



# Quality Management System

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

## Approval

Program Quality Management System manual for Faculty of Medicine – Northern Border University has

been designed in line with the Quality Management System (QMS) handbook of Northern Border University as well as considering the guidelines of NCAAA stated in Quality Handbook and Academic Accreditation requirements.

### **Reviewed & prepared by:**

- Head, Quality & Academic Accreditation Unit
- Member, Quality & Academic Accreditation Committee

### **Endorsed by:**

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### **Approved by:**

- Faculty of Medicine Council – Meeting 9 (2021-2022) – Date 30/3/2022
- Dean Faculty of Medicine

## Introduction

Faculty of Medicine, Northern Border University in its continuous processes for quality improvement of the educational program has developed its quality assurance management system to be compatible with NCAAA program standards of 2018. The faculty is keen to include all its participants including leaders, faculty members, administrators and students in the processes of quality assurance and continuous improvement. To specify the policies and procedures, the Quality System Manual was designed to represent an approach that clarifies and draws a comprehensive framework for the faculty internal system for managing quality assurance processes in all units and departments.

This manual shows pathways and to achieve the intended development that maintains continuous enhancement of teaching and learning processes and other issues related to the academic environment and to be complying with the National Framework of Qualifications. The faculty Medical Education Program' Quality Assurance (QA) system in the is focusing on the competencies of adopting the international and Islamic principles of professionalism and bioethics as a way to fairness, truth and excellence, promotion of social equity and sustainable development, recognition of an individual dignity, liberty, appreciation of diversity and multiculturalism, and promotion of human rights. This can be maintained via continuous improvement of the teaching standards and student learning experience, as well as community-based research activities and integrated and effective Community medical service.

The faculty manual is mainly based on the university Quality management manual (2020) and the faculty and university strategic plans and the quality assurance standards for program accreditation issued by National Center for Assessment and Academic Accreditation.

## **The objectives of establishing the quality system management in the colleges**

1. Spreading the culture of quality in the college through seminars, workshops, scientific studies and other activities and events.
2. Evaluating the current state of quality processes at the college level (self- study) based on quality standards and academic accreditation.
3. Preparing colleges to obtain programmatic accreditations for all academic programs offered by university colleges.
4. Monitor and correct the application of quality requirements and academic accreditation in academic departments and programs
5. Developing continuous improvement plans as required by therequirements of the NCAAA
6. Developing the capabilities of faculty members and determining their training needs in to enable them to prepare descriptions of programs, decisions, and various periodic reports.
7. Ensure the achievement of an appropriate level of quality in the college
8. Reassuring beneficiaries and employers that the level of quality is adequate and achieves their expectations.
9. Conducting independent verification processes between the various colleges of the university through reciprocal visits in order to view andevaluate quality and academic accreditation work in the colleges.
10. Promote the concepts and requirements of quality and academic accreditation in all different colleges and academic programs and emphasize the importance of adopting them and working to implementthem.
11. Facilitating communication and transfer of knowledge and expertise between faculty members in scientific departments and programs and the Deanship of Quality and Academic Accreditation.
12. Working on using appropriate scientific methods to collect and process statistical data, calculate performance indicators, and create thedatabases required to provide evidence, evidence to the college equality practices.

## Concept and Terminology

To assist in achieving common understanding of important concepts and terms used in the system of accreditation and quality assurance, the NCAAA has determined that for its purposes the terms identified below will have the meanings described.

### 1. **Accountability**

The responsibility of an individual, an institution or an organization to another authority for his or her, or its activities.

### 2. **Accreditation**

Formal certification by a recognized authority that a program or an institution meets required standards.

### 3. **Assessment**

A process of measuring performance in relation to established standards or criteria.

### 4. **Audit**

An independent review to verify that reports represent a true and correct record of activity, and those recognized standards have been met.

### 5. **Benchmarks**

Points of comparison or levels of performance used for establishing objectives and evaluating performance.

### 6. **Evaluation**

The process of assessing and assigning value to a facility or activity.

### 7. **Institutional Approval**

The approval of an institution based on recognition that its resources, processes and learning outcomes meet required standards for an institution of its type and the level of its programs.

### 8. **International Accreditation**

Accreditation of an institution or of its programs by an accreditation agency established in another country.

### 9. **Key Performance Indicators (KPIs)**

Selected performance indicators regarded as particularly important for the purpose of assessing performance.

### 10. **License**

Formal approval, normally by a government or a government agency, to operate or carry out certain activities.

## **11. Mission**

A brief general statement setting out the principal policy objectives for development of the program

## **12. Peer Review**

Evaluation and report on a program, institution or part of an institution by expert evaluators from similar institutions or professions who are specialists in the field concerned or with the organization and management of higher education institutions.

## **13. Performance Indicators**

Specific forms of evidence used by an institution or other agency to provide evidence about quality of performance.

## **14. Processes**

The administrative arrangements, policies, and organizational procedures carried out by an institution in planning, reviewing and delivering its programs.

## **15. Professional Accreditation**

The accreditation of a program to prepare students for a profession, certifying that it develops the knowledge and skills needed to practice in the profession concerned at the standard of proficiency required.

## **16. 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.

## **17. Program Accreditation**

Accreditation of a program of study certifying that it meets standards required for the delivery of a program in that field at the level concerned.

## **18. Provisional Accreditation**

Accreditation granted on a provisional or temporary basis for a new institution or program after assessment of plans for development.

## **19. Qualifications Framework**

A document setting out the nature, amount, and levels or standards of learning required for academic or technical awards.

## **20. 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.

- 20.1. Assessments of quality are generally based on performance in relation to accepted standards of good practice, but also “fitness for purpose” which recognizes that there are differing requirements for different types of institution/program, and important differences in mission that are relevant to consideration of the program quality.
- 20.2. Consideration is also given to “fitness of purpose” to take account of the appropriateness of the mission of the program for the environment within which it operates.
- 20.3. The term “quality” is a relative one comparable to “value”, “worth” or “standard” in other contexts. To be of use in planning and evaluation in higher education the term should be related to some defined characteristics, and to some levels or benchmarks of performance.

**21. Quality control (QC)** Can be defined as part of quality management focused on fulfilling quality requirements

**22. Quality Assurance (QA)**

- 22.1. Is the processes of assessment, evaluation and follow-up relating to quality of performance, which serve two distinct purposes?
- 22.2. To ensure that desired levels of quality are maintained and improved
  - 22.2.1. To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded program elsewhere in the world.
- 22.3. Quality assurance normally involves both internal and external processes. Mechanisms for quality assurance are expected within each institution on a continuing basis as part of normal program provision and usually involve some external input. However, the public credibility of claims of quality requires periodic external validation by an independent authority, and the independent external advice is also an important element in strategies for improvement.
  - 22.3.1. Internal Quality Assurance: Processes of quality assurance carried out within and by or for a higher education institution.
  - 22.3.2. Quality assurance is primarily an internal responsibility system in the college, and it depends heavily on the commitment and support of all those who involve in administration, management, and teaching.
  - 22.3.3. External Quality Assurance: Processes of review and evaluation of institutions and their programs and activities by an independent external agency. Quality



must be verified by independent processes in order to guarantee to everyone concerned that high levels of quality are being accomplished. The NCAAA accreditation processes for higher education institutions and the programs provide this verification.

22.3.4. The procedures and standards outlined by The NCAAA are based on the expectation that college would adopt such a responsibility system and take appropriate actions to ensure that high quality criteria are achieved. This Manual is intended to guide and support those processes, due to the importance of the higher education system for students, their families, and the wider community, one cannot simply assume that quality can be simply achieved.

#### 22.4. Difference between Quality Control & Quality Assurance

22.4.1. Quality assurance and quality control are two aspects of quality management. While some quality assurance and quality control activities are interrelated, the two are defined differently.

22.4.2. Typically, QA activities and responsibilities cover virtually all of the quality system in one fashion or another, while QC is a subset of the QA activities.

22.4.3. The elements in the quality system might not be specifically covered by QA/QC activities and responsibilities but may involve QA and QC.

22.4.4. The table below illustrates the difference between QC and QA

Table (1): Difference between QC and QA

| Quality Control (QC)                       | Quality Assurance (QA)   |
|--|--|
| Focused on fulfilling quality requirements | Focused on providing confidence that quality requirements will be fulfilled. |
| Inspection aspect of quality management    | relates to how a process is performed or how a product is made               |

### 23. Quality Improvement

Changes in inputs, processes and outcomes that improve the quality of performance, usually across the whole range of an institution's activities. The term may be used to describe the strategies used by an institution or other organization to bring about these changes and verify their results. The difference between QA and QI is clearly described in the table No.4.

Table (2): Difference between QA and QI

| Quality Assurance (QA) | Quality Improvement (QI)                  |
|------------------------|---|
| Individual focused     | System focused                            |
| Perfection myth        | Fallibility recognized                    |
| Solo practitioners     | Teamwork                                  |
| Peer review ignored    | Peer review valued                        |
| Errors punished        | Errors seen as opportunities for learning |

#### 24. The Significance of Quality Assurance:

Quality assurance is both a process and a framework defined for achieving excellence. The process guides to fulfill the college and program mission and vision and further achieve goals and objectives of program.

The main objective of the quality assurance is to guide various constituents in performing their activities at an optimal level. These constituencies include administration, faculty members, students, support service staff and physical resources (i.e. buildings, classroom environment). Continuous evaluation will help any educational program in rectifying weaknesses and attaining high quality in all areas. The program will be aligned with changes in academic and job market requirements and adapt accordingly to provide the highest quality education to students. Based on its endeavor to ensure having a distinguished status at the regional, national and international levels, FOM is striving to implement quality systems and processes in all its units.

Principles of quality assurance system;

- 24.1. Quality management system starts with (quality) evaluation of all aspects of the program-by-program evaluation committee, which guide the course committees at the level of course to perform course evaluation regularly and based on the results of these evaluations, improvement plan is suggested. Subsequently, the suggested plan for the improvement of course will be implemented by the course committees under the guidance of program improvement committee with the supervision of MED unit followed by internal audit committee with re-assessment of the course/program quality by self-evaluation and continuous reporting of course and program.
- 24.2. Involvement of all stakeholders in quality management process (evaluation, planning, improvement)
- 24.3. The scope of quality system includes all program aspects as inputs, processes and outcomes.
- 24.4. Quality management is a continuous process, once started never end.
- 24.5. Total leadership support and involvement in the form of guiding plans, encouragement, logistic support etc. is essential.

24.6. Evaluation of quality considering both direct and indirect measurements with multiple evidences from various sources alongside the KPIs that are known as the most credible among the evidences.

24.7. Stakeholders, either students, staffs, graduates, employers or alumni, satisfaction is an essential component in assessing the program quality.

