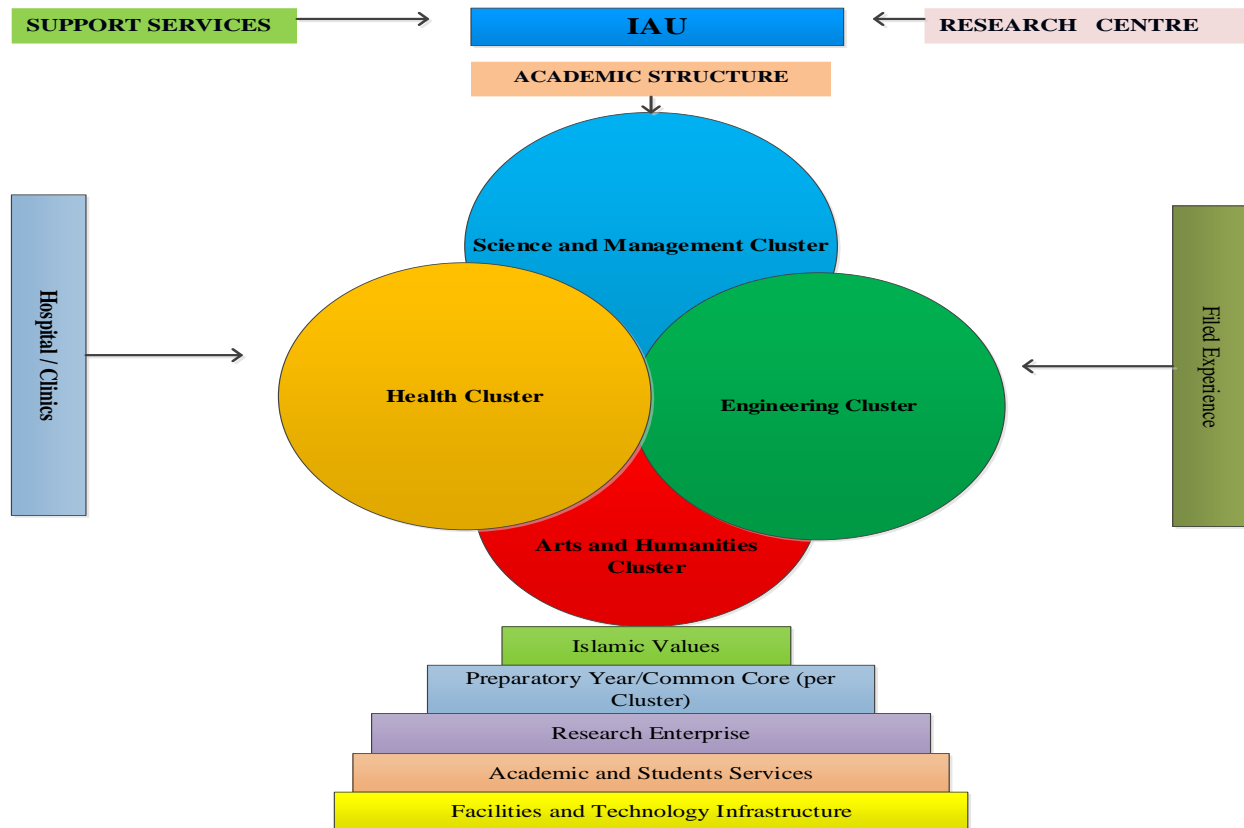


Figure 7: Strategic Framework for managing Quality at IAU

DQAA established Cluster Based classification system to manage quality in which the whole IAU is divided into four clusters based on the nature of the programs offered. Accordingly, colleges are divided into four clusters viz.

1. Health Cluster Colleges
2. Engineering Cluster Colleges
3. Arts & Humanities Cluster Colleges
4. Science & Management Cluster Colleges

Each College has a separate Vice Deanship for Quality, and it works in collaboration with DQAA in fulfilling the accreditation requirements. To facilitate that, several committees are established in each respective program/college, and it works under the direct guidance of DQAA. To help and foster quality management activities in the Program, DQAA established seven inter-connected units, and each unit is entrusted with specific responsibilities ([Appendix 2: DQAA Job Descriptions](#)). Towards achieving quality and excellence, DQAA adopts a unique 'Work Stratification' methodology where each department in the deanship is assigned

a specific responsibility to accomplish a task and maintain a close collaboration with colleges & Program (s) to attain quality.

To support the NCAAA program accreditation process at IAU, the Accreditation department of DQAA nominated Accreditation coordinators for each academic cluster. These accreditation coordinators (s) offer onsite support at the College and help the Program to complete all the required NCAAA templates. Further, the quality assurance department of DQAA helps programs to develop & monitor KPIs and to measure stakeholders' feedback. All surveys are managed using an online application entitled, 'Estibana' developed and managed by the Electronic Quality systems Unit of the quality assurance department of DQAA. Likewise, an exclusive application called Muashirat is in place at IAU to manage KPIs.

The Accreditation department of DQAA developed a timetable for the academic accreditation of programs. It is prepared in consultation with both NCAAA and the Vice Deanship for Quality at Colleges ([Appendix 12: Timetable for Undergraduate Program Accreditation by NCAAA 2015-2022](#)). Each Program is instructed to adhere to this timetable in achieving accreditation. A regular and periodic communication channel has been established, and it includes:

- (i) Quality executive committee(s)
- (ii) College-specific Quality Committee meetings
- (iii) Regular email communications with the stakeholders
- (iv) Telephonic & Video conferencing meetings.
- (v) Mini Workshops
- (vi) Direct meeting with Deans and Quality Vice Deans.

The Skills development unit of the Accreditation department of DQAA is responsible for conducting a regular training program for all the stakeholders to update their knowledge about quality and academic accreditation. A training calendar has been prepared based on the needs assessment study done each year, and a list of training workshops are being organized in-house for the stakeholders. In addition, this unit will coordinate with NCAAA to conduct regular workshops on selected topics and host it at IAU. To evaluate the quality of these training workshops, a separate questionnaire has been developed, and participants' feedback is sought at the end of each workshop ([Appendix 13: Training Evaluation Questionnaire](#)). In

addition, three performance indicators have been developed to verify the fulfillment of the training objectives of DQAA, and it include:

- Number of in-house training workshops conducted by DQAA for IAU faculties and academic staff during each academic year.
- Number of NCAAA training workshops conducted at IAU during each academic year
- Number of NCAAA workshops hosted by DQAA for other Saudi Universities during each academic year.
- Stakeholder satisfaction with the usefulness and quality of the training workshops hosted by DQAA.
- The participation rate of faculty & academic staff in NCAAA workshops hosted by DQAA for IAU Colleges during each academic year.

Further, to support the international accreditation needs of the colleges/program, the accreditation unit of DQAA developed a timetable, and all the programs are instructed to adhere to this timetable. The accreditation coordinator of this unit often visits colleges and helps them to fulfill the international accreditation requirements viz.:

1. Communicating with international accreditation bodies.
2. Educating faculty & teaching staff about various accreditation standards.
3. Inviting external advisors to host meetings and conferences to give colleges awareness about various international accreditation standards etc.

CHAPTER 3
DESCRIPTION OF QUALITY
ASSURANCE SYSTEM AT IAU

3.1 A GUIDELINE FOR MONITORING QUALITY ASSURANCE SYSTEM AT IAU

3.1.1 PURPOSE:

Establishing, maintaining, and sustaining quality education and assurance is an uninterrupted process that requires structuring the practice per the influence of internal and external changes affecting the higher education institution and its academic community. The fast-growing environment in higher education warrants a systematic methodological analysis of its internal quality assurance system. Such analysis of the internal quality assurance system aims to cope with the highly competitive academic environment and to get recognized by the national and international accreditation bodies. In this context it is exceptionally essential that Imam Abdulrahman bin Faisal University (IAU) has to develop its internal quality assurance and continuous improvement systems for developing, managing, monitoring, and sustaining its quality standards to maintain quality education to meet the aspirations of the growing student community and other stakeholders of the university.

3.1.2 DEFINITION:

- 3.1.1.1 **Quality:** The value, worth, or standard of an institution or program in relation to generally accepted standards for an institution or program of its type.
- 3.1.2.1 **Quality Assurance:** Processes of assessment, evaluation, and follow-up relating to the quality of performance, which serve two distinct purposes:
 - (a) To ensure that desired levels of quality are maintained and improved; and
 - (b) To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world.
- 3.1.3.1 **Internal Quality Assurance:** Quality assurance processes carried out within and by or for a higher education institution.
- 3.1.4.1 **Higher Education:** Education at universities or similar educational establishments, especially to a degree level.
- 3.1.5.1 **Accreditation:** Formal certification by a recognized authority that an institution/program meets required standards
- 3.1.6.1 **Stakeholders:** Refers to anyone who is invested in the welfare and success of an educational institution and its students, including administrators, teachers, staff members, students, parents, families, community members, local leaders, and state representatives.

- 3.1.7.1 **Assessment:** A process of measuring performance about established standards or criteria
- 3.1.8.1 **Audit:** An independent review to verify that reports represent a true and correct activity record and that recognized standards have been met.
- 3.1.9.1 **Benchmark:** Points of comparison or performance levels used for establishing objectives and evaluating performance.
- 3.1.10.1 **Credits:** Points or hours allocated by an institution to specify the work requirements, volume or amount of learning expected for a unit, subject or program of study.
- 3.1.11.1 **Domains of Learning:** Broad categories of types of learning expected in a program of study.
- 3.1.12.1 **Evaluation:** The process of assessing and assigning value to a facility or activity.
- 3.1.13.1 **Inputs:** The resources available to and used by an institution to provide its programs.
- 3.1.14.1 **Institutional Approval:** The approval of an institution based on the recognition that its resources, processes, and learning outcomes meet the required standards for an institution of its type and the level of its programs.
- 3.1.15.1 **International Accreditation:** Accreditation of an institution or of its programs by an accreditation agency established in another country.
- 3.1.16.1 **Key Performance Indicators:** Selected performance indicators are regarded as particularly important for assessing performance.
- 3.1.17.1 **Learning Outcome:** The learning results from participating in a course or program.
- 3.1.18.1 **Level:** The intellectual standard and complexity of learning expected as students' progress through a program of study
- 3.1.19.1 **License:** Formal approval, generally by a government or a government agency, to operate or carry out certain activities.
- 3.1.20.1 **Mission:** A brief general statement setting out the principal policy objectives for the development of an institution.
- 3.1.21.1 **Objectives:** Specific statements that apply the mission and goals to particular areas of activity and indicate intended results.
- 3.1.22.1 **Outcomes:** The results of teaching, learning, and research processes of an institution.

- 3.1.23.1 **Outputs:** The products of an institution's activities, generally expressed in quantitative terms.
- 3.1.24.1 **Peer review:** Expert evaluators of similar institutions or professions evaluate or report on a program, institution, or part of an institution. Those expert evaluators are specialists in the field concerned with the organization and management of higher education institutions.
- 3.1.25.1 **Performance Indicators:** Specific (i.e., pre-selected) forms of evidence used by an institution or other agency to provide evidence about performance quality.
- 3.1.26.1 **Processes:** The administrative arrangements, policies, and organizational procedures carried out by an institution in planning, reviewing, and delivering its programs.
- 3.1.27.1 **Program:** A coherent program of study followed by students in an academic field or leading to a professional qualification, the successful completion of which qualifies them for an academic award.
- 3.1.28.1 **Program Accreditation:** Accreditation of a program of study certifying that it meets the standards required for delivering a program in that field at the level concerned.
- 3.1.29.1 **Qualifications Framework:** A document setting out the nature, amount, levels, or standards of learning that are required for academic or technical awards.
- 3.1.30.1 **Teaching Strategies:** The strategies used by an instructor to develop student learning.

3.1.3 AIM OF GUIDELINE:

Imam Abdulrahman Bin Faisal University defined its quality assurance system as the systematic, structured, and continuous monitoring of quality in terms of maintaining and improving quality. All colleges & academic programs attached to this university adhere to this system while monitoring and improving the quality of its programs. To facilitate that, regular and periodic communication is held between the Deanship of Quality and Academic Accreditation (DQAA) and Vice Deanships for Quality, as well as Vice Deanships for Academic Affairs at Colleges. The flow of activities involved in this monitoring process is clearly depicted in this manual (figure 6).

3.1.4 QUALITY ASSURANCE SYSTEM AT IAU

The Quality Assurance System at IAU promotes institutional quality culture among its stakeholders by developing an internal regulatory framework with clear and consistent procedures so that they show an active commitment to improving quality at all levels. At IAU, internal and external dimensions of quality assurance work together towards attaining academic accreditation. Specifically, internal quality assurance self-regulates the academic environment with a structured process, whereas external quality assurance promotes transparency & critical dialogue with stakeholders and society. The quality assurance system adopted at IAU is described in Figure 8.

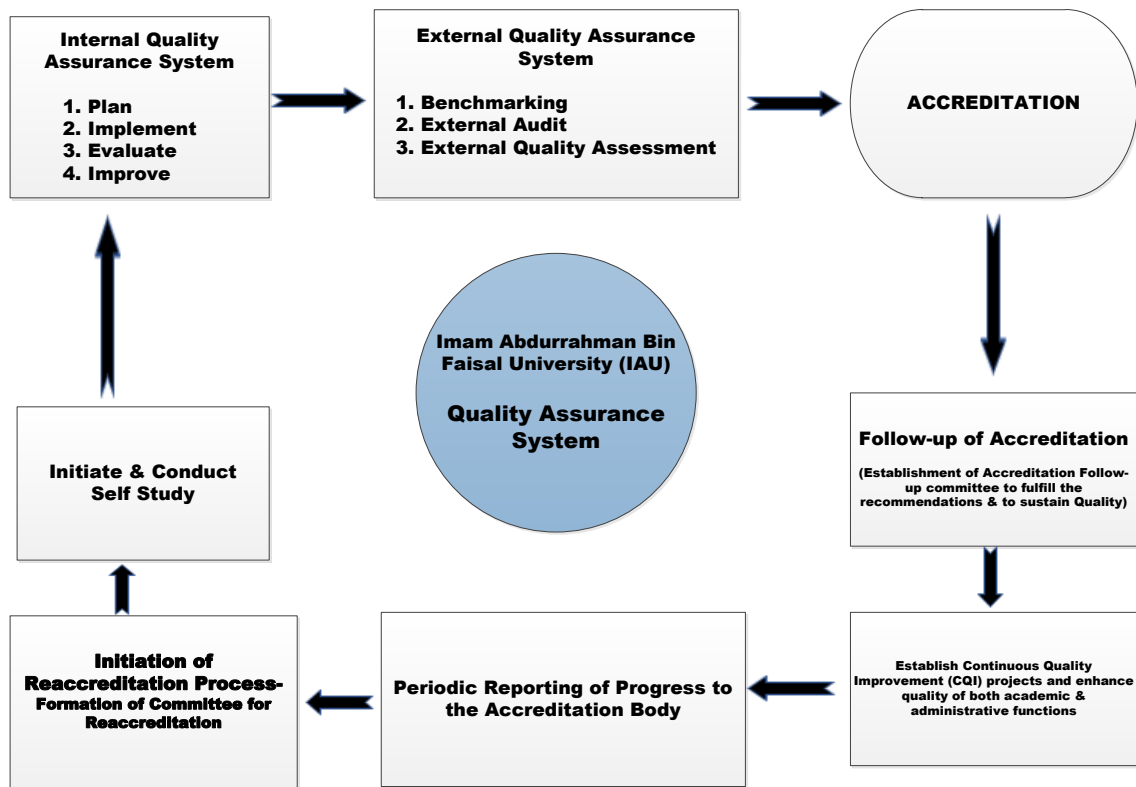


Figure 8: Quality Assurance System at IAU

3.2 INTERNAL QUALITY ASSURANCE SYSTEM (IQA) EXISTING IN THE COLLEGE

Performance monitoring system at IAU

The IAU has developed a comprehensive performance measurement system (including, but not limited to, student surveys) to regularly evaluate and report on teaching effectiveness in all courses and program and support services (Figure 9). The aim of the IQA is not only to promote the introduction of an IQA system within the university but all are promoting the harmonization of the Quality Assurance (QA) system in all programs with some generally accepted guidelines. Guiding principles for this evaluation are based on the university's quality cycle: Plan, Implement, and Evaluate (monitor, interrogate and interpret) and improve.

Principles of Performance Measurement System

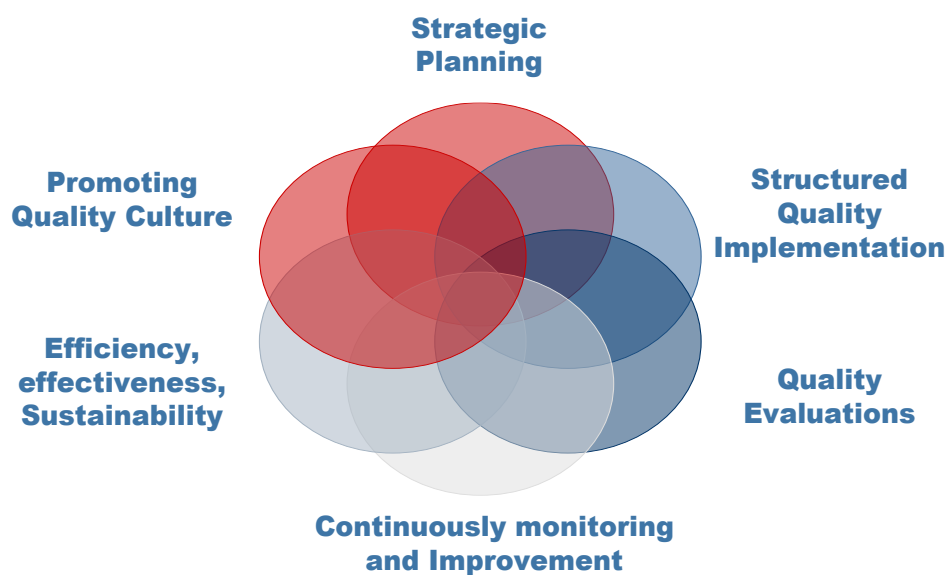


Figure 9: Principles of Performance Measurement System

The quality assurance system of the university focuses on four core activities, viz. (i) Academic activities, (ii) Administrative activities (iii) Student Support services, and (iv) Research output & Community services. Internal Quality assurance has a pivotal position in the accreditation framework, and this university has the following practices to ensure Internal Quality Assurance System (IQA).