## **25. Relationship of Quality Assurance to Accreditation**

Quality assurance is a continuous, ongoing process of monitoring outcomes and ensuring quality in all university endeavors. If such a process is done properly, program will constantly evolve and adapt to environmental changes and social needs. Accreditation is mainly based on the evaluation at a specific period of time, highlighting program quality and outcomes that demonstrate alignment of purpose with performance. As such, quality assurance can be considered as a prerequisite for accreditation. Accreditation process, at the institutional or programmatic level, involves evaluation by an external body the national body of (NCAAA) and the international one as World Federation of Medical Education (WFME) based upon a set of agreed standards. If the standards are met, accreditation is granted. It is worth mentioning that being accredited indicates that the program is up to international standards, and it is essential to maintain such quality standards as part of the program's ongoing and long-term performance improvement. Thus, it is unlikely that accreditation can be completely granted unless providing evidence that further steps to maintain the effectiveness and the quality of its programs through continual evaluation and assessment are provided.

## Faculty Strategic Framework

### Faculty Vision:

Leadership and excellence locally and regionally in medical education and research for the science of promoting the health of the community

### Faculty Mission:

Preparing competent graduates, conducting innovative medical research, and providing health services to the community

### Values:

- Integrity
- Belonging
- Transparency
- Teamwork
- Social Responsibility

**Table (3): Faculty Themes and Goals**

| Strategic objectives   | Directions             |
|--|------------------------|
| 1.1 Preparing outstanding graduates with professional knowledge and skills | 1. Competitive outputs |
| 1.2 Developing the capabilities of faculty members and administrators      |                        |
| 2.1 Promoting innovative research activities                               | 2. Innovative research |
| 3.1 Developing community health care services                              | 3. Healthy society     |

## **Bachelor of Medicine and Bachelor of Surgery**

### **Strategic Framework**

#### **Program Mission:**

Preparing physicians characterized by cognitive, clinical and research competencies to provide health services that enhance community health locally and regionally.

#### **Program goals:**

- G1. Graduating distinguished physicians with professionalism and research skills.
- G2. Enhance the practice of leadership and effective communication.
- G3. Teach students teamwork skills and continuous self-learning.
- G4. Improving the quality of health services and community partnership regionally.
- G5. Encouraging scientific medical research.

## Program Management & Governance

**Table (4) The program Management Level**

| Level          | Responsible   | Units and committees   |
|----------------|---|--|
| <b>Level 1</b> | College Council Level   |  |
| <b>Level 2</b> | Dean  | Advisory Council<br>Student Advisory Council<br>Systems and academic Plans Committee   |
| <b>Level 3</b> | Vice Deanship for Academic Affairs                            | Student Affairs Unit<br>Exam and schedules Unit<br>Academic Counselling Unit<br>Laboratories and Learning Resources unit<br>E-learning unit<br>Registration unit   |
|                | Vice-deanship of Clinical affairs                             | Internship Unit<br>Clinical training unit<br>skill laboratory and Simulation center<br>Graduates' unit   |
|                | Vice deanship of quality and development                      | Quality and accreditation unit<br>Planning and development unit<br>Community service unit<br>Medical education unit  |
|                | Vice deanship of postgraduate studies and scientific research | Post-Graduate Studies Unit<br>Scientific Research Unit Teaching<br>Teaching assistants and scholarship students<br>Seminars and conferences unit<br>Cooperation and agreement unit   |
|                | Vice Deanship for Female Section                              | Female students' affair unit<br>Academic affairs for female students<br>Quality and development affairs unit<br>Female side administration   |
|                | Academic Departments:   | Department of Human Anatomy<br>Department of Human Physiology<br>Department of Clinical Biochemistry<br>Department of Microbiology<br>Department of Pathology<br>Department of Clinical Pharmacology<br>Department of Internal Medicine<br>Department of Surgery<br>Department of Pediatrics<br>Department of Obstetrics and Gynecology<br>Department of Family and Community Medicine<br>Department of Ear, Nose and throat |
|                | Faculty administrator   | Stores unit<br>Financial and administrative unit<br>Media and public communication unit<br>Academic staff affairs unit<br>Risk management unit   |

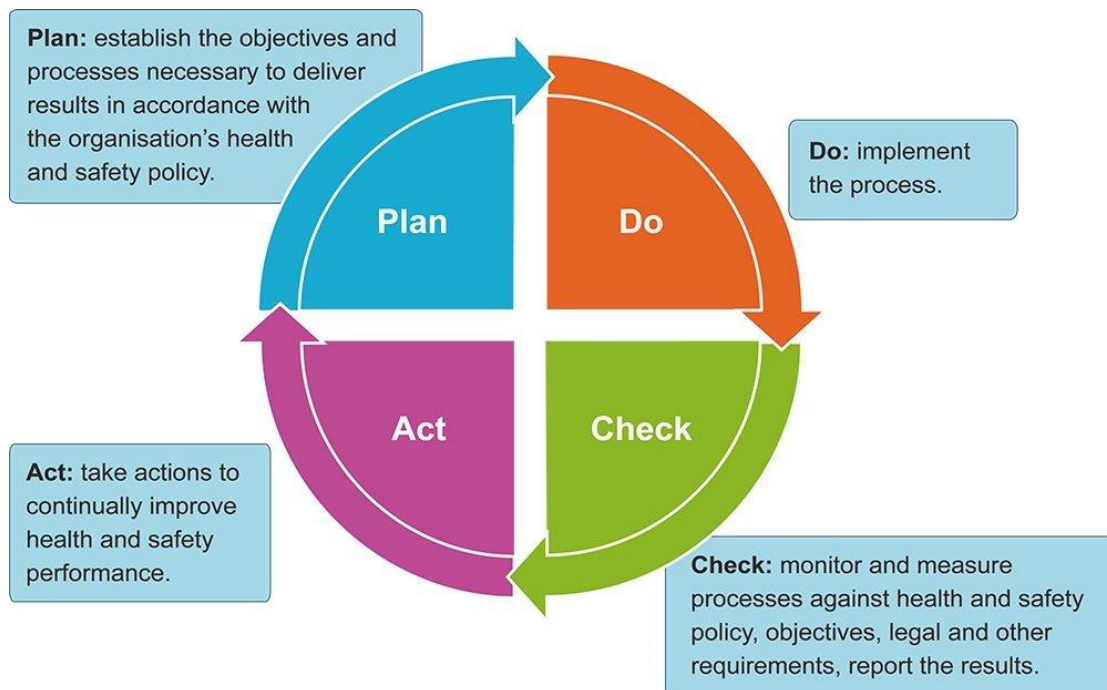
## Program Stakeholders

- 1 Students and their families
- 2 Graduates and alumni
- 3 Staff
- 4 Employers
- 5 Patients and community
- 6 Research agencies and bodies
- 7 Others professional, educational and market bodies as NCAAA, SCFHS, SaudiMEDs

## Academic Program Quality Assurance Model

In preparation of these activities, the different components of NCAAA standards 2018 are employed for Quality Assurance Management System. The principle of program quality management system is based on the quality PDCA (Plan, Do, Check, Act) cycle also known as Deming quality cycle. The following diagram illustrates the principles of quality management system in the faculty of medicine NBU based on Deming's quality cycle (See figure No.4)

Figure No.1: Deming's quality cycle



## 1. The Operational Processes

1.1. Operations: Activities associated with processing and controlling the Learning and Teaching processes, Research activities, and Community Service involvement. This include:

- Program and courses planning, implementation, evaluation and reporting.
- Student assessment, control and remediation of lagging students.
- Internal and External Research activities
- Services presented to community and awareness programs.

1.2. Marketing and Service: Activities associated with providing means by which stakeholders are persuaded with the Faculty endeavor towards community through graduation competent General Practitioners . This would include:

- Promotion for the Faculty and its activities, Media and Publication activities, certification and accreditation, exchange programs.
- Providing means for continuous education and postgraduate studies.

## 2. The Support Processes

2.1. Human Resource Management: Activities associated with recruiting, hiring, training and developing personnel and staff teaching and research capabilities and their compensation.

2.2. Technology Development: All equipment and facilities required to for all education program activities. In addition, research planning and implementation and community service activities

2.3. Procurement: Activities associated with acquiring inputs or services to the Operational processes. This includes student selection, admission, and intake, outsourcing of services (external teachers and experts), physical purchases and warehousing.

2.4. Firm Infrastructure: Activities associated with management such as governance and administration, the academic and learning environment, the education program control (structure), the student services, the facilities (clinical and general), the library and information resources and finance.



### Role of stakeholders in the Program evaluation and improvement

The faculty management ensures that the customer and stakeholders' requirements are determined and are met with the aim of enhancing customer satisfaction (see table No.5).

The stakeholders essentially include the following:

1. Medical students, Graduates, Alumni
2. Faculty Staff and supporting staff /technicians
3. Patient /Community represented by the Ministry of Health (MOH)
4. Employers: Private hospital, Medical Labs, Clinics, research centers and Government
5. Research agencies and bodies

Table (5): Customer (stakeholders) involvement of the Program evaluation and improvement

| Customers   | Areas  | Tools  | Timing   |
|---|--|--|--|
| Students  | Update and Announcement of Program Mission, graduate attributes and PLOs Surveys<br>Program Evaluation               | Student advisory board<br>Surveys<br><br>Survey<br>CES,<br>PES<br>SES<br>FES<br>Services | Once /6 years<br><br><br>End of internship<br>End of courses<br>6 <sup>th</sup> year student<br>3rd year students<br>End of internship<br>Annually |
| Staff   | Update and Announcement of Program Mission, graduate attributes and PLOs<br>Staff satisfaction<br>Program Evaluation | Focus group discussion<br>Survey<br><br>Survey<br>Councils, committees,<br>units         | Once /5 years<br>End of courses<br>Annually<br><br>Annual Survey<br>Periodic meetings  |
| Advisory committee/<br>community<br>representatives | Update and Announcement of Program Mission, graduate attributes and PLOs<br>Surveys<br>Program Evaluation            | Meeting  | Bi-annual  |
| Employers   | Graduate abilities   | Survey   | Annually   |
| Alumni  | Employment & research data   | Survey   | Annually   |
| SCFHS   | PLOs   | Published data   | Annually   |

QMS is mainly aiming to better identify and address core customer needs to achieve the highest levels of their satisfaction. Steps in applying these processes include the following:

1. Understanding customers' needs and expectations. Ensuring that all voices are heard and that representativeness is ensured, including through transparency of stakeholder selection and engagement processes;
2. Balanced approach among the different categories of stakeholders – main customers are not the only parties who have a role or an interest in the success of the program and its activities and achievements. Other interested parties who should be included are employees, funding agencies, partners, the local community, government and regulators, all who form the collective group of stakeholders, and their interest may not be the same toward all issues related to the program planning and implementation.
3. Communicating these needs and expectations throughout the college and program. This plays an important role in an effective quality management process.
4. Monitoring stakeholder's satisfaction and acting on to aid continuous improvement.
5. Building a shared understanding of quality education among stakeholders
6. Involving stakeholders in the design of quality assurance processes.
7. Ensuring clarity of expectations, roles and responsibilities for stakeholder engagement.
8. Evaluating and improving the processes of stakeholder engagement and use of their input over time.

### Program Quality Assurance Processes

The faculty believes that proper designing, implementing and continuous assessment and improvement of all of its sections and activities can guarantee high quality output. For this reason, it has recommended general guidelines and procedures in the form of quality practices in order to ensure that good practices of all sections follow the requirements of NCAAA quality expectation. The quality assurance processes follow a continuous loop as shown in figure No.2



Figure No.2: Program Quality Assurance Cycle

Emphasizing the quality of the educational process requires studying all aspects, activities and steps of the process and achieving quality in each. This requires the following:

1. Clarity and transparency of academic program with clear and accurate information to internal and external (relevant) stakeholders.
2. Defining clear and precise objectives for the academic program offered, which must be consistent with the mission of the program and which must be in accordance with the College's and university's mission.
3. Ensuring that the necessary conditions are fulfilled to achieve the objectives of the academic program effectively and continue to maintain them.
4. Ensuring that academic program learning outcomes are consistent with labor market requirements and meet community needs.

5. Ensuring that academic program meet the requirements of academic accreditation, whether these are required by the NCAAA or by international accreditation bodies (WFME).
6. Strengthening bridge of cooperation with the community, and improving the quality of services provided by the college to the community.
7. Commitment of all faculty members and their involvement in quality assurance processes, and their active participation in all activities.

### Program Quality Monitoring Procedures

The program quality Monitoring Procedures are following the principles of quality cycle (Deming quality cycle, namely Plan, do, check, act) as illustrated in the table No.6 and table No.7.

Table No.6: Program quality monitoring procedures

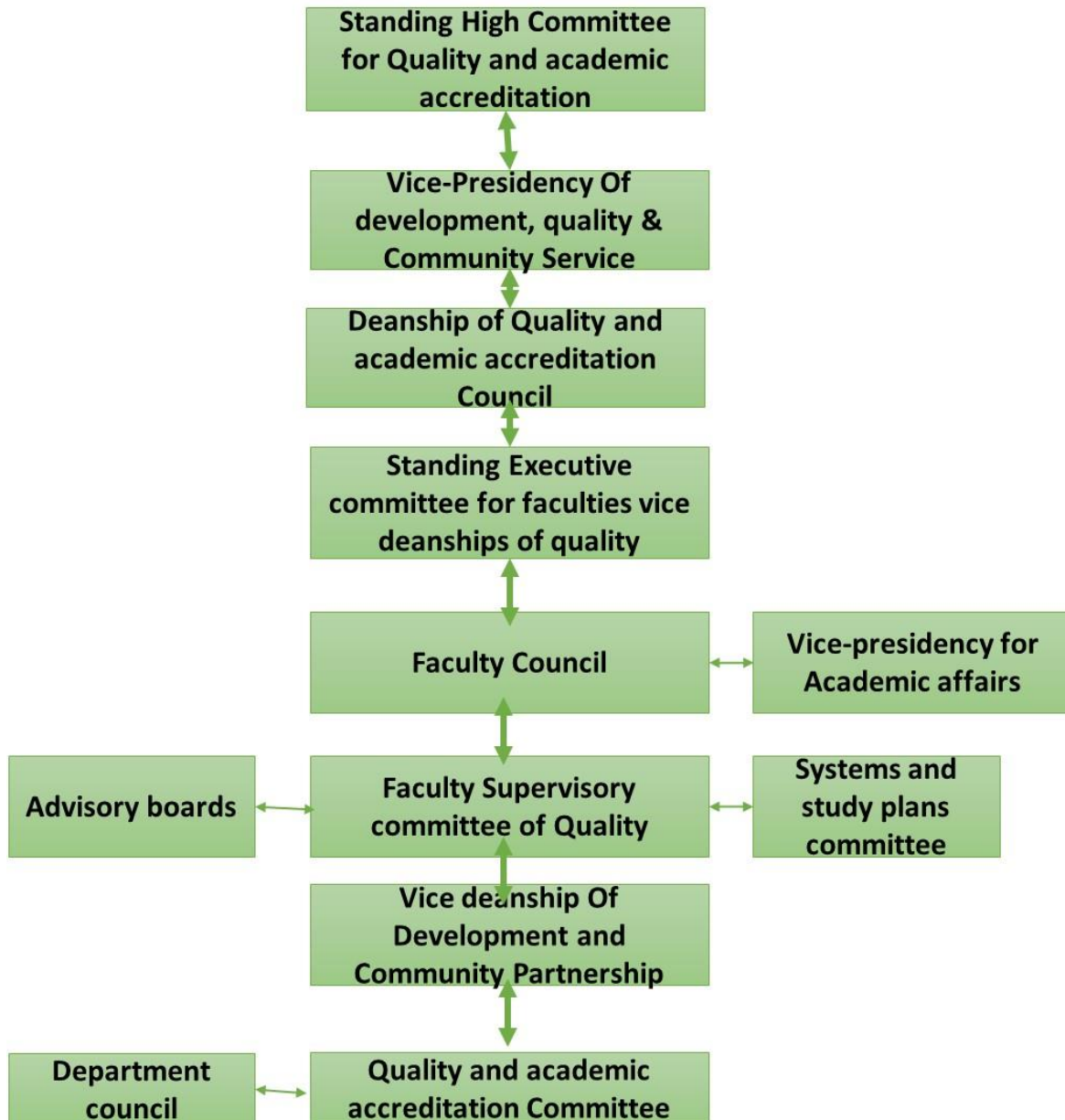
|                               | Points  | Used tools               | Elements   | Responsible                                  | Timing            |
|-------------------------------|---|--------------------------|--|--|-------------------|
| <b>Quality evaluation</b>     | Courses level   | Course report            | - Students' results<br>- CES<br>- CLOs assessment<br>- Effectiveness of teaching<br>Admin difficulties | Course committees                            | End of the course |
|                               | Units level   | Annual unit reports      | - Achievements<br>Weaknesses   | All units                                    | Annually          |
|                               | Customers   | Surveys                  | - 4 students survey<br>- Staff survey<br>- Alumni Survey<br>Employers survey<br>Indicators             | Quality unit                                 | Annually          |
|                               | Program level   | APR                      | - Course reports<br>7 types of surveys   | Program Evaluation Committee<br>Quality unit | Annually          |
| <b>Quality planning</b>       | Courses level   | Improvement actions      | Based on course report   | Course committees/de partment council        | End of the course |
|                               | Units level   | Improvement actions      | Based on annual report   | Unit heads                                   | Annually          |
|                               | Program level   | Program wide action plan | Based on APR   | Quality unit                                 | Annually          |
| <b>Quality implementation</b> | Course level, units' level and all functions are committed to implement the approved action plans |                          |  |  |                   |
| <b>Quality recheck</b>        | Courses   | Next course report       | Evaluate results of action plans   | Course committee                             | Annually          |
|                               | Program level   | Audit committee          | Evaluate results of action plans   | Quality unit and audit C.                    | Annually          |

Table No.7: Program Evaluation Matrix, tools and stakeholder's involvement

| Evaluation Areas/Aspects               | Evaluation Sources/References  | Evaluation Methods  | Evaluation Time   |
|--|--|---|---|
| Leadership                             | - Dean<br>- Faculty staff  | Academic leaders' evaluation<br>Survey  | By the end of academic year   |
| effectiveness of teaching & assessment | - PLOs measurement<br>- students, graduates<br>- Employers<br>- Saudi Commission of health specialties<br>- Peers<br><br>- Student<br><br>- Staff member | - report<br>- questionnaire<br>- questionnaire<br>- Advisory board<br>- Exam<br>- Peer course evaluation<br>- Peer teaching evaluation<br>- Lecture evaluation survey<br>- Self-evaluation survey | Annual<br>Annual<br>Periodic<br>By the end of the program                 |
| learning resources                     | - Courses/modules coordinators<br>- Students   | Interviews, survey<br>questionnaire   | By the end of academic year   |
| Students' services                     | - Students   | Questionnaire   | By the end of semester  |
| Field experience                       | - Students<br>- Supervisors<br>- Internship unit   | Questionnaire<br>Questionnaire<br>Effectiveness report  | By the end of internship<br>End of the rotation<br>By the end of the year |
| Community services                     | - Beneficiaries  | Survey  | End of the activity   |
| Overall program quality                | - <b>Advisory board</b><br>- KPIs  | Meeting<br>Report   | - Twice annually<br>- Annually  |

## The Quality System for Program Accreditation

### Quality Hierarchy in faculty of Medicine



## **Responsibilities in the quality management system of the faculty of Medicine**

### **1. Responsibility of College Dean**

Basically, the Dean has responsibility for the educational and administrative business of the faculty and its departments. Accordingly, Dean is the primary accountable officer for management and delivery of teaching and learning in their college. Dean's responsibilities include:

1. Coordinating the development of and implementing the college's Vision, Mission and Goals.
2. Leading college efforts towards achieving college and university goals.
3. Developing a college budget.
4. Leading and coordinating college strategic planning and curriculum development.
5. Supervising, evaluating, and supporting Departments in a manner that promotes excellence in instruction, scholarly and creative productivity, and service.
6. Leading and coordinating the governance of the college.
7. Leading the processes of college administrator selection and overseeing the processes of faculty and staff selection and retention.
8. Coordinating the professional development of college administrators and staff.
9. Evaluating college administrators and staff.
10. Evaluating Department Chairpersons with Departmental faculty and staff.
11. Evaluating overall Departmental productivity in teaching and learning, research, and service responsibilities.
12. Advising the University manager on University policies and procedures.

### **2. Responsibilities of the Vice Dean of development and community partnership**

1. Follow up the implementation of the plan to spread the culture of quality and academic accreditation in the program.
2. Study the training needs of the employees of the academic program regarding to quality and academic accreditation, sent by the program's quality executive Committee.
3. Follow up the preparation and implementation of strategic and operational plans of quality.
4. Follow up the preparation of courses and program specifications and reports and submit them to the Supervisory Committee for Quality in the College.
5. Following up on the program's fulfillment of the program's eligibility requirements for program accreditation issued by NCAAA and submit them to the Supervisory Committee for Quality in the College.

6. Following up the program (KPIs) and benchmarking and submitting them to the Supervisory Committee for Quality in the College.
7. Follow up the preparation of the initial self-evaluation scales and submit them to the Supervisory Committee for Quality in the College.
8. Follow up on preparing the report of the initial self-evaluation study of the program and submit it to the Supervisory Committee for Quality in the College.
9. Follow up the implementation of the recommendations of the supervisory committee for quality in the college.