3.2.1 SYSTEM FOCUSING ON ACADEMIC ACTIVITIES

a. Monitoring System & Evaluation Processes

Students' progress is systematically recorded and monitored. Timely feedback is provided to those students. Further, corrective actions are made where and whenever necessary. The monitoring system includes a feedback survey from four categories of stakeholders, and it consists of the following:

- I. Students
- II. Academic and Administrative staff
- III. Employers
- IV. Alumni
- V. Local Governance & Community

IAU developed the following survey instruments to capture the feedback from stakeholders, viz. Students-centered surveys include (i) Course Evaluation Surveys (CES); (ii) Students Experience Surveys (SES); (iii) Program Evaluation Surveys (PES), and (iv) Students Survey on Lecturing Skills (SSLS). Similarly, Faculty Centered surveys include Academic Job Satisfaction Survey (AJS).

Additionally, there is a separate survey tool for alumni and employers to capture their perceptions. Moreover, specific questionnaire tools are used separately to capture user satisfaction with facilities and learning resources. All these surveys are administered through an online application entitled 'Estibana,' and specific guidelines are in place to guide the implementation of these surveys (Table 1). Besides, the university has established clear procedures to assess the student's achievement of learning outcomes to ensure the quality of programs. As stipulated by the National Qualification Framework, learning outcomes of all three learning domains are to be assessed at the program and course level. All students are assessed using predefined criteria, regulations, and procedures applied consistently across all the programs. A detailed description of the monitoring of student's progress concerning their achievement of learning outcomes is included in section 6 under the heading, "Quality Assurance of Students Assessment," section c, page 12 of this document.

Stakeholders Evaluation Surveys: Estibana

Estibana is a web-based application developed in-house by the Quality Systems Unit of the Deanship of Quality and Academic Accreditation [DQAA] to generate feedback from the students and faculty members. It is customized to the requirements of all colleges attached to the university and was successfully launched in November 2012. Estibana constitutes various surveys, and their responses are collected electronically. Open-ended questions of surveys and

their responses are generated digitally, facilitating qualitative analysis. When the surveys are completed, it generates reports on-the-fly. The data can easily be exposed to a spreadsheet or any other statistical application like SPSS, and the results following the analysis can be easily generated centrally in DQAA. This exclusive feature of generating results on-the-fly is one of the most essential and powerful features of Estibana. The detailed analysis, interpretations, and reports are then communicated to the Deans and Vice Deans of the respective colleges. Based on the findings, colleges will take necessary actions to address and rectify the problems through the concerned faculty members and Quality Management Officers (QMOs).

Table 3: Common Surveys administered through Estibana

S. No.	Surveys	Filled by Whom	Frequency
1.	Academic Job Satisfaction Survey (AJS)	All Faculty members.	Once a year
2.	Course Evaluation Survey (CES)	All Students of each Course.	Every Term, before or after the end-of-term exams
3.	Final Year Students Survey (FYSS)	Final year students evaluate the services of Alumni & Career Development Centre, and/or the Alumni Unit in the college	Once a year
4.	Orientation Program Survey (OPS)	First year students	Once a year
5.	Program Evaluation Survey (PES)	Final year students	Once a year
6.	Students' Experience Survey (SES)	Students who are half-way through their program	Once a year
7.	Students' Survey on Lecturing Skills (SSLS)	All students should fill SSLS for each course for each faculty	Every Term, before or after the end-of-term exams
8.	Student Affairs Survey (SAS)	All students	Once a year
9	Library User satisfaction Surveys (USS)	Students & Faculty members	Once a year

The details of Survey tools are enclosed as [appendix 17](#).

Key Performance Indicators: Muashirat

A well-structured methodology is used for collecting, analyzing, and reporting KPIs in IAU. An exclusive application entitled “**Muashirat**” has been developed, and it is being used both to gather and report KPIs to the stakeholders. As such, IAU, on its journey towards quality, uses “Key Performance Indicators (KPIs)” to assess its current performance concerning its core elements of mission, i.e., teaching & learning, research & community services, and guide action towards improvement in achieving its goals & objectives. Accordingly, IAU developed eight goals & a set of performance indicators (N=20) to monitor its strategic plan.

The format for indicators and benchmarks is consistent with that adopted for the institution as a whole. To facilitate the data collection process for calculating KPIs, Colleges of IAU also adopted Muashirat. A unique username and password are provided to the Vice Deanship for Quality at the college, which is responsible for collecting all the data and feeding that information into the Muashirat. The Performance Measurement Unit of DQAA then analyses the data in such a way as to prepare the final report. KPIs need to be presented in terms of the Male, Female, and Total, Main Campus University Colleges/Programs, Branches Campuses. The analysis should also involve the comparison of all of them comparatively.

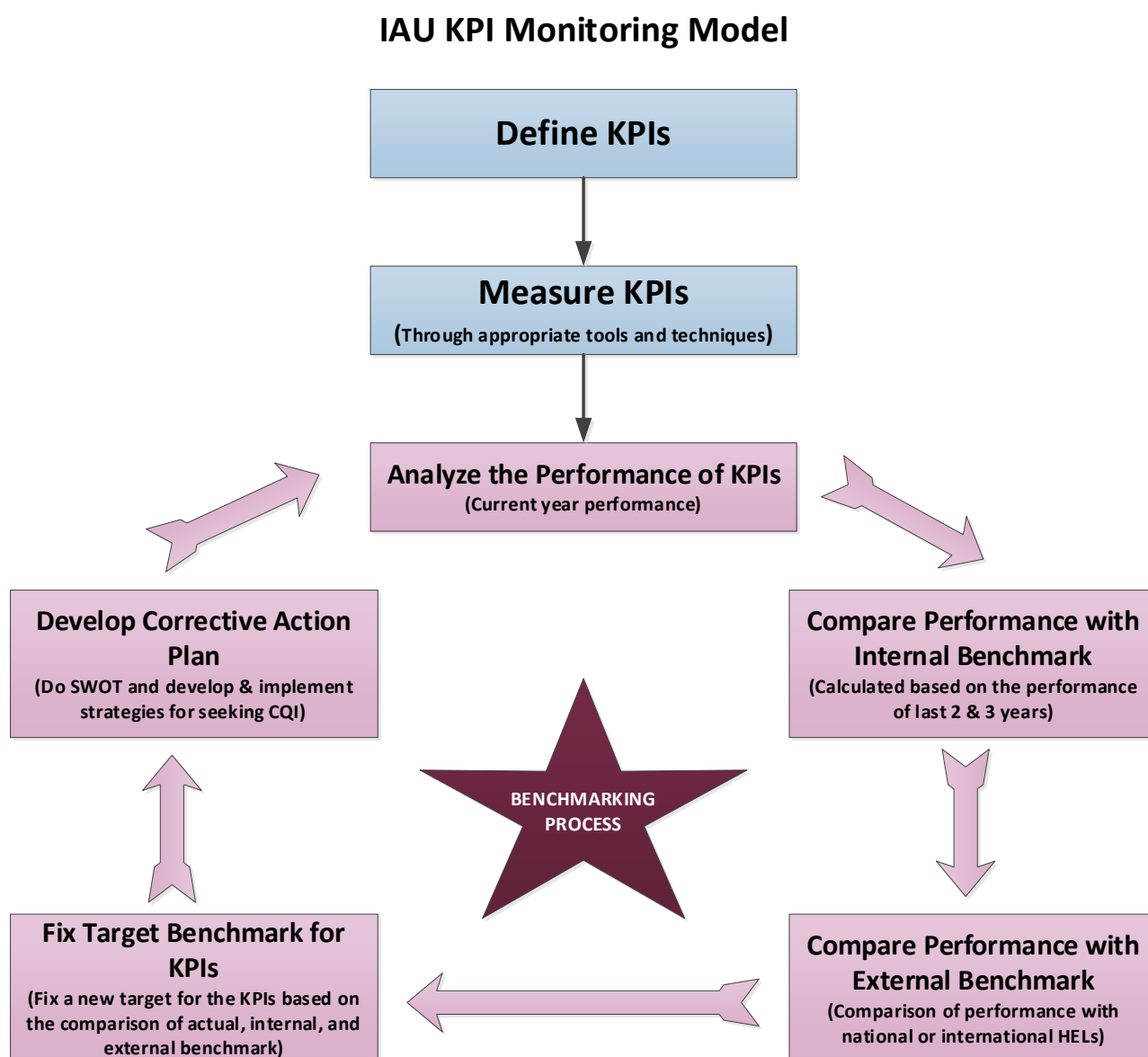


Figure 10: Process for monitoring KPIs at IAU

Scope of Key Performance Indicators (KPIs) at IAU

The IAU's Key Performance Monitoring (KPI) system covers all the essential elements contributing to improving quality and promoting excellence. It covers four major university segments: academic, administrative, student support, and research & community services (Figure 11). A set of KPIs is developed to measure, monitor, and track the institution's progress. To facilitate this, a unique DMABIC model (DEFINE-MEASURE-ANALZE-BENCHMARK-IMPROVE-CONTROL) is in place at IAU, and it is developed based on the Six-sigma DMAIC model. Presently, 49 KPIs have been identified and monitored (Appendix 3-List of KPIs monitored at IAU). Of these, 33 KPIs were prescribed by ETEC-NCAAA, and 16 were chosen from the approved list of IAU indicators (Table 2). These KPIs have monitored three levels viz. Program level, College Level, and at the level of the institution.

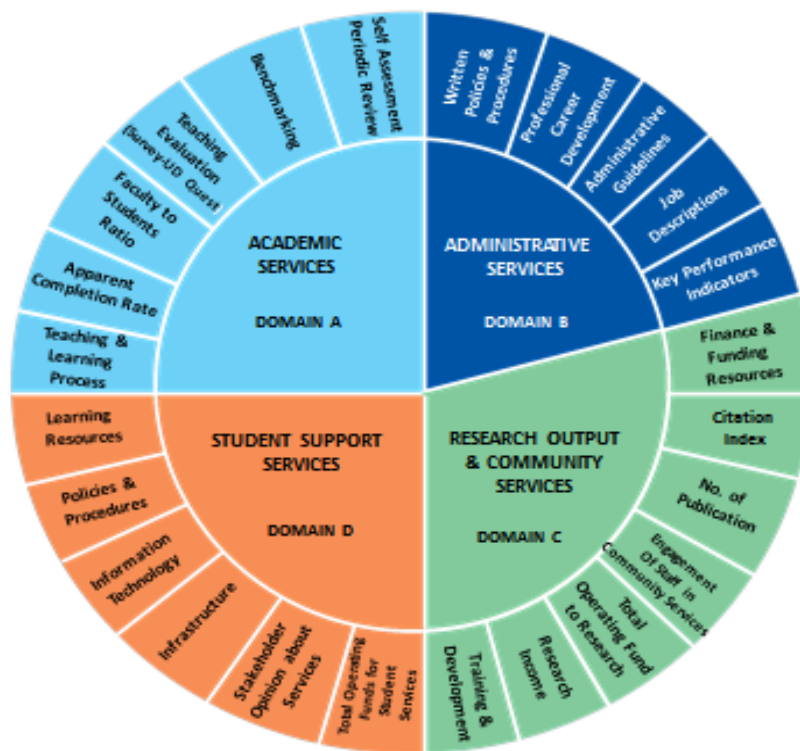


Figure 11: Scope of KPIs in monitoring Internal Quality assurance system at IAU

The university has adopted the following mechanism to calculate internal and external benchmarks viz.

Actual Benchmark

It is the actual & latest reported value for each indicator. In order to measure it uniformly, certain principles need to be followed to gain uniformity in getting the results. These principles include:

- Data requirements and mode of collection should be unique.
- A Uniform template or data collection instrument should be in place for collecting data.
- A standard numerator and denominator data source are required. All the data need to be collected from that source across all the academic years.
- Data availability varies across time (i.e., readiness for collection), and it should be properly defined concerning its collection.
- A uniform methodology should be adopted for calculating each benchmark.
- The mode of reporting results should be unique and standardized for each indicator.
- Each KPI is presented in terms of overall value and values for males and females.

Internal Benchmark

It can be carried out in two ways, viz.

Option 1: It is either the value measured in the previous year in case of only one-year data or an average value based on data of the past successive years (maximum three years). The internal benchmark will be presented as the 'overall value' followed by distinct values for males and females. It is paramount, and it is recommended to mention all the past two- or three-years' data in the internal benchmark space of the KPI template, along with the average score.

Option 2: It involves comparing practices and processes with another homogenous program within the university. This option can only be chosen if a similar program is offered within the same university. This can be justified by the similarity of those programs in terms of credit hours, course-wise comparisons, goals, objectives, etc. The advantage of internal benchmarking is that sensitive data and information are easily accessible, standardized data is often readily available, and less time and resources are usually needed. There may be relatively few barriers to implementation as practices may be relatively easy to transfer across the same organization.

Target Benchmark

This benchmark is the KPI's value to be achieved per program goals and objectives, and the steering committee decides it based on its previous year's performance and the internal benchmark. If the last year's performance falls less than the internal benchmark, the target benchmark is set equal to the Internal Benchmark value.

DQAA has established the following criteria while fixing and revising targets, and all the programs offered at IAU strictly adhere to them, viz.

(i) Based on the data trend, which depicts the program's performance level in the last three academic years. This will help the program administration understand the program's performance threshold (limits). The steps that need to be followed to set target(s) using 'retrospective data-trend analysis' methods are as follows:

- Collect data for a minimum of two or three years (there is no upper threshold)
- Plot the data using either a bar graph or a control chart
- Study the trend of the data (either increase or decrease) in the bar graph or control chart
- Calculate the average score (internal benchmark)
- Set the target either 'higher' or 'lower' than last year's score, depending on the type of the KPIs (Note: either lower or higher, the better). It is important to note that the target benchmark cannot be less than the internal benchmark. If the target benchmark is less than the internal benchmark, set the 'target benchmark' as equal to the internal threshold.

(ii) Keeping in view of the College/University's strategic target.

The strategic plan of both university and the college will be used as a guide in fixing the target. A set of performance indicators is used by the university/college to study its progress toward the achievement of the strategic plan. The program administration uses these indicators as a base while fixing its target. Upon completion of each academic year, the strategic planning committee, both at the institution and college, review the 'targets' achieved by the university and the program and devise a new target based on the strategic priorities of the university/program and taking into consideration of the prevailing environment. Through this approach, targets are set based on a thorough exploration of the various factors influencing the institution or program, not only by arithmetic calculation.

(iii) *Based on the consensus of the steering committee.* In the absence of previous year data and if any KPIs are to be measured for the first time, the program administration uses the 'Consensus' methodology while fixing the target. The team members will carry out a 'SWOT' analysis. Using this analysis, team members will study the strength(s), opportunities, weaknesses, and threats of achieving the desired target level. Accordingly, steering committee members will discuss and explore the pros and cons of achieving the required target level of each key performance indicator and then fix the final target.

(iv) *Based on the Performance of the external benchmark.* The performance of the external benchmarking partner is also a driving force while fixing the target. During the benchmarking process, programs exchange some of their good practices and adopt some of them from its partner. By doing so, the program aims to reach the performance 'targets' of its partner institution within a stipulated period. Several factors need to be considered while setting targets using this method, and it include:

- The amount of time taken by the partner institution to reach the current level of performance target will indicate for IAU to set its target. Based on that, IAU and its program will decide the time required to accomplish the target (i.e., whether the set target can be achieved within the benchmarking period)
- Financial commitment is required to set up the required infrastructure to achieve the target.
- Logistics and Human resources are required to achieve the target.
- Adopting the good practice from the partner institution, including the constraints involved in this process.

(v) *Implications of external environment to the program.* Any implications for changes may be required in the mission and goals, content, or methods of delivery of the program. This state will warrant the program to fix the target to fulfill the mission/goals of the program within a stipulated period.

The Deanship of Quality and Academic Accreditation (DQAA) provided the above five criteria and advised all the programs offered at IAU to choose a suitable criterion while fixing the target for the KPIs. Based on the above criteria, the program sets its 'target,' and the selection criterion varies for each KPI, depending on the type and purpose of measurement. Arithmetically, the program keeps the target between a 5% – 20% increase or decrease based on the performance levels and nature of the KPIs.

The above criteria should be considered according to the National Standards, Accreditors Standards, Scientific studies, and Benchmarking.

External Benchmark

A benchmarking contract has been prepared at the institutional level to facilitate the external benchmark. In order to initiate this process, the colleges can contact a comparable college/program for the exchange of data, and it is to be included in the analysis. The College can also initiate and suggest making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. Three specific criteria have been fixed while choosing an external benchmark, viz.

- (i) Comparability of infrastructural facilities required for programs across KSA
- (ii) Availability of data as required by the NCAAA.
- (iii) Adoption of good practice to seek continuous quality improvements.

Analysis of KPIs

In the analysis section, a comparison of the actual benchmark with the target and internal benchmarks was made to address the strengths and weaknesses of the KPI and to make strategies and action plan for the forthcoming years. The analysis is made for two variables, viz. (i) Gender-specific comparison and (ii) Time trend analysis of data. If the external benchmarking partner data is available, then a comparison is made to gather good practices to improve the quality.

New Target Benchmark

This benchmark is the anticipated target to be set by the program for the forthcoming academic year. It is determined based on any differences observed between the current year data's actual, target, and internal benchmarks (from KPI analysis). Suppose the target fixed for the current year is achieved. In that case, the new target is fixed by adding a 5 to 10% increase or decrease based on the KPI and per any one of the criteria fixed by the DQAA for revising the target (see Target benchmark section, Page 15 of this document).