### **3. Responsibilities of the College Quality Unit's Head**

The Quality Unit Coordinator in the college provides a comprehensive and efficient administrative support service to the Vice Dean (Quality Affairs) of the College. Main responsibilities are:

1. Assist the College Vice Dean for Development with planning, implementing and monitoring of quality within the college.
2. Assist the Vice Dean for Development to ensure the efficient implementation and monitoring of the teaching and learning observation process.
3. Develop quality improvement systems and processes in order to continuously improve standards of teaching and learning, student success rates and the overall quality of the learner experience
4. Support the planning, organization and delivery of a comprehensive range of staff development activities and ensure these activities are thoroughly tracked, monitored and evaluated.
5. To participate in the College's Professional Development Review process.
6. Participate in any College staff review/ performance management processes involving the identifying and meeting of training needs for self and others.
7. Administer the implementation of NCAAA quality assurance and performance improvement systems and processes in line with NBU operational and strategic objectives.
8. Share in develop the College Strategic plan, Annual College report, ensuring that the latest NCAAA template for all quality practices in Programs and College are used in the right way.
9. Provide documents and evidence for Program accreditation based on NCAAA and/ or other related accreditation bodies (mainly, program specification, course specification, course report, program report, Self-Evaluation Scales of the Program (SESP) and the Self-Study Report of the Program (SSRP).



#### 4. Program Quality and Academic Accreditation Committee

The executive committee for quality and academic accreditation is formed in every academic program in the college by the dean of the college, based on the direction of the vice dean / coordinator / representative of quality in the college. The committee is formed under the head of the faculty quality and accreditation and the membership of:

1. (3-5) faculty members who represent all subspecialties in the program (if any).
2. Two students (invitation as required in the disused topics)
3. Two from the local community (invitation as required in the disused topics)

#### Duties of the Program Quality and Academic Accreditation Committee

1. Promote and spread a culture of quality among all program employees.
2. Determining the training needs of the program's employees in relation to quality and academic accreditation.
3. Preparing and implementing strategic and operational plans for quality in the program.
4. Preparing course and program descriptions according to the templates of the National Center for Assessment and Academic Accreditation.
5. Preparing program reports and decisions according to the templates of the National Center for Assessment and Academic Accreditation.
6. Preparing course files in the program and working on updating them continuously (Course File).
7. Fulfill the requirements for qualification for program accreditation issued by the National Center for Assessment and Academic Accreditation.
8. Providing performance indicators (KPIs) and benchmarks for the program according to the National Center for Assessment and Academic Accreditation templates.
9. Preparing the initial self-evaluation measures for the program and providing evidences.
10. Preparing the report of the initial self-evaluation study for the program according to the National Center for Assessment and Academic Accreditation templates.
11. Submitting periodic reports and work related to quality and academic accreditation to the Vice dean / Coordinator / Representative of the Deanship for Quality and Academic Accreditation.
12. Carrying out any other work and tasks within the scope and powers of work.

### Work procedure of the Program Quality and Academic Accreditation Committee

1. Preparing a plan to spread the culture of the program quality and academic accreditation, including holding a set of meetings, training programs, workshops, and other methods.
2. Determining the training needs of the employees of the academic program in relation to quality and academic accreditation.
3. Work on preparing and implementing strategic and operational plans for quality in the program.
4. Fulfilling the courses and program specification forms and submitting them to the department council according to the templates of the NCAAA to make observations and make recommendations, then submit them to the vice dean of quality and development
5. Work to complete the program reports and submit them to the department council according to the templates of NCAAA to make observations and make recommendations about them, then submit them to the the vice dean of quality and development
6. Providing the program for the requirements for qualification for program accreditation issued by the NCAAA.
7. Fulfill the program (KPIs) and benchmarks according to the models of the NCAAA.
8. Preparing the primary self-evaluation scales for the program, providing evidence, in accordance with the templates of NCAAA.
9. Writing the report of the initial self-evaluation study of the program according to the templates of NCAAA.
10. Submit periodic reports related to quality and academic accreditation to the Vice Dean / Coordinator / Representative of the Deanship for Quality and Academic Accreditation.

### 5. The Supervisory Committee for Quality in the College

The supervisory committee for quality in the college is formed by the dean of the college as follows:

|   |                        |
|---|------------------------|
| • Dean of the College   | President              |
| • Vice Dean / Coordinator / Representative of the College for Quality | Vice President         |
| • Vice Dean for Academic Affairs                                      | Member                 |
| • Vice Dean of the faculty  | Member                 |
| • Vice Dean for the Female Section                                    | Member                 |
| • Two experienced faculty members                                     | Member                 |
| Two student representatives (boys and girls)                          | Invitation as required |
| • Two representatives from the local community                        | Invitation as required |

### **Tasks of the Supervisory Committee for Quality in the College:**

1. Approval of the training needs of the employees of the academic program and send it to the college council for approval
2. Supervising the implementation of the strategic and operational plans for quality in the college.
3. Proposing the formation of quality and accreditation committees and working groups for the college and its various programs.
4. Approval of the course and program specification and reports and send it to the faculty systems and study plans committee
5. Ensure that the program meets the requirements to qualify for program accreditation.
6. Adopting the initial self-evaluation measures and providing evidence.
7. Approving the reports of program performance indicators (KPIs) and benchmarking.
8. Approval of the report of the study of the initial self-evaluation of the program.

### **Procedures for the work of the supervisory committee for quality in the college**

1. Approving the training needs of the employees of the academic program in relation to quality and academic accreditation sent by the Vice dean/ Coordinator / Representative of the College for Quality and submitting it to the College council.
2. Supervising the implementation of the strategic and operational plans for quality in the college and submitting the related periodic reports to the college council.
3. Approval of the course and program description and sent by the vice dean / coordinator / representative of quality in the college and submit them to the college council. .
4. Approval of the program and decisions reports sent by the vice dean / coordinator / representative of quality in the college and submit them to the college council.
5. Ensure that the program meets the requirements to qualify for program accreditation and submit them to the College council.
6. Approving the initial self-evaluation measures, providing evidences, and submitting them to the College council.
7. Approving the reports of program performance indicators (KPIs) and benchmarking and submitting them to the College council.
8. Approving the report of studying the initial self-evaluation of the program and submitting it to the College council.

## 6. The faculty systems and study plans committee

- A committee is formed at the college level to review the academic programs of Bachelor of Medicine and Bachelor of Surgery, and the committee includes in its membership each of:
  - Vice Dean for Academic Affairs
  - College Vice Dean for Development and Community Partnership.
  - Head of the College Quality Unit.
  - Representative of all specialties included in the program (The nominated member shall have scientific competencies and distinguished experiences in the field of building academic programs and developing study plans).
  - It is permissible to join the committee membership of one of the distinguished members in the field of building study plans from outside the college, based on a nomination from the college council.
- The members of the committee choose in their first meeting a chairperson and secretary of the committee. It is preferable that the Vice-Dean for Academic Affairs be chair of the committee.)
- The Dean of the College issues a decision to form the committee for a renewable one-year period, and provides the Systems and Study Plans Unit at the university with a copy of the decision.
- The committee holds its meetings periodically.
- The head of the committee is responsible for coordination with the members of the committee and the study systems and plans unit at the university to know the requirements and procedures specified by the Standing Committee for Study Systems and Plans in everything related to the design and development of study plans and academic programs.
- The committee has the right to seek the assistance of specialized experts from outside the college or from outside the university as needed after completing the procedures followed in this regard.

### **The tasks of the faculty systems and study plans committee**

Continuous coordination with the Study Systems and Plans Unit at the university in everything related to the design and development of study plans and academic programs.

1. Review the study plans and their outputs, and determine their compatibility with both the labor market requirements and the standards of the NCAAA, before being approved by the College Council.
2. Organizing meetings and workshops with the beneficiaries inside or outside the university, in coordination with the college administration.
3. The committee studies and discusses practical (field) training mechanisms at the college level (if any), to achieve the goals and outputs of the program
4. Study all proposals submitted to it to improve the quality of study programs in the college and complete the necessary procedures in this regard.
5. Providing opinion and advice in everything that would improve the quality of academic programs in the college.
6. Other tasks referred to it in this regard by the Dean of the College or the University Vice Presidency for Academic Affairs.

## 7. Faculty Advisory Board

It is an advisory body for the college or academic programs, which represents the link between higher education institutions and their academic programs with public and private sector institutions benefiting from the university's graduates

### **The process and criteria for the formation of advisory boards of colleges:**

The dean proposes the members of the Advisory Board of the College and these members are approved by the faculty council and a copy of the minutes of the College Council is sent after its adoption by the President of the University to the vice president of the academic affairs to be to be discussed by the permanent Committee of the Systems and Study Plans, and then submitted to the University Council for final approval.

### **Members of the advisory board:**

- Dean of the College (Chairman of the Council).
- College vice dean.
- Three members (at least) from recruitment/professional/specialized bodies.
- Three faculty members with experience in the field of specialization.
- members of the college (and must represent the two parts of the students).
- The secretary of the Council will be selected from among the members at the first meeting of the Council.

### **The tasks of the advisory councils**

1. Discuss the educational objectives of the program and express their opinions on its compatibility with the needs of the labor market and accreditation bodies.
2. Submit proposals for the development of academic programs according to the need of the labor market in light of the Kingdom's vision, 2030 and academic and professional standards.
3. Review the outputs of learning academic programs to express their compatibility with the message/objectives of the programs/ graduates attributes/labour market needs and employment destinations/national and international academic accreditation bodies/professional standards.
4. Suggesting sources for financial support for colleges and their academic programs.
5. Discuss ways to for partnership between the college/academic programs with the local, regional and international community.
6. Assessing the strengths and priorities of improvement for academic programs in the context of each program's mission and educational objectives by discussing the annual report of the program.

7. Make recommendations to all departments to bridge the gap between academic and professional practices.
8. Review student performance compared to targeted educational outcomes from the point of view of beneficiaries/skills required by the labor market, which contribute to improving and developing teaching strategies, assessment methods and extracurricular activities of academic programs.
9. Contribute to the proposal of mechanisms of cooperation and coordination between academic departments and private and public sector institutions by providing opportunities for the program students for practical training/field training/excellence/scientific visits.
10. Strategic planning processes that are referred to the Faculty councils by the Dean of the College.
11. Contribute to the mentoring and career guidance processes of graduates of academic programs through seminars, workshops, or lectures.