Development of Standard Corrective Action Plan to improve Quality

Based on the current performance level and keeping in view of the target set for the next academic year, the University/Program administration will establish action plan(s) for addressing the weakness identified from the benchmarking analysis. Such efforts will be carried out by establishing committee(s) to implement or monitor the action plan. Concerning

each action plan, responsible personnel will be allocated, required resources will be provided, timelines will be set, and appropriate support will be offered to accomplish it on time.

Table 4: List of Institutional Key Performance Indicators (KPIs) monitored at IAU

NCAAA Standards	Number of ETEC-NCAAA KPIs addressed
Standard 1: Mission, Vision and Strategic Planning	1
Standard 2: Governance, Leadership, and Management	1
Standard 3: Teaching and Learning	6
Standard 4: Students	2
Standard 5: Faculty and Staff	3
Standard 6: Institutional Resources	2
Standard 7: Scientific Research and Innovation	6
Standard 8: Community Partnerships	2
Total number of KPIs addressed	23

Table 5: List of Program Key Performance Indicators (KPIs) monitored at IAU

Details of KPIs utilized for Undergraduate Programs		Details of KPIs utilized for Post Graduate Programs	
NCAAA Standards for Undergraduate Programs	Number of ETEC-NCAAA KPIs	NCAAA Standards for Post Graduate Programs	Number of ETEC_NCAAA KPIs
Standard 1: Mission and Goals	1	Standard 1: Mission and Goals	1
Standard 2: Program Management and Quality Assurance	-	Standard 2: Program Management and Quality Assurance	-
Standard 3: Teaching and Learning	8	Standard 3: Teaching and Learning	7
Standard 4: Students	1	Standard 4: Students	1
Standard 5: Teaching Staff	6	Standard 5: Faculty Members	3
Standard 6: Learning Resources, Facilities and Equipment	1	Standard 6: Learning Resources, Facilities and Equipment	2
-		Standard 7: Research and Projects	5
Total number of KPIs addressed	17	Total number of KPIs addressed	19

3.2.2 QUALITY ASSURANCE FOCUSING ON LEARNING & TEACHING

Quality Assurance activities consider inputs, processes, and outcomes, especially, Learning Outcomes for students. It starts with the admission of students to the college. Students' learning and teaching activities are evaluated directly through continuous assessment and examinations and indirectly through surveys and continued towards graduation. The process is described as follows:

Each teaching staff prepares a course portfolio based on the Program/Course Specifications using EEC-NCAAA templates. The Course Reports are prepared at the end of each semester/term, giving an overview of the course delivery process until it is completed. These reports are approved by the Programs Chair and then submitted to QA department in the college. Further, those are reviewed by a panel (or) department council /QA committees to identify the issues and problems (strengths and weaknesses) needing further improvements, and action plans are developed accordingly. All the above information is reflected in the Annual Program Report of each Program (APR) which is routinely prepared by the department chair. The following documents are routinely prepared as a measure to both ensure and monitor the quality of the program, viz.

- Program Specifications
- Course Specifications
- Quality Assurance of Students Assessment
- Assessment of Program Learning outcomes
- Assessment of Course Learning outcomes
- Annual Program report
- Course Reports

All the required documents, except Program specifications, are monitored and reported annually. The Program specification is usually updated whenever it is revised or modified. The respective dean will submit the Annual Program report of each college to the Vice President of Academic Affairs, who then forwards the progress of each program to the University Council.

Flow Chart showing the process of monitoring the quality assurance of Teaching and Learning at Colleges of IAU

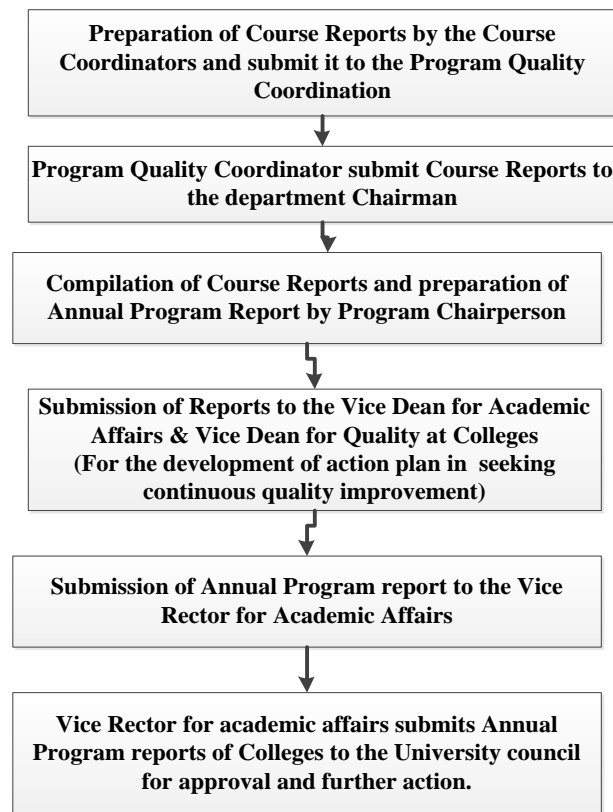


Figure 12: Process for monitoring quality assurance of Teaching and Learning at colleges of IAU

3.2.3 QUALITY ASSURANCE OF STUDENTS ASSESSMENT

All colleges attached to IAU have clear procedures to ensure the assessment of students. Students are assessed using predefined criteria, regulations, and procedures applied consistently ([Appendix 14-Rules & Regulations for Courses & Examination](#)). There are precise procedures to ensure the quality of examinations. All students' assessment is always carried out professionally and considers extensive knowledge in testing and examination processes. Student assessment procedures are to:

- Be designed to measure the achievement of the intended learning outcomes and other program objectives.
- Be fit for purpose, whether diagnostic, formative, or summative.
- Have clear and published grading/marking criteria.
- Where possible, the assessment does not rely on single examiners' verdicts.
- Consider all the possible consequences of examination regulations.
- Have clear regulations covering student absence, illness, and other mitigating circumstances.
- Ensure that assessments are conducted securely per the institution's stated procedures.

- Be subject to administrative verification checks to ensure the accuracy of the procedures.
- Inform students clearly about the assessment strategy being used for their program, what examination regulations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.
- Examined and evaluated by the external examiner
- Giving students feedback about their weaknesses in the classroom during the learning process

An Institutional Plagiarism Policy is in place at the university, and specific guidelines are provided to students and faculty to protect themselves from plagiarism

([Appendix 15: IAU Plagiarism Policy](#)).

Process adopted by the program for assessing students' achievement of Program Learning Outcomes

Imam Abdulrahman Bin Faisal University (IAU) has a clear Policy and procedures to ensure the quality of assessment of its students. All students are assessed using predefined criteria, regulations, and procedures applied consistently across all the programs.

Students' assessments are always carried out professionally and account for extensive knowledge in testing and examination processes. The assessment process is designed so that the student's achievement of each program learning outcome is measured quantitatively.

Program-level student-learning outcomes are measurable results-oriented statements that specify what students will be able to know and be able to do as a result of participating in an academic degree program. These outcomes are described in each program's academic learning assessment plans. While planning for the assessment of PLOs at IAU, each program is asked to develop a policy to ensure that assessment tools are designed in such a way as to contribute to high-quality student learning and support the development, delivery, and quality assurance of both departments and courses. As stipulated by NCAAA, all the programs offered at IAU use two ways to assess Program Learning Outcomes (PLO), viz., direct and indirect methods of LOs assessment.

Direct Assessment methods of Student-Learning Outcomes

Direct summative assessment methods are often used to measure student learning outcomes at the program level (e.g., written and practical exams, oral exams, research projects) and course level (e.g., written and practical exams, case studies, and oral presentations). It includes the evaluation of the results of the graduates at the end of each level of the learning process, and the interns at the end of rotations at different training areas (if the program has an internship component).

Direct assessment using Exam grade analysis method

Students' achievement of Program Learning Outcomes (PLO) is assessed directly by adopting the following 15 steps process.

Step 1: Preparation of Program Planning matrix.

Step 2: Use Course specification to align each CLO with appropriate PLOs.

Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO).

Step 4: Devise an appropriate Course blueprint & Assessment plan for each course offered in the program.

Step-5: Prepare Course Learning Outcomes assessment matrix for each course offered in the program (develop this table separately for each course).

Step-6: Measure Students' achievement of each course learning outcome of the respective course offered in the academic program. Incorporate the findings in the course report (T7 Template).

Step-7: Aggregate students' achievement concerning the CLOs contributing to each Program Learning Outcomes (PLO) (i.e., using course specification). It is mandatory to prepare a CLOs-PLOs Mapping matrix to facilitate this process.

Step 8: Classify students' achievement into four categories using a predefined grading system (i.e., A, B, C, and D).

Step 9: Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs of IAU consider 60% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who

achieved the minimum threshold (i.e., 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance'.

Step 10: Fix the target and internal benchmark for each PLO.

Step 11: Obtain External benchmark with similar programs in other Saudi Universities.

Step 12: Compare actual performance with target, internal and external benchmark.

Step 13: Develop recommendations and an action plan for improvements.

Step 14: Implement Action plan

Step 15: Continue the cycle annually and ascertain the program's progress toward its goals and objectives.

Following is the description of these steps in details.

Step 1: Preparation of Program Planning matrix

A Program planning matrix needs to be prepared in the form of a table provided by NCAAA by adopting the following steps (i.e., refer to Program Specification template) viz.

1. Prepare a table (Table 6) by indicating the Program Learning Outcomes (PLO) according to the level of instruction in the third column and;
2. Indicate the courses required to teach each PLO; use the appropriate program's course code numbers across the first row of the table and move horizontally.
3. Indicate the contribution of courses to each PLO using the following level scales viz I = Introduction by the percentage of each CLO; P = Proficient/Professional by % of each CLO; M= Mastered by % of each CLO. The term 'I' indicates that these courses are offered during the initial levels of the curriculum, which are prerequisite to higher levels of learning. The term 'P' indicates that those courses are required for students to get practiced or proficient concerning the achievement of learning outcomes. Likewise, the term 'M' denotes that those courses help students to get mastered with learning outcomes offered at the advanced level of the Program.

Table 6: Program Planning Matrix*

Course code & No.	Program Learning Outcomes										
	Knowledge and Understanding				Skills				Values		
	K1	K2	K3	---	S1	S2	S3	---	V1	V2	---
Course											
Course											
Course											
Course											

(I = Introduced P = Practiced M = Mastered)

*To be taken from Program Specification Template (T3)

Step 2: Use Course specification to align each CLO with appropriate PLOs

Table 7: Mapping of CLOs with PLOs*

CLO		Aligned PLOs
1.0	Knowledge and understanding	
1.1		
1.2		
1.3		
2.0	Skills	
2.1		
2.2		
2.3		
3.0	Values	
3.1		
3.2		
3.3		

* To be taken from Course Specification Template (T4)

Step 3: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO)

Use the table (Table 8) for each course indicating appropriate teaching strategies and assessment methods for each Course Learning Outcomes. This information is usually extracted from the Course Specification of each course offered in the program. Assessment methods (Table 9) utilized to evaluate students' achievement vary and depend on the nature of the course offered in the particular program. Courses built on theoretical modules are usually assessed based on students' performance in the end-of-term examinations, i.e., written exams. Likewise, courses with a laboratory component are usually assessed using students' performance in practical exams. Several rubrics are developed and are used to record students' performance quantitatively.

Table 8: Mapping of CLOs, Teaching Strategies and Assessment methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	Knowledge and understanding		
1.1			
1.2			
...			
2.0	Skills		
2.1			
2.2			
...			
3.0	Values		
3.1			
3.2			
...			

From Table 3, develop or choose appropriate assessment tools to measure each course learning outcomes of all those courses offered in the Program (see Table 4a and 4b).

In Table 3,

First column: Course Learning Outcome: copy LOs from the table above.

Second column: Teaching Strategies: insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. (The teaching strategies to be used to develop that learning. The description of teaching strategies requires more than a specification of the organizational arrangement). E.g., Lectures, tutorials, seminars, practical training, labs, etc.

Third and Last Column: Assessment method: insert appropriate assessment methods that accurately measure and evaluate the learning outcome (The way student learning will be assessed).

Table 8: Mapping of CLOs with appropriate assessment methods and its representative instruments for each course (culled from Course specification)

NQF Learning Domains	Assessment Methods	Representative Instruments*
Knowledge and understanding		
Knowledge		
Skills		
Cognitive skills		
Communication, IT & Numerical Skills		
Psychomotor skills		
Values		
Interpersonal Skills & Responsibilities		

Table 9: Types of assessment tools (instruments) mapped against assessment methods to measure Course level learning domains (i.e., sample/example)

Learning Domains	Assessment Methods	Representative Instruments (Some examples given below)
Knowledge and understanding	Written Assessments (i.e. Midterm or End of term exams)	Essay; Short Answer Questions (SAQ); Completion Questions; MCQs ;
Skills	Clinical/Practical	Long Cases; Practical Examination; Spot Examination Objective Structured Clinical Examination (OSCE) (only medical programs); Quiz etc. Objective Structured Practical Examination (OSPE) Objective Structured Long Examination Record (OSLER) Group Objective Structured Clinical Examination (GOSCE) (only medical programs)
	Portfolio and Others	Logbooks; Portfolios, Procedural Logs
	Seminar presentation Practical/ Lab exams	Peer report; Check sheets, Lab assessment Rubrics
Values	Classroom Observation	Tutor's report; Checklists; Rating scales

Step 4: Devise appropriate Course blueprint & Assessment plan for each course offered in the Program.

Based on the assessment tools decided for the course (Table 4), each course coordinator must prepare a course blueprint by linking each assessment tool with the Course learning outcomes (Table 11). This course blueprint includes the percentage of marks allocated for each assessment tool and a detailed timeline (plan) for the conduct of assessments across the semester (Table 12 and 13).

Table 10: Model Course Blueprint (a model)

Course Name:		Course Code:	Date of Preparation				
			Course Coordinator Name				
		Head of Dept. (HOD)					
#	CLOs (Course Learning Outcomes)	Assessment tools*					
1.1.1		MCQ	Essay	Practical	Assignment	Observation	Portfolio
1.1.2							
1.1.3							
1.2.1							
1.2.2							
2.1.1							
2.1.2							
2.2.1							
2.2.2							
2.3.1							
2.4.1							
3.1.3							
3.1.4							

Table 11: Course Assessment Plan showing the distribution of marks with regard to each assessment tools across 16 weeks semester

Course Name:		Course Code:	Date of Preparation														
			Course Coordinator														
		Head of Dept. (HOD)															
Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam title			1 st Quiz				Mid-Term					2 nd Quiz				1 st Term	
Tools*	MCQ																
	Essay																
	Practical																
	Assignment																
	Observation																
Portfolio																	
Marks (%)																	

Table 12: Distribution of marks with regard to each assessment tools across 16 weeks semester (a model)

Course Name:	AAAAAA	Course Code:	AAAA-102	Course Leader (CL)	Dr. X
				Subject Matter Expert (SME)	Dr. Y
				Subject Matter Expert (SME)	Dr. G
				Course Design Facilitator (CDF)	Dr. H
				Head of Dept. (HoD)	Dr. W

1st Semester

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam Title			1 st Quiz					Mid-Term				2 nd Quiz				1 st Term	
Tools(s)	MCQ		5					6				5				10	26
	Essay							4								8	12
	Practical							10				5				10	25
	Assignment								10						10		20
	Observation					2								9			11
	Portfolio														6		6
Marks (%)			5		2			20	10			10	9		16	28	100

2nd Semester

Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Marks or %
Exam Title			1 st Quiz					Mid-Term				2 nd Quiz				1 st Term	
Tools(s)	MCQ		5					6				5				10	26
	Essay							4								8	12
	Practical							10				5				10	25
	Assignment								10						10		20
	Observation					2								9			11
	Portfolio														6		6
Marks (%)			5		2			20	10			10	9		16	28	100

Table 13: Alignment of Course LO's with Teaching methods & Assessment Strategies (A sample/example given below)

S.No	Program Learning Outcomes	Course Learning Outcomes	Learning Outcomes	Course Teaching Strategies	Course Assessment Methods
1.	K1.1	<p>Knowledge</p> <p>Mention Course code and the respective CLOs</p> <ul style="list-style-type: none"> • K1.1 • K1.4 • K1.6 <p>Mention Course code</p> <ul style="list-style-type: none"> • K2.1 • K3.1 • K3.2 	Write each Learning outcomes	Write teaching strategy for each one of the LO.	<p>To each one of the CLO, you must give clear link to the assessment methods. For example:</p> <p>(10% in Quiz 1: Q1 5% and Q2 5%.</p> <p>30% in Midterm Exam Q1, Q2, Q7, Q12 and show how much percentage is given to each question.</p> <p>60% of Final exam Q1, Q2, Q7, Q5...mention how much percentage for each question).</p> <p><u>Note:</u> you can fix the weightage according to the nature of the course and it has to be included in your assessment plan.</p>
2	S1.1	<p>Cognitive component</p> <p>Course code and the respective CLOs</p> <ul style="list-style-type: none"> • C1.1 • C1.4 • C1.6 <p>Course code</p> <ul style="list-style-type: none"> • C1.2 • C1.3 • C1.4 	Write each Learning outcomes	Write teaching strategy for each one of them	<p>To each one of the CLO, you must give clear link to the assessment methods</p> <p>For example:</p> <p>(10% in Quiz 1: Q1 5% and Q2 5%;</p> <p>30% in Midterm Exam Q1, Q2, Q7, Q12 and show how much percentage is given to each question;</p> <p>60% of Final exam Q1, Q2, Q7, Q5...how much percentage for each question)</p> <p><u>Note:</u> you can fix the weightage according to the</p>

					nature of the course and it has to be included in <u>your assessment plan</u> .
3	S1.2	<p>Communication, Information Technology, Numerical skills</p> <p>(Note: it's a continuous assessment and if your program warrants it to be measured with regard to specific course, you can specify the code numbers.)</p>	Write each Learning outcomes	Write teaching strategy for each one of them	<ul style="list-style-type: none"> • Rubric for oral and written assignments • MCQs for written examination • Rubric are used for calculating score in case of case study. • Evaluation of lab reports <p><u>Tools to measure:</u> You must develop your own rubrics <u>Frequency of measurement:</u> It can be either continuous/ midterm/end of the term also considered (in some cases)</p>
5	S1.2	Psychomotor Skills	Write each Learning outcomes	Write teaching strategy for each one of them	Use Rubrics for this assessment
3	V1.1.	<p>Interpersonal Skills & Responsibility component</p> <p>(<u>Note:</u> it's a continuous assessment and if your program wants it to be measured with regard to</p>	Write each Learning outcomes	Write teaching strategy each one of the for	<ul style="list-style-type: none"> • Monitoring the attendance record • Lab continuous assessment checklist (if applicable) • Peer evaluation in group discussion • Monitoring the submission of assignments.

		specific course, you can specify the code numbers.)			<ul style="list-style-type: none"> • Hospital evaluation checklist (if applicable) <p>Tools to measure: You must develop your own rubrics.</p> <p>Frequency of measurement: It can be either continuous/ midterm/end of the term. End of-term exam also considered (In some cases)</p>
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Step-5: Prepare Course Learning Outcomes assessment matrix for each course offered in the academic program (i.e., develop this table separately for each course)

Each course coordinator must prepare a Course learning outcomes assessment matrix for their respective course using the template provided below (Table 15). This table should be included in the Course assessment plan and be informed to students before the beginning of the academic year.