**The process of meetings of advisory councils.**

1. The Council holds its meetings at the invitation of its President at least once in the semester, or if necessary to discuss any developments in academic programs or colleges.
2. The Advisory Board is reconstituted every two academic years.
3. Documenting the minutes of the meetings of the advisory councils according to (Model M.A.) and submit it to the faculty council to discuss the necessary recommendations.
4. The recommendations of the advisory councils are proposals that the academic/college department has the right to achieve and meet its requirements in accordance with action plans or not to take them and deal with them according to appropriate reasons and justifications.
5. At the end of the advisory board session, board members are awarded a certificate of appreciation.
6. The University pays the costs of transportation and hosting for members of the Advisory Board from outside the northern border area

## 8. Faculty Council

### Tasks of the College Council related to quality work:

1. Supervising the progress of quality work and academic accreditation in the various college programs.
2. Raising the training needs of the employees of the academic program about quality and academic accreditation sent by the supervisory committee of the college to the permanent executive committee of the quality and academic accreditation vice deans in the colleges.
3. Approving the executive plans to obtain programmatic academic accreditation sent by the Supervisory Committee for Quality and Academic Accreditation in preparation for sending it to the University Agency for Academic Affairs and then submitting it to the Permanent Executive Committee for Quality and Academic Accreditation Vice Deans in the colleges.
4. Raise the formation of quality and academic accreditation committees and teams for the faculty and its various programs to the permanent executive committee of the quality and academic accreditation vice deans in the colleges.
5. Upload the descriptions of courses and programs to the University Agency for Academic Affairs and to the Permanent Executive Committee of the Quality and Academic Accreditation Vice Deans in the colleges.
6. Submit programs and decisions reports to the University Vice Presidency for Academic Affairs and to the Permanent Executive Committee of the Quality and Academic Accreditation Vice Deans in the colleges.
7. Submit the list of requirements for eligibility for program accreditation to the University Vice Presidency for Academic Affairs and to the Permanent Executive Committee for Quality and Academic Accreditation Vice Deans in the colleges. .
8. Submitting the reports of program performance indicators (KPIs) and benchmarking to the University Vice Presidency for Academic Affairs and to the permanent executive committee for quality and academic accreditation vice deans in colleges.
9. Submitting the initial self-evaluation scales and evidences to the University Vice Presidency for Academic Affairs and to the Permanent Executive Committee for Quality and Academic Accreditation Vice Deans in the colleges.
10. Submitting the report of the initial self-evaluation study of the program to the University Vice Presidency for Academic Affairs and to the Permanent Executive Committee of the Quality and Academic Accreditation Vice Deans in the colleges.

11. The role of the college council in supporting the college's study plans and systems committee

- Follow up the preparation and development of study plans.
- Discussing the reports of the College Systems Committee and study plans.
- Settling any disagreement between the study plans and systems committee in the college and the scientific departments.
- Settling any dispute between the department's systems and study plans committee and the department council.
- Recommending the approval of study plans and submitting them to the Standing Committee for Study Systems and Plans.



## Program performance indicators

Performance indicators are important tools for assessing the quality of the program and monitoring its performance. Specific KPIs approved by the National Center for Assessment and Academic Accreditation (for the academic program)

The National Authority system requires the use of academic programs for 70% of the key performance indicators listed below (17 KPIs). The KPIs should be calculated at least once every academic year. They contribute to continuous development processes and decision-making support. The NCAAA has identified 17 key performance indicators at the program level. All of which are in line with the evolving program accreditation standards. These indicators are the minimum to be periodically measured, and the academic program can use additional performance indicators if it believes they are necessary to ensure the quality of the program.

### 1. Levels of Each KPI

It is expected that the program measures the KPIs with benchmarking using the appropriate tools, such as (Surveys, Statistical data, etc.) according to the nature and objective of each indicator, as well as determining the following levels for each indicator:

#### 1.1. Actual performance

Refers to the finding outcome determined when the KPI is measured or calculated. It represents the actual reality of the present situation. For example, if the actual "student to teacher ratio" is determined to be 24:1 it is the finding benchmark. A finding benchmark is also an internal benchmark.

#### 1.2. Targeted performance level:

Refers to the anticipated performance level or desired outcome (goal or aim) for a KPI. .

#### 1.3. Internal reference (Internal benchmark):

Refer to benchmarks that are based on information from inside the program or institution. Internal benchmarks include target or finding benchmark data results from previous years.

#### 1.4. External reference (External benchmark)

Refer to benchmarks from similar programs that are outside the institution.

#### 1.5. New target performance level

Refers to the establishment of a new or desired performance level or goal for the KPI that is based on the outcome of the KPI analysis.

**2. KPI Analysis:** Refers to a comparison and contrast of the benchmarks to determine strengths and recommendations for improvement. This is sometimes called "benchmarking."

### 3. Selection of KPIs based on: 2.1. NCAAA Program KPIs

A report describing and analyzing the results of each indicator (including: performance changes and

comparisons according to sites and gender) is expected with a precise and objective identification of strengths and aspects that need improvement. The list of program KPIs that released by NCAAA 2020 stated in table No.8.

Table No8. NCAAA Program KPIs

| Standard                          | Code     | KPIs   | Description  |
|-----------------------------------|----------|--|--|
| 1. Standard Mission & Goals       | KPI-P-01 | Percentage of achieved indicators of the program operational plan objectives | Percentage of performance indicators of the operational plan objectives of the program that achieved the targeted annual level to the total number of indicators targeted for these objectives in the same year          |
| Standard 3: Teaching and Learning | KPI-P-02 | Students' Evaluation of quality of learning experience in the program        | Average of overall rating of final year students for the quality of learning experience in the program on a five-point scale in an annual survey   |
|                                   | KPI-P-03 | Students' evaluation of the quality of the courses                           | Average students overall rating for the quality of courses on a five-point scale in an annual survey   |
|                                   | KPI-P-04 | Completion rate  | Proportion of undergraduate students who completed the program in minimum time in each cohort  |
|                                   | KPI-P-05 | First-year students retention rate   | Percentage of first-year undergraduate students who continue at the program the next year to the total number of first-year students in the same year  |
|                                   | KPI-P-06 | Students' performance in the professional and/or national examinations       | Percentage of students or graduates who were successful in the professional and / or national examinations, or their score average and median (if any)   |
| Standard 4: Students              | KPI-P-07 | Graduates' employability and enrolment in postgraduate programs              | Percentage of graduates from the program who within a year of graduation were: employed or enrolled in postgraduate programs during the first year of their graduation to the total number of graduates in the same year |

| Standard                         | Code      | KPIs   | Description  |
|----------------------------------|-----------|--|--|
| Standard 5:<br>Teaching<br>staff | KPI-P-08  | Average number of students in the class                    | Average number of students per class (in each teaching session/activity: lecture, small group, tutorial, laboratory or clinical session)   |
|                                  | KPI-P-09  | Employers' evaluation of the program graduates proficiency | Average of overall rating of employers for the proficiency of the program graduates on a five-point scale in an annual survey  |
|                                  | KPI-P-010 | Students' satisfaction with the offered services           | Average of students' satisfaction rate with the various services offered by the program (restaurants, transportation, sports facilities, academic advising, ...) on a five-point scale in an annual survey                           |
|                                  | KPI-P-011 | Ratio of students to teaching staff                        | Ratio of the total number of students to the total number of full-time and fulltime equivalent teaching staff in the program   |
|                                  | KPI-P-012 | Percentage of teaching staff distribution                  | Percentage of teaching staff distribution based on:<br>Gender<br>Branches<br>Academic Ranking  |
|                                  | KPI-P-013 | Proportion of teaching staff leaving the program           | Proportion of teaching staff leaving the program annually for reasons other than age retirement to the total number of teaching staff.   |
|                                  | KPI-P-014 | Percentage of publications of faculty members              | Percentage of full-time faculty members who published at least one research during the year to total faculty members in the program  |
|                                  | KPI-P-015 | Rate of published research per faculty member              | The average number of refereed and/or published research per each faculty member during the year (total number of refereed and/or published research to the total number of full-time or equivalent faculty members during the year) |

| Standard  | Code      | KPIs   | Description   |
|---|-----------|--|---|
|   | KPI-P-016 | Citations rate in refereed journals per faculty member                 | The average number of citations in refereed journals from published research per faculty member in the program (total number of citations in refereed journals from published research for full-time or equivalent faculty members to the total research published) |
| Standard 6: Learning Resources, Facilities, and Equipment | KPI-P-017 | Satisfaction of beneficiaries with the learning resources              | Average of beneficiaries' satisfaction rate with the adequacy and diversity of learning resources (references, journals, databases... etc.) on a five-point scale in an annual survey.  |
| Community Services  | NBU-MD-01 | Percent of students participating in community service events          | Community Service and Students' Activities Committee Reports  |
|   | NBU-MD-01 | Proportion of teaching staff participating in community service events | Community Service and Students' Activities Committee Reports  |
|   | NBU-MD-01 | Annual numbers of community service beneficiaries                      | Community Service and Students' Activities Committee Reports  |

### **Benchmarking**

The essence of benchmarking is the continuous process of comparing a company's strategy, products, processes with those of the world leaders and best-in-class organizations. The purpose is to learn how they achieved excellence, and then setting out to match and even surpass it. The NBU justification lies partly in the question: "Why reinvent the wheel if I can learn from someone who has already done it?" However, Benchmarking is not a panacea that can replace all other quality efforts or management processes.

It can be defined as a standard tool for the competitive evaluation and comparison of competing systems or components according to specific characteristics, such as performance, dependability, or security.

## 1. Benefits of Benchmarking

What benefits have been achieved by the organizations / institutions that have successfully completed their benchmarking programs? These are the sets of benefits:

### 1.1. Cultural Change:

Benchmarking allows organizations to set realistic, rigorous new performance targets, and this process helps convince people of the credibility of these targets. It helps people to understand that there are other organizations who know and do job better than their own organization.

### 1.2. Performance Improvement:

Benchmarking allows the program to define specific gaps in performance and to select the processes to improve. These gaps provide objectives and action plans for improvement at all levels of organization and promote improved performance for individual and group participants.

### 1.3. Human Resources:

Benchmarking provides basis for training. Employees begin to see gap between what they are doing and what best-in-class are doing. Closing the gap points out the need of personnel to be trained to learn techniques of problem solving and process improvement.

## 2. Benchmarking Model

Program that benchmark, adapt the process to best fit their own needs and culture.

### 2.1. Benchmarking Steps

Although number of steps in the process may vary from program to another, the following six steps contain the core techniques:

- 2.1.1. Decide what to benchmark.
- 2.1.2. Understand the current performance of your organization.
- 2.1.3. Do proper planning of what, how and when of benchmarking endeavor.
- 2.1.4. Study others well (the practices or system you wish to benchmark). 5
- 2.1.5. Gather data and learn from it.
- 2.1.6. Use the findings

### 2.2. Basic Benchmarking Methodology

- 2.2.1. Plan:
  - 2.2.1.1. What to benchmark?
    - Identify critical processes.
    - Collect internal data for comparison (how measure performance; Understand strengths and weaknesses of current process).
  - 2.2.1.2. Who to benchmark?