Table 14: Course learning outcomes assessment matrix

Domain	LO No.	Learning Outcomes (LOs)	Assessment Tools (Examples given below)	Marks	Total
Knowledge	1.1		<u>Mid Term Exam</u> (minimum 30% weightage) <ul style="list-style-type: none"> • MCQs • Short descriptive questions • Essay questions • Quiz (if required) 		
Skills (Cognitive Skills)	2.1		<u>Final Exam</u> (minimum 40% weightage) <ul style="list-style-type: none"> • MCQs • Short descriptive questions • Essay questions • Quiz (if required) 		
Skills (Communication & IT Skills)	2.2		Oral/Written communication skills-rubrics		
Skills (Psychomotor skills)	2.3		Practice exams		
Values	3.1		Class room Participations assessed through rubrics		
Total					

Step-6: Measure students' achievement of course learning outcomes in each respective course offered in the academic program and incorporate it in the respective course report

Table 15: Individual Course Learning Outcome assessment results (per each student)

Learning Domains		Knowledge (K)					Skills (Cognition component)					Skills (Communication Skills)	Psychomotor skills (P)	Values
Learning Outcomes		K.1.1					S2.1					S.2.2	S 2.3.	V1
#	Student names	Assessment tools (Examples)					Assessment tools (Examples)							
		Quiz 1	Quiz 2	Presentations/Seminar	Mid-term exam	Final Exam	Quiz 1	Quiz 2	Presentation/seminar	Mid	Final	Oral/Written communication skills- Rubrics	Observation of performance in practical and labs- Rubrics	
		Total marks allocated for this domain (based on table 8) = (Sum of the marks to be assessed through each assessment tools × total no. of student appeared) (A1)					Total marks allocated for this domain (based on table 8) = (Sum of the marks to be assessed through each assessment tools × total no. of student appeared) (A2)					Total marks allocated for this domain (based on table 8) = (Sum of the marks to be assessed through rubrics × total no. of student appeared) (A3)	Total marks allocated for this domain (based on table 8) = (Sum of the marks to be assessed through rubrics × total no. of student appeared) (A4)	
1														
2														
3														
4														
5														
6														
7														
8														
The total mark scored for each item		B1	B2	B3	B4	B5	B1	B2	B3	B4	B5	C	D	
Sum of the total marks obtained (B)		B= (B1 +B2+B3+B4+B5)					B= (B1 +B2+B3+B4+B5)					C	D	
The total marks for each LO		(Total marks obtained by all the Students for this domain [B] divided by total marks allocated for this domain [A1]) × 100 (B÷A1) × 100					(Total marks obtained by all the Students divided by total marks allocated for this domain) × 100 (B÷A2) × 100					(Total marks obtained by all the Students divided by total marks allocated for this domain) × 100 (C÷A3× 100)	(Total marks obtained by all the students divided by total marks allocated for this domain) × 100 (D÷A4× 100)	
Percentage														

Summary of grades scores by the Students (Prepare a separate table for each domain).

Grade	A + 95%-100%	A 90%-94%	B 85%-89%	B 80%-84%	C+ 75%-79%	C 70%-74%	D+ 65%-69%	D 60%-64%	F Below 60
Number of Students	0	0	0	0	0	0	0	0	0

Table 16: Overall Course Learning Outcome assessment results as per each domains of Learning (included in each course report).

Domain	CLO No.	Course Outcomes	Achievement (Expressed in % based on table 9)	Analysis	Action Plan
Knowledge & Understanding					
Skills					
Values					

Step-7: Aggregate students' achievement with regard to those CLOs contributing to each Program Learning Outcomes (PLO) (i.e. using program planning matrix)

Table 17: Aggregate students' achievement with regard to those CLOs contributing to each Program Learning Outcomes

Program Learning Outcomes	Courses contributing to PLOs (Mention Course Codes) *	CLOs (Mention CLOs number contributing to the PLO)	Average marks Obtained by students related to CLO (i.e. accumulate marks obtained by the students)	Total Percentage of Marks obtained related to each Course (sum up marks scored by students on each CLO)	Overall percentage obtained by the students related to PLO (Sum up percentage of marks scored by the students related to each course to get total grade for this PLO)
K1.1	GDM 23 (Example)	CLO1		CLO1 + CLO4 (Example)	Aggregation of total marks obtained by the students with regard to all the courses to obtain a value for this PLO (expressed in percentage)
		CLO4			
	GDM34 (Example)	CLO7		CLO7 + CLO8 (Example)	
		CLO8			
	GDM45 (Example)	CLO4		CLO4 + CLO5 (Example)	
CLO5					
GDM 34 (Example)	CLO4		CLO4 + CLO5 (Example)		
	CLO2				
K1.2					
K1.3					

S2.1					
S2.2					
V1					
V2					

*Include all those courses contributing to each PLO while assessing the student’s achievement of their Program Learning Outcomes

Table 18: Overview of Program Learning Outcomes achieved by the students with regard to three domains of Learning

Overview of the direct PLO Assessment Method Report							
Learning Outcomes Domains	Program Learning Outcomes	Contributing Courses		Assessment Results		Learning Outcome Analysis	Action Plans for Improvement
		Title	Code	Individual Mean	Collective Mean		
Knowledge and understanding	K1.1						
	K1.2						
Skills	S2.1						
	S2.2						
Values	V3.1						

Step 8: Classify students' achievement in to four categories using a predefined Grading system (i.e. A, B, C and D)

Expectation level			
Exceptional Attainment (Grade-A)	Acceptable Attainment (Grade-B)	Partial Attainment (Grade-C)	Insufficient Attainment (Threshold) (Grade-D)
90% -100%	80% - 89%	70% - 79	60% - 69%

Students' performance is categorized with four expectation levels ranging from grade 'A' to 'D' in a continuum. Grades (A, B, C, D) are determined according to each learning domain based on the methods of assessments mentioned in Table 7 & 8. Any performance below 60% is considered as unsuccessful and considered to be not attained by the students. It is a usual practice that 60% is considered as a minimum threshold for successfully accomplishing learning outcomes, both at the Program and at the Course Level in IAU.

Students' achievements are calculated for each learning domain, and their performances are classified into four categories, as mentioned in the table above (Step 8).

Step 9: Develop Key Performance Indicators (KPIs) based on the percentage of students who achieved the minimum threshold (60%) in Courses targeting each respective Program Learning Outcomes

Develop Key Performance Indicators (KPIs) for each PLO using Magar 3 parts for successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. When Magar's three parts of a LO are used correctly, a LO may also be a KPI, and it is recommended to monitor students learning outcomes achievement using Key Performance Indicators (KPIs). Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs at IAU consider 60% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e., 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance". Even though the minimum threshold is 60% each year, based on the achievement of PLOs by the students, the Program administration should modify the target and link it with the development of KPIs to monitor performance continuously.

Step 10: Fix the target and internal benchmark for each PLO

Target Benchmark: The first step in fixing the target is based on the two key issues, viz. (i) retrospective analysis of Program performance in the previous academic year[s] and (ii) internal benchmark (Internal Threshold). The target KPI to be achieved is set based on the goals and objectives of the program, and it is decided by the department council, considering its previous year's performance and the internal benchmark. If the previous year's performance falls less than the internal benchmark, the target benchmark is set equal to the Internal Benchmark value.

Internal Benchmark: It is fixed based on the previous year's performance if the data is available for one year, or an average value can be taken if data of the past successive years (maximum three years) are available.

Step 11: Obtain External benchmark with similar programs offered in other Saudi Universities

In order to initiate this process, the colleges should contact another comparable college where this specific academic program is offered for the exchange of data and is included in the analysis. Also, the College can initiate and suggest the process of making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. In order to select an external benchmarking partner, the following criteria are used:

- Comparability of infrastructural facilities required from the program.
- Similarity of Programs as defined by the Ministry of Higher Education (i.e., duration of the study and course-specific comparisons, including credit hours);
- Availability of data

Step 12: Compare actual performance with target, internal and external benchmark.

The actual performance of the program concerning students' achievement of Program learning outcomes is compared against viz. (i) its previous year's performance; (ii) its internal benchmark; and (iii) its external benchmarking partner.

While fixing a target for the current academic year, it is essential to note that it should not be less than the internal benchmark and the previous year's performance. If the actual performance is better than the previous year's performance, it is advisable to increase the target based on the opinion of the teaching staff and other essential stakeholders. On the contrary, if the actual

performance falls short of the target fixed for the particular academic year, the current year's target will be retained as the new target benchmark for the next academic year after considering the external benchmarking partner's performance.

Based on the above 12 steps process, all the academic programs at IAU are strictly adhered to and report the achievement of PLOs by its students using the table given below (Table 20). This KPI table is used to document directly assessed program learning outcomes and is appended to the Annual Program report.

Table 19: Program Learning Outcomes Assessment Results

#	Program Learning Outcomes	Assessment Methods (Direct and Indirect)	Performance Target	Results*
Knowledge and Understanding				
K1				
K2				
K..				
Skills				
S1				
S2				
S..				
Values				
V1				
V2				
V..				
Comments on the Program Learning Outcome Assessment results.				

* It is highly recommended that all the academic programs should prepare a detailed report on the results of students' achievement of program learning outcomes using Table 21, which is given below, and append it with the Annual Program report (T6 template).

Table 20: KPI table showing the results of students' attainment of PLOs of academic programs at IAU

KPI Code # _____ Program KPI: _____	
Assessment Year _____ Program Learning Outcome: _____	
NQF Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Internal Benchmark	
External Benchmark	
Analysis: (List strengths and recommendations)	
New Target Benchmark	

Step 13: Develop action plan for identified improvements

After a thorough analysis of the program's performance concerning the achievement of learning outcomes by the students, the stakeholders responsible for quality and improvement (mostly the Academic Quality coordinator) develop a list of priorities for improvement. A set of recommendations are developed from the list of priorities after making a SWOT analysis for each identified priority. The following template (Table 22) is used for developing an action plan for enforcing improvements.

Table 21: Action Plan Template

#	Recommendation derived from each CLO/PLO	Action Plan proposed	The person responsible for the action plan	Timeline (Duration) proposed for completion (Weeks/Months)	Action Plan		Current Status
					Start date	End date	

Step 14: Implement Action plan

Implementing the action plan requires a coordinated effort of faculty members, course coordinators, the Vice Deanship of Quality, the Vice Dean of Academic Affairs, the Curriculum committee members, the Program chair, and the Dean of the College. In some occasions, it may extend up to the Vice President for Academic Affairs of the university in which any major change needs to be carried out in the curriculum based on the achievement of students learning outcomes and to fulfill the external environmental requirements (i.e., employer's requirements, NQF, and skills set required by the licensing & accreditation body). While implementing the action plan, appropriate timelines are prepared for each one of the tasks using a Gantt chart, and designated personnel is allocated to monitor it effectively. Further, the Program Chair and the Dean (at the college level) are responsible for providing the required resources in the form of money, manpower, and materials for the smooth accomplishment of the action plan.

Step 15: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.

The process of assessment of Program Learning Outcomes achieved by the students is carried out every year, and it is repeated every year. By doing so, the program can ascertain its progress toward its goals and objectives. Each program is instructed to prepare an action plan progress report to study the improvements obtained through the previous year's action plan using the table format given below:

Studying the Progress on Implementation of Previous Year's Action Plans				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
a.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
b.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
c.				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
d.				

Indirect ways of assessing Students achievement of PLO's

As stipulated by NCAAA, DQAA has provided several indirect ways to assess students' achievement of Learning outcomes, and it is usually carried out using stakeholder evaluation surveys. All the programs offered at IAU are instructed to use some of these surveys to assess student's achievement of Learning outcomes (Table 15), and it includes:

- Program evaluation survey (PES),
- Student Experience Survey (SES),
- Alumni, Interns satisfaction survey (for clinical rotations),
- Employers Survey to assess graduate characteristics
- Program Learning Outcomes assessment survey should be created to assess PLOs.

Besides the above surveys, the following methods can be utilized to assess the student's achievement of Program Learning Outcomes indirectly, and it is given below:

- Performance of graduates in Professional exit exam or any Progress test conducted.
- Utilizing the results of Professional exam indicators: for example, the results of the Saudi Commission for Health Specialties exams, the classification of the medical education programs in the Saudi Commission for Health Specialties exams, the adequacy of teachers' exams, Saudi Council of Engineers exams, and others.

Table 22: List of Surveys used to capture student's achievement of LO's at IAU

#	Survey	Filled by Whom	Frequency
1	Program Evaluation Survey	Final year students	Once a year
2	Students' Experience Survey	Students' half-way through the program	Once a year
3	Alumni Survey	Graduates	Once a year
4	Interns Survey	Those students who are pursuing the Internship Program	At the end of each Internship rotation
5	Employers' Survey	Employers of the Graduates	Once a year
6	Program Learning Outcomes (PLO) assessment survey	Fresh Graduates immediately after graduation	Once a year

Among the above surveys, Program Learning Outcome (PLO) assessment survey is a straightforward one in which fresh graduates of each program are asked to rate their opinion about their level of achievement of program learning outcomes (Table 23). This survey items are prepared based on the learning outcomes expected from the respective undergraduate

program and are usually measured using a five-point Likert scale. The simplest way to do this is to list each expected learning outcome, and students are asked to indicate on a scale how well they mastered each Program Learning outcome.

Table 23: Grading of Students responses during Surveys that are used to assess their achievement of LOs

Performance Grading	Criteria			
	Mean	Median	First Quartile	Cumulative % of 4 or 5
High Quality	3.6 & above	4 & 5	4 & 5	80 & above
Acceptable	2.6 – 3.6	3	3	60 – 80
Improvement Required	Less than 2.6	1 & 2	1 & 2	Less than 60

The importance of data and the indirect assessment efforts are to:

- improve the Program, services, and curriculum
- improve planning for future assessment
- expand efforts to engage students in measuring the achievement of the PLOs
- made current system and efforts more effective

Closing the Loop, Results dissemination & Follow-up

The purpose of assessment is to help determine whether or not the program is being effective and to allow documenting and demonstrating continuous improvement based upon the utilization of the assessment results. Therefore, "closing the loop" implies that the planning and evaluation process of the university and the individual program/College have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the quality of courses, programs, and other academic & administrative services at the university. The results should be communicated along with the assessment plan to each program chair and the university's top management because implementing the next step would involve all parties' collaborative efforts. For planning purposes, it is vital to share the successes and the shortcoming to generate effective action plans to propose remedial measures for improvements. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-department/program cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority.

It is noteworthy to mention that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plan is a shared responsibility. Each academic program should complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results are to be used to make changes to improve the quality of the program.

The Program chair should submit the assessment report to the Deanship of Quality & Academic Accreditation, which submits the same to the Vice Presidency for Academic Affairs, who then forwards it to the University President. The President and the University Council will review & discuss the annual program reports & the proposed action plans and approve the same for implementation. Approved action plans should include a detailed timeline and the responsible charter for implementation.

Further, the approved action plans should be forwarded to the directorate of Budgeting & Planning, which utilizes this as input for the next year's budget planning cycle. The Dean of respective Colleges, Program Chairman, and DQAA should monitor the implementation and review any remedial action plans.

3.2.4 QUALITY ASSURANCE FOCUSING ON TEACHING STAFF

The university developed a system to ensure that the staff members are qualified and competent enough to conduct core activities of the institution: teaching and learning, research, and community service ([Appendix 5: Recruitment Process for Saudis & Non Saudi Teaching staff](#)).

All the faculty need to endorse their qualification and experience certificates by the Ministry of External Affairs of the applicant's country (this is normally done after cross-verification from the issuing university and employer) before being attested by the Royal Embassy and Cultural Attaché of the Kingdom of Saudi Arabia located at the applicant's country. Suppose the highest degree is obtained from outside the applicant's country. In that case, the certificate should be attested by the respective Ministry and Embassy in the country from where the degree is obtained. The Saudi cultural attaché usually concludes the final verification by communicating with the educational institutions to which the candidates were affiliated, together with the university where qualifications are obtained, after considering the recognition of Qualifications stipulated by the Ministry of Higher Education, Saudi Arabia. As such, the recruitment committees verify the candidates' claims of experience and qualifications before the appointment.

Deanship of Educational Development [DED] and the Directorate of Training & Development assumes the overall responsibility to continually improve and enhance the educational environment at the college by taking talented instructors, be they faculty or staff, and through a process of extensive training and development in order to transform them into outstanding educators. Besides, the Directorate of Medical Education also provides needed training to the health science faculty /academic staff on selected teaching and assessment methods. In addition, the Training and Consultation unit of DQAA offers regular training programs to faculty and academic staff on twelve different topics related to quality and academic accreditation. Some of the KPIs focusing on teaching staff are:

- Proportion of teaching staff with verified doctoral qualifications.
- The result of teaching staff found satisfied with their job (AJS) and the proportion of those who responded to the survey.
- Proportion of teaching staff exposed to faculty development programs in the last year

The University administration has established several procedures for evaluating the performance of faculty & academic staff, and all staff members are prompted to be cautious of their work-performance ([Appendix-6: Procedures for Performance Evaluation](#)). These include evaluation of various aspects such as faculty portfolio, students evaluating teaching effectiveness, and contributions made by the faculty towards the University, Research, and Community Services. A uniform evaluation form exists at the university level to facilitate this process ([Appendix-7: Performance Evaluation Form](#)). Likewise, Uniform regulations is in place to govern faculty promotion at IAU ([Evidence-8: Bylaws governing Faculty Promotion at IAU](#)).

3.2.5 QUALITY ASSURANCE FOCUSING ON FACILITIES & LEARNING RESOURCES

The university has clear procedures to ensure that the quality of facilities needed for student learning are adequate and appropriate for each program (i.e., Adequate checks on the computer facilities; Adequate checks on the library; Adequate checks on the laboratories). An exclusive policy entitled, ‘ICT Policy’ is in place which informs the faculty, support staff, students, management and other individuals authorized to use university facilities, and the regulations relating to the use of ICT systems ([Appendix-9: IAU-ICT Policy](#)). Also, Information Security Policy is operational at the university level, to protect and preserve computer-based information generated by, owned by, or otherwise in possession of university, including all academic, administrative, and research data ([Appendix-10: Information Security Policy](#)).

Some of the KPIs focusing on facilities & learning resources are:

- Stakeholder evaluation of library and media center. (Average overall rating of the adequacy of the library & media center, including:
 - a) *Staff assistance, b) Current and up-to-date.*
 - c) *Copy & print facilities, d) Functionality of equipment,*
 - e) *Atmosphere or climate for studying, f) Availability of study sites,*
 - g) *Any other quality indicators of service on a five-point scale of an annual survey)*

An exclusive Policy and Procedures manual is existing in the Deanship of Center Library to govern all the functions related to management of Learning Resources at IAU ([Appendix-11: Library Policies & Procedure Manual](#)). The following KPIs are used to measure the effectiveness of learning resources and are reported to the university's higher administration annually.

- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books & periodicals per student.
- Ratio of books to titles
- Number of books, journals, and total publications per full-time student.
- Number of online databases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.

3.2.6 QUALITY ASSURANCE FOCUSING ON STUDENTS SUPPORT SERVICES

The university has clear procedures to ensure the quality of student support and student counseling. The Counseling and Advising Center is directly working under the supervision of the Vice President of Academic Affairs. It has Academic Guidance Units operating at the college level that cater services to the students in each college. An approved code of behavior has been established at the university level, which identifies the students' rights and responsibilities and actions to be taken for breaches of student discipline.

Some of the KPIs focusing on student support services are:

- Ratio of Students to Administrative Staff
- Ratio of Students to Student Support Staff.
- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.

Periodic review of the core activities

The university has formal mechanisms for periodic review or evaluation of its core activities, viz., teaching and learning activities offered in the program, research activities, and community services (see Figure 11). External reviews of the programs are carried out periodically as stipulated by the Curriculum Committee to ensure the quality of the programs offered in each college. Also, there is an external advisory board existing in the college to provide support, guide and, and advice all the programs offered in its pursuit of excellence, innovation and to gain an international reputation.

Self-Assessment

IAU conducts a self-assessment of its core activities at least once every two years to ascertain both strengths and weaknesses of its academic and administrative units. This self-assessment will lead to a quality improvement plan. This self-assessment might be part of the External Quality Assessment (EQA)/accreditation process, and the self-assessment report as input for the external review team. If the self-assessment is not connected to the EQA, the institution is expected to organize an inter-collegiate audit/peer review based on the self-evaluation report. Following the self-assessment process, every program is required to perform a SWOT (Strength-Weakness-Opportunities-Threats) analysis and develop corrective action(s) to remediate identified weaknesses and improve its performance.

Quality Assurance Manual

DQAA has developed a Quality Manual where all regulations, processes, and procedures concerning quality assurance arrangements are documented. All stakeholders concerned are aware of the existence and contents of this Manual.

Conduct of Periodic Follow-Up

A quarterly meeting is being held at IAU involving all the colleges and deanships to report and monitor the progress of each college/deanship in the quality assurance process. The difficulties and obstacles experienced by any of these units will be discussed in these meetings, and an appropriate action plan will be planned. Moreover, it provides an opportunity for the academic units to benchmark the good practice adopted by the other units.

Upon completion of the academic accreditation process, each program and the institution usually receive either one of the four types of accreditation decision(s) viz. Full & Unconditional

Accreditation (full 7 Years); Conditional Accreditation (2-3 years); Focused Accreditation and denial of accreditation. Accordingly, after receiving the full accreditation decision, each program is expected to sustain quality and excellence in all its processes. Usually, an accreditation follow-up committee will be set up, and members will be nominated to oversee all the activities of the program/institution. KPIs are monitored regularly, and stakeholders' feedback is sought to ascertain the quality. Further, it is reported to concerned authorities. DQAA, at the institution level, is responsible for reporting all the activities and updates about the institution's quality to the accreditation body until the reaccreditation process begins. All the Vice-deanships for Quality at colleges report its post accreditation activities related to DQAA to report the same to the accreditation body regularly.

Public Information

In fulfilling its public role, IAU provides information about its programs, intended learning outcomes, qualifications, awards, the teaching, learning, and assessment procedures used, and the learning opportunities available to its students. The Quality Support Unit (QSU) of the DQAA is responsible for monitoring the accuracy of information posted on the website by verifying the data with the Decision Support Unit of the university before uploading it on the website. All updated templates for academic accreditation are posted on the DQAA webpage of the IAU site, and they can be downloaded for use across programs. Besides, accreditation standards of various national and international accreditation bodies are posted on the DQAA webpage, and it can be retrieved from the link: <https://www.iau.edu.sa/en/administration/deanships/deanship-of-quality-and-academic-accreditation>.

Process Steps to be adopted in monitoring quality improvements in Academic Units of IAU

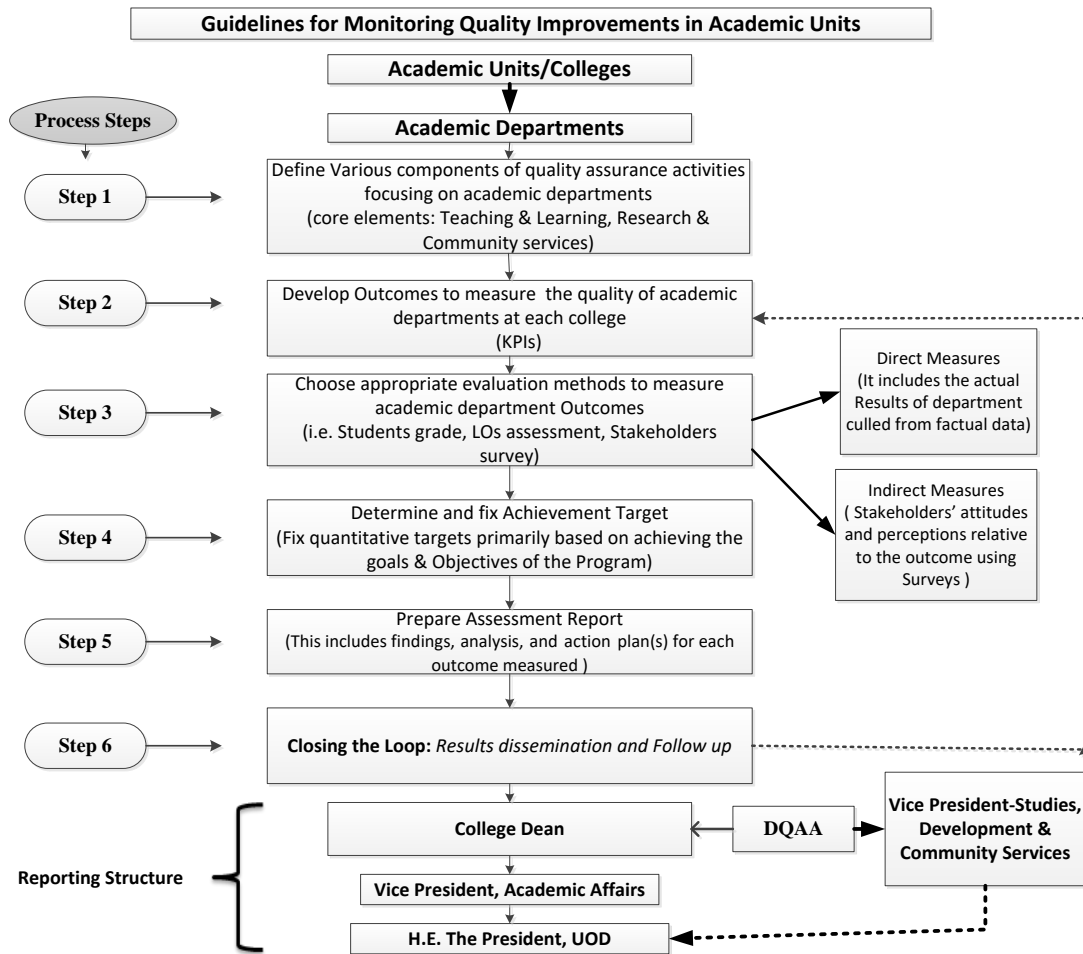


Figure 13: Steps in monitoring Quality Improvement in the Academic Units at IAU

3.2.7 SYSTEM FOCUSING ON ADMINISTRATIVE ACTIVITIES

Each college adheres to the guidelines developed by the university to monitor the quality improvements in the administrative processes.

a. Guidelines for monitoring Quality Improvements in the Administrative Units

The core of institutional effectiveness in an academic program is naturally on student learning outcomes. However, those programs are inextricably intertwined with administrative and educational support units/centers' activities and services. Integrated assessment should provide the means of evaluating and improving activities and services in the units regularly. The assessment process for administrative units is completed annually and follows a scheme similar to the program learning outcomes assessment process.

This process is implemented mainly to support the university's mission, abide by the institutional commitment to institutional effectiveness, and ultimately promote an environment that fosters student learning. The process is managed by the Deanship of Quality and Academic Accreditation (DQAA) in cooperation with the Administrative Development Deanship. Every year, individual units cooperating with DQAA review their mission, goals, and assessment strategies, collect and analyze data, and utilize this information to make changes/updates as appropriate. To guide this process, units develop annual assessment plans and reports. These documents are submitted to the Administrative Development Deanship for review and feedback.

Administrative support services delivered at IAU include

- Information and Communication Technology (ICT) Services
- Deanship of Library Affairs
- Faculty and Personal Affairs
- Directorate of Budgeting and Planning
- Students Admission and Registration
- Students Affairs Deanship

These areas ensured that facilities, finances, and personnel support the learning environment dedicated to serving the student body and focusing on improving the basic operations necessary to the university's infrastructure.

Some of the KPIs used to monitor administrative support services at IAU are

- Ratio of Students to Administrative Staff
- Ratio of Students to Student Support Staff.
- The amount of faculty time scheduled for individual student consultations.

- Student assessments of availability of faculty for consultation and academic advice.
- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books & periodicals per student.
- Ratio of books to titles.
- Number of books, journals and total publications per full time student.
- Number of online databases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans.
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.
- Total operating expenditure per student (apart from accommodation & allowance)
- Proportion of funding derived from varied sources (Government, student fees, research income, and others)
- Proportion of teaching staff participating in professional development activities in the past year.
- Number/proportion of faculty holding official positions in international academic, research, or professional organizations.
- Breadth and diversity of background of academic staff as measured by the country where highest qualification obtained and ethnic background.
- Proportion of faculty leaving the College in the past year
- Number of formal faculty and staff complaints or disputes as a proportion of the total number.
- Proportions of faculty rating the institution positively on confidential opinion surveys.
- New faculty assessments of the value of orientation programs.
- Faculty assessments of the value of performance evaluation processes.

b. Administrative Outcomes Assessment Process

The administrative outcomes assessment process is a cyclic sub-process in the University Institutional Effectiveness Process. It works as follows:

1. Defining the unit goals in line with the university mission and goals.
2. Driving the unit outcomes.
3. Identifying and designing the appropriate assessment tools that measure unit outcomes.

4. Establishing an achievement target for each assessment measure.
5. Collecting and analyzing the assessment data to determine significant findings.
6. Developing and implementing an action plan based on assessment results to improve the attainment of expected outcomes.

All the above steps [N=6] need to be addressed by providing a basic overview of the step's purpose, listing the specific activities for units associated with the step, and offering guidelines and suggestions for effectively completing the step (Figure 14).

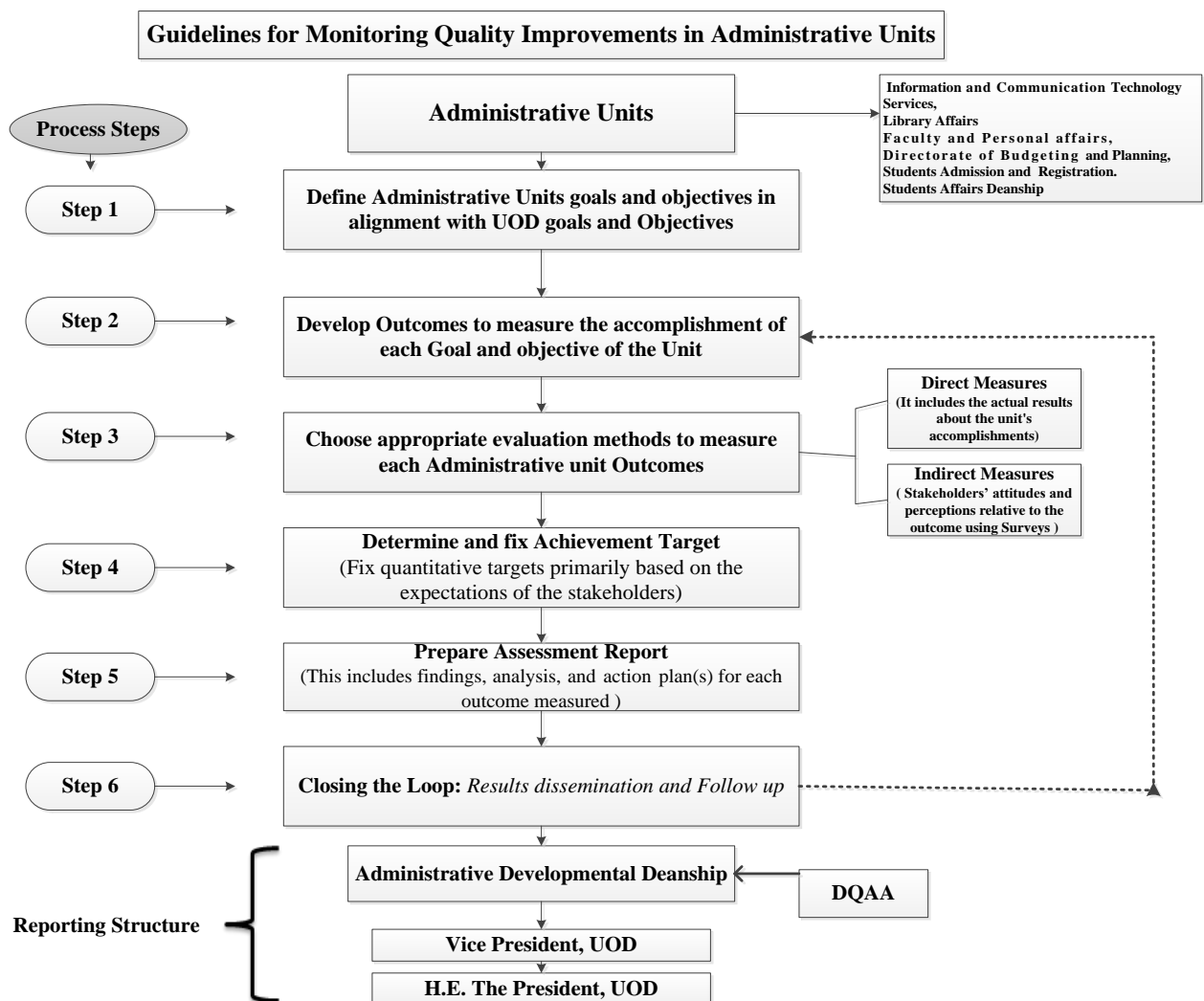


Figure 14: Steps in monitoring Quality Improvement in the Administrative Units

1. Unit Mission and Goals

The mission is a broad statement of the administrative unit's direction and values. It should reflect the unit that contributes to the education, development, and experiences of students and other stakeholders at the institution. The mission statement should also describe the services provided by the unit. Moreover, the administrative unit mission should support and endorse the

university mission and, collectively with other units' and programs' missions, constitute the University Strategic Plan.

The goals of an administrative unit should be aligned with the institution's goals and provide the basis for assessment and, therefore, should be defined adequately and clearly. Similar to the unit mission, the University Strategic Plan is the best starting point to establish the goals. This plan provides goal statements that help administrative units to set their goals. Finally, unit goals/objectives should be shared with staff and the university community. Staff performs more effectively when they are given clear goals to help them focus on what is most important and understand how individual responsibilities fit with the unit's goals.

2. Administrative Units Outcomes

While goals represent major priorities of the unit, outcomes are more specific statements that reflect the expected results of the unit that support the broader goals. Accordingly, every goal statement has several outcomes that support and promote it, which are drawn from the activities and services. The unit must have outcomes relating to every goal noting that a given outcome may fall under several goals. Similar to academic assessment, linking the outcomes to the goals facilitates the outcomes assessment process and synthesizes the assessment results into a comprehensive analysis of progress toward meeting the goals. Because of being more of a students and faculty support entity, the outcomes of an administrative unit usually focus more on processes of faculty and student development than on learning. Therefore, outcomes will primarily describe what the unit will do and its impact on students and other key stakeholders (alumni, parents, employers, etc.).