Internal Units (comparison within an institution).

Other Colleges and Universities (comparison across institutions).

Functional Comparisons (across diverse settings - higher education, corporate, industry, etc.).

Best in Class (compare with exceptional performers).

#### 2.2.2. Analyze:

2.2.2.1. Collect data: Collect comparative data (qualitative/ quantitative).

Calls, surveys, site visits, interviews, review of websites.

Systematic collection.

2.2.2.2. Analyze data: Gap between performance (Are others better? Why are they better?). New strategies/ practices for adoption (What practices could we adapt and adopt?).

#### 2.2.3. Act:

2.2.3.1. Implement improvements: Action plan for change.

2.2.3.2. Implement changes.

2.2.3.3. Measure results for effectiveness.

### **Questionnaires prescribed by the NCAAA**

1. Program evaluation survey (students of the last level of the program).
2. Course evaluation survey.
3. Student experience survey
4. Graduate survey, which includes (alumni's opinion about the graduate's characteristics, program learning outcomes, field experience, and extra- curricular activities).
5. Satisfaction survey for employers about graduate characteristics and academic program learning outcomes.
6. Survey related to students 'achievement of learning outcomes for periods of field experience in practical courses or that contain practical periods / fieldexperience.

The program evaluation survey, course evaluation survey and the student experience survey are available on the banner system to be filled by students at the end of each semester. They are analysed by the measurement and evaluation unit at the Deanship of Quality and Academic Accreditation.



## Procedures for developing curricula for an existing academic program

The academic program must be carefully designed and periodically reviewed upon its introduction or development, as well as the academic courses, so that there is no need for modification or change in the academic program or its academic curricula after approval by the University Council, and this shall be minimal. The following procedures must be followed to approve the development of an existing course:

1. A faculty member submits a request to the head of the department with his desire to develop the course, explaining this development, provided that the course report is attached according to the forms of the NCAAA.
2. The department head council discuss the proposed development and submit it to the executive committee of quality and academic accreditation after approval of the department minutes by the dean.
3. The change is submitted to the executive committee for quality and accreditation to be discussed and the final decision is submitted to the supervisory committee.
4. The supervisory committee will approval the changes and submit it to the appropriate committees for approval as shown in table (9). According to the level of changes.

Table (9): The authority of amendment on academic programs

| No | The proposed amendment  | Modification type |       | Department Council | Faculty Council | The Standing Committee for Study Systems and Plans, | University Council |
|----|---|-------------------|-------|--------------------|-----------------|---|--------------------|
|    |   | Slight            | Major |                    |                 |   |                    |
| 1  | Changing the name of the academic program                                       |                   | √     | √                  | √               | √   | √                  |
| 2  | A change in the number of units approved for the academic program               |                   | √     | √                  | √               | √   | √                  |
| 3  | Relative redistribution of credit hours between compulsory and elective courses |                   | √     | √                  | √               | √   | √                  |
| 4  | Add or delete a track from the academic program                                 |                   | √     | √                  | √               | √   | √                  |
| 5  | Changing the Teaching language of the academic program                          |                   | √     | √                  | √               | √   | √                  |
| 6  | Changing the academic program graduates attributes                              |                   | √     | √                  | √               | √   | √                  |



| No | The proposed amendment   | Modification type |       | Department Council | Faculty Council | The Standing Committee for Study Systems and Plans, | University Council |
|----|--|-------------------|-------|--------------------|-----------------|---|--------------------|
|    |  | Slight            | Major |                    |                 |   |                    |
| 7  | Changing the learning outcomes of the academic program   |                   | √     | √                  | √               | √   | √                  |
| 8  | Changing course learning outcomes by more than 20% of the academic program courses   |                   | √     | √                  | √               | √   | √                  |
| 9  | Change the name of the course  | √                 |       | √                  | √               | √   |                    |
| 10 | Change a course  | √                 |       | √                  | √               | √   |                    |
| 11 | Changing the semester in which the course is offered   | √                 |       | √                  | √               | √   |                    |
| 12 | Change the pre-requisite / concurrent to the course  | √                 |       | √                  | √               | √   |                    |
| 13 | Change of contact hours for the course   | √                 |       | √                  | √               | √   |                    |
| 14 | Change admission requirements for the academic program.  | √                 |       | √                  | √               | √   |                    |
| 15 | Changing the compulsory course to an optional course or vice versa without changing the number of units approved for the course. | √                 |       | √                  | √               | √   |                    |
| 16 | Adding / deleting / modifying elective courses.  | √                 |       | √                  | √               | √   |                    |
| 17 | Change in the teaching strategies used, whether at the course or program level.  | √                 |       | √                  | √               |   |                    |
| 18 | Change in evaluation methods, whether at the course or program level.  | √                 |       | √                  | √               |   |                    |
| 19 | Change in the distribution of Assessment scores according to the evaluation methods used at the course level.                    | √                 |       | √                  | √               |   |                    |
| 20 | Change in the timing of assessment at the course level.  | √                 |       | √                  | √               |   |                    |
|    | Changing the course content by no more than 20%, in a manner that does not affect the learning outcomes of the academic          | √                 |       | √                  | √               |   |                    |

| No | The proposed amendment                               | Modification type |       | Department Council | Faculty Council | The Standing Committee for Study Systems and Plans, | University Council |
|----|--|-------------------|-------|--------------------|-----------------|---|--------------------|
|    |  | Slight            | Major |                    |                 |   |                    |
| 21 | program.   |                   |       |                    |                 |   |                    |
| 22 | Change references /learning resources forthe course. | √                 |       | √                  | √               |   |                    |

### Procedures for periodic review of academic programs

1. The dean directs the college's study systems and plans committee to conduct a comprehensive periodic evaluation of the existing program of bachelor of Medicine and Surgery every 6 years.
2. The Committee undertakes the following:
  - a. Review annual program reports, course reports and field experience reports prepared according to the National Center for Academic Accreditation and Assessment forms.
  - b. Evaluating the extent to which the graduate's characteristics are achieved
  - c. The extent to which the intended learning outcomes of the program are achieved
  - d. Preparing a report on the general level of quality in the program
  - e. Identifying strengths and weaknesses
  - f. Preparing a plan to improve the weaknesses of the program
  - g. Analyzing performance indicators for each program, studying students' progress in the programs, their completion rates, and student evaluations of courses and programs.
  - h. Reviewing the analyzes of the questionnaires on the satisfaction of the beneficiaries of the programs and other various questionnaires and summarizing the lessons learned from the feedback from the beneficiaries.
3. The college's study systems and plans committee prepare a report that ends with recommendations explaining:
  - a. The need for the existing academic program to be developed
  - b. Lack of an urgent need to develop the existing study program
4. In case of a recommendation to develop the existing study program, the report is presented to the faculty Council for discussion and the appropriate recommendation is taken.
5. In case that the College Council approves the development of the program and after the approval of His Excellency the University President on the minutes, a letter from the Dean of the College shall be submitted to the Vice Rector for Academic Affairs and attached to it:
  - a. Report of the college's Study Plans and Systems Committee, which contains all the evidence and evidence related to the need to develop the academic program
  - b. Minutes of the College Council

- c. Approval of His Excellency the University President on the transcript
6. The Vice-president for Academic Affairs refers the topic of developing the academic program and all its attachments to the university's internal review team to review the program's specification and course specification and prepare a report with recommendations according to Form (5).
  7. The report of the internal review team is sent to His Excellency the Vice- President for Academic Affairs or the Dean of Graduate Studies for a letter to the relevant scientific department to fulfill the recommendations of the internal review team, and to re-send the entire transaction to the University vice presidency for Academic Affairs or to the Deanship of Graduate Studies in the case of postgraduate programs.
  8. In case that it is certain that all procedures are completed, the topic is presented to the Standing Committee for Study Systems and Plans to take the appropriate recommendation.
  9. In case that the Standing Committee for Study Systems and Plans recommends approving the development / modification of the academic program, an executive letter of the committee's recommendation is sent to the faculty and the concerned department to take appropriate measures to develop/ amend the program according to the detailed levels of development of curricula shown in table (9).

To achieve consistency with the requirements and standards of the Saudi Qualifications Framework (SAQF), and to meet the requirements for meeting quality assurance and national academic accreditation standards, Northern Border University approved two main mechanisms for evaluating its academic programs:

- (1) direct evaluation mechanisms
- (2) indirect evaluation mechanisms.

### **1. Direct evaluation**

It includes and multiple methods and processes of evaluation and direct measurement to measure the characteristics of graduates and learning outcomes of academic programs and all its decisions, including the decisions of graduation projects, the research project or the scientific thesis, field experience / excellence, and varies with reference to its association with the learning outcomes of the decisions of each program, the most important of which are: written and practical tests, and evaluation of students in laboratories or clinics in medical or health specialties, training periods for field experience or internship, oral examinations, graduation research projects, case studies, and training in clinics for medical or health specialties.

### **2. Indirect evaluation**

The indirect evaluation and measurement methods and processes include evaluating the program's

learning outcomes by polling the beneficiaries of the university's programs, the most important of which are: students' opinion at the last level before their graduation from academic programs, and students' view of learning outcomes, evaluation methods and teaching strategies at the end of each course. Likewise, student opinion surveys in the field experience training period / internship / graduation project / clinic training for medical or health specialties / laboratory experiments and case studies of some courses on learning outcomes during these periods are among the most important methods of verifying the achievement of learning outcomes in academic programs. Sample questionnaires have been added. As a supplement with this guide.

In order to achieve and meet the requirements for national program accreditation with regard to indirect evaluation methods, the Development and Quality Agency at the university, through the Deanship of Quality and Academic Accreditation, provided several questionnaires to survey the opinions of the beneficiaries of the university's programs, the analysis of which will contribute to reviewing the characteristics and outcomes of students' learning in it, including:

1. Program evaluation questionnaire (students of the last level of the program).
2. Course evaluation questionnaire.
3. Student experience questionnaire
4. Graduate questionnaire, which includes (alumni's opinion about the graduate's characteristics, program learning outcomes, field experience, and extra-curricular activities).
5. Satisfaction questionnaire for employers and employees about graduate characteristics and academic program learning outcomes.
6. Questionnaires related to students' achievement of learning outcomes for periods of field experience in practical courses or that contain practical periods / field experience.