3. Evaluation methods for measuring Administrative Units Outcomes

In the assessment of administrative units, multiple outcome assessment measures are employed. Assessment measures can be classified as direct or indirect based on how they relate to outcomes. While some outcomes may only require one measure to evaluate the unit's effectiveness, it is generally better to develop and use multiple measures for each outcome. Varying the types of measures applied to an outcome provides a fuller and more reliable picture of overall effectiveness.

(A) Direct Measures

Direct measures examine actual results about the unit's accomplishments or measures of knowledge or ability the customer will receive upon being provided with the unit's services. These measures may include counts, percentages, or averages on the unit's services.

(B) Indirect Measures

Indirect measures examine stakeholders' attitudes and perceptions relative to the outcome. These measures are typically based on surveys and focus groups. When using direct measures for assessment, unit staff should be aware of the indicators of interest to ensure the relevant processes are tracked and recorded for the assessment process. When indirect measures are used, the administrative unit should coordinate with DQAA regarding the questions to be embedded in the conducted surveys to ensure that such surveys provide relevant and evidential data on the outcomes under assessment. Generally, the DQAA, in cooperation with the respective Administrative Units, administers a series of faculty, staff, students, and alumni surveys for the purpose of assessment. KPIs are being monitored and generated using a survey to measure the overall satisfaction of administrative staff about the job. Some of these KPIs are:

- Percentage of administrative staff found satisfied with their job and the proportion of those who responded to the survey
- Proportion of administrative staff exposed to administrative development training programs in the last year

4. Defining Achievement Targets

Once the assessment method is determined, the achievement targets for each administrative unit outcome should be established. An achievement target identifies standards expected from services provided by the administrative unit. Therefore, setting achievement targets allows the administrators to determine exactly what the expectations for stakeholders should be. It is essential to prepare quantitative targets so that the outcome was or was not achieved. Moreover, the achievement target on a given assessment measure should be determined before data on that measure is collected.

5. Assessment Implementation

At the end of the year, each unit must complete the assessment report, which consists of the findings, analysis, and action plan(s). The first step is to collect the relevant data associated with each measure as described in the assessment plan. Once the assessment plan is approved,

mapping roles and responsibilities provide an easy tracking system and help to ensure whether high-quality data are collected. One of the biggest challenges that units face when preparing reports is realizing that measures were not implemented appropriately and hence irrelevant or inaccurate data that may only loosely tie to the outcome have been collected.

The unit assessment coordinator will manage the assessment process and prepare a detailed timeline for the assessment cycle. The timeline might include dates for when work will be collected when results will be tabulated and analyzed, and when unit staff will meet to discuss the findings and propose changes and remedies. When using direct measures for assessment, it is necessary to coordinate with the unit staff to ensure the relevant indicators are collected and prepared for assessment. When indirect measures are used, the survey research results should be forwarded to the unit assessment coordinator as supporting evidence in the assessment process.

Once the data have been collected, the next phase of the assessment process is analyzing the results. Analysis of the collected data is primarily the responsibility of the unit with help from the DQAA. This approach ensures that analysis and interpretation of the results have been conducted by someone familiar with the unit work and services. The analysis should clearly state if the achievement target was met, partially met, or not met to determine the unit's achievements and shortcomings. Therefore, this self-assessment provides the units with quantitative evidence to decide what might be done differently to make improvements and help prepare an appropriate action plan as part of the improvement plan for the following year.

Some units, such as the library, have branches outside the main campus; both the main campus and outside campus-level data for the outcome should be described. Although each campus will probably use the same assessment plan, the results must be reported separately to provide a valid and reliable assessment of services..

6. Closing the Loop: Results dissemination and Follow up

The purpose of assessment is to help determine whether or not the unit is being effective and to allow documenting and demonstrating continuous improvement based upon the utilization of assessment results. Therefore, "closing the loop" implied that the planning and evaluation process of the university and the individual administrative units have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the services and processes at the university. The results should be communicated along with the assessment plan to unit staff and university management because implementing the next step

would involve the collaborative efforts of all parties. For planning purposes, it is vital to share the successes and the shortcoming as well in order to generate effective action plans supporting the program's strengths and proposing remedial measures for the areas in which improvement is needed. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-unit cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority. At the administrative unit level, unmet goals may indicate a need for changes in services, policies, and procedures.

It is noteworthy that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plans is a shared responsibility. Each unit should complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results were used to make changes to improve services and processes.

The unit's assessment coordinator should submit the assessment report to the Administrative Development Deanship and DQAA, which will provide timely feedback and comments. Upon approval, DQAA should compile all reports in the administrative annual report and forward it to the President of University. The President and the University Council will review and discuss the annual report and the proposed action plans and produce *Approved Action Plans*.

The approved action plans should include a detailed timeline and the responsible party for the implementation. The approved action plans should be forwarded to the Directorate of Budgeting and planning to be used as input in the budgeting planning. The Administrative Development Deanship and DQAA Administrative should monitor the implementation and review any remedial action plans.

3.3 MANAGING STRATEGIC PLAN OF IAU & ITS PROGRAMS

Process adopted to Manage the Strategic plan of the univeristy & its colleges/deanships:

1. What is required from the College/Deanship to prepare a Strategic Plan:
IAU Strategic Plan Checklist and Strategic Plan Process Flowchart. The checklist covers all the requirements to prepare a Strategic Plan, and the college/deanship should follow the steps stated in the strategic plan process flowchart while preparing the Strategic plan.
2. Communication strategy adopted by the Strategic Planning Unit and the college in finalizing the Strategic Plan: As per the checklist, the communication strategy is as follows.
3. Any training being conducted to accomplish this task as required by the colleges.
4. Comment on indicators to be developed/measured to accomplish goals and objectives of the university/college/deanship.
5. Developed a Gantt chart, and the metrics/KPIs were developed according to those objectives.
6. How does the unit follow up the action plan of various projects of the IAU Strategic Plan?
The Steering Committees were framed, and their projects will follow each committee according to the 11 EEC-NCAAA Standards. A form is used to follow up on the status of project implementation.
7. Provide a copy of any templates which are being used by the unit.
 - IAU Strategic Planning Model
 - IAU Strategic Plan Check List
 - Strategic Plan Process Flowchart
 - Current Status of Project Report template.

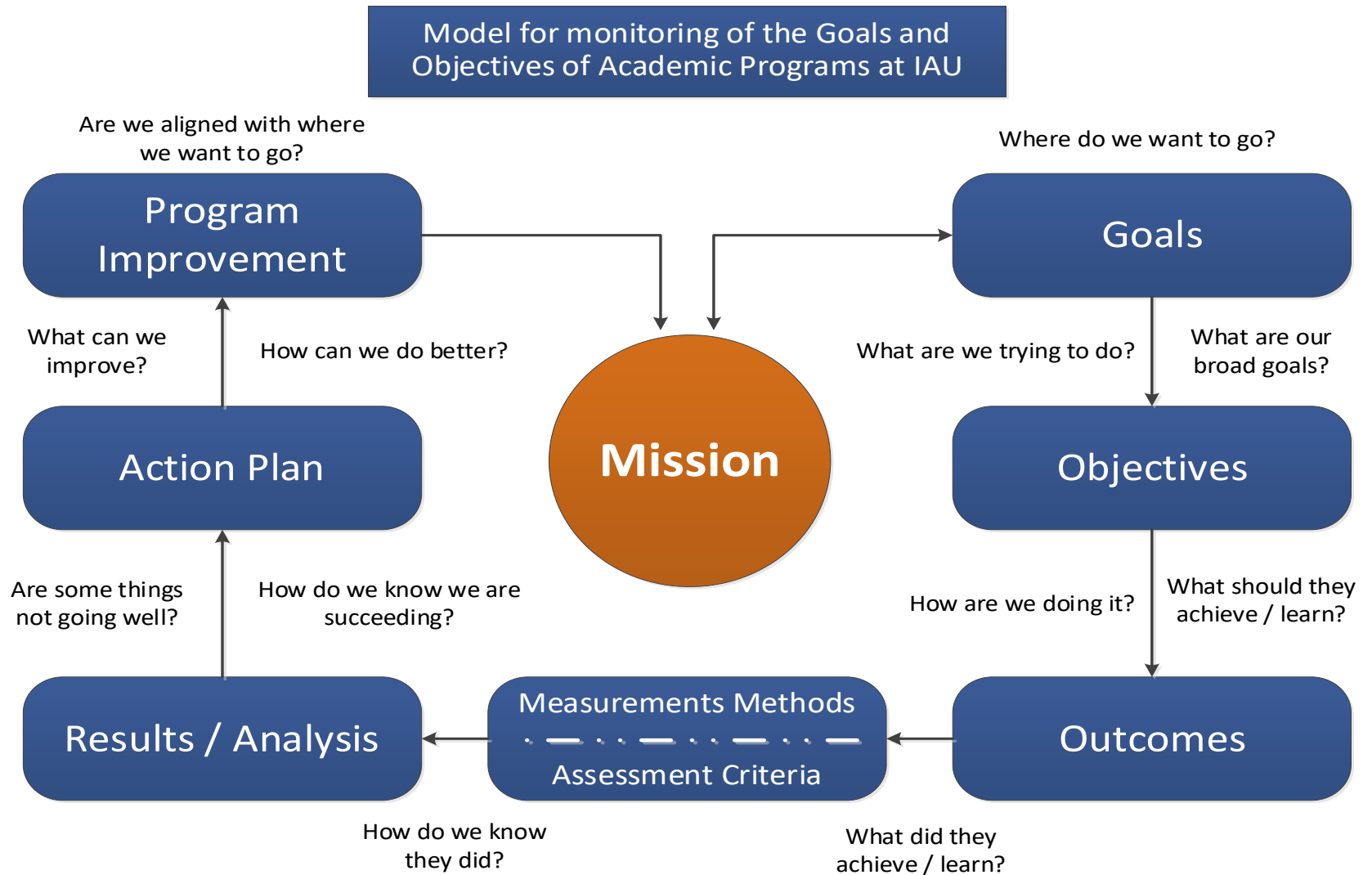


Figure 15: Model for monitoring academic programs' goals and objectives at IAU

3.4 EXTERNAL QUALITY ASSURANCE SYSTEM (EQA) EXISTING AT IAU

3.4.1 QUALITY MANAGEMENT OF COLLABORATIVE PROVISION

A. INTRODUCTION

This chapter describes the University's quality management procedures for collaborative partners. It should be read in conjunction with the partnership guide for ranking, which provides detail on the management of collaborative partnerships with different ranking agencies. For establishing a new partnership, there is a requirement to secure approval from the office of the President based on the report submitted by the Deanship of Quality and Academic Accreditation (DQAA). Following approval, a Memorandum of Understanding (MoU) must be signed by the Rector and head of the partner institution before it can be delivered. All operational arrangements must be adhered to as set out in the Partnership agreement. From Quality Management Perspective, IAU is developing collaboration with local and international institutions to benchmark and manage its position in different ranking projects.

B. PARTNERSHIP STRATEGY FOR BENCHMARKING -GENERAL PRINCIPLES

IAU encourages benchmarking with comparable institutions both within the kingdom and overseas to improve its performance and expects all its component colleges and units to comply with the following benchmarking principles and code of conduct.

(i) Core Principles

The benchmarking projects undertaken by the Deanship of Quality of Academic Accreditation of IAU will:

- Support the university's mission, values, and strategic priorities
- Be characterized by a commitment to learning from best practices, implementing potential improvements from benchmarking projects' findings, and sharing good practices once projects are completed.
- Be balanced regarding the value received compared to the costs involved in undertaking the projects.
- Have the approval of the rector of the university.

(ii) **Code of Conduct**

IAU has developed the following code of conduct to be adopted while undertaking benchmarking projects involving a request for information. The code is constructed around eight core principles:

- *Principle of Selection:* One or more institutions or agencies must have been selected to benchmark the program's quality, and a list of indicators that are considered in using these benchmarks must be available. If these indicators include unpublished data, agreements must have been completed for the relevant data to be provided [*Source: Saudi handbook 3, Eligibility requirements for full accreditation of a higher education institution; page 74*].
- *Principle of Equivalence:* Recognition of equivalence in standards with international benchmarks is essential, and degree requirements can be taken as a helpful guide in establishing equivalence (*National Qualifications Framework for Higher Education in the Kingdom of Saudi Arabia-May 2009, 3.7. International Equivalence of Awards, pp.9*)
- *Principle of Contact:* Respect the organizational culture of partner organizations and work within mutually agreed procedures. Before contacting partners, determine what to benchmark, identify Key Performance Indicators [KPI] to compare, and complete a rigorous self-assessment. Obtain the partner university's permission before providing its name in response to a contact request.
- *Principle of Agreement:* IAU has to identify other institutions to provide comparative benchmarks for quality evaluation and, where necessary, have established agreements for the exchange of information on indicators to be used for this purpose [*Source: Saudi handbook 3, Eligibility requirements for full accreditation of a higher education institution; page 68*]. Special agreements are not required to use published data on performance benchmarks but are necessary if unpublished data is to be used. If a benchmarking agreement is entered into, issues about confidentiality, use, and the type and level of information to be exchanged should be included in the agreement.
- *Principle of Confidentiality:* All benchmarking exchanges should be treated as confidential. Publication and external communication of findings should not proceed without the permission of the universities (i.e., benchmarking partners) involved in the project.

- *Principle of Exchange:* The type and level of information exchanged should be comparable between the benchmarking partners. An institution may benchmark its performance on different functions against different institutions if it wishes to do so.
- *Principle of Use:* Benchmarking information should not be used for other than the stated purpose for which it is obtained without the prior consent of the participating partners.
- *Principle of Completion:* Complete each benchmarking study to the satisfaction of all benchmarking partners as mutually agreed.

(iii) Authority and Responsibility

At the level of Institution, DQAA assumes the responsibility of initiating benchmarking projects in accordance with the guidelines of EEC-NCAAA and the ministry of higher education, KSA. Each College selects its benchmarking partner at the program level and forwards the required information to DQAA for review. If found feasible, it will be forwarded by the DQAA to the President for approval. The final approval of the entire benchmarking contract is a vest with the President of this University.

(iv) Procedural Guidelines for Benchmarking

Types of Benchmarking

IAU employs the following four (N=4) types of benchmarking to support its goal and objectives:

- *Performance benchmarking:* used to compare and improve the performance of the university with its peers using a range of identified KPIs (N=49) related to eleven standards of EEC-NCAAA-HES, including teaching, learning, and research performance.
- *Functional benchmarking:* used to compare and improve functional areas in the organization, such as Human resources & employment processes (N=5) and financial planning & management (N=1).
- *Strategic benchmarking:* used to improve overall performance by examining long-term strategies and general approaches of institutions that have succeeded in areas of strategic priority for IAU.
- *Process benchmarking:* Even though process benchmarking is not an immediate goal of IAU, it is proposed to conduct such an exercise by focusing on specific critical processes and

operations. Benchmarking partners are sought from best-practice organizations that perform similar work or similar delivery services.

Selecting a benchmarking partner

IAU developed a set of guiding factors to be considered while selecting a benchmarking partner. These consist of the following:

- Level of partners: Institutions/program/faculties/course.
- Internal/external partners
- National/International partners
- Group size
- Level of group homogeneity
- Benchmark with partners who already collaborate with IAU
- Partners who have broadly similar goals. The Benchmarking partners should:
 - ✓ be selected based on a shared understanding of the benchmarking goals, fields, and comparisons, which may or may not rely on existing inter-institutional contact
 - ✓ have a clear and communicated understanding of the expected degree of involvement (time, human and financial resources) from the start
 - ✓ ensure a high level of trust within benchmarking networks, as sensitive data will be exchanged
 - ✓ obtain a commitment from senior management of all partner higher education institutions

Approach to benchmarking

IAU proposed to initiate the benchmarking process at three levels, viz.

Internal benchmarking: It can be carried out by comparing the performance of similar programs within the Institution or observing performance over time within IAU. Homogeneity is the key factor to be considered when choosing a benchmarking partner within the university. To facilitate internal benchmarking, IAU considered its past performance over the years as the internal benchmark during the KPI analysis. Depending on the KPI, the past performances chosen for comparison may vary from 1-4 years.

External benchmarking: The external benchmarking can be performed at two levels viz.

- External benchmarking-A (i.e., with other comparable universities in KSA) and,
- External benchmarking-B (with comparable universities located outside KSA i.e., international benchmarking) [Source: *Saudi handbook-2; version 2; July 2011,*

pp.194 & 195 and IAU Strategic plan]. Care needs to be taken to reach an agreement on indicator definitions to attain homogeneity.

Areas of Focus

❖ IAU has endorsed the following seven priority areas (N=7) for university-wide benchmarking:

- Institutional strategic development
- Student learning experience
- Infrastructure
- Faculty development practices
- Research contributions
- Graduates' attributes
- Community relationships

❖ The indicators to be benchmarked should:

- Not only include inputs but also outputs and/or processes
- Be quantitative as well as qualitative, as most issues are best compared by using a mix of quantitative and qualitative methods
- Be selected according to the relevance for the purpose, not solely on existing data
- Measure outcomes in relation to inputs

❖ Procedures/operations to be adopted should:

- be documented using a transparent methodology which is communicated both inside the institution and among benchmarking partners
- be supported with adequate human, financial and other resources to carry out the benchmarking exercise
- where appropriate, be implemented by carefully selected and trained experts in assessment/evaluation work
- be established to process data in a well-structured way
- Ensure a periodical monitoring/review of the effectiveness of the benchmarking process and its value in implementing changes at the appropriate level within the participating institutions (measuring outcomes).

❖ Reporting results should:

- Be carried out in an effective way (internal/external)

- Produce well-structured, transparent, and comparable information (qualitative/quantitative) to identify good practices and gaps in performance, which can lead to future target-setting
- Provide recommendations for the adaptation of initiatives to IAU's context.
- Include cost/benefit analysis
- Apply measures to enhance the credibility and visibility of the benchmarking exercise
- ❖ Appropriate implementation plans should be prepared to operationalize recommendations arising from benchmarking reports. Progress against these plans should be regularly monitored.
- ❖ IAU encourages the production of benchmarking reports that should be included in the benchmarking data repository and lodged under the custodian of DQAA. DQAA has the authority to share the information with the approved units and colleges of the university.
- ❖ Resources required: It depends on the purpose and level of benchmarking i.e., Institution or program level.
 - At the program level, the Vice-deanship for Quality and development at each college will initiate and manage the benchmarking project per each program's requirements. The College Administration will provide all required resources through the Vice-deanship for Quality and development.
 - The following resources are generally needed for a benchmarking project, viz.
 - *Staff time*: Staff time is required to collect, analyse, and report benchmarking data.
 - *Logistics Costs*: occasionally, benchmarking projects may require site visits or participation in benchmarking partner forums.
 - *Implementation Costs*: The implementation of recommendations arising in the final stage of the benchmarking project may incur costs.
- ❖ Frequency of carrying out the Benchmarking exercise

As already identified in the Strategic Plan, the frequency is annual.

- For External Benchmarking will be conducted once in that academic year (annually)
- For Internal Benchmarking will be conducted annually. However, new projects can be initiated whenever the need arises during that academic year.

C. PARTNERSHIP STRATEGY FOR RANKING PROJECTS-GENERAL PRINCIPLES

QS INTELLIGENCE UNIT – BENCHMARKING SERVICE

The Benchmarking Service utilizes the core data which has been collected over a period of nine years for the QS World University Rankings. The ranking presents a multi-faceted view of the relative strengths of the world's leading universities. The Benchmarking Service provides a method of measuring and comparing a university's performance and standards with its peers. It highlights institutional trends by presenting robust data in an accessible and comprehensive format and has been extensively used by institutions around the world as an essential tool for strategic planning and research.

a. Advantages to Institutions

Benchmarking an institution against its selected peers can provide several benefits.

- Allow institutions exclusive access to data used for the QS World University Rankings
- Help institutions understand their position regionally, nationally, and globally
- Provides context to assist in setting realistic and achievable targets
- Challenges operational complacency
- Creates an atmosphere conducive to continuous improvement
- Identify gaps and weak areas to indicate what is required to improve competitiveness

b. Methodology

Institutions select a number (between 6 and 30) of target institutions from the QS World University Rankings list to compare themselves. A mixture of domestic and international institutions is ideal, and a 3-to-5-year cycle is recommended to develop a comprehensive perspective. Utilizing the QS Classifications System, QS can assist clients in choosing their peer list, which is a critical starting point for the benchmarking process. The System categorizes institutions by subject spread, size, and research level.

c. Inclusions

- World rank estimation for non-ranked institutions
- Trend data on ranking positions, including information not publicly available
- Access to the data behind the rankings, including Academic Reputation, Employer Reputation, and Research Performance results
- Variances in performance and a variety of other metrics

D. BENCHMARKING SERVICE DELIVERABLES

- **Module 1 – Institutional Profile:** Delivers data in a variety of areas and gives a snapshot of an institution’s profile, including Performance in other ranking systems, Research, and indicator performance - global averages for each institution, and Underlying data including, if applicable, personnel, exchange, and financial data
- **Module 2 – Comparative Analysis:** Summarizes the current position of each selected institution in comparison with the client institution across all the indicators used in the latest edition of QS World University Rankings. This module provides a brief indication of current performance, particularly areas of weakness that may help to feed into institutional strategic planning.
- **Module 3 – Ranking Performance:** Provides a deeper analysis on an indicator-by-indicator basis for the last five years, revealing insight into performance which is crucial for decision-making. This module also provides general strategic recommendations for the client institution.
- **Module 4 - Research Performance I:** Analyzes the Citations per Faculty index and breaks down research habits and patterns to reveal institutional research productivity and citation levels. This module also highlights the total citations obtained by each institution, considering the number of self-citations produced across the five faculty areas.
- **Module 5 - Academic Reputation Performance I:** Explores the academic reputation survey deeper, breaking down total responses by international and domestic responses in the faculty areas. It also highlights domestic performance against the maximum response rates available for each country in the peer group.

E. CONJOINING MODULES

- **Academic Reputation**
 - **Academic Reputation Performance II** – Highlights the number of responses received by the country and faculty area, including narrow discipline fields, the response by experience level, and years in academia for the client institution
 - **Academic Reputation Performance III** – The number of responses received by the country and faculty area, including narrow discipline fields, the response by experience level, and years in academia comparing the client against peer institutions. This module will also provide general recommendations for the client institution.

➤ **Employer Reputation**

- **Employer Reputation Performance I:** This module highlights the Employer Reputation indicator and breaks down survey responses from recruiters, analyzing domestic versus international responses.
- **Employer Reputation Performance II:** An interrogation of this indicator, breaking down survey responses from recruiters, including top institutions which they recruit from, the leading industry field of respondents, and the top field which is highly sought after.

➤ **Research Performance**

- **Research Performance II:** Analysis of the Citations per Faculty index examines research habits and patterns to reveal institutional research productivity and citation levels.
- **Research Performance III:** An analysis highlighting total citations obtained by each institution broken down by narrow subject areas.

F. TIMES HIGHER EDUCATION (THE) – STRATEGIC SOLUTIONS

THE Data+: The THE Data+ suite compares an institution with a broader range of other institutions. It also provides subject-level insight and advanced analytics to help us understand how prospective students compare an institution to others. THE Data+ also provides an executive summary of the factors that have differentiated an institution from its peers.

a. Comparisons:

- Up to six individual institutions (selected by the client)
- Institutions from within the same academic cluster (as identified by THE analysis)
- The institutions most likely to be selected alongside ours by prospective students (as identified by THE analysis)
- Data is provided from the five pillars of the World University Rankings, the 13 metrics, and the data used to create the metrics.
- Historical year-on-year analysis from 2016

b. Analysis:

- An executive summary highlighting relevant comparisons
- Interactive exploration of data
- Comparisons with six selected institutions

- Visualization against aggregate benchmarks and specific institutions
- Subject-level analytical data, grouped into the six THE subject groups; Clinical and preclinical, Physical sciences, Life sciences, Arts and Humanities, Engineering and Technology, Social Sciences
- Deep learning-based analysis of university similarities
- Universities that students view as similar, and the relationship between institutions

c. Data sources:

The World University Ranking includes data from Elsevier’s Scopus database, the World Reputation Rankings, and data provided by ranked and unranked institutions. The raw data is combined into 13 metrics, each designed to illuminate an aspect of university performance. These metrics are then normalized to allow them to be combined. The metrics are combined into five pillars: Citations, Research, Teaching, Industry Income, and International Outlook. These are then combined to give a final score that is evaluated to generate the University Rank.

G. IAU BENCHMARKING CONTRACT

The components in the IAU benchmarking contract are listed below. The contract starts with the details of the agreement made between IAU and Benchmarking partner. The draft of the IAU benchmarking contract is attached in Appendix 5. It consists of:

a. Part One

- Background
- Commencement date and term
- Scope of service contract
- Management
- Fees and payment
- Confidentiality
- Intellectual property
- Force Majeure
- Name of Parties
- Entire agreement
- Termination

b. Part Two

- Requirements for this Contract
- Activities
- Project-Summary of Cost
- Signatories

3.4.2 EXTERNAL AUDIT

a. Guidelines for forming External Advisory Board/International Advisory Board

1. Introduction

IAU is in the process of planning & establishing the International Advisory Board (IAB). It focuses on expanding international and global perspectives in Research, Higher Education, Industry, and public services within IAU. The board reviews and suggests policies and university practices as these relate to international and global engagement.

- External Quality Assessment Viz. National & International Accreditation
- Procedure for Applying International (External) Accreditation
- Exchange programs as well as facilitate new initiatives from multi-disciplinary international curricular and research programs.

2. Vision

- To improve the level of Higher Education, Research competence in the global context

3. Mission

- To acquire knowledge from the international communities in Higher Education Leadership & Research Management.

4. Purpose

This Policy applies to IAU's need for International Advisory Board (IAB).

- To ensure that the leadership of the IAU has access to diverse ideas from the international academic and business communities.
- To obtain an international spectrum of experience, knowledge, and position from which the IAU will benefit in manifold ways as it evolves toward a world-class status.

5. Terms of Reference

“Advisory Board”

An Advisory Board is a collection of individuals who bring unique knowledge and skills that complement the formal Board members' knowledge and skills to govern the organization more effectively.

6. Policy

It is a policy of the IAU to frame the International Advisory board, which is the IAU's strategic priority.

7. Procedures

i. Roles & Functions of Lab

- The role of the IAB is to provide support, guidance, and advice to IAU in its pursuit of excellence, innovation, and an international reputation.
- The board is to follow and assess research, first, second and third-cycle education and management in the broad sense at IAU.

ii. Functions of IAB

- Advise IAU on strategic planning, future directions, and policy development in a global context
- Support IAU in developing its international focus and standing
- Provide both academic and industry perspectives on the University's goals in education, research, and service to society
- Review university plans and provide insight into the approaches of similar institutions
- Advise on building strategic partnerships with industrial corporations, research institutes, and universities, nationally and internationally.
- Review the academic program portfolio for relevance and the research portfolio for purpose and progress.
- Identify issues important to the future of the university and provide guidance and recommendations.
- To make recommendations for new actions and activities in the proposed areas.
- To advise on general strategy for IAU to achieve its overall objectives, acting as a critical friend in relation to the research program's overall shape, academic direction, and policy relevance.
- To advise on potential sources of funding and opportunities for commissioned research.

- To advise on publications and other outputs.
- Act as ambassadors on behalf of IAU, attending key events where possible and networking with key players/audiences on its behalf.
- To support the project in its impact-generating activities—offering advice on developing the communication plans, supporting IAU in disseminating its research outputs to key audiences and potential research users and offering pathways into user groups.
- Evaluate and provide advice on exchange programs and international agreements of the university
- To receive and comment on the annual report from IAU for submission to the annual Advisory Board Meeting.
- To attend the Advisory Board normally meet twice a year.

8. Membership

1. Members, Chair, Attendees, Secretary, Terms of Office

- The Advisory Board will generally consist of not more than 20 members.
- The term of office should be three years, with members usually serving two terms.
- The Board will have two meetings in a year.
- Membership will have a mix of expertise of individuals with an international perspective who have achieved prominence in higher education, science, public services, research, and Industry; each group should have at least three representations. It is expected that attention is paid to gender balance, geographical distribution, and user representation when determining the membership of the Board.
- It is the entitlement of the University Council to nominate the Chair and Vice-Chair of the Board, and Secretary, each of whom will serve in this post for three years. The responsibilities of the Chair and Vice-Chair have also been described.
- The responsibilities of the Chair will include the following:
 - He/she presides over the meetings of the IAB.
 - In consultation with the members, prepare the agenda and circulate it before each meeting
 - Creating ad-hoc committees to address specific issues and appointing members there too.
- The responsibilities of the Vice-Chair include:
 - He/she presides over IAB meetings in the absence of the Chair.

- Taking notes at each meeting and posting them afterward.
- Assuming other duties at the request of the Chair.
- The responsibilities of the Secretary:
 - Prepare & send the agenda to the members of the Board as advised by the Chair/ Vice-Chair
 - Taking notes at each meeting to assist the Vice-Chair
 - Provide administrative support to the board.
- Membership of the Advisory Board will be reviewed after three years; however, a third of the initial board will serve a term of two years, and another third will serve for four years to maintain continuity. Members may terminate their post in writing (by email or letter) to the Chair of the Board.
- In addition, an appropriate number of female representations should be at least 25%.
- In the absence of the Chair, meetings are to be chaired by the Deputy Chair.
- In attendance, IAB members and other interested parties may be invited to attend meetings with the prior knowledge of the Chair and in consultation with the Board members.
- IAU will be responsible for arranging the administrative support for the Advisory Board Meetings.
- The IAU pays the role of a member at reasonable costs in fulfilling the roles on the committee. Each member of the board will receive business class airfares, hotel accommodation, meals, and incidentals, and a fee of US\$ 6400 per year. (It represents US \$3200 per meeting). The fee was allocated as per IAU regulations.
- IAU will publish details of its Advisory Board on its website, including membership, terms of reference, agenda, and recommendations.
- New members will be invited to join the Advisory Board in consultation with existing members.

2. Category of Membership

The board's current composition includes members from the USA, UK, Australia, France, Korea, India, Singapore, Malaysia, Japan, and Hong Kong, in addition to the KSA. The IAB usually has between 12-20 members. The core members are drawn from:

➤ **Academic Community**

- Senior university leaders/managers and top researchers have drawn from universities with international reputations (8)

➤ **Business/Third Sector Community**

- Business/industry/professional leaders in fields relevant to IAU (3)
- Distinguished alumni (1)
- Government (1)
- Community agencies (1)

➤ **IAU Representation**

- President
- Vice-Presidents (1-2)
- Distinguished IAU researchers (1-2)

3. Meetings: Frequency, Notice, Quorum

- The work of the Board will be based on virtual communication and consultation. However, the Board will meet face-to-face at least twice a year.
- Meetings usually involve 1-2 working days and will be scheduled to meet the needs of appropriate travel to IAU. Overseas members sometimes stay 2-5 days for additional activities at the University.
- The Board will also engage with members on a bilateral or small group basis to pursue particular avenues for support and advice. All business from these meetings will be fed back to the annual meeting.
- Notice of board meetings will be given in advance by the Chair in consultation with the members. Prepare for meetings well in advance – set an annual schedule of dates and core topics in consultation with members. Additional items can be added by the Chair or Deputy chair at short notice if required.
- Ensure members are well informed by sending the agenda and background papers two weeks before meetings.
- Meetings of the Board will be quorate if at least the following are present: Chair or Vice-Chair, five members of the academic community, four business/ third sector community representatives including external agencies [Government, Community, Alumni], and three will be IAU representation.

4. Minutes and Reporting

- All proceedings and resolutions of this Board will be minute; such minutes are circulated and agreed as accurate by email but then formally approved and signed at their subsequent meeting.
- Meeting recommendations will be posted on the IAU website once they have been agreed upon as accurate by email.
- Minutes will be circulated to Board members and those in attendance.

5. Review of Constitution and Working Arrangements

- The Board's constitution and working arrangements are subject to review every three years.

6. Distribution

- All Vice Presidents/Deans

7. Access & Confidentiality Agreement Form

The purpose of this agreement form is to help IAB to understand and for IAB to acknowledge its duties and obligations regarding confidential information. This form contains confidential information, which includes IAU proprietary information, patient information, employee information, financial information, and other information relating to IAU and information proprietary to other companies or persons. The members may learn of or have access to some or all this confidential information through various means, including records, a computer system, contact with patients, orders, reports, financial records, third-party information, or any other means. Such confidential information is valuable, sensitive, and proprietary and is protected by laws and strict IAU policies. These laws and policies are intended to ensure that confidential information will remain confidential and that it will be used only as necessary to accomplish the organization's mission. This form declared that the International Board Members with access to confidential information must conduct themselves in strict conformance to applicable laws and IAU policies and procedures. The violation of any of these laws or policies and procedures will subject IAB members to consequences, including, but not limited to, loss of privileges to access confidential information, loss of employment or other contractual rights, and legal liability. The Access & Confidentiality Agreement Form is enclosed in [Appendix 16](#).

9. Contract between IAB and IAU

i. Part one

The components of the contract between IAB and IAU includes

- Background
- Commencement data and term
- Scope of service contract
- Management
- Fees and payment
- Confidentiality
- Intellectual property
- Force Majeure
- Name of parties
- Entire agreement
- Termination

ii. Part two

This document outlines professional services to be provided for IAU Dammam, Saudi Arabia, concerning the execution of an International Advisory Board (IAB).

The role of IAB in this consultancy will be to:

1. Effective for a stipulated period (with dates) negotiated by both parties, conduct and participate in the IAB Meeting at IAU.
2. The role of the IAB is to provide support, guidance, and advice to IAU in its pursuit of excellence, innovation, and an international reputation.
3. Follow closely work the requirements of IAU with the internationalization framework
4. Make recommendations to assist IAU in pursuing Institutional excellence.
5. The meeting will be conducted twice a year at IAU.

In this contract, the number of trips to IAU, probable trip dates, payment details, and travel and accommodation details provided to the IAB members is also clearly mentioned.

CHAPTER 4
MANAGING ACCREDITATION AT
IAU

4.1 MANAGING ACADEMIC ACCREDITATION

Academic accreditation is a process of validation in which the university and its affiliated colleges and other institutions of higher learning are evaluated. The standards for accreditation are set by a peer review board whose members include faculty from various accredited colleges and universities. The accreditation agency, both national and international, aids in the evaluation of the university and college/program for accreditation or the renewals of previously accredited colleges/ programs based on its performance, related to the educational process and its results overlaying the curriculum, teaching-learning, evaluations, faculty, research, infrastructure, learning resources, governance, financial wellbeing, and student services.

Accreditation is an indicator of quality status of an institution as set by the accreditation agency, which enables employers to filter those individuals who have obtained a degree from an accredited institution from those who have not. Accreditation process also offers students a better chance of having their credits transferred to other reputable institutions should they decide to obtain a graduate/ doctoral level education.

4.1.1 INSTITUTIONAL ACCREDITATION

Aim and Objectives: To assure the institution's quality to assist enhancement and to fulfill quality assurance and improvement. To provide service of value to stakeholders like the public to meet their expectations in higher education, the students, by assuring them that the educational activities of the institution meet their educational needs, future aspirations of higher education, and employability. The institution is to strengthen self-evaluation, benchmark, and improve quality and reputation.