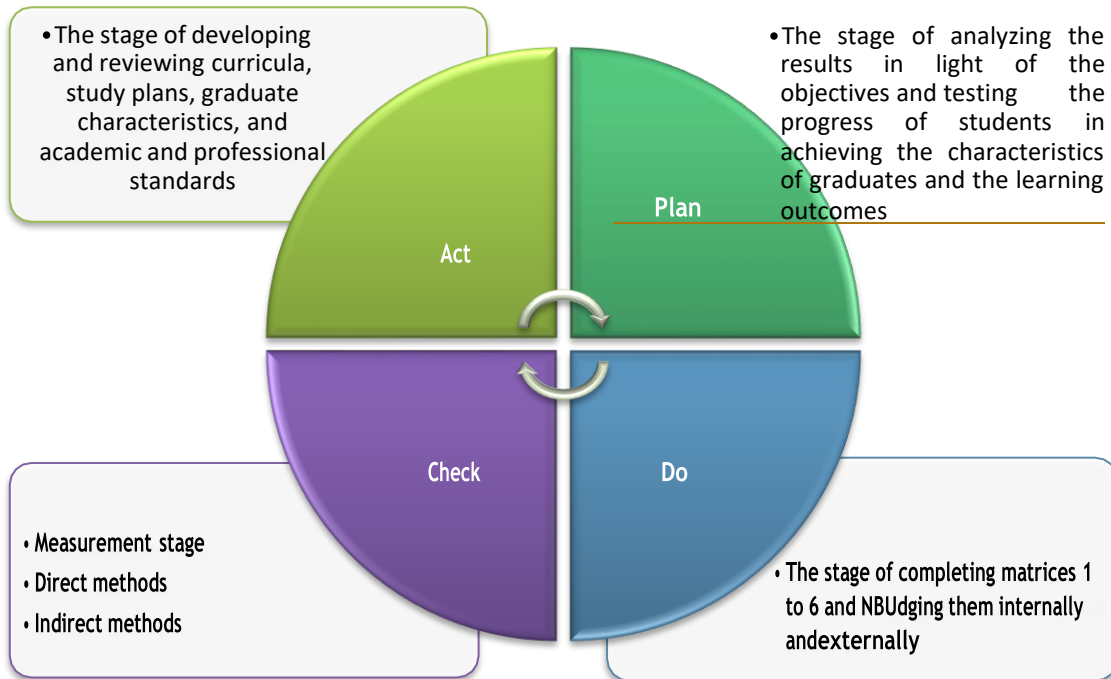


Figure 19. Summary of evaluation cycle at Northern Border University

## **Procedures for establishing or restructuring a new department**

### **Procedures for establishing or restructuring a new college or department:**

The procedures for requesting the establishment of a department or its restructuring in the university, whether merging some departments or colleges with each other, canceling them, or replacing some departments with other new ones, include a comprehensive study of the labor market need for the outputs of these colleges or proposed departments, as well as knowledge of the economic and financial feasibility of establishing them.

In view of the importance of preparing a study and comprehensive information on this topic, a specialized committee shall be formed whose task is to prepare a comprehensive study to request the establishment or restructuring of a new college or department at the university, provided that the importance of the required study in this regard includes the following:

1. Demonstrate the importance and NBU and faculty satisfactions for requesting the establishment or restructuring of a new department in the university, and that it be compatible with the development dimensions and the basic pillars contained in the Kingdom's Vision 2030, and that this should be clearly demonstrated in the study.
2. When submitting the study on the establishment or restructuring of the new departments, the committee takes into account the reference to what exists in other Saudi universities by clarifying the number of similar departments and their names and the names of their universities.
3. The committee shall prepare a study in coordination with the authorities concerned with the labor market, especially the Ministry of Labor and the Ministry of Human Resources and Social Development, regarding its recommendations related to establishing new departments, and attach evidence of this coordination.
4. The study should include an appropriate benchmarking report to benefit from faculties or departments in prestigious national and international universities.
5. The importance of reviewing the Saudi classification of educational levels and specializations based on the International Classification (ISCED), and the classification of the Ministry of Advanced Education.
6. Study the human and material capabilities available and required to establish or restructure a new college or department in the university in coordination with the authorities responsible for that at the university.
7. The specialized committee prepares a report that ends with recommendations clarifying:
8. The need to establish or restructure a new college or department in the university.
9. The absence of an urgent need to establish or restructure a new college or department at the university.
10. Presenting the topic to the college council in the event of establishing a new department or

restructuring departments in the college. In the event that a college is established, the topic is referred directly to the permanent committee for study systems and plans (or the Council of the Deanship of Graduate Studies in the case of postgraduate programs) at the university from the relevant committee.

11. In the event that the College Council approves, and the transcript is approved by His Excellency the President of the University, the Dean of the College raises a letter to His Excellency the Vice President for Academic Affairs (or the Dean of Postgraduate Studies in the case of postgraduate programs) and includes the following attachments: -
12. A scientific department creation form and its attachments (Form (2)).
13. The report of the specialized committee and its recommendations in accordance with the previous requirements (items 1-6).
14. Minutes of the College Council.
15. Approval of His Excellency the President of the University on the minutes of the College Council.
16. His Excellency the University Vice President for Academic Affairs refers the topic to the University's Study Systems and Plans Unit to ensure that all previous requirements and procedures are completed, and the attachments are complete (in the case of undergraduate programs).
17. The topic is presented to the standing committee for academic systems and plans at the university to study the application for establishing or restructuring a new department at the university and its attachments according to the previous requirements and procedures.
18. In the event that the Standing Committee for Academic Systems and Plans approves and the report is approved by His Excellency the President of the University, the matter shall be submitted to the University Council for approval.
19. University Affairs Council approval to establish or restructure a new department in the university.

## **Program Documents**

### **Program, Course and Field Specifications**

The primary purpose of the program specification is to support the planning, monitoring, and improvement of the program by those responsible for its delivery. It includes information to demonstrate that the program meets the accreditation requirements in addition to guiding those teaching in the program. Matters included in the program specifications are set out in detail in NCAAA template. The specifications include general descriptive information about the program with emphasis on learning outcomes expected of students and the approach to teaching and student assessment strategies to develop those learning outcomes in different NQF domains of learning. The emphasis is on the program being an integrated package of learning experiences provided through the courses taught. The program specifications include plans for ongoing evaluation of its effectiveness and planning processes for improvement.

### **Course Specifications**

Individual course specifications must be prepared for each course in a program and kept on file with the program specifications. The purpose is to make clear the details of planning for the course as part of the package of arrangements to achieve the intended learning outcomes of the program as a whole. Consequently, course specifications include the knowledge and skills to be developed in keeping with the NQF and the overall learning outcomes of the program, the strategies for teaching and assessment in sufficient detail to guide individual instructors. Course learning outcomes, teaching strategies, and teaching methods are to be in alignment.

### **Field Experience Specifications**

In many professional programs a field experience activity (which may be called a practicum, a cooperative program, an internship or another title) is one of the most valuable components of a program. In medical programs it called internship. Although normally offered off campus in an industry or professional setting and supervised at least in part by persons outside the institution, it should be considered as the equivalent of a course and planned and evaluated with considerable care. A separate field experience specification should be provided to indicate as clearly as possible what is intended for students to learn and what should be done to ensure that learning takes place. This involves careful preparation of the students and planning in cooperation with the agencies where the field experience will occur. It must also involve some follow up activities with students to consolidate



what has been learned and generalize that to other situations they are likely to face in the future. The main contents can be summarized as follow according to NCAAA template 2020:

### **Program, Course and Field ReportsAnnual Program Reports**

An annual program report (APR) is to be prepared at the end of each year after consideration of course reports and other information about the delivery of the program. The APR would normally be prepared by PEC and QAAU, reviewed and approved by curriculum and academic plans committee and college council, and kept on file with the program specifications as an ongoing record of the development of the program. The action plan section in the annual program report identifies particular priorities for development and matters of concern that should be closely monitored on a continuing basis. Matters selected for continuing monitoring should be included with the annual program report. The annual program report on quality in the program should be based on evidence. Evidence in the report includes a specific section for programs to provide direct assessments of program level, student learning outcomes. Procedures should be in place to ensure that course and program reports are completed as soon as possible so that any necessary responses can be implemented without undue delay.

### **Course Reports**

At the conclusion of each course a course report should prepare a summary course report by course committee under guidance and supervision of PEC. This should be attached to a copy of the course specifications, included in a subject file or portfolio, and used for consideration in the review of the program.

### **Field Experience Reports**

Field experience reports should be prepared each year to document what happened, how effective the program has been, and to review the results and make plans for any future plans to improve it. The main elements of the report are similar to those for regular courses though necessarily different in some respects because of the nature of the activity.

### Eligibility requirements for program accreditation

Details of eligibility requirements for program accreditation issued by the National Center for Assessment and Academic Accreditation are shown in table (10).

Table (10): Pre-requisites for program academic accreditation by NCAAA

| No | Eligibility Requirements                                       | Required Evidence  |
|----|--|--|
| 1  | Program final licensing or establishment decision              | Decision to establish the program (for public institutions)  |
| 2  | Consistency with National qualifications framework (NQF)       | A report on program consistency with National Qualifications framework (NQF)   |
| 3  | Availability of institutional accreditation requirements       | Accredited institution or the institution has met the eligibility requirements (review visit has been scheduled)   |
| 4  | Student and staff manuals                                      | Program Handbook   |
|    |  | Admission and Registration   |
|    |  | Study Regulations and Tests  |
|    |  | Guidance and Counselling Services  |
|    |  | Rights and Duties  |
| 5  | Program's quality assurance system and its performance reports | Complaints and Grievances  |
|    |  | Program's quality system manual  |
|    |  | A manual of policies and procedures for approving, modifying, and reviewing academic programs and courses  |
|    |  | Annual program report for the last two years according to NCAAA Templates  |
|    |  | Program's course reports for the last two years ( One report for each course per year )  |
| 6  | Program and course specifications                              | A report on the results of stakeholders' surveys (students, alumni, employers, teaching staff, employees) for the last two years   |
|    |  | Program specifications according to NCAAA Templates  |
| 7  | Program learning outcomes assessment plan and reports          | Course specifications for all courses classified according to levels   |
|    |  | Program learning outcomes assessment Plan  |
| 8  | Students graduated ( One cohort at least)                      | Program learning outcomes assessment reports   |
|    |  | A report on the number of graduated cohorts and the number of students in each cohort  |
| 9  | Program advisory committee                                     | Composition and functions of the Committee   |
|    |  | Report on the Committee's performance and outcomes   |
| 10 | Key performance indicators and benchmarking                    | A report on program's key performance indicators' measurement and benchmarking for the last three years.   |
| 11 | Program self-study   | Program self-evaluation scales (taking into consideration that the level of evaluation is not less than three points for each of the main criteria identified by the Center and for each standard) |
|    |  | Self-study report of the program (SSRP)  |
|    |  | Evidence for the self-study report   |

### Academic Accreditation Standards

In December 2018, NCAAA has defined six standards for program accreditation instead of 11 in the old standard. A summary of these standards has been given below defined by Standard of Program Accreditation 2018 document. These standards are an overall reflection of program achievements and improvement plan.