(I) NCAAA ACCREDITATION

The Education Evaluation Commission-National Center for Academic Accreditation & Evaluation (NCAAA) was established in the Kingdom of Saudi Arabia with responsibility for determining standards and criteria for academic accreditation and assessment and postsecondary accrediting institutions the programs offered. The Commission is committed to encouraging, supporting, and evaluating the quality assurance processes of postsecondary institutions to ensure that institutions' quality of learning and management is equivalent to the highest international standards.

INSTITUTIONAL REVIEW PROCESS

- (i) The process starts with establishing a Principal Committee, which is followed by the formation of 10 Steering Committees for the 11 NCAAA Standards to carry out the university's self-evaluation. When the self-evaluation is completed, the committee submits the draft self-study report to the Principal Committee.
- (ii) The principal committee submits the report and self-evaluation scales to an Independent Evaluator/s for an independent opinion. Considering the independent opinion, the steering committee prepares the second draft of the Self-Study Report-Institution (SSRI).
- (iii) The second draft will be then submitted to the Mock Review, organized by the university in concurrence with NCAAA. The committee will address the recommendations from the mock review panel in the SSRI, and the revised SSRI is then submitted to the NCAAA.
- (iv) The university then receives the comments and notations report from NCAAA. DQAA will address the notations report to make necessary modifications in the self-study report with re-joinders (if any)
- (v) The final SSRI will be re-submitted to NCAAA at least two months before the external review.
- (vi) NCAAA will send the selected review panel list with a conflict-of-interest form.
- (vii) A letter specifying the dates of the final onsite review will be sent by NCAAA, followed by approval of the site visit schedule by NCAAA.
- (viii) The accreditation consultant of NCAAA will visit the university to conduct a preparatory workshop for the site visit. He/she verifies the eligibility documents and sends an accreditation consultant report on eligibility.
- (ix) Finally, the external reviewers' onsite visit will have stakeholders' meetings, inspect relevant documents, and evidence, and tour the facilities that support the academic activities. The panel observes and verifies the activities and the evidence that cannot be assessed from the SSRI, like the facilities, and assess the educational experience of the students, faculty members, and other stakeholders.
- (x) After a successful onsite visit and review, the external review panel prepares an initial unedited Review Panel Report (RPR), which they present to the university's stakeholders, and later the chair of the panel will send an edited RPR to the NCAAA.

- (xi) Subsequently, the NCAAA will send the RPR to the Rector without accreditation decision for the review of the University for Factual Errors. The factual error report will be sent back to NCAAA, and the review panel and NCAAA will address it.
- (xii) The Rector will receive the final external review report for the university's response to the recommendations of the review panel.
- (xiii) An action plan will be submitted to NCAAA in response to the recommendations.
- (xiv) NCAAA will finally decide on accreditation based on the review panel report and action plans submitted by the university to the recommendations.
- (xv) NCAAA may award full accreditation recognition, conditional accreditation, or deny accreditation. Full accreditation is for seven years, and conditional accreditation is for a limited period.

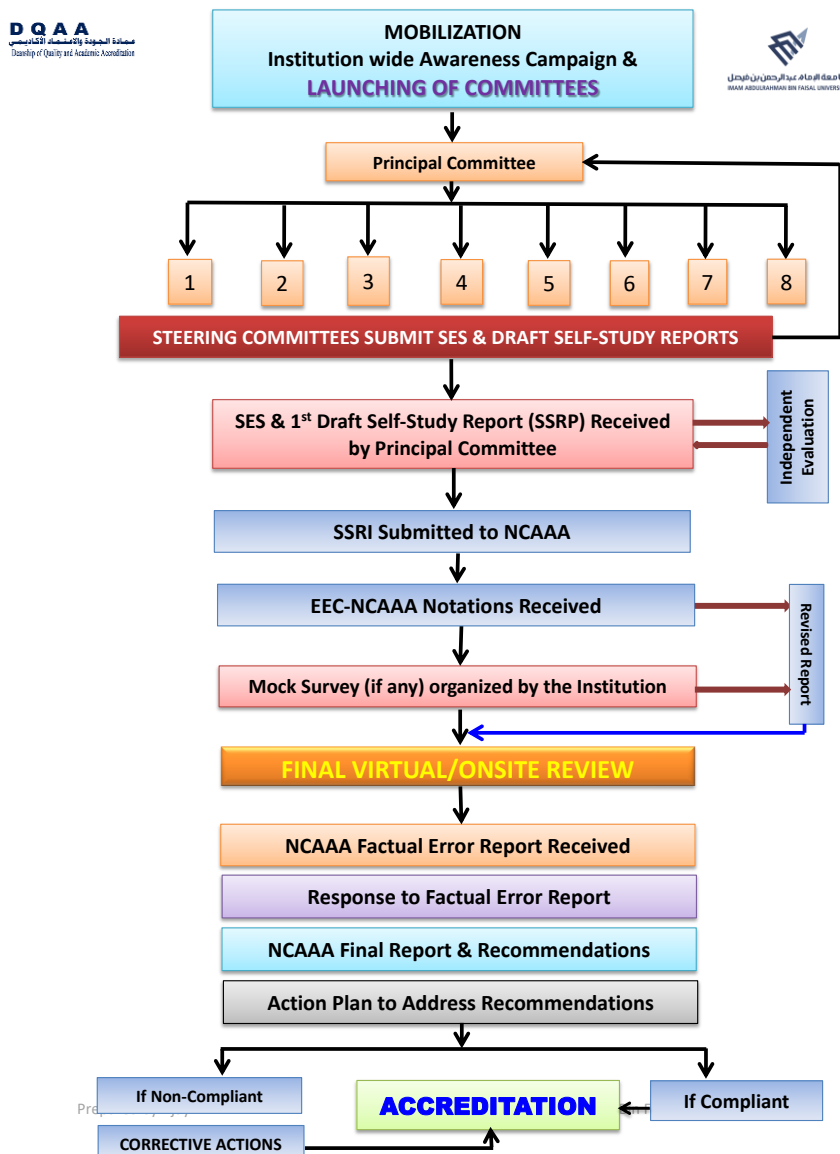


Figure 16: Steps towards accreditation of university

4.1.2 PROGRAM ACCREDITATION

Program Review Process

1. The process starts with establishing a Principal Committee, which is followed by the formation of Steering Committees for the 11 NCAAA Standards to self-evaluate the Program. When the self-evaluation is completed, the committee submits the draft self-study report to the Principal Committee.
2. The principal committee submits the report and self-evaluation scales to an Independent Evaluator/s for an independent opinion. Considering the independent opinion, the steering committee prepares the Self-Study Report, the Program's second draft (SSRP).
3. The second draft will then be submitted to the Mock Review, organized by the college/program in concurrence with NCAAA. The committee will address the recommendations from the mock review panel in the SSRP, and the revised SSRP will be submitted to the NCAAA.
4. The final SSRP will be re-submitted to NCAAA at least two months before the external review.
5. The selected review panel list will be sent to the college/program by NCAAA with a conflict-of-interest form.
6. A letter specifying the dates of the final onsite review will be sent by NCAAA, followed by approval of the site visit/virtual schedule by NCAAA.
7. The accreditation consultant of NCAAA will visit the college to conduct a preparatory workshop for the site visit. He/she verifies the eligibility documents and sends an accreditation consultant report on eligibility.
8. Finally, the external reviewers' onsite visit will have stakeholders' meetings, inspect relevant documents, and evidence, and tour the facilities that support the academic activities. The panel observes and verifies the activities and the evidence that cannot be assessed from the SSRI, like the facilities, and assess the educational experience of the students, faculty members, and other stakeholders.
9. After a successful onsite visit and review, the external review panel prepares an initial unedited Review Panel Report (RPR), which they present to the stakeholders of the college/program, and later the chair of the panel will send an edited RPR to the NCAAA.
10. Subsequently, the NCAAA will send the RPR to the Dean without an accreditation decision to review for Factual Errors. The factual error report will be sent back to NCAAA, which the review panel and NCAAA will address.

11. The Dean will receive the final report of the external review for the response of the Program to the recommendations of the review panel.
12. An action plan will be submitted to NCAAA in response to the recommendations.
13. NCAAA will finally decide on accreditation based on the review panel report and action plans submitted by the college/program to the recommendations.
14. NCAAA may award full accreditation recognition, conditional accreditation, or deny accreditation. Full accreditation is for seven years, and conditional accreditation is for a limited period.

The Deanship of Quality and Academic Accreditation (DQAA) of Imam Abdulrahman Bin Faisal University (IAU), formerly the University of Dammam (IAU), spearheaded the accreditation process through institutional self-study in the academic year 2013/14 and underwent its final institutional review by International experts and attained full academic accreditation in the year 2015 for seven years till 30 April 2022. The Institution Accreditation section holds the prime responsibility for the follow-up and accomplishment of Action plans towards the recommendations from NCAAA-NCAAA both at the Institutional & Program level and the periodical reporting

4.1.3 POST ACCREDITATION FOLLOW-UP & MANAGING RE-ACCREDITATION PROCESS

Based on the self-study report (SSR) and the external review panel (RPR) report, NCAAA will make its decision. NCAAA decision may fall under any one of the following alternatives:

- a. That full accreditation should be granted (For full seven years)
- b. That conditional accreditation should be granted for a specified period, up to a maximum of three years, to allow the institution to remedy specific conditions that have been identified.
- c. That accreditation will not be granted or withdrawn in cases of re-accreditation.

If conditional accreditation is granted, a further review will be conducted to determine whether the conditions have been resolved. If resolved, full accreditation will be given. The conditional accreditation will be withdrawn if they still need to be resolved. Suppose accreditation is withdrawn or accreditation is not granted. In that case, the Minister will be informed, and action may be taken by the Ministry under Ministry regulations, including possible revocation of the institution's license and closure of the institution (Source; NCAAA Handbook Part 3).

After institutions or programs have earned full accreditation, they are expected to complete a new self-study within seven years and participate in an external peer review conducted by the NCAAA for re-accreditation. The NCAAA may require earlier review of institutions or programs if it believes they are needed.

Ongoing Evaluations and Mid Cycle reviews mandated by the NCAAA (Source: NCAAA Handbook Part 3)

“It is expected that an institution, and each program within it, will monitor its performance quality at least annually. The approach will vary according to different circumstances; however, it should consider predetermined performance indicators and pay close attention to any matters identified for special attention in quality improvement strategies. The Commission requires each program to complete an Annual Program Report, see template T3.

In addition to this annual monitoring, which may be focused primarily on selected issues, there should be a more comprehensive overview of the quality of performance part way through the formal self-study and external review cycle. This should be based on the standards identified by the Commission and should identify any matters requiring attention. However, its purpose is

internal institutional monitoring and planning purposes, and reports to the Commission are not required.”

4.1.4 INTERNATIONAL ACCREDITATION

(i) **SACSCOC - Southern Association of Colleges and Schools Commission on Colleges**




It is one of the six regional accreditation organizations recognized by the United States Department of Education and the Council for Higher Education Accreditation (CHEA). SACSCOC is the regional body for the accreditation of degree-granting higher education institutions in the Southern states and world-wide. IAU is committed to achieving various prestigious international programs & institutional accreditation. The selection of the SACSCOC for institutional accreditation is a sagacious decision, which is a reputed accrediting agency of the USA familiar with the Gulf region & truly fulfilling AAU’s vision & mission in all respects besides adding value to its values. For further information: <http://www.sacscoc.org/>

(ii) **NAAB - National Architectural Accrediting Board**




The National Architectural Accrediting Board (NAAB), established in 1940, is the oldest accrediting agency for architectural education in the United States. The NAAB accredits professional degrees in architecture offered by institutions with U.S. regional accreditation. An architecture program seeking accreditation must go through several steps stipulated by NAAB. These steps involve several tasks: Conducting a Self-study of the Program; Peer review; Preparation for visiting team report (VTR); Action (judgment) by the NAAB Board based on reading VTR; and external review. The Architecture program of Imam Abdulrahman Bin Faisal University has completed all three stages and currently waiting for *Substantial equivalency* from NAAB. For further information: <http://www.naab.org/>

(iii) ABET - Accreditation Board for Engineering and Technology

 ABET Inc. is a non-governmental organization based in Baltimore, USA, that accredits post-secondary education programs in "applied science, computing, engineering, and engineering technology" as four commissions. It has *eight criteria* in addition to program criteria specific to the program. The programs of AAU planning for ABET accreditation initiated the process for ABET in April 2015. Construction Engineering, Environment Engineering, and Biomedical Engineering are registered under Engineering Accreditation Commission (EAC). Computer Science and Computer Information Systems come under Computing Accreditation Commission. The preliminary Self-Study Report is submitted and waiting for approval from ABET. For further information: <http://www.abet.org/>

(iv) AACSB - Association to Advance Collegiate Schools of Business

 The Association to Advance Collegiate Schools of Business (AACSB) was founded in 1916 to accredit schools of business granting bachelor's, master's, and doctoral-level degrees for business and accounting programs. AACSB-accredited business schools are challenged to strive for excellence and continuous improvement within their courses. This accreditation is obtained only by schools that "have the highest quality faculty, relevant and challenging curriculum, and provide educational and career opportunities that are not found at other business schools." Its headquarter is situated in Florida, USA. AACSB has *four standards*: Strategic Management and Innovation; Participants – Students, Faculty, & Professional Staff; Learning & Teaching; Academic & Professional Engagement and fifteen sub-standards. AAU has initiated the process for submitting eligibility applications for the College of Applied Sciences and the College of Business Administration. For further information: <http://www.aacsb.edu/>

4.1.5 INTERNATIONAL PROGRAM ACCREDITATION PROCEDURE

After reading and thorough analysis of many reputed International Program Accreditation from the United States of America (USA) & United Kingdom (UK), the following model is developed. This model or procedure applies to almost all international program accreditation agencies. As per this model, we will first establish or review the existing Program's Educational Objectives and then check the essential eligibility criteria. After we clear the basic eligibility, it is preceded by checking technical eligibility with the relevant accrediting body. The next stage will map the Program's Educational Objectives (PEOs) with Courses. The current program is assessed & two semesters' results will be evaluated. Once we achieve it, we will prepare Preliminary Self-Study Report (SSR) & fill out the application form, and, eventually, application submission along with the supportive documents for accreditation and follow up with the accreditation agency process until they send a notification (Figure 17).

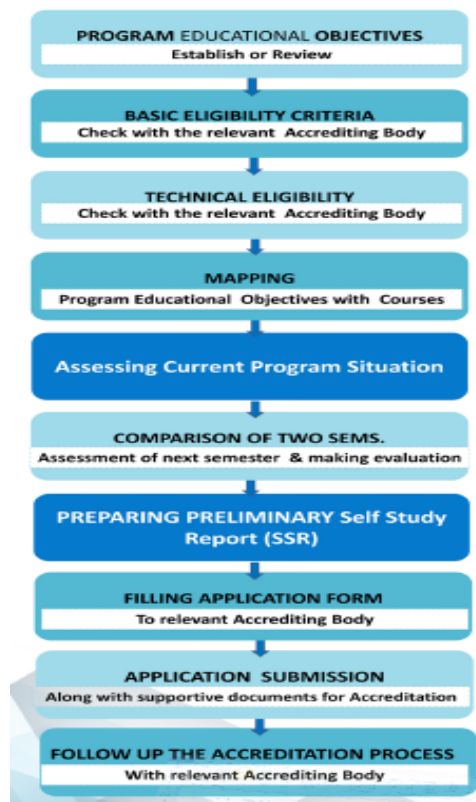


Figure 17: Steps of international program accreditation

A policy is in place for applying for external accreditation at IAU, and it is attached as **Appendix4**

SERVICES ACCREDITATION

i. IACS - International Association of Counseling Services



IACS is an independent organization granting accreditation for university, four-year college counseling services, junior Colleges, and private counseling services.

The primary purposes of IACS are to encourage and aid counseling services throughout the United States and internationally to meet high professional standards and to provide the profession and the public with information about the services. IACS is committed to furthering the visibility of counseling services on university and college campuses and improving their quality. IACS has evolved standards that define professional excellence and has established criteria for accreditation that reflect these standards. IACS has six standards as Relationship of the Counseling Center to the University Community; Counseling Services Roles & Functions; Ethical Standards; Counseling Service Personnel; Related Guidelines; & Special Concerns and various sub-standards. AAU's University Counseling Center (UCC) submitted its Self-Study Report (SSR) and was approved for a site visit in the year 2017 by IACS. For further information: <http://ww.iacsinc.org/home.html>

Responsibility Charter

RESPONSIBILITIES

- (i) Vice Rector of the University
- (ii) Vice Rector for Academic Affairs
- (iii) Vice Rector for Studies, Development & Community Services
- (iv) Vice Rector for Scientific Research & Post Graduate Studies
- (v) Vice Rector for Branches
- (vi) Dean, All Colleges of IAU
- (vii) Dean, Deanship of Quality and Academic Accreditation
- (viii) Dean, All Supportive Deanships in IAU
- (ix) Vice Dean for Quality & Development, All Colleges of IAU
- (x) Vice Dean for Academic Affairs, All Colleges of IAU

DISTRIBUTIONS:

1. DQAA Departments
2. University Council
3. All Programs, Imam Abdulrahman Bin Faisal University (IAU)
4. Office of all Vice Presidency, IAU
5. All Deanships, IAU
6. IAU Website.

<p>Prepared by:</p> <p style="text-align: center;">Dr. Arun Vijay Subbarayalu</p> <p style="text-align: center;">Dr. Mohammed Suleiman Gibreel</p>	<p>Date Signed:</p> <p>.....</p> <p>.....</p>
<p>Reviewed by:</p> <p style="text-align: center;">Dr. Safa'a Abdulsalam Al-Ahmed</p>	<p>Date Signed:</p> <p>.....</p>
<p>Concurred by:</p> <p style="text-align: center;">Dr. Ahmed Abdullah Al-Kuwaiti</p>	<p>Date Signed:</p> <p>.....</p>
<p>Approved by:</p> <p style="text-align: center;">Dr. Nuhad Abdullah Alomair Vice President for Development and Community Partnership</p>	<p>Date Signed:</p> <p>.....</p>