The table No.11 below show the main statistics of the standards

| #  | Standard                                   | Number of Criteria                              |
|--|--|---|
| 1  | Mission & Goals                            | 6   |
| 2  | Program management & Quality Assurance     | Program management: 19                          |
|  |  | Program Quality Assurance: 5                    |
| 3  | Teaching & Learning                        | Graduate Attributes and Learning Outcomes: 4    |
|  |  | Curriculum: 13                                  |
|  |  | Quality of Teaching and Students' Assessment: 8 |
| 4  | Student                                    | 16  |
| 5  | Teaching staff                             | 12  |
| 6  | Learning resources, Facilities & Equipment | 13  |
| <b>Total: 6 Standards &amp; 96 Substandard (22 of them were essential)</b> |  |   |

**Standard decrepitation and requirements can be summarized as:**

#### 1. Standard 1: Mission and Goals

The program must have a clear and appropriate mission that is consistent with the mission statements of the institution and the college, and support its application. The mission must guide program planning and decision-making processes. The program goals and plans must be linked to it, and it must be periodically reviewed.

The consistency of the program mission with the institution mission does not mean the need to include all the axes in the mission of the university, as the mission of the university is realized with all the efforts of programs, deanships and support units and departments in the university, and planning and decisions must be all in the direction of achieving the mission. There must also be a mechanism to develop and improve the mission.

#### 2. Standard 2: Program Management and Quality Assurance

The program must have effective leadership that implements the institutional systems, policies and regulations. The program leadership must plan, implement, monitor, and activate a quality assurance

system that achieve continuous development of program performance in a framework of integrity, transparency, fairness and within a supportive organizational climate. The resources provided to both sections (male and female) should be identical to the male students' departments, and there should be an effective communication mechanism between the two bodies.

Standard criteria:

- 2.1 Program Management
- 2.2 Quality assurance of the program

### **3. Standard 3: Teaching and Learning**

Graduate attributes and learning outcomes at the program level must be precisely defined, consistent with the requirements of the NQF and with the related academic and professional standards, and the labor market requirements. The curriculum must conform to professional requirements. The teaching staff must implement diverse and effective teaching and learning strategies and assessment methods that are appropriate to the different learning outcomes. The extent of achievement of learning outcomes must be assessed through a variety of means and the results are used for continuous improvement. The quality standards and learning resources provided to both sections (male and female) should be the same. Provide a description of the quality assurance response procedures used to verify that the regulatory framework and arrangements for verifying that teaching and learning are working properly (for example, if measures are taken to verify student achievement levels against appropriate external references, state what were the results of these actions?)

Standard criteria:

- 3.1. Graduate Attributes and Learning Outcomes
- 3.2. Curriculum
- 3.3. Quality of Teaching and Students' Assessment

### **4. Standard 4: Students**

The criteria and requirements for student admissions in the program must be clear and publicly disclosed, and must be applied fairly. The information about the program and the requirements for completion of the study must be available, and students must be informed about their rights and duties. The program must provide effective guidance and counseling services, and extracurricular and enriching activities to its students. The program must evaluate the quality of all services and activities offered to its students and improve them. The program must follow its graduates.

#### **5. Standard 5: Teaching Staff**

The program must have sufficient numbers of qualified teaching staff with the necessary competence and experience to carry out their responsibilities. The teaching staff must be aware of current academic and professional developments in their fields of specialization, participate in research and community service, and in improving the program and institutional performance. Teaching staff performance must be evaluated according to specific criteria, and the results of these evaluations must be used for development.

#### **6. Standard 6: Learning Resources, Facilities and Equipment**

Learning resources, facilities, and equipment must be adequate to meet the needs of the program and its courses; and must be available to all beneficiaries using an appropriate arrangement. Teaching staff and students must participate in identifying such resources based on their needs, and in assessing their effectiveness.

### Program Self-Evaluation Scale

In order to achieve the highest degree of accuracy in the evaluation, NCAAA has developed specific elements that the evaluation processes depend on for all the criteria listed under each standard. The evaluation of the quality level is based on the extent to which the criterion meets its elements, and effectively closes the quality loop (planning, implementation, review, and improvement). The performance evaluation takes into consideration the nature of the criterion, and the existence of practices that demonstrate any aspect of excellence and creativity in the program performance, that is in line with what many programs of higher education have reached and what they aspire to reach.

The elements used for evaluation at the criterion level can be summarized according to the following table No12.

Table No.12: Evaluation of Academic Accreditation criteria

| Level of Evaluation<br>Elements of Evaluation                      | NA | Unsatisfactory Performance   |  | Satisfactory Performance                                |  |   |
|--|----|--|--|---|--|---|
|  |    | Non-Compliance   | Partial Compliance                                     | Compliance  | Perfect Compliance   | Distinctive Compliance                                      |
|  |    | 1  | 2  | 3   | 4  | 5   |
| Extent of availability of elements and components of the criterion |    | There are no available elements of the criterion Or there are few available elements       | Most of the elements of the criterion are available    | All of the elements of the criterion are available      | All of the elements of the criterion are available         | All of the elements of the criterion are available          |
| Quality level of application for each element                      |    | The elements of the criterion are not applied at all, (or) are applied at a very low level | The elements of the criterion are applied at low level | The elements of the criterion are applied at good level | The elements of the criterion are applied at perfect level | The elements of the criterion are applied at distinct level |

| Level of Evaluation Elements of Evaluation  | NA | Unsatisfactory Performance |  | Satisfactory Performance   |   |  |
|---|----|----------------------------|--|--|---|--|
|   |    | Non-Compliance             | Partial Compliance   | Compliance   | Perfect Compliance  | Distinctive Compliance   |
|   |    | 1                          | 2  | 3  | 4   | 5  |
| Regularity of application and assessment, and availability of evidence                  |    | Rarely applied             | Applied irregularly, (or) there is no assessment, or it is there but is irregular, (or) there is insufficient evidence | Applied regularly, There is a regular and effective assessment, Sufficient evidence is available | Applied regularly, There is a regular and effective assessment, Sufficient and varied evidence is available | Applied on a regular basis, There is a regular, effective, and excellent assessment, and Various, comprehensive, and cumulative evidence is available, |
| Continuous improvement and level of results in the light of indicators and benchmarking |    |                            | There may be some limited improvement procedures   | There are regular improvement procedures and good results.                                       | There are regular procedures for improvement and higher results compared to previous results.               | There are regular procedures for improvement and distinct results compared to other programs   |
| Excellence and creativity in practices of the elements of the criterion                 |    |                            |  |  |   | There is creativity in the practices of the elements of the criterion.   |

### 1. Quality Rating/Level of Standard

The evaluation shall be at the level of the standard as a whole, by collecting the points of evaluation for all the related criteria according to their level of quality. The average shall then be calculated by dividing the sum of these points by the number of the applicable criteria on the program. The performance level of the standard shall be calculated according to the following table No.13

Table No.13: Performance Level of the standard

| Quality Rating/Level of Standard |                | Average             |
|----------------------------------|----------------|---------------------|
| Level                            | Overall Rating |                     |
| Distinctive Compliance           | Five Points    | $\geq 4.5$          |
| Perfect Compliance               | Four Points    | From 3.5 to $< 4.5$ |
| Compliance                       | Three Points   | From 2.5 to $< 3.5$ |
| Partial Compliance               | Two Points     | From 1.5 to $< 2.5$ |
| Non-Compliance                   | One Point      | $< 1.5$             |

### **Electronic system for programmatic academic accreditation**

Based on the keenness of the Deanship of Quality and Academic Accreditation at Northern Border University to facilitate and automate the project programmatic accreditation, the Deanship of Quality and Academic Accreditation, in cooperation with the Deanship of Information Technology, has designed an electronic system for academic accreditation (EPAP). The system aims to save time, effort and resources. It also facilitates communication procedures between the Deanship of Quality and work teams on the one hand, and the Deanship of Quality and the accredited external reviewers.

#### **The system consists of the following screens:**

1. The main screen to enter the system: where users are created by the Quality Systems Department of the Deanship of Quality and Academic Accreditation.
2. Screen of adding users and giving them accounts: the user entry screen where users are created and given authority (His Excellency the University President, Vice President, Dean of Quality, Work Team, Quality Team for Review, External Reviewer)
3. Screen of granting authority to work teams on their standards and criteria: the screen for granting authority to each member in the team on the criteria that pertain to him and there is the authority to read and write, and the validity of reading only.
4. Screen for entering the main accreditation standards approved by the National Center for Assessment and Academic Accreditation Standards for Program Accreditation (2018).
5. Entering the items for each standard.
6. Key performance indicators for program accreditation.
7. The main screen for the user to enter the program: the staff user login screen for the standard, where the standard criteria for the team appear, as well as performance indicators for the standard, with the possibility of the external reviewer's remarks appearing.
8. User work screen (work team):
9. Screen for entering evaluation and attaching evidence: Screen of self-evaluation scales by the



work team - where the assessment from 1-5 is entered and the evidence for each item.

10. Screen for entering strengths, areas of improvement, and priorities for improvement
11. After completing the introduction of the self-evaluation of the standards, along with the evidence and evidence for the criteria, the work team sends the team's work to the Deanship of Quality for evaluation and evaluation.
12. The technical committee of the evaluation study project at the institutional and program level reviews the team's work and gives recommendations on evaluating the criteria and evidence attached.
13. The Dean of Quality, Head of the Technical Committee for the Evaluation Study Project at the institutional level, sends the team's work to the independent reviewers to evaluate their work and give independent opinion.
14. After the completion of the reviewing, the opinion of the independent reviewers is sent to the standard work team to respond during the development plan of the project

### **Manual Updates, Modification and Amendment**

Based on different factors QMS Manual can be updated in response to different factors to suite the situation of program accreditation, these factors are:

- To align with the new organizational structure
- To align with the reformed curriculum
- As improvement plan in response to independent review Opinion. The table below illustrate this version and the upcoming versions of QMS manual along continuum.

| <b>Version</b> | <b>Date</b> | <b>Type of Changes</b> |
|----------------|-------------|------------------------|
| 1              | 2021        | New issuance           |

## References

1. NCAAA Handbook for Quality Assurance and Accreditation Part 2 - The System for Quality Assurance & Accreditation, Version 3 - 2015
2. NCAAA Handbook for Quality Assurance and Accreditation Part 2 - Internal Quality Assurance Arrangements, Version 3 – 2015
3. NCAAA Handbook for Quality Assurance and Accreditation Part 3 - External Reviews for Accreditation and Quality Assurance, Version 3 – 2015
4. Northern Border University Quality Management System -2018
5. NCAAA Academic Accreditation Standard 2018
6. NCAAA Academic Accreditation – Self-Evaluation Scale - 2018
7. NCAAA Academic Accreditation – Self Study Report of the Program - 2018
8. NCAAA KPIs 2020
9. NCAAA Program Accreditation Eligibility Requirements 2020

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